NASEM Publishes Report Recommending Approaches for Health Care Systems to Integrate Care for Patients’ Determinant Social Needs with Health Care Delivery

The National Academies of Sciences, Engineering, and Medicine (NASEM) on September 24 released a new report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health*, which makes recommendations that health care systems, government agencies, and others should implement to better integrate patients’ social needs into health care delivery.

The 18-member NASEM Committee which developed the report over 18 months included two former Health and Human Services (HHS) officials in the Obama Administration, former Center for Medicaid and CHIP Services Director Cindy Mann, now at Manatt, and former Director of the Office of the National Coordinator for Health Information Technology (ONC) Karen De Salvo, now a Professor of Medicine at the University of Texas at Austin, as well as former Rhode Island Insurance Commissioner Christopher Koller, now President of Milbank Memorial Fund, and a number of public and population health experts.

The report notes that industrialized nations that devote more resources to social services than health care tend to have better health outcomes. Other industrialized countries spend $2 on social services for every $1 spent on health care, while in the United States, for every $1 spent on health care, about 90 cents is spent on social services, including home-help for the elderly, rent subsidies, child allowances and credits, childcare support, job training, and disability benefits.

The report acknowledges the challenges of financing the integration of social care with health care in the U.S., and says that could be a matter of defining what activities are considered social care.

While Committee members caution that there cannot be a single one-size-fits-all strategy for integration, they set out five complementary and system-level activities needed to facilitate the integration of social care into health care—awareness, adjustment, assistance, alignment, and advocacy.

After a review of the evidence base on existing and emerging activities and opportunities for integrating social care into health care, the committee identified three key necessities for successful integration: an appropriately staffed and trained workforce, health information technology innovations, and new financing models.

To implement social care more systematically throughout the U.S., the Committee says health care organizations should:

- make an organizational commitment to addressing health-related social needs and disparities in individual and population health;
- identify the most effective ways to assess and document social needs, recognizing that evidence for these practices is evolving;
- include social care providers — such as social workers, community health workers, home health aides, and gerontologists — as an integral part of health care teams; and
- establish more formal linkages, communication, and financial referral relationships between the health care and social care sectors.

The report notes that social care professionals work in a variety of settings, including health facilities, schools, homes, and community-based organizations, but that some Federal, state, and institutional barriers limit adequate payment of social care workers and their ability to work to the full extent of their education and training. The Committee says social care workforce development efforts should aim to:

- develop, expand, and standardize the scopes of practice of social care workers;
- create standards for the reimbursement of social care by public and private payers;
- provide information regarding social determinants in formal training and continuing education for health professions, and test for knowledge of social determinants in licensure exams and other credentialing; and
- adopt curricula that prepare students of social work to use technology, data collection methods, and payment models that facilitate social and medical care integration.

Committee member Chris Esguerra, Senior Medical Director for Blue Shield of California, said at a briefing on the report that an individual’s healthcare team should incorporate those individuals and entities that provide natural supports for the individual.

The report calls for a national vision and defined technology standards for integrating (Continued on page 3)
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September 27 SAMHSA Recovery Month Webinar

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NASEM Publishes Report Recommending Approaches for Health Care Systems to Integrate Care for Patients’ Determinant Social Needs with Health Care Delivery

(Continued from page 1) health care and social care data, similar to the standards underpinning the adoption of electronic health records. It recommends:

- The ONC should help states and regions determine the best way to share data necessary for care coordination.
- The Federal Health Information Technology Coordinating Committee should facilitate data-sharing across sectors including the health care, housing, and education sectors.
- HHS should work with the private sector to disseminate educational tools and guidance on data security and privacy when collecting and sharing personally identifiable information.

Dr. DeSalvo suggested at the briefing that the structure for electronic health records should be open-sourced and interoperable, allowing for the inclusion of consumer reporting, and reports of housing and food needs.

She also said there is a need for interagency work across government agencies and payers to inform the individual’s care plan. The report itself recommends that the Centers for Medicare and Medicaid Services:

- define which aspects of social care Medicaid can cover, and make the opportunities and limitations clear to health plans and health care and social care service providers;
- incentivize health care organizations and the managed care programs that contract with Medicaid and Medicare to collaborate with community-based social services, such as Area Agencies on Aging; and
- coordinate the coverage and benefits of dually eligible and high-need Medicare and Medicaid populations.

The report also recommends that HHS establish and support a “best practices” repository, to provide stakeholders with lessons learned and examples of effective integration of social care and health care.

It notes that there are few formal evaluations of the effectiveness of integrating social care needs into health care delivery. It says Federal and state agencies, foundations, and other funders of research should support timely, robust evaluations that help inform policy.

North Carolina’s "ONEcare Connected Community" Meets Behavioral Health and Social Needs of Patients Who Present at the Emergency Room

If the National Academy of Science, Engineering, and Medicine were looking for a model of the integration of attention to social needs with healthcare that it has proposed this week (see previous story), it might look no further than the ONEcare Connected Community developed and operationalized in Raleigh, North Carolina by Blaze Advisors.

ONEcare is a network of care, in a 1,000-bed community health care system, that has organized and streamlined referrals from emergency room care to a high-performing network of mental health and substance use disorder treatment providers who agree to provide accelerated access to care and coordinate care transitions.

The objective in conceptualizing the network in 2017 was to build a high performance, multi-disciplinary network of inpatient, outpatient, and community benefit organizations to create a circle of support around each care transition into the community. To be successful it required:

- the use of common screening and assessment tools;
- mitigation of social and medical obstacles to treatment compliance;
- application of best practice patient engagement techniques and technology; and
- coordination at all levels of follow-up care.

In addition to eight organizations providing clinical services, the network includes 16 groups/entities enlisted to address social determinants of health, including faith-based organizations, nonprofits, nonprofit housing organizations, and Meals on Wheels. Financing comes through payment by the state, the Medicaid program, and the Medicare program.

All members of the newly-created network have agreed to singularly and jointly measure network progress toward several process and two key network performance goals—a reduction in avoidable bed days after medical clearance and a reduction in behavioral health/substance use disorder treatment 30-day hospital readmissions.

