Adolescent Mental Illness Drawn into Debate as Florida, Congress, and the White House Struggle to Address Gun Violence in Schools through In-School Counseling

As Florida, Congress, and the White House have begun considering legislation to address school gun violence in the wake of the February 14 Parkland, Florida shootings, addressing adolescent mental illness through school mental health counseling has become an element of the solutions being considered.

The first to take action was the state of Florida, where the shootings occurred. On March 7, Governor Rick Scott (R) signed legislation he had encouraged the legislature to enact, S.B. 7026. That bill:

- provides a $69 million mental health assistance budget allocation to assist school districts in establishing or expanding school-based mental health care;
- prohibits gun sales to Floridians who were committed to mental institutions or deemed mentally incompetent by a judge;
- authorizes a law enforcement officer who is taking a person into custody for an involuntary examination under the Baker Act to seize and hold a firearm or ammunition from the person for 24 hours; and
- creates a process for a law enforcement officer or law enforcement agency to petition a court for a risk protection order to temporarily prevent persons who are at high risk of harming themselves or others from accessing firearms or ammunition when a person poses a significant danger to himself or herself or others, including significant danger as a result of a mental health crisis or violent behavior.

The bill also provides a process for the risk protection order to be vacated or extended.

On March 12, the White House issued the Fact Sheet President Donald J. Trump is Taking Immediate Actions to Secure Our Schools which proposes:

- an expansion and reform of mental health programs, including those that help identify and treat individuals who may be a threat to themselves or others;
- increased integration of mental health, primary care, and family services, as well as support for programs that utilize court-ordered treatment;
- a review of the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and other statutory and regulatory privacy protections;
- reviews to determine if any changes or clarifications are needed to improve coordination between mental health and other healthcare professionals, school officials, and law enforcement personnel;
- the creation of a Federal Commission on School Safety, chaired by Education Secretary Betsy DeVos, to study and make recommendations on, *inter alia*:
  - opportunities to improve access to mental health treatment, including through efforts that raise awareness about mental illness and the effectiveness of treatment, reduce barriers to the recruitment of mental health professionals, and provide training related to violence prevention;
  - best practices for school-based threat assessment and violence prevention strategies; and
  - the effectiveness and appropriateness of psychotropic medication for treatment of troubled youth.

In Congress, the House enacted the Stop School Violence Act of 2018, H.R. 4909, 407-10. The bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to revise and reauthorize through FY2028 the Secure Our Schools grant program. It appropriates $75 million annually over 10 years, $50 million of which would be used for:

- schools to develop “threat assessment systems” in line with recommendations from the FBI and Secret Service;
- anonymous reporting systems to be implemented for use by students, teachers, or others to contact law enforcement about potential threats; and
- improve school security through the use of technologies and increased personnel.

The Senate version of the bill, S. 2495, assigned to the Senate Judiciary Committee and likely to be added to the Fiscal Year 2018 funding measure due March 23, would appropriate $75 million in the current fiscal year and $100 million in Fiscal Years 2019 through 2028.
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**NASMHPD Board & Staff **

**NASMHPD Links of Interest**
Suicide Prevention in Later Life: Connecting and Contributing

Monday, March 26, 2 p.m. to 3:30 p.m. ET

Developed under the TA Coalition Contract by the National Association of State Mental Health Program Directors

This presentation will highlight the importance of suicide prevention in later life, with an emphasis on increasing social connectedness as a means for prevention. The webinar will cover basic epidemiology of late-life suicide and how a contemporary theory of suicide (the Interpersonal Theory of Suicide) can inform prevention efforts by highlighting potential mechanisms. The presentation will discuss four strategies for increasing social connectedness in later life that have been examined in studies by the presenter—peer companionship, volunteering, psychotherapy, and web-based social skills training. We will conclude by discussing a multifaceted intervention model for promoting social connectedness and reducing suicide risk in later life.

Learners will:

1. Describe at least two challenges to suicide prevention in later life that illustrate the importance of incorporating upstream prevention strategies into a late life suicide prevention program.
2. Be able to state the rationale for targeting social relationships in suicide prevention among older adults.
3. Identify at least two empirically informed strategies for improving relationships for older adults that they can bring to their work.

Presenter: Kim Van Orden, PhD, is a clinical psychologist and Associate Professor in the Department of Psychiatry at the University of Rochester School of Medicine. She is also the Associate Director of a research fellowship in suicide prevention at the University of Rochester that is funded by the National Institute of Mental Health. She received her PhD from Florida State University and completed a predoctoral internship at Montefiore Medical Center and a postdoctoral fellowship at the University of Rochester. Her research and clinical interests are in the promotion of social connectedness to prevent late-life suicide. Much of her work is grounded in psychological theory, including the Interpersonal Theory of Suicide, which she helped develop, refine, and test. Her research is funded by the National Institute of Mental Health, the National Institute on Aging, and the Centers for Disease Control and Prevention. Her current and recent projects examine behavioral interventions to reduce suicide risk in later life via the mechanism of increasing social connectedness. She also mentors students and postdoctoral fellows and maintains an active clinical practice providing evidence-based psychotherapy to older adults.

