Buffalo-Based Opioid Treatment ER Referral Network to Go Statewide in New York

New York State Department of Health (DOH) officials announced July 24 a statewide expansion of an online electronic referral system created by Buffalo-based emergency room doctors to link emergency room patients who have overdosed or are going through withdrawal to follow-up buprenorphine-based opiate use disorder treatment.

Joshua Lynch, a clinical assistant professor of emergency medicine at the Jacobs School of Medicine and Biomedical Sciences at University of Buffalo, and the founder of Buffalo MATTERS, the Buffalo Medication Assisted Treatment (MAT) and Emergency Referrals, told Politico New York the state's online portal will build on the work done in Western New York, where 17 hospital emergency rooms currently work with 47 community clinics to treat patients with opioid addiction. Participating emergency department providers have used the program to help about 150 patients start drug-assisted treatment and book appointments before leaving the hospital.

Dr. Lynch was a volunteer firefighter and paramedic in the decade before he became an emergency room doctor in 2008, and once worked with Mercy Flight, a helicopter emergency transport company, so he has experienced the opioid crisis in New York's Erie County, where Buffalo is located, close up. The opioid crisis claimed the lives of 301 people in Erie County three years ago, but 251 people a year later when he and others in the Department of Emergency Medicine at the University of Buffalo Jacobs School of Medicine and Biomedical Sciences put Buffalo Matters in place. Opioid deaths in the county dropped to 191 last year.

Dr. Lynch told the Buffalo News that the ER used to be where the bottleneck to treatment started just a few years ago. "The real problem was within the referral process, which was pretty simple and not effective," "We would basically give the patient a list of phone numbers to call to try to get into rehab. After we really started to focus on how these patients were doing, we realized that some of the numbers on this list didn't even work and the patients were not going to call to make an appointment."

Lynch says that approach also led patients and their families to believe a severe shortage of treatment beds existed in the region – even though dozens were being added to address the opiate crisis – and that an inpatient detox program at Erie County Medical Center was one of very few options.

In addition, clinical programs required clients to go to three or four clinic appointments over several weeks before prescribing buprenorphine or methadone. The programs all tend to use their own medical records and appointment systems, as well as treatment standards. Lynch says he and other program leaders encouraged a growing number of those providers to take a more collaborative approach to help save lives. Lynch and others were able to share research from the Yale University School of Medicine that showed those who start medication-assisted treatment in emergency rooms and are scheduled right away for treatment appointments tend to stay engaged in treatment longer and are less likely to return to opioid abuse.

Dr. Gale Burstein, Erie County health commissioner, told Buffalo News Lynch and others with UBMD Emergency Medicine deserve credit for the persistence they showed in bringing the approach to the whole region.

The John R. Oishei Foundation gave initial funding for a pilot program in 2017, and the Blue Fund of BlueCross BlueShield of Western New York provided $200,000 to boost Buffalo MATTERS last year. DOH provided Buffalo MATTERS with $65,000 over the past two years, plus an additional $75,000 in 2019 to replicate their work throughout the state. There will be no cost to a hospital joining the system.

DOH has set up a new online platform that participants can access on an iPad. Hospitals in Western New York already are linked, with those from Albany and New York City next to follow. Patients at participating ERs who arrive at the hospital with an overdose or opioid withdrawal will be encouraged to sign on for treatment and, if appropriate after screening, be prescribed a 7-day course of buprenorphine. The patients will be asked to provide basic information on a secure DOH website, including where they live and their drug and medical histories, after which a listing of appointments available during the next 48 hours will pop up on the screen. Generally, about 120 appointments per week will be available, including in remote areas of the state.
**Table of Contents**

*Buffalo-Based Opioid Treatment Emergency Room Referral Network to Go Statewide in New York*

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

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

August 6 SAMHSA-Sponsored Webinar Implementing Effective Systems of Care for Children, Youth, and Transition-Aged Youth With or At-Risk of SED in Rural Communities

