Senate HELP Hears from Insurance Commissioners, Governors on How to Stabilize Insurance Markets

During five hours of hearings over two days, the Senate Health Education, Labor and Pensions (HELP) Committee appeared to hear a consensus among state insurance commissioners and governors on how to immediately stabilize the individual health insurance marketplace—a process Montana Governor Steve Bullock (D) called “eating the elephant one bite at a time.”

Both the September 6 insurance commissioner panel and the September 7 gubernatorial panel agreed that the priority should be to legislatively authorize the cost-sharing reduction (CSR) payments made to insurers for at least one year, with the majority of panelists favoring a longer authorization of two or three years to reassure insurers that the Affordable Care Act (ACA) marketplace would not be going away. Continuation of the payments has been in doubt since a Federal court ruled them unconstitutional, in September 2015, and industry and market uncertainty has been increased by periodic threats by President Trump to discontinue the payments. HELP Chairman Lamar Alexander (R-TN) has asked the President to continue the payments until at least the end of September while HELP works on a statutory resolution.

In addition to continuing the CSR payments, the Congressional witnesses also agreed that Congress should immediately create a means to establish state reinsurance mechanisms similar to those existing in Alaska. While most of the witnesses expressed a wish for Federal funding for reinsurance, at least to cover start-up costs, HELP Chair Lamar Alexander (R-TN) signaled that he would not favor Federal financial assistance for that purpose, noting that Alaska had been able to establish a reinsurance fund using only state moneys under a § 1332 innovation waiver.

All of the panelists agreed the § 1332 waiver process should be simplified by eliminating the existing six-month waiting period for approval and the requirement that any initiatives sought by waiver be prior-approved by the state’s legislature. One panelist suggested that the required budget neutrality be determined across any existing § 1115 statewide Medicaid waiver and the requested § 1332 waiver. Senator Bob Casey of Pennsylvania expressed concern such an approach might negatively impact Medicaid coverage.

Almost all of the witnesses assured HELP members they would want to keep existing ACA enrollee safeguards, even if the § 1332 language were loosened to permit greater state flexibility. One suggestion seemingly favored by the HELP Committee Chairman was to permit catastrophic “copper” plans to be sold to individuals older than the current age limit of 29.

Senator Alexander hopes to have legislation drafted at the end of next week, after two additional hearings scheduled for September 12 and 14.

Congressional Work Days Left on the 2017 Schedule

- Work Days Left in House in 2017 – 44
- Work Days Left in Senate in 2017 – 57

House Work Days Left to Fund FY 2018 before September 30 – 8
Senate Work Days Left to Fund FY 2018 before September 30 - 13
NSDUH Survey Finds Opioid Abuse Largely Due to Use of Pain Pills, and Increased Prevalence of SMI, Depression, and Suicidal Ideation among Young Adults

A 2016 National Survey on Drug Use and Health (NSDUH) report released September 7 by the Substance Abuse and Mental Health Services Administration (SAMHSA) finds that:

- In 2016, 12.8 percent of adolescents aged 12 to 17 (3.1 million adolescents) and 10.9 percent of young adults aged 18 to 25 (3.7 million) had a major depressive episode (MDE) during the preceding year. The percentages of adolescents and young adults in 2016 who had a past year MDE were higher than the corresponding percentages prior to 2015.

- The 2016 percentage of young adults with serious mental illness (SMI) was higher than the percentages in each year since 2008, and the 2016 percentage of young adults with any mental illness (AMI) was higher than the percentages in 2008 to 2014.

- The percentage of young adults 18 to 25 with serious thoughts of suicide was higher in 2016 than in the 2008 to 2014 period.

On the substance use disorder side, the 2016 NSDUH finds that:

- In 2016, approximately 20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, including 15.1 million people who had an alcohol use disorder and 7.4 million people who had an illicit drug use disorder. Among those who had an illicit drug use disorder, the most common disorder was for marijuana (4.0 million people).

