USPSTF Recommends Screening All Adults, but Not Teens, for Illicit Drug Use

The United States Preventive Services Task Force (USPSTF) on August 8 recommended that primary care providers screen all adults for illicit drug use, including prescription medications.

In making the recommendation, the panel cited the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) 2017 National Survey on Drug Use and Health finding that 1 in 10 Americans 18 years of age and older said they were using illicit drugs or not using medications in ways their doctors intended. The recommendation is intended to slow the abuse of opioids, including fentanyl and heroin, as well as prescription painkillers, which is considered a major U.S. health crisis.

The USPSTF recommendations, if adopted, are not mandatory for doctors, but the Affordable Care Act requires that preventive services recommended by the Task Force with an A or B rating be covered by insurance with minimal or no co-payment. A preventive service receives an A or B recommendation on the basis of evidence that it provides asymptomatic persons more benefit than harm.

The recommendation is intended especially for patients who may appear asymptomatic, according to Dr. Carol Mangione, the author of the recommendation who is a primary care provider and a professor of medicine and public health at the University of California Los Angeles.

The proposed new guidelines represent a reversal by the panel, which said in 2008 that it did not have sufficient evidence that screenings could stem drug abuse. It says more recent research shows that screening can result in successful intervention. It is recommending that doctors or other primary care providers ask patients about drug use either in brief written questionnaires or in private conversation during the office visit, but that they not get hung over the approach used.

Dr. Mangione emphasized to the New York Times that there should be no upper age limit for screening because, while some people may assume that patients struggling with substance use disorders will be younger adults, older patients need scrutiny as well.

The USPSTF chose not to make the recommendation that adolescents also be screened because it said the few clinical trials looking at screening as an intervention for teenagers were small, largely focused on cannabis use, and did not have clear beneficial results. The panel called for more research on adolescent screening.

Dr. Sharon Levy, an author of a policy report for the American Academy of Pediatrics that encourages adolescent screening, told the New York Times the panel’s reluctance to endorse was “unfortunate.” Dr. Levy said that even if screenings do not reduce an adolescent patient’s drug use, there are reasons related to diagnosis and treatment to fold in questions about substance use during routine office visits.

The recommended guidelines are open for public comment through September 9 (see page 18).

GAO Reports FDA, NIH Lead the World in Tobacco Regulation and Evidence-Based Regulatory Science

The Government Accountability Office told a subcommittee of the House Committee on Foreign Affairs on August 8 that officials from the World Health Organization’s Pan American Health Organization (WHO) say the U.S. Food and Drug Administration (FDA) has become a global leader in tobacco regulation and evidence-based regulatory science.

The GAO reports that from 2015 through 2018, the FDA obligated $2.6 million for five global tobacco research awards. In 2014, the agency entered into a three-year cooperative agreement with WHO, providing about $680,000 to identify, support, develop, conduct, and coordinate research efforts related to tobacco control laws and policies in foreign countries to directly inform and support FDA’s U.S.-focused efforts. FDA also provided more than $1.5 million for a research award to examine how tobacco control policies are shaping the nicotine delivery market.

Overall, GAO reported, the United States obligated $41.6 million for 47 global tobacco control awards. The National Institutes of Health (NIH) provided $32.7 million of that toward 32 global tobacco control research awards.
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- Centers for Medicare and Medicaid Services (CMS) Request for Information: Severe and Disabling Chronic Conditions and Enrollment in Medicare Advantage Chronic Condition Special Needs Plans (C-SNPs)
- Upcoming Innovation Accelerator Program (IAP) Webinars from CMS
- August 28 SAMHSA-Sponsored Webinar: Focus on the Family: Using Person and Family Centered Care for Mental Health
- August 29 SAMHSA-Sponsored Webinar: Recovery Oriented Cognitive Therapy (CT-R) Approaches in Treating People with Serious Mental Illness including Discussion of the 2018 TTI Initiative
- Payers’ Behavioral Health Management and Policy Summit, November 6 through 8 in D.C.,
- United States Preventive Services Task Force (USPSTF): Public Comment on Draft Recommendation Statement and Draft Evidence Reviews: Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs
- Register NOW for the National Association of Medicaid Directors (NAMD) Conference, November 13 to 15
- Submissions Sought for the AADA Anxiety and Depression Conference, March 19-22 in San Antonio
- Register for the August 26-29 VA/DOD Suicide Prevention Conference in Nashville
- September 23-26 NASHIA 2019 State of the States in Head Injury Conference
- Crisis Residential Conference 2019 in Grand Rapids, October 2 to 4
- Register for the August 26-29 NASUAD HCBS Conference in Baltimore

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| Link to Center of Excellence for Protected Health Information Website |
| August SMI Adviser Webinars |
| AATOD 2019 Conference, October 19-23, Disney World |
| Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter |
| Annual National Association for Rural Mental Health Conference, August 26 to 29 |
| APHSA IT Solutions Management for Human Services (ISM) Annual Conference, September 22 to 25 in Milwaukee |
| Federation of Families for Children’s Mental Health 30th Annual Conference, November 14 – 16, Phoenix, AZ |

### NASMHPD Links of Interest to Address the Trauma from Mass Shootings

**El Paso and Dayton Shootings Response and Recovery Resources**, Center for the Study of Traumatic Stress, August 2019

**Coping with Stress Following a Mass Shooting**, Center for the Study of Traumatic Stress

**Grief Leadership: Leadership in the Wake of Tragedy**, Center for the Study of Traumatic Stress

**Managing the Stress of Children After a Disaster**, Center for the Study of Traumatic Stress


**Preventing Suicide: Treat Mass Shooting Trauma Beyond Initial Tragedy**, Joie D. Acosta and Lisa H. Jaycox, RAND Corporation

**Coping in the Aftermath of a Shooting**, American Counseling Association

**NY Disaster Mental Health Responder**, New York Office of Mental Health. Spring/Summer 2019

**Managing Your Distress in the Aftermath of a Mass Shooting**, American Psychological Association

**Talking to Children About the Shooting**, National Child Traumatic Stress Network, 2014

**Helping Children Cope with Tragedy-Related Anxiety**, Mental Health America

**Dealing with the Lingering Effects of a Mass Shooting**, Anna Almendrala, Kaiser Health News/California Healthline, August 8
IIMHL / IIDL 2019 Leadership Exchange & NASMHPD Commissioners/Divisions Meeting

NASMHPD is excited to announce that our annual meeting of State Mental Health Commissioners/Directors and the NASMHPD Divisions will be held in conjunction with International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) 2019 Leadership Exchange in Washington D.C.

