House Energy and Commerce Committee Approves 32 Opioid-Related Measures, Including Bills Aligning 42 CFR Part 2 with HIPAA and Reimbursing Inpatient SUD Treatment

In an almost 8-hour voting session, the House Energy and Commerce Committee on May 17 approved 32 opioid-related measures, including legislation allowing Medicaid reimbursement for inpatient treatment services for opioid abuse and a second bill aligning the 42 CFR Part 2 regulations restricting the disclosure of substance use treatment referral and treatment records with patient record disclosure regulations under the Health Insurance Portability and Accountability Act (HIPAA).

H.R. 5795, the Overdose Prevention and Patient Safety Act, was one of only a few bills not approved by unanimous voice vote. It passed the committee 35-17, following 90 minutes of debate at the end of the voting session, with most Democrats, led by Committee Ranking Member Frank Pallone (D-NJ), in opposition, but joined by Committee Vice Chair Joe Barton (TX-R), a privacy advocate.

Debate over H.R. 5797, as amended, the IMD Care Act, consumed 30 minutes of the voting session. The revised bill would create an exception to the Medicaid Institution for Mental Disease (IMD) exclusion of Medicaid reimbursement for inpatient care for 30 days of inpatient treatment for opioid use disorder. Under the legislation, states could utilize a Medicaid State Plan Amendment (SPA) for five years to access the inpatient reimbursement coverage.

During the debate, both Democrats and Republicans acknowledged the need to repeal the IMD exclusion completely, with Representative Larry Buschon (R-IN) calling it a “relic of the past,” but Republicans suggested that the limited repeal was a step in the right direction. Democrats lamented that only opioid abuse would be covered, while abuse of other substances would not be covered. They also expressed concerns that the legislation would not allow coverage of the full continuum of care, as allowed under the current Centers for Medicare and Medicaid Services (CMS) § 1115 waiver authorization.

Republicans, including lead sponsor Mimi Walters (R-CA), noted that the bill would allow inpatient facilities to treat opioid abuse patients for other co-occurring conditions while admitted. Energy and Commerce Health Subcommittee chair Michael Burgess (R-TX), in a colloquy with staff counsel, clarified that the legislation would not prohibit states from continuing to apply for the broader § 1115 waivers. Staff counsel also noted, at Representative Burgess’ encouragement, that recent § 1115 waiver approvals by CMS had taken in excess of 500 days. The colloquy also included an exchange clarifying that fentanyl abuse would be covered as a derivative of opioids.

The revised bill no longer requires that states taking advantage of the SPA option maintain efforts and spending on existing inpatient psychiatric and substance use beds. NASMHPD and the National Association of Medicaid Directors had asked the committee to remove those provisions as they related to psychiatric beds since the additional reimbursement would not be going for mental health care.

Representative Bobby Rush (D-IL) offered, and then withdrew, an amendment that would have expanded the legislation to coverage for inpatient treatment of all substance abuse disorders, noting the criminal treatment of individuals with crack cocaine addictions.

Representative Barton voted in opposition to H.R. 5795 despite the Committee’s vote to adopt his amendment improving notice requirements under HIPAA.

In support of the privacy legislation, Committee Chair Greg Walden (R-OR) read into the record a letter from the National Governors Association supporting the legislation, saying that 42 CFR Part 2 “impede care coordination and threaten patient safety.” Representative Pallone argued in response that prohibited disclosures that might occur would discourage individuals with substance use disorders from seeking treatment.

In saying she would vote no on the legislation, Representative Doris Matsui (D-CA) acknowledged that 42 CFR Part 2 does “put up barriers to proper patient care and care coordination.” But she also said that while great strides had been made to reduce the stigma of substance abuse, discrimination is still permitted against individuals actively engaged in the abuse of substances. She acknowledged the need to lift barriers to sharing even where the patient does consent and expressed her hope that headway could be made on the issue.

Representative Buschon, a cardiac surgeon who supported the legislation, recounted his own difficulties in attempting to determine the causes of continued patient distress in the intensive care unit in patients who had not previously disclosed their abuse of substances.
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### 2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

- **May 24 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Event**
- **SAMHSA-Sponsored Recovery to Practice Webinars: Recovery-Oriented Engagement Practices - Spring 2018 Series**
- **Technical Assistance on Preventing the Use of Restraints and Seclusion**
- **June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum Technical Assistance for State Mental Health Authorities**
- **July 24 to 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.**
- **New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery**
- **Children’s TA Network Upcoming Webinars**
- **NASMHPD Board & Staff**  
  **NASMHPD Links of Interest**
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.

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.

May Trainings

Alaska
May 29 - Alaska Psychiatric Institute - Anchorage

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

The Training Institutes offer an extensive array of sessions designed to provide practical, hands-on training and strategies that can be applied to the systems of care in states, tribes, territories, and communities. The Training Institutes is an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another.

