Study Finds Early Discharge from a State Psychiatric Hospital is the Most Reliable Predictor of Readmission within 30 Days

A study published in the July-August issue of the Journal for Health Care Quality finds that length of stay in a state psychiatric hospital is the strongest predictor of re-hospitalization within 30 days.

An increase in the length of stay from 31 to 89 days was found to be associated with a 25 percent reduction in the proportion of discharges with rapid readmission. The study found that the factors significantly related to rapid readmission included the patient being Caucasian, non-Hispanic, unmarried, and/or voluntarily admitted, having a living arrangement other than a private residence, and having schizophrenia or other psychotic disorder or a personality disorder.

The study reviewed secondary data on 60,254 discharges from 127 state psychiatric hospitals in 39 states, extracted from a behavioral health care performance measurement system comprising patient-level data submitted by psychiatric inpatient hospitals in the United States. All data extracted were de-identified and anonymous. The study sample included all discharges for adults aged 18 to 64 years, between January 1 and December 31, 2014. The majority were men (63 percent), white (67 percent), non-Hispanic (91 percent), and unmarried (90 percent). Individuals were, on average, age 38 years and had a length of stay of 106 days. More than half of the discharges had a diagnosis of schizophrenia or other psychotic disorders (52 percent).

Eight percent of discharges were readmitted to the same hospital within 30 days after discharge. The independent variables examined included demographic factors, clinical attributes, and next level of care components, which were extracted from the behavioral health care performance measurement system using the hospital identification number, patient identification number, and admission date. Demographic factors and clinical attributes have been identified as risk factors for hospital rapid readmission.

Demographic factors included age, sex, race, ethnicity, marital status, and admission legal status. The admission legal status indicated whether the patient was admitted voluntarily (by self or by others) or involuntarily (civil, sexual, and criminal status including patients in pretrial, incompetent to stand trial, not guilty for reason of insanity, guilty but mentally ill, and dangerous but mentally ill). The clinical attributes studied included length of stay and mental health diagnosis. Length of stay was calculated from the admission and discharge dates. Hospital staff submitted the mental health diagnosis at discharge using the International Classification of Diseases 9th Version, Clinical Modification (ICD-9-CM). A mental health disorder multilevel variable was created based on the frequency of the mental health disorders among discharges using a vectoring algorithm. The diagnosis hierarchy defined by the algorithm was as follows: (1) schizophrenia or other psychotic disorders, (2) personality disorder, (3) bipolar disorder, (4) depressive disorder, and (5) anxiety disorder. An “other mental health disorders” category was created for those patients with none of the previous five disorders.

The next level of care included various components. Of the 97 percent of patient discharges with a referral, 65 percent were made to outpatient services. The discharge referral status indicated whether or not the patient was referred to the next level of care provider on discharge. The discharge disposition is the primary follow-up service to which the patient was referred for mental health care after discharge. The living arrangement after discharge indicated the type of residential arrangements the patient had immediately after discharge. A complete continuing care plan included elements such as the reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations.

As the inpatient stay increased, from less than or equal to 7 days, 8 to 31 days, and 32 to 92 days, the likelihood of being rapidly readmitted decreased. Patients discharged with schizophrenia or other psychotic disorders were 1.7 times more likely to be rapidly readmitted. Patients discharged with personality disorder were 1.8 times more likely to be readmitted within 30 days after discharge. Patients referred to another provider were 1.3 times more likely to return to inpatient psychiatric care. Patients with a living arrangement other than a private residence or jail were 1.5 times more likely to be readmitted within 30 days after discharge.

The author acknowledges the following limitations in the study: The data was from state psychiatric hospitals; therefore, generalization could be limited for other psychiatric inpatient providers. The analysis included discharges, not the unique count of patients; and differences may exist between patients readmitted once and those with multiple readmissions. The readmission period was limited to 30 days after discharge; predictors may vary over a shorter or longer term.
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2d Annual Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

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

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IRS Expands Preventive Care Benefits Permitted to be Paid for with a High Deductible Health Plan’s Health Savings Account to Include Medications for Chronic Diseases, including SSRIs for Depression

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

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Crisis Now CrisisTalk: Shelby Rowe, Executive Director of the Arkansas Crisis Center, on Mental Health Providers in Crisis & Judge Steven Leifman on Court Diversion Programs and the Changes Judges Can Bring to Mental Health

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

Central East Region MHTTC Older Adults Webinar Series, June 20 through August 8

NASMHPD Research Institute Publishes New Journal, Creating Quality: Initial Focus: EHR

The Hackett Center for Mental Health Names Dr. Gary Blau Executive Director

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)

July 25 SAMHSA GAINS Center Webinar: Medication-Assisted Treatment for Opioid Use Disorder in Correctional Settings: Notes from the Field

