

# National Association of State Mental Health Program Directors

## Weekly Update

### Congress Passes Corporate Tax Cuts, to be Signed By President January 3, Provides Temporary Funding for CHIP and CHCs, Delays Stabilizing Insurance Market

Within hours after the House of Representatives passed [H.R. 1, the Tax Cuts and Jobs Act](#), by a vote of 224 to 201, Congressional leaders announced they would delay action until 2018 on a full extension of funding for the Children's Health Insurance Program (CHIP) and stabilizing the individual health insurance market, rather than attaching fixes to a third FY 2018 Continuing Resolution to fund the government until January 19. The C.R. passed the House December 21 and awaits Senate action.

Senate Majority Leader Mitch McConnell (R-KY) had earlier promised Senator Susan Collins (R-ME), in exchange for her vote for H.R. 1, to include in the next Federal funding measure both the Alexander-Murray proposal reinstating cost-reduction subsidies (CSRs) to insurers in the Affordable Care Act (ACA) marketplace and Senators Collins' and Bill Nelson's (D-FL) [S. 1835](#), which would create a two-year \$4.5 billion reinsurance fund for states to help insurers cover high-cost enrollees. However, Senator McConnell announced shortly after passage of the tax bill—for which Senator Collins voted—that the Senate would work to enact those provisions only after the first of the year.

Senator Collins has received public criticism for committing her vote on the tax bill before action was taken on the promised provisions. She complained on December 19 that the media has "ignored everything that I've gotten, and written story after story about how I'm duped." She characterizes Mr. McConnell's earlier promises as ironclad.

Similarly, plans to include a five-year extension of CHIP funding through the newest FY 2018 C.R., [H.R. 1370](#), fell partially by the wayside as lawmakers rushed to pass the new C.R. before Christmas break. Instead, the C.R. funds the CHIP program at \$2.85 billion from October 1, 2017 through March 31, 2018.

Authorization for CHIP funding expired September 30, and five states—Alabama, Colorado, Connecticut, Utah, and Virginia—have already put their enrollees on notice that their programs could end as soon as January 31. The [Georgetown University Center for Children and Families had projected](#) a total of 25 states would have insufficient funds to cover their nearly 2 million children beyond January.

West Virginia has announced it will close its program at the end of February, while Minnesota and New Hampshire are

using state-only funds to keep their programs going—at least for now. The CHIP program [covers](#) 8.9 million children.

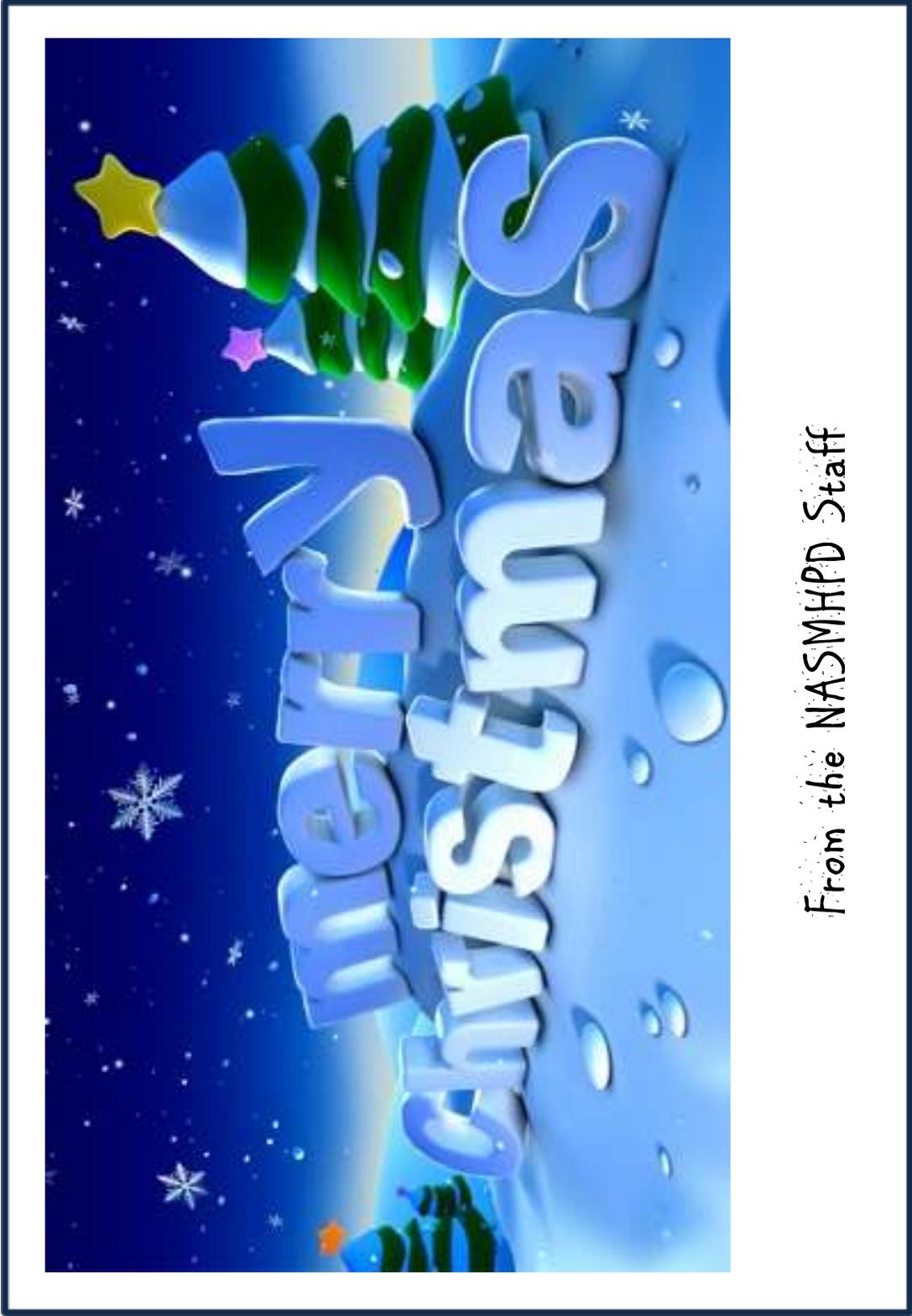
A patch included in the previous C.R., enacted in early December, reallocated \$2.9 billion in CHIP redistribution funds among states, giving more money to 20 states with shortfalls in the first quarter of 2018 (October – December 2017). The Georgetown Center says the patch actually caused 31 states to run out of money more quickly than previously estimated. That patch remains in the new C.R.