The Benefits of Family Peer Support: Let’s Examine the Evidence

Wednesday, March 21, 2 p.m. to 3:30 p.m. ET

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

In this presentation participants will learn the definition of family peer support, the foundation of family peer support and how this practice has emerged over the years from a grass roots, volunteer service to an effective and valuable service for parents within any child-serving system. During this presentation, participants will review numerous studies and be provided with multiple research resources showing the benefits of family peer support as a service delivery component, its cost effectiveness, and the return on investment. Additionally, participants will understand the benefits of this type of support to parents raising children who are receiving services. Benefits of empowerment, increased self-efficacy, reduction of stress and increased capacity to handle the stressors of raising a child experiencing emotional, behavioral, mental, physical, and medical health care needs as well as the development of family networks, as families meet other families with similar circumstances will be explored. The presenters will share a variety of roles that family peers play in the support of families across the country.

Presenters:

- Toni Donnelly, Director of Training and Innovation, Family Involvement Center
- Denise Baker, Associate Director of Training, Family Involvement Center
- Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

**Closed-captioning is available for this webinar.
***We do not offer CEU credits however letters of attendance are offered upon request.

If you have any questions regarding either of this webinars, contact Kelle Masten by email or by phone at 703-682-5187.
SAMHSA-SPONSORED WEBINARS

Myths and Reality: The HIPAA Privacy Rule
Wednesday, March 28, 2:30 p.m. to 4 p.m. E.T.

Developed Under Contract by the National Alliance on Mental Illness

Description: HIPAA is a privacy rule intended to safeguard private health information, but is often misinterpreted and misapplied. With better understanding of flexibility within HIPAA, mental health stakeholders can promote both individuals' privacy rights and appropriate inclusion of families/partners and providers.

This webinar will feature various scenarios that illustrate both commonly-held misperceptions about HIPAA, as well as more complex issues. It will address such topics as communications among health providers, disclosures to caregivers, rights of people to access information about their own treatment, special rules pertaining to mental health and substance use information, and other important topics.

Presenter: Ron Honberg, J.D. serves as Senior Policy Advisor at National Alliance on Mental Illness (NAMI). Mr. Honberg oversees NAMI's federal advocacy agenda and NAMI's work on legal and criminal justice issues. Mr. Honberg has drafted amicus curiae briefs in precedent setting litigation affecting people with mental illnesses and has provided technical assistance to attorneys and NAMI affiliates on legal and public policy issues. He serves as a frequent resource for print and broadcast media on legal and policy issues.

Register HERE

Diversion and Access to Mental Health Services in Prisons and Jails
Tuesday, March 20, 2 p.m.to 3:30 p.m.

Developed under Contract by the National Disability Rights Network

Description: Recently there has been an increased focus on diversion of individuals with mental illness to community services rather than incarceration. One part of this webinar will discuss this change in focus and ways systems have changed to accommodate diversion. In addition, while we have seen increased access to mental health services in prisons and jails, there are still times where problems occur including staff who do not know what to do when people bring their medicine, or what to do when the individual comes without the medicine and needs to obtain it, how to recognize negative side effects of medications, and how to ensure the provision of treatment and services. A second part of this webinar will focus on processes that police departments can have in place to address these problems, how advocates can be involved, and ways to improve the system.

Presenters:

• Elena Landriscina, Esq., is a staff attorney at Disability Rights New York in the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.

• Amanda Antholt is a Senior Attorney at Equip for Equality, where she focuses on civil rights, class action, and employment discrimination litigation on behalf of people with disabilities.

• Merry Postemski is a Legal Advocate at Disability Rights Vermont (DRVT)

Register HERE

CEU credits will not be offered for either of these webinars. However, letters of attendance are offered upon request.

Closed-captioning is available for both webinars.

If you have any questions regarding this webinar, contact Kelle Masten by email or by phone at 703-682-5187.
A literature review of suicide across the lifespan—children/adolescent, adult and older adults—has identified static and dynamic risk factors for suicide attempt and completion, assessment strategies, and evidence-based management strategies.