PREREGISTRATION UNTIL JULY 23 - $925; REGISTRATION AFTER JULY 23 - $1,025

Sessions will focus on approaches that are relevant, adaptable and innovative within critical areas in children, youth, and young adult service systems. Presenters and attendees will include experts and leaders in the field of children’s services, including state, county tribal, and territorial children’s system leadership, direct service providers, state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health, parents, youth, and young adults, policymakers, clinicians, researchers, and evaluators.
Rates of Opioid Use Almost Doubled in the Last Decade Among Suicide Decedents

A study conducted by John Hopkins Bloomberg School of Public Health found that the number of people who died by suicide who had opioids in their system increased from 8.8 percent in 2006 to 17 percent in 2017. Lead researcher, Paul Nestadt, M.D., a fellow in the psychiatric epidemiology training program at John Hopkins, and his colleagues examined 6,264 suicides from 2006 to 2017. The study applying an analytic model that was adjusted for fluctuation during the study’s 11-year period and controlled for age, sex, and race, found that the ratio of opioid use almost doubled in those 11 years. When the researchers examined only suicide by other means (ex. suffocation, firearm), they still found opioids in the bloodstream in twice as many instances as in 2016.

Blood tests indicated that approximately 750 (12 percent) of the suicide decedents had opioids in their system. In contrast to other suicide decedents examined, the group was less likely to have alcohol or cocaine in their systems. The investigators inferred that this decrease was from individuals substituting opioids for other substances, such as alcohol and cocaine.

The authors note that the increase primarily occurred in the last five years of the study and was most prominent among African Americans during that five-year span. In a Medscape Medical News interview, Dr. Nestadt commented, “The trend doubled in general, but among African Americans, the opioid rate among suicide decedents actually increased almost six-fold.”

The authors offer three explanations for why opioids increase suicidal risk. First, opioids are a depressant and research indicates that individuals who use opioids are 50 percent to 100 percent more likely to develop depression. Second, opioids have addictive tendencies and lead to substance use disorders, which is a risk factor for suicide. Last, opioid use can lead to impulsive acts such as attempting suicide.

After the study was presented May 6 at the American Psychiatric Association (APA) 2018 Annual Meeting, APA immediate Past President Maria Oquendo, MD, professor and chair of psychiatry, University of Pennsylvania Perelman School of Medicine, commented, “The actual suicide rate in the United States is likely higher than is reported, because many of the deaths that are classified as overdoses or are undetermined as to cause are in fact suicides.” Dr. Oquendo estimates that around 30 percent to 45 percent of the annual 40,000 opioid overdoses are more likely from suicide.

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Opioid-Related Legislation Approved by House Energy and Commerce May 17

| H.R. 5590, Opioid Addiction Action Plan Act, as amended | H.R. 5580, STOP Fentanyl Deaths Act of 2018 |
| H.R. 5603, Access to Telehealth Services for Opioid Use Disorder, as amended | H.R. 5810, Medicaid Health HOME Act, as amended |
| H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act, as amended |
| H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act |
| H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act | H.R. 3192, CHIP Mental Health Parity Act, as amended |
| H.R. 5587, Peer Support Communities of Recovery Act, as amended | H.R. 5797, IMD CARE Act, as amended |
| H.R. 5799, Medicaid DRUG Improvement Act, as amended | H.R. 4998, Health Insurance for Former Foster Youth Act |
| H.R. 5801, Medicaid PARTNERSHIP Act, as amended | H.R. 5800, Medicaid IMD ADDITIONAL INFO Act |
| H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act, as amended | H.R. 4005, Medicaid Re-entry Act, as amended |
| H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act |
| H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users’ Treatment (REACH OUT) Act of 2018 |
| H.R. 5228, Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act, as amended |
| H.R. 5752, the Stop Illicit Drug Importation Act of 2018, as amended | H.R. 5795, Overdose Prevention and Patient Safety Act, as amended |
| H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017 | H.R. 5809, Postoperative Opioid Prevention Act of 2018 |
| H.R. 5583, Requiring Medicaid Programs to Report on All Core Behavioral Health Measures |
| H.R. 5808, Medicaid Pharmaceutical Home Act |
| H.R. 5811, to amend the Federal Food, Drug, and Cosmetic Act with respect to post-approval study requirements for certain controlled substances, and for other purposes, as amended |
| H.R. 5812, Creating Opportunities that Necessitate New & Enhanced Connections that Improve Opioid Navigating Strategies Act (CONNECTIONS) Act |
| H.R. 5789, To amend title XIX of the Social Security Act to provide for Medicaid IMD coverage for pregnant and postpartum women, as amended |
NIMH Conference to Explore Mental Health Services Research

Registration and Call for Abstracts Now Open

In August 2018, the National Institute of Mental Health (NIMH) is hosting the 24th Mental Health Services Research (MHSR) Conference with the theme: What’s the Next Big Thing? MHSR is organized every other year by the Services Research and Clinical Epidemiology Branch, part of NIMH’s Division of Services and Intervention Research. The conference aims to promote high-priority areas in mental health services research and identify opportunities with potential for significant impact for people with mental disorders.

The MHSR is the nation’s premier mental health services research conference. It brings together leading mental health services researchers, clinicians, mental health advocates, and federal and non-federal partners. This year, MHSR will feature state-of-the-art research presented via keynote speakers, thematic panels, discussion groups, papers, and posters.

“MHSR is an opportunity to collaborate and network with peers, learn from experts, and discuss the latest research in mental health services—research that is crucial to closing the science-to-service delivery gap,” explained Michael Freed, Ph.D., EMT-B., one of the conference co-chairs. “This year’s conference will focus on what is driving today’s research and how the latest findings can help make a positive impact on the health and well-being of people with mental disorders.”