This is an excellent opportunity for companies to visibly show their commitment as a supporter of both state AND international behavioral health leaders.

About NASMHPD
The National Association of State Mental Health Program Directors represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD is the only national association to represent state mental health commissioners/directors and their agencies.

About IIMHL
The International Initiative for Mental Health Leadership (IIMHL) is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of nine countries: Australia, England, Canada, the Netherlands, New Zealand, Republic of Ireland, Scotland, USA and Sweden.

About IIDL
The International Initiative for Disability Leadership provides an opportunity for disabled people, families, policy makers, funders and providers to work in a collaborative manner towards providing the best possible life opportunities for disabled people and their families, both within countries and as part of an international movement.

ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE.
To secure your exhibit booth: CLICK HERE.
To secure your sponsorship please: CLICK HERE.
Registration Now Open!!!

Register HERE to Attend

CLICK HERE To View the DRAFT Network Meeting Program

Leading the Way Forward: Access, Accountability and Action

International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL)

Leadership Exchange

CLICK HERE TO ACCESS A VIDEO & LEARN MORE

Final Day (September 14) Will Be a NASMHPD Commissioner- & Division-Only Annual Conference Meeting

Discounted Government Rate Room Block at the nearby Madison Hotel in D.C., (a 5-minute walk)

Exclusively for All NASMHPD Attendees

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

Taking the Lead:

Investing in Community Crisis Response/Continuum

2nd Crisis Now Global Summit
(Urgent & Emergency Mental Health Care)

September 9 & 10, 2019 in Washington DC
Best Practices for Employment for People with Serious Mental Illness

Friday, August 16, 2:00 p.m. to 4:00 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by The Bazelon Center and the National Disability Rights Network

Individual Placement and Support (IPS) Supported Employment is a widely known and extensively studied evidence-based practice that helps people with serious mental illness get and keep jobs. Speakers will provide a brief overview of Supported Employment services; how to create a culture of recovery and employment within existing employment support systems; provide an overview of Thinking Skills for Work Program (a set of cognitive enhancement services that can improve outcomes for people who are not responding to traditional IPS); and strategies for successfully navigating the Vocational Rehabilitation (VR) process to achieve employment for individuals with serious mental illness.

Presenters:

- Katherine Burson, Independent Consultant
- Susan McGurk, PhD, Professor Occupational Therapy, Boston University
- Cheryl Bates-Harris; Senior Disability Advocacy Specialist, National Disability Rights Network (NDRN)

Register HERE

The Safety Planning Intervention to Reduce Suicide Risk for People with Serious Mental Illness (SMI)

Tuesday, August 20, 1:30 p.m. to 3:00 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Council for Behavioral Health

The Safety Planning Intervention (also known as the Stanley-Brown Safety Plan; SPI; Stanley & Brown, 2012) is a widely used brief intervention and has been shown to reduce suicidal behaviors and to increase treatment engagement when coupled with brief follow-up phone contact (Stanley et al, JAMA Psychiatry, 2018). It is widely used by organizations implementing the Zero Suicide model as well as the Veterans Administration Medical Center (VAMC). The intent of SPI is to help individuals lower their imminent risk for suicidal behavior by employing a pre-determined set of potential coping strategies and a list of individuals or agencies whom they may contact.

In this webinar, Drs. Barbara Stanley and Gregory Brown will discuss the rationale for conducting a brief Safety Planning Intervention and how to set the stage for high quality safety planning, identify typical areas of safety planning that need improvement, and discuss how safety planning is implemented across care settings. Special issues and adaptations for doing safety planning in individuals with SMI will be discussed.

Presenters:

- Barbara Stanley, Ph.D., Professor of Medical Psychology in the Department of Psychiatry at Columbia University and Director of the Suicide Prevention Training, Implementation and Evaluation (SP-TIE) program in the Center for Practice Innovations at New York State Psychiatric Institute.
- Gregory K. Brown, Ph.D., Principal Investigator/Co-Investigator on research grants from the National Institute of Mental Health, American Foundation for Suicide Prevention, Department of Veterans Affairs, and the Department of Defense.

Register HERE

We do not offer CEU credits.

Closed Captioning is available for these webinars.
New Jersey A.G. Launches a Resiliency Program to Address Law Enforcement Suicides

New Jersey Attorney General Gurbir S. Grewal unveiled a new New Jersey Resilience Program for Law Enforcement August 6, in response to a recent white paper that found that police officers and firefighters are more likely to die by suicide than in the line of duty.

Commissioned by the Ruderman Family Foundation, the white paper found that nationally, in 2017, at least 140 police officers took their lives by suicide—more than the 129 who died in line-of-duty. According to Blue H.E.L.P., a nonprofit that tracks and monitors law enforcement suicides, at least 167 officers died by suicide in 2018. New Jersey has lost 37 law enforcement officers to suicide since 2016—a number thought to be higher since many suicides are often underreported.

Research referenced in the Ruderman white paper found that law enforcement officer and other first responders are facing on-the-job stress, leaving them vulnerable to depression, post-traumatic stress disorder, substance abuse and suicide—rates that are five times higher than the general population. The report found that only 3 to 5 percent of the 18,000 law enforcement agencies in the nation offer suicide prevention training.

At the press conference, Grewal stated, “We cannot fully comprehend the emotional and mental stress that our law enforcement officers suffer on a daily basis. We owe it to them to not only combat the stigma associated with seeking help, but also to give them the tools they need to deal with the stress and trauma they endure.... Too many of our officers suffer in silence.”

The Officer Resiliency Directive issued by Grewal states that “protecting an officer’s mental health is just as important as guarding their physical safety.” The Directive “strives to create a supportive culture for law enforcement officers, their families and friends, as well as the broader New Jersey community.”

The Directive requires all state, county, and city law enforcement agencies to designate a specifically trained officer who can train colleagues in coping with the unique stressors of their jobs. It appoints a state resiliency officer to oversee implementation across the state.

Under the Directive, law enforcement officers will be required to complete a two-day training module focused on mental health, developing coping mechanisms to recognize and manage stress, and addressing the culture of stigma associated with seeking help. The new program will be offered as an employee assistance program under the existing Cop2Cop program that provides counseling to police officers to meet the on-the-job challenges they encounter.

The initiative, a first of its kind, will be rolled out in October in hopes of training every law enforcement officer in New Jersey by 2022.

