Study Finds Clozapine is Most Effective Antipsychotic in Treating Severe Schizophrenia in Real World Patients and Settings

Patients with severe schizophrenia treated with clozapine experience greater symptom improvements and fewer hospitalizations than those given other second-generation antipsychotics, according to a meta-analysis of population-level studies published July 31 in JAMA Psychiatry.

Sixty-eight articles from 63 individual cohort studies (n = 109,341; 60.3 percent male; mean age of 38.8 years; illness duration of 11 years; and study duration of 19.1 months) were analyzed. The authors found that, even though patients taking clozapine were generally more severely ill than those taking other antipsychotics, clozapine use was associated with an 18 percent reduced risk of hospitalization and a 27 percent reduced risk of discontinuing treatment. Head-to-head analyses between clozapine and five other antipsychotics (amisulpride, aripiprazole, olanzapine, quetiapine, and risperidone) suggested clozapine was better at reducing hospital risk than the other antipsychotics except for olanzapine, and it was better tolerated than the other antipsychotics, except for aripiprazole and amisulpride.

Clozapine was also significantly associated in the studies with better outcomes regarding overall symptoms and Clinical Global Impressions scale severity. Patients taking clozapine reported greater reductions in the severity of their illness, compared with patients taking other antipsychotics.

Clozapine has long been considered the best pharmacological option for patients with treatment-resistant schizophrenia. However, findings from recent randomized clinical trials (RCTs) have suggested that clozapine may not be superior to other second-generation antipsychotics. “Because participants in RCTs do not necessarily represent real-world patients or settings, the results from RCTs cannot readily be generalized to clinical practice,” Study author Takahiro Masuda, Ph.D., of the Zucker Hillside Hospital in Glen Oaks, N.Y., noted. To address this, Dr. Masuda and his colleagues conducted the meta-analysis of the 63 studies involving antipsychotic use in cohort studies, which they believed were more reflective of real-world practice.

However, the studies analyzed also found that patients taking clozapine experienced greater increases in body weight, blood pressure, and triglyceride levels, as well as an increased risk of Type 2 diabetes.

Dr. Masuda and his colleagues conclude, “This comprehensive meta-analysis of cohort studies, reflecting clinical practice more than RCTs, found clozapine to be associated with better effectiveness outcomes than [other second-generation antipsychotics], despite more severely ill patients being treated with clozapine, but with significantly greater risk of cardio-metabolic adverse outcomes, both of which require consideration when making treatment choices.”


Dr. Hughes Melton, the Virginia Commissioner of the Department of Behavioral Health and Developmental Services, passed away August 2 from injuries he sustained in a car accident two days earlier. He was 52 years of age.

Virginia Governor Ralph Northam said “Dr. Melton was a fellow veteran and physician. In 2018, I appointed Dr. Melton to serve Virginia as our DBHDS commissioner, a role he filled ably and with enthusiasm. His public service also included his previous appointment as Deputy Commissioner of the Virginia Department of Health, as well as service on a number of boards and groups devoted to improving the medical profession, health policy, and addiction treatment. Dr. Melton for many years made his home in Southwest Virginia, where he built a well-respected career as a family physician and addiction expert.

“Not only was Dr. Melton a devoted public servant and physician, I considered him a friend.”

Dr. Melton served as the NASMHPD Board liaison to the Finance Policy Division. The NASMHPD staff extends its condolences to Dr. Melton’s wife, Dr. Sarah Melton, and daughters Maggie and Claire, and to his colleagues at the Virginia Department of Behavioral Health and Developmental Services.

A Celebration of Life will be held Sunday, August 11 at Fellowship Chapel, 201 Crockett Street, Bristol, VA 24201. Visitation will begin at 2 p.m. and will end at 5 p.m., followed by a service at 5 p.m. Condolences can be expressed at www.hillandwood.com.
Table of Contents

Study Finds Clozapine Most Effective Antipsychotic in Treating Severe Schizophrenia in Real World Patients and Settings

IN MEMORIAM – S. Hughes Melton

NASMHPD Links of Interest to Address the Trauma of Mass Shootings

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, D.C.