Services research aims to improve access, continuity, quality, equity, and value of mental health care, and it includes the science of dissemination and implementation; a mission crucial to closing the science-to-service delivery gap. The conference will highlight the role of mental health services research to:

- Improve the efficiency and effectiveness of mental health services.
- Establish research partnerships.
- Develop innovative service delivery models to dramatically improve mental health services outcomes.
- Evaluate the public health impact of mental health research.

Abstracts are due June 1, 2018:

- Submit abstracts for individual papers, symposia, posters related to research projects.
- Submit abstracts for “The Next Big Thing” plenary session.

There is no registration fee, but registration is required. For more information or to register, visit the MHSR registration website.

Follow MHSR 2018 on Twitter using the hashtag #MHSR2018.

The Draft Recommendation Statement and Draft Evidence Review Are Open to Public Comment

Public Comment on Draft Recommendation Statement and Draft Evidence Review: Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and draft evidence review on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. Clinicians should screen all women of reproductive age for intimate partner violence and provide or refer those who screen positive to ongoing support services. The Task Force also found that there is not enough evidence to determine the benefits or harms of screening for elder abuse or abuse of vulnerable adults. The draft recommendation statement and draft evidence review are available for review and public comment from April 24, 2018 to May 21, 2018 here.

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 as appropriate for these audiences.
Peer Specialists and Police as Partners Preventing Behavioral Health Crisis

**Tuesday, June 5, 11:30 a.m. to 1 p.m. E.T.**
Presented under contract by Mental Health America

Law enforcement officers are often first responders to mental health calls of service. In most cases these situations end with incarceration or hospitalization—neither of which are ideal outcomes. Mental Health Association of Nebraska (MHA-NE), in partnership with the Lincoln Police Department (LPD), are increasing the presence of peer specialists and providing law enforcement officers and individuals experiencing a mental health crisis an alternative solution. Through MHA-NE’s peer outreach program, R.E.A.L., the LPD and Peer specialists are successfully reducing rates of incarceration and re-admission, while providing services and resources to individuals with severe mental health conditions.

**Learning Objectives:**
- Review traditional law enforcement practices for handling behavioral health crises
- Understand the challenges faced by law enforcement in responding to mental health calls of service
- Learn about how the R.E.A.L. peer support program is increasing peer outreach and recovery
- Review analysis of the R.E.A.L. Program’s impact

**Presenters:**
Kasey Moyer, Executive Director of the Mental Health Association of Nebraska (MHA-NE)
Luke Bonkiewicz, Police Officer for the Lincoln Police Department

**Register HERE**

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**ENHANCING RECOVERY THROUGH LIVED EXPERIENCE**

**THURSDAY, JUNE 7, 2:00 P.M. TO 3:30 P.M. E.T.**
Presented under contract by the National Alliance on Mental Illness

Their firsthand experience of mental health issues provides NAMI program designers and leaders with an unparalleled ability to understand and support those on the road to recovery. NAMI’s peer and family-delivered programs serve an important role in achieving wellness, supporting recovery and resiliency and complement other mental health services. The updated version of the NAMI Peer-to-Peer education program teaches self-awareness, self-care and the importance of taking an active role in your own treatment. The new NAMI Family & Friends seminar offers a convenient way for families and friends to learn more about mental health conditions and how to best support a person in their recovery. This webinar will give a glimpse into the unique lived-experience approach that drives NAMI’s peer and family-delivered education, support and presentation programs, with an emphasis on NAMI Peer-to-Peer and NAMI Family & Friends, and how these programs can complement the work of community mental health programs.

**Presenter:** Suzanne Robinson, MSW, Assistant Director of National Education Programs. Ms. Robinson began working at NAMI (National Alliance on Mental Illness) in August 2013 as the Senior Manager of National Education Programs responsible for oversight, growth, development and enhancement of the NAMI Family-to-Family Education Program and NAMI Homefront Program across the United States. Suzanne is the co-author of the NAMI Homefront program and developed the NAMI Family & Friends Seminar. Prior to coming to NAMI, Suzanne served as Director of Programs at NAMI Ohio for 14 years. She worked previously as a Senior Program Director for student volunteer programs at the University of Minnesota YMCA in Minneapolis and as Program Coordinator for AmeriCorps National Service in St. Louis, Missouri. Suzanne received her Bachelor's Degree in history from Washington University in St. Louis and her Master's Degree in Social Work Administration from The Ohio State University.

**Register HERE**

Closed Captioning is Available for Both of These Webinars.

We do not offer CEU credits. However letters of attendance are offered upon request.

Questions regarding either of these webinars should be addressed to Kelle Masten via email or at 703-682-5187.
This educational webinar, hosted by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services, explores Assisted Outpatient Treatment (AOT)—a strategy that involves petitioning courts to order individuals experiencing serious mental illness (SMI) to enter and remain in community-based treatment for a specific period of time. Designed to work with families and courts, AOT promotes treatment of individuals while they continue to live in their homes and communities.

During the one-hour webinar, participants will learn about the basics of AOT and how it supports recovery for individuals with SMI. Experts in the field will address both legal and clinical implications. Webinar participants will gain an understanding of the AOT program and hear from individuals and family members who have experienced AOT. The webinar includes a questions and answers session and provides additional resources for effectively implementing AOT for optimal outcomes.