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

Study Finds Linkage of Genetic Liability for Major Depression Among Individuals Who Attempt Suicide

August 1 SAMHSA-Sponsored Webinar: Discharge and Step-Down in Coordinated Specialty Care (CSC) for Persons with a First Episode of Psychosis – Part I

SAVE THE DATE! November 3 through 6 National Dialogues on Behavioral Health Event in New Orleans

July 29 Zero Suicide Webinar: Addressing the Intersection of Serious Mental Illness and Suicide in Healthcare

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

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

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

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

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

August 5 SAMHSA-Sponsored Webinar: Evolution of Assisted Outpatient Treatment (AOT)

August 7 SAMHSA Sponsored Webinar: Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with Serious Mental Illness (SMI)

SAMHSA Funding Opportunity Announcements: Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with Serious Mental Illness (SMI)

2d Annual Sign up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

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

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

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

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

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

July 30 Prevention Technology Transfer Center Network Webinar: The Intersection of Substance Use Disorders, Opioid Misuse, Overdose, and Suicide: Understanding the Connection, Part I

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

Crisis Now CrisisTalk: Doris Fuller on the Queuing Model: How Small Changes to Wait Times Can Make Large, Positive Impacts

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

July 31 NIMH-Sponsored Webinar: Let’s Play Ball: How Sex and Gender Effects Influence Sports Involvement, Hippocampal Volume, and Depressive Symptoms in Children

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)

Additional NASMHPD Links of Interest

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 (NAMDC) 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

APHS Atl Solutions Management for Human Services (IS) 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: The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data

Social Marketing Assistance Available

2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest: NASMHPD Board & Staff
IIMHL / IIDL 2019 Leadership Exchange 
& 
NASMHPD Commissioners/Divisions Meeting

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

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

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

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

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

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

Register HERE to Attend

CLICK HERE To View the DRAFT Network Meeting Program

Leading the Way Forward: Access, Accountability and Action

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

Leadership Exchange

CLICK HERE TO ACCESS A VIDEO & LEARN MORE

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

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

Exclusively for All NASMHPD Attendees (Deadline for Reservations is August 14)

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

Taking the Lead:

Investing in Community Crisis Response/Continuum
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
Study Finds Linkage of Genetic Liability for Major Depression Among Individuals Who Attempt Suicide

A genetic liability for major depression increases risk for suicide attempt among psychiatric disorders, according to new research published online June 5 in the *American Journal of Psychiatry*.

Lead author Niamh Mullins, Ph.D. and her colleagues from the Icahn School of Medicine at Mount Sinai in New York conducted the largest genome-wide association study (GWAS) to this date analyzing suicide attempter and non-attempters across three major psychiatric disorder – major depressive disorder, bipolar disorder, and schizophrenia. The study involved the Psychiatric Genomics Consortium, which is an international collaboration for conducting large-scale genetic studies of psychiatric disorders.

Polygenic risk scoring, a method that summarizes an individual’s genetic liability for a disease based on the results of an independent genetic study, was used to investigate the genetic relationship between suicide attempt among the three major psychiatric disorders.

The study included 6,569 subjects who attempted suicide and 17,232 subjects who had not attempted. The subjects fell into the following categories:

- 1,622 suicide attempters and 8,786 nonattempters with major depressive disorder;
- 3,264 attempters and 5,500 nonattempters with bipolar disorder; and
- 1,683 attempters and 2,946 nonattempters with schizophrenia.

All of the subjects lived in Australia, Europe, or the United States.

The researchers found that polygenic risk scores indicated that subjects with a suicide attempt had a greater genetic liability for major depression, regardless of their specific psychiatric diagnosis, in comparison to non-attempters.

“These results indicate the existence of a shared genetic etiology between suicide attempt and major depression that is common to suicide attempt in different psychiatric disorders,” concluded Dr. Mullins, a Postdoctoral Fellow in Psychiatric Genomics.

The authors caution that further research is needed of a larger sample size to support their findings of a genetic association to suicidality in hopes of bringing biological insights into the underlying cause of suicide.

