

National Association of State Mental Health Program Directors

Weekly Update

CMS Approves § 1332 Waivers Creating Exchange Reinsurance Funds for Maryland, New Jersey

The Centers for Medicare and Medicaid Services (CMS) on August 22 [approved an Affordable Care Act \(ACA\) § 1332 waiver](#) for the state of Maryland permitting the state to create a reinsurance fund for Exchange insurers with a large number of high-risk insureds.

The § 1332 waiver to create a reinsurance fund, the second approved in less than a week, follows [a similar waiver approved for New Jersey](#) on August 16. Both waive § 1312(c)(1) of the ACA, the requirement to consider all enrollees in a market to be part of a single risk pool. They are the sixth and seventh states to gain approval of such a waiver.

The Maryland program will subsidize premiums for somewhere between 60,000 and 100,000 low-income residents. The New Jersey Health Insurance Premium Security Plan will be a state reinsurance program which reimburses insurers of high risk enrollees and provides 60 percent co-insurance for claims of \$40,000 to \$215,000.

The Maryland reinsurance fund will be paid for with a 2.75 percent premium tax on insurers in the current year expected to yield \$380 million, and about \$100 million in Federal pass-through funds equal to the amount of premium tax credits and advance premium tax credits otherwise payable for enrollees.

New Jersey's reinsurance program will be funded from three sources:

- (1) a state shared-responsibility tax equal to the Federal shared responsibility penalty that would apply for the taxable year under the ACA;
- (2) Federal pass-through funding equal to the amount of the premium tax credits and advance premium tax payments that would otherwise be paid for enrollees; and
- (3) an annual appropriation out of the General Fund of the State in an amount determined by a state board, in consultation with the Insurance Commissioner, determines necessary to fully fund the plan.

The waivers for both states are authorized to run through 2023, although the revenues received under the Maryland

legislation authorizing the tax on insurers, [House Bill 1782 \(Chapter 37\) of 2018](#), only covers the initial year of the waiver period. Legislators hope to extend the tax in the 2019 legislative session, following state elections in November.

Maryland individual health insurers' rate requests for the 2019 Exchange plan year were some of the largest in the nation, with CareFirst BlueCross BlueShield requesting a 91.4 percent increase for its PPO plans and an 18.5 percent increase for its HMO plans. Kaiser Permanente requested a 37.37 percent rate increase. CMS' approval gives those Maryland insurers time to refile their 2019 rate requests before an Oct. 1 deadline.

A Care First spokesman told *Inside Health Policy* in May that creation of the reinsurance program would enable it to lower its proposed premiums, but the spokesman said that, even if the rates are adjusted, its premiums would still likely be "possibly unaffordable" for many consumers.

Updated rate proposals will be presented at a public Insurance Division hearing on September 17. Governor Larry Hogan predicted that rate filings for 2019 would be reduced an estimated 30 percent from what they would have been without the waiver. He estimated the reinsurance program would grow enrollment on Maryland's individual market by nearly six percent in 2019.

Other states that [have submitted, or are considering submitting](#), a § 1332 waiver to shore up their insurance markets include Alaska, Iowa, Maine, Massachusetts, Minnesota, Oklahoma, Oregon, Wisconsin.

"With our innovative new reinsurance program, the health insurance market in Maryland will finally have the chance to be competitive and dynamic," said Governor Hogan.

"CMS is committed to giving states the flexibility they need to shield their citizens from Obamacare's skyrocketing premiums," said CMS Administrator Seema Verma. "The reinsurance waiver we approved today will provide immediate help to Marylanders being priced out of coverage, and I appreciate Governor Hogan's leadership in making Maryland the seventh state to gain approval for such a waiver."

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Blog: Language Deprivation and Deaf Mental Health: Introduction to a Webinar

Neil Glickman, Ph.D., University of Massachusetts Medical School

In many respects, the processes of providing mental health care to native users of sign and providing mental health care to users of spoken languages are comparable. This is especially the case when working with deaf people who are native users of either spoken or sign languages. In those cases, a cultural perspective on Deaf people is often much more useful than a disability perspective in planning services.

Mental health care of culturally Deaf people has many parallels with mental health care of other linguistic, social, or cultural minorities (Glickman, 2013; Glickman & Gulati, 2003; Glickman & Harvey, 1996; Leigh, 2010). Cultural self-awareness, a respectful, affirmative attitude, a body of specialized knowledge about the target community, specialized language, and communication and intervention skills are all essential, as they are when working with other minority populations (Glickman, 1996; Sue, Arredondo, & McDavis, 1992).

Many Deaf people object to the notion of deafness as a disability. They experience themselves as members of a community who have a language and culture or several cultures. The capital D in Deaf reflects this use of Deaf to represent a culture, not a kind of sensory deprivation. This positive view of sign language and all-other-things-Deaf is reflected in the title of an important recent book, *Deaf Gain: Raising the Stakes for Human Diversity*, by H-Dirksen, L. Bauman & Joseph J. Murray.

However, many deaf people (notice the lower-case d), especially those unaffiliated with the Deaf community who lose their hearing later in life, do experience their hearing loss as disabling, and for them deafness may well be associated with psychological conditions like depression and anxiety. Becoming deaf can certainly be experienced as traumatic. An example of this is Beethoven, for whom deafness was the worst calamity of his life. Like many people deafened late in life, he struggled to hide his hearing loss, at great psychological cost to him. Deafness also meant for him, as it does for many others, *not* membership in a special community, but isolation and loneliness.