Presenters:

Marvin Swartz, MD, is a Professor of Psychiatry and Behavioral Sciences at Duke University School of Medicine in Durham, North Carolina. Dr. Swartz served as a member of the MacArthur Foundation Research Network on Mandated Community Treatment and Co-Principal Investigator with Jeffrey Swanson of a National Institutes of Health’s, National Institute of Mental Health study examining the effectiveness of Psychiatric Advance Directives.

Brian Stettin, JD, is the Policy Director at the Treatment Advocacy Center in Arlington, Virginia. Mr. Stettin was instrumental in conceiving and drafting “Kendra’s Law,” the landmark legislation establishing AOT in New York. Mr. Stettin has worked with legislators and policymakers across the country to establish and improve AOT programs.

Register [HERE](#)
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs provide person- and family-centered services and are available in the 24 states that participated in the FY 2016 Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001). The CCBHC Expansion grant program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD, including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring disorders (COD). SAMHSA expects that this program will improve the behavioral health of individuals across the nation by providing comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advance the integration of behavioral health with physical health care; assimilate and utilize evidence-based practices on a more consistent basis, and promote improved access to high quality care.

CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence.

The 21st Century Cures Act established the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). In December 2017, the ISMICC issued a Report to Congress1 that outlined five major areas of focus and recommendations intended to support a mental health system that successfully addresses the needs of all individuals with SMI or SED and their families and caregivers. Certified Community Behavioral Health Clinics Expansion Grants align with the following recommendations:

- 2.1. Establish standardized assessments for level of care and monitoring of consumer progress.
- 2.7. Use telehealth and other technologies to increase access to care.
- 2.8. Maximize the capacity of the behavioral health workforce.
- 3.1. Provide a comprehensive continuum of care for people with SMI and SED.
- 3.9. Make integrated services readily available to people with co-occurring mental illnesses and substance use disorders, including medication-assisted treatment (MAT) for opioid use disorders and other substance use disorders.
- 3.10. Develop national and state capacity to disseminate and support implementation of the national standards for a comprehensive continuum of effective care for people with SMI and SED.
- 5.2. Adequately fund the full range of services needed by people with SMI and SED.
- 5.8. Expand the Certified Community Behavioral Health Clinic (CCBHC) program

States were funded to develop CCBHCs in FY2016 through Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001) This CCBHC expansion announcement creates opportunities to support the expansion of the CCBHC model in those states which participated in the 2016 Planning Grant program.

ELIGIBILITY: Eligibility is limited to certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award in the following states: AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, RI, TX, and VA.

Webinar: Optimize Workflow by Addressing the Successes and Challenges of Integrating Electronic Health Records

June 4, 1:00 p.m. - 2:30 p.m. E.T.

Presenters:

- Kathy Dettling, MA, LLP, Consultant, SAMHSA-HRSA Center for Integrated Health Solutions; Ms. Dettling has led and managed electronic health record vendor selections and implementations for twenty years.

- Renan Llanes, Chief Information Officer, Citrus Health (Cohort VIII Grantee); Mr. Llanes is the internal designer for IT applications and electronic medical records for a healthcare system that is both an FQHC and CMH.

- Jeff Chang, CEO, PCE Systems, vendor for ST Clair CMH (Cohort VIII Grantee). Mr. Chang is the lead developer for the development of a primary care module embedded in a behavioral health electronic medical record in use by numerous PBHCI and non-grant integrated care sites.

Behavioral health providers face unique challenges as they adopt electronic health records systems (EHRs) and participate in health information exchange. The use of technology across healthcare organizations is fragmented, creating challenges to communicating pertinent patient health information between providers. The integration of EHRs allows for the automation of workflows, reduced staff time, communication of critical information between providers and standardizing treatment. Communication between organizations and facilities is enhanced via a secured database which provide real-time communication. This webinar will provide best practices for the integration of EHRs to automate and streamline provider workflow.

After this webinar, participants will have:

- Practical tools for data sharing and communication between behavioral health and primary care settings to improve quality of services;

- Methods to implement or enhance an integrated electronic health record within an organization;

- Strategies for an optimum workflow between staff of various roles;

- Key lessons learned from one provider on how changing utilization of the EHR improved outcomes.

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.

Register HERE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) provides tailored training and technical assistance to SAMHSA’s PBHCI grantees, HRSA Behavioral Health Integration grantees, and SAMHSA’s MAI-CoC grantees. Let us know how we can help you. No request is too big or too small. Contact us at Integration@TheNationalCouncil.org or 202-684-7457.
The NIH GeroScience Interest Group: The GSIG is a collaboration across components of the NIH (21 of the 27 NIH Institutes and Centers) with interests in the many and diverse chronic diseases of the elderly. The GSIG’s goal is to promote further discoveries on the common risks and mechanisms behind such diseases. By coordinating resources and expertise, the GSIG identifies major cross-cutting areas of research and proposes mutually supportive approaches to identify hurdles and envision solutions. To assist translation of these findings into improved health of our older adult population, the GSIG encourages the development of new tools, models and paradigms that address the basic biological underpinnings of multiple diseases within the context of aging. See https://www.nia.nih.gov/gsig for more information, including the list of participating NIH Institutes and Centers.

Past Geroscience Summits: In the fall of 2013, the NIH (with the collaboration and support of the GSIG and several external organizations) held the first ever Geroscience Summit, entitled “Advances in Geroscience: Impact on Healthspan and Chronic Disease.” The goal of this initial summit was twofold: 1) to generate a new vision of collaborative interactions that will advance understanding of how the molecular, cellular and systemic processes of aging affect the etiology of chronic diseases; and 2) to identify strategic scientific areas of overlap among divergent chronic diseases and suggest new research interactions or directions to address those areas that will promote health.