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

SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants

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

CMS Request for Information: Patients Over Paperwork

July SMI Advisor Webinars

AATOD 2019 Conference, October 19-23, Disney World

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

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

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

Suicide Prevention Training for Crime Victim Advocates

TA Network Webinars and Opportunities

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

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of interest

NASMHPD Board & Staff
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

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

Crisis Now Summit 2019

September 9 – 10, 2019

URGENT & EMERGENCY CARE

Crisis Now
Transforming Crisis Services

Taking the Lead
Investing in Community Crisis Response/Continuum

washingtondc2019
SAMHSA-SPONSORED WEBINAR

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

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

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

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

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

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

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

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

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

Register HERE

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

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
Natural Language Processing Algorithm Identifies More Suicides Among Older Adults in Long-Term Care Settings

Adults 55 and over associated with long-term care facilities may be at an elevated risk of suicide, according to new research published June 14 in *JAMA Network Open*.

Briana Mezuk, PhD, University of Michigan School of Public Health and her colleagues examined the burden of suicides among adults 55 and older associated with residential long-term care (LTC) settings (e.g., independent, assisted living, or nursing home), including those transitioning in and out or associated with LTC settings with the goal of (1) determining the number of suicides associated with those settings; and (2) distinguishing the decedents associated with LTC settings from decedents in non-LTC settings.

The researchers used a natural language processing (NLP) algorithm to identify suicides associated with LTC facilities by studying the textual narratives of approximately 50,000 suicide decedents 55 and older from the 27 states participating in the National Violent Death Reporting System (NVDRS) surveillance system. Data was analyzed over a 13-year period, from 2003 to 2015. The authors noted that accidental and undetermined deaths were included in the study due to suicides often being misclassified.

Approximately 2.2 percent of suicides among adults 55 and over had a connection to LTC settings from 2003 to 2015 (median age: 79; 73.8 percent were male; 94.3 percent were non-Hispanic white). Furthermore, the authors found that the NLP algorithm identified 1,037 suicides or undetermined deaths associated with LTC settings among adults 55 and older (428 living in LTC, 449 transitioning in or out of LTC, 160 associated with LTC). In contrast, the NVDRS location code “supervised residential facility” only coded 263 suicide cases.

The researchers concluded that the NLP algorithm identified more suicides associated in LTC settings than the existing NVDRS injury location codes commenting, “Our findings show that the existing NVDRS location codes substantially underestimate the number of suicides that occur in LTC.”

Suicide decedents transitioning in and out of LTC expressed suicidal ideation and had a physical health problem cited as a contributing factor for transitioning in and out of LTC. In contrast, suicide decedents associated with residing in LTC were more likely to be married or in a relationship, have a depressed mood, and have had a recent crisis contributing to living in LTC.

The authors suggest that more services and supports are needed to promote the mental health and wellness of adults associated with LTC settings, specifically adults 55 and older transitioning to and from LTC settings because of the elevated risk of suicide during this transitional phase. They emphasize the need to shift away from a medicalized institutional practice towards a practice that fosters community engagement and enhances quality of life.

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**SAMHSA-SPONSORED WEBINAR**

**Discharge and Step-Down in Coordinated Specialty Care (CSC) for Persons with a First Episode of Psychosis – Part I**

**Thursday, August 1, 2:00 p.m. to 3:30 p.m. E.T.**

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

As Coordinated Specialty Care (CSC) services for persons with First Episode Psychosis have expanded and matured, awareness of the challenges surrounding discharge planning and interest in step-down programming have grown substantially. The webinar will address these issues by first providing an overview of the current findings regarding longer term outcomes for persons being discharged from FEP programs, (Nev Jones); second a presentation of an important recent randomized trial evaluating alternative discharge strategies (2 year versus extended CSC services) (Ashok Malla); and finally discussion from two CSC programs regarding their experiences with a two year limit on FEP enrollment and the strategies that they have used to address concerns. (Irene Hurford in Pennsylvania and Jill Dunstan in New York.

**Presenters:**

- **Nev Jones PhD** is an assistant professor in the Department of Psychiatry at the University of South Florida, as well as an affiliate assistant professor in the Louis de la Parte Florida Mental Health Institute.
- **Ashok Malla MD** is a professor and Tier 1 research chair in the Department of Psychiatry at McGill University with a cross appointment in the Department of Epidemiology and Biostatistics.
- **Jill Dunstan LMHC** is the program director for BestSelf Behavioral Health which is the OnTrackNY CSC program in Buffalo, NY.
- **Irene Hurford MD** is an Assistant Professor of Clinical Psychiatry at the University of Pennsylvania, clinical director of the Psychosis Education, Assessment, Care, and Empowerment (PEACE) Program at Horizon House in Philadelphia, and Director of the Pennsylvania Early Intervention Center (PEIC).