While deafness may or may not be experienced as disabling for particular D/deaf people, there is an unquestionably disabling condition to which deaf people are vulnerable—language deprivation. Deaf people are the only people in the world who, with normal intellectual potential, may grow up without native language skills. This is not just because they are unable, even with new medical interventions like cochlear implants, to hear sufficiently to acquire spoken language as hearing children do, but also because they may not be exposed sufficiently to natural sign languages (American, British or French Sign Languages, for example) to acquire native signing skills.

Whereas acquiring native sign language skills can be natural and effortless if the right environment is present, for children with severe or profound deafness, acquiring spoken language skills requires great effort and is often not possible. Without native abilities in either spoken or sign languages, deaf people develop dysfluent or impaired language abilities, and dysfluent language skills can be associated with cognitive impairments and social-emotional and behavioral problems. The

dysfluencies range from mild and barely noticeable to profound and complex, but they are often clinically significant in mental health contexts.

At the extreme end of the language deprivation continuum are a-lingual deaf people—people with no or minimal formal language skills. Hearing people have usually never met such people and may find it hard to believe that human beings with normal intelligence can be, essentially, language-less. Inside the Deaf Community, however, the problem of language deprivation is well-known. Programs and specialists that serve D/deaf people usually know some a-lingual or semi-lingual deaf people.

In the United States, we are most likely to find a-lingual deaf people among immigrants from third world countries where they received minimal education, but you can also find them in rural, isolated American communities or other places where they have been hidden from the larger world. When a-lingual deaf people are discovered, they are often referred to mental health agencies, which are always unprepared for them.

There are a number of famous cases of a-lingual deaf people, such as that of Donald Lang, who in 1979 became the subject of a movie with Lavar Burton, of *Star Trek, The Next Generation* fame. Susan Schaller wrote *A Man Without Words* about a community of a-lingual deaf people (Schaller, 1991). Most states have some of these difficult-to-serve people identified in either their state department of mental health or their correctional system.

In the last few years in the Deaf Community and the Deaf mental health provider community, increasing attention is being paid to the problem of language deprivation. This is due in part to the vast majority of deaf children now being mainstreamed who lack the opportunities of previous generations to learn natural sign languages (Spencer & Marschark, 2010).

It is also because the practice of cochlear implantation, which does help some deaf children develop spoken language skills, commonly comes with a strong recommendation to the parents that they prevent their deaf child from having sign language exposure (Szarkowski, 2019). The results of cochlear implantation are highly variable, and dependent on factors other than the medical procedure itself. Discouraging early childhood sign language exposure is a high risk strategy, and when implantation fails, the child may have neither a sign nor spoken language foundation (Gulati, 2019; Szarkowski, 2019). Thus, opportunities for deaf children to develop native sign language abilities are dwindling, resulting in more deaf people without native language skills in any language.

If you ponder the issue of language deprivation, you'll realize how easily it can become the cause of learning and other cognitive deficits. People with significant language deprivation are unlikely to be literate, even at an elementary level, and they are also likely to have impaired abstract reasoning abilities and difficulty learning.

Consider this thought experiment: Is it possible to think about a squirrel in a tree without language, without names for squirrels or trees? It is. One can think about the image of the animal we call a squirrel moving about in an image of something we call a tree. You can do this without language.

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The author of this article, who worked for 17 years in a specialty Deaf psychiatric unit, had numerous opportunities to work with near a-lingual deaf persons who were able, sometimes, to give detailed accounts of events or things they experienced using very little formal language. It was a bit like watching a masterful mime, although mimes usually have the advantage of knowing spoken language and therefore having capacities for storytelling already established linguistically. People with severe language deprivation, by contrast, often struggle to tell a clear story which has a beginning, middle, and end, a defined set of characters or actors, logical segues, different points of view, and an appreciation of what details are essential to include. Even when they are expert gesturers, their language and thinking is often imprecise and difficult to follow.

By contrast, is it possible to consider without language a question like, "Why do squirrels climb trees?" That question, and everything else you might want to know about squirrels and trees, requires formal language. Of course, it does not require spoken language. Such a question can be pondered equally well in sign languages which offer linguistic strategies for describing aspects of the visual environment that are often vastly superior to spoken languages.

Language deprivation has impact beyond cognitive impairment; it impacts psychosocial development. For instance, the mental health skills we refer to as emotional self-regulation, or coping, which is the focus of so much contemporary cognitive behavioral therapy, can be done without language (think of sensory strategies like rocking or jumping for self-regulation). However, understanding the concept of self-regulation and advancing beyond sensory movement interventions, requires formal language. Certainly, language deprivation can dramatically limit one's set of strategies for self-regulation.

Similarly, interpersonal skills such as communication, problem-solving, and conflict resolution, which are also common foci of evidenced-based CBT, require formal language, though not necessarily full native language (Glickman, 2009, 2017). Indeed, appreciation of theory of mind (the idea that other people think differently than you do) also seems to require formal language (Ketelaar, Rieffe, Wiefferink, & Frijns, 2012). Failure to develop adequate language skills may be associated with failures to develop empathic attunement (empathy) with other people (Gulati, 2019).

