Medicare to Cover Opioid Use Disorder Treatment by Telehealth, Reimburse for Methadone and Peer Support Services in Bundled OUD Treatment Payment in 2020

The proposed regulations governing the Medicare program in Benefit Year 2020, released July 29 by CMS, would provide codes for reimbursement for the treatment of opioid use disorders (OUDs) by telehealth and allow reimbursement for certified peer specialist services as part of a bundled payment for opioid use disorder treatment. The regulations would also cover methadone as a medication-assisted treatment (MAT) for the first time.

The agency proposes adding three new codes for bundled telehealth treatment for individuals who are addicted to opioids, which includes coverage for medication-assisted treatment. The bundled payment program would also cover overall patient management, care coordination, individual and group psychotherapy, and substance-use counseling.

Under a process CMS created in 2003, the agency assigns any submitted request to add a service to the list of telehealth services to one of the following two categories, Category 1, Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services, and Category 2, Services that are not. In reviewing these requests, CMS adds services to the telehealth list on a Category 1 basis when it determines that they are similar to services on the existing telehealth list. It looks for similarities between the requested and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter, a practitioner who is present with the beneficiary in the originating site. The agency also looks for similarities in the telecommunications system used to deliver the service.

In the proposed regulations, CMS says telehealth services for OUD treatment are sufficiently similar to psychotherapy services currently on the telehealth list to be added on a Category 1 basis. It proposes to create three new HCPCS codes for those services:

- **GYYY1**: Office-based treatment for OUD, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
- **GYYY2**: Office-based treatment for OUD, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
- **GYYY3**: Office-based treatment for OUD, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes, as an add-on service.

For the purposes of valuation for HCPCS codes GYYY1 and GYYY2, CMS is assuming two individual psychotherapy sessions per month and four group psychotherapy sessions per month. However, it says it understands that the number of therapy and counseling sessions furnished per month will vary among patients and also fluctuate over time based on the individual patient's needs. Consistent with the methodology for pricing other services under the Physician Fee Schedule, HCPCS codes GYYY1, GYYY2, and GYYY3 are to be valued based on what CMS believes to be a typical case, but understands that based on variability in patient needs, some patients will require more resources, and some fewer.

In order to maintain the advantages inherent in developing a payment bundle, CMS is proposing that the add-on code (HCPCS code GYYY3) can only be billed when the total time spent by the billing professional and the clinical staff furnishing the OUD treatment services described by the base code exceeds double the minimum amount of service time required to bill the base code for the month. CMS believes it is appropriate to limit billing of the add-on code to situations where medically necessary OUD treatment services for a particular patient exceed twice the minimum service time for the base code because the add-on code is intended to address extraordinary situations where effective treatment requires additional resources.

CMS notes that the Treatment for Patients and Communities Act (SUPPORT ACT, Pub. L. 115-271), enacted last October, removes the geographic limitations for telehealth services furnished on or after July 1, 2019, for individuals diagnosed with a substance use disorder (SUD) for the purpose of treating the SUD or a co-occurring mental health disorder. The SUPPORT Act also allows telehealth services for treatment of a diagnosed SUD or co-occurring mental health disorder to be furnished to individuals at any telehealth originating site, including in a patient's home.

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Crisis Now Summit 2019, September 9-10, Washington, D.C.

August 6 SAMHSA-Sponsored Webinar Implementing Effective Systems of Care for Children, Youth, and Transition-Aged Youth With or At-Risk of SED in Rural Communities

August 16 SAMHSA-Sponsored Webinar: Best Practices for Employment for People with Serious Mental Illness

Study Finds One in Five Patients with Major Depressive Disorder Have High or Fluctuating Suicidal Ideation Despite Antidepressant Treatment

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

Air Force Chief Orders Stand Down to Discuss Suicide

60th Annual National Dialogues on Behavioral Health (NDBH) Conference, Scheduled for November 3 – 6 in New Orleans

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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

August 14 IRETA Webinar: Innovation and Creation in Recovery: The Growing Field of Recovery Science

Payers’ Behavioral Health Management and Policy Summit, November 6 through 8 in D.C.

**SAMHSA Funding Opportunity Announcements: Mental and Substance Use Disorder Practitioner Data & Mental and Substance Use Disorders Prevalence Study**

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

Submissions Requested by September 5 for the March 19 through 22, 2020 Anxiety and Depression Conference in San Antonio

Register for the August 26-29 VA/DOD Suicide Prevention Conference in Nashville

September 23-26 NASHIA 2019 State in the States in Head Injury Conference

Crisis Residential Conference 2019 in Grand Rapids, October 2 to 4

Crisis Now CrisisTalk: Katrina Brees Talks About Stigma and Access to Lethal Means

**CMS Funding Opportunity Announcement: State Medicaid Agency Grants for Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity (CMS-2C2-19-001)**

August 8 MHTTC Webinar: Organizational and Systems Readiness for Ensuring Access to Appropriate Care Levels

Registration for the National Academy for State Health Policy (NASHP) 32nd Annual Conference in Chicago, August 21 - 23

Additional NASMHPD Links of Interest

Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)

August 7 & 8 Homeless and Housing Resource Network (HHRN) Virtual Summit on Homelessness, SMI, and SUD

**SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants**

Register NOW for the National Association of Medicaid Directors (NAMD) Conference, November 13 to 15

**CMS Request for Information: Patients Over Paperwork**

July SMI Advisor Webinars

AATOD 2019 Conference, October 19-23, Disney World

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

Suicide Prevention Training for Crime Victim Advocates

TA Network Webinars and Opportunities

The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest

NASMHPD Board & Staff
Medicare to Cover Opioid Use Disorder Treatment by Telehealth, Reimburse for Methadone and Peer Support Services in Bundled Opioid Treatment in 2020

(Continued from page 1) The proposed regulations incorporate these new changes.