Based on discussions during the first summit, in the spring of 2016 the NIH again organized (with support from the New York Academy of Sciences and other groups) a second meeting entitled “Disease Drivers of Aging: 2016 Advances in Geroscience.” The goal of the second summit was to explore the impact of chronic diseases on the rate of aging. The meeting brought together a wide spectrum of researchers, representatives from pharmaceutical companies, government agencies, and non-profit organizations, who work in the fields of selected aging-related diseases (i.e., HIV/AIDS, cancer and diabetes) and in aging research, to understand the impact of these conditions and/or their treatment on aging.

Geroscience Summit III and Information Requested: The GSIG is in the early stages of planning for a third Geroscience Summit, to potentially take place in the Spring of 2019. At present, the GSIG envisions that this future Geroscience Summit might include an overview of NIH interests in relevant chronic diseases and their impact; representation from non-governmental organizations regarding their efforts to help their patient populations; and perspectives from basic and clinical investigators on promising avenues of research. Linked to these presentations, breakout groups could seek to identify hallmarks of aging that might contribute and impact individual diseases, and begin envisioning ways that slowing the rate of aging could benefit those susceptible to or currently affected by these conditions.

Previous Summits have had a significant impact on research collaborations, etc., but many non-governmental organizations with strong interests in specific chronic diseases have not been extensively involved in Summit-related activities. In order to move the field forward, the GSIG hopes to learn more about the research-related goals of these organizations, to see how a third Summit might help to foster collaboration and coordination around chronic disease.

This RFI seeks input from non-governmental stakeholder organizations (e.g., researchers, disease and aging patient advocacy organizations, professional societies, and others) throughout the scientific research community and the general public regarding:

1) Recommendations for specific age-related chronic diseases/conditions that should be considered in the planning for a third NIH Geroscience Summit;
2) Feedback on whether individual organizations may be interested in contributing input to the planning of such a Summit, and areas of interest for participation.
3) Feedback on whether individual organizations may be interested in participating in a summit session that would encompass scientific presentations by public and private stakeholders about the links between specific chronic diseases and geroscience, as well as suggested subtopics for such a session; and
4) Input on the potential impact of this type of session on future scientific needs and progress in regard to specific diseases affected by aging.

How to Submit a Response: All comments must be submitted electronically by email to geroscience3@mail.nih.gov by 11:59:59 pm (ET) on June 1, 2018. Responses to this RFI are voluntary. Do not include any proprietary, classified, confidential, trade secret, or sensitive information in your response. The responses will be reviewed by NIH staff, and individual feedback will not be provided to any responder. The Government will use the information submitted in response to this RFI at its discretion. This RFI is for information and planning purposes only and shall not be construed as a solicitation, grant, or cooperative agreement, or as an obligation on the part of the Federal Government, the NIH, or individual NIH Institutes and Centers to provide support for any ideas identified in response to it. The Government will not pay for the preparation of any information submitted or for the Government’s use of such information.

Please direct all inquiries to Melinda Kelley, Ph.D., National Institute on Aging (NIA) at 301-451-8835 or by email at kelleym@nia.nih.gov
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.

Multi Part Webinar Series
Person Centered Planning: From Dreams to Reality
May 31 & June 7, Noon to 1 p.m.

Sponsored by the National Association of State Head Injury Administrators

The National Association of State Head Injury Administrators (NASHIA) is offering a live three-part webinar series on person-centered planning and person-centered thinking starting Thurs., May 17, followed by a second and third webinar on May 31 and June 7. All three sessions will be held from 12:00 noon -- 1:00 p.m. E.T.

This 3-part webinar series has been developed to address these questions:

- What is person-centered planning and person-centered thinking?
- What are strategies for discovering information, interests and goals of individuals with brain injury?
- How do you turn these plans into reality?

Learn how this planning and on-going problem-solving process helps individuals with brain injury to plan for their future, develop personal relations, participate in the community, access resources and accommodations needed to achieve these goals, and to increase control over their lives.

To view the webinars, you must register separately for each one using the links provided below, which will take you to the GoToWebinar registration site.

There is no cost to view each of the webinars, unless you wish to obtain a Certificate of Participation. A certificate will cost NASHIA members $10 per session ($30 total for all 3) and non-members $15 per session ($45 for all 3). A PayPal button will be made available on the NASHIA website to pay once the viewing is completed.

Register HERE for Webinar 2 - From Person-Centered Thinking to Creating the Plan

Register HERE for Webinar 3 - Applying Person Centered Planning and Thinking Principles in the Delivery of Supports & Services for Persons Living with a Traumatic Brain Injury

For further information or if you have any questions, please contact Keri Bennett, Chair of the NASHIA Training and Education Committee at training@nashia.org. Meanwhile, please feel free to share with your colleagues.
**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

**Infant and Early Childhood Mental Health Grant Program**

**FOA No. SM-18-018**

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Number of Awards: Up to 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Award Amount: Up to $500,000/year</td>
<td>Anticipated Total Available Funding: $23.4 million</td>
</tr>
<tr>
<td>Length of Project: Up to 5 years</td>
<td>No Cost-Sharing/Match Required</td>
</tr>
<tr>
<td>Applications Due: June 29, 2018</td>
<td></td>
</tr>
</tbody>
</table>