When deaf people are significantly language deprived, they are also vulnerable to developing behavioral problems. If you can't express yourself in language, and you have few of the tools that language enables, you are likely to "act out," to express yourself behaviorally. This is why we tell children to "use your words." But what could we tell a child, or, for that matter, an adult, who lacks many words or signs or who has vocabulary but limited grammar for organizing vocabulary? Would we send them to therapy? Does not therapy, the "talking cure," also require language? Does it not also require the linguistic ability to tell one's story?

Of course, one can do therapy in sign language, and we need more providers who have this skill. But the highly variant language abilities of language-deprived deaf people means that, in addition to interpreters, we are going to need communication specialists who can guide treatment providers in understanding what communication resources are needed.

These resources will likely include Deaf interpreters who have a variety of creative interpreting strategies, all of which take more time, to "unpack" formal American Sign Language and English and approximate linguistic equivalencies (Wattman, 2019). They also are likely to include clinicians who have specialized knowledge and skills to work competently in mental health settings with deaf people whose language foundation, and therefore whose conceptual world, is very deprived.

These questions are coming increasingly to preoccupy specialists in Deaf mental health. They are discussed in depth in a new book edited by myself and Wyatt Hall, *Language Deprivation and Deaf Mental Health* (Glickman & Hall, 2019). They are also the subject of an upcoming NASMHPD webinar by Steve Hamerdinger, the Director of the Office of Deaf Services in the Alabama Department of Mental Health. Some of the crucial questions emerging from work with language deprived deaf people are:

- How might language deprivation complicate assessment of deaf people served in mental health programs? (Glickman, 2007; Pollard, 1998b)
- Is there such a disorder as what Deaf psychiatrist Sanjay Gulati calls "language deprivation syndrome," and might it exist as a common form of clinical co-morbidity in some deaf persons treated in mental health settings? (Gulati, 2019; Hall, Levin, & Anderson, 2017).
- What are the challenges for interpreters when they are working with persons who are not fluent language users? Are interpreters effective as reasonable accommodations when clients lack significant language skills? When do we add Deaf interpreters to the interpreting team? What do clinicians need to know about the interpreting challenges with dysfluent language users? (Glickman & Crump, 2017; Pollard, 1998a; Wattman, 2019).
- What would a comprehensive and valid communication assessment look like for deaf persons who appear to have dysfluent sign and/or spoken language skills? Should specialized communication assessments be required for deaf persons served in mental health or developmental disability agencies, as is currently the case in four states? (Williams & Crump, 2019) What questions could such assessments answer? (Henner, Reis, & Hoffmeister, 2019; Williams & Crump, 2019).
- Are there emerging pedagogical practices that can enhance the language and communication skills of people who are past the critical period for childhood language acquisition? (Spitz & Kegl, 2019).
- How does one adapt mental health interventions so that they are more likely to be effective with deaf persons with language deprivation? (Glickman, 2017) Can this be done without hiring staff with highly specialized skills?
- How do state mental health agencies insure they are providing services attuned to the cultural, linguistic, and disability issues of diverse D/deaf people? (Gournaris, Hamerdinger, & Williams, 2013).

Steve Hamerdinger, Director of the Deaf Services Division of the Alabama Department of Mental Health, will be presenting on this issue during the October 18 NASMHPD Commissioner Meet-Me Call. Details to follow.

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2018 Rural Behavioral Health Webinar Series: Behavioral Health of Children and Families in Rural Communities



2018 Rural Behavioral Health Webinar Series

The 2018 Rural Behavioral Health Webinar Series seeks to provide information and resources on innovative approaches to address the needs and challenges of rural community behavioral health. These approaches are embedded in a public health framework that acknowledges the role that social, economic, and geographic elements play in the lives of individuals and how it impacts behavioral health and well-being, especially for those in rural settings. Based on the needs of rural communities, direct attention has been placed on providing information and resources on how to create and sustain services and supports so that rural communities are able to reduce the impact of behavioral health problems and promote a good quality of life for the entire community, including those with behavioral health challenges. The webinar series provides an opportunity for participants to learn from experts and each other about innovations, practices, and programs focused on rural communities.

Webinar 3: Addressing the Needs of Young People with Serious Emotional Disturbance (SED) through a Comprehensive Continuum of Services and Supports

September 6, 3:00 p.m. – 4:30 p.m. E.T.

What does a comprehensive approach to mental health services and supports look like in rural communities? How do we ensure that the strategies to effectively address the mental health and overall well-being of children and youth in rural schools and communities includes multi-system partnerships, family engagement, and youth involvement? How do we ensure that these services and supports are guided by the principles of cultural and linguistic competence? Many rural communities face challenges and disparities in meeting the needs of young people and their families who need mental health services and supports. These challenges may even be greater when addressing the needs of young people who need more intensive services and supports.

This webinar will focus on discussing strategies to expand the adoption of comprehensive mental health support of youth with serious emotional disturbances(SED) in rural schools and communities. During the webinar, a system of care (SOC) approach will be discussed to highlight the importance of interagency collaboration, individualized and strength-based practices, and cultural competence for implementation of comprehensive mental health supports. This webinar will also provide examples of strategies for families and youth to work in partnership with public and private organizations, ensuring supports are effective and build on the individual's strengths and needs.

Participants in this webinar will learn about:

- Effective strategies to implement a comprehensive approach to address the needs of children and youth with SED in rural schools and communities;
- The importance of effective youth and family engagement; and,
- Strategies to engage multi-system partners in these efforts through a system of care approach.