As to coverage of non-telehealth OUD services, CMS notes that, while Medicare currently covers medications for MAT, including buprenorphine, buprenorphine-naloxone combination products, and extended-release injectable naltrexone under Part B or Part D, it has not historically covered methadone because of the unique manner in which the drug is dispensed and administered. Medicare Part B covers physician-administered drugs and certain other statutorily specified drugs. Medicare Part D covers drugs that are dispensed upon a prescription by a pharmacy. Methadone for MAT is not a drug administered by a physician like other MAT drugs (that is, implanted buprenorphine or injectable extended-release naltrexone) and therefore has not previously been covered by Medicare Part B. Methadone for MAT is also not a drug dispensed by a pharmacy like buprenorphine or buprenorphine-naloxone combination products) and therefore is not covered under Medicare Part D.

Methadone is a Schedule II controlled substance that is highly regulated because it has a high potential for abuse which may lead to severe psychological or physical dependence. As a result, methadone for MAT can only be dispensed and administered by an opioid treatment program (OTP), as provided under the Controlled Substances Act and 42 CFR Part 8. OTPs, which are healthcare entities that focus on providing MAT for people diagnosed with OUD, have not previously been entities that could bill and receive payment from Medicare for the services they furnish, despite the fact that 74 percent of patients receiving OUD services from OTP are treated with methadone.

However, § 2005 of the SUPPORT Act added a new Part B benefit for OUD treatment services furnished by an OTP, beginning on or after January 1, 2020. Section 2005 of the SUPPORT Act also amended the definition of “medical and other health services” to provide for coverage of OUD treatment services and established a bundled payment to OTPs for OUD treatment services furnished during an episode of care beginning. To qualify for coverage, the OTPs—of which there are 1700 nationwide, in every state but Wyoming—must have a current, valid certification from SAMHSA to satisfy Controlled Substances Act registration requirement.

In addition to MAT and the dispensing and administration of medication, substance use counseling, individual and group therapy, and toxicology testing, CMS proposes to use its discretion to include other items and services that the Secretary determines are appropriate. It seeks comment, due September 27, on any other items and services (not including meals or transportation, as they are statutorily prohibited) currently covered and paid for under Medicare Part B that the Medicare-enrolled providers/suppliers that the Secretary should consider adding. The agency also reserves to itself the discretion to add other drugs or biologics in the pipeline that might be found to successfully treat OUD.

CMS proposes that practitioners claiming reimbursement for the OUD bundle be required to furnish a separately reportable initiating visit in association with the onset of OUD treatment, since the bundle requires a level of care coordination that cannot be effective without appropriate evaluation of the patient’s needs. The initiating visit would establish the beneficiary’s relationship with the billing practitioner, ensure the billing practitioner assesses the beneficiary to determine clinical appropriateness of MAT in cases where MAT is being furnished, and provide an opportunity to obtain beneficiary consent to receive care management.

CMS proposes that the counseling, therapy, and care coordination described in the proposed OUD treatment codes could be provided by professionals who are qualified to provide the services under state law and within their scope of practice “incident to” the services of the billing physician or other practitioner. The billing clinician would manage the patient’s overall care, as well as supervise any other individuals participating in the treatment, similar to the structure of the psychiatric collaborative care model adopted two years ago. In that model, services are reported by a treating physician or other qualified health care professional and include the services of other qualified health care professionals. CMS specifically mentions the services of certified peer support specialists as services that could be included in the bundle and billed by the physician.

Study Finds Local Tobacco-21 Policies Reduce Smoking among 18- to 20 Year-Olds

A study published July 26 in the Journal of Nicotine and Tobacco Research finds that local tobacco policies barring the sale of cigarettes to purchasers under the age of 21 yield a substantive reduction in smoking among 18- to 20-year-olds living in Metropolitan/Micropolitan Statistical Areas (MMSAs).

Researchers Abigail Friedman and Rachel Wu at Yale analyzed 2011 to 2016 data from the Behavioral Risk Factor Surveillance System’s Selected Metropolitan/Micropolitan Area Risk Trends dataset. They found smoking rates fell from 16.5 percent in 2011 to 8.9 percent in 2016 among 18- to 20 year-olds. Within that drop, a tobacco-21 policy covering an entire MMSA yielded an approximately 2.1 percentage point reduction in smoking among 18- to 20-year-olds subject to a Tobacco-21 policy, compared to those not exposed to such a policy.

The authors conclude the finding provides empirical support for efforts to raise the tobacco purchasing age to 21 as a means to reduce young adult smoking. They warn that state laws that preempt local tobacco-21 policies would likely affect public health negatively.
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.

Sponsorship Opportunities
ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE.
To secure your exhibit booth: CLICK HERE.
To secure your sponsorship please: CLICK HERE.
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 (Deadline for Reservations is August 14)

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions
SAMHSA-SPONSORED WEBINARS

Implementing Effective Systems of Care for Children, Youth, and Transition-Aged Youth With or At-Risk of SED in Rural Communities

Tuesday, August 6, 3:00 p.m. to 4:30 p.m. E.T.

Developed under contract by the National Federation of Families for Children’s Mental Health

In 2017, 4.5 percent (11.2 million) of Americans 18 years or older had an SMI, and it is estimated that 6.8 to 11.5 percent of children and youth have an SED. To address this challenge, SAMHSA has included in the FY2019 – FY2023 Strategic Plan a goal to “Reduce the impact of serious mental illness (SMI) and serious emotional disturbance (SED) and improve treatment and recovery support services through implementation of the comprehensive set of recommendations put forward by the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).”