They also note that the association was not replicated in independent mood disorder cohorts from the UK Biobank and iPSYCH.

---

**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.*
Webinar: Addressing the Intersection of Serious Mental Illness and Suicide in Healthcare

Monday, July 29, 4:30 p.m. to 6:00 p.m. E.T.

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:

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.
SAVE THE DATE!!!

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

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

Renaissance Arts Hotel
700 Tchoupitoulas Street
New Orleans, LA

Website: www.nationaldialoguesbh.org
For more info: www.NationalDialoguesBH.org

601- mailto:norwome@msh.state.ms.us
Creating Positive Connections to Engage Fathers of Children with SED: Examples from the Field

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

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

Presenters:

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

Moderator:

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

**Register HERE**

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

If you dial in, please ensure that your computer speakers are turned off so that there is no audio feedback.

Note: If you are only able to join the audio portion, then you will not be able to see the webinar presentation.

We highly recommend that you test your connection to Adobe Connect in advance of the webinar to ensure access. You may need to work with your state’s IT Department to resolve any firewall issues. To test your connection, please go to: http://nasmhpd.adobeconnect.com/common/help/en/support/meeting_test.htm. You may be prompted to install ActiveX control, Adobe Flash Player, and Adobe Connect add-ins. If you encounter any difficulty testing your connection or logging into the webinar, please contact Technical Support by calling 1-800-459-5680.

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

Closed-captioning is available for this webinar.

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

Group Reminiscence for Older Adults with Serious Mental Illness (SMI) by Elder Peers
Wednesday, August 14, 2:00 p.m. to 3:30 p.m. E.T.

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

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

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

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

Register HERE

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

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

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

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

Register HERE

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

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
Length of Project: 3 years
Funding Mechanism: Grant

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

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

Anticipated Total Available Funding: $30 million
Length of Project: 3 years
Funding Mechanism: Cooperative Agreement

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

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

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

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

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

Visit the #ADAA2020 Submissions website page for session descriptions, how to guidelines and more.
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](https://www.mentalhealth.va.gov/suicide_prevention).

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

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

Conference Details

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

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

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

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

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

Register HERE

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

Hotel arrangement have been made at the Amway Grand Plaza for conference attendees at a discounted rate! Book Your Hotel Room Here
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.

REGISTER

Need more information? Contact us at centraleast@mhttcnetwork.org
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: Doris Fuller on the Queuing Model: How Small Changes to Wait Times Can Make Large, Positive Impacts**

On March 14th, 2015, Doris Fuller lost her daughter, Natalie, to mental illness. Just a few weeks before her 29th birthday, Natalie stepped in front of a train in Baltimore. Natalie had heard voices that told her to hurt herself and so she did. Fuller describes, in a piece for the *Washington Post*, what her daughter experienced as “devils that literally hounded her to death, and she did it while laughing, painting, writing poetry, advocating, and bringing joy to the people around her. She was the bravest person I have ever known, and her suicide doesn’t change that.” At that point, Natalie had struggled with bipolar disorder and psychosis for nearly eight years, signs that first became evident during her senior year of college when she had a severe manic episode. After Natalie’s first manic episode, which resolved quickly, she returned to school and experienced another. Fuller’s second introduction to mental illness was when Natalie called from jail.

READ MORE HERE

**Crisis Now Partners:**

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

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

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

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

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. [www.riinternational.com](http://www.riinternational.com) | [www.zerosuicide.org](http://www.zerosuicide.org) | [www.twitter.com/RI_International]
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.