- An estimated 2.1 million people had an opioid use disorder, which includes 1.8 million people with a prescription pain reliever use disorder and 0.6 million people with a heroin use disorder.

- In 2016, an estimated 11.8 million people misused opioids in the preceding year, including 11.5 million pain reliever misusers and 948,000 heroin users.

- Among people 12 or older who misused pain relievers in the past year, about 6 out of 10 people indicated that the main reason they misused pain relievers the last time was to relieve physical pain (62.3 percent), and about half (53.0 percent) indicated that they obtained the last pain relievers they misused from a friend or relative.

Senate Appropriations Committee Rejects House FY ’18 Cuts to Mental Health, 30-1

By a 30-1 vote on September 7, the Senate Appropriations Committee rejected the $269 million in cuts to SAMHSA Mental Health programs approved by the House Appropriations Committee prior to the August break.

The Senate Labor-HHS Fiscal Year 2018 spending bill would provide $79.4 billion for the Department of Health and Human Services, $1.7 billion above FY 2017 funding and $2.2 billion more than the Labor-HHS funding measure approved by the House prior to the August recess.

The restored overall funding for mental health programs increases mental health funding to the FY 2017 funding level of $1.2 billion, and rejects the $141.5 million (25 percent) cut from the Mental Health Block Grant by the House.

Also included in the Senate Labor-HHS funding measure is a 10 percent set-aside in the Children’s Mental Health Initiative for prodromal interventions, an initiative sought by SAMHSA the last two years, but not included in the House Appropriations Labor-HHS bill. NASMHPD supports the initiative and lobbied Congressional staff hard for its inclusion.

The Senate Committee also approved $816 million to fight opioid abuse across the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and SAMHSA, including the $500 million in state opioid abuse crisis grant funds authorized under the 21st Century Cures Act. The total is a $665 million, or 440 percent, increase since FY 2016. The Substance Abuse Block Grant is funded at the $1.9 billion FY 2017 level.

The bill also includes $5 million for a new Screening and Treatment for Maternal Depression program authorized under the 21st Century Cures Act.

The final FY 2018 funding levels will still need to be negotiated by the House and Senate in any permanent FY 2018 funding measure after the Continuing Resolution passed by Congress this week expires on December 8.
The 2017 ASTHO Annual Meeting will be held at the Capital Hilton, 1001 16th Street NW, Washington

The ASTHO Annual Meeting is held each year to discuss emergent issues in state and territorial public health, share best practices for creating optimal health, and offer important networking opportunities for ASTHO members, funders, key governmental partners, and other public health stakeholders. This year marks ASTHO’s 75th Anniversary, the theme Celebrating the Power of State and Territorial Public Health will honor decades of progress in governmental public health and inspire new ideas for addressing future public health challenges with sessions on the opioid epidemic, early brain development, telehealth, and creating a culture of health.

Be Our Guest at the 75th Anniversary Gala
Dress to impress! Before the annual meeting kicks off, you’re invited to a special gala and awards ceremony honoring public health champions and visionaries. Enjoy a plated dinner, cash bar, and live entertainment! Recipients of ASTHO’s 2017 Excellence in Public Health Awards, Presidential Meritorious Service Award, Legislative Champion Awards, and the de Beaumont PH WINS Model Practices and Policies Challenge winners will be announced during this event.

Register On-Line HERE Until September 8

SAMHSA-SPONSORED WEBINAR OPPORTUNITY
Two-Part Webinar Series on Key Considerations for Building an Infant and Early Childhood Mental Health Consultation Model

Part One: Designing an IECMHC Approach
Monday, September 11, 2–3 p.m. Eastern Time

Join SAMHSA’s Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) for part one of a two-part series on IECMHC models. These two 60-minute webinars will provide a sequential deep dive into components of the Models Section of the IECMHC Toolbox.

Webinar presenters will discuss the vision and purpose underpinning the IECMHC models, share about the authors and key informants who created this section, and provide a broad overview of the main parts of the Models Planning Guide. Presenters will also highlight the steps involved in designing an IECMHC approach.