SAMHSA has a rich history of funding Systems of Care across the country. Implementation of these systems in rural communities is often challenging, in part due to factors such as culture and geography. These challenges require that implementers be well-grounded in community dynamics and demographics and that creative solutions be brought to the design of the framework for successful, rural systems.

Our panel will discuss the challenges, successes, and lessons learned from their experiences in the implementation of effective rural Systems of Care. Discussion will include research findings related to engaging students and families in rural educational settings, cultural considerations, and strategies for engaging youth in remote communities. Presenters will offer insights and recommendations of interest to those who are currently involved in this work and for those who are contemplating the implementation of a rural System of Care. This webinar will be of interest to all audiences.

Presenters:

• Kurt Michaels, Ph.D., Professor of Psychology, Appalachian State University
• Hannah Soundrarajan, B.S, Youth Engagement Coordinator, Minnesota System of Care
• Brenda Donaldson, M.S., Family and Youth Engagement Program Manager, Tennessee System of Care, TN Department of Mental Health and Substance Abuse Services
• Julie Smith, M.S., Child and Youth Care Coordinator, System of Care Across Tennessee (SOCAT)

Moderator:

• Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

We do not offer CEU credits. However, letters of attendance can be provided on request.

Register HERE

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

We do not offer CEU credits.

Closed Captioning is available for this webinar.

Please refer any questions regarding either of these webinars to NASMHPD’s Kelle Masten via email or at 703-682-5187.
Study Finds One in Five Patients with Major Depressive Disorder Have High or Fluctuating Suicidal Ideation Despite Antidepressant Treatment

Patients with major depressive disorder (MDD) showed elevated suicidal ideation despite receiving antidepressant treatment for 12 weeks, according to findings published in the Journal of Clinical Psychiatry.

Trine Madsen, from the Mental Health Centre Copenhagen at Copenhagen University Hospital, and her colleagues examined the trajectories of suicidal ideation in 811 patients with MDD who were randomly selected to receive either the selective serotonin reuptake inhibitor (SSRI) escitalopram or the tricyclic antidepressant (TAC) nortriptyline for 12 weeks.

Participants were assessed at baseline and for 12 consecutive weeks using the Montgomery-Asberg Depression Rating Scale, the 17-item Hamilton Depression Rating Scale, and the Beck Depression Inventory. The researchers examined suicidal ideation from the suicide items on the three rating scales. In addition, they looked at predictive factors associated with suicidal ideation.

Dr. Madsen and colleagues identified five distinctive trajectories associated with suicidal ideation during the 12-week course of antidepressant treatment including:

- the persistent-low class (53.7 percent) who presented no suicidal ideation;
- the persistent-high class (9.8 percent) showed high suicidal ideation throughout the twelve weeks;
- the fast-response class (26.5 percent) had high baseline severity comparable to the persistent-high class, but responded quickly to treatment within the first few weeks and remained at a low suicide level;
- the fluctuating class (5.2 percent) responded within two weeks of treatment, but experienced an increase in suicidal ideation from week 4 to 9; and
- the slow-response-relapse class (4.8 percent) initially had a slow response within the first eight weeks, but experienced an increase in high levels of suicidal ideation after twelve weeks.

The researchers conclude their findings suggest that approximately one of five patients with MDD have high or fluctuating suicidal ideation even after receiving 12 weeks of antidepressant treatment. With regard to examining predictive factors, prior suicide attempts and higher mood symptom severity are associated with higher levels of suicidal ideation trajectories. In contrast, living with a partner is associated with a lower risk for suicidal ideation.

The authors say their findings support a weekly monitoring of patients prescribed antidepressants, especially patients with previous suicide attempts and higher mood symptom severity. The evidence also supports continued monitoring of suicide risk, even if suicidal ideation abates during the patient's course of treatment.

Dr. Madsen and her colleagues conclude, “Future large-scale trials need to (1) explore whether suicidal ideation may persist for longer periods and (2) identify predictors enabling clinicians to early identify the patients at risk for persistent suicidal ideation. On the basis of those findings, trials should (3) investigate whether specific treatment approaches, both pharmacologic and non-pharmacologic, may help high-risk patients with depression and persistent suicidal ideation, thereby potentially reducing the rate of suicide attempts and, hence, suicides.”

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
Commanders,

We are now six weeks out from the AFA Convention and our annual global wing commanders conference. It is one of the gatherings I look forward to most as CSAF because of the rich exchange of ideas and the opportunity to talk about important issues. As we prepare to meet, a few thoughts to share.

A year ago I gave each of you an assignment to visit Basic Military Training (BMT) at Lackland to see where we make Airmen. You were given a “test question” to ponder – “how do so many of our Airmen transition from unlimited hope on that parade ground to hopeless on our watch’’?

When I asked this question, we were on a path to 103 suicides in 2018 having had 50 at that time. I would never have predicted that a year later we would stand today at 78 suicides. If we do nothing, we will end 2019 with upwards of 150+. Hopeful to hopeless … what is going on? It is our job to find out.

Tomorrow opens a 45 day window for you to take a Resilience Tactical Pause to discuss this with the airmen (including civilian) entrusted to your care and every echelon of leadership in your command. Make this day yours and pick the timing in the window that works best for your wing. Include leadership at every level in both planning and execution.

I had a conversation recently with a young person who had just lost a high school friend to suicide. We talked about the reasons behind such a tragic and final act. What she said was enlightening. “Young people often see themselves as a burden to others. Their family, their friends, their unit, the Air Force … so killing themselves in their mind is a way to remove themselves as a burden.”

It got me thinking about how we see our airmen who have been entrusted to our care. Do we see them as a blessing … or as a burden? What about first line supervisors, flight commanders, squadron commanders, superintendents? Perhaps you should talk about this in your discussions. What about you? Start with an honest assessment of how you see your airmen. How do your airmen see themselves?