**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.
People living with serious mental illness (SMI) are at higher risk of dying by suicide, yet there is little research about unique considerations or interventions for treating suicidal thoughts and behaviors in those diagnosed with SMI. A comprehensive, systematic approach to managing suicide risk for patients seen in health and behavioral health (HBH) organizations should include specific clinical decisions, tailored interventions, and enhanced engagement for patients with SMI. This webinar will provide an overview of the relationship between SMI and suicide, highlight some of the resources available to support health and behavioral healthcare organizations in their care for individuals with serious mental illness, as well as how to assist their loved ones.

By the end of this webinar, participants will be able to (1) describe the importance of addressing suicide risk for those with SMI in HBH organizations, (2) identify resources that are available to support suicide prevention and care for individuals with SMI and how to access these resources, and (3) list the benefits of taking a patient-centered approach to treating suicide risk and SMI that includes community, peer, family, and other supports.

**Learn More and Register Here:**

To request closed captioning for this webinar, please email Chelsea Pepi by 5:00 p.m. E.T. on Wednesday, July 17.

**Speaker Information**

**David Covington LPC, MBA** is the CEO and president of Recovery Innovations, Inc. He is a member of the DHHS Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) established in 2017 in accordance with the 21st Century Cures Act to report to Congress on advances in behavioral health. Mr. Covington has served on the National Action Alliance for Suicide Prevention Executive Committee since 2010. He is also the Chair of the National Suicide Prevention Lifeline SAMHSA Steering Committee. He co-chaired the National Action Alliance for Suicide Prevention Clinical Care & Intervention Task Force with Dr. Michael Hogan.

**Shareh Ghani, MD** is a Diplomate of the American Board of Psychiatry and Neurology and Vice President Medical Director for Magellan Healthcare in California. Currently he oversees the Utilization Management and Quality Management programs for Magellan Healthcare customers in CA. His focus is on improving member engagement and the use of innovative technologies, especially for those with serious mental illness. He is part of Magellan's Driving Suicides to Zero (DSTZ) program in Phoenix, AZ and serves on several Magellan National committees as a subject matter expert on improving mental health and suicide prevention.

**Teri Brister PhD** serves as the Director of Information & Support at NAMI. Dr. Brister is responsible for ensuring that all content created and disseminated by NAMI attains the highest possible standards of accuracy, relevance, value and academic rigor. She is the author of NAMI Basics and co-author of the NAMI Homefront program. Prior to joining NAMI in 2005, Dr. Brister worked for twenty years in the community mental health system in Mississippi, working in both clinical and administrative roles, including Assistant Executive Director in two different centers. She is a Licensed Professional Counselor in Mississippi.

The webinar recording, slides, and transcript will be archived on [www.zerosuicide.com](http://www.zerosuicide.com).
SAVE THE DATE!!!

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

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For more information: www.NationalDialoguesBH.org
601- mailto:norwome@msh.state.ms.us
SAMHSA-SPONSORED WEBINARS

Best Practices in Supported Education for People with Serious Mental Illness (SMI)

Wednesday, July 24, 1:00 p.m. to 2:30 p.m. E.T.

Developed under contract by Mental Health America

Completing school or going back to school are common goals for people who might have dropped out or fell behind because of disruption caused by serious mental illness (SMI). Responding to the unique challenges of transition age youth and adults related to serious mental illness and education needs are best targeted through Supported Education.

This webinar will explore opportunities, challenges, and best practices in Supported Education for people with SMI. Researchers at the Boston University Center for Psychiatric Rehabilitation and an Education Specialist at Mental Health America Los Angeles will share their experiences from research and practice about how supported education can support recovery and help ensure students with SMI can thrive.

During the webinar, individuals will learn:

• How supported education is best used to help people with serious mental illness.
• Guidance about supported education from research
• What supported education looks like in practice.
• Challenges and barriers to consider in supported education.
• Components of successful supported education practices or programs.

Speakers:

Dori Hutchinson, ScD, Director of Services and Associate Clinical Professor, Sargent College of Health and Rehabilitation Services, Boston University

Carey White, Education Specialist at Mental Health America Los Angeles

Register HERE

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

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

Closed-captioning is available for this webinars.

Please refer any questions to NASMHPD’s Kelle Masten via email or at 703-682-5187.
Evolution of Assisted Outpatient Treatment (AOT)

Monday, August 5, 12:30 p.m. to 2:00 p.m. E.T.

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

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

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

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

Speaker:

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

Register HERE

Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with Serious Mental Illness (SMI)

Wednesday, August 7, 2:00 p.m. to 3:30 p.m. E.T.

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

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

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

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

Register HERE

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

Closed-captioning is available for these webinars.

