SAMHSA Releases 2018 National Survey on Drug Use and Health (NSDUH) Survey Report

The Substance Abuse and Mental Health Services Administration on August 20 released its report summarizing the findings of the 2018 National Survey on Drug Use and Health (NSDUH).

The report focuses on substance use and mental health in the United States. The survey covers non-institutionalized residents ages 12 and older of households and non-institutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers’ camps, halfway houses). It excludes people with no fixed address (e.g., people who are homeless and not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals.

(A PowerPoint presentation of the findings is available [here](#).

The survey found that, in 2018, approximately 47.6 million adults ages 18 or older (19.1 percent of all adults) had “any mental illness (AMI)” in the past year, including an estimated 11.4 million adults who had serious mental illness (SMI) and about 36.3 million adults who had AMI excluding SMI. The 36.3 million adults who had AMI excluding SMI corresponded to 14.6 percent of all adults and 76.1 percent of adults with AMI. The percentage of adults in 2018 who had AMI was similar to the percentage in 2017, but it was higher than percentages in most years from 2008 to 2016.

Adults with AMI were defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and substance use disorders). Adults with AMI were defined as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Except for Major Depressive Disorder (MDE), NSDUH does not include questions or methods for estimating the occurrence of mental illness among adolescents.

In 2018, about 1 in 7 adolescents ages 12 to 17 (14.4 percent or 3.5 million) had a past year MDE and 1 in 10 (2.4 million) had a past year MDE with severe impairment. Thus, more than 70 percent of adolescents in 2018 who had a past year MDE had an MDE with severe impairment. The percentage of adolescents ages 12 to 17 in 2018 who had a past year MDE was higher than the percentages in 2004 to 2017. The percentage of adolescents in 2018 who had a past year MDE with severe impairment also was higher than the percentages in 2006 to 2016 (ranging from 5.5 to 9 percent), but it was similar to the percentage in 2017.

In 2018, an estimated 7.2 percent of adults ages 18 or older (17.7 million adults) had at least one MDE in the past year and 4.7 percent of adults (11.5 million adults) had an MDE with severe impairment in the past year. Adults in 2018 who had an MDE with severe impairment corresponded to nearly two thirds (65.1 percent) of adults who had a past year MDE. The percentage of adults ages 18 or older in 2018 who had a past year MDE was higher than the percentages in most years from 2005 to 2016, but similar to the 2017 percentage. The percentage of adults in 2018 with a past year MDE with severe impairment also was higher than the percentages in most years between 2009 and 2016, but similar to the percentage in 2017.

In 2018, an estimated 164.8 million people ages 12 or older used a substance (i.e., tobacco, alcohol, or an illicit drug) in the previous month, 60.2 percent of the population. About 2 out of 5 people 12 years of age or older (108.9 million, or 39.8 percent) did not use substances in the past month. The 164.8 million current substance users in 2018 included 139.8 million people who drank alcohol, 58.8 million people who used a tobacco product, and 31.9 million people who used an illicit drug. These numbers are not mutually exclusive.

Of the 47 million current cigarette smokers ages 12 or older, 27.3 million, or 58.2 percent, were daily cigarette smokers. The percentage of current smokers in 2018 who smoked cigarettes daily was lower than the percentages in most years from 2002 to 2012, but it was similar to the percentages in 2013 to 2017. Of the 27.3 million daily smokers 12 years of age or older, 10.8 million (39.6 percent) smoked 16 or more cigarettes per day (i.e., approximately one pack or more per day. The percentage of daily smokers who smoked one or more packs of cigarettes per day was lower in 2018 than in 2002 to 2011, but it was similar to the percentages in 2012 to 2017.

About 99,000 adolescents 12- to 17-years of age (14.7 percent) smoked cigarettes every day in the past month. The 2018 percentage was lower than the percentages in most years from 2002 to 2014, but it was similar to the percentages in 2015 to 2017.