The delay in Congressional action resulted, at least in part, from House Freedom Caucus opposition to the ACA Marketplace cost-sharing reduction fixes proposed by Senators Lamar Alexander (R-TN) and Patty Murray (D-WA), and from House and Senate Democrats' opposition to the methods proposed by Republicans for funding the CHIP extension. The House CHIP funding bill, [the Healthy KIDS Act, H.R. 3921](#), proposed eliminating premium subsidies for Medicare enrollees with annual incomes of \$500,000 or more and extending for two additional years state Medicaid hospital disproportionate share (DSH) reductions mandated under the ACA.

The Federal Community Health Center Fund also expired at the end of FY 2017. Under the new C.R., community health centers will receive \$550 million for the first two quarters of FY 2018. Funding for the health centers and CHIP is provided by cutting the ACA's Prevention and Public Health Fund by \$750 million.

New disaster relief funding totalling \$81 billion for states recently hit by hurricanes and wildfires passed the House in a separate measure, [H.R. 4667](#), also on December 21, but could be rejected by Democrats in the Senate.

Deficit reduction concerns have led President Trump to delay signing H.R. 1 until January 3, so that offsetting automatic reductions in discretionary spending mandated under the Budget Control Act of 2011 (P.L. 112-25) that will impact domestic programs such as Medicare can be delayed until after the holiday season. The tax bill creates an increase in the Federal deficit of \$1.455 trillion over 10 years, [according to the Congressional Budget Office](#), and that deficit must be offset under Budget Control sequestration rules. CBO [estimates](#) FY 2018 Medicare reductions, limited to 4 percent under the law, would be \$25 billion. Medicaid is specifically exempt from reductions under the sequestration law.



From the NASMHPD Staff

# Table of Contents

[Congress Passes Tax Reduction Act, Days Action on CHIP and Community Health Center Funding, Insurance Market Stability](#)

[Study Finds Association Between Infusion of Ketamine and Reduced Sleeplessness in Individuals with Suicidal Ideation and Depression](#)

[January/February Webinar Series in Four Parts on Recovery-Oriented Cognitive Therapy \(CT-R\)](#)

[June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum](#)

[California Department of Health January 9 & 10 Naloxone Distribution Webinars](#)

[April 23-25 National Council Conference](#)

[May 28 to June 1, 2018 International Initiative for Mental Health Leadership Conference in Stockholm](#)

[2018 ACA Weekly Enrollment Figures – Final](#)

[New Resources Posted to the EIP Resource Center Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis](#)

[April 26-27 Health Datapalooza Registration](#)

[2017 NASMHPD Technical Assistance Coalition Working Papers – Beyond Beds](#)

