House Passes 5-Year Extension of Money Follows the Person, 2-Year Extension of CCBHC Demo

The House of Representatives late on June 18 passed a five-year extension of the Money Follows the Person (MFP) Program and a two-year extension of the Certified Behavioral Health Center Centers (CCBHC) Demonstration Program. H.R. 3253, sponsored by Rep. Debbie Dingell (D-MI) and a bipartisan list of co-sponsors that included five Republicans and four Democrats from leadership, passed the House in a 371-46 vote and now moves to the Senate.

If enacted, MFP would be funded at $417 million in Fiscal Year (FY) 2020, $450 million in FY 2021 through 2023, and $225 million in 2024. Funding for the program expired last year, but unspent money has been carried over to subsequent years for some states, allowing them to continue MFP operations. However, that funding has now been depleted and states have begun winding down their programs.

The bill would extend the CCBHC demonstration, due to expire June 30, through June 30, 2021. The expansion in the number of states participating in the demonstration sought by NASMHPD, the National Council on Behavioral Health, and other advocacy organizations, is not included in the legislation.

The House-passed bill also includes spousal impoverishment protections that would allow states to disregard spousal income and assets when determining a Medicaid beneficiary’s eligibility for home and community-based services.

CBO Projects Annual Federal Medicaid Spending Growth of 5.5 Percent Between 2020 and 2029

In a report on mandatory spending on Federal means-tested programs released June 17, the Congressional Budget Office (CBO) projects Medicaid will grow by about 5.5 percent annually between 2020 and 2029, with states hitting $694 billion in yearly Federal match by 2029.

Medicaid is the largest means-tested mandatory program, a category that includes the earned income and child tax credits, the Supplemental Nutrition Assistance Program (SNAP), and the Supplemental Security Income program. Mandatory spending is governed by statutory criteria and is not normally controlled by the annual appropriation process.

Medicaid spending rose by nearly 25 percent in 2009 and increased by about 9 percent in 2010, both because of enrollment growth and as a result of a temporary increase in the federal matching rate initially provided in the American Recovery and Reinvestment Act of 2009 (ARRA).

After dropping off subsequently when the ARRA’s enhanced Federal matching rate ended, spending rose because of the expansion of Medicaid coverage under the Affordable Care Act (ACA). As that change was phased in, Medicaid spending increased by 32 percent between 2013 and 2015. CBO says spending has risen more slowly since then, increasing at an average rate of about 4 percent, largely because of flattening growth in enrollment and slow growth in per capita costs. Growth in 2019 is projected to remain at that 4 percent. CBO projects that, under current law, outlays for all means-tested mandatory programs will grow over the next decade at an average annual rate of 4 percent, whereas spending for non–means-tested mandatory programs will grow at an average annual rate of 5.8 percent. Total spending for means-tested health programs including Medicaid, insurance subsidies and Medicare’s low-income medicine assistance will increase to $834 billion in 2029 from $497 billion in 2019, according to CBO.

Insurance subsidy spending under the ACA’s private insurance marketplaces is slated to grow by slightly over 3 per center per year over the same 10-year period. The CBO reports total spending on ACA subsidies reached $46 billion in 2018.

Payments of subsidies for health insurance purchased through the marketplaces established under the ACA began in January 2014 and totaled $46 billion in 2018. Those payments are projected by CBO to grow by 7 percent in 2019, largely because of increases in premiums for plans purchased in the health insurance marketplaces over the past two calendar years. Over the 2020–2029 period, average growth in spending is projected to lessen significantly, to just over 3 percent per year, as subsidized enrollment declines slightly and spending per beneficiary rises at a rate that is similar to the growth in the costs of providing medical care.