Please refer any questions to NASMHPD’s Kelle Masten via email or at 703-682-5187.
### Mental and Substance Use Disorder Practitioner Data (FG 19-002)

| Anticipated Total Available Funding: $1 million | Anticipated Number of Awards: 1 |
| Length of Project: 3 years | Sharing/Match Required: No |
| Funding Mechanism: Grant | 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 | Anticipated Number of Awards: 1 |
| Length of Project: 3 years | Sharing/Match Required: No |
| Funding Mechanism: Cooperative Agreement | 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
This August 26–29, nearly 2,000 VA and DoD care teams, leaders, allies and subject matter experts from across the country will convene at the 2019 VA/DoD Suicide Prevention Conference in Nashville, Tennessee. Since its inception in 2004, this annual conference has been an important forum for sharing best practices, key research findings and policy updates in the suicide prevention field. It is a crucial extension of the shared VA and DoD mission to prevent suicide among all service members and Veterans.

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

The conference will enable attendees to:

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

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

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

Crowne Plaza Hotel
Kansas City Downtown
1301 Wyandotte Street
Code: NASHIA
816-460-6624

Deadline to reserve: September 1, 2019

For more information on sessions, rates and other details check out the Conference Brochure

Register Here
Centers for Medicare and Medicaid Services (CMS)-Sponsored Webinar

United Tribal Nursing Homes in Excellent Long-Term Elder Care

*Wednesday, July 24, 2:00 p.m. to 3:00 p.m. E.T.*

Hear about the exciting future of UNITE and meet its officers.

UNITE (Uniting Nursing Homes in Tribal Excellence) newly re-organized as a nonprofit and is entering its 6th year of service to tribal nursing homes and assisted living facilities.

UNITE promotes evidence-based education and training, best practices, and quality improvement initiatives for tribes desiring sustainable facilities and long-term services and support so tribal elders can age in place.

By the end of the webinar, participants will:
- Learn the history of one tribal nursing home
- Learn how UNITE engages and advocates for current and future tribal nursing homes, tribal assisted living facilities, and tribal home- and community-based services
- Meet stakeholders and learn how they strengthen UNITE
- Understand how to become a member of this collaborative

Have questions for our presenters? Let us know before the webinar by emailing ltssinfo@kauffmaninc.com.

Please note your location's call in time:
- 9 a.m. Hawaii
- 10 a.m. Alaska
- 11 a.m. Pacific
- 12 p.m. Mountain
- 1 p.m. Central
- 2 p.m. Eastern

Presenters:

<table>
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<tr>
<th>Joseph Ray</th>
<th>Frances Stout</th>
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<tr>
<td>Executive Director</td>
<td>Board of Directors Chair</td>
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<td>Native American Independent</td>
<td>Tohono O’odham Nursing Care Authority</td>
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IRS Expands Preventive Care Benefits Permitted to be Paid for with a High Deductible Health Plan's Health Savings Account to Include Medications for Chronic Diseases, including SSRIs for Depression

The Department of the Treasury, in a guidance published July 18, expanded the preventive care benefits that can be paid for with the funds in a high deductible health plan’s Health Savings Account (HSA) prior to the deductible being reached to include 14 categories of medications for chronic diseases, including selective serotonin reuptake inhibitors (SSRIs) used to treat depression.

The notice follows Section 6 of Executive Order No. 13877, signed by President Trump June 24, which directs the Department to find ways that high-deductible health plan HSAs can be used to cover low-cost preventive care, before the deductible, for medical care that helps maintain health status for individuals with chronic conditions. The Treasury Department and IRS are exercising the Secretary’s authority under § 223(c)(2)(C) of the Internal Revenue Code to create an exemption for preventive services from the prohibition against coverage under an HSA before the health plan deductible is met.

In prior guidance, the Treasury Department and the IRS had stated that preventive care does not include any service or benefit intended to treat an existing illness, injury, or condition. However, the Department now acknowledges that cost barriers have resulted in some individuals who are diagnosed with certain chronic conditions failing to seek or utilize effective and necessary care that would prevent exacerbation of their chronic condition, requiring considerably more extensive medical intervention.
Adults, Behavioral Health and Smoking: It’s Never Too Late to Quit

*Tuesday, July 23, 2:00 p.m. to 3:00 p.m. E.T.*

People with behavioral health conditions are two to three times more likely to use tobacco than the general population. This is largely due to targeted marketing by the tobacco industry and delays in screening and provision of cessation treatment by providers.

Currently, about 7.5 million Americans ages 65 and older are living with a mental illness and 4.5 million older adults use tobacco. Older adults are less likely to utilize existing smoking cessation programs despite research that indicates more successful quit attempts when they are engaged in cessation activities.

How can you better serve the older adult population who smokes?

Join the National Behavioral Health Network for Tobacco and Cancer Control and the Geriatric Technical Assistance Center for a webinar exploring the long-term benefits of tobacco cessation for older adults from a renowned panel of experts.