The review published online in the January 2018 Journal of Forensic Sciences included peer-reviewed studies published within the last 20 years, excluding studies that involved fewer than 100 subjects. The studies reviewed by authors Ian Steele, MD, Natasha Thrower, MD, and Fabian Saleh, MD from the Harvard University Department of Psychiatry, and Paul Norian, MD, from the University of Massachusetts’ Department of Psychiatry included case reports, studies involving specific populations (e.g., pediatric oncology), or studies focused on suicidal ideation or self-injury.

The literature review revealed that childhood and adolescent risk factors include insomnia, feelings of burdensomeness, and recent conflicts with family or romantic interest. Adult risk factors include being male, having a substance use disorder, experiencing marital/relationship conflict, and loss of employment. For older adults, the risk factors are medical comorbidities, sense of hopelessness, and social isolation.

The research found that access to firearms as lethal means was a leading risk factor in every age group.

**Children and Adolescent Risk Factors**

Static risk factors for children and adolescents were found to include: prepubescent and adolescent males; adolescents with a prior suicide attempt or a history of non-suicidal self-injury; family history of psychopathology; past exposure to traumatic events such as physical and/or sexual abuse and violence; and identification as LGBTQ in sexual orientation.

Dynamic risk factors for children and adolescents were found to include having one or more psychiatric conditions—with major depression being the most commonly associated with suicide attempt/completion, substance use disorder, insomnia, impulsivity, hopelessness, and access to firearms in the house. Social stressors for prepubescent suicides included family stress, loss of parent(s), and bullying (victim, perpetrator, or both). Adolescent social factors included problems with romantic relationships, school and law enforcement problems, and family distress.

The review revealed the following protective factors for children and adolescents: a sense of emotional stability and good coping mechanisms, feelings of connectedness to family, a strong family presence, participating in extracurricular sport and school events, supportive friends, and a fondness for school.

**Adult Risk Factors:**

Static risk factors for adults are similar to the risk factors for children/adolescents: being male, history of psychiatric condition(s), childhood trauma, family history of suicide, and history of non-suicidal injury. Additional risk factors include history of suicide attempt, education at less than a high school degree level, being Caucasian, and a previous diagnosis of a mental illness. Dynamic factors for adults were found to include agitation, insomnia, hopelessness, acute psychiatric illness, including hospitalization, access to firearms, job loss/financial hardships, incarceration or recent arrest, marital status (single, divorced, widowed), and active duty or veteran status.

Protective factors for adults were found to be religious affiliation, the social stigma of suicide, reasons for living (children, spouse, and future aspirations), a strong social network, and active compliance with treatment.

**Older Adult Risk Factors**

Static risk factors for older adults were found to include being of an older age, being male, having chronic health condition(s), having a history of suicide attempt, a history of a family suicide, and a history of trauma (physical and sexual abuse). The researchers noted that suicide rates are alarmingly high among white males age 85 and older. Dynamic factors for older adults include having an acute psychiatric illness or acute medical condition, substance use, perception of being a burden to family/loved ones, poverty, social isolation, and access to firearms.

Protective factors for older adults were found to include a sense of social connectedness, fewer medical comorbidities, no history of prior suicide attempts, active participation in the community, and a strong family support system within geographic proximity.

The researchers provide some general guidelines for screening assessments that take into account the static and dynamic risk factors. For example, Dr. Steele and his colleagues recommend universal screening for access to lethal means (firearms) for all stages of life based on the heightened risk of attempting suicide with access to firearms.

For management of risk, the authors recommend the use of Stanley and Brown’s six-step safety plan: (i) recognizing warning signs for imminent suicide; (ii) identifying and employing internal coping strategies without needing to contact another person; (iii) using contact with friends/family as a means of distraction from suicidal ideations/urges; (iv) contacting family or friends who would be helpful in resolving a crisis; (v) contacting mental health professionals, crisis services, and emergency departments; and (vi) reducing the potential for use of lethal means.

They further conclude that the safety plan should be uniquely tailored to the individual, involve family and friends, and provide for emergency support. Effective management strategies should provide the least restrictive treatment which also maintains the individual’s safety.

**SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING**

Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year’s meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year’s concept of Beyond Beds and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration’s 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

- Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.
- Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.
- Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Eligibility: Eligible applicants are:

- The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.
- Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity 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.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
WEBINAR
Treatment and Prevention of Opioid Use Disorder: Overview

Tuesday, April 3, 2 p.m. - 3:30 p.m. E.T.

In this webinar, Dr. Dennis McCarty of the OHSU-PSU School of Public Health at Oregon Health & Science University will present an overview on the treatment and prevention of opioid use disorder (OUD) in the U.S. This 90-minute webinar will cover:

- Historical federal initiatives that provided treatment for OUD
- Opioid agonists: most effective therapies for OUD
- The limited access to pharmacotherapy
- The chronic nature of OUD and rates of return to use
- Approaches to preventing OUD and the role of overdose education and naloxone distribution

This FREE training event is brought to you by the Great Lakes ATTC, Pacific Southwest ATTC, Northwest ATTC & the Western States Node of the NIDA Clinical Trials Network.