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Infant and Early Childhood Mental Health Grant Program. Eligible children for services include children from birth to not more than 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness including a serious emotional disturbance. The purpose of this program is to improve outcomes for these children by developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment services, including: (1) programs for infants and children at significant risk of developing, showing early signs of, or having been diagnosed with a mental illness, including a serious emotional disturbance (SED) and/or symptoms that may be indicative of a developing SED in children with a history of in utero exposure to substances such as opioids, stimulants or other drugs that may impact development; and (2) multigenerational therapy and other services that strengthen positive caregiving relationships. Programs funded under this FOA must be evidence-informed or evidence-based, and culturally and linguistically appropriate. SAMHSA expects this program will increase access to a full range of infant and early childhood services and build workforce capacity for individuals serving children from birth to age 12. Programs must describe a pathway to sustainability and will be expected to develop a plan for the dissemination of the program to other sites and settings.

**WHO CAN APPLY:** Eligibility for this program is statutorily limited to a human services agency or non-profit institution that:

- Employs licensed mental health professionals who have specialized training and experience in infant and early childhood assessment, diagnosis, and treatment; OR is accredited or approved by the appropriate State agency, as applicable, to provide for children, from birth to 12 years of age, mental health promotion, intervention, and/or treatment services; and
- Provides infant and early childhood services or programs that are evidence-based or that have been scientifically demonstrated to show further promise but would benefit from further applied development.

**CONTACTS:**

- **Program Issues:** Jennifer Oppenheim, via email or at (240) 276-1862.
- **Grants Management and Budget Issues:** Gwendolyn Simpson via email or at (240) 276-1408.

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**VETERANS' ADMINISTRATION-SUPPORTED MINDFULNESS MEDITATION**

Mindfulness Meditation is an evidenced-based, VA-supported mind-body technique that helps you face the challenges and stressors of everyday life.

Research has shown a connection between your mind and your body that can be used to improve health. When your mind is relaxed and focused on healing, your body can relax and focus on healing too. Meditation can be safely used in conjunction with other medical treatments such as prescribed medication or exercise.

Mindfulness Meditation teaches acceptance and awareness of what’s going on around you as well as what’s going on inside of you. It has been effective in treating health conditions such as insomnia, anxiety, high blood pressure, chronic pain and PTSD.

Mindfulness Meditation can be practiced sitting down, lying down, stretching, eating, even while walking the dog!

**TWO MINDFUL MEDITATION CLASSES** will be offered monthly to Veterans with a break in July; one topic the first two Fridays of each month. Take any or all classes! We encourage you to take as many as you can!

**APRIL – OCTOBER 2018 DATES:**

<table>
<thead>
<tr>
<th>APRIL – OCTOBER 2018 DATES</th>
<th>April 6 &amp; 13 - Mindful Breathing</th>
<th>May 4 &amp; 11 - Mindful Body Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a.m. to Noon E.T. ALL DATES</td>
<td>June 1 &amp; 8 - Mindful Movement</td>
<td>August 3 &amp; 10 - Mindful Breathing</td>
</tr>
<tr>
<td></td>
<td>September 7 &amp; 14 - Mindful Body Scan</td>
<td>October 5 &amp; 12 - Mindful Movement</td>
</tr>
</tbody>
</table>

This class will be offered via telephone using a toll free number: 1-800-767-1750 with Access Code 54220#. No registration is required. **FOR MORE INFORMATION:** Call Debbie Skeete-Bernard, RN, MSN at 1-973-676-1000, extension 2714.
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Project AWARE (Advancing Wellness and Resilience in Education) - State Education Agency (SEA) grants (Short Title: AWARE-SEA). The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged youth and local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

The AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students (SS/HS) Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs, and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school-aged youth.

WHO CAN APPLY: Eligibility is limited to:

- The State Education Agency (SEA), as defined by Section 9010(41) of the Elementary and Secondary Education Act; or
- Education Agencies/Authorities serving children and youth residing in federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations.

Eligibility is limited to SEAs or Education Agencies/Authorities serving AI/AN children and youth because SAMHSA believes that only they are in the unique position to leverage schools as anchor institutions to build strong partnerships that support the wide-scale adoption of AWARE-SEA services, programs, and policies. SEAs or Education Agencies/Authorities have the capacity and knowledge to assist LEAs with implementing the necessary policies, programs, and services at the community level while sharing and implementing statewide successful strategies. Through the building of interconnected state and community-level partnerships, AWARE-SEA can promote systems integration and policy change. This program will also strengthen the ability of states and communities to develop plans to integrate educational and community-based promotion, prevention, and treatment programs for school-aged youth and their families.

For Education Agencies/Authorities serving AI/AN children and youth, tribal organization means the recognized governing body of any Indian tribe; or any legally established organization of Indians 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 Indians 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.

To broaden and expand the reach of AWARE-SEA, recipients who received funding under SM-14-018 (Project AWARE for State Educational Agencies) are not eligible to apply.

