The National Association of State Mental Health Program Directors (NASMHPD)

**Representation.** Founded in 1959, the National Association of State Mental Health Program Directors (NASMHPD) represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD serves as the national representative and advocate for state mental health agencies and their directors and supports effective stewardship of state mental health systems. NASMHPD informs its members on current and emerging public policy issues, educates on research findings and best practices, provides consultation and technical assistance, collaborates with key stakeholders, and facilitates state to state sharing.

**Mission.** NASMHPD works with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court.

NASMHPD’s vision is that there be wellness, resiliency, and recovery through a seamless quality system of integrated care. The values underpinning this system are:

1. **HUMAN RIGHTS AND HEALTH EQUITY**
   Persons with mental health conditions or co-occurring mental health and substance related disorders have the same rights and obligations as other citizens. People with lived experiences have the right to choice, to retain the fullest possible direction over their own lives, and to have opportunities to be involved fully in their communities. There should be equity across the mental health, substance use, and physical health care systems across all ages, racial, ethnic, and cultural groups.

2. **HEALTH AND WELLNESS**
   Integration of care is necessary to treat the whole person. Physical health impacts behavioral health and behavioral health impacts physical health.

3. **RECOVERY ORIENTED AND PERSON-CENTERED SYSTEM**
   The public mental health system provides a unique and meaningful safety net of services. Information and access should be readily available for individuals to enter and proceed through the system in a responsive, appropriate, and timely manner.

4. **EMPOWERMENT**
   People receiving services should be involved in decision-making processes and service delivery, individually at the treatment level and collectively in the planning and operational aspects of the mental health system.

5. **COMMUNITY EDUCATION**
   Promoting wellness through public education increases public awareness and understanding of psychiatric and substance related disorders. Such public education efforts should include information on prevention.

6. **LEAST RESTRICTIVE AND MOST INTEGRATED SETTING**
   Services should be trauma-informed and provided in the least restrictive, most integrated, and appropriate setting.
(7) **ZERO SUICIDE**
Suicide is preventable and zero suicide is the goal.

(8) **WORKING COLLABORATIVELY**
Collaborations with stakeholders, and partners at the local, state, and federal levels should continue to be strengthened and maintained to help state mental health agencies achieve their goals for the people they serve.

(9) **EFFECTIVE AND EFFICIENT MANAGEMENT AND ACCOUNTABILITY**
Services should be high quality and provided at reasonable costs. Approaches to care should be data-informed, outcome-oriented, and evidenced-based.

(10) **CULTURALLY AND LINGUISTICALLY RESPONSIVE**
Services should be responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

(11) **HIGH QUALITY WORKFORCE CAPACITY**
There should be the capacity of well-trained practitioners, including peer support providers, to assist individuals wherever they are on the continuum of need and wherever they may reside.

NASMHPD members play a vital role in the delivery, financing, and evaluation of mental health services within a rapidly evolving healthcare environment. The principal programs operated, funded, and/or regulated by NASMHPD members serve people who have serious mental illnesses, developmental disabilities, and/or substance use disorders. This role impacts many other constituencies as well. In recognition of these mutual interests, NASMHPD has effectively responded to, and collaborated with, other organizations and individuals including those representing consumers, families, and state mental health planning and advisory councils. The association provides members with the opportunity to exchange diverse views and experiences and learn from one another in areas vital to effective public policy development and implementation.

**Structure of NASMHPD.** In addition to representing the viewpoint of State Mental Health Commissioners and Directors, NASMHPD has four divisions comprised of directors of special populations/services (children/youth/families, older persons, forensic, and legal) as well as a Finance Policy Division, a Housing Task Force and a Medical Directors Council. NASMHPD also has a formal affiliation with state offices of consumer affairs (National Association of Consumer/Survivor Mental Health Administrator – NAC/SMHA); the National Coalition on Mental Health and Deaf Individuals (NCMHD); the Multi-State Behavioral Health Disaster Consortium; and the Cultural and Linguistic Competence Coordinators’ Network for State and Territorial Behavioral Health Services (State CLC Coordinators’ Network). If you have any changes to your representatives, please provide them to Yaryna Onufrey, at yaryna.onufrey@nasmhpdp.org.