Please register by September 8 to receive webinar login information.

Register HERE for Part 1 of the Series

Mark Your Calendars:

Key Considerations for Building a Quality IECMHC Model: Developing IECMHC Service Components
Thursday, October 5, at 2 p.m. Eastern Time (Part 2 of 2)
The entire ADHD community will convene in Atlanta at the 2017 Annual International Conference on ADHD. CONNECT AND RECHARGE is the theme of the first-ever joint CHADD and ADDA Conference, to be held November 9 through 12 at the Atlanta Hilton.

The leading non-profit organizations serving the ADHD community, CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder) and ADDA (Attention Deficit Disorder Association), have teamed up to create three-and-a-half days of ADHD-focused science, education, events and activities. The ADHD community will bond and learn about this challenging and complex disorder.

Conference sessions cover many essential topics: getting organized, planning for post-secondary education, school collaboration and supports, IDEA and education law, and evidence-based interventions including medications and more. Special activities teach social skills, let attendees connect with experts, and each other. Informal sessions connect groups ranging from "Women with ADHD" to "LGBT, Poly Adults" to "Parents with ADHD".

For more information, see the International ADHD Conference Web Site or call toll-free at 1-800-233-4050.
Children’s Mental Health Initiative (CMHI)

National Evaluation Web Event Training Series: Evaluating Systems of Care in Tribal Communities
Tuesday, September 26, 2:30 p.m. to 4 p.m. ET
Register HERE

Webinar Opportunity
Immigrant Students Experiencing Homelessness: Latest Developments & Resources
Tuesday, October 10, 1 p.m. - 2:15 p.m. Eastern Time
Sponsored by School House Connection

Federal rules on immigrant youth and families are changing rapidly, from Deferred Action for Childhood Arrivals (DACA), to the rights of sponsors caring for immigrant youth, to enforcement actions by Immigration and Customs Enforcement (ICE). This webinar will provide the latest information on rules, rights and responsibilities for undocumented students, sponsors and families. An immigration attorney will outline do’s and don’ts for schools serving immigrant students, and a McKinney-Vento liaison will share her practical strategies to help students and families.

Presenters:
- Jessica Jones, Policy Counsel, Lutheran Immigration and Refugee Service
- Roxana Parise, McKinney-Vento Liaison, Bellingham, WA
- Patricia Julianelle, Director of Program Advancement and Legal Affairs, SchoolHouse Connection

REGISTER HERE
CERTIFIED PEER SPECIALIST TRAINING FOR INDIVIDUALS WHO ARE DEAF AND AMERICAN SIGN LANGUAGE USERS

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is recruiting qualified individuals who are deaf, use ASL, are seeking employment and want to take Certified Peer Specialist (CPS) training to learn how to use their personal experience in mental health recovery to help other individuals who are deaf and have mental health needs. OMHSAS is offering this training opportunity to individuals from other states who are deaf and ASL users and meet their state/territory training requirements to become a CPS. Priority will be given to Pennsylvania residents. Deadline for applying is November 13, 2017.

The 75 hour (10-day) training is scheduled for December 4-15, 2017. The training will be held at Hyatt Place, 440 American Ave., King of Prussia, PA 19406.

Certified Peer Specialists are trained to:

• offer support and assistance in helping others in their mental health recovery
• inspire hope and share their mental health recovery story to help others
• promote empowerment, self-determination, understanding, coping skills and resiliency

CPS training/employment guidelines for Pennsylvania residents:

• Deaf and ASL user
• 18 years of age or older
• Received or is receiving mental health services for serious mental illness
• Have a high school diploma or general equivalency diploma
• From 2015 through 2017:
  ✓ maintained at least 12 months of successful work or volunteer experience, or
  ✓ earned at least 24 credit hours from a college or post-secondary educational institution
• Individuals must be seeking employment and willing to work upon completion of CPS training

Training fee options for Pennsylvania residents:

1. If eligible, OVR may pay for your training and provide a paid internship. Contact OVR by October 15, 2017.
2. An individual not eligible for OVR services will be responsible for the cost of the training and associated costs.