Continuing Education Credit: This webinar has been approved for a total of 1.5 contact hour through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) through the ATTC Network Coordinating Office. Certificates of completion indicating the number of contact hours earned will be issued to all attendees approximately one week post webinar.

PUBLIC COMMENT

PUBLIC COMMENT Sought on Draft Recommendation Statement and Evidence Review: Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and draft evidence review on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. The Task Force found that clinicians should refer patients who have obesity to multicomponent, intensive behavioral interventions.

The draft recommendation statement and draft evidence review are available for review and public comment here.

Public Comment Period: 2/20/18 - 3/19/18

Any visitor to the Task Force Web site can comment on any of the listed USPSTF draft documents. However, readers should note that the USPSTF writes these documents for researchers, primary care doctors, and other health care providers, using medical and scientific language appropriate for these audiences.

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<td>The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</td>
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See the full draft recommendation statement
Hardly a day goes by without a headline, court case, or legislative action calling for reforming the mental health system. Often, these calls to action end in two words: “More beds.” Largely missing from the discussion are essential questions such as these:

- What do we mean by “beds”? More precisely, what types of beds are needed: acute, transitional, rehabilitative, long-term or other?
- Are there differences in the needs of different age groups – youth, adults, older persons – and diagnoses that need to be reflected in the bed composition?
- What are the evidence-based outpatient practices that would reduce bed demand by reducing the likelihood that a crisis will develop or by diverting individuals in crisis to appropriate settings outside of hospitals?

This webinar provides an overview of the technical assistance document Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, which addresses these questions and offers 10 public policy recommendations for reducing the human and economic costs associated with serious mental illness by building and invigorating a robust, interconnected, evidence-based system of care that goes beyond beds. The achievable outcome is that people with serious mental illness have access to the same levels of care that individuals with other medical conditions already commonly experience and obstacles to such treatment are removed.

Presenters:

- Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Substance Abuse and Mental Health, U.S. Department of Health and Human Services
- Debra A. Pinals, M.D., Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services and Clinical Professor of Psychiatry, University of Michigan
- Doris A. Fuller, Chief of Research, Treatment Advocacy Center (ret.)

Resources: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.Beyond_Beds.pdf

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Adults with mental illness and substance use disorders use tobacco at significantly higher rates than others in the population – accounting for 40 percent of all cigarettes smoked. The U.S. Substance and Mental Health Services Administration (SAMHSA) and national advocacy groups, including the National Association of State Mental Health Program Directors (NASMHPD), are collaborating to provide information, strategies, and resources to reduce tobacco use among people receiving community-based behavioral health services. This webinar will describe the prevalence of smoking among people involved with the public behavioral health system; successful strategies to reduce smoking in community-based behavioral health settings; and partnerships across service systems to sustain smoking cessation.

Presenters:

- Brian Hepburn, M.D., Executive Director, NASMHPD (moderator)
- Doug Tipperman, M.S.W., Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, Substance Abuse and Mental Health Services Administration
- Steven A. Schroeder, M.D., Distinguished Professor of Health and Health Care, University of California- San Francisco (UCSF) and Director, Smoking Cessation Leadership Center
- John B. Allen, Jr., Special Assistant to the Commissioner, New York State Office of Mental Health
- Mark Hurst, M.D., Medical Director, Ohio Department of Mental Health & Addiction Services

Additional Resources Available at: https://www.samhsa.gov/atod/tobacco
WEBINAR
The Opioid Crisis: Treating Addiction and Saving Lives
Monday, March 19, 1 p.m.-2:30 p.m. E.T.

Featuring
Donald Berwick
Institute for Healthcare Improvement
Kathryn Power
Substance Abuse and Mental Health Services Administration
Sherry Dubester & Eric Bailly
Anthem, Inc.
Suzanne Kunis
Horizon Blue Cross Blue Shield of New Jersey

An estimated 2.1 million Americans have an opioid use disorder, according to the latest national data. Opioid overdose takes the lives of 4.6 Americans every hour. With a crisis of this magnitude, it is easy to lose sight of the fact that effective, life-saving treatments are out there. Medication-assisted therapy and the opioid-reversing drug naloxone, for example, are two highly effective interventions for addiction and overdose, but access barriers persist.

