Oprah to Report on Trauma-Informed Care on the March 11th 60 Minutes Broadcast

On Sunday, March 11, on the CBS network show *60 Minutes*, a leading authority on childhood trauma, psychiatrist and neuroscientist Dr. Bruce Perry, tells Oprah Winfrey that adverse events occurring early in a child's development increase the child's chances of experiencing physical, social, and mental problems later in life.

In the segment, Ms. Winfrey visits two organizations that treat their clients with the "trauma-informed care" approach shaped by Dr. Perry. Both the agencies, SaintA and the Nia Imani Family Center, are in Milwaukee, where Winfrey spent part of her youth and experienced her own instances of childhood trauma.

Ms. Winfrey discussed the segment on the *March 8 CBS This Morning*. She took the idea for a segment on trauma-informed care to *60 Minutes* in her role as special correspondent. She says the trauma-informed care approach has changed her view of how to help individuals from disadvantaged environments—"Unless you fix the trauma, you're working on the wrong thing." She says it has changed the way she will be operating her school for disadvantaged children in South Africa and the way she sees the world.

The interview will air at 7:00 p.m. ET/PT. The transcript of an excerpt from the interview is available [here](#).

The *Center for Mental Health Services’ Center for Trauma-Informed Care* (NCTIC), conducted under contract by NASMHPD’s Dr. Joan Gillece, receives over 30 requests for training and materials per month. It has training sessions scheduled this month in Georgia, Maryland, New Jersey, Pennsylvania and Virginia. It is in its fourth year of operation.

Governors of Maryland, Oregon Tell Senate HELP of their Opioid Efforts, Need for Federal Assistance

The Governors of Maryland, Larry Hogan (R) and of Oregon, Kate Brown (D), told members of the Senate Health Education Labor and Pensions (HELP) Committee at a *March 8 hearing* that they will need additional help from the Federal government to maintain their own efforts to keep up with the constantly evolving opioid crisis hitting their states.

While the Governors expressed appreciation for the $6 billion appropriated in the Bipartisan Budget Act, both agreed more would be needed. Governor Hogan noted he has already invested $500 million in his state's efforts.

In testimony that included the recalling of their own families’ experiences with substance use disorders, each Governor outlined what programs they have undertaken in their own states to ramp up treatment, including providing more wide-spread distribution of medication assisted treatment, and to stave off the distribution of opioids—particularly fentanyl—through more robust criminal enforcement.

Governor Hogan, who noted he had been offered opioids by three different oncologists during his recent two-year battle with cancer, said he learned that every Maryland community was being impacted by the opioid epidemic while campaigning for Governor in 2014. One of his first acts was to create an Opioid and Heroin Abuse Task Force, and he said he was the first Governor in the country to declare a state of emergency in combating the epidemic in March 2017.

Governor Hogan said that, despite committing $500 million to education, prevention, treatment, and enforcement programs, 2,000 individuals died of overdoses in Maryland last year. He said the epidemic has hit Maryland hard, with statistically higher rates of drug overdose deaths than the national average. From 2015 to 2016, total overdose deaths in Maryland increased from 1,259 to 2,098; in contrast, in 2016, motor vehicle accidents accounted for 569 deaths.

Governor Hogan said more Federal funding is needed to make Naloxone more widely available to first responders, and said the Federal government should increase its efforts to interdict the import of Fentanyl from China through the U.S. Postal Service, as well as its importation over the Mexican border. He said that, in Maryland, Fentanyl is also being discovered laced with cocaine and marijuana.

In response, Georgia Senator Johnny Isakson noted that his oldest grandson had died of an overdose from Fentanyl—that “just one exposure took his life.” Governor Hogan said the crisis “is not just a health crisis – it’s tearing families and communities apart.”

Governor Brown said the high cost of addiction is being borne by children. She said in Oregon, where she once worked in the foster care system, 60 percent of foster children have at least one parent with a substance use disorder.

