SAMHSA Proposes to Further Simplify 42 CFR Part 2 Regulations, But Says Congressional Action Needed for Total Alignment with HIPAA Disclosure Rules

SAMHSA and the Department of Health and Human Services (HHS) on August 22 released proposed regulations (published in the Federal Register on August 26) refining 42 CFR Part 2, the regulations restricting the disclosure of records of the treatment of individuals with substance use disorders (SUDs), to achieve greater simplification of those rules.

However, HHS Secretary Alex Azar and Assistant Secretary Eleanor McCance Katz told stakeholders on a telephone conference call announcing the regulations that their agencies continue to believe that the law underlying the regulations—42 U.S.C. §290dd-2—must be amended by Congress before full regulatory alignment with the Protected Health Information (PHI) disclosure provisions of the Health Insurance Portability and Accountability Act (HIPAA) regulations can be possible.

McCance-Katz and Azar noted there is legislation currently in the Senate S. 1012, sponsored by Senator Joe Manchin (D-WV), and in the House, H.R. 2062, sponsored by Rep. Markwayne Mullin (R-OK), to fully align the law underlying 42 CFR Part 2 with the HIPAA PHI disclosure regulations. The legislation, supported by NASMHPD and the 50+ members of the 42 CFR Part 2 Partnership, maintains the current prohibitions against the use of substance use disorder treatment information in criminal proceedings, and adds additional protections against the use of the information in civil proceedings. The National Association of State Attorneys General wrote Congress on August 5 urging passage.

The revised regulations, on which comments are due by October 25, maintain the current restrictions against disclosures in criminal proceedings, but SUD stakeholders—providers and individuals in recovery—expressed their concerns on the August 22 stakeholder call that making the information more readily disclosable among health care providers and payers would expose SUD patients and those in recovery to stigma and discrimination by health care providers.

Mark Parrino, president of the American Association for the Treatment of Opioid Dependence (AATOD), told Inside Health Policy that AATOD is opposed to a provision allowing the sharing of prescription drug data of SUD patients with state Prescription Drug Monitoring Programs (PDMPs). In two recent previous revisions, SAMHSA chose not to permit disclosure of that data to PDMPs because it said pharmacy data systems did not have the technological capability to manage patient consent or segregate Part 2 data from other prescription information.

A coalition of more than 100 stakeholder groups—the Campaign to Protect Patient Privacy Right—insists that weakening confidentiality protections would dissuade individuals who need treatment from seeking care out of fear that their private health information would be used against them.

The revised regulations would:

- facilitate care coordination by non-Part 2 providers, exempt treatment records created by those providers based on their own patient encounter(s), unless SUD records previously received from a Part 2-covered program has been incorporated into those records. Segmentation or holding apart any Part 2 patient record previously received could be used to ensure that new records created by non-Part 2 providers would not become subject to Part 2;
- allow non-OTP (opioid treatment program) providers to query a central registry of opioid prescriptions to determine if their patients are receiving opioid treatment elsewhere that might interact with their own prescribed treatment;
- allow OTPs to report data into a state PDMP when prescribing or dispensing medications on Schedules II to V, if that reporting is consistent with applicable state law;
- provide that an SUD patient could consent to disclosure of his Part 2 treatment records to an entity to obtain disability benefits from the Social Security Administration, without naming a specific person as the designated recipient for the disclosed information;
- revise the standard for court-ordered disclosures of SUD records for the purpose of investigating "an extremely serious crime" by dropping the phrase "allegedly committed by the patient;”
- clarify that 17 types of disclosures for the purposes of payment and health care operations previously listed in the preamble to regulations are specifically permitted with patient consent; and
- provide that declared emergencies resulting from natural disasters that disrupt treatment facilities and services would qualify as a medical emergency permitting disclosure with the patient’s consent.
### Table of Contents

**SAMHSA Proposes to Further Simplify 42 CFR Part 2 Regulations in, But Says Congressional Action Needed for Total Alignment with HIPAA Disclosure Rules**

**SPONSORS & EXHIBITORS SOUGHT, REGISTRATION OPEN for the September 9-14 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC**

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

New Resource Outlines Key Elements for Building a Statewide Suicide Prevention Infrastructure