In addition to asking about any alcohol use, NSDUH collects information on binge alcohol use and heavy alcohol use. Binge drinking for males is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Binge drinking for males is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Binge alcohol use for females is defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Any alcohol use, binge drinking, and heavy drinking are *(Continued on page 6)*
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<td>60th Annual National Dialogues on Behavioral Health (NDBH) Conference, Scheduled for November 3 – 6 in New Orleans</td>
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<td>August 27 SAMHSA-Sponsored Webinar: Serious Mental Illness/Substance Use Disorders and Tailoring First Episode Psychosis Programs to Serve Women</td>
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<td>Annual National Association for Rural Mental Health Conference, August 26 to 29</td>
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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
To receive a sponsorship prospectus, please contact our sponsorship co-ordinators:
SEPT 9 to 14 2019
CAPITAL HILTON WASHINGTON D.C., USA

Registration Now Open!!!
Register HERE to Attend

CLICK HERE To View the DRAFT Network Meeting Program
Access, Accountability and Action
International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL)
Leadership Exchange

CLICK HERE TO ACCESS A VIDEO & LEARN MORE

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

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

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

Taking the Lead:
Investing in Community Crisis Response/Continuum

2nd Crisis Now Global Summit
(Urgent & Emergency Mental Health Care)
September 9 & 10, 2019 in Washington DC
FCC Recommends 988 as the 3-Digit Code for National Suicide Prevention Hotline

The Federal Communications Commission released a report to Congress on August 14 proposing a three-digit dialing code for the National Suicide Prevention Hotline.

The recommendation from the FCC’s Wireline Competition Bureau and Office of Economics and Analytics finds that, “Designating a 3-digit code dedicated solely for the purpose of a national suicide prevention and mental health hotline would likely make it easier for Americans in crisis to access potentially life-saving resources.”

The report also recommends that the Commission initiate a rulemaking proceeding to designate 988 as the 3-digit code.

The report notes that adoption of a new, easier to remember three-digit number will likely increase calls to the National Suicide Prevention Lifeline network, with some centers struggling to keep up with the current day-to-day call volume demands due to staffing shortages and funding. The FCC estimates that crisis call centers “would require $50 million in additional funding to provide appropriate capacity to manage anticipated call volume.”

Ajit Pai, FCC Chairman released a press statement shortly after the report was submitted to five House and Senate committees with jurisdiction over the report, saying, “There is a suicide epidemic in this country, and it is disproportionately affecting at-risk populations, including our Veterans and LGBTQ youth.” Chairman Pai noted in the press release that he was committed to moving forward on the 988 recommendation.

The report was mandated by the National Suicide Hotline Improvement Act of 2018, which mandated that the FCC, in coordination with SAMHSA, the Veterans Administration, and the North American Numbering Council to analyze the effectiveness of the existing National Suicide Prevention Lifeline (800-273-TALK), including how well the system is addressing the needs of Veterans, and examine the feasibility of designating an easy-to-remember, 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system.

After its analysis of current N11 codes and possible implementation of other 3-digit dialing code options, the FCC recommended instituting 988 as the new three-digit code, concluding that 988 could be implemented more easily and quickly than repurposing an existing three-digit N11 code like 511 or 611. This recommendation differed from SAMHSA’s February 1 recommendation to the FCC that a N11 code be designated for a 911 number for the brain.’ SAMHSA commented, “the combination of the N11 number and the message that mental health crises and suicide prevention are of equivalent importance to medical emergencies would, over time, bring needed parity and could result in additional attention and resources to improve typical local psychiatric crisis services throughout the nation.”

The FCC’s cost-benefit analysis of instituting the 988 code has found that the estimated total cost for first year implementation would be approximately $567 million and approximately $175 million in Year 2. The cost analysis includes the $50 million annually for crisis call center expenditures, $125 million in both years for a national marketing campaign, $92.5 million for switching translation updates, and $300 million for a one-time only cost of network upgrades and technology enhancements.

The National Suicide Prevention Lifeline, comprised of over 160 crisis call centers across the United States, answered over 2.2 million calls in 2018.

Organizations within the National Action Alliance for Suicide Prevention are split on whether to immediately support the 988 designation or continue to support 611 as the designated code and lobby Congress to move to that number. Legislation filed this week by Congressman Chris Stewart (R-UT) with 49 co-sponsors from both parties, the National Suicide Hotline Designation Act, H.R. 4194, would establish 988 as the designated code.

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.