Spending for the low-income-subsidy component of Medicare’s Part D prescription drug program is projected to grow at an average annual rate of nearly 8 percent (after an adjustment to exclude shifts in timing) between 2019 and 2029 (close to the growth rate for total outlays in the Medicare Part D

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**CMS Request for Information: Patients Over Paperwork**

**June SMI Advisor Webinars**

**Register NOW for the NAMD Conference, November 13 to 15**

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

**AATOD 2019 Conference, October 19-23, Disney World**

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

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

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

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**TA Network Webinars and Opportunities**

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

**Social Marketing Assistance is Available**

**2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers**

**Resources at NASMHPD’s Early Intervention in Psychosis Resource Center**

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

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

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

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

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

ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE.
To secure your exhibit booth: **CLICK HERE.**
To secure your sponsorship please: **CLICK HERE.**

September 12th and 13th 2019
The first two days of the NASMHPD Meeting, September 12 and 13, are taking place in tandem with the IIMHL/IIDL Leadership Exchange Network Meeting, beginning with an evening reception on September 11.

**Expected Attendance:**
850

September 14th 2019
On Saturday, September 14, we are bringing together the State Mental Health Commissioners/Directors and the NASMHPD Divisions to discuss common issues and allow break out time by Division.

**Expected Attendance:**
250
Registration Now Open!!!

Register [HERE](http://www.iimhl.com/files/docs/2019_Program.pdf) to Attend

[CLICK HERE](http://www.iimhl.com/files/docs/2019_Program.pdf) 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)


[CLICK HERE TO ACCESS A VIDEO & LEARN MORE](http://www.iimhl.com/files/docs/2019_Program.pdf)

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

Discounted Government Rate Room Block at the nearby [Madison Hotel](http://www.iimhl.com/files/docs/2019_Program.pdf) in D.C.,
(a 5-minute walk)

Exclusively for All NASMHPD Attendees

Contact [Yaryna Onufrey](http://www.iimhl.com/files/docs/2019_Program.pdf), NASMHPD Program Specialist, With Any Questions

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Crisis Now Summit 2019

September 9 - 10, 2019

[URGENT & EMERGENCY CARE](http://www.iimhl.com/files/docs/2019_Program.pdf)

[CRISIS NOW](http://www.iimhl.com/files/docs/2019_Program.pdf)

[SECOND ANNUAL SUMMIT](http://www.iimhl.com/files/docs/2019_Program.pdf)

[Transforming Crisis Services](http://www.iimhl.com/files/docs/2019_Program.pdf)

[Taking the Lead](http://www.iimhl.com/files/docs/2019_Program.pdf)

Investing in Community Crisis Response/Continuum

[WASHINGTON DC 2019](http://www.iimhl.com/files/docs/2019_Program.pdf)
Experts Identify 7 Key Elements of Suicide Care

Suicide prevention experts identify seven evidence-based elements (based on standards of care recommendations from the National Action Alliance for Suicide Prevention) for effectively treating patients at imminent risk of suicide, in an article published online June 12 in JAMA Network Insights. The seven elements are:

- A focus on a patient’s suicidal risk at each healthcare visit to address suicidal urges caused by distressful factors versus protective factors that assist in restraining those suicidal urges (see figure).
- The treatment of mental health disorders that often impact several distress factors (ex. bipolar disorder and insomnia). Lead author, David Brent, University of Pittsburgh, notes that insomnia is an often overlooked distress factor for imminent suicide risk.
- Assessment and treatment of comorbid medical conditions that compound distress factors or reduce restraint factors.
- The use of evidence-based interventions that have been proven to reduce suicidal risk, such as safety planning and follow-up care after discharge from emergency room or hospital settings. Evidence-based treatment interventions include dialectic behavior therapy and cognitive behavior therapy.
- Collaboration between clinician and patient/family to increase restraining factors such as reducing access to lethal means and reviewing with the patient their safety plan to improve the likelihood the plan will be carried out.
- The need to examine social supports as a restraint (ex. strong network of family and friends) or as a distress (ex. domestic violence, adverse experiences, cyberbullying, peer rejection). The authors note that certain populations, such as LGBTQ, might be more at risk of experiencing the loss of social supports.
- Implementation of care coordination that include: linkage and warm handoffs when a patient’s level of care changes; swift access to community-based mental health services (ex. crisis hotlines, mobile crisis, crisis stabilization); consistent follow-up and outreach to non-adherent patients; implementation of evidence-based care; and the ongoing monitoring of treatment for suicide risk.