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

September is National Suicide Prevention Awareness Month

Empire State Supportive Housing Initiative (ESSHI) Request for Proposals

MHTTC National School Mental Health Curriculum

August 30 SAMHSA-Sponsored Webinar: Funding Social Emotional Learning in Schools

**NASUAD** Advancing States Celebrates 55 Years with a New Name at the 2019 HCBS Conference

September 5 NRI-National Council Webinar: The Use of Geographic Information Systems (GIS) by State Behavioral Health Authorities (SBHAs)

Additional NASMHPD Links of Interest

New Homeless and Housing Resource Network Learning Community

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

Crisis Now *CrisisTalk*: Military Culture: Staff Sergeant Charles F. Pugsley Says It Needs to Be Okay to Ask for Help

Police Treatment and Community Collaborative Second Annual National Conference on Deflection and Pre-Arrest Diversion

National Coalition on Mental Health and Aging September Webinar on Addressing Disparities in Behavioral Healthcare

September 5 NIMH “Ask Me Anything” Session on Reddit for Suicide Prevention Month

Bipartisan Policy Center Rural Health Task Force Seeking Policy Solutions

September 3 SAMHSA-Sponsored Webinar: Discharge and Step-Down in Coordinated Specialty Care (CSC) for Persons with a First Episode of Psychosis – Part II

The American Association of Health & Human Services Attorneys (AAHSHA) Annual Education Conference, October 27-30

Centers for Medicare and Medicaid Services (CMS) Request for Information: Severe and Disabling Chronic Conditions and Enrollment in Medicare Advantage Chronic Condition Special Needs Plans (C-SNPs)

Upcoming Innovation Accelerator Program (IAP) Webinars from CMS

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

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

United States Preventive Services Task Force (USPSTF): Public Comment on Draft Recommendation Statement and Draft Evidence Reviews: Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs

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

Submissions Sought for the AADA Anxiety and Depression Conference, March 19-22 in San Antonio

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

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

Link to Center of Excellence for Protected Health Information Website

August SMI Adviser Webinars

AATOD 2019 Conference, October 19-23, Disney World

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

APHSA IT Solutions Management for Human Services (ISM) Annual Conference, September 22 to 25, in Milwaukee

Federation of Families for Children’s Mental Health 30th Annual Conference, November 14 – 16, Phoenix, AZ

TA Network Webinars and Opportunities

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

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest

NASMHPD Board & Staff
IIMHL / IIDL 2019 Leadership Exchange & NASMHPD Commissioners/Divisions Meeting

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

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

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

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

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

Sponsorship Opportunities
ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE.
To secure your exhibit booth: CLICK HERE.
To secure your sponsorship please: CLICK HERE.

September 12th and 13th 2019
The first two days of the NASMHPD Meeting, September 12 and 13, are taking place in tandem with the IIMHL/IIDL Leadership Exchange Network Meeting, beginning with an evening reception on September 11.

Expected Attendance:
850

September 14th 2019
On Saturday, September 14, we are bringing together the State Mental Health Commissioners/Directors and the NASMHPD Divisions to discuss common issues and allow break out time by Division.

Expected Attendance:
250
Register **HERE** to **Attend**

**CLICK HERE** to Access the Conference App with Your iPhone

**CLICK HERE** to Access the Conference App with Your Android Phone

Once downloaded and registered, enter “2019DC” and press “JOIN”

---

**Leading the Way Forward:**
Access, Accountability and Action

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

**Leadership Exchange**

**CLICK HERE TO ACCESS A VIDEO & LEARN MORE**

---

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

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

Exclusively for All NASMHPD Attendees

*Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions*

---

**Taking the Lead:**
Investing in Community Crisis Response/Continuum

---

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

**September 9 & 10, 2019 in Washington DC**
New Resource Outlines Key Elements for Building a Statewide Suicide Prevention Infrastructure

The Suicide Prevention Resource Center (SPRC) has released a new resource, Recommendations for State Suicide Prevention Infrastructure, which includes a two-page summary of the recommendations, and an interactive and editable checklist.

SPRC has also launched a new State Suicide Prevention Infrastructure mailing list for members to stay up-to-date on newly added tools and content.