To facilitate network operations, Blaze Advisors has deployed a suite of inpatient and outpatient protocols, communication, and technology solutions to improve diagnostics and triage, and share clinical information, while increasing transparency and accountability. Using care coordination and clinical integration tools, the system has been able to translate patient needs into eligible services which are then “cross-walked” to network provider skillsets.

The elements of the system include:

- rapidCARE, engaging high-risk patients prior to discharge and during care transition;
- CONVERT, a real-time controlled substance registry query and analysis that displays banner alerts inside hospital electronic health records, triggering physician interventions and transitional care support;
- PatientLINK, a pre-discharge virtual visit with a therapist/treatment team to improve treatment engagement;
- DETECT, online depression/anxiety screenings conducted for affiliate primary care physicians of patients who suffer from diabetes and hypertension; and
- PROJECT OBOT, which trains and supports outpatient primary care providers in Medication Assisted Opioid Treatment for lower risk/medically complex addiction cases, while leveraging automated care management tools, controlled substance registry monitoring, STAT labs, and virtual therapy.

To date, the ONEcare Connected Community has reduced avoidable bed days and state-operated facility hospitalizations by over 65 percent with average lengths of stay dropping by 42 percent and mental health/substance use disorder readmissions by 6 percent.
#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

**ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.**

Find out why this can save a life at [www.Bethe1To.com](http://www.Bethe1To.com)

If you’re struggling, call the Lifeline at 1-800-273-TALK (8255)
Adolescents who reported being bullied within the past month were approximately three times more likely to attempt suicide according to an international study published in the Journal of the American Academy of Child and Adolescent Psychiatry. Lead author Ai Koyanagi, MD, PhD, research professor at Parc Sanitari Sant Joan de Deu, in Barcelona, Spain and her colleagues examined data for 134,229 adolescents between the ages of 12 and 15 across 48 countries (9 high-income, 33 middle-income, and 6 low-income) across the globe. Data was collected through the World Health Organization's Global School-based Student Healthy Survey. Dr. Koyanagi and her team found that approximately 30.4 percent (32.5 percent for males and 28.1 percent for females) of adolescents reported bullying victimization within the previous 30 days. Approximately 10.7 percent (10.0 percent males; 11.2 percent females) reported a suicide attempt within the past 12 months. When adjusting for gender, age, and socioeconomic status, bullying victimization was associated with suicide attempt in 47 of the 48 countries studied. Those bullied at least one day in the previous 30 days had more than triple the odds of attempting suicide, in contrast to adolescents not bullied. The odds of attempting suicide increased as the number of days being bullied increased. Adolescents bullied more than 20 days in the past 30 days were 5.51 times more likely of reporting suicide attempts, compared to adolescents bullied for one to two days or three to five days (2.39 and 3.65 higher odds, respectively). Adolescents bullied because of religious beliefs had the highest odds for suicide attempts, followed by bullying because of race, nationality, or color; physical bullying; sexual bullying; social exclusion; and bullying for physical appearance. The authors conclude their international findings suggest the association between bullying victimization and suicide attempt might indicate a global mental health phenomenon and advise that mental health professionals should assess for suicidality in adolescents who are being bullied. Dr. Koyanagi states, “The high prevalence of bullying victimization and the substantially heightened … risk for suicide attempts among adolescent bullying victims, across multiple continents found in our study, point to the urgent need to implement effective and evidence-based interventions to address bullying for the prevention of adolescent suicides and suicide attempts worldwide.”

### Mental Illness Awareness Week (October 6 - 12)

**Nearly 1 in 5 U.S. adults live with a mental illness.**

*You are not alone. Learn how to get help.*

[www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp) #MentalIllnessAwarenessWeek #shareNIMH.

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## Suicide Prevention Resource Center

### On-Line Course: Locating and Understanding Data for Suicide Prevention

**Course Description:** Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? *Locating and Understanding Data for Suicide Prevention* presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, you will be able to:

- Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide.
- Explain key terms essential to accurately interpreting data and making meaningful comparisons; this includes counts, rates, and trends.
- Identify some commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify some alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
- Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

**Course Length:** This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

**Certificate of Completion:** To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80% or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

[ENROLL HERE](#)
The National Center of Excellence for Eating Disorders (NCEED) was created to serve as the centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED’s Website at https://www.nceedus.org/

NCEED is the nation’s first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.

The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (https://www.nceedus.org/) is designed to be user-friendly and easy to navigate for all users. The center’s web platform is divided into four content areas based on the user’s role. These content areas tailor the user’s experience in searching for up-to-date, evidence-based trainings and resources. NCEED’s online trainings and resources will continue to expand as new courses and resources are added.

I am here for myself
Someone I know might need help
I am a health professional
I am a researcher

Types of Resources Available

- Videos
- Webinars
- Online courses
- Treatment guidelines
- Fact sheets
- Hands-on tools for healthcare providers
Type of Notice: Request for Information (RFI): Ways in Which Medicare and Medicaid Payment and Coverage Policies for Medication-Assisted Treatment Should be Modified for Treatment of Acute and Chronic Pain While Minimizing the Use of Opioids to Reduce the Risk of Opioid Use Disorders

SUMMARY: Section 6032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act") directs the HHS Secretary, in collaboration with the HHS Pain Management Best Practices Inter-Agency Task Force (PMTF), to develop an Action Plan to "prevent opioids addictions and enhance access to medication-assisted treatment (MAT)." The Action Plan will include a review of Medicare and Medicaid payment and coverage policies for MAT and the treatment of acute and chronic pain, emphasizing treatment that minimizes the risk of opioid misuse and opioid use disorders (OUD). This Request for Information (RFI) seeks feedback from the public regarding ways for CMS to address the opioid crisis through the Action Plan.

DATES: Comment Date: To be assured consideration, comments must be received by 5 p.m. EDT on October 11, 2019.

ADDRESSES: Comments should be submitted electronically to PainandSUDTreatment@cms.hhs.gov. Public comments will be posted on the CMS website www.cms.gov for viewing.

FOR FURTHER INFORMATION CONTACT: PainandSUDTreatment@cms.hhs.gov with "RFI" in the subject line.

CONTACT INFORMATION: Please provide the name, organization, address, contact number, and email address of the commenter.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all comments received before the close of the comment period on the following website as soon as possible after they have been received: www.cms.gov.