The authors highlight several promising practices for addressing barriers to implementing the seven key elements. Those include:

- Assessment of suicide risk: the use of machine-learning algorithms to mine electronic health records to predict future suicide attempts;
- Promotion of collaborative care: the need to re-engineer the primary care delivery system to screen and triage because most patients at risk of suicide last contacted their primary care physician;
- Delivery of an integrated care model between physical health and mental/behavioral health;
- Treatment and management of insomnia: the use of evidence-based, non-pharmacological interventions for sleep disorders; and
- A focus on managing interpersonal factors, such as acute loss or adverse experiences, that often exacerbate suicidal behaviors.

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
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.National DialoguesBH.org
For more information:  mailto:norwome@msh.state.ms.us
601-351-8062
We all need food to live; however, 30 million Americans struggle daily with a complex and unhealthy relationship with this natural necessity.

The Partnership Center’s third webinar in its “Mental Illness 101” series focuses on understanding eating disorders, how and when they typically manifest, and the toll taken on an individual’s perception of body, mind, and spirit.

Our guest presenters will:

- identify specific signs and symptoms of disordered eating;
- share types of therapy and levels of care available; and
- discuss the roles and challenges family and loved ones may face as they support the disordered eater’s journey to freedom and recovery.

Finally, participants will receive practical ways faith-based organizations and community groups/leaders can (literally and figuratively) wraparound these adults, teens, and adolescents to help provide the integrative emotional, physical, and spiritual support needed for successful recovery.

OUR GUEST PRESENTERS:
CBO Projects Annual Federal Medicaid Spending Growth of 5.5 Percent Between 2020 and 2029

(Continued from page 1). Increases in the number of beneficiaries account for about one-fourth of that growth; higher prices for existing prescription drugs account for the rest. By comparison, those outlays will have risen by an average of about 3 percent per year between 2009 and 2019.

Spending for the Children’s Health Insurance Program (CHIP) is estimated to total $18 billion in 2019, more than double the program’s outlays in 2009. In CBO’s projection, it dips slightly over the next few years, totaling $14 billion in 2022, primarily because the average Federal matching rate for the program is scheduled to decrease from 93 percent to 70 percent over that time. Spending for CHIP rises during the second half of the projection period, reaching $19 billion in 2029—slightly more than outlays in 2018—primarily because of increasing costs per enrollee.

CBO reports the rate of growth for non–means-tested programs averaged 2.1 percent between 2009 and 2019, 3.7 percentage points less than the growth rate the agency projects over the coming decade. The largest non–means-tested mandatory programs are Social Security, most of Medicare, and the Federal civilian and military retirement programs.

In CBO’s May 2019 baseline, total mandatory spending (means-tested and non-means tested) is $3 trillion and grows to $5 trillion in 2029. The average annual rate of growth over the coming decade is projected to be 5.4 percent, compared with an average rate of 2.7 percent recorded over the past 10 years.
Study Suggests ACO Cost-Savings Likely Due to the Exit of High-Cost Physicians and their Attributed Patient Panels

A study of Accountable Care Organizations (ACOs) published on-line June 18 in the *Annals of Internal Medicine* suggests that prior research on ACOs participating in the Medicare Shared Savings Program (MSSP) that found the model created modest cost-savings may have overstated the savings ACO yield.

The study’s authors, funded by grants from the Agency for Health Care Research and Quality (AHRQ), the National Institute on Aging, and the Horowitz Foundation for Social Policy, and employed by the University of Michigan Medical School and the university’s School of Public Health, found that much of the savings previously attributed to Medicare ACOs from 2008 to 2014 could instead be credited to high-cost patients and high cost physicians exiting the program.