By the end of this webinar you will:

- Be able to address the unique challenges and health consequences of smoking for older adults.
- Gain the resources you need to talk to your patients about quitting.
- Understand the implications of smoking for older adult populations and special aging populations, such as veterans.

Presented by Chad D. Morris, Ph.D., Director, Behavioral Health and Wellness Program, and Associate Professor, University of Colorado Denver, Department of Psychiatry. Douglas W. Lane, Ph.D., ABPP and Chartered Psychologist (United Kingdom), Geriatrics and Extended Care Service, University of Washington, Department of Psychiatry and Behavioral Sciences, VA Puget Sound Healthcare System.

[Register Today]
The Crisis Residential Association is Hosting its Second Annual Crisis Residential Conference in Grand Rapids, Michigan

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

Conference Details

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

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

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

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

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

Register HERE

To present at the 2019 Crisis Residential Conference, Click HERE!

Hotel arrangement have been made at the Amway Grand Plaza for conference attendees at a discounted rate! BOOK YOUR HOTEL ROOM HERE
Webinar: The Intersection of Substance Use Disorders, Opioid Misuse, Overdose, and Suicide: Understanding the Connection, Part 1

Tuesday, July 30, 12:00 p.m. to 1:30 p.m. E.T.

Part 1 of a 2-Part Series presented in collaboration with the Great Lakes PTTC and the Suicide Prevention Resource Center.

This webinar is part one of a two-part series presented in collaboration with the Great Lakes PTTC and the Suicide Prevention Resource Center. Part 1 will present the complicated relationship between substance use disorders and suicidal thinking and behaviors. Presenters will explore the implications of this information for prevention and early intervention, including opportunities for collaboration.

Dr. Kristen Quinlan is lead epidemiologist for the Suicide Prevention Resource Center (SPRC), where she provides recommendations on using suicide-related data for planning, quality improvement, and/or impact purposes. Dr. Quinlan is also the Director of the Outreach Core for the Injury Control Research Center for Suicide Prevention (ICRC-S), where she is responsible for translating the latest suicide prevention research into practice. Dr. Quinlan also coordinates and evaluates outreach efforts for the TRANSFORM project for child maltreatment prevention.

Nicole Tirone, LCSW, is a licensed clinical social worker in Massachusetts who works as a Senior Project Associate for Health and Behavioral Health Initiatives at the Suicide Prevention Resource Center (SPRC) at EDC. Her role includes providing consultation to behavioral health organizations, states, emergency departments, and primary care providers that are implementing safer suicide care protocols such as the Zero Suicide framework as well as developing resources for staff and external audiences related to the intersection of substance misuse and suicide. Additionally, she has worked on a suicide risk assessment curriculum to train clinicians who work in substance use disorder treatment settings, virtual trainings on suicide risk assessment and motivating individuals to engage with treatment, and led virtual events and presentations on the overlaps between opioid misuse and suicide risk.

Register HERE

Questions should be forwarded to ann.schensky@wisc.edu.

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

Participants will learn about mental health and older adult issues, evidence-based practices, and organizational strategies for improving service delivery to this population.

Organizational and Systems Readiness for Ensuring Access to Appropriate Care Levels

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

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

Need more information? Contact us at centraleast@mhttcnetwork.org
How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

THIS WEEK: Shelby Rowe, Executive Director of the Arkansas Crisis Center, on The Elephant in the Room: Mental Health Professionals Experience Crisis Too

When Shelby Rowe realized she needed help in September 2010, she called a close friend, asking the friend to drive her to a hospital out-of-state. As the executive director of the Arkansas Crisis Center, Rowe didn’t want to run into anyone she worked with or had trained. Her distress had been slowly escalating, culminating in months filled with ruminating flashbacks and anxiety. Her marriage was quickly unraveling, triggering trauma from when she’d been in a similar position. Years prior, during her first marriage, Rowe and her husband had a terrible argument, and he left. Thirty-minutes later she received a call that tragedy had occurred: while at a friend’s house, someone accidentally shot and killed her husband. “The last time I’d been in this situation, someone I loved died. During our fight, I’d told my husband, ‘I hate you and wish you were dead.’ A half an hour later he was. Years later, at the end of my marriage, I feared if I walked away, one of us was going to die. It didn’t make sense, and I knew that, but it didn’t lessen my fear.”