[TA on Preventing the Use of Restraints and Seclusion](#)

[SAMHSA Funding Opportunity Announcement: Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts](#)

[March 10-14 AATOD Conference in New York City](#)

[Register for National Drug & Alcohol Facts Week, January 22 to 28](#)

[Technical Assistance for State Mental Health Authorities](#)

[May 2018 Annual Behavioral Health Informatics Conference](#)

[SAMHSA Minority Fellowship Programs Application Dates](#)

[Center for Trauma-Informed Care Trainings](#)

[Children's TA Network Upcoming Webinars / Call for Proposals for the July 25 to 28 University of Maryland Training Institutes](#)

[NASMHPD Board & Staff](#)     [NASMHPD Links of Interest](#)

# Study Finds Association Between Infusion of Ketamine and Reduced Sleeplessness in Non-Elderly Adults with Suicidal Ideation and Depression

Researchers from the Mayo Clinic, the National Institute of Mental Health, and Stanford have discovered that individuals experiencing an antisuicidal response to ketamine show significantly reduced nocturnal wakefulness the night after ketamine infusion compared to those who did not have an antisuicidal response.

Administration of ketamine has been associated with reduced suicidal thoughts, although the mechanism for that causation is unknown. Insomnia and disrupted sleep are associated with increased risk of suicide.



The findings come from an NIMH-funded study published in the [November 30 Journal of Clinical Psychiatry](#) that was

conducted by Mayo Clinic researcher Dr. Jennifer L. Vande Vort and her Mayo Clinic colleagues, Rebecca A. Bernert, PhD. of the Stanford Department of Psychiatry and Behavioral Sciences, and the co-inventor of the use of ketamine and its metabolites in major depression, Dr. Carlos A. Zarate.

The authors of the study monitored 34 adults age 18 to 65 with baseline suicidal ideation diagnosed with either major depressive disorder (MDD) (23 subjects) or bipolar depression (11 subjects) between 2006 and 2013 who had completed nighttime electroencephalography (EEG) and had a single ketamine infusion of 0.5 mg/kg over 40 minutes the night before. All patients were currently experiencing a major depressive episode. All of the MDD patients were medication-free for at least 2 weeks (5 weeks for fluoxetine), and bipolar disorder patients were only taking either lithium or valproate at therapeutic levels. Subjects were not allowed scheduled or PRN use of hypnotics. All participants were inpatients on the Mood and Anxiety Disorders Research Unit at NIMH. Suicidal ideation was assessed at baseline and in the morning after ketamine infusion via several measures, including the Hamilton Depression Rating Scale suicide item, the suicide item of the Montgomery-Asberg Depression Rating Scale, and the first five items of the Scale for Suicide Ideation. A generalized linear mixed model evaluated differences in nocturnal wakefulness, as verified by the EEG, between those who experienced an antisuicidal response to ketamine and those who did not, controlling for baseline nocturnal wakefulness. Results were also compared to the sleep of 22 healthy control study participants.

Given the limited ability of medications to reduce suicide, research has generally focused on identifying and understanding underlying risk factors for suicide which can be targeted by interventions. Unlike age or gender, sleep is a modifiable risk factor and potential treatment target for reducing suicidal thoughts and behaviors. Considerable research has demonstrated that disrupted sleep is associated with increased risk of suicide death in both adults and adolescents, and this association is often independent of depressive symptoms.

Numerous sleep parameters have been investigated in conjunction with suicide risk, including sleep duration, difficulty falling asleep, and difficulty staying asleep. However, most published studies that have systematically investigated this relationship have relied on self-reported data. Few studies have used objective measures, such as nighttime electroencephalography (EEG), to evaluate sleep in those with suicidal thoughts.

Where Investigators have worked to understand how psychotropic medications—particularly antidepressants—affect sleep and whether an association exists between sleep changes and antidepressant response, the studies have shown varying and often opposing responses, depending on the medication tested.

The findings from the study suggest that reduced nocturnal wakefulness following ketamine infusion may point to an underlying neurobiological mechanism for the effect of ketamine on suicidal thoughts.

The authors say their study has several strengths. First, in contrast to previous studies, sleep changes were measured objectively (via EEG), and antisuicidal response secondary to a pharmacologic agent (ketamine) was directly investigated. Second, several metrics measuring suicidal ideation were used (HDRS, MADRS, and SSI) to provide corroborating evidence. Third, this study used healthy controls as a comparison group.