Presenters:

- Kurt D. Michael, Ph.D., Aeschleman Distinguished Professor of Psychology, Appalachian State University
- Lynda Gargan, Ph.D., Executive Director, The National Federation of Families for Children's Mental Health
- Facilitator: Karen Francis, Ph.D., Principal Researcher, American Institutes for Research (AIR)

For additional information and to register for this webinar, please visit: <http://ruralbehavioralhealth.org/events>.

Senate Increases Funding for Suicide Prevention Lifeline by 40 Percent

The United States Senate on August 23 voted to increase total funding for the Suicide Prevention Lifeline Network by 40 percent, to \$10 million as part of a multi-agency funding package that included funding for the Department of Health and Human Services.

The increase was included in an [Senate Amendment 3703](#) to the Department of Defense/Labor-HHS/Education funding minibus, [H.R. 6157](#) as amended by substitute Senate Amendment 3695, offered by Senator John Kennedy (R-LA). That amendment, which provides an increase of \$2.8 million, was approved by a vote of 95-0 on August 21.

The full minibus was approved 85-7.

In offering the Amendment, Senator Kennedy stated,

It is a bipartisan amendment. It is fully offset. It is not adding money to the budget. I think it will do a great deal to make sure that anyone battling depression knows there is someone out there who is listening. Our National Suicide Prevention Hotline, as you know, supports the national network of local crisis centers. To date, they have answered more than 10 million calls from people in distress, and they estimate that over the next 4 years, they will take 12 million calls. We underfund them. It is embarrassing how much we underfund them.

The increase is the first since grants for funding the network of centers which constitute the Lifeline were increased from \$5.5 million to \$7.2 million in Fiscal Year 2013.




Become a Mental Health First Aid Instructor With National Council

As a trained Mental Health First Aider, you know that one 8-hour course can make a world of difference when it comes to improving the way we understand and respond to people with mental health and substance use problems.

Now, we're inviting you to take your passion for Mental Health First Aid one step further – [apply to become a Youth Mental Health First Aid Instructor in Philadelphia!](#)

From August 27 – 29, you can become certified to teach the Youth Mental Health First Aid course in your community, giving more people the skills they need to reach out and offer support to a young person who may desperately need it.

Thank you for your dedication to helping others, and for spreading the Mental Health First Aid movement in your community.

Please send questions to: MHFAinfo@TheNationalCouncil.org or call 1-888-244-8980.

**APPLY TODAY
SEATS ARE LIMITED**

FREE WEBINAR

Teen Depression

THURSDAY, OCT 11, 2018
7 PM ET | 4 PM PT



Learn how

- parents and teens can use the power of mindfulness in difficult times
- to truly listen without judgment
- parents can respond to teens during emotionally-charged conversations

NEW!

Register Now!
www.familyaware.org/trainings





POLICY TWITTER CHAT: EXPANDING THE REACH OF EVIDENCE- BASED SUPPORTED EMPLOYMENT

Disability employment policymakers, practitioners, researchers, and advocates from multiple organizations will participate in a live Twitter chat on expanding supported employment efforts on September 12, at 1:00 p.m. E.T.

Join the conversation by following [@UICHealthRRTC](#) and using the hashtag [#SEworks](#).



#SEworks - Now What?

@UICHealthRRTC Twitter Chat

Share your thoughts & efforts to expand the reach of evidence-based supported employment.

Wednesday Sep. 12 @ 1-2 pm ET

Follow [@UICHealthRRTC](#) to join the [#SEworks](#) chat.

Twitter chat theme How do we expand the reach of evidence-based supported employment?

Participating organizations The IPS Employment Center at Westat
Boston University Center for Psychiatric Rehabilitation
Temple University Collaborative for Community Inclusion
The National Council for Behavioral Health
The National Association of State Mental Health Program Directors

Follow [#SEworks](#) [@UICHealthRRTC](#) [@IPSinAction](#) for additional news, resources, and perspectives on evidence-based supported employment.



SAMHSA-Sponsored Webinar

Securing and Using the Right Data to Improve Your State's Mental Health Block Grant Application

Monday, August 27 (Part II), Both 12:30 p.m. to 2:00 p.m. E.T.

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

Over the past few years, the National Association of State Mental Health Program Directors (NASMHPD) has seen a rapid turnover of State Mental Health Authority (SMHA) staff who collaboratively work on the Mental Health Block Grant (MHBG), in particular state planners and state data staff. This second webinar in a two-part series will define and underscore the importance of the relationship between the block grant planner and the state data manager/staff. A brief history of the Mental Health Block Grant, the Data Infrastructure Grant, and the Uniform Reporting System sets the context for the importance of each aspect of block grant planning. The presenters will review the required data elements for the MHBG and for the Annual Report following the structure of the WebBGAS. While the current requirements will be reviewed, it will be emphasized that these elements most likely will change over time and that the mutual understanding of the parameters within which the planner and the data manager work is the essential element of success for both the block grant planner and the data manager. Examples of how the interaction between the planner and the data manager enhance the planning process both specific to the block grant and in general will be cited. The target audience is block grant planners and data managers, particularly those who are relatively new to the process. An expected outcome is an increased understanding of and appreciation of the respective roles and responsibilities and how to make the relationship successful for both parties. In addition, viewers will gain a better understanding of history of the block grant, block grant requirements and guidance of how to more efficiently organize their state's application.