The infrastructure report was developed to help state leaders establish the critical elements of a suicide prevention infrastructure through policymaking, funding, and administrative decision-making. SPRC worked with an advisory panel of key stakeholders and subject matter experts, including those with lived experiences, to develop the recommendations.

The new resource was developed to support the principles and framework identified in the National Action Alliance for Suicide Prevention’s Transforming Communities report and the Center for Disease Control and Prevention’s Preventing Suicide: A Technical Package of Policy, Programs, and Practices report.

The infrastructure report notes that “the suicide prevention infrastructure in most states is often limited and underfunded, making it difficult to impact suicide rates and to achieve sustainability.” The six key elements contained in the report’s recommendations are intended to provide a means for assessing a state’s current infrastructure to identify gaps and needed resources, as well as identify and engage partners. The hope is to provide a public health approach that supports and sustains suicide prevention efforts statewide.

The six key elements recommended are:

- **Authorize:** Designate a lead division or organization, identify and secure resources required to carry out all six essential functions, and maintain a state suicide prevention plan that is updated every three to five years.

- **Lead:** Maintain a dedicated leadership position, and dedicate core staff positions, training, and technology needed to fulfill the six elements. Develop capacity to respond to information requests from legislators, the media, and the general public.

- **Partner:** Form a statewide coalition with broad public and private sector representation, and adopt a shared vision and language across partners and stakeholders.

- **Examine:** Allocate sufficient funding and personnel to support high quality, privacy-protected suicide morbidity and mortality data collection and analysis. Identify and strengthen existing data collection sources. Ensure that high-risk and underserved populations are represented in data collection, and develop a plan for regularly analyzing and using data to inform action at the state and local levels.

- **Build:** Develop a multi-faceted, lifespan approach to suicide prevention, designate sufficient funding to carry out or support this approach, and foster the ability to evaluate and share results.

- **Guide:** Ensure the ability to plan, provide, and evaluate guidance for state and local efforts, and identify and allocate resources needed for these efforts.

---

**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
#BeThe1To

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)
New York has led the nation in affordable housing preservation and construction. The State Fiscal Year 2019-20 Enacted Budget continues funding to advance Governor Cuomo’s $20 billion comprehensive, five-year plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The State has committed this funding in order to create or preserve over 100,000 affordable and at least 6,000 supportive housing units.

New York will invest a portion of these resources to specifically address vulnerable populations experiencing homelessness. To ensure the maximum benefit of this investment, the State will utilize the existing federal Department of Housing and Urban Development (HUD) Continuum of Care (CoC) model that engages localities and not-for-profit (NFP) providers in developing and implementing data-driven strategies to address homelessness in specific populations such as victims of domestic violence, runaway and homeless youth and formerly incarcerated individuals (see below for the full list of eligible target populations). The State intends to develop a total of 20,000 units over the next 15 years.

The State is issuing this Request for Proposals (RFP) to advance the five-year goal of developing at least 6,000 units of supportive housing over five years for persons identified as homeless with special needs, conditions or other life challenges. The availability of and access to various supports such as trauma-informed services, employment and training opportunities, parenting education, counseling, independent living skills training, primary healthcare, substance use disorder treatment and mental health care, child care, and benefits advocacy are critical components of any project funded under this plan. The support services provided should be appropriate to a supportive housing model and tailored and appropriate to the specific population to be served. A policy of harm-reduction is expected. All services should be voluntary and there should be no requirements that a tenant be drug or alcohol free before renting, or while renting, a unit. Drug/alcohol testing is not acceptable. ESSHI projects are expected to follow a Housing First model, which has been shown to be an effective approach to reducing chronic homelessness, as well as reducing barriers to permanent supportive housing.

Each applicant will be required to demonstrate that their proposal is consistent with their most recent HUD CoC data or other local data and have the support of their local CoC or local planning entity. Support from the local CoC or local planning entity does not need to be site-specific. However, the support letter should indicate the need for and support of a project serving the proposed population within the CoC's jurisdiction. CoCs or local planning entities are not expected to prioritize proposals.