Suicide is an adversary that is killing more of our airmen than any enemy on the planet. You and I have sworn to “defend against all enemies, foreign and domestic.” Suicide attacks sometimes with and often without warning. Make this tactical pause matter. Make it yours and make it personal.

CMSAF Wright has been talking about resiliency for 3 years, so I asked him to put together a video for your use as you craft a day to talk about what is going on and how we counterattack. Small groups tend to be more effective than large. We must turn this around.

I look forward to discussing this with you at our conference to hear what you have learned. As commanders, taking care of our airmen and their families so they can take care of the mission is our most sacred duty as leaders.

As always, proud to serve with you. Fight’s on!

DAVID L. GOLDFELD
General, USAF
Chief of Staff
SAVE THE DATE!!!

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

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

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601- mailto: norwome@msh.state.ms.us
SAMHSA-SPONSORED WEBINARS

Applying Motivational Interviewing Principles with People with Serious Mental Illness (SMI) during Crisis Situations
Monday, August 12, 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 Council for Behavioral Health

Crisis situations can exacerbate and compound one’s experience of trauma. Working with people with SMI in community practice requires a special skill set and when treatment professionals consider that many clients also have a high number of adverse experiences prior to receiving services, the challenge multiplies. As treatment professionals work diligently to maintain positive and productive relationships with clients it is essential to start with a foundation of person-centered communication. Targeted crisis planning for people with SMI is a tool that complements other suicide prevention efforts, especially during crisis situations. In this webinar, the presenters will identify the Motivational Interviewing strategies most applicable to working with people with SMI, especially during escalated and crisis situations. The webinar will draw from example scenarios as the presenters overlay Dr. Bruce Perry’s arousal continuum with the spirit and process of Motivational Interviewing.

Presenters:
- Elizabeth Guroff, MA, LCMFT, Director, Trauma-Informed Services.
- Pam Pietruszewski, Integrated Health Consultant with the National Council for Behavioral Health with specialties in Motivational Interviewing (MI) and Screening, Brief Intervention and Referral to Treatment (SBIRT).

Register HERE

Creating Positive Connections to Engage Fathers of Children with SED: Examples from the Field
Friday, August 9, 2:30 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 National Federation of Families for Children’s Mental Health

This webinar will focus on the importance of fathers in the lives of their children and the value of peer support in creating re-engagement. Panelists will describe two programs that demonstrate positive outcomes as they support the creation of new connections between fathers and their families. Allegheny Family Network’s Fathers Involved Now and the Parent Support Network of Rhode Island’s Rhode Island Fatherhood Initiative use peers and peer support groups as strategies to promote this process. Both programs focus on the issues and concerns that fathers of children with SED face daily, as well as providing avenues for a nurturing connection with their children. Also provided is an opportunity for fathers to have a peer base support group to discuss their concerns, joys, and daily struggles. Panelists will guide the audience through the creation of these programs and will review the strategies employed to create positive outcomes. Ample time will be allotted for audience questions. This webinar will appeal to all audiences who promote the importance of fatherhood.

Presenters:
- Rob Reynolds, Coordinator of the Fatherhood Initiative of Rhode Island, a Peer Recovery Specialist and a Father Partner at Parent Support Network of Rhode Island.
- George J. Fleming, Outreach Specialist for Allegheny Family Network’s Fathers Involved Now Program.
- Karen Nix is the Statewide Prevention Coordinator at Parent Support Network of Rhode Island and the Prevent Child Abuse Rhode Island Chapter.

Moderator:
- Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

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We do not offer CEU credits. However, letters of attendance can be provided on request.

Closed-captioning is available for this webinar.

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

Group Reminiscence for Older Adults with Serious Mental Illness (SMI) by Elder Peers

*Wednesday, August 14, 2:00 p.m. to 3:30 p.m. E.T.*

Developed under contract by the National Association of State Mental Health Program Directors and presented by the National Coalition for Mental Health Recovery (NCMHR)

Reminiscence therapy is a popular psychosocial intervention in dementia care, anxiety and depression for Older Adults. Recalling life events is seen as a way of placing one’s life in perspective in preparation for death rather than it being a sign of pathology. Some of the functions of reminiscing include maintaining intimacy, reduction of boredom, problem solving and sharing of wisdom. Elder peers are well suited to facilitate reminiscing by older adults because they can emphasize the positive aspects of their lives. Certified Older Adult Peers (COAPS) are specially trained to work with older adults to support them in the process of behavioral health recovery. They are trained to engage older adults in discussions of their life stories as a method to build relationships and trust and to build a positive framework of the individual’s life story. COAPS share their own life stories and recovery journeys with their older adult peer to encourage similar sharing by discussing past activities, events, feelings and experiences with one another. COAPS also receive training in positive psychology, which provides a strong conceptual model for reminiscence interventions with older adults.

Presenters:
- Cynthia D. Zubritsky, Ph.D. is the Director of Policy Research for the Center for Mental Health Policy and Services Research at the University of Pennsylvania.
- Rob Walker works for the Massachusetts Department of Mental Health Office of Recovery and Empowerment, responsible for providing a bridge from the Department to provider agencies, persons receiving services, family members and the community at large.

Moderator:
- Daniel Fisher, PhD, MD, President of the National Coalition for Mental Health Recovery, and a professor at U. Mass Dept. of Psychiatry.

Register HERE

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-SPONSORED WEBINARS

Evolution of Assisted Outpatient Treatment (AOT)
Monday, August 5, 12:30 p.m. to 2:00 p.m. E.T.