READ MORE HERE

ALSO THIS WEEK: Judge Steven Leifman on Diversion Programs and How Judges Are Well-Positioned to Bring About Critical Change in Mental Health

Nineteen years ago, Judge Steven Leifman had an experience that forever altered his perception of mental health. He was asked to speak with a couple desperate to discuss a case listed on his docket. At the time, Judge Leifman was handling jail misdemeanor cases in Miami-Dade County, Florida, and the couple’s son, charged with possession of a shopping cart, was being held in jail. Judge Leifman says there are three kinds of people who remain in jail until their case is heard: those who have an attached felony, those who can’t afford to bond out, or those experiencing a mental health crisis and don’t know how to get out. The couple said their son was the latter. He had recently developed late-onset Schizophrenia and, experiencing religious ideation, cashed in his life insurance policy and flew to Israel. A few weeks later, he was deported back to Miami because, according to his parents, he was walking around nude in the Orthodox sections of Jerusalem. His parents begged Judge Leifman to help their son. He said he would. “When you’re young and a judge, you think you have more power and wisdom than you do. At the time, judges in Florida had no training on mental health, but I assumed there was some kind of mental health system people filtered into when arrested.” As they left Judge Leifman’s chambers, the mother turned around and said, “By the way, my son probably knows more about the mental health system than you do.” Caught off guard, Judge Leifman, said, “Excuse me?” She informed him that her son was the former head of Psychiatry at Jackson Memorial Hospital.

READ MORE 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.
The Hackett Center for Mental Health Names Dr. Gary Blau Executive Director

The Hackett Center for Mental Health in Houston, Texas, has announced that Gary M. Blau, Ph.D., will be its new Executive Director.

For the past 15 years, Dr. Blau has served as Chief of the Child, Adolescent and Family Branch for the Substance Abuse and Mental Health Services Administration (SAMHSA). He will assume his new role beginning Sept. 13.

At SAMHSA, Dr. Blau provided national leadership for children’s mental health, helping create systems of care across the country – including many projects in Texas – and launching an array of high-impact policy and practice transformation efforts that changed the landscape of mental health for children. Prior to his work on the national level, Dr. Blau served as Connecticut’s Director of Mental Health and as Bureau Chief for Quality Management at the state’s Department of Children and Families (DCF). In addition, as Director of Clinical Services at the Child and Family Agency of Southeastern Connecticut, Dr. Blau supervised outpatient, home-based, and school-based services.

“After 25 years in government on the Federal and state level, it’s been a dream for me to be able to take on a role such as this with a focus on putting policy into practice,” Dr. Blau said. “I’m thrilled with this opportunity to take my knowledge and skills and apply them to efforts in Houston, the greater Gulf Coast, and across Texas.”

NASMHPD Research Institute Publishes New Journal, Creating Quality; Initial Focus: EHRs

The NASMHPD Research Institute’s Performance and Quality Improvement Division has published the initial, April 2019, issue of its new Journal, Creating Quality. The first issue focuses on adoption and use of electronic health records.

The Electronic Health Record (EHR) continues to be a driver for operational changes and is touted as a more reliable source for performance measures. Creating Quality addresses in depth the question of why inpatient psychiatric practices are behind in the adoption of EHRs, and provides a practical review of the current status of EHR technology in psychiatric hospitals.

The first article in the April 2019 issue examines the status of using EHRs for transitions of care and where interoperability fits in this picture, using public use files from CMS. The second article explores the status of general uptake of EHR technology in state psychiatric hospitals using a survey conducted by NRI with the NASMHPD Medical Directors Council.

The final article discusses the fundamental differences between abstraction and extraction of medical records to get to the nuggets that are used for performance measures.

The editor of the publication is NRI’s Senior Director of Performance & Quality Improvement, Lucille Schacht, Ph.D., C.H.P.Q.

REGISTER NOW!

Join the National Academy for State Health Policy’s (NASHP)”s 32nd Annual State Health Policy Conference. Planned by state health policymakers for state health policymakers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, #NASHPCONF19 will bring together the nation’s leading experts to share, learn, and discuss.

Hundreds of state health policymakers representing all branches and of government and all 50 states and Washington, DC are in attendance each year. Also present are federal and government officials and representatives from nonprofit organizations that focus on state health policy, advocates, consultants, foundations, health plans, private providers, trade associations, health technology firms, and more! In short, anyone invested in advancing excellence in state health policy attends NASHP’s Annual Conference to benefit from the unlimited educational and networking opportunities.

State Officials-Only Summit on Rx Pricing Added to #NASHPCONF19 Agenda!

NASHP’s annual state health policy conference, Aug. 21-23, 2019, in Chicago, now features a new session entitled, State-Only Summit on Rx Pricing: Debrief and Next Steps. This special summit follows two prescription drug-focused sessions that are open to the public:

• A day-long preconference, The Latest State Actions to Tackle Rx Prices and What’s Next?, on Wednesday, Aug. 21; and
• A morning session, entitled New Recipes to Control Rx Pricing, on Thursday, Aug. 22.

After the two public sessions, state lawmakers, employees, and officials can attend the state-only summit late Thursday afternoon to debrief, network, share ideas and strategies, and identify next steps to lower Rx costs. Preregistration is required for the summit, which is included in the conference’s registration fee.