In addition, NASMHPD has an affiliation with the approximately 195 state psychiatric hospitals, which include hospitals for the children, adults, older persons, and people who have entered the mental health system via the court system. The State Psychiatric CEOs have also established the following four regional organizations: the Southern State Psychiatric Hospital Association (SSPHA), the Midwestern Association of Mental Health Organizations (MASMHO), the Western Psychiatric State Hospital Association (WPSHA), and the Northeast Regional State Psychiatric Hospital Association (NERSPHA).
NASMHPD Research Institute, Inc. (NRI)  In its early days, NASMHPD maintained a research division that was changed in 1987 to the NASMHPD Research Institute, Inc. (NRI), a separate non-profit organization. NRI products and services support and enable actions that improve mental health and wellness. To learn more about the NRI, Inc., please visit their website at https://www.nri-inc.org/.

Convening Members. NASMHPD plans and hosts membership meetings. These meetings provide important forums for members and senior staff to discuss emerging issues impacting mental health systems; to share experiences and innovative developments and best practices in programmatic, administrative and scientific areas; and to develop a consensus on policy issues.

Monthly Meet-Me Call Webinars. NASMHPD holds monthly “Meet-Me” call webinars of NASMHPD members to dialogue with you about the latest information on legislation, regulations, federal initiatives, and other issues that could affect your state. If you have any questions about these calls, please contact Stuart Gordon, Director of Policy & Healthcare Reform, at (703) 682-7552 or via email at stuart.gordon@nasmhpdp.org. We hope that you or a designated staff member will be able to join us for these webinars.

Stakeholders. NASMHPD represents the interests of the state mental health agencies to Congress, federal agencies, and other national advocacy organizations. Our relationship with the National Association of Medicaid Directors (NAMDD) enables us to collaborate on issues of shared interest. NASMHPD also has strong collaboration with key organizations representing the public sector, including the Association of State and Territorial Health Officials (ASTHO), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the National Association of State Directors of Developmental Disability Services (NASDDDS), the National Association of State United on Aging (NASUAD), the National Association of Counties, and the Council of State Governments (CSG). NASMHPD also works with various stakeholders in behavioral health alliances such as the 70-member Mental Health Liaison Group (MHLG), including the National Council on Behavioral Health, the National Alliance on Mental Illness (NAMI), and Mental Health America, on common issues and concerns affecting the entire behavioral health community.

In the past year, NASMHPD has continued to bring awareness to Congress and various federal agencies— including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare and Medicaid Services (CMS), the Department of Justice (DOJ), and the Administration for Community Living — on critical issues facing the public mental health system. As a result of NASMHPD’s and its partners’ advocacy efforts on Capitol Hill, comprehensive mental health reform was enacted as part of the 21st Century Cures Act.

In addition, our efforts led to the federal Mental Health Block Grant (MHBG) being retained at FY2016 levels— despite a continued scarcity of federal dollars, and to the set-aside for early intervention First Episode Psychosis (FEP) programs being maintained at 10 percent. This year for the first time, as a result of an amendment to the 21st Century Cures Act recommended by NASMHPD, states will have the flexibility to average the set-aside over two years.

NASMHPD has continued to maintain timely dialogue with Congressional representatives regarding potential legislative proposals, and has acted as a valuable resource for Congressional staff. NASMHPD weighed in with the House Energy and Commerce and Senate HELP committees on suggestions for
improving the mental health reform provisions of the 21st Century Cures Act enacted by Congress and signed by the President on December 13. NASMHPD opposed provisions of the mental health reform legislation that would have eliminated SAMHSA, and supported the provisions of the enacted 21st Century Cures Act that elevated the SAMHSA Administrator to the level of an Assistant Secretary. NASMHPD was also part of a coalition of organizations engaged by the Office of National Drug Control Policy to help push for the $1.1 billion for prevention and treatment of prescription opioid abuse eventually included in the 21st Century Cures Act.