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

Assisted outpatient treatment (AOT) is a practice used in most states where civil court orders mandate participation in treatment for people with serious mental illness (SMI). AOT was established to ensure that people who are experiencing severe negative consequences from serious mental illness participate in treatment. Throughout the years, AOT has evolved to include community-based treatment models that ideally encourage individuals to be actively involved in decisions regarding their treatment plan. This includes peer-informed care, involvement of family members, and coordination between courts and mental health providers.

During this webinar, participants will learn about AOT and its evolution over the years. Dr. Marvin Swartz, M.D. will discuss different approaches to AOT and highlight states that are effectively utilizing AOT models.

Topics and themes:
• Treatment and recovery
• Peers
• Family and caregivers.

Speaker:

Marvin Swartz, M.D., Professor in Psychiatry and Behavioral Sciences at Duke University. Dr. Swartz’s major research interest is in examining the effectiveness of services for severely mentally ill individuals, including factors that improve or impede good outcomes. Current research includes: the effectiveness of involuntary outpatient commitment, psychiatric advance directives and antipsychotic medications.

Register HERE

Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with Serious Mental Illness (SMI)
Wednesday, August 7, 2:00 p.m. to 3:30 p.m. E.T.

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

The Harris County Sheriff’s Office (HCSO) and The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD), the designated local mental health and IDD authority for Harris County, are midway through a three phase implementation of their Clinician and Officer Remote Evaluation (CORE) program pilot. Their CORE program is a Telehealth Strategy of responding to mental health crisis calls utilizing a tablet and a HIPAA compliant technology platform to connect a law enforcement first responder in the community with a mental health clinician at the time of the 911 dispatch. This webinar will highlight the experience and benefits of this collaborative effort between law enforcement and a large behavioral health system in utilizing technology to address the growing number of mental health calls in the nation’s fourth largest county.

This webinar will provide a discussion of the needs driving this innovative Telehealth approach, the goals of the project, and the recognized challenges and benefits of this strategy. This project has multi-stream funding model from Harris County Sheriff’s Office, The Harris Center for Mental Health and IDD, and the Texas Health and Human Services Commission. Additionally, funding for evaluation to be completed by the University of Houston Downtown (UHD) and an implementation guide to be developed by HCSO, with input from UHD and The Harris Center, has been generously provided by Arnold Ventures.

Presenters:

• Wayne Young, MBA, LPC, FACHE is the Chief Executive Officer of The Harris Center for Mental Health and IDD (The Harris Center).
• Frank Webb, M.Ed. is Project Manager for the Harris County Sheriff’s Office Bureau of Mental Health and Jail Diversion where he oversees special projects.

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-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.
Innovation and Creation in Recovery: The Growing Field of Recovery Science

Wednesday, August 14, 2:00 p.m. to 3:00 p.m. E.T.

Recovery science has emerged over the last few years as a field concerned with examining, characterizing, and uplifting addiction and mental health recovery at the individual and community levels. This session will provide an overview of the theoretical foundations of recovery science and examine several innovations in the field over the last two years, including recovery support institutions, recovery measurement, and integrated systems.

Presenter Robert Ashford, M.S.W., is a recovery scientist focused on substance use, recovery communities, recovery support services and institutions, integrated behavioral health systems, linguistic patterns and technological interventions for behavioral health disorders. By the end of this session, participants will be able to:

- Identify and discuss key theoretical frameworks applied to recovery science.
- Facilitate community discussions on recovery science at their organizations.
- Plan the incorporation of key recovery innovations at their organizations and in their communities.

Register HERE

ENERGY EXTRACT

Payers' Behavioral Health Management and Policy Summit

November 6-8, 2019 • The DuPont Circle Hotel • Washington, DC

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- 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

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)
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS

Mental and Substance Use Disorder Practitioner Data (FG 19-002)

Anticipated Total Available Funding: $1 million
Length of Project: 3 years
Funding Mechanism: Grant

Anticipated Number of Awards: 1
Sharing/Match Required: No
Application Due: Monday, August 12

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Fiscal Year 2019 Mental and Substance Use Disorder Practitioner Data Grant. The purpose of this program is to provide comprehensive data and analysis on individuals who comprise the prevention and treatment fields to address mental and substance use disorders. The goal of the program is to provide valid data on the existing practitioners and usable information to SAMHSA on which to make policy and planning decisions.

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

Contacts:
Program Issues: Ellen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov

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

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
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.

Register HERE

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
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
How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

THIS WEEK: Katrina Brees Talks About Stigma and Access to Lethal Means

On June 26, 2018, Katrina Brees’ mother left home and didn’t come back. Brees says her mother had an infectious personality; she also struggled with Bipolar Disorder. “She tried so hard to get better and tried drug therapies, church retreats, Mardi Gras krewes, and even gratitude journaling, and still she struggled.” Nathan told her boyfriend she was going to the store to buy underwear. Instead, she typed ‘gun store New Orleans’ into Google on her iPhone, finding the nearest gun shop where she purchased a .38-caliber revolver and a box of bullets. Somewhere between that time and eight hours later when a park employee found her, Nathan drove to the Tree of Life in Audubon Park, New Orleans, and died of suicide. The irony, says Brees, is that, later, when she looked through her mother’s drawers, she had plenty of underwear. “We tried to be vigilant every day, but everyone is going to be tired sometimes, and we were all tired on the same day.”

READ MORE HERE

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 provide 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.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.rinternational.com | www.zerosuicide.org | www.twitter.com/RI_International
The Centers for Medicare & Medicaid Services (CMS) has announced a Notice of Funding Opportunity that provides State Medicaid agencies with information to apply for planning grants that will aid in the treatment and recovery of substance use disorders (SUDs), including opioid use disorder (OUD). Fighting the opioid epidemic is one of CMS’s top priorities, and the planning grants are an important step in that effort.