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

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

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

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

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

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

ENROLL HERE
The National Institute of Health reported in the August 15 New England Journal of Medicine that it has recruited 230,000 volunteers 18 years of age and older to participate in its All of Us Precision Medicine Initiative, about one-quarter of the 1 million participants ultimately sought for the study cohort.

Data is being collected through health questionnaires, electronic health records (EHRs), physical measurements, the use of digital health technology, and the collection and analysis of biospecimens. As of July 2019, more than 175,000 participants had contributed biospecimens at 340 recruitment sites, and more than 80 percent of those participants were from groups that have been historically underrepresented in biomedical research. Separate EHR data has been collected on more than 112,000 participants from 34 health information exchange sites. Volunteers are also to share their EHRs through Sync for Science—a new protocol developed by the Office of the National Coordinator for Health IT (ONC).

The program, which was officially launched in May 2018, also uses passive means to collect longitudinal health data such as EHR data, including billing codes, laboratory and medication data, reports and narrative content, according to the authors of the August 15 report. “Its data and research center will link to other data sets, such as national death indexes, pharmacy data, healthcare claims data, and geospatially linked environmental data.”

The All of Us program enrolls participants digitally via a website or a smartphone application. The de-identified data gathered as part of the program is being stored in the cloud, and approved researchers will be able to leverage web-based tools and interactive cloud-based computing environments to use the data for their research. The authors say the All of Us data repository should permit researchers to take into account individual differences in lifestyle, socioeconomic factors, environment, and biologic characteristics in order to advance precision diagnosis, prevention, and treatment.

Volunteers in the cohort will have access to their own data and most of the results from research testing. Acknowledging that the protocols for providing volunteers with their data are still under development, with feedback from participants and internal and external experts, the authors say they are prioritizing the return of information regarding two classes of health-related, actionable genetic variants to those participants who have elected to receive those results. The authors predict that about 30,000 persons will receive actionable findings that can be used in a genetic counseling program which the Initiative is in the process of establishing.

The authors explain that:

Longitudinal cohort studies have improved human health by characterizing natural histories of diseases, identifying their risk factors, and revealing new biomarkers. Advances in genomics and biosensors have set the stage for refined taxonomies of disease, which may help to guide prognosis, improve existing treatments, and aid in the development of new therapies. Most important, advances in genomic analyses have helped to identify the underlying causes of disease in individual patients. However, many efforts have been hampered by an inadequate sample size and a lack of diversity among participants, restrictive policies regarding data access, or failure to capture genotype and phenotype data comprehensively. Collectively, these challenges have slowed the pace of medical discovery, decreased the generalizability of research findings, hindered reproducibility, and led to incorrect interpretations. Population-based research, which requires large sample sizes and highly granular phenotypic data, benefits from access to populations of patients from various ancestries. The All of Us Research Program seeks to provide these data.

The All of Us Research Program seeks to recruit persons in demographic categories that have been and continue to be underrepresented in biomedical research; such persons typically have relatively poor access to good health care. Race, ethnic group, age, sex, gender identity, sexual orientation, disability status, access to care, income, educational attainment, and geographic location are therefore taken into account. Because racial and ethnic identities are more than a genetic construct, we seek to capture other social and behavioral determinants of health. Persons in underrepresented populations who are enrolled in the program will be prioritized for physical measurements and biospecimen collections. Among persons from whom biospecimens are obtained, the target percentage of persons in racial and ethnic minorities is more than 45 percent and that of persons in underrepresented populations is more than 75 percent.

The All of Us program does not focus on any particular set of diseases or health status. The inclusion of persons with a range of diseases will enable systematic studies of disease outcomes, medication effects, and other therapeutic approaches across various environmental, social, genomic, and economic contexts.
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

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

By the end of the series, participants will be able to:

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

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

**Learning Community Schedule**

- **August 28:** [Housing 101](#)
- **September 11:** [Housing with Special Populations, Part 1](#) (women with children/families, transitional age youth)
- **September 25:** [Housing with Special Populations, Part 2](#) (veterans, homelessness, older adults, severe mental illness)
- **October 9:** [Alternative Housing Types](#)
- **October 23:** [Funding Sources and Development](#)
- **November 6:** [How to Get Started](#)

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

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

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### How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

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### Crisis Now Partners:

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

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

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

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

- **RI International (d/b/a for Recovery Innovations, Inc.)**, a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.riinternational.com | www.zerosuicide.org | www.twitter.com/RI_International

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### THIS WEEK: Dr. Loice Swisher on How Doctors Need to Talk About Their Occupational Mental Health Crisis Risk

On December 3rd, 1999, Dr. Loice Swisher’s life changed forever when doctors diagnosed her five-year-old daughter with a pediatric brain tumor. Dr. Swisher describes, in a piece for EmergencyMedicine News, that her daughter went into surgery yelling, “It’s my tumor, I want to keep it!” “She came back to me blind, mute, and totally paralyzed, and to make the situation exquisitely painful, she could hear and think like a normal 5-year-old. She was totally locked in. I was locked out.” Dr. Swisher began dedicating her time and effort toward pediatric brain tumor research, rehabilitation, and education, not only focusing on how to make her daughter better but also helping similarly situated families. Simultaneously, she felt unrelenting, soul-crushing guilt, believing she’d failed her daughter, both as a mother and a physician. Dr. Swisher had been vigilant, asking the doctor two years before to check for leukemia and Lyme disease when her daughter complained of joint pain. After her daughter had five episodes of unexplained vomiting in a single month, Dr. Swisher contacted the pediatrician to rule out a brain tumor, resulting in the MRI that showed a large mass in her daughter’s brain. “Even though I’m the one who diagnosed it, I didn’t believe she had a tumor. I just thought I was a paranoid emergency medicine mom who suspected her daughter of having a fatal disease every year or two. It made me question how many clues I blew off or just thought I was making up. How late was I taking her to the pediatrician? The self-blame never stopped.”

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**READ MORE**
NATIONAL COALITION ON MENTAL HEALTH AND AGING  
2019-2020 WEBINAR SERIES  
on  
ADDRESSING DISPARITIES IN BEHAVIORAL HEALTH CARE  
“Prevention and Health Promotion for Late-Life Mental Health Disorders”  

August 21 at 12:00 PM EDT

Presenter: Amanda Leggett, Ph.D.

Dr. Leggett is a Research Assistant Professor in the Program for Positive Aging and Geriatric Psychiatry Section of the Psychiatry Department at the University of Michigan.

