New Hampshire Courts System Refuses to Report Mental Health Records to NICS

The New Hampshire Judicial Branch will not comply with State Attorney General (A.G.) Joe Foster’s recent request that state courts start reporting people with mental illness to the federal gun background check system. Courts General Counsel Howard Zibel said in a letter to the A.G. last week that a new state law cited as cause for the reports is “not sufficiently clear on its face for the Judicial Branch to begin the reporting that you request.”

Under federal law, people committed to a mental institution, or those who have been “adjudicated as a mental defective,” cannot legally purchase a gun. But federal statute does not require states to submit those records to a background check system used to vet prospective gun buyers. New Hampshire is one of a handful of states that has historically refused to report mental health information to the National Instant Criminal Background Check System (NICS). State legislative efforts to require such submissions have failed in recent legislative sessions.

Mr. Foster announced in early July that a provision of the state’s newly adopted Medicaid expansion law requires courts to submit certain mental health records to NICS. He said the state must begin reporting people to NICS who are involuntarily committed to New Hampshire Hospital, found not guilty by reason of insanity, or found incompetent to stand trial and ordered to a mental health facility.

The A.G.’s announcement was praised by Governor Maggie Hassan on July 8 as a means to prevent people who are a danger to themselves or others from buying guns. In contrast, Republican lawmakers insisted Mr. Foster’s interpretation was in direct contrast to legislative intent, which was to limit such reports. The American Civil Liberties Union, Disability Rights Center, and NAMI New Hampshire also opposed the A.G.’s instruction.

Mr. Zibel said the A.G.’s office can contest the judicial branch’s decision by seeking a declaratory judgment in the state’s Superior Court. Deputy Attorney General Ann Rice told the Monitor the A.G.’s office is considering its options.

CVS Dispensing Naloxone without Rx

Drugstore chain CVS announced July 26 that it would be making the opioid overdose-reversal drug naloxone available without a prescription at all CVS locations in 31 states. CVS pharmacies in Texas became, that day, the 30th state in which Naloxone is being dispensed without prescription. CVS plans to do the same in Washington State by the end of July.

In February, the Walgreens drugstore chain announced it would make the drug available at pharmacies in 35 states.

According to a December 2015 report by the Centers for Disease Control and Prevention (CDC), 47,055 drug overdose deaths occurred in the United States during 2014, representing a one-year increase of 6.5 percent, from 13.8 per 100,000 persons in 2013 to 14.7 per 100,000 persons in 2014.

In June, the Obama administration shared state-by-state estimates of how much its $1.1 billion proposal to combat prescription painkiller overuse through preventive and treatment services would provide to each state. Congress has resisted funding that proposal in full.

Expanding naloxone availability is not without controversy. Critics worry that easy-access provides a ‘safety net’ that encourages addiction and discourages people with substance use disorders from seeking treatment. CVS counters that making the drug available allows patients and families to prevent deaths. CVS pharmacists who dispense the drugs are counseling recipients on how to identify an overdose and administer the drug, and the importance of calling 911.

The cash price of generic naloxone is about $90.

D.C. Work Days Left in the 114th Session of Congress (2015-2016) (Congress is working from home through Labor Day)

17 – House Work Days before Election Day
16 – House Work Days after Election Day
23 – Senate Work Days before Election Day
20 – Senate Work Days after Election Day
The National Institute of Mental Health’s 23rd Conference on Mental Health Services Research (MHSR): Harnessing Science to Strengthen the Public Health Impact will highlight scientific investigative efforts to improve population mental health through high-impact mental health services research. This meeting will bring together leading mental health services researchers, as well as clinicians, mental health advocates, and federal and nonfederal partners. MHSR 2016 will highlight opportunities for the next generation of high-impact research to drive mental health care improvement.

**Conference Events**

The conference events are scheduled August 1 and 2 at the Bethesda Marriott Hotel, and will feature keynote talks and an array of plenary panels, scientific paper sessions, posters, and technology demonstrations.

MHSR 2016 is free to attend, and selected sessions will be viewable via webcast. Seating is limited.

Questions regarding meeting logistics or registration should be directed by email to Dytre Langon or by phone at 240-485-3288.

Questions about the conference program should be directed to Ms. Janet Sorrells by e-mail.
LGBTQ Population Continues to Experience Worse Health Outcomes than their Heterosexual Counterparts

Although there have been great strides made in improving the legal and civil rights of individuals who are lesbian, gay, bisexual, transgender, or questioning, the LGBTQ population continues to experience worse health outcomes than their heterosexual counterparts. Due to factors such as low rates of health insurance coverage, high rates of stress due to systematic harassment and discrimination, and a lack of cultural competency in the health care system, LGBTQ individuals are at a higher risk for cancer, mental illnesses, and other diseases, and are more likely to smoke, drink alcohol, use drugs, and engage in other risky behaviors.