The planning grants are intended to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through an ongoing assessment of the SUD treatment needs of the state; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for expansion of the number or treatment capacity of Medicaid providers.

To apply, State Medicaid Agencies are required to submit an 18-month proposal by August 9 to increase the capacity of Medicaid providers throughout the State and quickly deliver SUD treatment or recovery services within local communities. CMS will review all of the applications and select at least 10 proposals, with awards totaling $50,000,000.

CMS has a comprehensive three-pronged approach to combat the opioid crisis, which is laid out in the CMS Roadmap to Address the Opioid Epidemic and focuses on prevention, treatment, and data. The implementation of section 1003 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-27) and the release of this Notice of Funding Opportunity represent a key aspect of our efforts to increase access to evidence-based treatment for OUD.

The application for planning grants is the first step CMS is taking in implementing § 1003 of the SUPPORT for Patients and Communities Act. Enacted on October 24, 2018, the SUPPORT for Patients and Communities Act is a comprehensive bill that tackles multiple aspects of the epidemic including treatment, prevention, recovery and enforcement. Section 1003 authorizes CMS to conduct a 54-month demonstration project to increase substance use provider capacity, beginning with this 18-month planning phase. Upon completion of the planning phase, up to 5 states will be selected to carry out a subsequent 36-month demonstration.

During the Planning Phase, grantees will conduct an initial assessment of the behavioral health treatment needs of the state to determine the extent to which providers are needed to address the SUD treatment and recovery needs of Medicaid beneficiaries (including the types of such providers, geographic area of need, and sources of state data). The assessment will include information on which to base efforts for improving the network of Medicaid-participating providers that provide SUD treatment and/or recovery services including the following:

- An estimate of the number and percentage of individuals enrolled in Medicaid who have SUD;
- Information on the capacity, qualifications, and willingness of Medicaid providers to provide SUD treatment and/or recovery services to Medicaid-eligible individuals;
- Information on the gap in Medicaid-covered SUD treatment and recovery services relative to the estimated number of individuals enrolled in Medicaid who have SUD; and
- Information on the level and amount of coordination between primary care, mental health care, and SUD treatment and recovery services for Medicaid beneficiaries

**Development of State Infrastructure** - Grantees will conduct activities that, taking into account the results of the state’s needs assessment described above, support the development of state infrastructure. These activities can include recruiting prospective providers and providing training and technical assistance to providers. In addition, grantees will conduct activities to improve reimbursement, training, and education to expand Medicaid provider capacity to deliver SUD treatment and recovery services.

Grantees will also develop projections regarding the extent to which the state would increase the number and capacity of Medicaid providers offering SUD treatment or recovery services, as well as the willingness of Medicaid providers to offer SUD treatment or recovery services, during the demonstration project.

The states selected to participate in the Post-Planning Phase will, for each quarter of the Post-Planning Phase, be paid an amount equal to 80 percent of the qualified sums expended during the quarter. Qualified sums are the amount expended by the state during the quarter that is attributable to SUD treatment or recovery services furnished by providers participating under the State plan (or a waiver of such plan), that exceeds one-quarter of the sums expended by the state during fiscal year 2018 that was attributable to SUD treatment or recovery services.

Administrative questions about the Demonstration Project to Increase Substance Use Provider Capacity under the Medicaid Program may be directed to: SubstanceUseProviderCapacity@cms.hhs.gov.
Join the National Academy for State Health Policy’s (NASHP’)s 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 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.

Organizational and Systems Readiness for Ensuring Access to Appropriate Care Levels
*Thursday, August 8, 11:00 a.m. to 12:00 p.m. E.T.*

This webinar, the third in the three-part series, will provide state mental health policymakers, local mental health systems, and treatment providers with an introduction to a proposed *Older Adult System of Care Framework*. The session will also introduce a tool designed to assess system and organizational readiness across domains within the proposed *System of Care Framework* and identify support needs to prepare states to develop effective services.

### Need more information? Contact us at centraleast@mhttcnetwork.org

One quarter of older adults living in the United States experience mental disorders, including depression, anxiety, and dementia. By 2030, an estimated 15 million older adults will have similar experiences. Now is the time we must assess the extent to which behavioral health and primary care providers are addressing the needs of the older adults and prepare for systemic transformation that will assure service equity, access and effective outcomes. The Central East Mental Health Technology Transfer Center has scheduled a three-part webinar series and a learning collaborative on older adults. Participants will learn about mental health and older adult issues, evidence-based practices, and organizational strategies for improving service deliver to this population.

### Organizational and Systems Readiness for Ensuring Access to Appropriate Care Levels

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### Need more information? Contact us at centraleast@mhttcnetwork.org

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.

### Register NOW!

One quarter of older adults living in the United States experience mental disorders, including depression, anxiety, and dementia. By 2030, an estimated 15 million older adults will have similar experiences. Now is the time we must assess the extent to which behavioral health and primary care providers are addressing the needs of the older adults and prepare for systemic transformation that will assure service equity, access and effective outcomes. The Central East Mental Health Technology Transfer Center has scheduled a three-part webinar series and a learning collaborative on older adults. Participants will learn about mental health and older adult issues, evidence-based practices, and organizational strategies for improving service deliver to this population.

### Organizational and Systems Readiness for Ensuring Access to Appropriate Care Levels

*Thursday, August 8, 11:00 a.m. to 12:00 p.m. E.T.*

This webinar, the third in the three-part series, will provide state mental health policymakers, local mental health systems, and treatment providers with an introduction to a proposed *Older Adult System of Care Framework*. The session will also introduce a tool designed to assess system and organizational readiness across domains within the proposed *System of Care Framework* and identify support needs to prepare states to develop effective services.

### Need more information? Contact us at centraleast@mhttcnetwork.org

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.