Out of state applicants: Please contact PJ Simonson for information regarding training fees.

To complete an online training application: email PJ Simonson and ask for an application for the CPS Training for deaf candidates. The forms will be emailed to you to complete online. Once finished, return the application to PJ.

Questions about the Training, Contact: PJ Simonson | RI Consulting | Phone: 602.636.4563
Questions about OVR Services, Contact: Randy Loss | Office of Vocational Rehabilitation | Phone: 717.787.5136
Behavioral health is in flux because of the upheaval and uncertainties in the larger healthcare environment. The danger is that some of the recent gains in behavioral health may be undermined, if not lost. The challenge for the field is how to build on its successes as changes occur in funding and insurance, clinical and care models, workforce, and the emergence of new technologies. Come join us at our 58th Annual Conference to discuss these issues and more.


Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.

www.nationaldialoguesbh.org
Request from the National Coalition for Mental Health Recovery: Assistance is Needed in Helping to Fund the Alternatives 2018 Conference

The National Coalition for Mental Health Recovery (NCMHR), representing 27 statewide peer-run organizations, will be hosting the Alternatives Conference for 2018 without federal support. Alternatives Conferences have been organized by and for individuals with psychiatric histories since 1985. 750 participants attended Alternatives 2017, hosted in Boston August 18-21 by the National Empowerment Center, one of the best ever.

The Alternatives conferences grew from the roots of the consumer/survivor (now known as the peer) movement, which started in the U.S. in 1969 with the founding of a self-help and advocacy group in Portland, Oregon. Riding the wave of the civil rights movement, other such groups soon sprung up on the coasts.

One of the most important innovations in the last 20 years is the recognition that people can and do recover to live full lives in the community after severe mental illness. The 2003 report of the President’s New Freedom Commission on Mental Health vision statement begins: “We envision a future when everyone with mental illness will recover…” The report also states that “consumers,” along with family members, would drive this recovery movement.

Our national Alternatives conference has played a vital role in driving this transformation.

As state mental health program directors, we thank you for the scholarship funds you have provided in the past to help people in your respective states attend this transformative conference. Now, however, there is not federal funding available to subsidize this conference and we need funding up front to help make this conference a reality.

If possible, please help us fund the Alternatives 2018 Conference through a donation to the National Coalition for Mental Health Recovery at https://www.ncmhr.org/donations.htm. Thank you for any assistance you can provide.

WEBINAR OPPORTUNITY
Implementing Change: Working to Address the Intersections of Juvenile Justice and Youth Homelessness

September 21, 2 p.m. to 3:30 p.m. ET
Sponsored by the Coalition for Juvenile Justice

A growing number of communities are working to ensure that young people do not experience homelessness as a result of involvement with the justice system, and that similarly, they do not come in to contact with the system because they are experiencing homelessness. On any given night nearly 1.3 million young people are experiencing homelessness. Many of these youth will also come in to contact with law enforcement, be arrested, and/or be incarcerated. Join us to learn how Philadelphia, Pa., and Minnesota are working to combat this cycle, and learn about the Principles for Change, a series of policy recommendations that communities and states can adopt to help address these intersections, and the application of these principles for youth in custody.

The webinar is free for all to attend.

Presenters Include:
- Callie Aguilar, Juvenile Justice Specialist, Minnesota
- Jennifer Pokempner, Juvenile Law Center, Child Welfare Policy Director
- Elizabeth Seigle, Grantee Technical Assistance Manager, Council of State Governments
- Naomi Smoot, CJJ, Executive Director

Register HERE
**September TA Network Events**

**Transitions Learning Community - Collaboration with Non-Mental Health Adult Systems**  
*Tuesday, Sept. 12, 2 p.m. - 3:30 p.m. ET*

This session of the Transitions LC will focus on the interface between the children and adult systems, with a specific emphasis on how to approach partnership with adult systems that have not been previously discussed. Maryann Davis of the Transitions RTC at the University of Massachusetts will be presenting and leading a discussion on partnership opportunity with employment services, criminal justice, and post-secondary education and training.

