
The House Energy and Commerce Health Subcommittee on April 25 passed 57 opioid-related bills under consideration during an almost 9-hour long voting session, but failed to act on legislation, H.R. 3545, that would align 42 CFR Part 2 with treatment disclosure regulations adopted under the Health Insurance Portability and Accountability Act (HIPAA).

The bill was one of six not acted on by the subcommittee after Subcommittee Chair Michael Burgess (R-TX) adjourned over the protests of full committee Ranking Member Frank Pallone (D-NJ), and Reps. Ben Luján (D-NM) and Diana DeGette (D-CO), that most of the remaining bills were sponsored by Democrats and related to the Medicaid program. Mr. Burgess insisted that the remaining bills required additional work and could be addressed in a future subcommittee markup prior to the full committee markup, which he said would be several weeks away. (The House is in recess next week.)

Rep. Pallone had earlier protested that many of the bills under consideration for the markup were still in draft form and required additional honing prior to subcommittee passage. Rep. Burgess and full Committee Chair Greg Walden (R-OR) responded repeatedly to those objections that there would be time to work further on those bills in a bipartisan manner before the full committee markup.

Rep. DeGette suggested that the Chair’s refusal to bring up H.R. 5562 despite Rep Lujan’s entreaties was due to Rep. Burgess’ amendment to that bill that would have excluded implementation of a recommendation in a Health and Human Services Behavioral Health Coordinating Council report that mothers of opioid-addicted babies be given increased access to a full range of contraceptive options, including long-acting reversible contraception. The bill would have required the Secretary of Health and Human Services to develop a Strategy implementing the Coordinating Council’s recommendations under the Protecting Our Infants Act of 2015.

However, also complicating the subcommittee’s action on H.R. 3545 was an April 19 written request by Rep. Pallone and Subcommittee Ranking Member Gene Green that a Committee hearing focusing solely on H.R. 3545 be held before voting on that bill. In their letter to Reps. Walden and Burgess, Reps. Pallone and Green insisted that subcommittee members were not provided an adequate opportunity to delve into why witnesses like former ONDCP Director Michael Botticelli—himself a person in recovery—believe Part 2 protections should be maintained while others believe they should be aligned with the HIPAA standard. Reps. Pallone and Green also questioned why the patient community seemed to them unified in their opposition to aligning the Part 2 disclosure protections with HIPAA and why the substance abuse treatment provider community appeared to be divided.

The bills that were passed in the subcommittee included draft legislation allowing states to receive Medicaid reimbursement for 90 days of inpatient services for substance use disorder treatment following a 30-day assessment, as long as the state maintains the number of IMD beds and maintains the level of spending for:

1. inpatient services in an IMD, that is not less than the level of funding for such services as of the date of the enactment,
2. active psychiatric care and treatment provided on an outpatient basis, that is not less than the level of funding for such care and treatment as of the date of the enactment, and
3. specified non-IMD services that is not less than the level of funding for such services as of the date of the enactment.

Full Committee Chair Walden said the maintenance of effort conditions for receiving the reimbursement would “make sure the states aren’t playing a shell game.” Rep. Jan Schakowsky (D-IL) responded that the conditions for Medicaid reimbursement would restrict state flexibility to meet patients’ needs.

The specified non-IMD services required to be maintained at their current level of spending would include outpatient and community-based services for eligible individuals with a substance use disorder, such as:

1. substance use disorder treatment;
2. evidence-based recovery and support services, including short-term detoxification services;
3. clinically-directed therapeutic treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies;
4. addiction pharmacotherapy and drug screening;
5. counseling and clinical monitoring;
6. withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from, or occurring with, an individual’s use of alcohol and other drugs; and
7. routine monitoring of medication adherence.

The IMD bill was approved on a party-line vote, 18-9.  

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NASMHPD Board & Staff   NASMHPD Links of Interest
NASMHPD Launches CrisisNow.com Website Dedicated to Transforming the U.S. Mental Health System by Making Crisis Networks the First Line of Defense

NASMHPD Executive Director Dr. Brian Hepburn announced April 19 the creation of a new website dedicated to providing the framework needed to optimize mental health crisis services within communities. NASMHPD is partnering in the project with the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, and R.I. International.

“There is a roadmap to a safe, effective, and value-focused mental health crisis system. NASMHPD is proud to be the lead organization in the creation of the CrisisNow.com website. With the tools and information presented on this website, any community can make improvements to their crisis system and see meaningful results.”

Dr. Hepburn notes that mental health crisis services are an integral part of the health care continuum, and that a crisis system is only as healthy as its ability to provide timely and effective care for those in need. Challenges in current crisis systems often revolve around access to the right care at the right time. Lack of access frequently leads to an escalation of the crisis that then requires a more costly intervention. These cases tax the crisis system as well as those seeking services.

In order to address these challenges, the National Action Alliance for Suicide Prevention created a Crisis Services Task Force to advance Objective 8.2 of the National Strategy for Suicide Prevention (NSSP). The Task Force’s work resulted in the 2016 Task Force report Crisis Now Transforming Services is Within Our Reach, which concluded that crisis mental health care in the United States is inconsistent, inadequate, and fragmented and that the U.S. approach to crisis mental health care must be transformed. The report finds that an adequate crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources.