BACKGROUND: The Action Plan will be informed by CMS’s consultation with the PMTF, which published its Final Report in May 2019 available here. CMS held a public meeting with the PMTF on June 26, 2019 to discuss the recommendations in the PMTF’s report as they relate to Medicare and Medicaid policies and the development of the Action Plan. A summary of that meeting is available here. Section 6032 also requires the Action Plan be informed by stakeholders at a public meeting to be held September 20, 2019 at CMS’s Baltimore headquarters, and through feedback received through this RFI process.

The Action Plan builds on the “CMS Roadmap: Fighting the Opioid Crisis,” which outlines the Agency’s approach to preventing OUD and managing pain using a safe and effective range of options that rely less on prescription opioids, expanding access to treatment for OUD, and using data to target prevention efforts and identify fraud and abuse. The Roadmap is available here.

Section 6032 of the SUPPORT Act clarifies that for its purposes, the definition of MAT “includes opioid treatment programs, behavioral therapy, and medications to treat substance abuse disorder.” Section 6032 of the SUPPORT Act also requires that CMS address, in a related Report to Congress, an evaluation of price trends for drugs used to reverse opioid overdoses, including recommendations on ways to lower prices for consumers. For further reference, the SUPPORT Act legislative text including section 6032 is available here.

REQUEST FOR INFORMATION: We invite the public to submit feedback regarding ways that CMS can help address the Nation’s opioid crisis through the development of the Action Plan.

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP), applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or make a grant award. Further, we are not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding will be solely at the interested party’s expense. We note that not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this request. In addition, we note that CMS will not respond to questions about the policy issues raised in this RFI. (Continued on Next Page)
CMS Request for Information (RFI): Ways in Which Medicare and Medicaid Payment and Coverage Policies for MAT Should be Modified for Treatment of Acute and Chronic Pain While Minimizing the Use of Opioids to Reduce the Risk of Opioid Use Disorders

(Continued from Previous Page) CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Contractor support personnel may be used to review RFI responses. Responses to this notice are not offers and cannot be accepted by the U.S. Government to form a binding contract. Information obtained as a result of this RFI may be used by the U.S. Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which payment would be required or sought. All submissions become U.S. Government property and will not be returned. CMS may publicly post the comments received, or a summary thereof.

CMS is soliciting feedback on the following questions:

Questions on Acute and Chronic Pain:
1. What actions can CMS take to enhance access to appropriate care for acute and/or chronic pain in Medicare and Medicaid, including:
   a. For special populations (for example, individuals with sickle cell anemia or individuals living in health professional shortage areas) and/or
   b. Through remote patient monitoring, telehealth, and other telecommunications technologies?
2. What, if any, payment and coverage policies under Medicare and/or Medicaid for the treatment of acute and/or chronic pain, do you believe, may have contributed to the use of opioids? If answering this question, please provide information on how these policies have contributed.
3. What, if any, payment and coverage policies in Medicare and/or Medicaid have enhanced or impeded access to non-opioid treatment of acute and/or chronic pain?
4. What evidence-based treatments, Food and Drug Administration (FDA)-approved evidence-based medical devices, applications, and/or services and items for the following conditions are not covered, or have limited coverage for Medicare beneficiaries with:
   a. Acute and/or chronic pain;
   b. Pain and behavioral health needs requiring integrated care across pain management and substance use disorder (SUDs), with consideration of high risk patients (i.e. multiple medications, suicide risk)?
5. What payment and service delivery models, such as those that utilize multimodal and multi-disciplinary approaches to effectively manage acute and chronic pain and minimize the risk of opioid misuse and OUD, could be tested by the Center for Medicare and Medicaid Innovation or through other federal demonstration projects?
   a. What existing models, treatments or strategies identify and effectively manage the population of individuals misusing prescription opioids or using illicit opioids who then develop new or exacerbating pain?
6. What can CMS do to better ensure appropriate care management for Medicare beneficiaries with pain who transition across settings, and/or between pain therapies?
7. How can Medicare and Medicaid data collection for acute and chronic pain better support coverage, payment, treatment, access policies, and ongoing monitoring?
8. What other issues should CMS consider to improve coverage and payment policies in Medicare and Medicaid to enhance access to and effective management of beneficiaries with acute and/or chronic pain?

Questions on Substance Use Disorders, Including Opioid Use Disorders:
1. What, if any, payment and coverage policies under Medicare and/or Medicaid for the treatment of SUDs, including MAT, do you believe, may help address the Nation’s opioid crisis? If answering this question, please provide information on how these policies may help.
2. What, if any, payment and coverage policies in Medicare and/or Medicaid have enhanced or impeded the identification of, and access to the treatment by, beneficiaries with SUDs, including OUD?
3. What evidence-based treatments, FDA-approved evidence-based medical devices, applications, and/or services that treat or monitor SUD, including OUD, monitor substance use withdrawal and/or prevent opioid misuse and opioid overdose are not covered, or have limited coverage, in Medicare?
4. What payment and service delivery models that identify and treat people with pain who are at risk of, or have a past history of, OUD, could be tested by the Center for Medicare and Medicaid Innovation, or through other federal demonstration projects?
5. What actions could CMS take to improve access to evidence-based, FDA-approved MAT or other therapies in Medicare and Medicaid, including for special populations (for example individuals living in health professional shortage areas)?
6. What can CMS do to expand program access to the treatment of SUDs, including OUD, in Medicare and Medicaid through remote patient monitoring, telehealth, telecommunications and other technologies?
7. What recommendations do you have for data collection in Medicare and/or Medicaid
   a. On the treatment of SUDs, including OUD, to better support coverage, payment, treatment, access policies, and ongoing monitoring, and/or
   b. To facilitate research, policy development, and inform coverage and payment policies to prevent OUD?
8. What recommendations do you have to lower prices of drugs used to reverse opioid overdoses (e.g., naloxone) for consumers?
9. What other issues should CMS consider to improve coverage and payment policies in Medicare and Medicaid to enhance the identification of, treatment access by, and the treatment of beneficiaries with SUDs, including OUD?
SAVE THE DATE!!!