Nevertheless, they acknowledge the study has several limitations. First, due to safety concerns, the study population excluded patients who had acute, serious suicidal thoughts or behaviors, which prevented analysis of patients at imminent risk of suicide. Second, all participants had treatment-resistant depression and thus the results may not be generalizable to patients with suicidal ideation and non-treatment-resistant depression or other psychiatric diagnoses. Third, because sleep analyses were limited to minutes awake per night, other sleep architecture variables (eg, REM sleep, slow-wave sleep) require further investigation. Fourth, the relationship between sleep and both antisuicidal and antidepressant response requires additional investigation, as secondary analyses that adjusted for antidepressant response had reduced significance, though still trending in the expected direction; additional investigations with larger sample sizes may provide more conclusive results. Fifth, the depressed sample was not matched to the healthy control sample. Sixth, these findings cannot address causation.

They say further studies are needed to evaluate whether improving disrupted sleep and suicidal ideation with ketamine is a specific effect or whether other antidepressant agents that improve sleep would have similar effects. In addition, they suggest testing other depressive subtypes, such as melancholic depression assessed using DSM-confirmed criteria, in future analyses, as melancholia has been shown to be an important predictor of suicide.

Recovery to Practice (RTP) Initiative Invites You to Attend...

**Recovery-Oriented Cognitive Therapy (CT-R)**  
**Webinar Series in Four Parts**  
**Wednesdays, 1 p.m. to 2 p.m. ET**



**January 3, 2018: Theory, Evidence, and Activating the Adaptive Mode in CT-R**

Part 1: Paul Grant and Ellen Inverso of the Beck Institute discuss the development and utilization of Recovery-Oriented Cognitive Therapy with introduction of the “adaptive mode”.

*Our first webinar series of 2018 will focus on recovery-oriented cognitive therapy (CT-R) for people who experience serious mental illness. CT-R is an empirically-supported approach that operationalizes recovery and resiliency principles in a person-centered, strength-based way. CT-R pairs with psychiatric practice to produce measurable progress, is readily teachable, and has been successfully implemented in with people with a range of needs and in many settings (hospital, residential, case management team, outpatient).*

*Understand how an evidence-based, recovery-oriented cognitive therapy (CT-R) can operationalize recovery and resiliency.*

*Learn mechanisms for employing CT-R processes and technics within clinical practice.*

*Explore methods for implementing evidence-based interventions across large behavioral health system.*

**Presenters:**

**Paul M. Grant, PhD**, is an assistant professor of psychology in psychiatry at the Aaron T. Beck Psychopathology Research Center, University of Pennsylvania.

**Ellen Inverso, PsyD**, is the Director of Clinical Training and Education of the Beck Recovery Training Network at the Aaron T. Beck Psychopathology Research Center.

**Arthur C. Evans, PhD**, prior to assuming the role of CEO of the American Psychological Association, was commissioner of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Service.

**Upcoming Sessions**

**January 17, 2018: Discovering Meaningful Aspirations and Taking Action with CT-R**

Part 2: Paul Grant and Ellen Inverso discuss eliciting an individual’s hopes and dreams for motivating and energizing recovery via CT-R.

**February 7, 2018: Team-based CT-R for Building Empowerment and Resilience**

Part 3: Paul Grant and Ellen Inverso focus on the use of CT-R in multidisciplinary services, energizing both the person and the team members.

**February 21, 2018: Implementation of CT-R Across a System, Lessons of Success**

Part 4: Arthur Evans, CEO of the American Psychological Association, and Paul Grant focus on the systemic large-scale implementation of CT-R sharing evidence of culture change.

**REGISTER [HERE](#)**

While this is a four-part series, you may **attend one or all** the sessions. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

For more information contact: [RTP@AHPnet.com](mailto:RTP@AHPnet.com)

Website: <https://www.samhsa.gov/recovery-to-practice>



**California Department of State Hospitals Public Forensic Mental Health Forum**  
*Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814*  
**June 7 & 8, 2018**



**Topics Include:** *Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals*

**Featured Speakers Will Include:**



*Dr. Stephen Stahl*



*Dr. Charles Scott*



*Dr. Barbara McDermott*



*Dr. Katherine Warburton*

**CLICK [HERE](#) TO REGISTER NOW!**  
**EARLY REGISTRATION ENDS JANUARY 31**

## Opioid Safety/Naloxone Webinar Opportunities



The California Department of Health's Prescription Drug Overdose Prevention Initiative is partnering with the Harm Reduction Coalition to present a free, two-part webinar series about Naloxone. **Registration deadline is January 5.**

### Part I: Overdose Education and Naloxone Distribution

*Tuesday, January 9, 10:00 a.m. to 11:30 a.m. Pacific Time*

**REGISTER [HERE](#)**

### Part II: Implementing Naloxone Distribution Systems

*Wednesday, January 10, 1:30 p.m. to 3 p.m. Pacific Time*

**REGISTER [HERE](#)**



**See It. Hear It. Experience It.**

We could tell you about **NatCon18's:**

- Robust schedule of sessions, workshops and events.
- Exceptional lineup of motivating speakers and thought leaders.
- Dynamic Solutions Pavilion exhibit hall.
- Incomparable networking opportunities.