In last month’s webinar, we discussed strategies to prevent opioid misuse. In part two of our opioid webinar series, we will explore ways to expand the use of evidence-based treatment, including:

- Strategies to smooth access to key drug therapies through standing orders to dispense and removal of prior authorization requirements
- Federal and private-sector initiatives to protect the patients from sub-standard or fraudulent addiction treatment
- A multi-sector collaboration to adopt principles of care for substance abuse treatment and to help practitioners stay abreast of the evidence
- Ideas for using pharmacy data to identify potential abuse and for deploying telehealth technology to improve access to treatment

Register [HERE](#)
A draft agenda is available on our website.

Check out our new infographic (above and to the right) to learn more about opioid abuse trends.
Summer Institute in Mental Health Research

The Summer Institute in Mental Health Research will be offered over the course of a two-week period, May 29 – June 8, 2018, by the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health.

The Institute focuses on methodological and substantive topics in mental health and substance-use research. It is intended for working professionals or students who are interested in developing research expertise in the epidemiology of mental health and substance use disorders, the implementation and evaluation of mental health services and interventions, and/or the methodological issues encountered in mental health research in the population.

After completing the program, participants will understand the latest findings on the occurrences of mental health and substance use disorders in the population and their implications for public mental health; know the steps involved in the scientific, empirical evaluation of services and interventions targeted for mental health outcomes; and acquire the skills and knowledge needed in using the state of the art methodological tools for collecting and analyzing mental health data. Where academic credit leading to a degree is desired, students are required to pay the standard school tuition (to be determined for Bloomberg School of Public Health degree students. This rate does not apply to students taking courses for non-credit. The non-credit tuition rate for 2018 is (to be determined). No scholarship and/or grant support is available.

330.610.89 Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Location: Internet
Dates: Tuesday, May 29, 2018 – Friday June 8, 2018
Contact: Ronald Manderscheid
Course Instructor: Ronald Manderscheid

Description: Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

Learning Objectives:
Upon successfully completing this course, students will be able to:
1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
2. Describe the essential features of National Health Reform and the Medicaid Program
3. Engage successfully in local strategic planning and needs assessment initiatives

Methods of Assessment:
Class participation and a brief analytical paper on addressing a practical problem in managing a county or local mental health, substance use, or developmental disability authority. Project is due June 30, 2018)

Credits: 1 credit Auditors Allowed: Yes, with instructor consent
Grading Restriction: Letter Grade or Pass/Fail

Information on Application & Tuition Here
This one day summit is designed to help clinicians and educators develop an interprofessional approach to educating and delivering quality addiction education and services to patients and families. This conference builds on evidence-based approaches to addiction identification and management in combination with interprofessional collaborative and educational practices into a competency–based plan for pain management and addiction care.

The program format is designed to foster thoughtful discussions, analysis and collaborative learning and practice to address the current addiction-based epidemic associated with opioids and other potentially abusive substances.

**Keynote Speaker**

Elinore McCance-Katz, MD, PhD  
Assistant Secretary for Mental Health & Substance Use  
U.S. Department of Health and Human Services

**On-Line Registration Fee:** $50  
**On-Site Registration Fee:** $85  
Registration will close at midnight, March 25. Registration after that time will be considered on-site and subject to the higher registration fee.

Jointly provided by the Office of Continuing Medicine Education of the University of Virginia School of Medicine and School of Nursing Continuing Education. This one-day summit meets the Virginia Board of Medicine requirement for 2 hours of continuing education (CE) in pain management, proper prescribing of controlled substances and the diagnosis and management of addiction.

Jointly hosted by University of Virginia School of Medicine, Virginia Department of Health, Virginia Department of Behavioral Health & Developmental Services, Eastern Virginia Medical School, Liberty University, Virginia Commonwealth University School of Medicine, Virginia Tech Carilion School of Medicine & Research Institute, Substance Abuse and Mental Health Administration

*For questions, please contact: Jann T. Balmer, PhD, RN, FACEHP, FAAN  
Director, Continuing Medical Education  
uvacme@virginia.edu or 434-924-5310.*
Global Gathering of AI Healthcare Leaders.

Join 140+ CEOs and senior industry decision makers to share perspectives on how cognitive computing, machine learning and big data are transforming virtually every aspect of health care.

April 23–25, 2018
Boston, MA • United States

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NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care. On March 27, SAMHSA Assistant Secretary Elinore McCance-Katz, M.D. PhD. will join the authors of the umbrella paper, Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, Debra A. Pinals, M.D., Medical Director of Behavioral Health and Forensic Programs at the Michigan Department of Health and Human Services and Doris A. Fuller, former Director of Research at the Treatment Advocacy Center, on a webinar discussing the policy considerations underlying the need to create a true continuum of care.

The presenters will explore what evidence-based outpatient practices can reduce bed demand by reducing the likelihood that a crisis will develop or by diverting individuals in crisis to appropriate settings outside of hospitals. Many of those practices were mentioned in the recent report of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to Congress, spearheaded by the Assistant Secretary.