Co-lead for the Action Alliance Crisis Services Task Force, David Covington notes “The website houses resources around the core elements of a sustainable effective crisis system and provides a self-assessment as an important starting point. It offers practical solutions to maximizing care and improving community safety in a sustainable way.”

Dr. John Draper, Director of the National Suicide Prevention Lifeline, adds, “The CrisisNow.com website demonstrates a system that diverts people in the midst of a mental health crisis away from the caregivers of last resort, emergency departments, and law enforcement to those that can best help. Additionally, the website shows these solutions are being applied now and points to those who have successfully implemented these principles in their communities.

Public Comment on Draft Recommendation Statement and Draft Evidence Review: Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and draft evidence review on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. Clinicians should screen all women of reproductive age for intimate partner violence and provide or refer those who screen positive to ongoing support services. The Task Force also found that there is not enough evidence to determine the benefits or harms of screening for elder abuse or abuse of vulnerable adults. The draft recommendation statement and draft evidence review are available for review and public comment from April 24, 2018 to May 21, 2018 here.

Public Comment Period: 4/24/18 - 5/21/18

See the full draft recommendation statement

Any visitor to the Task Force Web site can comment on any of the listed USPSTF draft documents. However, readers should note that the USPSTF writes these documents for researchers, primary care doctors, and other health care providers, using medical and scientific language as appropriate for these audiences.
SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING
Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year’s meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year’s concept of Beyond Beds and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration’s 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

House Energy and Commerce Health Subcommittee Fails to Act on Legislation Aligning 42 CFR Part 2 with HIPAA While Passing 57 Opioid-Related Bills

(Continued from page 1) Other bills passed during the voting session, both by roll call vote when not bipartisan and by bipartisan voice vote included:

- **H.R. 5272**, the RESULTS Act which, as amended by Rep. Burgess before passage, would require the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Mental Health and Substance Use Policy Laboratory to issue and periodically update guidance for entities applying for grants that encourages the funding of evidence-based practices, encourages the replication of promising or effective practices, and informs applicants on how to best articulate the rationale for the funding of a program or activity. As originally drafted, the bill would have required that all programs and activities funded by a grant, cooperative agreement, loan, or loan guarantee from the Department of Health and Human Services, the purpose of which is to prevent or treat a mental health or substance use disorder, be evidence-based.

- **H.R. 3192**, the CHIP Mental Health Parity Act, sponsored by Rep. Joseph P. Kennedy (D-MA), which would require all state Children’s Health Insurance Programs to cover mental health and substance use disorder services at parity with general medical benefits;

- **H.R. 3331**, sponsored by Rep. Doris Matsui (D-CA), which would provide incentive payments for adopting certified electronic health records technology to behavioral health providers, such as a public or private hospital that is principally a psychiatric hospital, a community mental health center, an accredited residential or outpatient mental health treatment facility, an accredited substance abuse treatment facility, a clinical psychologist, or a clinical social worker;

- Rep. Matsui’s draft **Improving Access to Remote Behavioral Health Treatment Act**, which would allow Certified Community Behavioral Health Centers to register with the Drug Enforcement Administration to administer controlled dangerous substances via telehealth;

- Rep. Brett Guthrie’s (R-KY) draft legislation that would require all state Medicaid programs to report the core set of Medicaid adult behavioral health measures;

- **H.R. 5041**, the Safe Disposal of Unused Medication Act, sponsored by Rep. Green, allowing hospice workers to dispose of unused medications that are controlled dangerous substances; and

- **H.R. 1925**, the At-Risk Youth Medicaid Protection Act, sponsored by Reps. Tony Cardenas (D-CA) and Morgan Griffith (R-VA), which would prohibit states from terminating Medicaid benefits for youths sentenced to juvenile detention, instead providing for the suspension of benefits, and requiring that the benefits be reinstated without the need for application upon a youth’s release from incarceration.

A list of the bills voted in the subcommittee markup is here. A list of the bills originally scheduled for vote can be found here.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

**NOW AVAILABLE**

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

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The **Snapshot of State Plans** provides an overview of each state’s funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What’s New section of the NASMHPD website here: [https://www.nasmhpd.org/](https://www.nasmhpd.org/)

To view the EIP virtual resource center, visit [NASMHPD’s EIP website](https://www.nasmhpd.org/).
Mainstream NOFA Outreach Webinar Targeted to Disability Organizations – Tuesday May 8, 1 p.m. E.T.

HUD recently issued a Notice of Funding Availability (NOFA) for $100 million in new “Mainstream” housing vouchers for nonelderly people with disabilities. Public Housing Authorities (PHAs) are eligible to submit applications due June 18, 2018.

While not a requirement, HUD is providing points in this competitive process for applications that include partnerships between housing and services agencies, especially those that target housing assistance to assist people with disabilities who are transitioning out of institutional or other segregated settings, at risk of institutionalization, homeless, or at risk of becoming homeless.

To provide information about this exciting opportunity, the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force are sponsoring this webinar to review the NOFA requirements and provide state and local human services agencies and others with strategies for reaching out to and establishing partnerships with state housing agencies or local Housing Authority (ies) in the community.