Or, we can **[SHOW YOU](#)** what you'll miss if you don't attend **NatCon18** – the National Council Conference.

[www.NatCon18.TheNationalCouncil.org](http://www.NatCon18.TheNationalCouncil.org)

# International Initiative for Mental Health Leadership (IIMHL) 2018



Building Bridges Beyond Borders  
Stockholm May 28<sup>th</sup> – June 1<sup>st</sup>



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN



Nationell samordnare  
inom området psykisk hälsa

**NOTE: 2018 Enrollment is just 400,000 fewer than 2017 enrollment, despite the fact that the 2017 enrollment period was twice as long.**

**Weekly ACA Enrollment Snapshot for Healthcare.gov – Final (Through December 15)**

**Week 7 Dec 10 – Dec 15      Cumulative Nov 1 to Dec 15**

<b>Plan Selections</b>	4,143,968	8,822,329
<b>New Consumers</b>	1,015,631	2,394,107
<b>Consumers Renewing Coverage</b>	3,128,337	6,428,222
<b>Consumers on Applications Submitted</b>	3,986,835	11,273,690
<b>Call Center Volume</b>	1,984,677	6,347,878
<b>Calls with Spanish-Speaking Representatives</b>	144,599	469,265
<b>Healthcare.gov Users</b>	5,596,225	18,358,032
<b>CuidadoDeSalud.gov Users</b>	226,432	679,996

**Healthcare.gov State-by-State Snapshot (39 States) November 1 Through December 15**

State	Cumulative Plan Selections	States	Cumulative Plan Selections	State	Cumulative Plan Selections
Alaska	18,356	Louisiana	111,373	Ohio	233,345
Alabama	170,023	Maine	76,480	Oklahoma	141,504
Arkansas	68,642	Michigan	298,999	Oregon	157,537
Arizona	166,961	Missouri	245,580	Pennsylvania	396,725
Delaware	24,860	Mississippi	83,713	South Carolina	218,435
Florida	1,731,275	Montana	48,450	South Dakota	30,090
Georgia	482,904	North Carolina	523,989	Tennessee	230,493
Hawaii	20,000	North Dakota	22,908	Texas	1,130,594
Iowa	53,548	Nebraska	88,351	Utah	195,121
Illinois	339,740	New Hampshire	50,275	Virginia	403,284
Indiana	168,223	New Jersey	278,881	Wisconsin	227,572
Kansas	98,919	New Mexico	50,539	West Virginia	28,164
Kentucky	90,625	Nevada	90,962	Wyoming	24,889

**NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center**

**NOW AVAILABLE**

**Snapshot of State Plans for Using  
the Community Mental Health Block Grant**

**Ten Percent Set-Aside to Address First Episode Psychosis**

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](#) provides an overview of each state's funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What's New section of the NASMHPD website here: <https://www.nasmhpd.org/>

To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

**April 26-27, 2018**  
Washington Hilton, Washington, D.C.



## Turning Information Into Innovation

Registration is now open for the [2018 Health Datapalooza](#), April 26-27 in Washington, D.C.

Health Datapalooza is more than just a meeting; it's a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

Attend the Datapalooza for real world concepts and actionable steps that you can take back to your workplace – presented by both newcomers and leading experts in the field.

**Register by February 26 and Save Up to \$200**

**REGISTER [NOW](#)**

## 2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

### [Crisis Services' Role in Reducing Avoidable Hospitalization](#)

Crisis health care in the United States is built on the premise that a person needs either outpatient or inpatient treatment. The result is that people often end up in an Emergency Department's (ED's) stream of care, which is problematic as patients can be stuck in the ED for long periods of time without receiving appropriate psychiatric care. In fact, researchers at Wake Forest University found that people with psychiatric emergencies spend more than three times longer in the ED than those with physical illness and injuries. In this paper, we look at how Magellan Health Services matched people to available and accessible community-based crisis services, law enforcement as partners in mobile crisis services, follow-up after crisis, and the role of public health campaigns in the care continuum. We also examine the roles of technology and people with Lived Experience in crisis services, and how hospital collaboratives can reduce hospital readmissions.