<table>
<thead>
<tr>
<th>Anticipated Total Available Funding:</th>
<th>$50 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Project:</td>
<td>18 months for planning phase, with subsequent 36 month demonstration period for 5 states</td>
</tr>
<tr>
<td>Cost-Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Anticipated Number of Awards:</td>
<td>At least 10</td>
</tr>
<tr>
<td>Anticipated Award Amount:</td>
<td>$2 million to $5 million</td>
</tr>
<tr>
<td>Anticipated Period of Performance:</td>
<td>September 30, 2019 to March 29, 2021</td>
</tr>
</tbody>
</table>

**Application Due:** Friday, August 9
NIMH Webinar - Let’s Play Ball: How Sex and Gender Effects Influence Sports Involvement, Hippocampal Volume, and Depressive Symptoms in Children

Wednesday, July 31, 1:00 p.m. to 2:30 p.m. E.T.

Recent studies have found that higher levels of exercise are significantly associated with lower depression among both adults and young people. One reason that exercise has a positive relationship to mental health may be because engagement in team sports has the potential to lead to increased social support. In addition, research suggests that exercise may modify the volume of the hippocampal, a region of the brain that has been found to be altered in depression. However, it is not clear whether this relationship emerges as early as preadolescence.

The presentation by Dr. Deanna Barch of the Washington University School of Medicine in St. Louis will summarize research findings from a nation-wide sample of over 4,000 children, 9- to 11-years-old, who completed surveys, interviews, and an MRI scan for the Adolescent Brain and Cognitive Development Study. Data was gathered on each child’s participation in 23 different sport activities.

Dr. Barch will describe how sports involvement interacted with sex to predict depressive symptoms, and also how sports involvement was positively correlated with hippocampal volume in both boys and girls. These relationships held even when correcting for family income, maternal education, race, ethnicity, age, and total brain volume. Dr. Barch’s findings will help illuminate a potential neural mechanism for the impact of exercise on the developing brain and the differential effects in girls versus boys.

Register HERE

REGISTER NOW!

Join the National Academy for State Health Policy’s (NASHP) 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.*

<table>
<thead>
<tr>
<th>September 2019</th>
<th>Building Person-Centered Practice into the System's Architecture: Strategies for Promoting Other Person-Centered Practices within Existing Agency Workflows</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2019</td>
<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
</tr>
<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
<tr>
<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part One of Two)</td>
</tr>
<tr>
<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part Two of Two)</td>
</tr>
<tr>
<td>April 2020</td>
<td>Inclusion and Belonging and Implications for Person-Centered Thinking, Planning, and Practice</td>
</tr>
</tbody>
</table>

**NASMHPD Additional Links of Interest**

- **Indian Health Service Needs to Improve Oversight of Its Hospital Opioid Oversight of Prescribing and Dispensing Practices and Consider Centralizing Its Information Technology Functions**, Office of the Inspector General, Department of Health and Human Services, July 2019
- **Medicare Extra: Universal Coverage for Less Than $3 Trillion and Lower Health Care Costs for All**, Center for American Progress, July 23
- **Colorado Lowers Age of Consent for Psychotherapy Services to 12 Years Old**, GT Alert, Law Firm of Greenberg Traurig, July 16
- **NIH Establishes Network to Improve Opioid Addiction Treatment in Criminal Justice Settings**, National Institute on Drug Abuse, July 24 & Justice Community Opioid Innovation Network, National Institutes of Health
- **e-Learning Program: Improving Cultural Competency for Behavioral Health Professionals**, Think Cultural Health, Department of Health and Human Services
- **The Drug Epidemic Is Landing More Kids in Foster Care Than Ever**, Mattie Quinn, Governing, July 25
Join SAMHSA’s HHRN for a 2-day national online conversation about the most effective approaches to ending homelessness for individuals with serious mental illness and/or substance use disorders. The Way Home: A Virtual Summit on Homelessness, Serious Mental Illness, and Substance Use Disorders will run 10:30 a.m. to 5:30 p.m. (ET) on Wednesday, August 7, and Thursday, August 8. See the full agenda and more event information on the registration page.

The program includes 30+ national experts, policy makers, and providers who will engage you in a variety of plenaries, roundtable discussions, and concurrent sessions.

No travel required - attend directly from your own internet-connected computer. Join us for the whole summit or drop in to only those sessions that most appeal to you. Continuing education credits are available at no cost to registrants. Space is limited.