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

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

August 15 SAMHSA-Sponsored Webinar: Using Peers to Support Re-Engaging Families

CMS Guidance Mandates Changes to State Medicaid and MCO Drug Utilization Reviews

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

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: Victor Armstrong of Atrium Health Talks Implicit Bias and Its Impact in a Mental Health Crisis

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

August 12 SAMHSA-Sponsored Webinar: Applying Motivational Interviewing Principles with People with Serious Mental Illness (SMI) during Crisis Situations

August 9 SAMHSA-Sponsored Webinar: Creating Positive Connections to Engage Fathers of Children with SED: Examples from the Field

August 14 SAMHSA-Sponsored Webinar: Group Reminiscence for Older Adults with Serious Mental Illness (SMI) by Elder Peers

August 27 SAMHSA-Sponsored Webinar: Serious Mental Illness/Substance Use Disorders and Tailoring First Episode Psychosis Programs to Serve Women

August 28 SAMHSA-Sponsored Webinar: Focus on the Family: Using Person and Family Centered Care for Mental Health

August 29 SAMHSA-Sponsored Webinar: Recovery Oriented Cognitive Therapy (CT-R) Approaches in Treating People with Serious Mental Illness including Discussion of the 2018 TTI Initiative

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

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

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

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

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

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

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

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

Continued on Next Page
Table of Contents (cont’d)

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

Register for the August 26-29 NASUAD HCBS Conference in Baltimore

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

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

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

CMS Request for Information: Patients Over Paperwork

July SMI Advisor Webinars

AATOD 2019 Conference, October 19-23, Disney World

Annual National Association for Rural Mental Health Conference, August 26 to 29

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

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

Suicide Prevention Training for Crime Victim Advocates

TA Network Webinars and Opportunities

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

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest

NASMHPD Board & Staff

NASMHPD Links of Interest to Address the Trauma from Mass Shootings

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

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

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

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

Active Shooter and Terrorist Event-Related Posttraumatic Stress and Depression: Television Viewing and Perceived Safety, Fullerton C.S. et. al., Disaster Med Public Health Preparedness, June 2019

Trauma, Anxiety and PTSD: How Mass Shootings Affect Mental Health, Tiffany Best, ABC News, June 5

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

Coping in the Aftermath of a Shooting, American Counseling Association

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

Managing Your Distress in the Aftermath of a Mass Shooting, American Psychological Association
NASMHPD is excited to announce that our annual meeting of State Mental Health Commissioners/Directors and the NASMHPD Divisions will be held in conjunction with International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) 2019 Leadership Exchange in Washington D.C.

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

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

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

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

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

CLICK HERE To View the DRAFT Network Meeting Program

Leading the Way Forward: Access, Accountability and Action
International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL)
Leadership Exchange

CLICK HERE TO ACCESS A VIDEO & LEARN MORE

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

Discounted Government Rate Room Block at the nearby Madison Hotel in D.C., (a 5-minute walk)
Exclusively for All NASMHPD Attendees (Deadline for Reservations is August 14)

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
SAMHSA-SPONSORED WEBINARS

Best Practices for Employment for People with Serious Mental Illness

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

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

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

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

Register HERE

Using Peers to Support Re-Engaging Families

Thursday, August 15, 2:00 p.m. to 3:30 p.m.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Federation of Families for Children’s Mental Health and Mental Health America

When mental health problems increase, people with serious mental illness may lose relationships with family members and friends. Peers act as non-clinical support and navigators who facilitate interactions within family systems or help adults reconnect with their natural supports. This webinar will explore the use of peers to support family engagement and re-engagement.

Panelists will describe the use of peers to prevent losing family supports and facilitation of family reunification following disconnection. Project Return Peer Support Network will share about programs focused on adults with serious mental illness and within Latino communities. Georgia Parent Support Network will discuss supports for adolescents with serious emotional disturbances. Both programs will address strategies, challenges and lessons learned from their programs about how to facilitate and support continued family engagement and re-engagement.