Register NOW
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.*

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**SAMHSA GAINS CENTER WEBINAR**

**Medication-Assisted Treatment for Opioid Use Disorder in Correctional Settings: Notes from the Field**

*Thursday, July 25, 3:00 p.m. to 4:30 p.m. E.T.*

Hear from policy, law enforcement, and medical experts about medication-assisted treatment (MAT) for opioid use disorder in correctional settings.

Presenters are:

- Carrie Hill, Director, National Center for Jail Operations, National Sheriff’s Association;
- Sheriff Patrick Firman, Denver Sheriff Department, Denver, CO;
- Sasha Rai, MD, Director of Behavioral Health, Denver Sheriff Department, Denver, CO;
- Jennifer Clarke, MD, MPH, FACP, Medical Program Director, Rhode Island Department of Corrections

[REGISTER HERE]
THE WAY HOME

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

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

Registration is Open!

Join us to discuss cutting-edge strategies and emerging best practices for ending homelessness among individuals with serious mental illnesses and/or substance use disorders (SMI/SUD).

Learn from these dynamic plenary speakers:
- Dr. Anita Everett, M.D., DFAPA - Director of Center for Mental Health Services, SAMHSA
- Dennis P. Culhane, Ph.D. - Dana and Andrew Stone Professor of Social Policy, University of Pennsylvania
- Nan Roman, M.A. - President and CEO, National Alliance to End Homelessness
- Kristin Yavorsky, M.S.W. - Office of Community Housing, Virginia Department of Behavioral Health & Developmental Services
- Brian Sims, M.D. - HHRN/National Association of State Mental Health Program Directors
- Melodie Pazolt - Behavioral Health Programs and Recovery Supports Section Manager, Washington State Health Care Authority - Division of Behavioral Health and Recovery
- Amanda Buccina, RN - Home-based Palliative Care at UC Davis Medical Center; former Street Outreach RN
- Martha Fleetwood, J.D. - HHRN Facilitator

In addition to presenting national perspectives, The Way Home will offer practical solutions particularly useful to:
- clinicians and stakeholders,
- housing and homelessness services providers,
- researchers and policy makers, and
- anyone working with individuals and families experiencing SMI/SUD and homelessness or housing instability

Once registered, you will receive summit updates, the agenda, presenter biographies, and information on individual sessions.

Session Overview: Concurrent Tracks - Pick and choose from these simultaneous tracks:
- Facilitating Access
  - Engaging Clients in Clinical Services for SMI/SUD
  - Housing, Landlords, and Systems
  - Providing Intensive Outreach and Engagement
  - Improving Effectiveness of Re-entry and Supported Housing Models
- Intervening Early
  - Providing Clinical Care for Children Experiencing Homelessness in the Presence of SMI and/or SUDs
  - Assessing and Addressing Housing Instability and Invisible Homelessness
  - Providing Recovery Supports for Transition-age Youth
  - Integrating Employment: An Important Prevention Strategy
- Improving Services
  - Understanding and Promoting Racial Equity
  - Building Strong Collaboration Between Housing and Services
  - Building Strong SMI/SUD Services Using Scientific and Evidence-based Practices
  - Strengthening Services Through Peer Supports
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Tribal Opioid Response Grants (TI-19-012)

Anticipated Total Available Funding: $35,985,372
Length of Project: 2 years
Anticipated Award Amount: Funds will be distributed noncompetitively based on the distribution in Appendix K. If all tribes do not apply, funds remaining will be redistributed to all grantees proportionally based on the same formula. If you did not receive a TOR grant in 2018 and your tribe in not listed in Appendix K, you may apply for $50,000.

Application Due: Tuesday, August 6

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

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

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

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

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

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

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

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

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the Federal Register at: 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
Maximizing Treatment Success for Patients with Serious Mental Illness: Promoting Adherence and Treatment Engagement

Friday, July 19, 12:00 p.m. to 1:00 p.m. E.T.

Large numbers of patients with serious mental illness (SMI) are not adherent to medications and treatment modalities, not only impacting their overall symptoms management but their also impairing quality of life. Less than 50% of patients with SMI continue to take their medications and adhere to their plan of care after 6 months. Non-adherence increases the risk of hospitalization, decreases recovery efforts, and extends the time in which a person will spend in inpatient facilities. It is estimated that hospitalizations due to non-adherence costs more than $100 billion a year in the United States. It is not unusual for many people with chronic SMI who do seek help to drop out from continued treatment after one or two visits. An estimated 70% of such individual stop receiving treatment due to poor interactions with their providers or lack of understanding about the need for their treatment. It is important that patients with SMI are active participants in their care with providers and the community supports in a process called shared decision making. Engaging patients in their care not only boosts adherence but also improves patients’ overall outcomes. Strategies to improve adherence to medications and treatment plans for patients with SMI will be explored in this webinar, including long-acting injectable medications (when indicated), medication strategies, and adjunctive supports.