**Eligible Entities for Bidding:** This funding opportunity is only open to not-for-profit providers (NFPs) that are properly incorporated or organized under the laws of New York, and Tribal Organizations, with demonstrated experience in one or more of the following areas:

- Housing for homeless families, individuals, and/or young adults;
- Housing for families, individuals, and/or young adults with an unstable housing history;
- Housing for families, individuals, and/or young adults who are at risk of homelessness;
- Housing for families, individuals, and/or young adults that have health, mental health, intellectual or developmental disability, and/or substance use disorders;
- Housing for youth/young adults with significant histories of mental health, foster care or criminal/juvenile justice involvement; and
- Providing services and supports to help families, individuals, and/or youth/young adults that have disabling conditions or life challenges that require specialized support services to become and remain stably housed.

Service and operating funds are linked to integrated apartment buildings that are developed with capital funding sources that will be made available through separate capital initiatives and other capital funding mechanisms. These buildings may be constructed by the same entity applying for the service and operating funding made available through this RFP and/or in partnership with a private or NFP housing developer. The housing developed must be affordable to the homeless population it intends to serve. For most projects, this means that applicants should plan to provide rental subsidies in an amount that ensures full rental payment that does not exceed HUD Fair Market Rents for the area. In calculating rental subsidies, it is expected that 30 percent of a tenant household’s adjusted income (exclusive of rental subsidy payment) will be used. When a tenant has no reportable income, the tenant should apply for all available third-party entitlements that they may be eligible to receive.

It is important to note that although a partnership with a housing developer may exist, the official applicant of this RFP must be the NFP organization that will manage the service and operating contract funds, not the housing development partner.

**Eligible Target Populations:** Individual, individuals and/or young adults who are both homeless and who are identified as having an unmet housing need as determined by the CoC or local planning entity or through other supplemental local, state and federal data, **AND** have one or more disabling conditions or other life challenges, including:

- SMI;
- SUD;
- Persons living with HIV or AIDS;
- Individuals with I/DD
- Victims/Survivors of domestic violence (DV);
- Homeless young adults between 18 and 25 years old;
- Military service with disabilities (including veterans with other than honorable discharge);
- Chronic homelessness as defined by HUD (including families, and individuals experiencing street homelessness or long-term shelter stays);
- Youth/young adults who left foster care within the prior five years and were in foster care at or over age 16;
- Adults, youth or young adults reentering the community from incarceration or juvenile justice placement, particularly those with disabling conditions; and
- Frail Elderly/Senior age 55 and older, who is enrolled in Medicaid, and requires assistance with one or more activities of daily living or instrumental activities of daily living.

Written questions regarding the RFP will be accepted by Carol Swiderski, NY Office of Mental Health until 09/11/19 at 2:00 p.m. No telephone inquiries will be accepted.
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](#).
The organization representing state agencies serving individuals with disabilities and older individuals, as well as their family caregivers, celebrated its 55th year of existence at the 2019 Home and Community-Based Services (HCBS) Conference in Baltimore with a name change, to Advancing States.

The former National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 as the National Association of State Units on Aging (NASUA), becoming NASUAD in 2010 as state offices on aging took on greater responsibility for individuals with disabilities.

The four-day HCBS Conference, hosted by the organization for the last 34 years, features dozens of presentations by, and workshops featuring, the Federal agencies involved in regulating the last 34 years, features dozens of presentations by, and experiences by the state agency officials themselves, their consultants, and the managed care plans operating in their states.

More than 1500 attendees crowded a conference Exhibit Hall this year packed with more than 80 exhibitors.

Plenary speakers this year included: Lance Robertson, ACL Administrator and Assistant Secretary for Aging; Calder Lynch, Acting Deputy Administrator and Director of the Center for Medicaid & CHIP Services; and physician, vocalist, and Paralympic athlete Ronan Tynan, who also performed two songs.

ACL Administrator Robertson, who, early in his career, served for 10 years as Oklahoma's Director of Aging Services, spoke on the need for state agencies to remain relevant, recounting as an example Blockbuster Video's refusal of an offer to purchase Netflix in 1999. He emphasized the need to recognize social determinants of health (SDOH) as critical drivers of health, noting that the Trump Administration and private payers were beginning to do so, as evidenced by the expansion of supplemental benefits under Medicare Advantage. He also emphasized the importance of partnering (not merging) with other players in the health care system to build capacity to serve more individuals, without duplicating the efforts of other health care providers. He noted that state agency network innovators briefed the Health and Human Services Deputy Secretary and HHS staff in March on ways that such momentum toward change could be built.