This webinar will focus on encouraging findings from existing preventive interventions in pharmacotherapy, psychotherapy, and psycho-social efforts. The session will address depressive and anxiety disorders, and interrelated areas of health, such as sleeping patterns, and provide future directions of research and practice in geriatric mental health prevention.

Register: https://cc.readytalk.com/r/qm3rlvqspe4f&com

“Strategies for Reducing Suicide in Older Adults”

September 18, 2019 ~ 12:00-1:00pm EDT

Presenter: Michael F. Hogan, Ph.D.

Dr. Michael Hogan is Professor of Psychiatry (Clinical) in the School of Medicine at Case Western Reserve University, and an Executive Committee Member with the National Action Alliance for Suicide Prevention. Dr. Hogan is the author of the Suicide Care in Systems Framework report.

This webinar will identify different strategies using multi-layered prevention approaches that combine universal, selective, and indicated interventions to provide the greatest benefit in reducing suicide in older adults.

Register: https://cc.readytalk.com/r/it8vb1zd0qq8&com

CO-SPONSORED BY THE NATIONAL COUNCIL ON AGING  
National Chronic Disease Self-Management Education Resource Center

The National Coalition on Mental Health and Aging (NCMHA) comprises over 80 members representing professional, consumer and government organizations with expertise in mental health and aging issues. Its goal is to work together towards improving the availability and quality of mental health preventive and treatment services to older Americans and their families.

The National Chronic Disease Self-Management Education (CDSME) Resource Center supports the expansion and sustainability of evidence-based health promotion and disease prevention programs in the community and online through collaboration with national, state, and community partners. The Center is funded by the Administration for Community Living/Administration on Aging (AoA) through Prevention and Public Health Funds.
SAMHSA-SPONSORED WEBINARS

Serious Mental Illness/Substance Use Disorders and Tailoring First Episode Psychosis Programs to Serve Women

Tuesday, August 27, 1:30 p.m. to 3:00 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Council for Behavioral Health

This webinar will explore how mental health and substance use treatment providers currently care for women with co-occurring first episode psychosis (FEP), serious mental illness (SMI), and substance use disorder (SUD); and, what questions remain in relation to treating this population of women with complex presentations. Also of note is the high prevalence of ACEs in women and the ways to address this in care. Specific observations from our treatment areas note that: (a) women are underrepresented (SAMHSA TEDS Report – April 3, 2014), (b) women leave treatment early, and (c) care environments can be experienced by some women as re-traumatizing. Understanding processes that contribute to gender biases within the contexts of access and treatment is essential. The speakers will identify specific knowledge gaps and potential areas for improvement from a research and clinical standpoint.

Presenters:

- Kirsten Bolton, MSW, McLean OnTrack Program Director
- Kelly Carlson, Professional Development Specialist and Research Associate at McLean Hospital.
- Carolyn Chance, RN, BSN, works in the Schizophrenia and Bipolar Disorders unit at McLean Hospital.

Register HERE

We do not offer CEU credits. However, letters of attendance can be provided on request. Closed-captioning is available for these webinars.

Please refer any questions to NASMHPD’s Kelle Masten via email or at 703-682-5187.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS

Mental and Substance Use Disorders Prevalence Study (FG 19-003)

Anticipated Total Available Funding: $30 million
Length of Project: 3 years
Funding Mechanism: Cooperative Agreement

Anticipated Number of Awards: 1
Sharing/Match Required: No
Application Due: Friday, August 16

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2019 Mental and Substance Use Disorders Prevalence Study. In 2017, an estimated 35.4 million adults (14.3 percent) in U.S. households had mental illness in the past year and 18.7 million had a substance use disorder while 8.5 million had both a mental and substance use disorder (co-occurring disorders). Of those with a mental illness, 11.2 million adults (24.0 percent) had serious functional impairment (serious mental illness [SMI]) that interfered with or limited one or more major life activities. Only 33% of those living with SMI received the care they needed. These data highlight that mental illness, particularly SMI, is a significant public health problem with substantial unmet treatment needs in the United States. However, current surveillance systems leave several gaps in the understanding of these issues. These gaps focus on two vital areas: lack of an accurate estimate of the numbers of Americans affected by the most seriously impairing disorders (e.g., psychotic disorders such as schizophrenia and schizoaffective disorder, severe affective disorders including major depression and bipolar disorder) and lack of the inclusion of critical populations who do not reside in households, e.g., homeless, institutionalized, or incarcerated populations in these estimates for mental and substance use disorders. The purpose of this grant program is to ensure that these gaps in surveillance are addressed through a pilot program which assists in estimating the actual number of individuals living with mental and substance use disorders, including those of the greatest severity.

Eligible Applicants: Domestic public and private non-profit entities.

Contacts:

Program Issues: Beverly Vayhinger, Office of Financial Resources, SAMHSA, (240) 276-0564, beverly.vayhinger@samhsa.hhs.gov

Grants Management and Budget Issues: Ellen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov
Chronic Condition Special Needs Plans (C-SNPs) are Medicare SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions, defined at 42 CFR 422.2. CMS provides a list of SN-specific chronic conditions in Chapter 16b, section 20.1.2 of the Medicare Managed Care Manual (MMCM). These conditions were drawn from a panel of clinical advisors established pursuant to § 164(e)(2) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. The panel was convened in October 2008 and recommended 15 SNP-specific chronic conditions that met the definition of severe or disabling and needed specialized care management. The list that was later incorporated into the MMCM is as follows:

1. **Chronic alcohol and other drug dependence**;
2. Autoimmune disorders, limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
3. Cancer, excluding pre-cancer conditions or in-situ status;
4. Cardiovascular disorders, limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
5. Chronic heart failure;
6. Dementia;
7. Diabetes mellitus;
8. End-stage liver disease;
9. End-stage renal disease (ESRD) requiring dialysis;
10. Severe hematologic disorders, limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
11. HIV/AIDS;
12. Chronic lung disorders, limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
13. **Chronic and disabling mental health conditions, limited to**: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
14. Neurologic disorders, limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington’s disease, Multiple sclerosis, Parkinson’s disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
15. Stroke.