### Register NOW!
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.

**Why Being Brain Injury Informed Is a Critical Component of Person-Centered Thinking, Planning, and Practice**

*Monday, August 12, 3:00 p.m. to 4:30 p.m. E.T.*

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
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<tbody>
<tr>
<td>September 2019</td>
<td>Building Person-Centered Practice into the System's Architecture: Strategies for Promoting</td>
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<td>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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<tr>
<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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**Additional NASMHPD Links of Interest**

The Amazing Brain: Deep Brain Stimulation, Dr. Francis Collins, NIH Director’s Blog, August 1

States’ Use and Distribution of Supplemental Payments to Hospitals, Government Accountability Office, July 29

State Guidance for Implementation of the Treatment for Infants with Neonatal Abstinence Syndrome in Residential Pediatric Recovery Centers Under Section 1007 of Pub. L. 115-271, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, Center for Medicaid and CHIP Services, July 26

State Guidance for the New Limited Exception to the IMD Exclusion for Certain Pregnant and Postpartum Women included in Section 1012 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115-271), Entitled Help for Moms and Babies, Center for Medicaid and CHIP Services, July 26

Report to the President and Congress Section 1018 Action Plan for Technical Assistance and Support for Innovative State Strategies to Provide Housing-related Supports to Individuals with Substance Use Disorder under Medicaid, Department of Health and Human Services, July 2019

Differential Diagnosis of Major Depressive Disorder Versus Bipolar Disorder: Current Status and Best Clinical Practices, McIntyre R.S., M.D., F.R.C.P.C. et al., Journal of Clinical Psychiatry, August 1
Homeless and Housing Resource Network (HHRN)

THE WAY HOME

A Virtual Summit on Homelessness, Serious Mental Illness, and Substance Use Disorders

August 7 and 8, 10:30 a.m. to 5:00 p.m. E.T.

Join SAMHSA’s HHRN for a 2-day national online conversation about the most effective approaches to ending homelessness for individuals with serious mental illness and/or substance use disorders.

The Way Home: A Virtual Summit on Homelessness, Serious Mental Illness, and Substance Use Disorders will run 10:30 a.m. to 5:30 p.m. (ET) on Wednesday, August 7, and Thursday, August 8. See the full agenda and more event information on the registration page.

The program includes 30+ national experts, policy makers, and providers who will engage you in a variety of plenaries, roundtable discussions, and concurrent sessions.

No travel required - attend directly from your own internet-connected computer. Join us for the whole summit or drop in to only those sessions that most appeal to you. Continuing education credits are available at no cost to registrants. Space is limited.

Plenary Sessions

Connecting the Dots: Health, Serious Mental Illness, Substance Use Disorders, and Housing

Dr. Anita Everett, M.D., DFAPA, Director, Center for Mental Health Services, SAMHSA
Dennis P. Culhane, Ph.D., Dana and Andrew Stone Professor of Social Policy, University of Pennsylvania
Nan Roman, M.A., President and Chief Executive Officer, National Alliance to End Homelessness
Kristin Yavorsky, M.S.W., Office of Community Housing, Virginia Dept. of Behavioral Health & Developmental Services
Moderator: Marty Fleetwood, J.D., Subject Matter Expert, HHRN/HomeBase

From Outreach to Housed, With Care

Brian Sims, M.D., Subject Matter Expert, HHRN/National Association of State Mental Health Program Directors
Melodie Pazolt, Behavioral Health Programs and Recovery Supports Section Manager, Washington State Health Care Authority, Division of Behavioral Health and Recovery
Amanda Buccina, RN, Home-based Palliative Care RN, University of California, Davis Medical Center, former Street Outreach RN
Moderator: Marty Fleetwood, J.D., Subject Matter Expert, HHRN/HomeBase

Registration is Now Open. But On-Line Space is Limited. So Register Now!
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment, and/or recovery activities for OUD. The anticipated project start date is September 30, 2019.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). A component of the TBHA is the American Indian and Alaska Native Cultural Wisdom Declaration (CWD) which elevates the importance of tribal identities, culture, spiritual beliefs, and practices for improving well-being. This grant announcement supports the CWD and inclusion of traditional practices in the grant application. Tribal entities are also encouraged to incorporate TBHA foundational elements, priorities, and strategies as appropriate. The TBHA can be found at https://store.samhsa.gov/product/The-National-Tribal-Behavioral-HealthAgenda/PEP16-NTBH-AGENDA.

Grantees will develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes. This service array should be based on needs identified in the Tribe’s strategic plan. Grantees will be required to report expenditures for all activities and ensure available resources within the tribe are leveraged for substance use prevention, treatment, and recovery support services to avoid duplication of efforts.

Additionally, the use of these funds requires that evidence-based treatments, practices and interventions for OUD be used by grantees and subgrantees. SAMHSA requires that Food Drug Administration-approved medication-assisted treatment (MAT) be provided to those diagnosed with OUD. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone. In addition to these treatment services, grantees will be required to employ effective prevention and recovery support services to ensure that individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment, and recovery.
The Centers for Medicare & Medicaid Services (CMS) has issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in Fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the “red tape” that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that, through regulatory reform alone, the healthcare system will save an estimated 40 million hours and $5.7 billion through 2021. These estimated savings come from both final and proposed rules.

The RFI on Reducing Administrative Burden to Put Patients over Paperwork invites patients and their families, the medical community, and other healthcare stakeholders to recommend further changes to rules, policies, and procedures that would shift more of clinicians’ time and our healthcare system’s resources from needless paperwork to high-quality care that improves patient health.