The webinar is free of charge but you must register. Click [HERE](https://www.surveymonkey.com/r/VoucherMay8) to provide your information via Survey Monkey. Once the survey completes, click the “Continue” button to have GoToWebinar verify your information. Click “Register” and you are all set!

Note that this webinar is specifically for state and local services agencies. For information about related webinars, please email [lsloane@tacinc.org](mailto:lsloane@tacinc.org).

Reasonable accommodation: Live captioning and ASL will be provided for this webinar. For other reasonable accommodations, please email [lsloane@tacinc.org](mailto:lsloane@tacinc.org) by May 1.

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Three Part Webinar Series
Person Centered Planning: From Dreams to Reality
May 17 & 31, June 7, Noon to 1 p.m.
Sponsored by the National Association of State Head Injury Administrators

The National Association of State Head Injury Administrators (NASHIA) is offering a live three-part webinar series on person-centered planning and person-centered thinking starting Thurs., May 17, followed by a second and third webinar on May 31 and June 7. All three sessions will be held from 12:00 noon -- 1:00 p.m. E.T.

This 3-part webinar series has been developed to address these questions:
- What is person-centered planning and person-centered thinking?
- What are strategies for discovering information, interests and goals of individuals with brain injury?
- How do you turn these plans into reality?

Learn how this planning and on-going problem-solving process helps individuals with brain injury to plan for their future, develop personal relations, participate in the community, access resources and accommodations needed to achieve these goals, and to increase control over their lives.

To view the webinars, you must register separately for each one using the links provided below, which will take you to the GoToWebinar registration site.

There is no cost to view each of the webinars, unless you wish to obtain a Certificate of Participation. A certificate will cost NASHIA members $10 per session ($30 total for all 3) and non-members $15 per session ($45 for all 3). A PayPal button will be made available on the NASHIA website to pay once the viewing is completed.

Register [HERE](#) for Webinar 1 – An Introduction to Person-Centered Thinking

Register [HERE](#) for Webinar 2 - From Person-Centered Thinking to Creating the Plan

Register [HERE](#) for Webinar 3 - Applying Person Centered Planning and Thinking Principles in the Delivery of Supports & Services for Persons Living with a Traumatic Brain Injury

For further information or if you have any questions, please contact Keri Bennett, Chair of the NASHIA Training and Education Committee at [training@nashia.org](mailto:training@nashia.org). Meanwhile, please feel free to share with your colleagues.
CMS Opportunity for Public Comment: Quality Measure Development & Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees: Improving or Maintaining Mental Health in Younger Dual Eligible Adults

Dates: The Call for Public Comment period opens on April 13, 2018 and closes on May 10, 2018.

Project Overview: The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research and its partners, Brandeis University and the National Committee for Quality Assurance, to develop measures for the following populations of Medicaid beneficiaries:

- People eligible for both Medicare and Medicaid, or “Dual eligible beneficiaries”
- People receiving long-term services and supports (LTSS) through managed care organizations
- People with substance use disorders; beneficiaries with complex care needs and high costs; beneficiaries with physical and mental health needs; or Medicaid beneficiaries who receive LTSS in the community

The contract name is Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees. The contract number is HHSM-500-2013-130111, Task Order #HHSM-500-T0004.

As part of its measure development process, CMS requests interested parties to submit comments on the candidate measures that may be suitable for this project. This call for public comment concerns the measure specifications, and justification, for measures for Medicare-Medicaid enrollees (dual eligible beneficiaries) in Medicare-Medicaid Plans.

Project Objectives: The primary objectives of this three-year project are to:

- Identify and prioritize candidate measures and measure concepts for development
- Develop and refine measure specifications for priority measures
- Conduct alpha and beta testing to evaluate measure importance, feasibility, usability, and scientific validity and reliability
- Submit validated, reliable measures to the National Quality Forum (NQF) for endorsement

Assist CMS with an implementation strategy The Measure Information Forms (MIFs) and Measure Justification Forms (MJFs) for measures that are currently under development and being tested are provided for your review and comment. We are especially interested in comments on the general and measure-specific questions listed below. The files are found here.

Documents and Measures for Comment:

Measure Name: Improving or Maintaining Mental Health in Younger Dual Eligible Adults

Measure Description: Percentage of dual eligible beneficiaries age 18–64 whose mental health was the same or better than expected after two years.

Project Specific Instructions: CMS proposes adapting an existing Medicare 2018 Part C Star Ratings program measure, Improving or Maintain Mental Health, for use in Medicare-Medicaid Plans with younger (18–64) dual eligible adults. The intent of the proposed measure, Improving or Maintaining Mental Health in Younger Dual Eligible Adults, is to align as closely as possible to the analogous measure in the Stars Rating program, but focus on a younger population of dual eligible adults (as opposed to the current measure which includes only adults age 65 and older in Medicare Part C Plans).

The project team seeks public comment on the following questions:

General Questions

1. Is the candidate measure useful for measuring important domains of quality for dual eligible beneficiaries?
2. Are you aware of any new or additional studies that should be included in the MJF that support (or weaken) the justification for developing the measure? If so, please describe the findings and provide a full citation.