More recently, the Bipartisan Budget Act of 2018 (BBA) amended the definition of “severe or disabling chronic condition” for purposes of identifying individuals eligible to enroll in C-SNPs. Beginning January 1, 2022, a C-SNP eligible individual must “have one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination. Severe or disabling chronic conditions must require prescription drugs, providers, and models of care that are unique to the special needs individuals with several or disabling chronic conditions. As a result of access to, and enrollment in, a C-SNP, enrollees must have a reasonable expectation of slowing or halting the progression of the disease, improving health outcomes and decreasing overall costs for individuals diagnosed with such condition compared to available options of care other than through a C-SNP, or (b) have a low prevalence in the general population of Medicare beneficiaries or a disproportionately high per-beneficiary cost under Medicare. In addition, the statute requires the list of severe or disabling chronic conditions to include HIV/AIDS, end stage renal disease, and chronic and disabling mental illness.

The BBA added care management requirements for special needs individuals who have a severe or disabling chronic condition; mandated the inclusion of several current C-SNP chronic conditions onto the new list; directed the Secretary to convene a panel of clinical advisors to establish and update a list of severe or disabling chronic conditions that meet the criteria not later than December 31, 2020 and every 5 years thereafter; and directed that the panel take into account the availability of benefits in the Medicare Advantage Value-Based Insurance Design model.

The statute also requires the advisory panel, in establishing and updating the list of severe and disabling chronic conditions, to take into account the availability of varied benefits, cost-sharing, and supplemental benefits under the Medicare Advantage Value-Based Insurance Design model.

This request for information is seeking public comment on the redefinition of severe and disabling chronic conditions as amended by the BBA; whether the current list of severe and disabling chronic conditions could be further clarified; and if there are any potential conditions missing from the list.

**Comments must be submitted electronically NO LATER THAN September 8 at 5 p.m. to**
daniel.lehman@cms.hhs.gov

**For further information contact: Daniel Lehman at (410) 786-8929.**
Upcoming Innovation Accelerator Program (IAP) Webinars

Estimating Changes in Medicaid Expenditures for Various Value-Based Payment Approaches - Evidence from Oregon

Tuesday, August 20, 3:00 p.m. to 4:00 p.m. E.T.

A national learning webinar on demonstrating an Excel-based technical resource developed for Oregon Health Authority (OHA) to estimate changes in Medicaid expenditures based on various Value-Based Payment (VBP) approaches. During this webinar, speakers from the National Opinion Research Center (NORC), RAND, and OHA will provide an overview of the purpose and methodology for developing a technical resource to assess the potential impact of various VBP approaches under consideration on Medicaid expenditures. RAND will provide a live demonstration of the technical resource. OHA will discuss how it used the technical resource in assessing the impact of different VBP policy considerations as it seeks to meet 2024 VBP target. Register Now

Data Analytics in Support of Long-Term Services and Supports (LTSS)

Thursday, August 22, 3:00 p.m. to 4:30 p.m. E.T.

A national webinar for state Medicaid agencies interested in learning about data analytics for long-term services and supports (LTSS). Presenters will provide an overview of approaches for states when conducting LTSS-focused data analyses. During this webinar, speakers from the Massachusetts and Virginia state Medicaid agencies will describe their experiences and current approaches. Register Now

Strategies to Reduce the Reliance on Opioids for Pain Management Treatment

Tuesday, August 29, 2:00 p.m. to 3:00 p.m. E.T.

A national webinar on strategies for increasing access to non-opioid pain management options for Medicaid beneficiaries with chronic pain and other co-morbidities. Participants will learn about barriers to adoption of non-opioid pain treatment and potential changes needed at the physicians’ office-level to implement changes. The webinar will also provide an overview of OHA’s work with its coordinated care organizations to implement a toolkit with providers to reduce opioid overdose, misuse, and dependency. Register Now

Value-Based Payment for Home and Community-Based Services: Strategies, Progress, and Accomplishments of Participating IAP States

Wednesday, September 4, 3:00 p.m. to 4:30 p.m. E.T.

IAP is hosting a national webinar to provide an overview as well as the lessons learned of three state Medicaid agencies (Louisiana, Minnesota, and Missouri) that participated in the “Value-Based Payment for Home and Community-Based Services Technical Support” track and made progress towards implementing value-based payment (VBP) for Home and Community-Based Services (HCBS). During this webinar, participants will also learn about VBP for HCBS programs serving Medicaid beneficiaries with intellectual and developmental disabilities, and examples of quality measures that can be used in VBP for HCBS programs. Register Now

Key Lessons in Transitioning to Value-Based Payment to Improve Maternal and Infant Health Outcomes

Thursday, September 5, 3:00 p.m. to 4:15 p.m. E.T.

The Maternal and Infant Health Initiative (MIHI) Value-Based Payment (VBP) team is hosting a national webinar on lessons learned in making the transition from fee-for- service payments to VBP for maternal and infant health care. The first half of the webinar will provide an overview from two of the participating Medicaid IAP MIHI VBP states, Maine and Mississippi, about how they selected, developed, and implemented a VBP or contracting approach to reduce adverse birth outcomes. Webinar participants will also hear from a Pennsylvania Medicaid agency representative about the state’s VBP approach for MIH, including outcomes. The second half of the webinar will feature a state panel discussion, during which representatives from the highlighted states (Maine, Mississippi, and Pennsylvania) will discuss key considerations and lessons learned for designing a VBP or contracting approach based on their own landscape, capacity, and alignment with other state-level initiatives. Webinar participants will have an opportunity to engage in a question and answer session. Register Now

Telehealth Services in Treating Substance Use Disorder Treatment

Tuesday, September 10, 3:00 p.m. to 4:30 p.m. E.T.

A national webinar on the use of telehealth services in treating substance use disorders. During this webinar, participants will learn about the use of telehealth to increase access to and extend delivery of SUD treatment services. The webinar will also provide participants with an overview of the need for additional SUD treatment options; how telehealth services can be utilized (in both provider-patient services and provider-provider coordination); and examples of state approaches to telehealth services. Specifically, speakers from New York State will share their experiences in implementing telehealth services to support SUD treatment, along with the opportunities and challenges the state faced in implementing these services. Register Now
SAMHSA-SPONSORED WEBINARS

Focus on the Family: Using Person and Family Centered Care for Mental Health

Wednesday, August 28, 3:00 p.m. to 4:30 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Alliance on Mental Illness

To achieve and sustain mental health, individuals with serious mental illness need access to an array of treatment options and need to be actively engaged in their own treatment and recovery support plan. Person and family centered care puts consumers at the center of the planning process. This method involves a collaborative and strengths-based approach that relies on understanding the preferences and abilities of the individual seeking treatment and their support systems in order to tailor a personal plan for success.