The study compared the total spending of MSSP ACO participants to control beneficiaries using adjusted longitudinal models that accounted for secular trends, market factors, and beneficiary characteristics. The study sample was 20 percent of all participating Medicare fee-for-service beneficiaries 65 years of age and older, with 97,204,192 beneficiary-quarters reviewed (6, 871, 934 unique beneficiaries). Participants in the MSSP included 835 100 beneficiaries, 30 331 clinicians, 6883 provider groups, and 337 ACOs from 2012 through 2014. Average spending per beneficiary was $2335.

In adjusted longitudinal models, the MSSP was associated with spending reductions (average change $\sim$118 [$\sim$151 to $\sim$85] per beneficiary-quarter) and improvements in four quality indicators. However, In instrumental variable models, the ACOs were not associated with significant reductions in spending (change $\sim$5 [$\sim$51 to $\sim$62] per beneficiary-quarter) or improvements in quality. After adjustment for clinicians’ nonrandom exits from the program, the ACOs were also not associated with improvements in quality. And high-cost clinicians (those with costs in the 99th percentile) had a 30.4 percent chance of exiting the MSSP, compared with a 13.8 percent chance among median-cost clinicians (with costs at the 50th percentile).

The authors suggest MSSP evaluations may be subject to confounding from nonrandom participation or attrition within ACOs. Clinicians and provider groups may be recruited to or choose to join ACOs because of their desire or ability to deliver high-quality, efficient care. And the providers may simultaneously engage in other payment reforms, such as Medicare Advantage (MA), that could lower spending. ACOs may also selectively drop high-cost clinicians and their patient panels to reduce measured spending and earn shared savings. In addition, MSSP beneficiaries were less likely to be dually eligible or disabled, have substantial comorbidity, or live in areas with high poverty or low educational attainment.

Proponents of the ACO model at the Harvard Medical School who included Former Medicare Payment Advisory Commission vice chairman Michael E. Chernew, Ph.D. responded in the *June 17 Incidental Economist* that the study’s methodology was flawed. They also say its findings are consistent with the findings of savings in previous studies.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD. The anticipated project start date is September 30, 2019.

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

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

Grantees will develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes. This service array should be based on needs identified in the Tribe’s strategic planning process. 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.

**Eligible Applicants:** The applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization, but each participating entity in a consortia of tribes or tribal organizations must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements. Tribes and tribal organizations may only be included in one grant application.

**Agency Contacts:** For questions on this announcement, contact OPIOIDTOR@samhsa.hhs.gov.

**Grants Management and Budget Issues:** Eileen Bermudez Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration (240) 276-1412 FOACSAT@samhsa.hhs.gov.
June is PTSD Awareness Month

There are currently about 8 million people in the United States living with PTSD, so you may know someone in your life who is impacted.

Even though PTSD treatments work, most people who have PTSD don’t get the help they need.

During the month of June, join us in changing this. Everyone can help. Visit our website to:

• Get information on PTSD basics
• Learn more about effective treatment options
• Find resources to spread the word

You can make a difference in the lives of Veterans and others who have experienced trauma.


Want to learn about the latest recommendations for treating Veterans with PTSD? Take the PTSD 101 course on Clinical Practice Guideline for PTSD and Recommendations for Psychotherapy, and earn CEUs: [https://www.ptsd.va.gov/professional/continuing_ed/2017cpgPsychotherapy.asp](https://www.ptsd.va.gov/professional/continuing_ed/2017cpgPsychotherapy.asp)

GET STARTED

PTSD: National Center for PTSD
PTSD Information Voice Mail: (802) 296-6300
ncptsd@va.gov | Also see: VA Mental Health

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

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

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

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

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

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

Register NOW
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners* have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student who was having suicidal ideation and his university chose 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: Ahead of the Curve: LOCUS Is as Relevant Today as It Was in the Nineties