*(Continued on page 6)*
### Table of Contents

- Oprah to Report on Trauma-Informed Care on March 11th 60 Minutes Broadcast
- Governors Hogan and Brown Tell the HELP Committee of their States’ Opioid Efforts, Request Additional Federal Assistance
- March 14 SAMHSA-Sponsored Webinar: Innovations in Linkages and Referrals
- March 26 SAMHSA-Sponsored Webinar - Suicide Prevention in Later Life: Connecting and Contributing
- Comments Due March 19 to the U.S. Preventative Services Task Force on Behavioral Health Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults
- American Academy of Pediatrics Recommends Annual PCP Depression Screening for Youth
- March 26 Medicaid Innovation Accelerator Program Webinar on Addressing Administrative and Regulatory Barriers to Physical and Mental Health Integration
- Joint Commission Offers Resources for Patient Safety Week, March 11 to 17
- March 27 SAMHSA-Sponsored Webinar: Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
- Jump-Starting Community Inclusion: A New Toolkit for Promoting Participation in Community Life & April 12 Webinar
- 1st Annual Virginia Interprofessional Summit for Addiction Education on March 29
- World Medical Innovation Forum April 23-25
- 2017 NASMHPD TA Coalition Working Papers – March 27 Webinar
- April 19 Tuerk Conference on Mental Health and Addiction Treatment
- Nominate Now for the 2018 SAMHSA Voice Awards
- Center for Trauma-Informed Care March Trainings
- July 24 to 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.
- April 23 to 25 National Council Conference
- May 28 to June 1 International Initiative for Mental Health Leadership Conference in Stockholm
- SAMHSA Funding Opportunity Announcement – Clinical Support System for Serious Mental Illness (Application Due March 19)
- Archived Webinar Series in Four Parts on Recovery-Oriented Cognitive Therapy (CT-R)
- April 26-27 Health Datapalooza Registration
- June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum
- TA on Preventing the Use of Restraints and Seclusion
- March 10-14 AATOD Conference in New York City
- Technical Assistance for State Mental Health Authorities
- New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery
- May 2018 Annual Behavioral Health Informatics Conference
- March 12-13 NQF Annual Conference
- Children’s TA Network Upcoming Webinars
- New Resources Posted to the EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis
- NASMHPD Board & Staff NASMHPD Links of Interest
Innovative linkages and referrals programs are showing improved outcomes among individuals experiencing mental health conditions. Designed and delivered by Peer Specialists with lived experience, these programs are increasing engagement with, and commitment to, the recovery process. Higher levels of retention are a result of the social support that are at the center of peer-led services. This webinar discusses how the practices included in the CSU PeerLink and RMHI Peer Engagement programs have extended peer-to-peer outreach and use of recovery services.

**Presenters:**

- Ben Harrington, CEO of the Mental Health Association of East Tennessee
- Lisa Ragan is the Director of Consumer Affairs and Peer Recovery Services for Tennessee’s Department of Mental Health and Substance Abuse Services.
- Stacey Murphy is the Chief Operating Officer of the Tennessee Mental Health Consumers’ Association.
- Tamara Martin is the Director of the Tennessee Mental Health Consumers’ Association Peer Intensive Care Program

**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 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.

**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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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.

See the full draft recommendation statement.
The American Academy of Pediatrics (AAP) has developed two new resources—
Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management, and a toolkit—to assist primary care providers (PCPs) in identifying and treating adolescent depression.

The AAP says it updated its 2007 GLAD-PC guidelines because adolescents mainly receive medical care from their PCPs, and two out of three adolescents with depression are not screened for depression by their PCP. Because of the shortage of child and adolescent psychiatrists, they therefore do not receive the proper treatment.

The AAP GLAD-PC Steering Committee developed recommendations on treatment (psychotherapy, psychopharmacology, and pediatric counseling) and ongoing management of adolescent depression by examining the latest scientific and evidence-based research, including published and unpublished work. In addition, the steering committee obtained feedback on draft guidelines from experts, PCPs, and youth and family members with lived experience.

The guidelines were developed for 10- to 21-year-olds to encompass preteens and young adults. The Steering Committee selected this age range in order to provide flexibility to a PCP to choose whether adolescent or adult depression guidelines would best fit the patient’s developmental status.

The recommendations are included in each guideline category:

- **Practice Preparation:** The recommendations in this category encourage PCPs to be trained in depression assessment, identification, diagnosis, and treatment, and to provide community linkage to mental health resources, including online and in-person support groups for the patient and family.

- **Identification and Surveillance:** This AAP recommendation focuses on youth 12 years of age and older being screened annually for depression either using a self-report screening tool or a universal screening tool in the primary care setting. A second recommendation in this category says youth with depression risk factors should be regularly monitored over time using a formal depression screening instrument.

- **Assessment and/or Diagnosis:** The first recommendation in this category encourages PCPs to assess for depression using standardized depression screening tools for patients who screen positive, for those whose primary complaint is emotional problems, and for those whose depression is suspected but tests negative. A second recommendation suggests that depression assessments should include direct interviews with patients and family members, and an assessment of functional impairment in school and home, and with regard to family and peer relationships.