Join us in New Orleans, LA for our 60th Annual Conference
November 3 – 6, 2019

Partnering with

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

The Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program

National Association of State Mental Health Program Directors (NASMHPD)

Creating Value, Measuring Value: Connecting Care, Collaboration and Outcomes

Renaissance Arts Hotel
700 Tchoupitoulas Street
New Orleans, LA

Website: www.nationaldialoguesbh.org
For more information norwome@msh.ms.state.us
601-351-8062
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners—the National Suicide Prevention Lifeline and Vibrant Emotional Health, the National Action Alliance for Suicide Prevention, the National Council for Behavioral Health, and R.I. International—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit www.CrisisNow.com/talk.

THIS WEEK: Peer Recovery Coach Says “Stigma of MAT Persists in the Recovery Community”

Veronica* slid into addiction slowly, increasingly drinking as a teen, and by the time college came around, she needed alcohol first thing in the morning to stop her hands from shaking. She says it escalated from there. For Veronica, addiction wasn’t a straight line, more like there were times she stopped entirely and others when there was a litany of drugs she used each day, including heroin and oxycodone. She quit multiple times, promising her family she was done, but it wasn’t until a close friend died in front of her, his arm hanging limply off the EMS gurney, that Veronica made a promise to herself for herself that she was going to get help. She turned a corner that day, driving to a nearby clinic where she started Medication-assisted treatment (MAT) and that, she says, “was all she wrote.” It’s not though, because six years later, Veronica is now an award-winning peer recovery coach, helping people navigate the challenges she faced. When asked what or who she credits for her recovery, Veronica doesn’t hesitate to say ongoing MAT and caring recovery coaches, but, she lowers her voice, her colleagues don’t know. She fears they wouldn’t accept her and she has good reason to think so: “There’s a lot of stigma within the recovery world and a belief that MAT is simply substituting one drug for another.” Veronica says in a recent discussion, a colleague said just that. “It’s startling because no one would say that about a person with a physical illness. Can you imagine if those in the medical field said to people with diabetes, ‘You shouldn’t use insulin as treatment.’ Well, that’s what’s happening in the field of recovery: people are often judged for using evidence-based medicine.”

LEARN MORE

Crisis Now Partners:

The National Association of State Mental Health Program Directors (NASMHPD), founded in 1959 and based in Alexandria, VA, represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced "NASH-bid") is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for www.CrisisNow.com.

The National Suicide Prevention Lifeline and Vibrant Emotional Health provides free and confidential emotional support and crisis counselling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. www.suicidepreventionlifeline.org | www.vibrant.org | www.twitter.com/800273TALK

The National Action Alliance for Suicide Prevention is the public-private partnership working with more than 250 national partners advancing the National Strategy for Suicide Prevention with the vision of a nation free from the tragic experience of suicide and a goal of reducing the annual suicide rate 20 percent by 2025. Administered by EDC, Inc., the Action Alliance was the catalyst for the Zero Suicide Healthcare and Crisis Now: Transforming Services innovations. www.theactionalliance.org | www.edc.org | www.twitter.com/Action_Alliance

The National Council for Behavioral Health is the unifying voice of America’s health care organizations that deliver mental health and addictions treatment and services. Together with their 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council introduced Mental Health First Aid USA and have trained more than 1.5 million Americans. www.thenationalcouncil.org | www.mentalhealthfirstaid.org | www.twitter.com/NationalCouncil.

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.rinternational.com | www.zerosuicide.org | www.twitter.com/RI_International.
Check Out the SMI Adviser’s Clozapine Center of Excellence
The American Association of Health & Human Services Attorneys (AAHHS) Annual Education Conference is a comprehensive learning and networking experience for attorneys who represent the state and local government agencies that administer health and/or human services programs. The conference facilitates the exchange of information between attorneys and promotes pragmatic innovation in the field of H/HS services.

Register HERE
Early Registration Ends October 14

Keynote: Innovation in Medicaid
Dennis Smith
Senior Advisor for Medicaid and Health Care Reform, Arkansas Department of Human Services

Mr. Smith’s experience includes serving as visiting professor at the UAMS College of Public Health, secretary of the Wisconsin Department of Health Services, senior research fellow at the Heritage Foundation, and the director of Medicaid and state operations at the U.S. Centers for Medicare and Medicaid Services.

Mental Health & Developmental Disabilities Virtual Learning Series

The ACL-funded Mental Health & Developmental Disabilities National Training Center is launching a Fall 2019 ECHO virtual learning network. The MHDD ECHO gives participants the opportunity to take an active role in dialogue with subject matter experts and with their fellow participants.

Fall 2019 sessions will be held every other Thursday from September 12 to December 19. Each session includes a brief lecture, de-identified case presentation, and open discussion. Experts include a psychologist, a clinician, an applied behavior analyst, a parent, and self-advocate guests with personal experience. CMEs and NASW CEUs are available at no cost to participants.

The series seeks to increase knowledge about:
- Prevalence of co-occurring mental health issues among people with intellectual and developmental disabilities
- Evidence-based practices for testing, assessment, and treatment
- Strategies for mental health professionals
- The experience of individuals and families

Learn More and REGISTER

NAMD 2019 Conference
Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.
Registration is Now OPEN
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

**Housing Learning Community: Housing as an Intervention and Investment for People in Recovery** will run bi-weekly from August 28 to November 6, 2019, for six sessions (Wednesdays from 12:00-1:00 p.m. CST). This free training series will occur virtually using Zoom videoconferencing. It is intended for providers interested in exploring, establishing, or improving housing for their clients with substance use and/or mental health disorders. Instead of traditional PowerPoint presentations, the series will use an interactive interview format with panelists sharing their multidisciplinary perspectives and inviting the audience to participate in the conversation.

By the end of the series, participants will be able to:
- Understand housing as an intervention (not just an outcome), including underlying philosophies and language.
- Identify the role of substance use disorder and mental illness prevention, treatment, and recovery professionals in providing housing as an intervention and outcome for their clients.
- Develop specialized knowledge of housing to learn where their organization fits in creating housing as an intervention for their clients.
- Describe the financial and social return on investment in housing as an intervention.
- Distinguish between housing investments versus charity to reduce stigma.

This series is a collaboration among the Department of Health and Human Services’ Region 7 Technology Transfer Centers: Mid-America Addiction Technology Transfer Center, Prevention Technology Transfer Center, and Mental Health Technology Transfer Center.