Presenters:
- Sue L. Smith, Ed.D., CEO, Georgia Parent Support Network
- Angelica Garcia, Associate Director, Project Return Peer Support Network.

Moderators:
- Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health
- Theresa Nyugen, LCSW, VP of Policy and Programs, Mental Health America

Register HERE

We do not offer CEU credits.

Closed Captioning is available for these webinars.

Please refer any questions regarding either of these webinars to NASMHPD’s Kelle Masten via email or at 703-682-5187.
Guidance issued by the Centers for Medicare and Medicaid Services (CMS) on August 5 requires state Medicaid agencies and Medicaid managed care organizations (MCOs) to implement drug utilization review (DUR) provisions of the recently enacted SUPPORT for Patients and Communities Act, Pub. L. 117-271, designed to better manage the prescribing and use of opioids, and combat opioid misuse, as well as fraud and abuse.

Under § 1927(g)(3)(D) of the Social Security Act, CMS requires each State Medicaid Program to submit to CMS an annual report on the operation of its Medicaid DUR fee-for-service (FFS) program, including information on prescribing patterns, cost savings generated by the state’s DUR program, and the state’s DUR program’s overall operations, including any new or innovative practices. Additionally, CMS regulations require any MCO that covers covered outpatient drugs to operate a similar DUR program that complies with the fee-for-service law and to submit detailed information about its DUR program activities to the state.

Section 1004 of the SUPPORT Act establishes DUR standards and strategies that supplement the existing requirements under § 1927(g), and the Secretary is required to report information on implementation of those strategies and standards to Congress beginning in the coming fiscal year. State implementation is required by October 1, 2019 through the adoption of a State Plan Amendment that must be submitted to CMS by December 31.

The new reporting requirements include minimum opioid standards within FFS and managed care programs. The SUPPORT Act requires States to implement “safety edits” and “claims review automated process(es)” at the point of sale and to engage both patients and prescribers about possible opioid abuse and overdose risk at the time of dispensing.

States are also required to implement automated retrospective reviews to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care. The claims review automated process (as designed and implemented by the state) must indicate when an enrollee is prescribed a subsequent fill of opioids in excess of any limitation that may be identified by the state. State-identified limitations should include restrictions on duplicate fills, early fills, and drug quantity limitations based on maximum daily morphine milligram equivalents (MMEs) established by the state.

The safety edits and claims review requirements do not apply with respect to individuals who are receiving hospice or palliative care or receiving treatment for cancer; residents of a long-term care facility or other facility for which frequently abused drugs are dispensed for residents through a contact with a single pharmacy; or other individuals the state elects to treat as exemped.

The new requirements also require states to have in place a program (as designed and implemented by the state) to monitor and manage antipsychotic medication in children. The state must submit, annually as part of its DUR report, information on activities carried out under for individuals not more than 18 years of age generally, and children in foster care specifically.

The state must also have in place a process (as designed and implemented by the state) that identifies potential fraud or abuse of controlled substances by enrollees, health care providers prescribing drugs to enrollees, and pharmacies dispensing drugs to enrollees.

CMS suggests that lock-in programs and prescription drug monitoring programs (PDMPs) can play an important role in detecting and preventing opioid-related fraud and abuse. It also says Data analytics can help to determine the extent to which beneficiaries are prescribed high amounts of opioids, identify beneficiaries who may be at serious risk of opioid misuse or overdose, and identify prescribers with questionable opioid prescribing patterns.