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
well as the misuse of prescription stimulants, tranquilizers or crack), heroin, hallucinogens, inhalants, or methamphetamine, as Illicit drug use included any use of marijuana, cocaine (including wine cooler, a shot of liquor, or a mixed drink containing liquor.

In 2018, an estimated 9.9 million people ages 12 or older were current alcohol users, 67.1 million (48 percent) were binge drinkers in the past month, and 16.6 million (11.8 percent) were heavy drinkers. Among binge drinkers, about 1 in 4 (24.7 percent) were heavy drinkers.

Although the estimate of current alcohol use among adolescents decreased between 2002 and 2018, an estimated 2.2 million (9 percent) of adolescents ages 12 to 17 were current alcohol users in 2018, lower than the percentages in most years from 2002 through 2017.

Past month tobacco use included any use of cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Alcohol use in the past month was defined as having more than a sip or two from any type of alcoholic drink (e.g., can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink containing liquor.

Illicit drug use included any use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, as well as the misuse of prescription stimulants, tranquilizers or sedatives (including benzodiazepines), or pain relievers.

Unlike estimates of tobacco and alcohol use, estimates of illicit drug use are presented for use in the past year rather than the past month to improve the precision of estimates for detecting changes over time in substances with a low prevalence, such as heroin. In addition, details on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., fentanyl products) were collected only for the past year.

Among people ages 12 or older in 2018, an estimated 53.2 million people (19.4 percent) used illicit drugs in the past year. The most commonly used illicit drug was marijuana, which was used by 43.5 million people. The second most common type of illicit drug use was the misuse of prescription pain relievers by an estimated 9.9 million people. Smaller numbers of people were past year users of other illicit drugs. The percentage of the population in 2018 who used illicit drugs in the past year was higher than the percentages in 2015 and 2016 but was similar to the percentage in 2017 (19.0 percent).

In 2018, an estimated 16.9 million Americans ages 12 or older (6.2 percent of the population) misused prescription psychotherapeutic drugs at least once in the past year. Misuse of prescription drugs is defined as use in any way not directed by a doctor, including: use without a prescription of one’s own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Questions about misuse of over-the-counter drugs were not included in the survey.

Prescription pain relievers were the most commonly misused by people ages 12 or older. The 16.9 million in 2018 who misused prescription psychotherapeutic drugs in the past year included 9.9 million who misused prescription pain relievers in that period, 5.1 million who misused prescription stimulants, and about 6.4 million who misused prescription tranquilizers or sedatives. The estimate for the misuse of tranquilizers or sedatives includes 5.4 million who misused prescription benzodiazepines in the past year.

NSDUH is conducted as a face-to-face household interview survey conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of the sampled household with an adult resident (18 or older) in order to determine whether zero, one, or two residents ages 12 or older should be selected for the interview.

The 2018 NSDUH screened 141,879 addresses, with a target sample size of 67,500 interviews distributed across three age groups: 25 percent, or 16,852 interviews, were allocated to adolescents ages 12 to 17; 25 percent were allocated to young adults ages 18 to 25; and 50 percent were allocated to adults 26-years of age or older. The combined adult interviews totaled 50,939.

Register now to join NASUAD for the 2019 Home and Community Based Services (HCBS) Conference held in Baltimore, MD, August 26-29th. The Conference offers a unique blend of policy, program, and practice issues for professionals interested in home and community-based services for individuals of all abilities and in all settings. Quickly becoming the "go-to" conference for learning in the expanding field of HCBS, the conference allows states to share best practices, present unique partnerships, and recognize the work of their peers. The conference features a strong presence from U.S. Health and Human Services, including from the Administration for Community Living, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Office of Developmental Disabilities.

You can view materials from this conference, including slideshows from the 2018 presentations and video submissions from the popular "This is Me" contest, here.

We anticipate that we will sell out, so we encourage you to act now and reserve your spot at this year’s event!

Visit www.hcbsconference.org to learn more.
If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

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

Find out why this can save a life at

www.BeThe1To.com

If you’re struggling, call the Lifeline at

1-800-273-TALK (8255)
Co-developed by the Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office and the National Center for School Mental Health (NCSMH) to help states, districts, and schools across the United States understand the core components of comprehensive school mental health and engage in a planning process around implementation of services, this national school mental health curriculum focuses on the following core features of effective school mental health initiatives:

- Roles for Educators and Student Instructional Support Personnel
- Collaboration and Teaming
- Multi-Tiered System of Supports
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision Making

The curriculum is intended to be used with district teams that can influence, develop, and oversee school mental health systems at the school district and building levels. See a complete overview of the National School Mental Health Curriculum [here](https://example.com).