During this webinar, participants will learn more about person and family centered care. Presenters will share tips for engaging individuals and their family members in the treatment planning process, and stories of success. They will also share resources for implementing and encouraging the practice of person and family centered care.

Topics and themes:
- Mental health and recovery
- Peers
- Family and caregivers

Presenters:
- Teri Brister, Ph.D., Director of Information & Support at NAMI, the National Alliance on Mental Illness.
- Ken Duckworth, M.D., NAMI Medical Director and Assistant Clinical Professor at Harvard University Medical School

Register HERE

Recovery Oriented Cognitive Therapy (CT-R) Approaches in Treating People with Serious Mental Illness including Discussion of the 2018 TTI Initiative

Thursday, August 29, 2:00 p.m. to 3:00 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD)

Recovery-Oriented Cognitive Therapy (CT-R) is a theoretically-driven, evidence-based approach that operationalizes recovery, resiliency, and empowerment for individuals who experience serious mental health challenges. Beck’s cognitive model guides the development of a positive and personal life-space — accessing and strengthening one’s best self, actively contributing and enjoying others, richly building aspirations to fill the future with hope and purpose — and provides insight into often complex challenges that get in the way of living a life of one’s choosing. Providers become powerful partners — meeting individuals where they are at, accessing adaptive modes of living, instilling daily living with purpose, and collaboratively developing resiliency in the face of life’s inevitable stress. CT-R assists in the successful integration of adaptive beliefs and confidence that enables individuals to thrive.

CT-R is readily teachable and has been successfully implemented across settings (hospital, residential, case management team, outpatient clinic, veterans’ administration) and formats (individual therapy, group therapy, team-based, milieu). The webinar will focus on the science supporting the model, the basic protocol, as well as successful implementation in mental health systems to promote culture change and continuity of care. The webinar will use examples from SAMHSA’s Transformation Transfer Initiative’s six projects in Georgia, Massachusetts, Montana, New Jersey, New York, and Vermont.

Presenters:
- Paul M. Grant, Ph.D., Research Assistant Professor of Psychology in Psychiatry at the Aaron T. Beck Psychopathology Research Center.

Register HERE

We do not offer CEU credits. However, letters of attendance can be provided on request.
Closed-captioning is available for these webinars.

Please refer any questions to NASMHPD’s Kelle Masten via email or at 703-682-5187.
• Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!

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

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

• NCQA UPDATE: Behavioral Health HEDIS Quality Measures

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

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

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

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

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

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

Al Guida, JD  
Principal  
Guide Consulting Services (GCS)

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

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

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

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

The **Payers’ Behavioral Health Management and Policy Summit** is organized in partnership with ABHW (Association for Behavioral Health and Wellness)
Public Comment Sought on USPSTF Draft Recommendation Statement and Draft Evidence Reviews: Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and two draft evidence reviews on screening for illicit drug use, including nonmedical use of prescription drugs. The Task Force found that clinicians should screen all adults for illicit drug use. More research is needed to make a recommendation for teens.

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.

The draft recommendation statement and draft evidence reviews are available for review and public comment until September 9, 2019 here.

### DRAFT RECOMMENDATION SUMMARY

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults age 18 years or older</td>
<td>The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.</td>
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<tr>
<td>Adolescents</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for illicit drug use in adolescents.</td>
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See the Full Draft Recommendation Statement

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NAMD 2019 Conference

**Monday, November 11 to Wednesday, November 13**

Washington Hilton, Washington, D.C.

Registration is Now OPEN
The 2020 ADAA Conference Committee invites you to submit for the 40th Annual Conference (San Antonio, TX - March 19-22). ADAA leads the way in bringing together a multidisciplinary community of clinical researchers and clinicians with diverse backgrounds in psychiatry, psychology, social work, counseling, nursing, neuroscience, and more.

ADAA's conference focuses exclusively on science and treatment of anxiety and depression, including but not limited to generalized anxiety disorder, OCD, PTSD, panic disorder, social anxiety disorder, phobias, depression, and related disorders in children and adults. Submissions are welcome on a broad range of research and practice topics relating to these disorders.

ADAA encourages:
- Submissions pertaining to the diagnosis, treatment, and/or prevention of depression related disorders.
- Interactive presentations comprised of both clinicians and researchers and speakers from different institutions.
- Submissions on diversity and those related to cultural, racial and socioeconomic barriers to mental health care.
- First-time presenters.

In line with the theme of #ADAA2020: Resilience: From Research to Practice, ADAA encourages submissions focused on:
- Preventive interventions aimed at enhancing resilience in high-risk populations (e.g., children growing up in poverty, urban youth, first responders, military).
- Clinical trials focused on enhancing resilience in individuals with anxiety and/or depression.
- Neuroimaging studies of resilience to stress and/or trauma.
- Research in animal models of resilience.
- Novel resilience-focused programs (e.g., clinical, family or community-based, school- or college-based programs; programs for the elderly).

#ADAA2020 Submission Deadlines:
- Symposia, Workshops, and Roundtables: September 5, 2019
  - Career Development Leadership Program (CDLP) Award Applications and the
  - Donald F. Klein Award Application: October 1, 2019
  - New Research Poster Sessions: October 30, 2019

Visit the #ADAA2020 Submissions website page for session descriptions, how to guidelines and more.

Questions? Please contact conference@adaa.org
This August 26–29, nearly 2,000 VA and DoD care teams, leaders, allies and subject matter experts from across the country will convene at the 2019 VA/DoD Suicide Prevention Conference in Nashville, Tennessee. Since its inception in 2004, this annual conference has been an important forum for sharing best practices, key research findings and policy updates in the suicide prevention field. It is a crucial extension of the shared VA and DoD mission to prevent suicide among all service members and Veterans.

This year’s conference theme is “Many Roles. One Mission.,” which emphasizes that everyone has a role to play in preventing suicide among Service members and Veterans. Guided by the National Strategy for Preventing Veteran Suicide and the Department of Defense Strategy for Suicide Prevention, attendees of the VA/DoD Suicide Prevention Conference will continue to build on the public health strategies that VA and the DoD apply at the facility, community and state levels.

The conference will enable attendees to:

- Better understand the elements of the public health approach to suicide prevention.
- Define their roles within the public health approach to suicide prevention.
- Identify opportunities to adopt and improve public health suicide prevention strategies, including prevention, intervention and postvention efforts designed for service members, Veterans and their communities.
- Develop a custom suicide prevention action plan that leverages local, state, national and international partnerships to optimize surveillance, outreach, intervention and training efforts.
- Summarize measurable outcomes associated with their suicide prevention action plan.
- Build cooperative opportunities within and between VA, DoD, and the community.