In the mid-90s, Wesley Sowers, MD, was the medical director for St. Francis Medical Center in Pittsburgh, the largest addiction treatment center in Pennsylvania at the time. Brewing was a tug-of-war between clinicians and managed care over who got to determine what was best for clients. Dr. Sowers, who is now the director for the Center for Public Service Psychiatry at the University of Pittsburgh, says clinicians showed considerable variability in decision making, which didn’t always include judicious use of resources and often resulted in more extensive hospital stays than people needed. “There wasn’t much thought about how we could use resources most effectively.” This began to manifest in burgeoning costs of care and was one of the reasons state and local governments, as well as private insurers, started to examine ways to control costs. The behavioral health community understandably feared that these limitations would harm treatment quality, and clinicians worried that managed care would eliminate their autonomy. “Both had a rationale behind what they were doing and why they were doing it. While managed care reforms were needed, many went too far.” Dr. Sowers, who had long been interested in systems, believed there was a sweet spot where balance could be achieved, and so he began to develop a mechanism that would determine best outcomes for people and systems of care. A win-win in facilitating person-centered care and cost-effective resource use.

READ MORE HERE
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 deliver to this population.

**Integrated Care Needs of Older Adults with Serious Mental Illness and Implications for Effective Care Transitions**

*Wednesday, July 10, Time: 11:00 a.m. to 12:00 p.m. E.T.*

This webinar, the second in the three-part series, will provide state mental health policymakers, local mental health systems, and treatment providers with an overview of strategies used to transition older adults with serious mental illnesses (SMI) from inpatient to community-based settings. The session will also include a discussion of barriers to effective community transitions and methods used in states to mitigate such barriers to ensure permanent community living.

**REGISTER**

**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

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**THE 2ND ANNUAL CRISIS RESIDENTIAL CONFERENCE**

A conference for **providers, payers, & advocates** of residential alternatives to psychiatric hospitalization

Grand Rapids, MI

October 3rd & 4th 2019

**Featured Speakers Include:**

**Dr. Debra Pinals**
Medical Director of Behavioral Health and Forensic Programs, Michigan Dept. of Health and Human Services

**Marilyn Kresky-Wolff**
Executive Director (retired), Open Arms Housing Inc. Washington, D.C.

**Dr. William Beecroft**
Medical Director of Behavioral Health Blue Cross Blue Shield of Michigan

Discounts for members, students, peers, and Early Birds!

TO LEARN MORE VISIT [https://crisisresidentialconference.ticketbud.com/2019](https://crisisresidentialconference.ticketbud.com/2019)
JOIN US FOR A FORUM.

Olmstead at 20

Monday, June 24, 2019
10am - 11:30am
BakerHostetler LLP
1050 Connecticut Ave NW, 12th floor
Washington, D.C., 20036

Panelists

Eve Hill
Partner, Brown Goldstein & Levy

Martha Knisley
Mental Health Systems Expert and Former State Mental Health Director

Jennifer Mathis
Director of Policy and Legal Advocacy, Bazelon Center

Vietress Bacon
Plaintiff in an Olmstead Case Who Transitioned from a Nursing Home to Supported Housing

Katie Hemmings
Individual Who Transitioned from an Adult Home to Supported Housing

RSVP directly at: Olmstead at 20
For questions or accommodations, please email: development@bazelon.org

SPECIAL THANKS TO

Sponsoring Host: BakerHostetler

www.bazelon.org | @bazeloncenter | 1101 15th ST NW, Suite 1212, Washington, D.C.
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 beginning in July, 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.

Upcoming Webinars:

**Pieces of the Same Puzzle: The Role of Culture in Person-Centered Thinking, Planning and Practice**

*Tuesday, July 9, 3:00 p.m. to 4:30 p.m. E.T.*

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

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

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**SAMHSA-SPONSORED WEBINAR**

**Building an Analytic Data Infrastructure Using Integrated Social and Health Service Data**

*Monday, June 24, 1:00 p.m. to 2:30 p.m. E.T.*

Under Contract with NASMHPD Research Institute, National Council on Behavioral Health, and Academy Health

Every year state behavioral health agencies expend over $44 billion providing mental health services to over 7.7 million clients. While Medicaid pays for over half of these services, many state behavioral health clients receive some or all services that are funded by over $22 billion of state general funds, local government funds, SAMHSA block grants, and other non-Medicaid services. By integrating information about these clients and services from state behavioral health agencies with Medicaid claims data (focusing on both Medicaid paid behavioral health services, but also total Medicaid claims), states and others can better understand the impact of behavioral health clients across systems.