Following are links to the other nine reports in the Beyond Beds series.

- Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
- Older Adults Peer Support - Finding a Source for Funding
- The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders
- Crisis Services’ Role in Reducing Avoidable Hospitalization
- Quantitative Benefits of Trauma-Informed Care
- Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
- The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
- The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

Jump-Starting Community Inclusion: A Toolkit for Promoting Participation in Community Life

This toolkit is a compendium of simple, do-able strategies drawn from 15 years of research and training activities at the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)-funded Temple University Collaborative on Community Inclusion Rehabilitation Research and Training Center. It contains 66 practical first steps that community mental health providers can take to more effectively support their service recipients’ participation in everyday community life. It focuses on policy changes, programming shifts, and practice innovations that can quickly give new life and relevance to an agency’s operations. The Toolkit also offers links to over 100 publications and products to support your work.

To further support utilization of the Toolkit, a one-hour ‘Jump Starting’ webinar is scheduled for April 12 at 1 p.m. E.T. The webinar will review the document and feature some of the innovators who are already knee-deep in the process of policy, program, and practice changes.

Download Jump Starting Community Inclusion from the Temple University Collaborative at this link.

Register HERE for the April 12 webinar
ONLINE REGISTRATION NOW OPEN

NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org
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.

MARCH TRAININGS

Georgia
March 29 - Centers for Disease Control and Prevention (CDC), Atlanta

Maryland
March 22 - Anne Arundel Health System, Annapolis

Pennsylvania
March 20 & 21 – First Hospital, Kingston

Virginia
March 19- Micah Ecumenical Ministries, Fredericksburg

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

CCF Annual Conference

July 24-26, 2018
Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children’s advocacy organizations.
Webinar: Integrating HIV and Substance Use Disorder Treatment to Optimize Care for Vulnerable Patients

*March 21, 2 p.m. - 3:30 p.m. E.T.*

**Presenters:** Alexander Walley, MD, M.Sc, Associate Professor of Medicine at Boston University School of Medicine
Joshua Blum, MD, Program Coordinator, Denver Health and Hospital Authority

People living with substance use disorders (SUD) and HIV face many challenges accessing and staying in care, which impacts viral suppression. Practical, evidence-based interventions offer opportunities to support clients by treating their SUD while also treating their HIV. These strategies address direct care needs and keep clients linked to services at your organization.

Join the [SAMHSA-HRSA Center for Integrated Health Solutions](https://www.samhsa-hrsa.org) for a webinar to build knowledge on the methods that work.

After this webinar, participants will be able to:

- Understand how integration can support implementation of evidence-based practices and care teams in Ryan White HIV/AIDS provider settings to address substance use and HIV treatment needs
- Recognize opportunities to cross-walk SUD and HIV treatment approaches using the key concepts of integration
- Assess current organizational readiness to adopt and/or incorporate new strategies for client retention
- Access practical resources and tools to help develop an approach to care that works for your organization

Registration is free and closed captioning is available upon request. The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

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**Be Heard.**

*April 23-25, 2018 *

*Washington, DC*

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

We could tell you about NatCon18’s:

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

Or, we can **SHOW YOU** what you’ll miss if you don’t attend NatCon18 – the National Council Conference.

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Registration is **free** if you currently reside and work in one of the following IIMHL supporting countries:

- Australia
- Canada
- England
- New Zealand
- Scotland
- Sweden
- United States
- Netherlands
- Denmark
- Finland
- Iceland
- Norway
- Greenland
- Ireland

Registration is $400 for Individuals not residing in an IIMHL Country.

Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

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

Description: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Clinical Support System for Serious Mental Illness (Short Title: CSS-SMI) grant. The purpose of this program is provide technical assistance (TA) for the implementation and provision of evidence-based treatment and recovery support programs for individuals living with serious mental illness (SMI). The program aims to establish a national Center to provide this TA to providers, programs and communities across the nation.