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**Suicide Prevention Resource Center**

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

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

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

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

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

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

**ENROLL HERE**
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

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

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

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

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

### Learning Community Schedule

- **August 28:** Housing 101
- **September 11:** Housing with Special Populations, Part 1 (women with children/families, transitional ageyouth)
- **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

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**CMS Encourages Adoption of Multi-Payer ET3 Emergency Transportation Plans that Would Permit Treatment on Site and Transportation to Sites other than EDs**

A Medicare/Medicaid Joint Informational Bulletin issued August 8 by the Centers for Medicare and Medicaid Services (CMS) is designed to incentivize states to adopt what is being called a multi-payer ET3 emergency transportation system under which payment could be made not only for emergency ambulance transportation to a hospital, but also for treatment in place by EMS medical professionals or transportation to an “alternative destination location,” such as a freestanding behavioral or mental health facility, crisis center, or community clinic.

Pages 12 through 14 of the Bulletin give existing examples of how such a multi-payer payment model could be structured to facilitate transportation for crisis and other mental health and substance use disorder services. With the caveats that existing state scope of practice and reimbursement regulations will have to be reviewed and possibly revised, and State Plan Amendments adopted within the Medicaid program, and that Medicare restrictions on payment for ambulance transportation will also need to be accommodated, this could offer a financing alternative to at least one aspect of state crisis services, which could be braided with the 5% Mental Health Block Grant set-aside for which NASMHPD is seeking funding in Congress.
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: mailto:norwome@msh.state.ms.us

601-351-8062
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university chosing 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: Victor Armstrong of Atrium Health Talks Implicit Bias and Its Impact in a Mental Health Crisis

Three years ago, Victor Armstrong, MSW, Vice President of Behavioral Health at Atrium Health, launched Let’s Talk, a platform for in-person discussions on the intersections between organizational culture, implicit bias, and mental health crises. At the time, the Charlotte, NC, community was reeling following a police shooting of Keith L. Scott on September 20, 2016, and tensions began to rise around the issue of race and the use of deadly force by police officers. The strain was exacerbated by heated political rhetoric stemming from the 2016 presidential race. Silence, says Armstrong, wasn’t going to improve the situation. Initially, his objective was to open up dialogue on how these events were affecting staff at Behavioral Health Charlotte, the Atrium Health facility that Armstrong oversees. Since then, he has taken the conversation on the road to provide a safe space for behavioral health stakeholders to have vital conversations about assumptions and beliefs. The dialogue doesn’t just include mental health professionals but also healthcare providers and police officers. The challenge, says Armstrong, is that talking about implicit bias—automatic connections stored in people’s minds outside of their conscious awareness—is not easy. “How do we talk about our implicit biases when we aren’t aware we have them or even what they are?” The first step, he says, is recognizing that all humans have biases and that society plays a significant role in how we develop them, particularly when it comes to cultures we are not members of; though Armstrong is quick to point out that people can be implicitly biased against their own marginalized group and even themselves.

READ MORE HERE

Crisis Now Partners:

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

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

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

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

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.rinternational.com | www.zerosuicide.org | www.twitter.com/RI_Internationa.
NATIONAL COALITION ON MENTAL HEALTH AND AGING
2019-2020 WEBINAR SERIES
on
ADDRESSING DISPARITIES IN BEHAVIORAL HEALTH CARE
FOR OLDER ADULTS

“Prevention and Health Promotion for
Late-Life Mental Health Disorders”

August 21 at 12:00 PM EDT |

Presenter: Amanda Leggett, Ph.D.

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

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

Register: https://cc.readytalk.com/r/qm3r1vqspe4f&ecom

“Strategies for Reducing Suicide in Older Adults”

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

Presenter: Michael F. Hogan, Ph.D.

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

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

Register: https://cc.readytalk.com/r/jt8yb1zd0qq8&ecom

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

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

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

Applying Motivational Interviewing Principles with People with Serious Mental Illness (SMI) during Crisis Situations

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

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

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

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

Register HERE

Creating Positive Connections to Engage Fathers of Children with SED: Examples from the Field

Friday, August 9, 2:30 p.m. to 4:00 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Federation of Families for Children’s Mental Health

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

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

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

Register HERE

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the “Name” field (Ex. Jane Doe-AK) and click on “Enter Room.” For attendees, this is a “listen only” webinar. Should they need to dial in, the instructions are on the note pad in the seminar room.