**SOC Expansion Leadership LC: Beyond Impact Statements - Addressing Behavioral Health Disparities**  
*Wednesday, Sept. 27, 2:30 p.m. - 4 p.m. ET*

This learning community session will focus on addressing behavioral health disparities in system of care (SOC) 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 using data and BHDIS to address disparities on an ongoing basis. New SOC expansion grantees are encouraged to attend, as well as any jurisdictions interested in strengthening their strategies to eliminate disparities.
September is National Suicide Prevention Month with World Suicide Prevention Day, honored on September 10, marking the beginning of National Suicide Prevention Week. With U.S. suicide rates increasing 24 percent over the last fifteen years, several national, state and local entities are coming together to bring awareness about suicide prevention initiatives and to reduce stigma.

At the national level, the National Action Alliance for Suicide Prevention (the Action Alliance)—a public-private partnership to advance the National Strategy for Suicide Prevention—has launched an awareness campaign to spread the word that everyone has a role to play in taking steps to prevent suicide. Join the Action Alliance during National Suicide Prevention Week (September 10-16) at #NSPW to post simple actions that can help someone in a crisis.

Throughout this month, the National Suicide Prevention Lifeline (the Lifeline) will be promoting their #BeThe1To social media campaign focused on five action steps and resources that everyone can take to save lives. The five action steps, illustrated in graphic to the right, include: Ask. Keep Them Safe. Be There. Help Them Connect. Follow Up.

The Lifeline invites the public to share #BeThe1To Twitter Chats every Tuesday throughout September to emphasize actions that promote healing, help and hope.

Coalition of Colorado hosting statewide events, such as ASIST and QPR trainings, and Hawaii holding annual statewide community events, including Out of Darkness Walks sponsored by local American Foundation for Suicide Prevention (AFSP) chapters. The walks increase awareness of suicide prevention resources and bring together those touched by suicide.

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**From Pain to Promise – Addressing Opioids and Suicide in Communities across America**

*Wednesday, September 27, 3 p.m. to 5:30 p.m.*

Rotunda North Tower, 8th Floor, Ronald Reagan Bldg.

1300 Pennsylvania Avenue N.W., Washington, D.C.

Hosted by Education Development Center & the National Action Alliance for Suicide Prevention

Opioid overdose and suicide—What can we do now to address these national emergencies?

Please join this event bringing together public- and private-sector thought leaders to discuss potential solutions in reducing the burden of “deaths of despair,” restoring hope, and saving lives in communities across the country.

Distinguished panelists will discuss health care delivery, law enforcement, lived experience, faith, and the judicial system. The discussion is especially timely given the pending October release of the final recommendations of the President’s Commission on Combating Drug Addiction and the Opioid Crisis.

Speakers will include:

- Dr. Arthur C. Evans, CEO, American Psychological Association
- Mr. Patrick Kennedy, The Kennedy Forum; the President’s Commission on Combating Drug Addiction & the Opioid Crisis
- Mr. Gary Langis, EDC substance abuse prevention consultant and voice of lived experience
- Dr. Jerry Reed, Senior Vice President, EDC and Action Alliance
- Ms. Kay Warren, co-founder, Saddleback Church

Seating is limited, you are encouraged to register today.
DIRECTOR OF NETWORK DEVELOPMENT – FULL TIME

MHA-NYC is at the cutting edge of harnessing new technologies to expand methods in which consumers can receive clinically sound behavioral health services. MHA administers three national networks of crisis services (including the National Suicide Prevention Lifeline, the national Disaster Distress Helpline, and the NFL Life Line) and supports the VA-operated Veterans Crisis Line. MHA also operates 14 crisis lines, including New York State’s HOPEline for addictions and the groundbreaking, multi-access, multi-lingual behavioral health and crisis contact center, NYC Well. The organization is a national and local leader in developing and implementing innovative new approaches to providing behavioral health services and interventions via telephone, web chat, and SMS text message.