The program initiative will focus on the development and delivery of technical assistance that supports the implementation of evidence-based practices in the person-centered treatment and recovery support of individuals with SMI. The CSS-SMI is intended to target localities and populations, particularly those with SMI, who currently have limited access to good care that incorporates evidence-based practices. This is in alignment with the Interdepartmental SMI Coordinating Committee (ISMICC) recommendations that more people with SMI get good care and that there are fewer gaps in obtaining treatment and recovery support services for persons with SMI. The CSS-SMI is intended to have two particular clinical foci: 1. Promotion of the optimization of and increased access to the safe use of evidence-based and person-centered pharmacological interventions that are beneficial in the treatment of many persons with SMI, such as long-acting injectable antipsychotic medications and the use of clozapine and 2. Increased access and engagement so that more people with SMI are able to get good care. In this context, good care includes access to a range of person-centered services, such as crisis services, that are equipped to work with individuals with SMI. Good care also includes access to a set of recovery support services that are provided by professionals, including peer support specialists, who work together with psychiatric medical staff and over time to seamlessly coordinate and optimize person-centered recovery. We are particularly interested in the promotion and implementation of optimal pharmacologic treatment and recovery support services in localities of greatest need. These components of the initiative focus on the education and training needs of service providers and implementation needs of programs providing services to those living with SMI. Provision of information about best practices as they relate to prevention, treatment and recovery services for SMI oriented toward the needs of individuals living with these conditions and their families is also an important component of this initiative. Because this project requires a national focus that addresses all aspects of SMI, consortia of providers, academic programs, and other stakeholders are encouraged.

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example: public or private universities and colleges, guild and/or professional organizations, national stakeholder groups.

Award Information:
Funding Mechanism: Grant Anticipated Award Amount: Up to $2,900,000 per year
Anticipated Total Available Funding: $2,900,000 Length of Project: Up to 5 years
Anticipated Number of Awards: One Award Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $2,900,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

Contact Information
Program Issues: Tracie Pogue, Office of Policy, Planning and Innovation, SAMHSA, (240) 276-0105 Tracie.pogue@samhsa.hhs.gov
Recovery-Oriented Cognitive Therapy (CT-R) Webinar Series in Four Parts

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

Understand how an evidence-based, recovery-oriented cognitive therapy (CT-R) can operationalize recovery and resiliency.
Learn mechanisms for employing CT-R processes and technics within clinical practice.
Explore methods for implementing evidence-based interventions across large behavioral health system.

Each session has been recorded and archived.

Theory, Evidence, and Activating the Adaptive Mode in CT-R

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

Discovering Meaningful Aspirations and Taking Action with CT-R

Part 2: Paul Grant and Ellen Inverso discuss eliciting an individual’s hopes and dreams for motivating and energizing recovery via CT-R. (A recording will be posted shortly.)

Team-Based CT-R for Building Empowerment and Resilience

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

Implementation of CT-R Across a System, Lessons of Success

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

View the Recordings HERE

For more information contact: RTP@AHPnet.com Website: https://www.samhsa.gov/recovery-to-practice

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis

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

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

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
Turning Information Into Innovation
Registration is now open for the 2018 Health Datapalooza, April 26-27 in Washington, D.C.
Health Datapalooza is more than just a meeting; it’s a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

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

Register NOW!

California Department of State Hospitals Public Forensic Mental Health Forum
Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814
June 7 & 8, 2018
Topics Include: Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals
Featured Speakers Will Include:

Dr. Stephen Stahl
Dr. Charles Scott
Dr. Barbara McDermott
Dr. Katherine Warburton

CLICK HERE TO REGISTER NOW!

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

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

To Apply for Technical Assistance, CLICK HERE. We look forward to the opportunity to work together.
Technical Assistance Opportunities for State Mental Health Authorities

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

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

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

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

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

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**New On-Demand Continuing Medical Education (CME) Course:**

**Clozapine as a Tool in Mental Health Recovery**

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a “virtual grand rounds,” this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you’ll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

**Register HERE!**

**Course Objectives**

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

*Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)*
The Medicare Access and CHIP Reauthorization Act (MACRA) became effective in 2017 and is just the beginning of the value-based payment models that will impact our public and private healthcare systems. Tami L. Mark, PhD is a national expert and opinion leader in behavioral health systems of care, and Senior Director of Behavioral Health Financing with RTI. She will review many of the newly developing payment models, evaluate how they are likely to impact state and county payment mechanisms and provider claiming guidelines, and suggest how to prepare for new reporting requirements.

Medicaid Innovation Accelerator Program National Learning Webinar
Addressing Administrative and Regulatory Barriers to Physical and Mental Health Integration
Monday, March 26, 1:30 p.m. to 3 p.m. E.T.

CMS's Medicaid Innovation Accelerator Program (IAP) Physical and Mental Health Integration program area is hosting this national learning webinar on addressing administrative and regulatory barriers to physical and mental health integration.

The webinar will feature speakers from two state Medicaid agencies, Arizona and New York, who will share how they are developing and improving current administrative and reimbursement strategies that promote integration.

Speakers include:
- Tom Betlach, Medicaid Director, Arizona Health Care Cost Containment System;
- Keith McCarthy, Director, Bureau of Inspection and Certification, New York State Office of Mental Health;
- Trisha Shell-Guy, Deputy Counsel, New York State Office of Alcoholism & Substance Abuse Services; and
- Shaymaa Mousa, MD, MPH, Empire State Fellow, Office of Primary Care and Health Systems Management, New York State Department of Health.