**School Mental Health News**

The MHTTC Network has planned a variety of school mental health-specific activities that encompass multiple service modes, topic areas, and populations. In this issue, we highlight the Pacific Southwest MHTTC's Summer Learning Institute.

**The Pacific Southwest MHTTC Summer Learning Institute**

The Pacific Southwest MHTTC hosted a Summer Learning Institute in which more than 200 participants from the mental health field convened in Sacramento, CA. Participants included residents of American Samoa, California, Guam, Saipan the Marshall Islands, Nevada and California.

Sessions included "Leading For and With Well Being, Resilience, and Healthy Workplaces," by the Pacific Southwest MHTTC; "Emotionally Intelligent Leadership and Social Justice," by the [Black Emotional and Mental Health Collective (BEAM)]; "Creating School and District Systems for Employee Sustainability and Wellness," by [The Teaching Well]; and "Supporting Children, Staff, and Schools at Times of Crisis and Loss," by the [National Center for School Crisis and Bereavement](https://example.com).

Each session was a day-long learning experience, independent of other sessions. Sessions were repeated across two days so that registrants could choose to attend more than one session over the two day event.

Coming soon on our [website](https://example.com): Stay tuned for information about the upcoming Institute + videos from the past Institute!
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

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

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

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

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

**Learning Community Schedule**

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

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

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

Advocates for Human Potential, 490B Boston Post Road, Sudbury, MA 01776
SAVE THE DATE!!!

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

Partnering with

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

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

National Association of State Mental Health Program Directors (NASMHPD)

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

Renaissance Arts Hotel
700 Tchoupitoulas Street
New Orleans, LA

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

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners 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: Kim Sanders on Developing Ukeru Systems to Eliminate Seclusion and Restraint

At the end of 2003, Kim Sanders realized Grafton Integrated Health Network, where she’d spent more than a decade, first in direct care and then later as an executive, was falling apart. Treatment outcomes, as well as staff and parent satisfaction, had begun to plummet. During that year, while serving 220 people, Grafton staff did over 6,600 restraints and more than 1,500 seclusions. As a result, staff injuries spiked and so did staff turnover, at a whopping 54 percent, and the team had just been notified that they’d been dropped from their workers’ compensation insurance. “It was our lowest moment,” Sanders says that over the decades, the company had slipped further and further away from the person-centered ethos that had been a core tenet of Grafton when it opened as a school in 1958. Ruth Birch, a mother who had tired of how traditional education gave up on and underestimated the capabilities of children with disabilities, founded the school to build learning around each child’s strengths. Over the years, Grafton grew and today serves children and adults across a spectrum of disabilities and mental health diagnoses. “We held onto that client-focused approach for many years, but then in the ’80s and ‘90s, it shifted toward traditional behavior modification, which meant restrictive practices and controlling culture. The initial core values lessened and began to disappear.”

READ MORE

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.riinternational.com | www.zerosuicide.org | www.twitter.com/RI_International
Homeless and Housing Resource Network (HHRN)

Through HHRN, SAMHSA shares best practices for addressing serious mental illness, substance use disorders, and homelessness.

Second Annual National Conference on Deflection and Pre-Arrest Diversion

November 10-13, Ponte Vedra, Florida

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

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

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

For More Information or to Register, Click HERE.

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

NATIONAL COALITION ON MENTAL HEALTH AND AGING

2019-2020 WEBINAR SERIES

on

ADDRESSING DISPARITIES IN BEHAVIORAL HEALTH CARE FOR OLDER ADULTS

Strategies for Reducing Suicide in Older Adults

Wednesday, September 18, 12:00 p.m. to 1:00 p.m. E.T.

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

Presenter: Michael F. Hogan, Ph.D.