CONTACTS: Program Issues: Wendy Veloz, Mental Health Promotion Branch, CMHS via email or at (240) 276-1849. Grants Management and Budget Issues: Gwendolyn Simpson via email or at (240) 276-1408.
**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

**Assertive Community Treatment Grants** (FOA No. SM-18-013)

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** Up to 7  
**Anticipated Total Available Funding:** $23,700,000  
**No Cost-Sharing/Match Required**  
**Applications Due:** May 29, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment (ACT) grants. The purpose of the ACT grants are to establish, expand, and maintain ACT programs. The ACT model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of serious mental illness (SMI). SAMHSA expects this grant program will improve behavioral health outcomes by reducing the rates of hospitalization and death for people with SMI, and that the program will also reduce the rates of substance use, homelessness, and involvement with the criminal justice system among people with SMI.

ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Under the ACT model, a multi-disciplinary team of 10 to 12 behavioral health care staff is available 24/7 to directly deliver a wide range of individualized, recovery-oriented services in a person’s home or other community settings wherever and however long as needed, to help the person successfully integrate into the community. ACT teams often find they can anticipate and avoid crises.

ACT is a service delivery model, not a case management program. Caseloads are approximately one staff for every 10 individuals served.

**WHO CAN APPLY:** Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

**CONTACTS:**  
**Program Issues:** Mary Blake via email or at (240) 276-1747.  
**Grants Management and Budget Issues:** Gwendolyn Simpson via email or at (240) 276-1408.

**Pre-Application Webinar:** Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.  
**Dial-In Number:** 1-888-790-7803  
**Participant Passcode:** 1588142  
**Conference Number:** PWXW7248653  
**Audience passcode:** 1588142

**Improving Access to Overdose Treatment (FOA No. SP 18-006)**

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** Up to 5  
**Anticipated Total Available Funding:** Up to $940,000  
**No Cost-Sharing/Match Required**  
**Applications Due:** June 4, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for Fiscal Year (FY) 2018 Improving Access to Overdose Treatment (Short Title: OD Treatment Access). SAMHSA will award OD Treatment Access funds to Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA) approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Recipients will partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the recipients will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose.

In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help reduce the number of opioid-related overdose deaths and adverse events. The OD Treatment Access grant program will utilize this toolkit and other resources to help the recipients train and provide resources for health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

The OD Treatment Access grant program will also ensure the recipients establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

**WHO CAN APPLY:** SAMHSA is limiting eligibility to FQHCs (as defined in section 1861(aa) of the Social Security Act), opioid treatment programs (as defined under part 8 of title 42, Code of Federal Regulations), and practitioners dispensing narcotic drugs (pursuant to section 303(g) of the Controlled Substances Act).

**CONTACTS:**  
**Program Issues:** Tonya F. Gray via email or at (240) 276-2492 or Kim Nesbit via email or at (240) 276-1742.  
**Grants Management and Budget Issues:** Eileen Bermudez via email or at (240) 276-1412.
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Community Programs for Outreach and Intervention with Youth and Young Adults[1] at Clinical High Risk for Psychosis[2] Grant Program (Short Title: CHR-P). The purpose of this program is to identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. SAMHSA and the National Institute of Mental Health (NIMH) encourage partnerships between service grant applicants and mental health researchers to evaluate the effectiveness of stepped-care[3] intervention strategies for youth and young adults at clinical high risk for psychosis. Research studies conducted within the context of the CHR-P program should be proposed through separate NIH research project grant applications. NIMH plans to issue a Notice directing research grant applicants to appropriate funding mechanisms.

[1] For the purpose of this FOA, youth and young adults refers to individuals up to the age of 25 years.
[2] Clinical high risk for psychosis refers to individuals who exhibit noticeable changes in perception, thinking, and functioning which typically precedes a first episode of psychosis (FEP). During this pre-psychosis phase, individuals exhibit one or more of the following: attenuated psychotic symptoms, brief intermittent psychotic episodes, or trait vulnerability coupled with marked functional deterioration.
[3] Stepped care refers to an approach in which patients start with the least intensive evidence-based treatment. Patients who do not respond adequately to the first–line treatment are offered an evidence-based treatment of higher intensity, as clinically indicated.

WHO CAN APPLY: Eligibility is statutorily limited to the following public entities:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).
- Governmental units within political subdivisions of a state (e.g., county, city, town).
- Federally recognized American Indian/Alaska Native (AI/AN) tribal organizations (as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act).

Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project.

CONTACTS: Program Issues: Emily Lichvar, Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS) via e-mail or at (240) 276-1859 or Tanvi Ajmera, Child, Adolescent and Family Branch, CMHS via e-mail or at (240) 276-0307.

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.

**Following are links to the reports in the Beyond Beds series.**

- **Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care**
- **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**
- **Forensic Patients in State Psychiatric Hospitals – 1999 to 2016**

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**Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Event**

**Recovery LIVE! Using Core Competencies to Support Peer Workers and Improve Service Delivery**

*May 24, 2:00 p. to 3 p.m. E.T.*

Join a free, interactive Recovery LIVE! virtual event as SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) invites you to a conversation with national leaders about applying core competencies in peer support services and advancing professional development for peer workers in diverse settings.

**Presenters:**
- Ricardo Bowden, Peer 360 Recovery Alliance
- Cheryl Gagne, Center for Social Innovation
- Dan O’Brien-Mazza, US Department of Veterans Affairs

**Moderator:** Steven Samra, BRSS TACS Deputy Director.

**Register [HERE](#)**
Recovery to Practice (RTP) Initiative invites you to attend...

Recovery-Oriented Engagement Practices -
Spring 2018 Series

*Wednesdays, 1:00 p.m. to 2:00 p.m. E.T.*

Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person's life - with everyone contributing to and responsible for engagement and alliance.