Measure Specification Questions

The Medicare Part C Stars measure, Improving or Maintaining Mental Health, uses data from the Health Outcome Survey (HOS) and calculates changes in the mental component score (MCS) over a two-year period. The risk-adjustment factors used in the Medicare 2018 Part C Stars Rating measure, Improving or Maintaining Mental Health, include: age, gender, race/ethnicity, income, education, home ownership, mode of survey administration, self-reported chronic conditions, activities of daily living, and baseline physical and mental health. We may change the current risk-adjustment factors based on the testing results in the younger dual eligible beneficiary population. We are specifically interested in public feedback on the following questions:

1. Are there beneficiary characteristics for the younger dual eligible population that CMS should include in risk adjustment?
2. What is an appropriate way to account for social risk factors included in the HOS data when measuring and scoring the proposed performance measure?

Send your comments to MedicaidQualMeasures@mathematica-mpr.com. Please indicate whether you “support”, “support with modifications” or “do not support” in the subject of your email or letter.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is proud to present the National Children's Mental Health Awareness Day national event at 7 p.m. on Thursday, May 10, at The George Washington University's Dorothy Betts Marvin Theatre in Washington, DC.

Awareness Day shines a national spotlight on the importance of caring for every child's mental health. This year’s event, Awareness Day 2018: Partnering for Health and Hope Following Trauma, will focus on the importance of an integrated health approach to supporting children, youth, and young adults who have experienced trauma. Secretary of Health and Human Services Alex M. Azar II will present governors’ spouses with a SAMHSA Special Recognition Award for their work in promoting trauma-informed care in their states. First Lady of Wisconsin Tonette Walker will accept the award on behalf of the governors’ spouses.

Attendees will have the unique opportunity to participate in a town hall discussion about making child-serving systems more trauma-informed. Assistant Secretary for Mental Health and Substance Use Elinore McCance-Katz, M.D., Ph.D., will host the dialogue that will include governors’ spouses, senior federal officials, and youth and family leaders, as well as executives from the nation’s leading organizations for professionals in primary care, behavioral health, and child welfare. The town hall discussion will be moderated by NBC4 Washington anchor Aaron Gilchrist.

SAMHSA’s Mary Minor Blake Wins HHS Hubert Humphrey Service Award

A long-time public health advisor to the Center for Mental Health Services at SAMHSA who is the Chair of the Federal Partners Committee on Women and Trauma has been awarded the Department of Health and Human Services’ Hubert H. Humphrey Award for Service to America.

The award presented April 19 to Mary Minor Blake, is one of the highest awarded by the Department to employees who contribute to the common good and well-being of the nation’s citizens through leadership and service.

Ms. Blake has been a CMHS public health advisor for 11 years, and has chaired the Partners Committee for more than 7 years. Prior to working at CMHS, she was Founding Member and President of the Consumer Action Network, a non-profit peer-operated organization whose mission is to promote rights and empowerment for people with disabilities.

NASMHPD extends its congratulations to Ms. Blake on her well-deserved award.
NIMH to Host Twitter Chat on Teen Depression
NIMH Experts will be Available to Answer Questions Live
Thursday, May 3, 3 p.m. to 4 p.m. E.T.

In recognition of Children’s Mental Health Awareness Week, the National Institute of Mental Health (NIMH) is hosting a Twitter chat to discuss teen depression. Being a teenager can be tough, and experiencing emotional ups and downs is a normal reaction when facing challenging or stressful situations. But there is a difference between sadness or moodiness and depression. Depression is a common mood disorder that can affect how a person handles everyday activities such as sleeping, eating, and school or work. It is important to know the signs and seek help as early as possible.

During this hour-long chat, Argyris Stringaris, M.D., Ph.D., MRCPsych, chief of the NIMH Mood Brain and Development Unit, and Ken Towbin, M.D., chief of the Clinical Child and Adolescent Psychiatry in the NIMH Mood and Anxiety Disorders Program, will describe depression and discuss the signs and symptoms, risk factors, and treatment options for teens. Drs. Towbin and Stringaris will also be available to answer questions on the topic.

To ask questions, you must have a Twitter account. Remember to use #NIMHChats with your questions and posts. If you do not have a Twitter account, you can still observe the chat in real-time by entering #NIMHchats at twubs.com. An archive of the chat will be posted on NIMH’s website following the event.

The experts cannot provide specific medical advice or referrals. Please consult with a qualified health care provider for diagnosis, treatment, and answers to your personal questions. If you need help finding a provider, visit www.nimh.nih.gov/findhelp.

Follow @NIMHgov for updates about the chat and other information about mental health research. If you have any questions, please email NIMHpress@nih.gov.

SAMHSA-SPONSORED WEBINAR
Considerations for Placement in Recovery Housing for Individuals Living with Severe Mental Illness
Tuesday, May 8, 1:30 p.m. to 3 p.m.
Under Contract by the National Council for Behavioral Health

Join the National Council to explore the four levels of recovery housing: Peer Run, Monitored, Supervised and Service Provider. Participants will learn how to determine the placement of individuals living with severe mental illness in the levels. To better understand how an individual’s readiness for change impacts their ability to succeed in these levels, culture, structure, risk, social support and engagement will be discussed. Finally, the importance of integrated health care, co-occurring treatment, peer support, and skill building within recovery housing will be addressed.