- **Initial Management of Depression:** The three recommendations under this category focus on: (1) educating patients and family members about depression management; (2) PCPs developing a treatment plan with the patient and family members to promote adherence to goals and outcomes; and (3) all management plans including a safety plan, such as lethal means restriction in the home environment, an emergency plan when a patient becomes actively suicidal or in acute crisis, and the engagement of a concerned third party.

The recommendation on developing a safety plan focuses on reducing the risk of suicide among youth with depression. The AAP says that over 50 percent of adolescents who die by suicide have a diagnosis of depression.

The AAP says the guidelines are intended to help PCPs in the identification and management of adolescent depression, but cautions that the guidelines should not be the sole source of youth depression management.


**Governors of Maryland, Oregon Tell Senate HELP of their Opioid Efforts, Need for Federal Assistance**

(Continued from page 1) Governor Brown said that any treatment provided must be tailored to the individual experience. She was particularly critical of the barriers to access created by private insurers. She recounted her own efforts to get her stepson into residential treatment, noting that the insurer insisted that her stepson fail first in outpatient treatment before he could be admitted to treatment in a residential setting.

She urged the Committee to push the Federal government to work to make generic overdose drugs available. HELP Chair Lamar Alexander (R-TN) assured her that he and ranking member Patty Murray (D-WA) are encouraging the Food and Drug Administration to make that happen.

In response to a question from Senator Elizabeth Warren (D-MA), both Governor Brown and Governor Hogan expressed support for state litigation against manufacturers of prescription opioids, with Governor Hogan noting that Maryland is participating in such a lawsuit. Governor Brown noted that Oregon’s $1.1 million settlement with drug manufacturer Insys over deceptive marketing had produced new resources for research and treatment in the state.  (Continued on page 11)
The Institute for Healthcare Improvement has declared next week, March 11 to 17, Patient Safety Awareness Week.

This year’s observance focuses on two critical issues—safety culture and patient engagement.

The Joint Commission has several related resources available for your use:

- *Sentinel Event Alert, Issue 57: The Essential Role of Leadership in Developing a Safety Culture*
- Safety Culture Infographic
- Safety Culture Video
- *Take 5 Podcast: Busting the Myths about Engaging Patients and Families in Patient Safety*
- *Speak Up™ Patient Education Campaign on Patient Advocacy*

In addition, you can join the social media conversation with the Joint Commission with these hashtags:

- #PSAW18
- #UnitedforPatientSafety
- #WeAreAllPatients

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**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**

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![NPSF](https://example.com)  
![2018 PATIENT SAFETY AWARENESS WEEK](https://example.com)

NEW!
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

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SAMHSA-SPONSORED WEBINAR
Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
Tuesday, March 27, 2 p.m. to 3 p.m. ET

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.)

Register HERE

Resources: https://www.nasmhpd.org/sites/default/files/TAC.Paper_1Beyond_Beds.pdf
1st Annual Virginia Interprofessional Summit for Addiction Education
March 29, 2018
Abbott Auditorium,
Darden Graduate School of Business
Charlottesville, Virginia

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.

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**Boston, MA • United States**

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Save $250 off per registration with 3 or more attendees from the same organization. Applies to Full Conference registrations only.
Governor Hogan said Maryland and its surrounding neighbors have put a regional Prescription Drug Monitoring Program into place and that his state has limited prescriptions of opioid drugs to 7 days. On the enforcement side, he said Maryland is clamping down on heroine distributors and that Maryland prosecutors are bringing charges of “depraved-heart murder” against illegal drug dealers whose sales result in the death of a purchaser.

Governor Brown noted her state’s legislature has just passed legislation (awaiting her signature) requiring practitioners to register with the state prescription drug monitoring program. That legislation also requires the creation of a “warm handoff” between an emergency department and treatment resources, which she called essential.

The Oregon governor said she has also undertaken putting comprehensive mental health services in every school in Oregon, an initiative Governor Hogan also told the HELP Committee he has launched with a $50 million appropriation.

In response to a question from Senator Tim Scott (R-SC), both Governors said their state’s behavioral health telehealth efforts have been limited so far, but that they would be receptive to exploring that route in making substance use disorder services more available in rural areas.