Position Objective: The Director of Network Development is a senior management position responsible for providing leadership for the 24/7 operations of the National Suicide Prevention Lifeline (a network of 165+ independently owned crisis centers across the country) and related subnetworks. Primary responsibilities include oversight of all aspects of operations including network capacity, sustainability, infrastructure, quality improvement and contract management. The Network Development Director is the primary liaison between Lifeline’s partners in capacity building and sustainability (such as the National Association of State Mental Health Program Directors and the National Council for Behavioral Health). The Director of Network Development collaborates with IT Department staff to ensure continuous technical operation of all hotline/chat/text programs and support of all systems during emergencies. The Director of Network Development collaborates with the Finance Department and directly supervises all staff in the Network Development Division.

Primary Program: National Suicide Prevention Lifeline
Reports to: Associate Project Director

Essential Duties and Responsibilities:

- Supervise the ND Operations staff to ensure the 24/7 operation of the National Suicide Prevention Lifeline and its subnetworks
- Coordinate with MHA-NYC IT team to ensure continuous operations and reporting capabilities and to maximize efficient connectivity and capacity to respond to client contacts (geo-location capabilities, telephony and chat software platforms, etc.)
- Oversee the development of a plan to regularly test systems and ensure 24/7 access to hotline and chat programs.
- Oversee a plan for Quality Improvement to review call/chat trends, troubleshoot concerns/complaints, and share data with MHA-NYC team, funders and other key stakeholders ensuring that all operational grant related program goals and objectives are measured, met and or exceeded
- Oversee all related program subcontractors, including RFPs, contracts, deliverables and invoicing to ensure all performance metrics are met or exceeded
- Supervise the Lifeline network response to suicidal individuals corresponding with the White House to facilitate prompt, appropriate outreach of designated center towards better ensuring the safety and care of the correspondent
- Supervise the Network Development Staff in the development and execution of effective network membership recruitment and retention strategies to increase capacity for the Lifeline (including Spanish subnetwork) and Lifeline Crisis Chat. Work with funders and stakeholders to recommend sustainable models for Lifeline services.
- Act as a project (and media) spokesperson/representative for Lifeline at conferences, meetings and committees, where indicated, re: capacity/partnership-building efforts
- Regularly review call/chat volume and connectivity reports to identify service gaps within states; continuously monitor states with low in-state answer rates and work with stakeholders to increase capacity
- Work with key stakeholders (NASMHPD, AAS, NATCON NASCOD, CUSA, , SAMHSA Grantees, 211, AIRS, CARF, State Mental Health Directors) and other partners to engage new centers and promote funding; develop and disseminate reports for stakeholders as needed
- Lead efforts to define and expand program knowledge and expertise and provide technical assistance to crisis centers related to capacity building and sustainability (funding streams, payment methods, efficiencies, etc.); develop and initiate a plan to collect and distribute related practices, policies, procedures and training tools; monitor relevant blogs and list-serves and promote Lifeline when applicable
- Work with National Council and related stakeholders/leaders to develop strategies for enhancing integration of crisis services into behavioral healthcare systems
- Respond to inquiries from stakeholders for program data and information
- Assist with grant writing, report writing and program conceptualization
- Other duties as assigned

Qualifications: The ideal candidate will have a Master’s Degree in business administration, project management, public health/administration, counseling/social work or related field and at least 10 years of management/experience. Experience in the non-profit sector, mental health, suicide prevention, crisis intervention and/or mental health information and referral services experience a plus. Knowledge and expertise public health issues such as capacity building and sustainability (funding streams, payment methods, efficiencies, etc.) preferred. Applicants should be comfortable working independently. Applicants must be willing to work in New York City or, as a secondary preference, Washington, D.C.