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

Register HERE

Co-Sponsored by the National Council on Aging

National Chronic Disease Self-Management Education Resource Center

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

The National Chronic Disease Self-Management Education (CDSME) Resource Center supports the expansion and sustainability of evidence-based health promotion and disease prevention programs in the community and online through collaboration with national, state, and community partners. The Center is funded by the Administration for Community Living/Administration on Aging (AoA) through Prevention and Public Health Funds.
In recognition of National Suicide Prevention Month in September, the National Institute of Mental Health (NIMH) is participating in a Reddit “Ask Me Anything” (AMA) event on Thursday, September 5, 2019. NIMH’s suicide prevention expert, Dr. Jane Pearson will answer questions from the public about how NIMH-supported research is helping save lives and reduce the rising suicide rate.

Learn more HERE about participating in this discussion.

BIPARTISAN POLICY CENTER

Rural Health Task Force Accepting Comments for Policy Solutions

In response to mounting challenges in access to rural healthcare, the administration, Congress, and other stakeholders have proposed a variety of competing solutions. Yet there is no “center of gravity” to organize an effective policy initiative. For this reason, the Bipartisan Policy Center has launched a Rural Health Task Force of leaders with the substantive expertise and political influence to develop and promote a rigorous and politically viable rural health agenda for change.

The Task Force Co-Chairs are:

Senator Tom Daschle | South Dakota
Governor Ronnie Musgrove | Mississippi

Senator Olympia Snowe | Maine
Governor Tommy Thompson | Wisconsin

With the support of BPC Health Project staff, the task force will develop focused and pragmatic goals, build consensus around a base of evidence, and develop policy recommendations to:

- Shore up the current rural health care system, including transforming critical access hospitals, small rural clinics, and rural hospitals to meet community needs;
- Address barriers and opportunities for rural participation in new delivery models; and
- Build on successful rural workforce and graduate medical education proposals.

The Task Force believes sustainable solutions must be informed by current thinking across a spectrum of stakeholders. Therefore, BPC is encouraging public comments for solutions in these three areas as well as other ideas that support reforming America’s rural healthcare system.

Please email your policy ideas to ruralhealth@bipartisanpolicy.org by 11:59 p.m. on September 7. We ask that submissions not exceed two pages, or 1000 words.
SAMHSA-SPONSORED WEBINARS

Serious Mental Illness/Substance Use Disorders and Tailoring First Episode Psychosis Programs to Serve Women
Tuesday, August 27, 1:30 p.m. to 3:00 p.m. E.T.

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

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

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

Register HERE

Discharge and Step-Down in Coordinated Specialty Care (CSC) for Person with a First Episode of Psychosis – Part II
Tuesday, September 3, 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)

In this webinar we will continue our exploration of important issues related to successful transition from first episode programming. In Part 1 of this series we identified concerns with the long term maintenance of the improved outcomes that are routinely found for clients served in FEP programs. The longer term follow-up literature suggests that many of these gains may be lost over time. We featured research that demonstrated the benefits of extending a program to 5 years and some step down or extension strategies that are being explored by two US FEP programs. In Part 2 we’ll take another look at the follow-up literature, present some results from national evaluation of FEP programs regarding transition practices and consumer’s thoughts about leaving FEP programs. We will then lead a discussion of the many clinical, financing, research and policy issues that should be addressed in developing strategies to help assure long term benefits of FEP programming.

Presenters:
• David Shern, Ph.D. Senior Public Health Advisor, National Association of State Mental Health Program Directors
• Lisa Dixon, M.D. Professor of Psychiatry, Columbia University and the New York State Psychiatric Institute
• Steven Dettwyler, Ph.D. Public Health Analyst, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

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

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

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

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

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

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

**Comments must be submitted electronically no later than September 8 at 5 p.m. to daniel.lehman@cms.hhs.gov.**

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

Strategies to Reduce the Reliance on Opioids for Pain Management Treatment

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

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

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

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

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

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

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

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

Telehealth Services in Treating Substance Use Disorder Treatment

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

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

Register HERE for the August 23 Webinar

Register HERE for the August 30 Webinar
Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!