**Learning Community Schedule**
- September 25: [Housing with Special Populations, Part 2](#) (veterans, homelessness, older adults, severe mental illness)
- October 9: [Alternative Housing Types](#)
- October 23: [Funding Sources and Development](#)
- November 6: [How to Get Started](#)

**Please note** that you must individually register for each session to receive the Zoom login information.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

Advocates for Human Potential, 490B Boston Post Road, Sudbury, MA 01776
The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is pleased to announce the launch of their website! The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at https://mhddcenter.org/ for more information on their upcoming trainings and efforts or contact them directly at info@mhddcenter.org.

We want to hear from you!

We are looking for individuals with lived experience related to mental health conditions and developmental disabilities to share their stories!

Your story is important, valued, and respected. We’d love to highlight your experience in video, podcast, or written format to bring about positive change.

If you are interested in being a part of this effort or have additional questions please contact Danielle Augustin deau222@uky.edu (859) 257-6086.
services in the United States for people with intellectual and developmental disabilities (IDDs) who have mental health concerns. We need responses from each state and territory of the United States.

Please help us to reach appropriate adults (over age 18 and able to give consent). We are looking for two kinds of responders:

- **Key informants** have an overall view of mental health service systems in a state. Examples are state program administrators, DD Council members, mental health clinicians, as well as other well-informed leaders and advocates in the field. It will take about 15-20 minutes to answer key informant questions.

- **Experienced individuals** know what it is like for someone with an IDD to find and use services for mental health concerns. This can be personal experience or observed experience. It will take about 15 minutes to answer experienced individual questions.

**Background Information**

The Mental Health & Developmental Disabilities National Training Center (MHDD NTC) wants to increase access to training and information resources that will help improve services for people with intellectual and developmental disabilities (IDDs) and mental health concerns.

This needs assessment survey asks about existing services in your state. The primary purpose is to identify what areas can be improved with training and information resources. Results will be posted on a MHDD NTC website and may be published in a journal.

Your participation in this survey is voluntary. You may stop any time. You do not have to answer any question you don't want to answer. Nothing bad will happen to you if you choose not to answer questions or if you decide not to participate.

Your participation in this survey is confidential. Survey data will not be connected to you as a person. You will not be identified in anything that is written about survey results. Your answers will be combined with other answers from your state and from the nation.

There are no known risks or benefits for you to participate in this survey. You will be contributing to efforts to help improve mental health services for people with IDD.

If you have any questions about this survey, you are welcome to send an email to Karen Ward (karenw@alaskachd.org) or Roxy Lamar (roxy@alaskachd.org). Or call toll-free and ask for one of us (1-800-243-2199). If you have any questions or concerns about your rights as a participant in this needs assessment, please contact the University of Alaska Anchorage Office of Research Integrity and Compliance (1-907-786-1099 or uaa_oric@alaska.edu).

Survey Link: [http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53gBB1k8Bvv](http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53gBB1k8Bvv)

The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is funded by the Administration for Community Living through funding opportunity number HHS-2018-ACL-AOD-DDTI-0305.
Second Annual National Conference on Deflection and Pre-Arrest Diversion

November 10-13, Ponte Vedra, Florida

The Police, Treatment, and Community Collaborative (PTACC) is hosting its second annual training conference, Seeding Pre-arrest Deflection/Interventions across the United States, at the Sawgrass Marriott in Ponte Vedra, Florida.

PTACC encourages individuals, organizations, and community leaders to learn about, develop, and enhance pre-arrest diversion initiatives that best address the needs of their communities and citizens. Given the deadly nature of the opioid crisis, there has never been a more essential time to work together to ensure access to treatment for individuals affected by opioid use disorders, as well as other substance use disorders or mental illness. Pre-arrest diversion interventions may offer a potential referral source to treatment unmatched by any other effort, justice related or otherwise.

The goal for the conference is to guide individuals and teams as they plan, develop, and expand pre-arrest diversion programs to implement in their communities and jurisdictions. Attendees will also benefit from the opportunity to meet and share knowledge with peers from across the country in a variety of fields.

For More Information or to Register, Click HERE.

SAMHSA’s Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA’s Homeless Programs and Resources web pages.

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776

2019 Cities Thrive Mental Health Conference

Monday, November 18 & Tuesday, November 19
8:00 a.m. to 5:00 p.m.
New York Law School, 185 W Broadway, New York, NY 10013

Conference Agenda
(Additional Details to Follow)

Networking Reception
Gracie Mansion
East 88th Street and East End Avenue
Monday, November 18
Time: 6:00 p.m. – 8:00 p.m.
Learn more about the Historic Gracie Mansion here

ThriveNYC
Registration is Now Open

NADD, an association for persons with developmental disabilities and mental health needs, invites you to participate in the 36th Annual Conference & Exhibit Show. This year's theme is "Parading through Life: Celebrating Resilience, Joy and Wellness... letting the good times roll in New Orleans." Please join us October 23-25 at the Astor Crowne Plaza Hotel in New Orleans, Louisiana.

Download the attendee registration brochure to review the schedule and to learn how you can earn continuing education credit by attending sessions!

This program will provide information regarding various topics in the field of Dual Diagnosis (IDD/MI). At the end of the conference, participants will be able to:

- Describe Key Components of Diagnosis and Assessment
- Identify Strategies to Address Trauma Experienced Both by People with IDD and Caregivers
- Cite Examples of Service Approaches that Foster Resilience
- Describe Various Program Models used in Supporting People with IDD/MI
- Identify Approaches to Systemic Collaboration
- Reflect on Lessons Taught by Direct Support Professionals
- Cite Several Therapeutic Approaches used with People with IDD/MI
- Articulate Systemic Barriers and Challenges Faced by Families
- Reflect on The Barriers and Risks Faced by Persons with IDD in Cultivating Healthy Sexual Relationship
- Reflect on Lessons Taught by Family Members
- Articulate Strategies to Address the Cultural and Linguistics Aspects of Individuals in Treatment Planning
- Cite Examples of Various Approaches to Positive Behavior Support

Keynote Speakers Announced

Chris Stevenson, M.B.A.
You Are What You Think: Becoming More Resilient in the Workplace through Culture Development

Karen Harvey, Ph.D.
The Path to Healing

The presence of psychological trauma in the lives of people with intellectual differences is indisputable. This talk will highlight the sources of trauma, the effects of that trauma and the key ingredients critical to healing from that trauma. The development of positive identity and its critical role in the healing process will also be discussed.