Presenters:

- Molly Brooms, retired State Planner of the Alabama Department of Mental Health
- Melanie Harrison, Retired Chief Information Officer and IT Director of the Alabama Department of Mental Health
- Steven Dettwyler, Ph.D., SAMHSA Public Health Analyst and State Project Officer

REGISTER [HERE](#) FOR PART II (AUGUST 27)

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

If you have any questions, please contact Kelle Masten via [email](#) or at 703-682-5187.

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.

August Trainings

Arizona

27 & 28 - Community Medical Services, Tempe

29 & 30 - Salt River Pima-Maricopa Indian Community, Scottsdale

31 - University of Arizona, Tucson

Georgia

28 - WellCare Health Plans, Atlanta

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

**SAMHSA Service Members, Veterans, and their Families
Technical Assistance Center Presents:**

**Traumatic Brain Injury Among Service Members and Veterans:
What Behavioral Health Providers, Families and Peers Should Know
Tuesday, August 28, 12:00 p.m. to 1:30 p.m. E.T.**



The U.S. Department of Defense and Veteran's Brain Injury Center estimates that 22 percent of combat casualties are brain injuries. Traumatic brain injuries (TBI) in service members and veterans often go under-recognized because it can take days and weeks after the injury for cognitive and emotional effects to emerge. As a result, many service members and veterans do not seek behavioral health treatment or get connected with recovery support services soon enough. Further, concerns such as cognitive impairment, depression, anxiety, post-traumatic stress disorder, post injury substance abuse and other co-occurring concerns are often intertwined with TBI. Research has shown that families and peers are an important resource who have been shown to improve outcomes and resilience. From the outset, family and peer involvement is critical along with education and support.

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center will conduct a webinar in partnership with the U.S. Department of Veterans Affairs (VA) and the Brain Injury Association of America. The webinar will focus on the complexities of the behavioral health needs of our service members and veterans who have experienced TBI, and opportunities for collaboration and coordination across our military and civilian behavioral health systems of care to promote resiliency and recovery.

Moderator: *A. Kathryn Power, M.Ed.*, Regional Administrator, Region I and Senior Executive Lead on SMVF Populations, SAMHSA

Presenters

- *Lisa A. Brenner, Ph.D.*, Director of the Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education, and Clinical Center (MIRECC) and Professor of Psychiatry, Neurology, and Physical Medicine and Rehabilitation (PM&R), University of Colorado, Anschutz School of Medicine
- *Gregory Ayotte*, Director of Consumer Services, Brain Injury Association of America (BIAA)

Learning Objectives:

- Provide an overview of the research that explores the connection between TBI and behavioral health challenges among service members and veterans
- Review risk factors related to TBI
- Identify alternative approaches to recovery
- Describe the steps that providers, families, and peers in the community can take to address interrelated health issues
- Provide suggestions, resources, and best practice approaches that peers and providers in communities can use to support the resilience and recovery of service members and veterans who have experienced TBI and other co-occurring behavioral health disorders

REGISTER [HERE](#)

Target Audience: Representatives serving SMVF from city, county, state, territory, and tribal behavioral health systems; health care providers; suicide prevention coordinators; mental health and addiction peers; military family coalitions and advocates.

**National Meeting on Advancing Early Psychosis Care in the United States
Pre-Conference Kick-Off for the
11th Conference of the International Early Psychosis Association
Westin Copley Place, 10 Huntington, Avenue, Boston, Massachusetts
Sunday, October 7, 8:30 a.m. to 3:30 p.m. E.T.**

We invite you to register to attend a national meeting on Advancing Early Psychosis Care in the United States! The cost to attend is \$150 if you register by September 6.

This meeting will serve as a pre-conference and kick-off for the [11th Conference of the International Early Psychosis Association](#). Social workers, psychologists, counselors, and nurses can earn 5 continuing education credits for \$50.

This is an opportunity to be part of the conversation about the work we all do. You will get to talk with people from all over the country who are working to develop and maintain first episode psychosis programs in their communities, and also hear from the national and international leaders who are shaping and supporting the field. More than 140 people have registered so far – but don't worry, the Westin has plenty of space.

Finally, many of you may wish to stick around for the main conference and understand the really big picture of how international research is shedding new light on the causes of and treatments for mental illness. Those who attend the FEP meeting will be eligible to receive a discounted "group rate" on IEPA conference registration.

REGISTER [HERE](#) FOR THE PRE-CONFERENCE MEETING

Join the NADD August-December Webinar Series



From the convenience of your own office or conference room, you and your colleagues can participate in a multitude of educational resources; varying in experiential degree. All without having to leave the office! A learner may sign up for a single webinar or for as many as he or she wishes to take

REGISTER [HERE](#) NOT LATER THAN FIVE DAYS PRIOR TO A SCHEDULED WEBINAR

Webinar registration is open to all participants

Friday, August 31, 3:00 p.m. E.T.

Designing a Communal Classroom

Level: Intermediate

Ashleigh Molloy, PhD, Transformation Education Institute, Toronto

A communal classroom offers a safe, inclusive, student-centered environment where students learn through collaboration and active participation. It is a place where student expertise is developed and utilized, and is diversity embraced. This webinar will empower elementary teachers and principals by providing practical strategies for immediate classroom implementation, creating a learning environment where everyone belongs.