CMCS Director Lynch also spoke of the importance of addressing SDOH, but said that CMS needed to weigh those issues against the need to ensure that medical needs could be addressed. He acknowledged that housing needs must be addressed and said Housing and Urban Development Secretary Ben Carson has been involved in joint efforts with CMS to address homelessness.

Mr. Lynch noted that data in the Medicaid & CHIP Scorecard was updated in March, that a revised Scorecard 2.0 with improved functionality would be forthcoming this fall, and that it would include scores on Medicaid program integrity and costs. He also said that serving dual eligibles is a current CMS priority.

During audience questioning of Director Lynch, NASMHPD raised the importance of employment as a SDOH, urging CMS to find ways to cover supported employment, particularly given the Administration’s emphasis on Medicaid beneficiaries becoming employed as a means to become engaged in the community.

Director Lynch responded by again emphasizing that addressing SDOHs had to be a balancing act against medical needs, but said that CMS has a growing interest in supported employment; CMS has created a learning community on community engagement and some of the participating states had expressed interest in supported employment. He suggested that states partner with their state employment agencies, and that funding for Temporary Assistance for Needy Families (TANF) is flexible enough to fund supported employment programs.

Conference sessions covered a wide array of topics, with officials from the CMS Disabled and Elderly Health Program (DEHPG) staff focusing on the continuing implementation by states of the January 2014 regulations governing home- and community-based services and states' transitions to compliance in reducing intrinsically institutional and isolating settings by the deadline of March 2022. Their emphasis was on ways to achieve community inclusion through person-centered planning. The CMS officials also focused on the ongoing initiative to improve CMS and states’ oversight of health and welfare conditions within HCBS waiver programs and the reporting of incidents of abuse and neglect—an area for which CMS received criticism from OIG and the General Accountability Office in recent reports.

The DEHPG staff also held several sessions on the Congressionally-mandated implementation of electronic visit verification (EVV) systems for home health and personal care services that require an in-home visit by the provider, and introduced the person-centered planning best practices center at the National Center on Advancing Person-Centered Practices and Systems (NCAPPS), a joint CMS/ACL initiative.

Other CMS, ACL, and SAMHSA officials presented on topics as diverse as opioid use among older persons and individuals with disabilities, and Medicaid Managed Long-Term Services and Supports. For those state officials new to the topic area, there were also Medicaid 101 Sessions.

Sessions led by the states and consultants, sometimes with lead-ins by Federal staff, included:

- approaches to using Medicaid statutory and waiver authorities to sustain programs until recently funded through the Money Follows the Person (MFP) program, funding which Congress has been slow to extend;
- state rate-setting processes for HCBS providers;
- using data to inform state decision-making;
- addressing the lack of affordable housing and homelessness, and state partnership opportunities designed to increase affordable housing;
- workforce development, and innovative strategies and practices for recruiting and retaining direct support professionals;
- client-directed services; and
- managing services and funding for “dual eligibles” enrolled in the Medicaid and Medicare programs.
WEBINAR: The Use of Geographic Information Systems (GIS) by State Behavioral Health Authorities (SBHAs)

Thursday, September 5, 2:00 p.m. to 3:00 p.m. E.T.

This webinar presented by the National Association of State Mental Health Program Directors Research Institute (NRI) and the National Council for Behavioral Health will present a demonstration of the uses of Geographic information systems (GIS) for behavioral health pursued by Washington State and Oklahoma.

GIS allows the linking of data to location and the analysis of spatial trends within data. In the context of behavioral health, states have found linking their data to location (often using client and facility addresses) allows stakeholders and policymakers to better understand access to services, and gaps in service access, through the creation of print and digital maps.

States have also used GIS products for pre- and post-disaster response initiatives to locate vulnerable clients and determine what services are needed during and after a disaster.

Presenters:

• Alice Huber, Ph.D. is the Deputy Director of the Research and Data Analysis Division of the Washington State Department of Social and Health Services

• Barbara Lucenko, Ph.D. is an Office Chief for Program Research and Evaluation in the Research and Data Analysis Division of the Washington State Department of Social and Health Services.