Presenters:

• Sarah Fletcher, LCSW, CADC - Director of Intensive Outreach Services at Trilogy Behavioral Healthcare, Chicago IL
• Thomas Southerland, LCSW - Clinical Director of the South Shore and Lawndale locations at Trilogy Behavioral Healthcare, Chicago, IL

Closed-captioning is available for this webinar.
We do not offer CEU credits. However, letters of attendance are offered upon request.

If you have questions please contact Kelle Masten via email or at 703-682-5187.
Save the Date for the First National Older Adult Mental Health Awareness Day  
**Friday, May 18, 10 a.m.-12:30 p.m. E.T.**

SAMHSA and the Administration for Community Living, together with the National Coalition on Mental Health and Aging, invite you to mark your calendar for the first National Older Adult Mental Health Awareness Day. This discussion is designed to raise public awareness about the mental health of older Americans and spur action to address the needs of this population. Watch a panel of experts discuss evidence-based approaches to mental health and substance use prevention, treatment, and recovery supports for older adults, and encourage collaboration between the mental health and aging networks. The panel will also highlight the work of the Interdepartmental Serious Mental Illness Coordinating Committee and offer guidance for people who seek treatment and services. HHS Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz, M.D., Ph.D., along with HHS Assistant Secretary for Aging, Lance Robertson, will provide opening remarks.

The event will be live webcast, and registration is required.

[Register HERE](#)

**CENTER FOR TRAUMA-INFORMED CARE**

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

*For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).*

**SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS**

**Webinar: Addressing Intimate Partner Violence in Integrated Care Settings**  
**Monday, April 30, 2:30 p.m. to 4 p.m.**

About one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetime. Among the victims of intimate partner violence, one in three women experienced multiple forms of rape, stalking, or physical violence, and nine in 10 male victims experienced physical violence alone. (National Intimate Partner and Sexual Violence Survey, CDC 2010.)

Given these statistics, intimate partner violence is a prevalent public health problem affecting millions every year and directly impacting the behavioral health of survivors. Join CIHS for a webinar to learn about prevention strategies, universal education, direct inquiry techniques, and best practice approaches related to intimate partner violence.

After this webinar, participants will:

- Know the prevalence and symptoms of intimate partner violence and the connection to poor behavioral health outcomes.
- Learn best practices for prevention, identification, and response to intimate partner violence in primary care, behavioral health, and integrated care settings.
- Understand how to offer a supported referral to community-based programs who can assist with safety planning and support.
- Become familiar with resources to support clients.

**Presenter:** Shannon Day, Training and Technical Assistance Manager, Colorado Coalition Against Domestic Violence; Lisa James, Director of Health, Futures Without Violence

[Register HERE](#)

Closed captioning is available upon request.

*The Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits.*
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Project AWARE (Advancing Wellness and Resiliency in Education)
State Education Agency Grants (FOA No. SM-18-006)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 23
Anticipated Award Amount: Up to $1.8 million/year
Anticipated Total Available Funding: $42,161,924
Length of Project: Up to 5 years
No Cost-Sharing/Match Required
Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Project AWARE (Advancing Wellness and Resilience in Education) - State Education Agency (SEA) grants (Short Title: AWARE-SEA). The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged youth and local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

The AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students (SS/HS) Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs, and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school-aged youth.

WHO CAN APPLY: Eligibility is limited to:

- The State Education Agency (SEA), as defined by Section 9010(41) of the Elementary and Secondary Education Act; or
- Education Agencies/Authorities serving children and youth residing in federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations.

Eligibility is limited to SEAs or Education Agencies/Authorities serving AI/AN children and youth because SAMHSA believes that only they are in the unique position to leverage schools as anchor institutions to build strong partnerships that support the wide-scale adoption of AWARE-SEA services, programs, and policies. SEAs or Education Agencies/Authorities have the capacity and knowledge to assist LEAs with implementing the necessary policies, programs, and services at the community level while sharing and implementing statewide successful strategies. Through the building of interconnected state and community-level partnerships, AWARE-SEA can promote systems integration and policy change. This program will also strengthen the ability of states and communities to develop plans to integrate educational and community-based promotion, prevention, and treatment programs for school-aged youth and their families.

For Education Agencies/Authorities serving AI/AN children and youth, tribal organization means the recognized governing body of any Indian tribe; or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

To broaden and expand the reach of AWARE-SEA, recipients who received funding under SM-14-018 (Project AWARE for State Educational Agencies) are not eligible to apply.

CONTACTS: Program Issues: Wendy Veloz, Mental Health Promotion Branch, CMHS via email or at (240) 276-1849. Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Assertive Community Treatment Grants (FOA No. SM-18-013)

Funding Mechanism: Grant
Anticipated Award Amount: Up to $678,000/year
Length of Project: Up to 5 years
Anticipated Number of Awards: Up to 7
Anticipated Total Available Funding: $23,700,000
No Cost-Sharing/Match Required
Applications Due: May 29, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment (ACT) grants. The purpose of the ACT grants are to establish, expand, and maintain ACT programs. The ACT model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of serious mental illness (SMI). SAMHSA expects this grant program will improve behavioral health outcomes by reducing the rates of hospitalization and death for people with SMI, and that the program will also reduce the rates of substance use, homelessness, and involvement with the criminal justice system among people with SMI.

ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Under the ACT model, a multi-disciplinary team of 10 to 12 behavioral health care staff is available 24/7 to directly deliver a wide range of individualized, recovery-oriented services in a person's home or other community settings wherever and however long as needed; to help the person successfully integrate into the community. ACT teams often find they can anticipate and avoid crises.

ACT is a service delivery model, not a case management program. Caseloads are approximately one staff for every 10 individuals served.

WHO CAN APPLY: Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

CONTACTS:
- Program Issues: Mary Blake via e-mail or at (240) 276-1747.
- Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.

Pre-Application Webinar: Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.
Dial-In Number: 1-888-790-7803 Participant Passcode: 1588142
For security reasons, the passcode will be required to join the call.
Participants can also join the event directly at:
Audience passcode: 1588142

Improving Access to Overdose Treatment (FOA No. SP 18-006)

Funding Mechanism: Grant
Anticipated Award Amount: Up to $200,000
Length of Project: Up to 5 years
Anticipated Number of Awards: Up to 5
Anticipated Total Available Funding: Up to $940,000
No Cost-Sharing/Match Required
Applications Due: June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for Fiscal Year (FY) 2018 Improving Access to Overdose Treatment (Short Title: OD Treatment Access). SAMHSA will award OD Treatment Access funds to Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Recipients will partner with other practitioners at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the recipients will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose.

In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help reduce the number of opioid-related overdose deaths and adverse events. The OD Treatment Access grant program will utilize this toolkit and other resources to help the recipients train and provide resources for health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

The OD Treatment Access grant program will also ensure the recipients establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

WHO CAN APPLY: SAMHSA is limiting eligibility to FQHCs (as defined under section 1861(aa) of the Social Security Act), opioid treatment programs (as defined under part 8 of title 42, Code of Federal Regulations), and practitioners dispensing narcotic drugs (pursuant to section 303(g) of the Controlled Substances Act).

CONTACTS:
- Program Issues: Tonya F. Gray via e-mail or at (240) 276-2492 or Kim Nesbit via e-mail or at (240) 276-1742.
- Grants Management and Budget Issues: Eileen Bermudez via email or at (240) 276-1412.
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Community Programs for Outreach and Intervention with Youth and Young Adults[1] at Clinical High Risk for Psychosis[2] Grant Program (Short Title: CHR-P). The purpose of this program is to identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between service grant applicants and mental health researchers to evaluate the effectiveness of stepped-care[3] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project grant applications. NIMH plans to issue a Notice directing research grant applicants to appropriate funding mechanisms.

[1] For the purpose of this FOA, youth and young adults refers to individuals up to the age of 25 years.
[2] Clinical high risk for psychosis refers to individuals who exhibit noticeable changes in perception, thinking, and functioning which typically precedes a first episode of psychosis (FEP). During this pre-psychosis phase, individuals exhibit one or more of the following: attenuated psychotic symptoms, brief intermittent psychotic episodes, or trait vulnerability coupled with marked functional deterioration.
[3] Stepped care refers to an approach in which patients start with the least intensive evidence-based treatment. Patients who do not respond adequately to the first–line treatment are offered an evidence-based treatment of higher intensity, as clinically indicated.

WHO CAN APPLY: Eligibility is statutorily limited to the following public entities:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).
- Governmental units within political subdivisions of a state (e.g., county, city, town).
- Federally recognized American Indian/Alaska Native (AI/AN) tribal organizations (as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act).

Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project.

CONTACTS: Program Issues: Emily Lichvar, Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS) via e-mail or at (240) 276-1859 or Tanvi Ajmera, Child, Adolescent and Family Branch, CMHS via e-mail or at (240) 276-0307.

Unlocking Potential. Influencing Policy

The nation’s H/HS system, on the state, local, and community level, is embracing a whole-family, generative approach and moving away from a system rooted in compliance and programmatic outputs. Leaders are championing innovative, pragmatic ideas that address root cause issues and improve the return on investment.

The 2018 APHSA National Health and Human Services Summit will focus on how we can achieve better outcomes for children, families, and communities through:

- Looking at the Social Determinants of Health and how the “Whole-Family Approach” positively affects service delivery and prevention;
- Implementation of new fiscal policies that reduce the regulative burden;
- Working with our federal partners to increase collaboration between states, localities and the Administration;
- Modernization and integration of H/HS systems with a focus on IT and Data; and
- Providing economic and employment support.

Come prepared to discuss how Unlocking Potential for all people and Influencing Policy leads to Impacting Outcomes for children, families, and communities!

Register HERE

May 6 - 9, Crystal Gateway Marriott, Arlington, VA

Agenda

Registration

Hotel & Travel
Centers for Medicare and Medicaid Services Cultural Competent Care Webinars

Geriatric Competent Care Webinar Series

**May 16, Noon to 1:30 p.m. E.T.**

The 2018 Geriatric-Competent Care Webinar Series is designed to help states, plans, health professionals and stakeholders in all settings and disciplines to expand their knowledge and skills in the unique aspects of caring for older adults and in working with their caregivers. Continuing Education (CE) credits can be earned by joining the webinars.

**Managing Older Adults with Substance Use Disorders, May 16, 2018**

Substance use disorders (SUD) are a significant public health concern for the growing population of older adults. By 2020, the number of older adults with SUD in the United States is expected to rise from 2.8 million in 2002-2006 to 5.7 million[3]. This webinar will describe substance use disorder (SUD) screening tools, how to effectively diagnose SUD, and available treatment resources. Speakers will also discuss the need for care coordination for older adults affected by SUD.