In this series, we will explore three distinct elements of engagement. The first webinar will look at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

**May 23, 2018: Social Media/Technology for Outreach and Engagement**

John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21st Century world through systemic large-scale implementation of CT-R sharing evidence of culture change.

**Archived: Therapeutic Alliance and its Impact on Engagement**

Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

**Archived: Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)**

Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to engagement.

**Click on the Name of Each Session to Register**

You may attend one or all the webinars in this series. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

*NAADAC statement: This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.*

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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.
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 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. 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.
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.

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.)*
**TA Network Webinars and Activities**

**EARLY CHILDHOOD SOC LEARNING COMMUNITY: USING THE FACILITATING ATTUNED INTERACTIONS (FAN) APPROACH AS A TOOL FOR STRENGTHENING EARLY CHILDHOOD SOCs**

**MONDAY, MAY 21, 2:30 P.M. TO 4:00 P.M.**

This webinar will focus on how to use the FAN approach in systems of care serving young children and their families. The goal of FAN is to strengthen the provider-parent relationship, so that parents are attuned to their children and ready to try new ways of relating to them.

**Presenters:**
- Dorinda Williams, PhD, LCSW-C, LICSW, Assistant Professor, Georgetown University Center for Child and Human Development
- Kate Wasserman, LCSW-C, Co-Director of the Parent, Infant and Early Childhood Program, The Institute for Innovation and Implementation, University of Maryland, Baltimore

[Register HERE](#)

**Rockstar Awards 2018 is Now Open for Nominations**

Know some awesome people and organizations doing great work with youth? Now’s your chance to celebrate them. Youth MOVE National presents the Rockstar Awards to people and organizations who have made an outstanding contribution toward the improvement of youth or youth-serving systems—like mental health, juvenile justice, education, and child welfare.

- Here’s what you need to know:
  - There are award categories for youth, for advocates for youth, and for professionals. Read the descriptions to find the category that best fits. Rockstar Awards can be given posthumously.
  - Self-nominating is encouraged!
  - Rockstar Award recipients do not need to be Youth MOVE members.
  - Current members of the Youth MOVE National Board of Directors and National Leadership Team are not eligible, neither are previous Rockstar Award recipients.

Please read the official rules [here](#).

Watch the [2017 Rockstar Informational Webinar](#) recording to learn more about the categories, how to submit a successful nomination, and what exactly we mean by health equity in regards to the Robert Wood Johnson Foundation Award for Health Equity. (*Dates will be different.*)

**Deadline to Nominate:** Sunday, May 27, 2018

**Rural Behavior Health Learning Community: Building Capacity for Peer Support**

**Friday, June 1, 2:00 p.m. to 3:30 p.m.**

This learning community focuses on challenges and innovations in developing systems of care for children, youth, and young adults with significant behavioral health needs and their families in rural areas. This webinar will focus on strategies for developing youth and family peer capacity in rural areas, including recruitment strategies and roles peers can play to strengthen the service array.

It will feature presentations from Karla Bennetts from Families CARE in Nebraska and Sayre Savage with Youth MOVE Maine.

[Register HERE](#)

**2018 EARLY PSYCHOSIS PEER MEETING**

**AUGUST 22-24, 2018, PORTLAND, OREGON**

Early Psychosis Intervention is a high priority nationally and for many SOC grantees. Successful implementation requires specialized knowledge, coordination across adult and child systems, and consistent leadership. This peer meeting will provide the opportunity for selected teams of state and local decision makers to learn from national experts about effective implementation strategies, current core practices and philosophies, how programs function on the ground; and from one another about strategies grantees are considering or implementing in their own states/counties. The meeting will include individual team planning time facilitated by national experts in the field. In order to be considered for acceptance, teams of no more than 8 members interested in attending must complete the application process. Ideally, participant teams will be comprised of leaders from key child and adult-serving systems and organizations who have decision-making authority or critical influence for funding and staffing Early Psychosis Intervention (EPI) services.

**Deadline to submit applications is Friday, May 11, 2018. View the application [HERE](#).**
NASMHPD Board of Directors

Lynda Zeller (MI), NASMHPD President
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NASMHPD Links of Interest

Results of a Coordinated Specialty Care Program for Early Psychosis and Predictors of Outcomes, Nossel I., M.D. et al., Psychiatric Services, May 15


NIH Scientists Develop Novel Technique to Study Brain Disease, National Institute of Health Press Release, May 14 & Spectrally Resolved Fiber Photometry for Multi-Component Analysis of Brain Circuits, Meng C. et al., Neuron, May 3


The Sound of Madness: Can We Treat Psychosis by Listening to the Voices in Our Heads?, T.M. Luhrmann, Harper’s Magazine, June 2018

Housing and Employment Outcomes for Mental Health Self-Direction Participants, Bevin Croft, Human Services Research Institute & Psychiatric Services, May 15


Ohio Department of Medicaid Submission of Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Request, April 30


Successfully Navigating Multiple Electronic Health Records When Using Telepsychiatry: The NC-SteP Experience, Saeed S.A., M.D., M.S., Psychiatric Services, May 15

HHS Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs, Federal Register, May 16

Public Exchange Coverage is More Costly and Less Effective Than Medicaid, UnitedHealth Group Issue Brief, May 2018