Presenters:
- Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC, University of Texas at Austin
- Amber Hoberg, MSN, APRN, PMHNP-BC, WellBridge Hospital

Digital Approaches to the Psychiatric Care of Older Adults

Friday, July 26, 12:30 p.m. to 1:30 p.m. E.T.

The effective psychiatric care of older adults, especially those with serious mental illness and dementia remains a predominant challenge in current health care. This webinar will discuss how technology could advance clinical care in this those with serious mental illness and dementia, and explores issues around device ownership and access. Focusing on digital phenotyping in older adults with SMI, the talk will discuss how the latest research findings can be interpreted and applied for these patients. Case examples will focus on diagnostic use of new digital health tools to differentiate serious mental illnesses from dementia, with real world clinical examples. Finally use cases of apps and virtual reality for this population will be discussed.

Presenter: Ipsit Vahia, MD, McLean Hospital and McLean Institute for Technology in Psychiatry

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

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
2019 AATOD Conference
October 19-23, Walt Disney Coronado Springs Resort, Florida

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

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

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

We hope to see you in October!
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.

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

Early Childhood System of Care Flipped Webinar: Applying Trauma-Informed Approaches to Early Childhood Systems & Interventions

Please join us for the “flipped webinar,” based on the concept of a “flipped classroom”? What does that mean? In the field of early childhood when we hear the term “flipped classroom” we typically think quite literally of flipped chairs, toys and possibly peers. Instead, within the webinar and adult learning space – when we use this term, we are talking about a different webinar interaction format where you:

1. Register for access to a recorded webinar about trauma in early childhood,
2. Listen on your own time and participate in the thought questions as they apply to your work,
3. Join the virtual format on July 22nd at 1:00 PM to participate directly with the expert presenters from the recorded content about their work with an opportunity to discuss applications and adaptations within your communities and settings.

Register NOW

Reframe the Age: Enhancing Practice to Support the Success of Young Adults in Massachusetts

The Massachusetts Department of Mental Health (DMH) implemented a regulation change last year that enables youth/young adults to become authorized for services with a “child” diagnosis up until their 22nd birthday (previous age was 19). The purpose of this change, which we’ve named Reframe the Age, is to provide flexibility in meeting the service needs of young adults as they transition into adulthood. The session will focus on the relationship between policy and practice change.

Register NOW

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

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

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

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

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

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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

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

**Training Guides**

Training Videos: Navigating Cultural Dilemmas About –

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

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

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

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

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

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

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

"Deaths of Despair’ Theory Overlooks Other Factors, Researchers Say, Kate Elizabeth Queram, RouteFifty.com, July 11
Health Plans Ramp Up New IT Efforts, Fred Bazzoli, Health Data Management, July 12
April 2019 Medicaid and CHIP Enrollment Report, Centers for Medicare and Medicaid Services
Combat Exposure Affects Veterans’ Late-Life Mental Health, Psychiatry and Behavioral Health Learning Network, July 9 & Impact of Combat Exposure on Mental Health Trajectories in Later Life: Longitudinal Findings from the VA Normative Aging Study, Lee H., et al., APA PsychNET, June 2019
Residents of Disadvantaged Neighborhoods Who are Discharged From Safety-Net Hospitals Have High Hospital Readmission Risk, Caitlyn Hui & Deepti Shroff Karhade, 2-Minute Medicine, July 14
Parental, Neighborhood Support Decrease Negative Impact of Adverse Childhood Events, Stephanie Harlow, M.D. & Cornelia Ross, M.D., 2-Minute Medicine, July 8 & Adverse Childhood Experiences and Protective Factors With School Engagement, Robles A. et al., Journal of Pediatrics, July 2019
Behavioral Health Barometer, United States, Volume 5, Substance Abuse and Mental Health Services, June 2019
Title IV-E Prevention Services Clearinghouse, Administration for Children and Families, July 2019
State § 1332 Innovation Waiver Tools and Resources, Centers for Medicare and Medicaid Services, July 15
Increasing Social Media Use Tied to Rise in Teens’ Depressive Symptoms, Study Says, Jacqueline Howard, CNN Health, July 15 & Association of Screen Time and Depression in Adolescence, Boers E., Ph.D. et al., JAMA Pediatrics, July 15
Oklahoma Promotes Healthy Child Development through Increased Well-Child Visits and Screenings Using Innovative Funding, Megan Lent, National Academy for State Health Policy, July 15
Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings, Substance Abuse and Mental Health Services Administration (SAMHSA), July 2019
76 Billion Opioid Pills: Newly Released Federal Data Unmasks the Epidemic, Scott Higham, Sari Horwitz & Steven Rich, Washington Post, July 17