**Registration Link:** [https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview](https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview)

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**2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

**Following are links to the reports in the Beyond Beds series.**

- **Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care**
- **Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment**
- **Older Adults Peer Support - Finding a Source for Funding**
- **Forensic Patients in State Psychiatric Hospitals: 1999-2016**
- **The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders**
- **Crisis Services’ Role in Reducing Avoidable Hospitalization**
- **Quantitative Benefits of Trauma-Informed Care**
- **Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014**
- **The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity**
- **The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System**
- **Forensic Patients in State Psychiatric Hospitals – 1999 to 2016**
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 Healthy Transitions: Improving Life Trajectories for Youthe and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

- Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.
- Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through infrastructure and organizational change at the state/tribal level.
- Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Eligibility: Eligible applicants are:

- The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.
- Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
Grants Management/Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-
The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

**Registration is free if you currently reside and work in one of the following IIMHL supporting countries:**

- Australia
- New Zealand
- Netherlands
- Norway
- Canada
- Scotland
- Denmark
- Greenland
- England
- Sweden
- Finland
- Ireland
- United States
- Iceland

Registration is $400 for Individuals not residing in an IIMHL Country. Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
Recovery to Practice (RTP) Initiative invites you to attend.

**Recovery-Oriented Engagement Practices - Spring 2018 Series**

*Wednesdays, 1 p.m. to 2 p.m. E.T.*

Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person's life - with everyone contributing to and responsible for engagement and alliance.

In this series, we will explore three distinct elements of engagement. The first webinar will look at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

**May 2, 2018: Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)**

Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to engagement.

**May 23, 2018: Social Media/Technology for Outreach and Engagement**

John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21st Century world through systemic large-scale implementation of CT-R sharing evidence of culture change.

**Archived: Therapeutic Alliance and its Impact on Engagement**

Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

**Click on the Name of Each Session to Register**

You may attend one or all the webinars in this series. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

**NAADAC statement:** This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.

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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.
California Department of State Hospitals Public Forensic Mental Health Forum  
Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814  
June 7 & 8, 2018

Topics Include: Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals

Featured Speakers Will Include:

Dr. Stephen Stahl  
Dr. Charles Scott  
Dr. Barbara McDermott  
Dr. Katherine Warburton

CLICK HERE TO REGISTER NOW!

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant. Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include 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; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tattracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
CCF Annual Conference
July 24-26, 2018
Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children’s advocacy organizations.

New On-Demand Continuing Medical Education (CME) Course: Clozapine as a Tool in Mental Health Recovery

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a “virtual grand rounds,” this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you’ll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

REGISTER HERE!
Course Objectives

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)
Click here to download the conference brochure.

**Featured Day One Session!**
Concurrent Session on Wednesday, May 2, 2018

*Challenges for Rural Areas in Meeting the Increasing Requirements for Electronic Data Entry, Storage, Analysis and Exchange*

Federal and state funding agencies are steadily increasing their data requirements to show that services are accessible and of high quality, and that health care information is exchanged among treating providers in support of care coordination. Tracy Rhine from Rural County Representatives of California, Jennifer Terhorst and Philip Salter from Nevada County, and Farooq Ahmad from Imperial County will describe challenges for rural counties, including lack of bandwidth, health information technology support, and internet connectivity. They will describe creative ways that some rural agencies are addressing these issues, and suggest their relevance for other rural counties and provider organizations.

**Featured Day Two Conference Closing Keynote Session!**

*Public Health and Privacy Concerns Collide in the Opioid Crisis*

The increasing and tragic dimensions of the opioid crisis throughout the country have led to new national, state and local initiatives focusing on prevention and treatment. Jeff Livesay, Senior Executive Vice President and Shreya Patel, Policy Analyst and Public Relations Coordinator of Michigan Health Information Network will review the increased data sharing across pharmacies, insurers, and prescribers to prevent prescription drug abuse and to encourage improved care coordination. They will review how HINs can use such data analytic techniques as predictive modeling for early warning systems and preventive interventions in the interest of addressing the opioid crisis, and the emerging ethical dilemmas created by these new data sharing possibilities.

Presenters
Jeff Livesay, BS Engineering, Senior Executive Vice President, & Shreya Patel, Policy Analyst and Public Relations Coordinator, Both Michigan Health Information, Network Shared Services (MiHIN)

Registration is open. Please reserve your seat NOW!

REGISTRATION WEBSITE

If you have any problem with registering or making your hotel reservations, please contact the CIBHS Conference Dept. at (916) 379-5317 or conferences@cibhs.org.
TA Network Webinars

DIRECT CONNECT – BUILDING YOUTH CAPACITY

THURSDAY, APRIL 26, 3:30 P.M. TO 5 P.M. E.T.

Led by Youth M.O.V.E. National, this learning community 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.

Presenters:
  • Johanna Bergan, Executive Director, Youth MOVE National
  • Madeline Zielinski, Youth Program Specialist, Youth MOVE National

REGISTER HERE

SUPERVISING PEER SUPPORT STAFF: WHAT DOES IT TAKE?

WEDNESDAY, MAY 9, NOON TO 1 P.M. E.T.