How to Apply: Interested applicants should submit resume and cover letter to careers@mhaofnyc.org. Please put “Director of Network Development” in the subject line of your email. All qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, sexual orientation, national origin, sex, age, disability or marital status.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet “Nick,” a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick’s needs, and those of other individuals facing similar challenges.

Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care

Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

Course Objectives

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.
2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.
3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

Course Faculty

Curley Bonds, M.D.  
Medical Director,  
Didi Hirsch Mental Health Services

Jackie Pettis, M.S.N, R.N.  
Advisor and Trainer for Psychiatry to Practice Project

Wayne Centrone, N.M.D., M.P.H  
Senior Health Advisor, Center for Social Innovation  
Executive Director of Health Bridges International

Ken Minkoff, M.D.  
Senior System Consultant, ZiaPartners, Inc.  
Clinical Assistant Professor of Psychiatry, Harvard Medical School

Chris Gordon, M.D.  
Medical Director and Senior Vice President for Clinical Services, Advocates, Inc.  
Associate Professor of Psychiatry, Harvard Medical School

Kim Mueser, Ph.D.  
Executive Director, Center for Psychiatric Rehabilitation, Boston University

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential
National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Webinar Series: Communities Addressing Trauma and Community Strife through Trauma-Informed Approaches: Trustworthiness and Transparency in a Community Setting

Register HERE

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to present a 6-part series entitled “Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches.” SAMHSA/NCTIC is offering this virtual webinar series highlighting communities working to improve the resiliency of its members and responsiveness to community incidents. The series framework follows SAMHSA’s six principles of trauma-informed approaches, as described in SAMHSA’s Concept of Trauma and Guidance for Trauma-Informed Approaches.

SAMHSA’s NCTIC is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA’s Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA’s objective to develop a framework for community and historical trauma and a trauma-informed approach for communities. The series is open to all interested in addressing community trauma and healing.

Empowerment, Voice and Choice
Monday, September 25, 1 p.m. to 2:30 p.m. Eastern Time

The Holistic Life Foundation will present on creating safe spaces and tools for healing. Ali Smith and Atman Smith, co-founders of Holistic Life will present on their project of helping children and adults through body healing practices. They will start with their TED talk then discuss how they are implementing this in different systems in the city.

Webinar Series: Trauma-Informed Innovations in Crisis Services

Register HERE

NCTIC is also pleased to announce the opportunity to participate in the webinar series Trauma-Informed Innovations in Crisis Services. This series highlights the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience, and peer support. Each 60-minute webinar focuses on how an agency implements the principles from SAMHSA’s Concept and Guidance for Trauma-Informed Approaches: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutual, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. A moderated Q&A session follows the presentation. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA’s publication: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, “National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. Research based on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and ensure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

More and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA’s Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, or mobile crisis outreach programs.

Trustworthiness and Transparency: Baltimore Police Department
Monday, September 25, 3 p.m. to 4 p.m. Eastern Time

Sergeant Joanne Wallace, Crisis Intervention Team Coordinator for the Baltimore Police Department, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Wallace and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services or immediate access to recovery support is necessary.
Webinar Opportunity
Using the Senior Reach Program to Address Risk Factors for Suicide among Older Adults
*Tuesday, September 19, 3 p.m. to 4:30 p.m. Eastern Time*

Older adults may experience conditions that increase their risk for suicide, including depression, anxiety, feelings of hopelessness and social isolation. Join us to learn more about the prevalence of these issues among seniors as well as resources available to help. Experts will share information about Senior Reach, a program that focuses on creating linkages between agencies, businesses, and communities to provide emotional and physical support for older adults. Specific suicide risk screening strategies and tips to improve the provision of behavioral health services to older adults will be shared.

**Presenters:**
- Shannon Skowronski, Administration for Community Living/Administration on Aging
- Amy Miller, Senior Reach
- Steve Slayton, Services to Enhance Potential
- Jennifer Onwenu, Services to Enhance Potential
- Ellen Mariscal, Services to Enhance Potential
- Sonia George, Services to Enhance Potential

**Host:** Binod Suwal, Senior Program Manager, Center for Healthy Aging

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**NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center**

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF). The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD’s EIP website](#).