- Gain Insight into Executive-Level Priorities for Advancing Integration, Improving Parity, and Increasing Access to Care
- Examine the Role of Health Care in Addressing Mass Violence in America: Prevention, Trauma, and Suicide Risk
- NCQA UPDATE: Behavioral Health HEDIS Quality Measures
- Improve Network Adequacy in Managed Care and Long Term Care to Ensure Access to Behavioral Health Services
- Outline How to Manage Mental Illness and SUD in the Era of the Opioid Epidemic
- Learn How Loopholes in Quality and Regulatory Guidelines Open the Door for Unethical Substance Use Disorder Providers
- Address the Social Determinants of Health with Blended Funding and Payment Methodologies

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

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

Al Guida, JD  
Principal  
Guide Consulting Services (GCS)

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

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

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

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

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

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

Any visitor to the Task Force Web site can comment on any of the listed USPSTF draft documents. However, readers should note that the USPSTF writes these documents for researchers, primary care doctors, and other health care providers, using medical and scientific language as appropriate for these audiences.

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

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

NAMD 2019 Conference
Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.
Registration is Now OPEN

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#ADAA2020 Submission and Awards Portal Now Open!

ADAA 2020
ANXIETY AND DEPRESSION CONFERENCE
MARCH 19-22 ★ SAN ANTONIO
RESILIENCE: FROM RESEARCH TO PRACTICE

#ADAA2020 Submissions - Deadline September 5, 2019

ADAA Symposia and Ignite Symposia, Workshops, Roundtables, New Research Poster Sessions, and Awards

CLICK HERE TO SUBMIT

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.

CLICK HERE TO SUBMIT

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.

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

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

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

<table>
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<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 Other Person-Centered Practices within Existing Agency Workflows</td>
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<tr>
<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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<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<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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<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<tr>
<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<tr>
<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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UPCOMING WEBINARS

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

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

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

**REGISTER NOW**

**How Do We Know What Works? Understanding Evidence-Based Practice and Evidence-Based Medicine in Mental Health Services**  
*Thursday, September 12, 3:00 p.m. to 4:00 p.m. E.T.*

Do the words “evidence-based practice” make you squirm with confusion or irritation? When someone describes their psychiatric rehabilitation services as “evidence-based” are you embarrassed to ask why? This webinar will empower participants to become more confident consumers of evidence. We will demystify the terms evidence-based practice, evidence-based medicine, and look under the hood to see how services are declared evidence-based. We will use real-world examples to help you think critically about evidence and to become more comfortable asking questions. We will also explore how recovery concepts intersect with the principles of evidence-based medicine and promote choice.

**REGISTER NOW**

**Peer Support Engagement Skills on Mobile Crisis Teams**  
*Friday, September 20, 12:00 p.m. to 1:00 p.m. E.T.*

Many states utilize mobile crisis teams (MCTs), but the inclusion of peer support on teams is a relatively new addition. A MCT is committed to decreasing unnecessary incarceration as a result of a mental health crisis, decreasing unnecessary hospitalizations, providing safe, compassionate and effective responses to individuals experiencing a mental health crisis, increasing their participation with mental health providers by problem solving barriers, increasing knowledge of local resources, and increasing public safety. It is frequently difficult to engage individuals living with serious psychiatric conditions in treatment and perhaps even more so during a brief encounter with a MCT. Peer support specialists have proven to be highly effective in providing a sense of safety, respect, and personal agency for people experiencing a crisis in the community. This webinar will review MCT peer support engagement techniques and their outcomes that can result in lowered rates of hospitalization and/or incarceration.

**REGISTER NOW**

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

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

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Grant Statement

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Standard Registration Deadline: September 19

2019 AATOD Conference
October 19-23, Walt Disney Coronado Springs Resort, Florida

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
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@togeevents.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](#)

Additional NASMHPD Links of Interest

**LA Times Homeless Crisis Series (All Thomas Curwen, August 15):**
- **PART 1:** After 9 Years on the Streets, Big Mama Needed a Home. But it Wasn’t That Easy
- **PART 2:** Broadway Place’s Homeless Residents Were Promised Homes. Had the City Forgotten Them?
- **PART 3:** An Entire L.A. Homeless Encampment Moved into Apartments. But Their Past Still Found Them
- **PART 4:** When L.A. Moved Them Off the Streets, Some Knew It Was Their Last Chance. Others Didn’t See It That Way