NASMHPD challenged the Centers for Medicare and Medicaid Services (CMS) on its decision not to extend the Medicaid Emergency Psychiatric IMD Demonstration (MEPD), as mandated under Senators Ben Cardin’s (D-MD) and Pat Toomey’s (R-PA) bipartisan legislation, when the agency claimed it could not find that such an extension would meet a cost-neutrality condition required under the law. We also worked with a coalition of organizations representing private psychiatric hospitals participating in the first stage of the demonstration in an attempt to revise the extension language within FY 2017 funding legislation.

NASMHPD continues to work on Capitol Hill with the 28-member Partnership to Revise 42 CFR Part 2 to convince Congress to amend the statute underlying the recently revised regulation to better align, with the Health Insurance Portability and Accountability Act (HIPAA).

NASMHPD continues to provide timely information through email correspondence, Meet-Me calls, the NASMHPD Weekly Update newsletter, monthly Division conference call Washington Updates, and alerting members to webinars and calls on budget concerns, national trends in managed care, financing, integration, housing, peer services, care coordination, and healthcare delivery systems.

**Technical Assistance.** NASMHPD provides a wide array of high-quality training and technical assistance (T/TA) to diverse audiences in the States, the District of Columbia, and the U.S. Territories. The Association directly operates the SAMHSA-funded T/TA center National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC), the T/TA center Social Marketing/Communications TA for the Children's System of Care Program and the TA Coalition (TAC) to assist State Mental Health Authorities in planning and expanding community mental health services (part of the TAC includes the continuation of the Transformation Transfer Initiative - TTI).

Additionally, NASMHPD serves as a key partner on a variety of other T/TA efforts, including: the State TA Contract for the State Mental Health and Substance Use Agencies; the Bringing Recovery Supports to Scale TA project (BRSS-TACS); and SAMHSA's Homeless and Housing Resource Network that provides support and technical assistance to PATH grantees. NASMHPD also has several state contracts through our new Center for Innovation in Trauma Informed Approaches. The contracts assist states with implementing Trauma Informed Care in juvenile justice, forensics and state psychiatric facilities.

Collectively, these initiatives serve to support states and communities in their on-going efforts to plan and implement programs, polices, and practices that are designed to foster recovery and enhance resilience for individuals across the life span.

Under the State TA Project, NASMHPD has coordinated a number of national educational webinars for the State Mental Health Commissioners, Medical Directors, Block Grant State Planners, Children’s Directors, Office of Consumer Affairs Directors, and other key audiences related to the Community Mental Health Block Grant Set-Aside. The webinars have addressed a range of issues concerning evidence-based programming for first episode psychosis (FEP), including: recommended prescribing
practices; strategies for outreach and engagement; cultural competency in FEP programming; providing FEP services in rural and frontier communities; fostering peer leadership in FEP programs; and FEP incidence rates across broad healthcare settings.

NASMHPD has also overseen the development of a number of SAMHSA-sponsored resource materials for states on first episode programs (e.g., issue briefs, guidance manuals, fact sheets, and on-line tutorials), which can be found on our website under the SAMHSA resource listing at: https://www.nasmhpd.org/content/information-providers

**NASMHPD Staff.** We are here to represent your viewpoint with Congress, Federal entities, and other national organizations. In addition, we are here as a resource to provide you with updates on current national legislation and regulations that affect you and your state, and answer any questions you may have. Below please find a list of staff, their position, and some of their areas of expertise on behalf of NASMHPD:

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Technical Assistance Offices