Using peer specialists, coaches, and mentors to provide support and other services is a rapidly growing trend in behavioral health and integrated care services. In the past decade there has been significant growth in this workforce segment as well as increasing options for training and certification. Yet, many behavioral health organizations continue to be uncertain about the best ways to provide support and supervision to peer staff. This webinar will offer an overview of the current literature, national trends and data; explore common misconceptions about peer staff; and offer some effective approaches to ensuring that the needs of both the organization and peer staff are effectively addressed. Practical applications, challenges, and lessons learned will be discussed.

Presenters:
  • Cheryl Gagne Sc.D., Senior Associate Center for Social Innovation.
  • Lyn Leger, National and International Consultant on Best Practices in Peer Support Training and Supervision

REGISTER HERE

SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY: CONSIDERATIONS FOR SYSTEM OF CARE LEADERS IN DEVELOPING TRAUMA-INFORMED SYSTEMS OF CARE

WEDNESDAY, MAY 16, 2:30 P.M. TO 4 P.M.

The May SOC Leadership Learning Community meeting will focus on implementing SOCs that are trauma-informed in the context of trauma as a public health priority. Presenters will define trauma-informed care and how to apply theory to practice. In addition, a trauma-informed and resiliency-based continuum will be shared that includes education, training, organizational assessment, leadership development, and continuous quality improvement.

Presenters:
  • Arabella Perez, LCSW, Clinical Professor, Trauma-Informed Certificate Coordinator, University of New England School of Social Work
  • Chris Minnich, MEd, System of Care Project Director, Behavioral Health Alliance of Rural Pennsylvania
  • Kenneth Epstein, DPH, Children, Youth, and Family System of Care Director, San Francisco County Community Behavioral Health Services
  • Ruby Goyal-Carkeek, Deputy Director, New Jersey Department of Children and Families, Division of Children’s System of Care

REGISTER HERE

2018 EARLY PSYCHOSIS PEER MEETING

AUGUST 22-24, 2018
PORTLAND, OREGON

Early Psychosis Intervention is a high priority nationally and for many SOC grantees. Successful implementation requires specialized knowledge, coordination across adult and child systems, and consistent leadership. This peer meeting will provide the opportunity for selected teams of state and local decision makers to learn from national experts about effective implementation strategies, current core practices and philosophies, how programs function on the ground; and from one another about strategies grantees are considering or implementing in their own states/counties. The meeting will include individual team planning time facilitated by national experts in the field. In order to be considered for acceptance, teams of no more than 8 members interested in attending must complete the application process. Ideally, participant teams will be comprised of leaders from key child and adult-serving systems and organizations who have decision-making authority or critical influence for funding and staffing Early Psychosis Intervention (EPI) services.

DEADLINE TO SUBMIT APPLICATIONS IS FRIDAY, MAY 11, 2018. VIEW THE APPLICATION HERE.
NASMHPD Board of Directors

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NASMHPD Links of Interest

Crisis Next Door.gov (Trump Administration Internet Site for Uploading Videos Describing Personal Experiences with Overcoming Addiction)

Action Plan for Enhanced Enforcement of Mental Health and Substance Use Disorder Coverage, Department of Health and Human Services, April 23

Comparison of Rates of Firearm and Non-firearm Homicide and Suicide in Black and White Non-Hispanic Men, by U.S. State, Riddell C.A., PhD, Harper S., PhD, Cerda M., PhD & Kaufman J.S., PhD., Annals of Internal Medicine, April 24

Understanding Short-Term Limited Duration Health Insurance, Karen Pollitz, Michelle Long, Ashley Semanskee, & Rabah Kamal, Kaiser Family Foundation, April 23

Arizona Section 1115 Waiver Amendment Request: Proposal to Waive Prior Quarter Coverage Opportunity for Public Comment, Centers for Medicare and Medicaid Services (CMS), April 6 & New Hampshire § 1115 Waiver Request: Substance Use Disorder Treatment and Recovery Access Opportunity for Public Comment, CMS, April 24

Integrated Inpatient Medical and Psychiatric Care: Experiences of 5 Institutions, Chan A.C. PhD et al., Annals of Internal Medicine, April 24

After a Suicide: A Toolkit for Schools, 2nd Ed., Suicide Prevention Resource Center, 2018

Map of Medicaid Fee for Service Policies for Maternal Depression Screening in a Well-Child Visit & Map of State Medicaid Recommendations and Requirements for Maternal Depression Screening Tools, National Academy for State Health Policy, March 2018

Help Fight the Opioid Epidemic this National Prescription Drug Take Back Day, Susan Molinari, Google Blog, April 25 & Rx Takeback Tool, Google Maps

Health Disparities Widget, Office of Disease Prevention and Health Promotion, HealthyPeople.gov, Department of Health and Human Services

The Fierce Urgency of Now: Improving Outcomes for Justice-Involved People With Serious Mental Illness and Substance Misuse, Glenda Wrenn, M.D., M.S.H.P., Brian McGregor, Ph.D. & Mark Munetz, M.D., Psychiatric Services, April 16

Ethics in Parent Peer Support Workbook: Balancing Your Lived Experience and Professional Roles, Family Run Executive Director Leadership Association (FREDLA), April 2018