• Ray Bottger, Ph.D. is a Senior Data Analyst in the Oklahoma Department of Mental Health and Substance Abuse Services

Register HERE

Additional NASMHPD Links of Interest

BLOG POST: TOBACCO SMOKING AND PSYCHOTIC-LIKE EXPERIENCES: ARE THEY LINKED?. JASMINA Mallet, M.D, Ph.D... CAROLINE DUBERTRET, M.D., PhD & YANN LE STRAT, M.D., Ph.D., CME INSTITUTE, AUGUST 7

A PROVIDER’S GUIDE TO PUTTING THE HCBS RULE INTO PRACTICE.. MINNESOTA DEPARTMENT OF HUMAN SERVICES, AUGUST 2019

WHY AMERICA IS FAILING TO FEED ITS AGING. LAURA UNGER & TRUDY LIEBERMAN, TIME MAGAZINE, AUGUST 28

GOVERNOR’S ‘MENTAL HEALTH CZAR’ SEEKS NEW BLUEPRINT FOR CARE IN CALIFORNIA. ROB WATERS, KAIser HEALTH NEWS / CALIFORNIA HEALTH LINE, AUGUST 29

NASMHPD congratulates our long-time friend and ally, the National Association of States United for Aging and Disabilities (NASUAD) on its new name .................
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**

- 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

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.ms.state.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: Military Culture: Staff Sergeant Charles F. Pugsley Says It Needs to Be Okay to Ask for Help

The 9/11 terrorist attacks shook the United States’ psyche: what had previously seemed impossible was not. The attacks disintegrated Americans’ perception of safety and simultaneously bolstered the number of people enlisting in the military. Among them was Staff Sgt. Charles F. Pugsley, whose life, until that moment, was “going the way it should.” His wife Amy was pregnant with their first child, Whitney, and he was enjoying a rewarding career as a high school business education teacher. After the attacks, SSG Pugsley couldn’t shake the feeling that he had to do something; he couldn’t stand idly by. He says it was not an easy decision, but he felt compelled to serve his country and so, six months later, he signed up with the Army and immediately entered U.S. Army Infantry School. From there, he deployed to Iraq for 18 months.

About three months into the tour in Iraq, SSG Pugsley began to believe he was not going to make it home. Combat soldiers around him were dying, getting shot and hit by IEDs (Improvised Explosive Devices). He spent days at a time in enemy territory. Each time he rolled outside the wire, going beyond the relative safety of the base, he was resigned to dying. “In war, there’s a constant feeling of not being safe and a sense of peace that comes with accepting that you’re going to die. It also messes with your head when you make it home after never expecting to.”

READ MORE

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

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

The National Action Alliance for Suicide Prevention is 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” 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
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.

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.
**NIMH Reddit “Ask Me Anything” with Dr. Jane Pearson – Suicide Prevention**

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.](#)

---

**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
- **Senator Olympia Snowe** | Maine
- **Governor Ronnie Musgrove** | Mississippi
- **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. 

---

15
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.
Centers for Medicare and Medicaid Services Request for Information (RFI)
Severe and Disabling Chronic Conditions and Enrollment in Medicare Advantage Chronic Condition Special Needs Plans (C-SNPs)

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

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
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 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.

### DRAFT RECOMMENDATION SUMMARY

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults age 18 years or older</td>
<td>The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.</td>
<td>B</td>
</tr>
<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>
<td>I</td>
</tr>
</tbody>
</table>

See the Full Draft Recommendation Statement

---

**NAMD 2019 Conference**

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


**Registration is Now OPEN**
#ADAA2020 Submissions - Deadline Extended to September 11, 2019

ADASSymphosia 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 11 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
The Crisis Residential Association is Hosting its Second Annual Crisis Residential Conference in Grand Rapids, Michigan

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

**Conference Details**

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

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

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

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

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

[Register HERE](#)

To present at the 2019 Crisis Residential Conference, [Click HERE](#)! Hotel arrangement have been made at the Amway Grand Plaza for conference attendees at a discounted rate! [BOOK YOUR HOTEL ROOM HERE](#)
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>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>October 2019</td>
<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
</tr>
<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part One of Two)</td>
</tr>
<tr>
<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part Two of Two)</td>
</tr>
<tr>
<td>April 2020</td>
<td>Inclusion and Belonging and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
</tr>
<tr>
<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
</tr>
<tr>
<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
</tr>
<tr>
<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
</tr>
<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
</tr>
</tbody>
</table>
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.
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

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

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!
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

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

Adapting the Early Assessment and Support Alliance (EASA) to Rural and Frontier Settings

This webinar will examine Oregon’s early psychosis model, EASA, and adaptations and lessons learned from rural and frontier site development and implementation. Adaptations include cultural frameworks specific to rural and frontier regions, technology, role and task driven staffing pattern, training, access, community outreach, engagement, and mobilizing existing agency and community resources.