Additionally, people who are both LGBTQ and members of a racial or ethnic minority will often face the highest level of health disparities. For example, as the National Coalition for LGBTQ Health notes, a black gay man faces disparities common to the African-American community as well as those suffered by the LGBTQ community, and a transgender Spanish-speaking woman, regardless of her sexual orientation, must navigate multiple instances of discrimination based on language, ethnicity, and gender.

Want to know more? Review the links below.

- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT)Community: A Field Guide
- Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity
- How to close the disparities gap for LGBT communities
- Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients

Save the Date!

National Summit on Military and Veteran Peer Programs: Advancing Best Practices

November 2-3, 2016
University of Michigan - Ann Arbor

This two-day interdisciplinary forum will:

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous U-M “Big House”.

Mark your calendars for this seminal event! Registration will be limited and will open in July 2016. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event. Please share this information with others who may be interested in attending.

Individuals from the LGBTQ Community Are:

- More than 8 times as likely to have attempted suicide
- Nearly 6 times as likely to report high levels of depression
- More than 3 times as likely to use illegal drugs
- More than 3 times as likely to be at high risk for HIV and STDs
Mental Health Disparities Research at NIMH:
Cross-Cutting Aspects of the NIMH Strategic Plan in 2016

Wednesday, August 31, 2 p.m. to 3 p.m. ET

Register HERE

Brian Ahmedani, M.D.
Director of Psychiatry Research, Behavioral Health Services
Research Scientist, Center for Health Policy & Health Services Research
Henry Ford Health System

Olivia I. Okereke, M.S., M.D.
Associate Professor of Psychiatry, Harvard Medical School
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

ABOUT THE WEBINAR SERIES - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

WHO SHOULD ATTEND - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

REGISTER NOW: Space is limited. Don’t miss this valuable opportunity!

NASMHPD Links of Interest


August 8 Workshop Registration: Translating Science into Practice: Strategies for Combating the Opioid Epidemic, Addiction Policy Forum

Medicaid Coverage of Social Interventions: A Road Map for States, Milbank Foundation Issue Brief, July 2016

This is My Brave August Auditions Sign-Up for October & November 2016 Shows

Center for Trauma-Informed Care

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

For more information on these trainings, please contact jeremy.mcshan@asmhpd.org.
NIH Funding Opportunity: Development of Technology to Support Zero Suicide

**Title:** Products to Support Applied Research Towards Zero Suicide Healthcare Systems

**Open Date (Earliest Submission Date):** August 5, 2016.  **Due Date:** September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

**Letter of Intent:** Due 30 days prior to the application due date.

**Funding:** $1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017 will depend on annual Congressional appropriations.

**Award Project Period:** Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact Adam Haim by email or at 301-435-3593 for further guidance.

### Canadian Inuit Strategy Advocates Coordinated Approach to Suicide Research, Prevention

The Inuit and those who provide mental-health services to them need to reach a common understanding of why suicide is so common in their communities before they can deal with it, according to Natan Obed, the head of Canada's national Inuit group, Inuit Tapiriit Kanatami (ITK).

ITK on July 27 released a National Inuit Suicide Prevention Strategy (NISPS) which says that Canada’s first strategy for dealing with the ongoing crisis should be to determine why so many Inuit—especially young people—take their own lives.

Suicide has long been a major public health issue in the four regions of Canada populated primarily by Inuit. In the Inuvialuit region of the Northwest Territories, the suicide rate is 60 per 100,000 people. In Nunavik, Quebec, the rate is 114. Nunavut's rate is 117, and Nunatsiavut in Labrador has a rate of 275.

The Canadian national average is 11 per 100,000. For Inuit males between ages 15 and 29, the rate is almost 40 times the national figure.

The strategy lays out what is known about suicide risk factors for Inuit. Those risk factors include historical traumas such as residential schools, social inequities such as poverty or overcrowded housing, poor mental-health supports, and short-term stresses such as the breakup of a relationship.

The specific objectives and actions ITK will take to prevent suicide among Inuit fall within six priority areas:

1. creating social equity;
2. creating cultural continuity;
3. nurturing healthy Inuit children from birth;
4. healing unresolved trauma and grief;
5. ensuring access to a continuum of mental wellness services for Inuit; and
6. mobilizing Inuit knowledge for resilience and suicide prevention

ITK will evaluate its progress in achieving the Strategy objectives in two-year increments.

The NISPS envisions suicide prevention as a shared national, regional, and community-wide effort that engages individuals, families, and communities. It calls for a unified approach that identifies stakeholders and their roles, transforms collective knowledge, experience, and research, and promotes a shared understanding of the context and underlying risk factors for suicide by providing policy guidance at the regional and national levels on evidence-based approaches to suicide prevention.

In addition to promoting the dissemination of best practices in suicide prevention, ITK plans to provide tools for the evaluation of approaches, contribute to ongoing Inuit-led research, provide leadership and collaboration in the development of policy that supports suicide prevention, and focus on the healthy development of children and youth as the basis for a healthy society.