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- Trauma Informed Systems
- Preventing Seclusion and Restraint
- Adult and Juvenile Justice
- Women and Violence
- Dual Diagnosis
- Forensic Services
- Specialty Courts
- LGBT
- Persons living with HIV/AIDS Workforce development
- Community Violence
- Substance abuse
- Social services
- Health Care
- Public Schools

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- Women and Violence
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- Administrator of the Housing Task Force
- Certified Peer Support
- Employment
- Interstate Compact Issues
- Transformation Transfer Initiative (TTI)
- Coalition of National Behavioral Health Partners
- Criminal Justice & Housing
- National Governors Association
- Olmstead
- Recovery Services (BRSS-TACS)
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  ○ Administrator of the NASMHPD Prevention Center, focused on Primary Prevention
  ○ Technical Assistance Requests
  ○ Early Intervention in Psychosis Virtual Resource Center
  ○ NASMHPD representative to the “Prodromal and Early Psychosis Prevention Network” (PEPPNET)
  ○ Institute of Medicine Forum on Children’s Affective, Cognitive, and Behavioral Health

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NASMHPD Website. We encourage you to explore our website at https://www.nasmhpd.org to view information on webinars, upcoming meetings, recent initiatives, mental health links, and multiple resources to serve you. The following is a list of select resources including NASMHPD Publications and NASMHPD Medical Directors Council Technical Reports designed to provide the latest information in improving systems. The NASMHPD web site also includes all webinars. Topics addressed include housing, trauma informed care, prevention, early intervention and evidence-based practices.

NASMHPD’s website includes the following policy briefs and position statements:

Policy Briefs

- NASMHPD Comments on the Medicaid Managed Care and CHIP Mental Health Parity Regulations - 5/15/15
- NASMHPD Comments on Implementation of the Prospective Payment System for the Community Behavioral Health Clinic Demonstration Authorized under § 223 of the Protecting Access to Medicare Act of 2014 (Pub. L. 113-93) - 12/14
- NASMHPD Comments on the Energy and Commerce Committee Digital Health Care Initiative - 7/14
o NASMHPD Policy Brief: Affordable Housing: The Role of the Public Behavioral Health System - 10/11
o NASMHPD Policy Brief: Workforce and the Public Mental Health System - 1/11
o NASMHPD Policy Brief: Health Information Technologies (HIT) and the Public Mental Health System - 12/10
o NASMHPD Policy Brief: Financing and the Public Mental Health System - 12/10

Position Statements

o Seclusion and Restraint Position Statement as Revised by NASMHPD Forensic Division and Accepted by NASMHPD Membership - 7/15/07
o The Arizona Tragedy - 1/11
o Smoking Policy and Treatment in State Operated Psychiatric Hospitals - 7/10/06
o Housing and Supports for Individuals with Mental Illness - 7/10/05
o Services and Supports to Trauma Survivors - 1/20/05
o The Integration of Public Health Promotion and Prevention Strategies in Public Mental Health - 9/17/04
o A Framework for Comprehensive State Mental Health Systems - 9/04
o State Psychiatric Hospital Patient Cemeteries - 7/31/01
o Mental Health Services in a Juvenile Justice Population - 4/01
o Repeal of the Medicaid IMD Exclusion - 6/6/00
o Culturally Competent and Linguistically Appropriate Mental Health Services - 6/6/00
o Seclusion and Restraint -7/13/99
o Services and Supports to Trauma Survivors - 12/7/98
o Mental Health Block Grant Formula - 12/16/97
o Laws Providing For the Civil Commitment of Sexually Violent Criminal Offenders - 9/9/97
o Insurance Discrimination Against Individuals with Mental Illness - 12/10/96
o Employment and Rehabilitation for Persons with Severe Psychiatric Disabilities - 12/10/96
o Statement on Performance Measures - 7/96
o Consumer Contributions to Mental Health Service Delivery Systems - 12/89

The following are a list of select NASMHPD Publications:

2017

o How Facebook Autoplay is Triggering Vicarious Trauma

2016

o NASMHPD’s Technical Assistance Coalition Assessment Working Papers
  1. Clozapine Underutilization: Addressing the Barriers
  2. Innovative Uses of Technology to Address the Needs of Justice-Involved Persons with Behavioral Health Issues
  3. Technology and Human Trafficking
  4. State Behavioral Health Authorities' Use of Performance Measurement Systems
  5. Promoting Young Adult Mental Health Through Electronic and Mobile Health Technologies
6. Improving Community Options for Older Adults
7. Integrating Behavioral Health into Accountable Care Organizations: Challenges, Successes, and Failures at the Federal and State Levels
8. Promising and Emerging Approaches and Innovations for Crisis Intervention for People who are Deaf, Hard of Hearing, and Deafblind
9. 2016 Compilation of State Behavioral Health Patient Treatment Privacy and Disclosure Laws and Regulations
   o Use of Performance Measures in Early Intervention Programs
   o What Comes After Early Intervention
   o Back to School Support for Full Inclusion of Students with Early Psychosis in Higher Education, Campus Staff & Admin.
   o Back to School Support for Full Inclusion of Students with Early Psychosis in Higher Education, Student & Family
   o Optimizing Medication Management for Persons Who Experienced a First Episode of Psychosis
   o A Family Primer on Psychosis
   o Age and Developmental Considerations in Early Psychosis
   o Coordinated Specialty Care (Why Specialty Early Intervention Programs are a Smart Investment)
   o Supporting Student Success in Higher Education Beyond the Clinic
   o Implicit Bias and Mental Health

2015

   o NASMHPD’s Technical Assistance Coalition Assessment Working Papers
      1. Pillars of Peer Support
      2. NASMHPD Housing State Survey
      3. Care Transition Interventions to Reduce Psychiatric Re-hospitalization
      4. Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers
      5. Establishing Deaf to Deaf Peer Support Services and Training
      6. Olmstead Risk Assessment and Planning Checklist
      7. The Role of Family-Run Organizations in Systems of Care
      8. Serving Youth with Co-Occurring Developmental and Behavioral Disorders
      9. The Un-coordinated Costs of Behavioral and Primary Health Care
     10. Behavioral Health and Criminal Justice Systems
   o An Inventory& Environmental Scan of Evidence-Based Practices for Treating Persons in Early Stages of Serious Mental Disorders, November 2015
   o Web-Based Tutorial: Early Intervention in Psychosis: A Primer
   o Information Guide: Steps and Decision Points in Starting an Early Psychosis Program
   o Issue Brief: Supported Education for Persons Experiencing a First Episode of Psychosis
   o Implementation of Coordinated Specialty Services for First Episode Psychosis in Rural and Frontier Communities
   o Building Upon Existing Programs and Services to Meet the Needs of Persons Experiencing a First Episode of Psychosis
   o Guidance Manual: Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation

2014
NASMHPD’s Technical Assistance Coalition Assessment Papers

- Installing The Building Blocks For A More Effective Mental Health System: Early Evidence Under Healthcare Reform And Roles For State Behavioral Health Agencies, September, 2014 (PDF 1,198 KB)
- Behavioral Health and Community-Based Services in the Aftermath of Olmstead, August, 2014 (PDF 929 KB)
- Striking a Balance: Mental Health Provider Network Adequacy under Health Care Reform, September, 2014 (PDF 835 KB)
- The Vital Role of State Psychiatric Hospitals, July 2014 (PDF 907 KB)
- Understanding and Addressing Adversity as a Risk Factor for Substance Abuse in Young People: An Informational Guide for Prevention-Oriented Professionals, July 2014 (PDF 1.01 MB)
- Transformation Transfer Initiative, July, 2014 (PDF 4,996 KB)
- Crossing the Behavioral Health Digital Divide: The Role of Health Information Technology in Improving Care for People with Serious Mental Illness in State Mental Health Systems
- Reducing the Burden of Mental Illness: The Role of Preventive Activities and Public Health Strategies
- The Role of Integrated Service Delivery Models in Addressing the Needs of Adults and Children with Behavioral Health Conditions
- Strategies to Enroll Uninsured People with Mental Health Conditions under the Affordable Care Act