### [The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System](#)

### [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#)

### [Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014](#)

### [The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders](#)

### [Forensic Patients in State Psychiatric Hospitals: 1999-2016](#)

### [The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity](#)

### [Older Adults Peer Support: Finding a Source for Funding](#)

### [Quantitative Benefits of Trauma-Informed Care](#)

### [Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment](#)

## Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, [CLICK HERE](#).

We look forward to the opportunity to work together.

# SAMHSA Funding Opportunity Announcement

## Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

**Short Title: Family Treatment Drug Courts**

**FOA Number: TI-18-002**

**Posted on Grants.gov: Friday, November 17, 2017**

**Application Due Date: Tuesday, January 16, 2018**

### **Intergovernmental Review (E.O. 12372)**

Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

### **Description**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for Fiscal Year (FY) 2018 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDC)]. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project.

### **Eligibility**

Eligible applicants include:

- State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Governmental units within political subdivisions of a state, such as a county, city or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

Family treatment drug courts that received an award under TI-17-004 (FY 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts) are not eligible to apply for this funding opportunity. [See Section III-1 for complete eligibility information.]

### **Award Information**

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** Up to \$8,500,000

**Anticipated Number of Awards:** Up to 20

**Anticipated Award Amount:** Up to \$425,000 per year

**Length of Project:** Up to five years

**Cost Sharing/Match Required?:** No

**Proposed budgets cannot exceed \$425,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

### **Contact Information**

**Program Issues:** Amy Romero, Center for Substance Abuse Treatment, Division of Services Improvement, SAMHSA, (240) 276-1622, [Amy.Romero@samhsa.hhs.gov](mailto:Amy.Romero@samhsa.hhs.gov) (link sends e-mail).

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, [FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov) (link sends e-mail).



## *Advancing & Integrating Specialized Addiction Treatment & Recovery*

**Register Now**

## **for the 2018 American Association for the Treatment of Opioid Dependence Annual Conference!**

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the [New York Marriott Marquis](#) in the heart of New York City's Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

[Make a Hotel Reservation](#)

[2016 Conference Photos](#)

*This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.*

**American Association for the Treatment of Opioid Dependence  
(AATOD), Inc.**

[212-566-5555](tel:212-566-5555) - [info@aatod.org](mailto:info@aatod.org)



BE A PART OF  
**NATIONAL DRUG & ALCOHOL  
FACTS WEEK®**  
JANUARY 22-28, 2018

## Register for National Drug & Alcohol Facts Week®

Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of **January 22–28, 2018**, and help shatter the myths about drugs and alcohol. It's easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

[Plan Your Event—5 Steps to Hosting](#)

Already planning to host an event? Register Your Event [HERE](#)

Also, check out NIDA's one-stop shop for teachers for information and resources to use with your students. Visit [teens.drugabuse.gov/teachers](https://teens.drugabuse.gov/teachers) to learn more! For more information, contact [drugfacts@nida.nih.gov](mailto:drugfacts@nida.nih.gov).

### Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant.

Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.
- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.
- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.
- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA's online TA Tracker at <http://tatracker.treatment.org/login.aspx>. If you've forgotten your password or have other questions about using the online system, please send an e-mail to [tatracker@treatment.org](mailto:tatracker@treatment.org).

**For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at [jenifer.urff@nasmhpd.org](mailto:jenifer.urff@nasmhpd.org) or by phone at (703) 682-7558.** We're happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.

# SAVE THE DATE

## The 18th Annual Behavioral Health Informatics Conference and Exposition: Meeting the Information Management Needs of Mental Health and Substance Use Programs

WEDNESDAY, MAY 2 – THURSDAY, MAY 3, 2018  
 Sheraton Carlsbad • 5480 Grand Pacific Drive • Carlsbad, CA 92008

Learn from presentations that address:

- ▶ Uses of health information technology to support the many changes prompted by health care reform and criminal justice-related reforms.
- ▶ Practical uses of health information exchange to support coordination across multiple systems of care.
- ▶ Progressing from basic EHR implementation to optimization and improvement.
- ▶ Enhancing client recovery and wellness through innovative mobile apps and related technologies.
- ▶ Leveraging data analytics and visualizations to provide decision support and quality management.
- ▶ Applying the most recent developments in privacy and security regulations for sharing clients' behavioral health-related information.