VA employee participation in the 2019 VA/DoD Suicide Prevention Conference must be approved by supervisors. Employees who have obtained approval to attend the conference will receive a registration invitation with instructions for next steps starting the week of June 10.

To learn more about the efforts of VA’s Office of Mental Health and Suicide Prevention, visit https://www.mentalhealth.va.gov/suicide_prevention.

2019 VA/DoD Suicide Prevention Conference
AUGUST 26-29, 2019
Gaylord Opryland Resort and Convention Center
Nashville, Tennessee

Crowne Plaza Hotel
Kansas City Downtown
1301 Wyandotte Street
Code: NASHIA
816-460-6624

Deadline to reserve: September 1, 2019
For more information on sessions, rates and other details check out the Conference Brochure

Register Now!

State of the States in Head Injury Meeting
September 23-26, 2019
Kansas City, Missouri
The Crisis Residential Association is Hosting its Second Annual Crisis Residential Conference in Grand Rapids, Michigan

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

Conference Details

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

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

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

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

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

**Register HERE**

To present at the 2019 Crisis Residential Conference, [Click HERE](#). Hotel arrangement have been made at the Amway Grand Plaza for conference attendees at a discounted rate! [BOOK YOUR HOTEL ROOM HERE](#)
Join the National Academy for State Health Policy’s (NASHP) 32nd Annual State Health Policy Conference. Planned by state health policymakers for state health policymakers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, #NASHPCONF19 will bring together the nation’s leading experts to share, learn, and discuss. Hundreds of state health policymakers representing all branches and of government and all 50 states and Washington, DC are in attendance each year. Also present are federal and government officials and representatives from nonprofit organizations that focus on state health policy, advocates, consultants, foundations, health plans, private providers, trade associations, health technology firms, and more! In short, anyone invested in advancing excellence in state health policy attends NASHP’s Annual Conference to benefit from the unlimited educational and networking opportunities.

State Officials-Only Summit on Rx Pricing Added to #NASHPCONF19 Agenda!

NASHP’s annual state health policy conference, Aug. 21-23, 2019, in Chicago, now features a new session entitled, State-Only Summit on Rx Pricing: Debrief and Next Steps. This special summit follows two prescription drug-focused sessions that are open to the public:

- A day-long preconference, The Latest State Actions to Tackle Rx Prices and What’s Next?, on Wednesday, Aug. 21; and
- A morning session, entitled New Recipes to Control Rx Pricing, on Thursday, Aug. 22.

After the two public sessions, state lawmakers, employees, and officials can attend the state-only summit late Thursday afternoon to debrief, network, share ideas and strategies, and identify next steps to lower Rx costs. Preregistration is required for the summit, which is included in the conference’s registration fee.
National Center on Advancing Person-Centered Practices and Systems

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

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

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<tr>
<th>Month</th>
<th>Topic</th>
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<td>September 2019</td>
<td>Building Person-Centered Practice into the System’s Architecture: Strategies for Promoting Other Person-Centered Practices within Existing Agency Workflows</td>
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<td>October 2019</td>
<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
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<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part One of Two)</td>
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<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part Two of Two)</td>
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<tr>
<td>April 2020</td>
<td>Inclusion and Belonging and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<tr>
<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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Measurement-Based Care in Community Mental Health
Friday, August 16, 12:00 p.m. to 1:00 p.m. E.T.

Behavioral health is undergoing a significant change with a focus on measurement-based care which can assist in better delivering treatments. Community behavioral health practices can apply screening and follow-up plans with treatment targets and then use validated measurement tools, assess treatment response, and adjust treatment according to outcomes. Commonly used tools include the PHQ9 for depression and GAD7 for anxiety and in these settings it will be important to look beyond these tools. Measurement must be applied in a systematic fashion by the care team requiring re-thinking workflows. Data is entered into the registry for tracking and treatment is adjusted to reach preset clinical targets. Advancing this approach in community behavioral health settings is a central tool for enhancing and informing approaches to population health and improving and positioning the field for value-based payment initiatives. This webinar will review measurement-based care approaches for behavioral and physical health in the SMI population as well as review examples of registry tracking and using aggregate data.

REGISTER NOW

Engaging the Individual and the Family in Treatment Planning
Thursday, August 22, 3:00 p.m. to 4:00 p.m. E.T.

This webinar will provide an overview of the importance of including the patient in all levels of the assessment and treatment process, along with their family of choice as well as suggestions on how to incorporate this approach into practice. The presenters will share the background of the engagement movement and the role that education of the patient and family members about the illness and treatment options plays in active engagement in the treatment process, specifically the importance of shared decision making. Best practices in proactive engagement of the person and the family including methods used in coordinated specialty care programs across the country, as well as peer-led education and support programs will also be discussed.

REGISTER NOW

Using Telepsychiatry for Serious Mental Illness: An Introduction
Friday, September 6, 12:30 p.m. to 1:30 p.m. E.T.

Telepsychiatry offers the ability to increase access to care for patients with SMI though remote, video, and virtual visits. Today it is increasingly easy to offer your patients telepsychiatry services, and this webinar will offer an introduction focusing on use cases for SMI. Topics covered will include the history and background of telepsychiatry, trainings available today, legal and reimbursement issues, technical considerations, as well as practice and clinical issues. Relevant research at the intersection of SMI and telepsychiatry will also be discussed as relevant to each of the topics.

REGISTER NOW

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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

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

CLICK HERE to View the Listing and Descriptions of the Conference Sessions
The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference

The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Conference Theme:
The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. The conference will focus on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics.

NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference. Questions & General Information: If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togevents.com or by phone at 651.242.6589.

The 2019 ISM Conference Planning Committee is hard at work developing an exciting agenda with topics relevant to health and human services and supporting technologies. A conference agenda will be available soon.

At the conference you will be able to…

- **Connect** with health and human services thought leaders;
- **Participate** in interactive learning sessions which will showcase solutions;
- **Hear** from peers about their work on lessons learned and best practices;
- **Experience** new technology and operation solutions; and
- **Meet** one-on-one with federal partners.

Watch the [conference website](#) for opportunities to nominate award-winning projects, a rising leader for the Emerging Leaders Program, become a sponsor of a conference experience or to find agenda details.