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**Technical Assistance on Preventing the Use of Restraints and Seclusion**

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, [Click Here](#):

We look forward to the opportunity to work together.
Technical Assistance (TA) Opportunities for State Mental Health Authorities under the SAMHSA State TA Contract

The State TA Contract is a cross-Center behavioral health technical assistance project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this project, states can request support for experts to provide both off-site (e.g., telephonic and web-based) assistance, as well as in-person training and consultation to representatives from the State Mental Health Authorities (SMHAs) and other designated stakeholders in order to foster and enhance recovery and resiliency-oriented systems, services, and supports.

Topics: SMHAs can request TA on a wide range of issues including, for example:

- Improving Services & Service Delivery Systems: e.g., tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices (e.g., assertive community treatment, supported employment, cognitive behavioral therapy, coordinated specialty care, etc.); increasing early identification & referral to care for young people; promoting trauma-informed, recovery-oriented care; etc.
- Systems Planning/Operations: e.g., strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; integration of behavioral health and primary care, etc.
- Expanding the Peer Workforce: training and certification of peer specialists; peer whole health training; supervision of peer specialists; utilizing peer specialists to work with persons who are deaf and hard of hearing, etc.
- Financing/Business Practices: e.g., maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; compliance with Mental Health Block Grant (MHBG) requirements for fiscal monitoring, etc.

Parameters: TA under this project cannot be specifically focused on institutional/hospital-based settings. On average, a given TA project includes up to 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

To Request TA: Submit your request into the on-line SAMHSA TA Tracker, a password-protected system. All of the MH Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via this support.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to tatracker@treatment.org.

If you have other questions, please contact your CMHS State Project Officer for the Mental Health Block Grant, or Jenifer Ureff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or via phone at (703) 682-7558.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

> **Policy Brief**: The Business Case for Coordinated Specialty Care for First Episode Psychosis
> **Toolkits**: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators
> **Fact Sheet**: Supporting Student Success in Higher Education
> **Web Based Course**: A Family Primer on Psychosis
> **Brochures**: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine
> **Issue Brief**: What Comes After Early Intervention?
> **Issue Brief**: Age and Developmental Considerations in Early Psychosis
> **Information Guide**: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
> **Information Guide**: Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.nasmhpd.org/content/information-providers. Any questions or suggestions can be forwarded to either Jenifer Ureff (jenifer.urff@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).
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NASMHPD Links of Interest

Collaborative Mental Health and Primary Care Improve Outcomes in Patients with Opioid and Alcohol Use Disorders, Schwenk T., JAMA Intern Med, August 28

National Quality Forum Behavioral Health Project 2016-2017 Final Report, August 2017

Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) Frequently Asked Questions (FAQs) – Section 438.6(e), August 2017

Networks in ACA Marketplaces Are Narrower For Mental Health Care Than For Primary Care, Zhu J.M., Zhang Y. & Polsky D., Health Affairs, September 2017

How DACA Affected the Mental Health of Undocumented Young Adults, Elizabeth Aranda & Elizabeth Vaquera, The Conversation, September 5

How DACA Affects the Health of America’s Children, Immigration Policy Lab, September 6


Promoting Integrated and Coordinated Care that Addresses Social Risk for the Dual Eligible Beneficiary Population, 2017, National Quality Forum Measures Application Partnership, August 2017

Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid, 2016, National Quality Forum Measures Application Partnership, August 2017

Strengthening the Core Set of Healthcare Quality Measures for Adults Enrolled in Medicaid, 2017, National Quality Forum Measures Application Partnership, August 2017

Surge Toolkit and Facility Checklist for Re-Opening a Closed Hospital to Expand Capacity in a Public Health Emergency, Agency for Healthcare Research and Quality, August 2017

Campus Mental Health: Frequently Asked Questions, Bazelon Center for Mental Health Law, July 2017