**Essay:** After 18 Months Reporting on the Homeless Crisis, This Is What I Learned

**AHRQ Social Determinants of Health Challenge Enters Exciting Second Phase!** Gopal Khanna, M.B.A., August 19

**The Evolution of the Opioid Crisis: 2000-2017** & Related Data, National Institute for Healthcare Management (NIHCM), Updated August 16

**Approaches to Early Jail Diversion: Collaborations and Innovations,** Sue Pfefferle, Sarah Steverman, Elle Gault, Samantha Karon & Holly Swan, Abt Associates for the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, August 12

**National Review of Opioid Prescribing in Medicaid Is Not Yet Possible,** HHS Office of the Inspector General, August 2019

**State Variation in Medicaid Prescriptions for Opioid Use Disorder from 2011 to 2018,** Lisa Clemans-Cope, Victoria Lynch, Emma Winiski & Marni Epstein, Urban Institute, August 21


**White House Announces Actions to Crack Down on Trafficking of Fentanyl and Synthetic Opioids and Better Position Private Sector to Protect the Homeland,** White House Press Office, August 21
**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**

**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**

**Addressing Adverse Childhood Experiences in Urban Communities**

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

**Register NOW**

**Family Treatment Model: Keeping Families Together and Building Protective Factors**

This webinar focuses on the opportunity to develop a Family-Centered Treatment Model within a Housing Program. The presentation identifies a treatment model, the planning and development steps, and the financing necessary to develop a program that seeks to change outcomes for families at risk of child removal due to parental alcohol and substance use disorder.

The presenter, Dan M. Aune, MSW, President of Aune Associates Consulting, has been involved in a number of recent initiatives (Native and Non-Native) to develop the feasibility and implementation of a Family Residential Treatment Model. The Family Centered Treatment Model specifically seeks to mitigate the high rate of out-of-home placement occurring in the AI/AN community that is widely and regularly characterized as a “placement crisis.” The opportunity exists to develop a AI/AN culturally resonant treatment solution to keeping families together in their community and maintain financial sustainability to achieve a longstanding program.

**Register NOW**

**Prescribing Psychotropic Medication for Patients at Clinical High Risk**

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

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

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

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

**You Can Access the SMI Treatment Locator HERE**

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**Social Marketing Assistance Available**

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

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

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

**Tip Sheets and Workbooks**

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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

**Training Guides**

**Training Videos: Navigating Cultural Dilemmas About –**

1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**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

NASMHPD Press Release on Gun Violence and Crisis Services, August 19
The State with the Highest Suicide Rate Desperately Needs Shrinks, Monte Reel, Bloomberg Business Week, August 15
OIG to Audit Use of Telehealth for Medicaid Behavioral Health Services, Greg Slabodkin, Health Data Management, August 16
Report on the National Suicide Hotline Improvement Act of 2018 to Congress, Federal Communications Commission Wireline Competition Bureau, Office of Economics and Analytics, August 14
Why Doesn’t the United States Have Universal Health Care? The Answer Has Everything To Do With Race, Jeneen Interlandi, New York Times, August 14
Data Collection Across the Sequential Intercept Model (SIM): Essential Measures, Substance Abuse and Mental Health Services Administration (SAMSHA), August 2019
MIT Model Predicts Cognitive Decline For Next 2 Years, Psychiatry and Behavioral Health Learning Network, August 16 & Model Predicts Cognitive Decline Due to Alzheimer’s, Up to Two Years Out, Rob Matheson, MIT News, August 1
A Nun, a Doctor and a Lawyer — and Deep Regret Over the Nation’s Handling of Opioids, Barry Meier, New York Times, August 18
How Digital Services are Transforming UK Mental Healthcare, Madhumita Murgia, Financial Times, August 19
Medicaid Coverage Across the Income Distribution Under the Affordable Care Act, Charles J. Courtemanche, James Marton & Aaron Yelowitz, National Bureau of Economic Research, August 2019
CDC, FDA, States Continue to Investigate Severe Pulmonary Disease Among People Who Use E-Cigarettes, Centers for Disease Control and Prevention Media Statement, August 21
State Health Official (SHO) Letter 19-003: Changes to Modified Adjusted Gross Income (MAGI)-based Income Methodologies, Centers for Medicare and Medicaid Services, August 22