Continuing Education credit has been approved by APA (Psychology), PSNA (Nursing), CEU (IACET), and NBCC (National Counselors). ASWB (National Social Work) has been applied for.

Register Here

Book Your Overnight Accommodations

Overnight accommodations are available at the Astor Crowne Plaza Hotel New Orleans (739 Canal Street, New Orleans, Louisiana 70131) at a discounted group rate of $209/night plus tax. Reservations must be made by Monday, September 30 to be guaranteed the group rate. CLICK HERE TO MAKE A RESERVATION

To learn more about NADD and the Annual Conference, visit HTTP://THENADD.ORG/CONFERENCES/36TH-ANNUAL-CONFERENCE-AND-EXHIBIT-SHOW
• Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!

• Gain Insight into Executive-Level Priorities for Advancing Integration, Improving Parity, and Increasing Access to Care

• Examine the Role of Health Care in Addressing Mass Violence in America: Prevention, Trauma, and Suicide Risk

• NCQA UPDATE: Behavioral Health HEDIS Quality Measures

• Improve Network Adequacy in Managed Care and Long Term Care to Ensure Access to Behavioral Health Services

• Outline How to Manage Mental Illness and SUD in the Era of the Opioid Epidemic

• Learn How Loopholes in Quality and Regulatory Guidelines Open the Door for Unethical Substance Use Disorder Providers

• Address the Social Determinants of Health with Blended Funding and Payment Methodologies

Lobbyist Perspective: Evaluate the Political Landscape Surrounding Behavioral Health and Health Care Reform

The Honorable Charlie Dent  
Senior Policy Advisor  
DLA Piper LLP (US)  

Al Guida, JD  
Principal  
Guide Consulting Services (GCS)  

Laurel Stine, MA, JD  
Director, Congressional Affairs  
American Psychological Association  

The beginning of November marks one year before the 2020 election, and one year since the Democrats took the House. Where do we see behavioral health headed? What is the outlook for health care in general for the next year? Hear an animated and provocative discussion on the buzz from the Hill and on the campaign trail, and what may happen in health care in the coming months.

Register with promo code AGENDA and save $200 off of current rates!

Team Discount: Buy 3 conference passes and receive 1 additional conference pass on us!

The Payers’ Behavioral Health Management and Policy Summit is organized in partnership with ABHW (Association for Behavioral Health and Wellness)
The Crisis Residential Association is Hosting its Second Annual Crisis Residential Conference in Grand Rapids, Michigan

CrisisResCon19 will be a gathering of behavioral health providers, professionals, stakeholders and people with lived experience from across the country aimed at identifying best practices in the crisis residential model of care and promoting advocacy for these services nation-wide. CrisisResCon19 is hosted by the Crisis Residential Association (CRA). The CRA provides education, training, networking, and advocacy to support organizations serving individuals experiencing a behavioral health crisis. Crisis Residential programs play a unique role in the nation’s healthcare system by providing a homelike and therapeutic alternative to hospitalization. Providing recovery services that are strengths-focused, client-centered and community-based, these services play a critical role in the crisis services continuum.

Conference Details

Pre-Conference A) The Effective Management Pre-Conference event provides managers with relevant guidelines and meaningful tools for workplace success. In this course, participants will understand the nuances of management vs. leadership, identify helpful ways to support their staff through structured supervision, learn how to exercise effective time management, and effectively respond to the demands of a competitive work environment. Key aspects of this training are relevant to all levels and types of management, including new managers, practice managers, executives, and experienced professionals. This is a 7 hour training that offers 7 CEUs for social workers. This training is being presented by TBD Solutions. Cost: $200

Pre-Conference B) Assessing and Managing Suicide Risk (AMSR) focuses on developing tangible skills for assessing for suicide risk, intervening clinically when someone is at risk, and documenting the assessment and interventions performed. This is a 6.5 hour training that offers 6.5 CEUs for social workers, counselors, psychologists, RNs and physicians. This training is being presented by Hope Network. Cost: $200

October 3, 2019 - Crisis Unit Tour: By adding the Crisis Unit Tour ticket to your registration, you will have the opportunity to participate in a tour of a local Crisis Residential Unit, Pivot Crisis. The cost of the ticket includes transportation to the unit, the site tour, and refreshments. Cost: $200

October 3 & 4 - Conference Event. Cost: Early Bird Registration (Until August 1) $500, Student and Peer Registration $376

If you are a member of the Crisis Residential Network, you receive a $100 discount on your general admission to the 2019 Crisis Residential Conference. If you are interested in becoming a member and receiving a conference discount, Join HERE.

Register HERE

To present at the 2019 Crisis Residential Conference, Click HERE!

Hotel arrangement have been made at the Amway Grand Plaza for conference attendees at a discounted rate! BOOK YOUR HOTEL ROOM HERE
National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the new NCAPPS website for more information.

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

<table>
<thead>
<tr>
<th>Date/Year</th>
<th>Topic</th>
<th>Register Here</th>
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<tbody>
<tr>
<td>Tuesday, October 29, 3:00 p.m. to 4:30 p.m. E.T.</td>
<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
<td><a href="#">Register HERE</a></td>
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<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
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<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part One of Two)</td>
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<tr>
<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part Two of Two)</td>
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<td>April 2020</td>
<td>Inclusion and Belonging and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<tr>
<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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</table>
UPCOMING WEBINARS

Target Audiences: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

Housing Learning Community: Alternative Housing Types

**Wednesday, October 9, 1:00 p.m. to 2:00 p.m. E.T.**

Organized by the Addiction Technology Transfer Center

Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this 6-session virtual learning community beginning in August 2019! By the end of session 4, participants will be able to:

- Identify at least three alternative housing types.
- Compare the pros and cons of different alternative housing types.
- Describe how alternative housing types benefit clients and the community.