Participants will also learn about key policy, financial, and operational building blocks for integration at the state level. The strategies presented on this webinar will be applicable to a variety of states interested in planning and implementing a physical and mental health integration approach, and working to better align administrative functions to support these efforts.

Register HERE
TA Network Webinars

EARLY CHILDHOOD SYSTEMS OF CARE LEARNING COMMUNITY: PREVENTION TO INTERVENTION IN EARLY CHILDHOOD SYSTEMS OF CARE

MONDAY, MARCH 19, 2:30 P.M. TO 4 P.M. E.T.

The topic of the March 2018 call for the Early Childhood SOC Learning Community for those interested in early childhood systems of care will be challenges, lessons learned, and systems implications for designing a strong, comprehensive early childhood system of care that include a range of prevention and intervention services. The strategies and lessons learned by the DC Social, Emotional and Early Development (DC SEED) Project will be highlighted.

REGISTER NOW

SOC LEADERSHIP LEARNING COMMUNITY - USING SOCIAL MARKETING FOR SYSTEMS CHANGE

WEDNESDAY, MARCH 21, 2:30 P.M. TO 4 P.M. E.T.

This session will focus on how effective marketing and communications strategies can be used to create lasting transformation. SAMHSA’s Caring for Every Child’s Mental Health Campaign’s Social Marketing TA Team will share how social marketing can help change the knowledge, attitudes, beliefs, and behaviors of staff, families, youth, providers, child-serving leaders, and others who are essential to implementing, sustaining, and expanding systems of care through systems change.

REGISTER NOW

LEARNING COMMUNITY FOR FAMILY LEADERS - ON THE FRONT LINES: FAMILIES AND FAMILY-RUN ORGANIZATIONS RESPONDING TO THE OPIOID EPIDEMIC

THURSDAY, MARCH 22, 3 P.M. TO 4:30 P.M. E.T.

This webinar will highlight the work of two family-run organizations and their work to address the opioid crisis. Participants will also learn about a model of peer support training that can complement other forms of parent peer support, and provide additional opportunities for family-run organizations as they develop strategies to meet the needs of youth, young adults, and families affected by substance use disorders.

REGISTER NOW

TRIBAL SOC: INTRODUCTION TO OPIOID IMPACTS IN INDIAN COUNTRY

FRIDAY, MARCH 23, 1:30 P.M. TO 2:30 P.M. E.T

This webinar will discuss the opioid epidemic and its impacts in Indian Country, especially for Native American children and families, with up-to-date data presented. Cultural issues related to treatment and prevention of opioid use as well as medication assisted treatment and prevention will be discussed.

REGISTER NOW

CULTURAL AND LINGUISTIC COMPETENCE PEER LEARNING EXCHANGE - CULTURAL AND BEHAVIORAL HEALTH EQUITY CONSIDERATIONS FOR WRAPAROUND PRACTICE

THURSDAY, APRIL 12, 2:30 P.M. TO 3:30 P.M.

Members of the Cultural and Linguistic Competence Team for the TA Network will lead a web based peer learning exchange focused on aligning Wraparound Values with the National Standards for Culturally and Linguistically Appropriate Service (CLAS Standards).

REGISTER NOW
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Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest


HOUSEHOLD IMMIGRATION STATUS HAD DIFFERENTIAL IMPACT ON MEDICAID ENROLLMENT IN EXPANSION AND NON-EXPANSION STATES. Michael S. Cohen & William L. Schpero, HEALTH AFFAIRS, MARCH 2018

MEETING THE NEEDS OF AGING NATIVE AMERICANS. Jessica Bylander, HEALTH AFFAIRS BLOG, MARCH 8

TEACHERS, OTHER SCHOOL STAFF CAN EASE CHILDREN’S MENTAL HEALTH ISSUES. Sanchez A.L. et al. JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, MARCH 9

THE HOMELESS-CAMPUS CONCEPT CATCHES ON. GOVERNING MAGAZINE, MARCH 13

WHITE HOUSE FACT SHEET: PRESIDENT DONALD J. TRUMP IS TAKING IMMEDIATE ACTIONS TO SECURE OUR SCHOOLS, MARCH 12

EVALUATION OF THE MENTAL HEALTH SERVICES ACT IN LOS ANGELES COUNTY: IMPLEMENTATION AND OUTCOMES FOR KEY PROGRAMS. J. Scott Ashwood et al., Rand Corporation, MARCH 2018


HEALTH CARE SPENDING IN THE UNITED STATES AND OTHER HIGH-INCOME COUNTRIES. Irene Papanicolas PhD.; Liana R. Woskie MSc. & Ashish K. Jha MD, MPH. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, MARCH 13