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

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

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

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

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

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

**Presenters:**

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

**Moderator:**

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

Register [HERE](#)

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

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

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

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

**Presenters:**

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

Register [HERE](#)

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

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

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

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

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

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

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

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

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

Register HERE

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

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

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

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

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

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

Register HERE

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

Please refer any questions to NASMHPD’s Kelle Masten via email or at 703-682-5187.
Institute for Research, Education, and Training in Addictions Webinar

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

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

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

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

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

Register HERE

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**Payers’ Behavioral Health Management and Policy Summit**

November 6–8, 2019 • The Dupont Circle Hotel • Washington, DC

- Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!
- Gain Insight into Executive-Level Priorities for Advancing Integration, Improving Parity, and Increasing Access to Care
- Examine the Role of Health Care in Addressing Mass Violence in America: Prevention, Trauma, and Suicide Risk
- NCQA UPDATE: Behavioral Health HEDIS Quality Measures
- Improve Network Adequacy in Managed Care and Long Term Care to Ensure Access to Behavioral Health Services
- Outline How to Manage Mental Illness and SUD in the Era of the Opioid Epidemic
- Learn How Loopholes in Quality and Regulatory Guidelines Open the Door for Unethical Substance Use Disorder Providers
- Address the Social Determinants of Health with Blended Funding and Payment Methodologies

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

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

The **Payers’ Behavioral Health Management and Policy Summit** is organized in partnership with ABHW (Association for Behavioral Health and Wellness)
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS

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

- Anticipated Total Available Funding: $1 million
- Length of Project: 3 years
- Funding Mechanism: Grant
- Anticipated Number of Awards: 1
- Sharing/Match Required: No
- Application Due: Monday, August 12

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

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

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

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

- Anticipated Total Available Funding: $30 million
- Length of Project: 3 years
- Funding Mechanism: Cooperative Agreement
- Anticipated Number of Awards: 1
- Sharing/Match Required: No
- Application Due: Friday, August 16

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

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

**Contacts:**
- **Program Issues:** Beverly Vayhinger, Office of Financial Resources, SAMHSA, (240) 276-0564, beverly.vayhinger@samhsa.hhs.gov
- **Grants Management and Budget Issues:** Ellen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov.

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**Mental Health Technology Transfer Center Network**

**Pathways Newsletter**
#ADAA2020 Submissions - Deadline September 5, 2019
Symposia and Ignite Symposia, Workshops, Roundtables,
New Research Poster Sessions, and Awards

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

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

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

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

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

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

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

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

The conference will enable attendees to:

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

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

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

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
The Centers for Medicare & Medicaid Services (CMS) has announced a Notice of Funding Opportunity that provides State Medicaid agencies with information to apply for planning grants that will aid in the treatment and recovery of substance use disorders (SUDs), including opioid use disorder (OUD). Fighting the opioid epidemic is one of CMS’s top priorities, and the planning grants are an important step in that effort.

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

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

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

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

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

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

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

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

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

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

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

We anticipate that we will sell out, so we encourage you to act now and reserve your spot at this year’s event! Visit www.hcbsconference.org to learn more.
National Center on Advancing Person-Centered Practices and Systems

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

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

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</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>
The Centers for Medicare & Medicaid Services (CMS) has issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in Fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the “red tape” that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that, through regulatory reform alone, the healthcare system will save an estimated 40 million hours and $5.7 billion through 2021. These estimated savings come from both final and proposed rules.

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

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

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

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the Federal Register at: https://www.federalregister.gov/documents/2019/06/11/2019-12215/request-for-information-reducing-administrative-burden-to-put-patients-over-paperwork


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

Sign up for the Patients over Paperwork Newsletter here: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12350

Comments Must be Submitted Here by August 12
UPCOMING WEBINARS

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

Measurement-Based Care in Community Mental Health

Friday, August 16, 12:00 p.m. to 1:00 p.m. E.T.