Plenary Sessions

Connecting the Dots: Health, Serious Mental Illness, Substance Use Disorders, and Housing

Dr. Anita Everett, M.D., DFAPA, Director, 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 Chief Executive Officer, National Alliance to End Homelessness
Kristin Yavorsky, M.S.W., Office of Community Housing, Virginia Dept. of Behavioral Health & Developmental Services
Moderator: Marty Fleetwood, J.D., Subject Matter Expert, HHRN/HomeBase

From Outreach to Housed, With Care

Brian Sims, M.D., Subject Matter Expert, 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 RN, University of California, Davis Medical Center, former Street Outreach RN
Moderator: Marty Fleetwood, J.D., Subject Matter Expert, HHRN/HomeBase

Registration is Now Open... But On-Line Space is Limited...So Register NOW!
### 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 is 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](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:


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

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

Comments Must be Submitted Here by August 12
UPCOMING WEBINARS

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

**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.

**REGISTER NOW**

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

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

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.

**REGISTER NOW**

**Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with SMI**

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

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 proposed 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.

**REGISTER NOW**

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

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

**Grant Statement**

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

© 2019 American Psychiatric Association. All rights reserved
The goal of this year’s conference is to educate, and promote the acceptance and integration of Medication Assisted Treatment (MAT) options by all stakeholders and systems affected by the opioid crisis. The AATOD Workshop Committee has assembled an outstanding curriculum that not only reflects this theme, but should be fresh, dynamic, diverse and appealing to a broad range of disciplines. The Conference will include workshops on the most cutting edge topics facilitated by experts in the field. These include the integration of MAT and the criminal justice system, pain management in MAT, technology assisted treatment, expanding MAT in rural areas, and innovative approaches to increase access and retention. There will be more workshops on specific counseling approaches and a selection on better known but still timely topics such as peer recovery supports, stigma, and cannabis use in MAT. For those newer to the field or those who want a refresher on the basics, we have once again included a “Foundations” track which will include selections on MAT 101, pharmacology, co occurring disorders, core counseling skills, and much more.

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

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

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

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

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

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

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

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

2019 ISM Annual Conference

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

At the conference you will be able to…

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

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

Start Planning Your Visit to the Milwaukee Area Now

Learn More HERE
1 in 5 children in America experience social, emotional, and behavioral challenges. Children who experience untreated behavioral health disorders typically become adults who continue to struggle with symptoms, who become parents who may perpetuate the cycle. The impact of the recurring cycle is felt throughout the society.

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

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

**Register** HERE  **Exhibitor Opportunities** HERE  **Sponsor** HERE

---

**Office for Victims of Crime**

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

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates.

HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

**Register Today** for one of the remaining 2-day trainings:

- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
**TA Network Webinars & Opportunities**

**Registration for the National Wraparound Implementation Academy is Open**

Early bird registration for the National Wraparound Implementation Center’s 4th National Wraparound Implementation Academy (NWIA) is OPEN. The NWIA, which will be held September 9 to 11 in Baltimore, is a biennial event that provides the opportunity to learn from the field’s foremost experts in Wraparound and systems of care and connect with peers from across the country.

**Register NOW**

**Wrap and Tech: Electronic Health Records, Measurement and Feedback Systems, and Other Supportive Online Technologies for Wraparound**

Information technology has become a standard element of contemporary healthcare systems, often in the form of Electronic Health Records (EHRs), which are real-time, digital versions of clients’ health information, and measurement feedback systems. As an individualized and intensive method for coordinating care that requires management of many pieces of information (e.g., on team members, meeting schedules, plan of care elements such as priority needs and services, youth and family progress), the Wraparound process should be particularly amenable for support from such supportive technology. And yet, Wraparound also poses some unique challenges to selection and implementation of EHRs and measurement and feedback systems. This webinar will provide an introduction to the selection and implementation of EHRs and other web-based technologies in a Wraparound setting. It presents results and recommendations from a survey of Wraparound provider organizations to provide guidance to organizations and programs selecting an EHR for the first time or transitioning to a new EHR system. The webinar will also review some new innovations in fidelity measurement and feedback that is currently being developed by the National Wraparound Initiative and University of Washington Wraparound Evaluation and Research Team.