Wednesday, October 3, 3:00 p.m. E.T.

How to Prevent the Need for Seclusion, Restraint, and Other Restrictive Practices

Level: Advanced

Presenter: Gary LaVigna, PhD, BCBA-D, Institute for Applied Behavior Analysis, Los Angeles, CA

This webinar describes a host of evidence based, non-aversive reactive strategies (NARS) that can lead to "resolution" thereby preventing the need for restrictive procedures. These NARS have been shown to be more effective than the restrictive procedures in reducing the severity of a behavioral episode and in keeping people safe.

Friday, October 5, 3:00 p.m. E.T.

Addressing Mental Health Symptoms to Prevent Challenging Behaviors

Level: All

Presenters: Melissa Cheplic, MPH, The Boggs Center on Developmental Disabilities, Rutgers Robert Wood Johnson Medical School, Department of Pediatrics, New Brunswick, NJ; Tony Thomas, LISW-S, ACSW, Welcome House, Inc., WestLake, OH

Many people with IDD engage in challenging behavior as a way to communicate and get their needs met. Some problem behaviors are caused by symptoms of psychiatric disorders and other mental health conditions. This session will review the complicated factors that contribute to behavior and provide strategies to help Direct Support Professionals address these challenges.

Thursday, November 15, 3:00 p.m. E.T.

Longitudinal Trends from the Residential Information Systems Project about Services and Supports to People with IDD – How States Vary Compared to Other States and the U.S.

Level: Intermediate

Presenter: Heidi Eschenbacher, University of Minnesota, Minneapolis, MN

The Residential Information Systems Project (RISP) has been tracking supports and services, particularly deinstitutionalization, for over 40 years. Comparing states across the United States to overall

trends within the country can be revealing about how government service models differ in the types of supports and services they provide.

Tuesday, November 20, 3:00 p.m. E.T.

Decline in Adults with Down Syndrome

Level: Intermediate

Presenter: Seth Keller, MD, National Task Group on Intellectual Disabilities and Dementia Practices, Special Interest Group Adult IDD, American Academy of Neurology, Cherry Hill, NJ

Adults with IDD are living longer than ever before. Adults with Down syndrome are at a high risk of developing early onset Alzheimer's disease. This presentation will review the care and assessment process when decline is suspected including Alzheimer's disease and related dementia.

Tuesday, December 11, 3:00 p.m. E.T.

Making an Impact: How Managed Care Organizations Can Enter the Equation

Level: Intermediate

Presenters: Renea Bentley, Ed.D., LPC-MHSP, Sr. Manager of Behavioral Health Programs; Amy Eller, MS, LPC-MHSP, Amerigroup Tennessee, Nashville, TN

This session will share Amerigroup's integrated care coordination approach for individuals with Intellectual and developmental disabilities. We will outline our approach to addressing the physical, behavioral, and social needs of individuals with IDD holistically, providing access to a wide array of services through a single coordination point—supporting meaningful community integration and reducing complexity not only for the individual, but for their families and caregivers.

Thursday, December 13, 3:00 p.m.

This Can't Wait! Disability Education for First Responders: A Train-the-Trainer Session

Level: Beginner

Presenter: Shannon Benaitis, PHR, Albatross Training Solutions, Darien, IL

Police officers in communities where we provide services become default responders to mental health crises. These encounters are statistically more likely to result in use of force or shots fired when they involve people with developmental disabilities and/or mental illness. It's up to us, as provider agencies, to educate first responders on those we serve. Leave this Train-the-Trainer session with a training you can take to your local police and fire departments to get these informative and necessary conversations started.

One Additional Webinar on December 19.

Cost for Individual Webinars:

NADD Members - \$78 Non-Members - \$98.

Register for the entire series and receive an additional 20 percent off! **Discount Code: 5ormore-20%off-W2018.**

SEPT
9-13

2019

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D.C., USA

SAVE  DATE

Leading the Way Forward:
Access, Accountability and Action

International Initiative for Mental Health
Leadership (IIMHL) and International Initiative
for Disability Leadership (IIDL)
Leadership Exchange



2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our *Beyond Beds* series of 10 white papers highlighting the importance of providing a continuum of care.

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](#)



LEPH2018

TORONTO
CANADA
21-24 OCT

The Fourth International Conference on Law Enforcement & Public Health



REGISTER NOW

"There is increasing global recognition of the important role played by law enforcement agencies in protecting individual and public health, especially in diverse and vulnerable communities."

Mr. Aldo Lalo-Demoz, Deputy Executive Director, UNODC

You are invited to join fellow practitioners, researchers and policy makers in this unique event. Share your skills and learnings or showcase your 'on the ground' experiences at this inter-sectoral conference exploring the complex intersection of law enforcement, especially police, and the many and varied components of the public health field.

Register at: leph2018toronto.com/registration/

Find out more at: leph2018toronto.com



Join GLEPHA and receive a discounted registration fee for the LEPH2018 conference. Go to gleapha.wildapricot.org and join others with an interest in the challenging intersection of law enforcement and public health.

As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don't miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

- Professor Sir Michael Marmot deliver the 2018 LEPH Oration on '*Social Justice and Health Inequities*'.
- Major sessions on '*Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses*' or '*Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland*'
- Tom Stamatakis' timely paper addressing the '*The mental health of police personnel should be recognized as a 'mission critical' priority*'

Or participate in a session charged with '*Crossing the divide: searching for innovations in learning between criminal justice and public health*'.