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

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

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

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

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

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—2018

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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

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

**Training Guides**

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

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

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

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

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**

1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

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

**Trauma, PTSD and First Episode Psychosis**

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

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

**Engaging with Schools to Support Your Child with Psychosis**

**Supporting Students Experiencing Early Psychosis in Middle School and High School**

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

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**

**Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians**

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

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

For more information about early intervention in psychosis, please visit

[https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
NASMHPD Board of Directors

Valerie Mielke, M.S.W. (NJ), President
Sheri Dawson, R.N. (NE), Vice President
Marie Williams, L.C.S.W. (TN), Past President
Stephanie Woodard, Psy.D. (NV), Western Regional Representative
VACANT, Southern Regional Representative
VACANT, At-Large Member

Doug Thomas, M.S.W., L.C.S.W (UT), Secretary
Terri White, M.S.W. (OK), Treasurer
Joyce Allen, M.S.W. (WI), Mid-Western Regional Representative
Barbara Bazron, Ph.D. (DC), Northeastern Regional Representative
Tiffany Wolfgang, (SD), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Meighan Haupt, M.S., Chief of Staff
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Raul Almazar, R.N., M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Cyntrice Bellamy, M.S., M.Ed., Senior Development Advisor (PT)
Genna Bloomer, M.P.H., Technical Assistance Research Associate
Cheryl Gibson, Senior Accounting Specialist
Joan Gilleece, Ph.D., Director, Center for Innovation in Behavioral Health Policy and Practice
Leah Harris, Trauma Informed Care Peer Specialist/ Coordinator of Consumer Affairs (PT)
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Adviser

Stuart Yael Gordon, J.D., Director of Policy and Communications
Christy Malik, M.S.W., Senior Policy Associate
Kelle Masten, Senior Project Associate
Jeremy McShan, Program Manager, Center for Innovation in Behavioral Health Policy and Practice
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Brian R. Sims, M.D., Senior Medical Advisor (PT)
Greg Schmidt, Contract Manager
David Sherr, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

Crisis Intervention Team (CIT) Programs: Best Practice Guide for Transforming Community Responses to Mental Health Crises, CIT International, August 2019

A Resource Guide for Using Diagnosis Codes in Health Insurance Claims To Help Identify Unreported Abuse or Neglect, HHS Office of the Inspector General, July 23

U.S. Presidential Candidates’ Positions on Mental Health and Addiction Released by ‘Mental Health for U.S.’ Coalition, August 27

Healing and Belonging in America: A Plan to Improve Mental Health Care and Combat Addiction, Buttigieg for President Campaign, August 2019

Inside North Carolina’s Big Effort to Transform Health Care, New York Times, August 26

State Health Official Letter 19-004: Sponsor Deeming and Repayment for Certain Immigrants, Centers for Medicare and Medicaid Services, August 23

Risk of Psychosis Among Refugees: A Systematic Review and Meta-Analysis, Brandt L., M.D., et al., JAMA Psychiatry, August 14


“Use the Back Door”: Treating Incarcerated Patients in Community Mental Health Facilities, Morris N.P., M.D., Psychiatric Services, August 22

Insights of Patients and Clinicians on the Promise of the Experience Sampling Method for Psychiatric Care, Bos F.M. et al., Psychiatric Services, August 22

Engagement With Project ECHO to Increase Medication-Assisted Treatment in Rural Primary Care, Salvador J., Ph.D., Psychiatric Services, August 22

PTSD Treatment Decision Aid: The Choice is Yours, National Center for PTSD, August 2019

Hurricane Dorian Emergency Preparedness, U.S. Census Bureau, August 29