Participate in discussions and network with your colleagues! Meet the major software companies serving mental health and substance use programs and evaluate their products – *all in one exhibit hall!*

### SAMHSA Minority Fellowship Program: 2017-2018 Application Dates

Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program	Application Link and Organization Contact
American Association for Marriage and Family Therapy	12/2/2017 – 1/31/2018	12/2/2017 – 1/31/2018	N/A	<a href="http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx">http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx</a>
American Nurses Association	4/30/17 - 4/30/18	Applications Open Until all vacancies filled	N/A	<a href="http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess">http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess</a>
American Psychiatric Association	11/1/2017- 1/30/2018	N/A	N/A	<a href="http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship">http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship</a>
American Psychological Association	10/2/2017 – 1/15/2018	10/2/2017 – 1/15/2018	N/A	<a href="http://www.apa.org/pi/mfp/psychology/index.aspx">http://www.apa.org/pi/mfp/psychology/index.aspx</a>
Council on Social Work Education	12/2017 – 2/28/18	Spring 2018	N/A	<a href="http://www.cswe.org/MFP">http://www.cswe.org/MFP</a>
NAADAC: the Association for Addiction Professionals	N/A	N/A	Applications accepted on rolling basis until vacancies filled.	<a href="https://www.naadac.org/About-the-nmfp">https://www.naadac.org/About-the-nmfp</a>

### CENTER FOR TRAUMA-INFORMED CARE

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).



## TA Network Webinars

### Rural Behavioral Health Learning Community

*January 5, 2018 at 2 p.m. to 3:30 p.m. ET*

This webinar will focus on strategies for implementing fidelity Wraparound and systems of care in rural areas. Partner presenters from Louisiana and Texas will share their experiences of state-level initiatives and local implementation.

**REGISTER [HERE](#)**

### Considerations for Systems of Care Leaders in Implementing Continuum of Crisis Response Services

*January 17, 2018 at 2:30 p.m. to 4 p.m. ET*

Mobile response and stabilization services (MRSS) are key components in many SOC. They play an important role in preventing emergency room use, psychiatric hospitalization, residential treatment, and placement disruptions among children, youth, and young adults experiencing a behavioral health crisis. This webinar will highlight two best practice programs: NJ and CT, and provide SOC leaders an opportunity to explore the value of MRSS in SOC.

**REGISTER [HERE](#)**

### CLC Peer Learning Exchange: Plan Your Work and Work Your Plan Using the CLAS Standards

*January 18, 2018 at 2:30 p.m. to 3:30 p.m. ET*

This webinar will continue the Cultural and Linguistic Competence Peer Learning Exchange Series on implementing the CLAS Standards. The objective of this webinar is to help participants understand the task of using a strategic planning process that aligns with the CLAS Standards.

**REGISTER [HERE](#)**



UNIVERSITY OF MARYLAND, BALTIMORE  
**TRAINING INSTITUTES**  
JULY 25-28, 2018 | WASHINGTON, D.C.  
**CALL FOR PROPOSALS**

The **University of Maryland, Baltimore Training Institutes** will be held July 25-28, 2018 in Washington, D.C. For more than 30 years, this biennial event has been the premier convening of leaders in systems of care for children, youth, and young adults with behavioral health challenges and their families, and the University of Maryland, Baltimore is honored to continue and expand this tradition. The event is sponsored by the University of Maryland School of Social Work and hosted by The Institute for Innovation and Implementation.

This year's theme, **LEADING CHANGE**: Integrating Systems and Improving Outcomes in Behavioral Health for Children, Youth, Young Adults, and Their Families, builds upon decades of progress in designing and sustaining high-quality and effective delivery systems for children, youth, and young adults with mental health and substance use disorders and their families.

This year's Training Institutes will address data-driven policy, system design and implementation, and evidence-informed approaches relevant to Medicaid, mental health, substance use, child welfare, juvenile justice, early intervention, and prevention stakeholders and practitioners. Sessions will focus on the latest best-practice strategies, draw on community, tribal, and territorial examples from around the country, and provide concrete strategies that provide operational guidance for implementation.

Presenters and attendees will include experts and leaders in the field of children's services, including state, county, tribal, and territorial children's system leadership; direct service providers; state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health; parents, youth, and young adults; policymakers; clinicians; and children's researchers and evaluators. The Training Institutes is an opportunity for leaders in the field of children's services to share the latest research, policy, and practice information and resources and learn from one another.

We invite you to consider submitting a proposal to present in one of the five formats: an Institute, a Workshop, an Ignite Talk, a session for the RockStar Youth Leadership Track, or a Poster Presentation — and help us to ensure the success of The Training Institutes. To submit a proposal, visit the Training Institutes' [website](#).