And much more - see the **DRAFT PROGRAM** at www.leph2018toronto.com/program

REGISTER [HERE](#)

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center 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](#).



TA Network Webinars & Meetings



Applications are Now Being Accepted for the Next Mobile Response and Stabilization Services (MRSS) Peer Meeting

The MRSS Peer Meeting will take place Dec. 11-12, 2018 in New Brunswick, NJ. Participating teams will work collaboratively with experts from CT, Milwaukee County, WI; NV, NJ, and OK on strategies to support development, implementation, and sustainability of MRSS for children, youth, and young adults in their own states and communities. There will also be an opportunity for one or two individuals from each participant team to shadow a mobile response provider for the day for hands-on observation of NJ's model on Dec. 10. Applications are due Friday, Sept. 7.

[Apply Now](#)



Recovery to Practice eLearning Course on Integrated Practice

This six-module course from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides an overview of how to become an integrated practice team. With an entire section dedicated to health literacy, this course helps teams improve communication and frame care around recovery, resiliency, and shared decision-making with the people they serve.

[Find Out More](#)

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services

This four-part webcast series from the Substance Abuse and Mental Health Services Administration (SAMHSA) educates health care professionals about the importance of using approaches that are free of discriminatory attitudes and behaviors in treating individuals with substance use disorders and related conditions, as well as patients living their lives in recovery.



The webcasts feature discussions among experts in the field of addiction treatment, research, and policy. [Participants can earn free CME/CE credits](#) for attending the one-hour webcasts. [Access the webcasts HERE.](#)

About the Initiative: The Power of Perceptions and Understanding

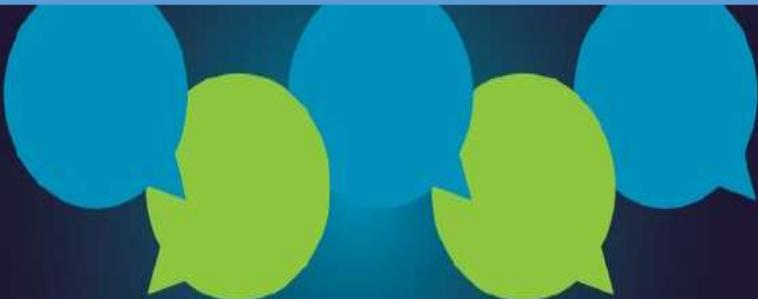
Millions of people in the U.S. live with a substance use disorder. In 2016, there were 20.1 million people, or 7.5 percent, aged 12 or older in 2016 who had a substance use disorder in the past year. In addition, an estimated 8.2 million U.S. adults 18 or older reported having co-occurring disorders. This means that within the previous year, they experienced both a mental illness and a substance use disorder.

Health care providers are often the first contact for addressing their patient's substance use disorder. There is ample evidence that those who have a substance use disorder often have feelings of shame that impede treatment-seeking. Therefore, it is essential health care providers understand that negative attitudes, beliefs and language can be barriers that prevent those in need from seeking services, or even sharing information, including being in recovery.

The Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with Massachusetts General Hospital, Recovery Research Institute (link is external), is producing a series of four webcasts to educate healthcare professionals about the problems of discriminatory practices and inaccurate perceptions present in dealing with individuals with substance use disorders (SUDs) and related conditions. The topics and panel discussions will specifically address the harm caused by the negative perceptions, and the mitigating results of using discriminatory and prejudicial behaviors toward those who need care for substance use disorders as well as those living their lives in recovery.

Webcasts are open to all, but are intended to educate health care providers at all levels, to include medical doctors, physician assistants, nurses, the public health field staff, addiction treatment professionals, as well as behavioral health support staff.

Participants can earn up to 4.0 free CME/CE credits – one credit for attending each of the four one-hour webcasts.



29th Annual Federation of Families for Children's Mental Health Conference

Houston, Texas
November 1st-3rd, 2018

CALL FOR PRESENTATIONS

The National Federation's Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children's mental health, from the perspective of a family-driven and youth-guided approach.

Join hundreds of mental health advocates and professionals from across the nation to share your expertise in: Family and Caregiver Support, [Supports for Special Populations](#), Collaboration and Integration of Services Across Multiple Systems, [Trauma Informed Care](#), Research to Practice, [Engaging Youth and Young Adults](#), Organizational Development and Sustainability, [Evidence Based Practices](#), Parent Peer Support Today or [Providing Services and Outreach in the Digital Age](#).

Early Bird registration rates apply for presenters! There is also still time to be a conference exhibitor or sponsor. Learn more [here](#).

Submit Your Presentation [HERE](#)



National Federation of Families
for Children's Mental Health

Medicaid Innovation Accelerator Program (IAP)-Sponsored Webinar Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness

Thursday, September 6, 3:00 p.m. to 4:30 p.m. E.T.

CMS's Medicaid Innovation Accelerator Program (IAP) is hosting a webinar to introduce states to a new technical resource designed to help state Medicaid agencies with using Medicaid claims and encounters data to gather specific insights about the population of adult Medicaid beneficiaries who have a serious mental illness in their state. This technical resource serves as a first step in assisting states with understanding key demographic attributes of this population, their use of Medicaid services, and their Medicaid service costs.