REGISTER NOW

Neuromodulation Treatment for Treatment-Resistant Psychiatric Disorders:

**Transcranial Magnetic Stimulation (TMS)**

**Thursday, October 10, 3:00 p.m. to 4:00 p.m. E.T.**

While medications and psychotherapy are pillars of psychiatric care, they are being joined by modern neuromodulation therapies. These treatments use electrical, magnetic, or other kinds of energy to stimulate brain tissue. An important 21st century neuromodulation technique is transcranial magnetic stimulation (TMS). TMS uses strong, focal magnetic pulses to stimulate specific brain networks, to induce neuroplastic changes that lead to symptom relief, relying on the neuroscience principle that “neurons that fire together, wire together.” As a targeted brain treatment, it does not have the systemic side effects of medication, and most patients’ response is durable. The FDA has permitted its use for over a decade, yet it remains relatively underutilized. This webinar will review the mechanism of action of TMS, principles of administration, the evidence of efficacy and safety, how to select patients for TMS, and areas where research may soon lead to new and expanded clinical uses.

REGISTER NOW

Introduction to the Interface Between Serious Mental Illness and the Criminal Justice System:

**Strategies for Realigning Patients Towards Treatment**

**Friday, October 18, 12:00 p.m. to 1:00 p.m. E.T.**

Persons with serious mental illness (SMI) have the potential to live full and successful lives. Yet, unfortunately there is the risk that some will end up with poor outcomes including involvement in the criminal justice system. In fact, persons with SMI are over-represented in the criminal justice system. Two primary models have been espoused to help decrease the population of people with SMI in the criminal justice system. The Sequential Intercept Model examines various points of potential interception as criminal justice system decisions are made, such as at arrest, at court, at incarceration and reentry. The Stepping Up framework asks leaders at a county level to join to make shifts that can reduce the numbers of people with SMI in jails. This webinar will review basics regarding the criminal justice system, provide basic data on the prevalence of people with SMI in the justice system, and offer an overview of models looking at reform to help individual patients and systems. Presenter: Debra Pinals, University of Michigan and Chair, NASMHPD Medical Directors Council.

REGISTER NOW

Funded by

SAMHSA

Administered by

AMERICAN PSYCHIATRIC ASSOCIATION

Grant Statement

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818 01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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The goal of this year’s conference is to educate, and promote the acceptance and integration of Medication Assisted Treatment (MAT) options by all stakeholders and systems affected by the opioid crisis. The AATOD Workshop Committee has assembled an outstanding curriculum that not only reflects this theme, but should be fresh, dynamic, diverse and appealing to a broad range of disciplines. The Conference will include workshops on the most cutting edge topics facilitated by experts in the field. These include the integration of MAT and the criminal justice system, pain management in MAT, technology assisted treatment, expanding MAT in rural areas, and innovative approaches to increase access and retention. There will be more workshops on specific counseling approaches and a selection on better known but still timely topics such as peer recovery supports, stigma, and cannabis use in MAT. For those newer to the field or those who want a refresher on the basics, we have once again included a “Foundations” track which will include selections on MAT 101, pharmacology, co occurring disorders, core counseling skills, and much more.

We are also pleased to once again include the popular Hot Topics Roundtable Discussions. There will be five topics facilitated by experts, which will include a comparison of the three approved medications used in MAT, the use of technology to improve care, the effect of legal cannabis on treatment, insurance parity, and stigma. There will also be Posters on display during the conference along with scheduled Poster Author Sessions to facilitate discussions on cutting edge research being conducted across the world.

CLICK HERE to View the Listing and Descriptions of the Conference Sessions
SAMHSA’s 2019 National Recovery Month Webinar Series
Celebrating Recovery across the Nation
Friday, September 27, 1:00 p.m. E.T.

Recovery Month is a national observance held every September to educate Americans that substance use treatment and mental health services can enable those with mental and substance use disorders to live healthy and rewarding lives. Now in its 30th year, Recovery Month celebrates the gains made by those in recovery.

This webinar will include individuals from organizations who host Recovery Month and other educational events to celebrate Recovery Month, and help to raise awareness around mental and substance use disorders, treatment, and recovery.

Moderator: Michele LaTour Monroe – Substance Abuse and Mental Health Services Administration

Panelists:
- Janie Gullikson – Mental Health & Addiction Association of Oregon
- Michelle Harter – Anchor Recovery Community Center
- Stephanie Siete – Community Bridges, Inc.
- Tonya Wheeler – Advocates for Recovery Colorado

Call In: 1-888-995-9713
For Participants: URL: https://www.mymeetings.com/nc/join/
Conference number: PWXW9547318
Audience passcode: TREATMENT
Participants can join the event directly at: https://www.mymeetings.com/nc/join.php?i=PWXW9547318&p=TREATMENT&t=c.

Phoenix, AZ · Nov 14-16 · 2019
Federation of Families for Children's Mental Health
30th Annual Conference
HYATT REGENCY PHOENIX
122 N 2nd Street, Phoenix, AZ 85004

1 in 5 children in America experience social, emotional, and behavioral challenges. Children who experience untreated behavioral health disorders typically become adults who continue to struggle with symptoms, who become parents who may perpetuate the cycle. The impact of the recurring cycle is felt throughout the society.

For 30 years, the National Federation of Families for Children’s Mental Health has been the nationwide advocacy organization with families as its sole focus, playing an important role in helping children, youth and their families whose lives are impacted by mental health challenges. This important work is supported largely by mental health advocates and generous donors who contribute to our cause.

Our 30th Annual Conference will feature many great workshops and speakers this year, joining hundreds of mental health advocates and professionals from across the nation as we work to educate and empower children, youth, and families!

Register HERE  Exhibitor Opportunities HERE  Sponsor HERE
TA Network Webinars & Opportunities

The Family First Prevention Services Act (FFPSA) presents an opportunity for states to take a systemic approach (child welfare, Medicaid, children’s behavioral health, juvenile justice agencies) in planning for FFPSA so that resources are maximized and coordinated across systems. The Title IV-E Prevention Services Clearinghouse public call to recommend programs and services for systematic review is now open! See below for details.

The TA Network encourages states to consider services and programs that have proven effective in systems of care, and to include services detailed in the May 7, 2013 Joint CMCS and SAMHSA Informational Bulletin Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions, such as mobile response and stabilization, intensive care coordination with fidelity Wraparound, and youth and family peer support.