**The Deadline Has Been Extended for the Training Institutes Call for Proposals to January 8.**

## NASMHPD Board of Directors

Lynda Zeller (MI), NASMHPD President  
Valerie Mielke, M.S.W. (NJ), Secretary  
Tracy Plouck (OH), Past President  
Thomas Betlach (AZ), Western Regional Representative  
John Bryant (FL), Southern Regional Representative  
Kevin Moore (IN), At-Large Member

Wayne Lindstrom, Ph.D. (NM), Vice President  
Terri White, M.S.W. (OK), Treasurer  
Sheri Dawson (NE), Mid-Western Regional Representative  
Barbara Bazron, Ph.D. (MD), Northeastern Regional Representative  
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

## NASMHPD Staff

[Brian M. Hepburn, M.D.](#), Executive Director  
[Jay Meek, C.P.A., M.B.A.](#), Chief Financial Officer  
[Meighan Haupt, M.S.](#), Chief of Staff  
[Kathy Parker, M.A.](#), Director, Human Resources & Administration (PT)  
[Raul Almazar, RN, M.A.](#), Senior Public Health Advisor (PT)  
[Shina Animasahun](#), Network Manager  
[Genna Bloomer](#), Communications and Program Specialist (PT)  
[Cheryl Gibson](#), Senior Accounting Specialist  
[Joan Gillece, Ph.D.](#), Director, Center for Innovation in Trauma-Informed Approaches  
[Leah Harris](#), Peer Integration Strategist  
[Leah Holmes-Bonilla](#), M.A., Senior Training and Technical Assistance Advisor

[Stuart Yael Gordon, J.D.](#), Director of Policy & Communications  
[Christy Malik, M.S.W.](#), Senior Policy Associate  
[Kelle Masten](#), Senior Program Associate  
[Jeremy McShan](#), Program Manager, Center for Innovation in Trauma-Informed Approaches  
[David Miller, MPAff](#), Project Director  
[Yaryna Onufrey](#), Program Specialist  
[Brian R. Sims, M.D.](#), Sr. Medical Director/Behavioral Health  
[Greg Schmidt](#), Contract Manager  
[David Shern, Ph.D.](#), Senior Public Health Advisor (PT)  
[Timothy Tunner, M.S.W., Ph.D.](#), Senior Training and Technical Assistance Advisor  
[Jenifer E. Urff, J.D.](#), Project Director, Training & Technical Assistance  
[Aaron J. Walker, M.P.A.](#), Senior Policy Associate

## NASMHPD Links of Interest

[READMISSION AFTER PEDIATRIC MENTAL HEALTH ADMISSIONS](#), FENG J.Y ET AL., *JOURNAL OF PEDIATRICS*, NOVEMBER 2017

[MASS VIOLENCE AND BEHAVIORAL HEALTH](#), SAMHSA DISASTER TECHNICAL ASSISTANCE CENTER SUPPLEMENTAL RESEARCH BULLETIN, SEPTEMBER 2017

[WARREN AND SANDERS: WHO IS CONGRESS REALLY SERVING?](#), U.S. SENATORS ELIZABETH WARREN AND BERNIE SANDERS, *NEW YORK TIMES* OPINION PAGE, DECEMBER 17 (RECOMMENDING A DOUBLING OF FUNDING FOR MENTAL HEALTH SERVICES)

[SAMHSA CSAP BLOG: PREVENTION WORKS ON COLLEGE CAMPUSES](#), FRANCES M. HARDING, DIRECTOR, SAMHSA CENTER FOR SUBSTANCE ABUSE AND PREVENTION, DECEMBER 18

[THE 'FREQUENT FLIER' PROGRAM THAT GROUNDED A HOSPITAL'S SOARING COSTS](#), *POLITICO MAGAZINE*, DECEMBER 18

[DRUG INDUSTRY: PROFITS, RESEARCH AND DEVELOPMENT SPENDING, AND MERGER AND ACQUISITION DEALS](#), GOVERNMENT ACCOUNTABILITY OFFICE, NOVEMBER 2017

[ALAMEDA HEALTH SYS. V. CENTERS FOR MEDICARE & MEDICAID SERVICES](#), 2017 BL 452384, N.D. CAL., No. 4:16-cv-5903, 12/18/17, HOLDING CMS FAILED TO FOLLOW PROPER PROCEDURES IN IMPLEMENTING A 2014 RULE EXCLUDING SERVICES PROVIDED BY A HOSPITAL-BASED FEDERALLY QUALIFIED HEALTH CENTER FROM SAFETY-NET HOSPITALS' MEDICAID DISPROPORTIONATE SHARE PAYMENTS (PACER SUBSCRIPTION REQUIRED)

[MACSTATS: MEDICAID AND CHIP DATA BOOK](#), MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (MACPAC), DECEMBER 2017

[THE CHALLENGING TRANSFORMATION OF HEALTH CARE UNDER MARYLAND'S GLOBAL BUDGETS](#), JESSICA GALARRAGA & JESSE M. PINES, *HEALTH AFFAIRS* BLOG, DECEMBER 19