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**2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

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 Forensic Patients in State Psychiatric Hospitals: 1999-2016
- 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
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University of Maryland, Psychiatry, Division of Alcohol and Drug Abuse • Warwick Manor Behavioral Health

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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
SAMHSA’s Voice Awards program honors consumer, peer, and family leaders who are improving the lives of people with mental illnesses and substance use disorders in communities across the country. The awards program also recognizes television and film productions that educate the public about behavioral health and showcase that recovery is real and possible through treatment and recovery supports.

SAMHSA’s 2018 Voice Awards will pay special attention to individuals and entertainment productions that are raising awareness about serious mental illness and opioid use disorders.

All nominations within the following categories are due by March 16, 2018. Nominations are open to anyone. There is no limit to the number of nominations an individual can submit, and self-nominations are welcome.

Consumer, Peer, and Family Leaders
Potential honorees should be educating the public about mental illnesses and/or substance use disorders, and should have:

- Personally demonstrated that recovery is real and possible through treatment and recovery supports.
- Led efforts to reduce the negative public attitudes and misperceptions associated with behavioral health.
- Made a positive impact on communities, workplaces, or schools.
- Promoted meaningful family involvement as an essential part of recovery.

*Only individuals who live and work in the United States are eligible for recognition.

Nominate a Consumer, Peer, or Family Leader

Television and Film Productions
Eligible productions should feature dignified, respectful, and accurate portrayals of people with mental illnesses and/or substance use disorders. They also must have aired in a public setting after April 15, 2017.

*Only productions that have been distributed in the United States are eligible for recognition.

Nominate a Television or Film Production

The 2018 Voice Awards event will take place on August 8, 2018, at Royce Hall at the University of California, Los Angeles. Visit the Voice Awards website for more information about the awards program, event updates, and instructions for submitting nominations.
CENTER FOR TRAUMA-INFORMED CARE
NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

MARCH TRAININGS

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

Maryland
March 22 - Anne Arundel Health System, Annapolis

New Jersey
March 12 to 16 - Ancora Psychiatric Hospital, Hammonton

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

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 (PHSIS) / 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 Total Available Funding:** $2,900,000
- **Anticipated Number of Awards:** One Award
- **Anticipated Award Amount:** Up to $2,900,000 per year
- **Length of Project:** Up to 5 years
- **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](mailto:Tracie.pogue@samhsa.hhs.gov)

- **Grants Management and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1408, [FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@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.nasmhpd.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**

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### 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!**

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### 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.
Advancing & Integrating Specialized Addiction Treatment & Recovery

2018 American Association for the Treatment of Opioid Dependence Annual Conference!

On-Site Registration Only: $620

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the New York Marriott Marquis in the heart of New York City’s Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

Make a Hotel Reservation

2016 Conference Photos

This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.

American Association for the Treatment of Opioid Dependence (AATOD), Inc.

212-566-5555 - info@aatod.org
**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 jenifer.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.)*
Day One: General Session Keynote - Wednesday, May 2
How to Prepare for the New Value-Based Payment Model Requirements
Tami L. Mark, PhD, MBA, Senior Director, Behavioral Health Financing, RTI International

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.
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
### NASMHPD Board of Directors

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<th>Role</th>
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<tr>
<td>Project Director, Training &amp; Technical Assistance</td>
<td>Jenifer E. Urrf, J.D.</td>
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### NASMHPD Links of Interest


**Health and Human Services Secretary Alex Azar’s Remarks on Value-Based Transformation to the Federation of American Hospitals**, March 5


**National Institute on Alcohol Abuse and Alcoholism Alcohol Treatment Navigator**

**Substance Abuse and Mental Health Data Archive: Restricted Surveys**

**Solving The Crisis Of Care At The VA, Part I: A Path To Address Staff Shortages**, Brian J. Miller, Theresa Cullen & Boris Lushniak. *Health Affairs Blog*, March 5

**Solving The Crisis Of Care At The VA, Part II: Public-Private Competition**, Brian J. Miller, Theresa Cullen & Boris Lushniak. *Health Affairs Blog*, March 6

**President Trump Wants More Asylums —and Some Psychiatrists Agree**, *New York Times*, March 5

**The Price They Pay**, Katie Thomas & Charles Ornstein (Pro Publica). *New York Times*, March 5


**How Medicaid Work Requirements Harm People with Mental Health Conditions**, Center for Budget and Policy Priorities, March 2018

**The Opioid Diaries**, *Time Magazine*

**Implementation and Diffusion of Innovation Across Missouri’s Mental Health Care System**, Carol Clayton, Joseph Parks & Christ Reist. *Health Affairs Blog*, March 8