2013

- NASMHPD Resource Management Guide: Impacts of the Affordable Care Act on Coverage for Uninsured People with Behavioral Health Conditions
- Employment Development Initiative, Full Report (PDF 1,913 KB) and Transformation Transfer Initiative, Full Report (PDF 4,348 KB)
- The Interplay between Medicaid DSH Payment Cuts, the IMD Exclusion and the ACA Medicaid Expansion Program: Impacts on State Public Mental Health Services
- The Waterfall Effect: Transformative Impacts of Medicaid Expansion on States
- State Roadmap to Peer Support Whole Health Resiliency, Full Report (PDF 486KB)

2012

- Taking Integration to the Next Level: The Role of New Service Delivery Models in Behavioral Health
- Trauma in the Deaf Population: Definition, Experience, and Services
- Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery (joint project with DOJ and SAMHSA, NASMHPD partnered with ASCA, APPA, NASADAD and other key organizations)
- Too Significant To Fail: The Importance of State Behavioral Health Agencies in the Daily Lives of Americans with Mental Illness, for Their Families, and for Their Communities Full Report
- Preventing Suicide: A Toolkit for High Schools (SAMHSA project with NASMHPD and EDC)
- Reclaiming Lost Decades: The Role of State Behavioral Health Agencies in Accelerating the Integration of Behavioral Healthcare and Primary Care to Improve the Health of People with Serious Mental Illness.
- Engaging Women in Trauma-Informed Peer Support: A Guidebook

12
Cornerstones for Behavioral Healthcare Today and Tomorrow
Becoming a Preventionist: Making Prevention Part of Your Mental Health Practice; A Continuing Education Course

2011

The Oklahoma Enhanced Tier Payment System: Leveraging Medicaid to Improve Mental Health Provider Performance and Outcomes
Primary Prevention in Behavioral Health

2010

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities (In sponsorship with SAMHSA’s Center for Mental Health Services)
Responding to a High-Profile Tragic Incident Involving a Person with a Serious Mental Illness: A Toolkit for State Mental Health Commissioners
Pillars of Peer Support

Further, the following NASMHPD Medical Director Issue Papers and Technical Reports can be found on our website.

Issue Papers

2009

The Role of the Medical Director in a State Mental Health Authority - A Guide for Policy Makers

2008

NASMHPD’s Medical Directors’ Statement on Comparative Effectiveness of Antipsychotic Medications and Individualized Treatment

2005

NASMHPD Issue Paper (December 9, 2005): Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) What Does It Mean for Practice and Policy?

NASMHPD Medical Directors’ Technical Reports

2014

The Vital Role of State Psychiatric Hospitals
2010

- Consumer Involvement with State Mental Health Authorities
  Part I Final Report
  Part II Appendices to Final Report

2008

- Measurement of Health Status for People with Serious Mental Illnesses
- Obesity Reduction & Prevention Strategies for Individuals with Serious Mental Illness
- Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority

2006

- Morbidity and Mortality in People with Serious Mental Illness
- Smoking Policy and Treatment in State Operated Psychiatric Facilities

2005

- Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities

Select Reports Prior to 2005:

- Reducing the Use of Seclusion and Restraint, PART I (1999)
- The Georgia Story: How to Successfully Restore a State Hospital Cemetery (2001)
- Reducing the Use of Seclusion and Restraint: PART II (2001)
- Reducing the Use of Seclusion and Restraint Part III: Lessons From the Deaf and Hard of Hearing Communities (2002)

The National Center for Trauma Informed Care (NCTIC)

For program briefs from the National Center for Trauma Informed Care please visit here.