Today’s RFI provides an opportunity for you to share new ideas not conveyed during the first Patients over Paperwork RFI in 2017 and continue the conversation on improving healthcare delivery. CMS is seeking innovative ideas that broaden perspectives on potential solutions to relieve burden and ways to improve:

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the Federal Register at:


More information on the Patients over Paperwork initiative is available at: https://www.cms.gov/about-cms/story-page/patients-over-paperwork.html

Sign up for the Patients over Paperwork Newsletter here:

https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12350

Comments Must be Submitted Here by August 12
UPCOMING WEBINARS

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

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**Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with SMI**  
*Wednesday, August 7, 2:00 p.m. to 3:30 p.m. E.T.*  

The Harris County Sheriff’s Office (HCSO) and The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD), the designated local mental health and IDD authority for Harris County, are midway through a three phase implementation of their Clinician and Officer Remote Evaluation (CORE) program pilot. Their CORE program is a Telehealth Strategy of responding to mental health crisis calls utilizing a tablet and a HIPAA compliant technology platform to connect a law enforcement first responder in the community with a mental health clinician at the time of the 911 dispatch. This proposed webinar will highlight the experience and benefits of this collaborative effort between law enforcement and a large behavioral health system in utilizing technology to address the growing number of mental health calls in the nation’s fourth largest county.

**REGISTER NOW**

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**Strategies for Successful Use of Clozapine: A Practical Guide**  
*Thursday, August 8, 3:00 p.m. to 4:00 p.m. E.T.*  

This webinar will focus on practical aspects of prescribing clozapine, including initiation and titration, maintenance, management of side effects, and resources for the prescriber. We will also discuss strategies for navigating clozapine-specific logistical challenges, such as how to streamline communication among the patient, prescriber, pharmacist, and laboratory. Lastly, we will discuss how providers can increase their confidence and that of their patients with regards to treatment with clozapine.

**REGISTER NOW**

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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**

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**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.

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

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

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

**CLICK HERE to View the Listing and Descriptions of the Conference Sessions**

*We hope to see you in October!*
45th Annual National Association for Rural Mental Health Conference
La Fonda on the Plaza Hotel, Santa Fe, NM
August 26-29, 2019

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.

2019 ISM Annual Conference

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

Office for Victims of Crime

The Education Development Center is offering a series of suicide prevention train-the-trainer courses designed specifically for crime victim advocates who are not clinical mental health professionals.

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates.

HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

REGISTER TODAY for one of the remaining 2-day trainings:

- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
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

Amplify Your Family Organization’s Voice: Social Marketing for Family-Run Organizations

Limited budget for marketing; small staff who have multiple roles; not familiar with all of the tools; little time to focus on social marketing; and stressed to the max! If this sounds familiar to you we invite you to talk directly with the expert presenters, Erin and Cameron to get one-to-one answers on the specific questions or challenges your family-run organization may have related to social marketing. You will walk away with a strong understanding of how to plan, implement, and evaluate your marketing efforts - allowing you to clear a path for reaching your audience. This recorded webinar will be made available to everyone who registers starting Monday, July 29 – allowing plenty of time to review materials before August 7. This social marketing technical assistance is available to all family-run organizations and is not limited to those organizations connected to System of Care sites, Statewide Family Network grantees or to FREDLA members.

Register NOW

Cognitive Behavioral Therapy for Clinical High Risk

Cognitive Behavioral Therapy (CBT) is the primary psychotherapy treatment approach that is recommended for those identified as being at Clinical High Risk for psychosis. This webinar will provide an overview of CBT for CHR, recent research and clinical outcomes of this model, the need to consider addressing co-morbidities, and considerations for training and implementation. Participants will be encouraged to share practice examples of this approach and training strategies.

Register NOW

Transition Foundations: Creating a Sense of Urgency

This is an open and interactive call for peer learning, networking, and support. Each month’s discussion will extend the discussion started in the previous month’s webinar. This call topic is Transition Foundations: Creating a Sense of Urgency.

Register NOW

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
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 Technical Assistance Coalition Working Papers – Beyond Beds—2018

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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

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

**Training Guides**

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

**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](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
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NASMHPD Links of Interest
A Multi-Layered Analysis of Telehealth: How This Emerging Venue of Care Is Affecting the Healthcare Landscape. Fair Health, July 2019
In Older Adults, Some Drugs May Produce Symptoms that Imitate Dementia. Judith Graham, Washington Post, July 27
1 in 10 Older Adults Currently Binge Drinks. NYU Press Release, July 31 & Binge Drinking Among Older Adults in the United States, 2015 to 2017, Journal of the American Geriatrics Society, July 31
High Perceived Stress and Social Interaction Behaviour Among Young Adults. A Study Based on Objective Measures of Face-to-Face and Smartphone Interactions. Dissing A.S. et al., PLOS One, July 26
ACA Implementation Not Linked to a Surge in Hospital Use. Caitlyn Hui and Deepti Shroff Karhade, 2-Minute Medicine, July 26 & The Effects on Hospital Utilization of the 1966 and 2014 Health Insurance Coverage Expansions in the United States. Adam Gaffney, M.D. et al., Annals of Internal Medicine, July 23
How a Medicare Buy-In or Public Option Could Threaten Obamacare. Reed Abelson, New York Times, July 29
Fiscal Democracy in the States: How Much Spending is on Autopilot?. Tracy Gordon et al., Tax Policy Center, Urban Institute & Brookings Institution, July 30
Safe Importation Action Plan. U.S. Food and Drug Administration, July 31
Study Suggests Calling Myself an ‘Addict’ Is Different Than You Calling Me One. Jessica Williams, Website of the Institute for Research, Education, and Training in Addictions (IRETA), July 23 & In Their Own Words: Language Preferences of Individuals Who Use Heroin. Ekaterina Pivovarova & Michael D. Stein, Addiction, May 29