**Register NOW**

**Care Integration Best Practices: Overview, Issues, and Expert Convening Consensus Framework**

This webinar provides an overview of the care integration needs of children and youth with behavioral health challenges and how they differ from those of adult populations. Presenters will describe the process used and outcomes achieved by an Expert Convening on Care Integration sponsored by the National Technical Assistance Network for Children’s Behavioral Health and the consensus reached by this expert group on a Care Integration Continuum that incorporates best practices for this population. The webinar will introduce the essential components of a care integration best practices framework that is intended to guide planning and implementation by state and local policymakers and program directors.

**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](http://www.nasmhpd.org). 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)


Training Guides

Training Videos: Navigating Cultural Dilemmas About –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

Transitions 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
NASMHPD Board of Directors

Valerie Mielke, M.S.W. (NJ), President
Sheri Dawson, R.N. (NE), Vice President
Marie Williams, L.C.S.W. (TN), Past President
Stephanie Woodard, Psy.D. (NV) Western Regional Representative
VACANT, Southern Regional Representative
VACANT, At-Large Member
Doug Thomas, M.S.W., L.C.S.W (UT), Secretary
Terri White, M.S.W. (OK), Treasurer
Joyce Allen, M.S.W. (WI), Mid-Western Regional Representative
Barbara Bazron, Ph.D. (DC), Northeastern Regional Representative
Tiffany Wolfgang, (SD), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Meighan Haupt, M.S., Chief of Staff
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Raul Almazar, R.N., M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Cyntrice Bellamy, M.S., M.Ed., Senior Development Advisor (PT)
Genna Bloomer, M.P.H., Technical Assistance Research Associate
Cheryl Gibson, Senior Accounting Specialist
Joan Gilleece, Ph.D., Director, Center for Innovation in Behavioral Health Policy and Practice
Leah Harris, Trauma Informed Care Peer Specialist/Coordinator of Consumer Affairs (PT)
Stuart Yael Gordon, J.D., Director of Policy and Communications
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
Christy Malik, M.S.W., Senior Policy Associate
Kelle Masten, Senior Project Associate
Jeremy McShan, Program Manager, Center for Innovation in Behavioral Health Policy and Practice
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Brian R. Sims, M.D., Senior Medical Advisor (PT)
Greg Schmidt, Contract Manager
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

-Seize the Awkward Campaign, American Foundation for Suicide Prevention, July 2019
-Treating Bipolar Disorder in Pediatric Patients and Educating Patients and Parents, Melissa P. DelBello, M.D., M.S., CME Institute, Psychiatrist.com, July 2019
-The AI that Could Help Curb Youth Suicide, Sidney Fussell, The Atlantic, July 12
-How Cross-Sector Engagement Can Catalyze Better Workplace Mental Health Outcomes, Forbes, July 15
-Drilling into the DEA’s Pain Pill Database, Washington Post, July 20
-Know the Risks: A Youth Guide to e-Cigarettes, Centers for Disease Control and Prevention, July 2019
-Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data, University of Michigan, National Bureau of Economic Research, July 2019
-States May Soon Have to Provide Medication-Assisted Treatment to Inmates, Here’s How to Fund It, Kitty Purington & Chris Kukka, National Academy for State Health Policy, July 22
-NASHP Explores the Behavioral Health Workforce Shortage in a 50-State Scan, Kitty Purington, National Academy for State Health Policy, July 22
-Report to the President and Congress on Section 1018 Action Plan for Technical Assistance and Support for Innovative State Strategies to Provide Housing-related Supports to Individuals with Substance Use Disorder under Medicaid, Centers for Medicare and Medicaid Services, July 2019