NRI, in collaboration with the National Council for Behavioral Health and Academy Health’s State University Partnership Learning Network (SUPLN) are working on a SAMHSA-funded pilot project exploring the integration of state behavioral health agency data with Medicaid claims data.

In this webinar presentation, David Mancuso, Ph.D., from Washington State will discuss his state’s experiences with interagency data linking, including the linking of Medicaid claims and state behavioral health data. During the webinar, Dr. Mancuso will address:

- The business case for developing integrated analytic data systems;
- Overview of a legal framework for data integration;
- A resource for free software for linking records from multiple data systems;
- Highlighted analytic use cases demonstrating results from integrated state behavioral health and Medicaid data; and
- Lessons learned in Washington State.

Register [HERE](#) for this Free Webinar
Outside the Box - Providing Mental Health Care to People Without Shelter

Thursday, June 27, 3:30 p.m. - 5:00 p.m. E.T.

Please join us for the third webinar in the three-part Spotlight Series, *Taking Mental Health Care to the Streets*. This webinar will focus on the provision of mental health services to people living in encampments.

Participants will learn strategies for providing care to individuals with serious mental illness, substance use disorders, or co-occurring disorders who are in unsheltered environments, both to address immediate needs and to provide foundational support for community-based permanent care that can continue through a person's transition from living in an encampment to permanent housing.

Participants will learn how to:

- Determine when and how to provide treatment for mental and/or substance use disorders in encampments and other unsheltered environments;
- Connect people living in encampments to mental health resources in the community to help build a sustainable support network to assist with the transition into permanent housing; and
- Include the provision of mental health care and recovery supports in plans for clearing encampments.

The following panelists will share their expertise:

- **Liz Frye, M.D., MPH**, Founder and former Director, Psychiatry & Street Medicine, Mercy Care, Inc., Atlanta, Georgia
- **Juntira Laothavorn, M.D.**, Addiction Psychiatrist, Mercy Care, Inc., Atlanta, Georgia
- **Jennielynn Holmes, MPA.**, Chief Program Officer, Catholic Charities of the Diocese of Santa Rosa, Santa Rosa, California

**REGISTER HERE**

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.

The Center for Substance Abuse Treatment (CSAT) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. CSAT is solely responsible for all aspects of the programs.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.
The Centers for Medicare & Medicaid Services (CMS) has issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in Fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the "red tape" that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that, through regulatory reform alone, the healthcare system will save an estimated 40 million hours and $5.7 billion through 2021. These estimated savings come from both final and proposed rules.

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

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

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

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


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

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

Comments Must be Submitted Here by August 12
UPCOMING WEBINAR

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

**Psychiatric Advance Directives: A Compelling Tool to Support Crisis Care**

*Friday, June 28, 12:00 p.m. to 1:00 p.m. E.T.*

SMI Adviser and the Mental Health Technology Transfer Center Network are hosting a free webinar on Psychiatric Advance Directives (PADs), which are legal documents that permit persons with mental illnesses to declare their preferences, instructions, and consent for future mental health treatment, or appoint a surrogate decision maker in advance of an incapacitating psychiatric crisis. Twenty-seven states have enacted statutes supporting these directives. This webinar is an ideal opportunity for all mental health clinicians across various practice settings to gain:

- Background information on the concepts of PADs,
- Insights on potential benefits and resources to aid in implementation, and
- Approaches to overcome barriers to implementation.

Earn up to 1.0 AMA PRA Category 1 Credit™, 1.0 CE credit for psychologists, and up to 1.0 contact hour of nursing continuing education.