The deadline for submissions is Oct. 31, 2019.

**Youth Leadership: Lessons Learned from the Field**

Led by Youth M.O.V.E. National, this LC is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. September’s Direct Connect will highlight lessons learned while supporting engaging and employing youth in systems work.

**System of Care Expansion Leadership: Beyond Impact Statements: Addressing Behavioral Health Disparities**

This SOC Expansion Leadership learning community session will focus on addressing behavioral health disparities in system of care expansion. SAMHSA requires grantees to submit Behavioral Health Disparity Impact Statements (BHDIS) within 60 days of new awards. This session will review the BHDIS, including its importance, how to gather data, and statement components. Beyond the BHDIS, presenters will focus on approaches for utilizing data and BHDIS for addressing disparities on an ongoing basis. New system of care expansion grantees are encouraged to attend, as well as any jurisdictions interested in strengthening their strategies to eliminate disparities.

**Deadline Extended: Proposals Due October 13**

With 10 focus areas and 5 ways to present your program or strategies, the 2020 Training Institutes offers opportunity to share your expertise.

Submit a proposal for the 2020 Training Institutes — What Could Be: Bolder Systems & Brighter Futures for Children, Youth, Young Adults & their Families. This theme challenges us to build on existing delivery systems for children’s services with new ideas and approaches.

Will you be a part of this challenge?
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications (link is external), Youth MOVE National (link is external), and the Federation of Families for Children’s Mental Health (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you’d like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

Getting Started
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment

Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.

- Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes
- Weaving a Community Safety Net to Prevent Older Adult Suicide
- Making the Case for a Comprehensive Children’s Crisis Continuum of Care
- Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach
- Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention
- Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness
- A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness
- Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness
- Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1
Visit the Resources at NASMHPD’s
Early Intervention in Psychosis (EIP) Virtual Resource Center

These new TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

**Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis** (NASMHPD/NRI)

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

**Training Guides**

Training Videos: Navigating Cultural Dilemmas About –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**Transcending Clients from Coordinated Specialty Care: A Guide for Clinicians** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Best Practices in Continuing Care after Early Intervention for Psychosis** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**
1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

**Addressing the Recognition and Treatment of Trauma in First Episode Programs** (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loevy, Ph.D. & Tara Neindam, Ph.D.)

**Trauma, PTSD and First Episode Psychosis**

**Addressing Trauma and PTSD in First Episode Psychosis Programs**

**Supporting Students Experiencing Early Psychosis in Schools** (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

**Engaging with Schools to Support Your Child with Psychosis**

**Supporting Students Experiencing Early Psychosis in Middle School and High School**

**Addressing Family Involvement in CSC Services** (Laurie Flynn and David Shern, Ph.D.)

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**

**Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians**

**Early Serious Mental Illness: Guide for Faith Communities** (Mihran Kazandjian, M.A.)

**Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model** (Susan Essock, Ph.D. and Donald Addington, M.D.)

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
Child Curriculum Passes a Milestone!

The SAMHSA SOAR TA Center is proud to announce that since its release in October 2018, 100 trainees have successfully completed the SOAR Online Course: Child Curriculum!

Does your agency assist children or youth with serious mental illnesses and/or physical disabilities who are experiencing or at risk of homelessness? We encourage you to enroll in the course to learn how to use the SOAR model to assist with Supplemental Security Income (SSI) applications.

Learn more by watching THIS VIDEO.

2020 Public Health Law Conference

The Network for Public Health Law (Network) is proud to announce the Bloomberg American Health Initiative at Johns Hopkins Bloomberg School of Public Health as a Partner Sponsor of the 2020 National Public Health Law Conference, taking place September 16 - 18 in Baltimore, Maryland.

The 2020 Public Health Law Conference will examine law and policy pathways to:

- Improving child and adolescent health
- Addressing environmental and climate challenges
- Eliminating the social and structural barriers to health equity
- Addressing critical issues like the ACA, opioids, mental health, gun violence and vaccinations
- Strengthening the legal capacity of public health departments

Read the full announcement and visit phlc2020.org for more information about the conference.

The National Public Health Law Conference convenes every two years, with generous support from the Robert Wood Johnson Foundation.

The Network for Public Health Law
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NASMHPD Links of Interest

Social Determinants Meet the Business Case, Jim Molpus, Health Leaders Media, September 17
Flailing on Fentanyl: As Fentanyl Deaths Soared among their Constituents, Congress Failed to Act Despite Dire Warnings about the Powerful Opioid, Katie Zezima & Colby Itkowitz, Washington Post, September 20
Increased Cardiovascular Disease Risk in Veterans With Mental Illness, Vance M.C., et al., Circulation: Cardiovascular Quality and Outcomes, September 24
Methadone Barriers Persist, Despite Decades Of Evidence, Alaina McBournie, Alexandra Duncan, Elizabeth Connolly & Josh Rising, Health Affairs Blog, September 23
Three Suicides in One Navy Ship’s Crew Point to a Growing Problem, Dave Philipps, New York Times, September 25
For People with Asperger’s, A Role Model Emerges in Greta Thunberg, Elizabeth Chuck, NBC News, September 24
Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed, Joshua A. Gordon, M.D., Ph.D., Directors’ Message, National Institute of Mental Health, September 19
Relinquishing Custody for Mental Health Services: Progress and Challenges, Beth A. Stroul, M.Ed., Institute for Innovation & Implementation, University of Maryland School of Social Work, September 17
Stressed Out By Politics? Here’s How To Keep Caring Without Losing Your Cool, Rhitu Chatterjee, National Public Radio “Shots”, September 25
How To Teach Future Doctors About Pain In The Midst Of The Opioid Crisis, Nell Greenfieldboyce, September 11
Variability In States’ Coverage Of Children With Medical Complexity Through Home And Community-Based Services Waivers, Jessica Keim-Malpass, Luba Constantoulakis & Lisa C. Letzkus, Health Affairs, September 2019
Doctors are Not Using Tools to Help Youths Stop Smoking, Boston Children’s Hospital, Eureka, American Association for Advancement of Science, September 23 & Treatment for Nicotine Use Disorder Among Medicaid-Enrolled Adolescents and Young Adults, Nicholas Chadi, M.D., M.P.H., et al., JAMA Pediatrics, September 23