With the release of the strategy the Canadian Federal Health Minister, Jane Philpott, announced $9 million to help implement it. The funding will be used to: provide dedicated resources for enhancing mental health services; provide support and training resources for early childhood development programs; support a fund for Inuit-led suicide prevention projects, programs, and initiatives administered jointly by ITK and Health Canada; and support Inuit-led coordination, outreach, and education for suicide prevention.

Obed said, at the release of the NISPS, “Suicide among Inuit is a symptom of wider social challenges in our population that have emerged in just the last several decades. Many of these challenges are tied to colonial policies that placed intense stress on our entire population... where people ... faced limited access to critical resources and supports ... available in most other parts of Canada. The NISPS is a tool for assisting community service providers, policymakers, and governments in working together to reduce the rate of suicide among Inuit to a rate that is equal to or below the rate for Canada as a whole.”
**SAMHSA Center for Mental Health Services Webinar Announcement**

**Understanding the Use of Medicaid Rehabilitation Option for Crisis Services**

*Tuesday August 2, 1 p.m. to 2:30 p.m. ET*

A recent report noted that all 50 states now cover behavioral health services under this option, compared to just 9 states in 1988. Across the country this Medicaid benefit has been key to providing a range of community-based services that enable people with serious mental illness to be served outside of institutions. At the same time, states have designed and implemented the Rehab Option in very different ways.

During this webinar, a representative from the Centers for Medicare and Medicaid Services (CMS), will cover the following topics to assist states in implementing innovative services under the Rehabilitation Services Option:

- Medicaid Basics - working with your state Medicaid office.
- Overview of the Rehabilitation Option.
- Crisis Services covered by the Rehabilitation Option.

**Register HERE**

The presenter, **Marguerite Schervish, J.D.**, is a Technical Director for the "Prevention and Treatment Team" in the Division of Benefits and Coverage in Medicaid at the Centers for Medicare & Medicaid Services (CMS) in Baltimore. Marguerite joined CMS in July 2002. She provides support and technical assistance to analysts and state Medicaid agencies on Medicaid state plan amendments and benefits. She oversees several benefit areas including preventive services, rehabilitative services, and other licensed practitioners. Previously, she worked on section 1115 Medicaid demonstrations, the Program for All-Inclusive Care for the Elderly (PACE), and self-directed personal assistance services. Prior to coming to CMS, she practiced law at Legal Aid in Detroit, Michigan Protection and Advocacy Service and was the Michigan Long Term Care Ombudsman.
2016 Voice Awards Event

The 2016 Voice Awards event will take place on August 10, 2016 at UCLA's Royce Hall.

You’re Invited

Join SAMHSA and its program partners for the 2016 Voice Awards on August 10! Help us honor community leaders and entertainment professionals who are championing recovery and bringing mental health and addiction issues out of the shadows.

This year’s event will highlight the theme “Strengthening Families through Hope and Help.” Family/consumer/peer leaders who have embraced and promoted family support in all aspects of prevention, treatment, and recovery will be among those recognized with a Voice Award.

Television and film productions that portray the positive impact that family members can have on their loved one’s path to recovery also will be honored.

Register now to attend the 2016 Voice Awards event in-person at UCLA's Royce Hall on Wednesday, August 10, or to watch the live event webcast online.

Due to high demand, please reserve your seat (whether in-person or online) no later than Friday, August 5.

WHEN: Wednesday, August 10, 2016
WHERE: UCLA’s Royce Hall
ARRIVALS AND PRE-SHOW: 6 p.m., West Lobby and Ahmanson Terrace
AWARDS PROGRAM: 7:30 p.m., Royce Hall Theater

Use #VoiceAwards to join the behavioral health conversation.
NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD’s EIP website.

Technical Assistance on Preventing the Use of Restraints and Seclusion

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

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

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital- based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.
SAMHSA-Sponsored Webinar Opportunity, Presented by NAMI
Financing the Start-Up and Operation of First Episode Psychosis Programs
Thursday, August 4, 3 p.m. to 4:30 p.m. ET

Description: First Episode Psychosis (FEP) programs improve the quality of life for youth and young adults by providing a coordinated array of specialty care that helps youth and young adults experiencing early psychosis to reach recovery and their life goals. These programs are expanding around the country because of the difference they make in young lives. Congress has recognized the value and importance of these programs by providing enhanced funding through the Mental Health Block Grant.

This Webinar will focus on financing FEP programs and the coordinated array of specialty care delivered to youth, young adults and their families in both Medicaid and private insurance programs. The Webinar will also cover how FEP programs have secured the start-up funding needed to implement these programs and innovative approaches to funding the expansion of programs in states.

Presenters: Darcy Gruttadaro, J.D., Director of Advocacy, National Alliance on Mental Illness (NAMI)
Mark Hurst, M.D., Medical Director of the Ohio Department of Mental Health and Addiction Services (Ohio MHAS)
Mark R. Munetz, M.D., Professor and The Margaret Clark Morgan Endowed Chair of Psychiatry at the Northeast Ohio Medical University (NEOMED)

If you have any questions please contact Kelle Masten at kelle.masten@nasmhpd.org or at 703-682-5187.

Register HERE