**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.

**Funded by**

**SAMHSA**

**Grant Statement**

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**SAVE THE DATES!**

**NAMD 2019 Conference**

*Monday, November 11 to Wednesday, November 13*

*Washington Hilton, Washington, D.C.*

**Registration is Now OPEN**

**COMING SOON!!!**

WATCH THIS LINK FOR THE NEW WEBSITE FOR THE SAMHSA SPONSORED
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](#)

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:

- May 21–May 22 in San Antonio, Texas
- June 4–5 in Portland, Oregon
- June 18–19 in Charlotte, North Carolina
- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
Registration for the National Wraparound Implementation Academy is Open

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

Register NOW

Engaging Youth Leaders Who Are Survivors of Traumatic Situations, Including Domestic Violence

Led by Youth M.O.V.E. National, this LC is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. June’s Direct Connect will focus on how Light to Life utilizes a trauma informed approach that involves recognizing, understanding and responding to all types of dating abuse. Our response is to collaborate with primary/secondary schools and community organizations. Light to Life raises awareness on dating violence through psycho educational workshops and social media outreach. The objective of this webinar is to increase knowledge about dating violence prevention education and to expand strategies on how to engage young adults for violence prevention education.

Register NOW

Suicide Prevention in Native American/Alaska Native Communities

This webinar will discuss suicide prevention for American Indian/Alaska Native Communities.

Register NOW

Policy for Transformed Lives: A Framework for Policy and Systems Change to Support Young Adult Mental Health

Systemic change in young adult mental health that centers youth and young adults requires bold action. CLASP has developed a guiding framework for system leaders to shift their approach to youth and young adult mental health away from a service-oriented model and toward a transformational model. This webinar will introduce CLASP’s policy and systems change framework and lay the foundation for future conversations about how to identify and pursue transformational policy changes. This interactive webinar will include a recording and thought work to complete before the webinar date.

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

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

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

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Training Guides**

**Training Videos: Navigating Cultural Dilemmas About –**

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

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

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

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

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

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

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

Medicaid Work Requirements – Results from the First Year in Arkansas. Sommers B.D. et al., New England Journal of Medicine, June 20

'A Mental Health Crisis': 3 NYPD Officers Die by Suicide in 10 Days. Joey Garrison, USA Today, June 15


Working with a Severe Mental Illness: Estimating the Causal Effects of Employment on Mental Health Status and Total Mental Health Costs. Gibbons B.J. & Salkever D.S., Administration and Policy in Mental Health and Mental Health Services Research, July 2019

Observed Outcomes: An Approach to Calculate the Optimum Number of Psychiatric Beds. O'Reilly R., Allison S. & Bastiampiallai T., Administration and Policy in Mental Health and Mental Health Services Research, July 2019

Medicare Direct, A Blueprint For Public Option Waivers, Part 1: Introduction, Administration, And Financing, Billy Wynne Health Affairs Blog, June 17

Trump Campaigned on Defeating the Opioid Crisis. It’s Hard to Tell If He’s Winning. Brianna Ehley, Politico, June 16


Erie County Picked for Suicide Prevention Study. Mike McAndrew, Buffalo News, June 17

Mental Health Day Off? Company Culture is Changing Top Workplaces 2019. Susan Glaser, Cleveland Plain Dealer, June 16


Getting To Yes: A History Of Why Budget Negotiations Succeed, And Why They Fail. Brian Riedl, Manhattan Institute, June 18


My View: Finding the Courage to Face Mental Illness. Anna Steinberg, Buffalo News, June 20

My View: A Schizophrenic’s Unexpected Gifts. Robert Poczik, Buffalo News, June 17

The Flimsy Promises of Brain Wearables. Kaveh Waddell, Axios, June 20

E-Cigarette Exploded in a Teenager’s Mouth, Damaging His Jaw. Sheila Kaplan, New York Times, June 19

“We Didn’t Cause the Crisis”: David Sackler Pleads His Case on the Opioid Epidemic. Bethany Mclean, Vanity Fair, August 2019
The **NASMHPD Weekly Update** Will Not Publish the Next Two Weeks

We’ll Be Back July 12

Have a Great Independence Day!!!