Start Planning Your Visit to the [Milwaukee Area](#) Now

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

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

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

Register HERE  Exhibitor Opportunities HERE  Sponsor HERE

Additional NASMHPD Links of Interest

IPS Fidelity Scale for Young Adults, Gary R. Bond, Deborah R. Becker, Sarah J. Swanson, & Marsha L. Ellison. IPS Employment Center & Transitions to Adulthood Center for Research at the University of Massachusetts Medical School, August 2019

Early 2019 Affordable Care Act Effectuated Enrollment Snapshot, Centers for Medicare and Medicaid Services (CMS), August 12 & CMS Releases Reports Showing Declining Enrollment for the Unsubsidized Population, CMS, August 12

As Overdoses Soared, Nearly 35 Billion Opioids — Half of Distributed Pills — Handled by 15 Percent of Pharmacies, Jenn Abelson, Andrew Ba Tran, Beth Reinhard & Aaron C. Davis, Washington Post, August 12

Fentanyl Supply Levels Declined in All States from 2014 to 2017 as Deaths from Overdoses Increased, Chris Sloan, Kelly Brantley & Bansri Desai. Avalere Health, August 13

Early Retirement Sounds Amazing, But It Can Take a Toll on Your Mental Health, Karishma Vanjani, Market Watch, August 12


What Doctors Need to Fulfill the Promise of Electronic Health Records, Mathematica Podcast “On the Evidence” via Soundcloud, August 14

TA Network Webinars & Opportunities

REGISTRATION FOR THE NATIONAL WRAPAROUND IMPLEMENTATION ACADEMY IS OPEN

Early bird registration for the National Wraparound Implementation Center’s 4th National Wraparound Implementation Academy (NWIA) is OPEN. The NWIA, which will be held September 9 to 11 in Baltimore, is a biennial event that provides the opportunity to learn from the field’s foremost experts in Wraparound and systems of care and connect with peers from across the country.

Register NOW

THURSDAY, AUGUST 22
2:00 p.m. to 3:30 p.m. E.T.

ADOLESCENT INTERSECTIONS: ADHD, DEVELOPMENTAL TRAUMA AND SUBSTANCE USE

Adolescence is a unique period of development full of physical, social and cognitive changes. The appearance and expressions of these changes can foreshadow emerging adulthood or be reminiscent of fading childhood, though neither of these comparisons is fair or accurate. The maturing and interacting components that converge to create this unique period may increase impulsivity, inconsistency, and risk-taking, but also represent a great opportunity for meaningful and impactful change.

Within the framework of this developmental understanding, the potentially confusing overlap of symptoms and expressions of ADHD, developmental trauma and substance use are explored during this training. Each disorder or area of difficulty is explored separately, and then in consideration of the other two areas. The conceptualizations are not guided solely toward the multiple components of similarity, but also those of differentiation. Very importantly, psychiatric and medication implications are considered within the integrated constructs.

Questions, input, and observations are encouraged by participants at all points.

Register NOW

MONDAY, AUGUST 26
2:30 p.m. to 3:30 p.m. E.T.

CREATING MOVEMENT THROUGH COMMUNITY ASSET MAPPING

This webinar discusses Community Asset Mapping, a process that provides information to inform policies, programs, grants, infrastructure, etc., to improve the well-being of Native youth and families.

Register NOW

THURSDAY, AUGUST 29
1:30 p.m. to 3:00 p.m. E.T.

ADDRESSING ADVERSE CHILDHOOD EXPERIENCES IN URBAN COMMUNITIES

This webinar will address Adverse Childhood Experiences (ACES) and the impact of social determinants and cultural influences in urban communities. Emphasizing clinical and community-based models, the webinar will highlight practical strategies that may be used to address (ACES) and trauma in children, youth and families while advancing health equity in systems.

Register NOW

THURSDAY, SEPTEMBER 12
1:00 p.m. to 2:30 p.m. E.T.

PRESCRIBING PSYCHOTROPIC MEDICATION FOR PATIENTS AT CLINICAL HIGH RISK

Psychotherapies such as cognitive behavior therapy and family approaches are the treatments for CHR with the best established efficacy. Additionally, psychotropic medication is also sometimes used as an adjunct to support these interventions. This presentation will cover the evidence base for patient selection for and use of antipsychotics, antidepressants, and other psychotropic medication. Issues relating to continuation vs discontinuation of previously prescribed medication will also be discussed. The presentation will also address the role of the prescriber in the CHR clinic.

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

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

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

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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


Training Guides

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

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

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

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

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

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

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

Engaging with Schools to Support Your Child with Psychosis
Supporting Students Experiencing Early Psychosis in Middle School and High School

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

Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families
Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

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

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

For more information about early intervention in psychosis, please visit https://www.nasmhpd.org/content/early-intervention-psychosis-eip
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NASMHPD Links of Interest

(Mass Violence in America: Causes, Impacts and Solutions, National Council Medical Director Institute, National Council for Behavioral Health, August 2019)

How The CDC’s Reluctance To Use The ‘F-Word’ — Firearms — Hinders Suicide Prevention, Nell Greenfieldboyce, National Public Radio, August 8

Firearm Legislation and Statewide Suicide Rates: The Moderating Role of Household Firearm Ownership Levels, Anastis M.D. et al., Behavioral Sciences & the Law, May 14

Blood Test Identifies Alzheimer’s Disease Before Symptoms Start, Psychiatry and Behavioral Health Learning Network, August 8 & High-Precision Plasma β-amyloid 42/40 Predicts Current and Future Brain Amyloidosis, Schindler S.E., et al., Neurology, August 1

Longitudinal Association of Depression Symptoms With Cognition and Cortical Amyloid Among Community-Dwelling Older Adults, Gatchel J.R., M.D. et al., JAMA Network Open, August 9

May 2019 Medicaid & CHIP Enrollment Data Highlights, Centers for Medicare and Medicaid Services, August 9

Rhythms in Gene Expression in the Brain are Highly Disrupted in People with Schizophrenia, According to a New University of Pittsburgh–Led Study, Science Daily, August 9 & Diurnal Rhythms in Gene Expression in the Prefrontal Cortex in Schizophrenia, Seney M.L., et al., Nature Communications, August 9


Critical Crossroads: Pediatric Mental Health Care in the Emergency Department: A Care Pathway Resource Toolkit, Health Resources and Services Administration, July 2019

Red-Flag Laws Thwart Suicides, But Can They Catch Would-Be Mass Killers?, Jeffrey Swanson, Washington Post Opinion, August 9

Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review, Susan G. Pfefferle, Samantha S. Karon & Brandy Wyant, Abt Associates, July 21