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

REGISTER NOW

Engaging the Individual and the Family in Treatment Planning

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

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

REGISTER NOW

Using Telepsychiatry for Serious Mental Illness: An Introduction

Friday, September 6, 12:30 p.m. to 1:30 p.m. E.T.

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

REGISTER NOW

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

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

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

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

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

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

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

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

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

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

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

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

2019 ISM Annual Conference

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

At the conference you will be able to…

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

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

Start Planning Your Visit to the Milwaukee Area Now LEARN MORE HERE
1 in 5 children in America experience social, emotional, and behavioral challenges. Children who experience untreated behavioral health disorders typically become adults who continue to struggle with symptoms, who become parents who may perpetuate the cycle. The impact of the recurring cycle is felt throughout the society.

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

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

Register HERE Exhibitor Opportunities HERE Sponsor HERE

Office for Victims of Crime

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

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates. HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

Register Today for one of the remaining 2-day trainings:
- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
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

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

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

Register NOW

Thursday, August 22
2:00 p.m. to 3:30 p.m. E.T

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

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

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

Register NOW

Monday, August 26
2:30 p.m. to 3:30 p.m. E.T

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

Register NOW

Thursday, August 29
1:30 p.m. to 3:00 p.m. E.T

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

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

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

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

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

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**Social Marketing Assistance Available**

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

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

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

### Tip Sheets and Workbooks

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

**Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**

**Weaving a Community Safety Net to Prevent Older Adult Suicide**

**Making the Case for a Comprehensive Children’s Crisis Continuum of Care**

**Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**

**Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**

**Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**

**A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**

**Recommendations on Trauma-informed Care for Persons with Serious Mental Illness**

**Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the Resources at NASMHPD’s Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

(NASMHPD/NRI)

### Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas

(Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

### Training Guides

Training Videos: Navigating Cultural Dilemmas About –

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

### Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians

(Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

### Best Practices in Continuing Care after Early Intervention for Psychosis

(Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

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

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

### Addressing the Recognition and Treatment of Trauma in First Episode Programs

(Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

### Trauma, PTSD and First Episode Psychosis

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

### Supporting Students Experiencing Early Psychosis in Schools

(Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

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

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

### Addressing Family Involvement in CSC Services

(Laurie Flynn and David Shern, Ph.D.)

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

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

### Early Serious Mental Illness: Guide for Faith Communities

(Mihran Kazandjian, M.A.)

### Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model

(Susan Essock, Ph.D. and Donald Addington, M.D.)

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

The Problem of Mindfulness, Sahanika Ratnayake, AEON, August 2
In Shadow of Opioids, A Sedative Epidemic is Taking Root, Nambi J. Ndugga, Elsa Pearson & Melissa Garrido, Boston University School of Public Health & Axios, August 2
Use of Drug Treatment Services Among Adults With Opioid Use Disorder: Rates, Patterns, and Correlates, Taeho Greg Rhee, Ph.D., M.S.W. & Robert A. Rosenheck. M.D., Psychiatric Services, July 30
Effect of a Psychiatric Emergency Department Expansion on Acute Mental Health and Addiction Service Use Trends in a Large Urban Center, Nadine Reid, M.A., Ph.D. et al., Psychiatric Services, July 30
Drugmakers’ Alleged Price-Fixing Pushed a Needed Pill [to Treat OCD] Out of Reach, Ben Elgin, Bloomberg, July 31
Heighnted Scrutiny Review of Newly Constructed Presumptively Institutional Settings, Center for Medicaid and CHIP Services, August 2
American Medical Association Responds to Tragic Gun Violence Incidents, Patrice Harris, M.D., M.A., President, American Psychiatric Association, August 4
Alarming Suicide Trends In African American Children: An Urgent Issue, Roslyn Holliday-Moore, Public Health Analyst, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration (SAMHSA), July 23
The Impact of Racism on Child and Adolescent Health, Maria Trent, Danielle G. Dooley & Jacqueline Dougé, Pediatrics, August 2019
2018 Accident and Health Policy Experience Report, National Association of Insurance Commissioners (NAIC), 2019