The webinar will feature an overview of the technical resource, example analyses, and a discussion with state Medicaid leaders from Pennsylvania, Virginia, and West Virginia who will share insights based on their experience conducting similar analyses. The strategies presented on this webinar will be of interest to state Medicaid agencies interested in developing data analytics to better understand their population with SMI.

REGISTER [HERE](#) FOR THIS WEBINAR



**National Health Policy
Conference**

February 4-5, 2019 | Marriott Marquis, Washington, D.C.



**Add Your Vote
Submit a Proposal**

Participate in the [2019 AcademyHealth National Health Policy Conference](#) and add your voice to this one of a kind event, designed to address the nation's health policy agenda, including the most critical issues and immediate policy priorities in United States health care. [Learn More](#) »

Submission Deadline: Thursday, September 27

[SUBMIT A PROPOSAL](#)

NEW!



**ANNUAL
MEETING** 2018
SEPT. 26-27
ALEXANDRIA, VA

BUILDING Healthy AND
Resilient
COMMUNITIES

**September 26 & 27, 2018
Westin Hotel, Alexandria, VA**

ASTHO's 2018 Annual Meeting is the premier public health event of the year. You don't want to miss the largest gathering of state and territorial health officials, federal public health officials, academic leaders, private sector health industry executives and leading public health nonprofit agencies. This meeting provides a unique opportunity to be inspired by leaders in the field, discuss challenges and think critically with peers about unique approaches, reconnect with friends and colleagues, learn from the great work of other states and territories and



- Larry Sabato, Founder and Director, University of Virginia Center for Politics
- Robert K. Ross, MD, President and CEO, The California Endowment
- Soledad O'Brien, CEO, Starfish Media Group
- Sandro Galea, MD, MPH, DrPH, Dean, Boston University School of Public Health
- Mark Durand, Health Information Systems Coordinator, Pacific Island Health Officers' Association
- Maurice Jones, JD, CEO, Local Initiatives Support Corporation
- Mary Willard, Director, Alaska Native Tribal Health Consortium
- Wendy Ellis, Program Director, George Washington University

Registration for the Annual Meeting is available June 7 – September 5.
There will be NO on-site registration or late registration options.

REGISTER [HERE](#)

If you're having trouble please contact registration@astho.org.

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.



NADD Award Nominations Sought by August 31

NADD presents five awards annually, at the NADD Annual Conference, which this year will be in Seattle, Washington, October 31 to November 2. The deadline for submitting nominations for these awards is August 31.

[Frank J. Menolascino Award for Excellence](#) - This prestigious award is given annually in the memory of Dr. Frank J. Menolascino to an individual who has demonstrated long standing excellence in the field of dual diagnosis.

[Earl L. Loschen Award for Clinical Practice](#) - This award is given to a person whose contribution in the area of clinical practice has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities as well as mental health needs.

[NADD "Member of the Year" Award](#) - This award is given to a person who has supported the mission of NADD through various activities that have resulted in a positive impact on NADD.

[NADD DSP Award for Excellence](#) - This Award is given annually to acknowledge a Direct Support Professional (DSP) whose contribution to supporting people who live in our communities has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities and mental health needs.

[NADD Research Award](#) - This award is given to recognize research that improves our understanding of mental health issues in people with intellectual and other developmental disabilities.

[Click here](#) for details.



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.)

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[Aaron J. Walker, M.P.A.](#), Senior Policy Associate

NASMHPD Links of Interest

[It's NOT JUST THE UNINSURED – It's ALSO THE COST OF HEALTHCARE](#), DREW ALTMAN, KAISER FAMILY FOUNDATION, *AXIOS*, AUGUST 20

[CALIFORNIA TODAY: AT AN OAKLAND HOSPITAL, A NEW WAY TO TREAT OPIOID ADDICTION](#), *NEW YORK TIMES*, AUGUST 20

[WITH AN EPIDEMIC OF MENTAL ILLNESS ON THE STREETS, COUNTIES STRUGGLE TO SPEND HUGE CASH RESERVES](#), THOMAS CURWEN, *LOS ANGELES TIMES*, AUGUST 19

[IMPROVING CARE AND LOWERING COSTS FOR CHRONIC CARE BENEFICIARIES: IMPLEMENTING THE BIPARTISAN BUDGET ACT](#), BIPARTISAN POLICY CENTER, AUGUST 2018

[REPORT ON 100 DAYS OF ACTION ON THE AMERICAN PATIENT FIRST BLUEPRINT](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, AUGUST 20

[THE COURAGEOUS FIGHT TO FIX THE NBA'S MENTAL HEALTH PROBLEM](#), JACKIE MACMULLAN, ESPN, AUGUST 20

[THE EXPECTED IMPACT OF TELEMEDICINE ON THE ELDERLY](#), THOMAS SULLIVAN, *POLICY AND MEDICINE*, AUGUST 21

[CARING FOR FAMILIES SEPARATED BY CHANGING IMMIGRATION POLICIES AND ENFORCEMENT: A CULTURAL PSYCHIATRY PERSPECTIVE](#), KOHRT B.A., M.D., PH.D., *ET AL.*, *PSYCHIATRIC SERVICES*, AUGUST 20

OPEN FORUM: [TREATMENT IMPLICATIONS OF SITUATIONAL VARIABILITY IN COGNITIVE AND NEGATIVE SYMPTOMS OF SCHIZOPHRENIA](#), JASMINE MOTE, PH.D., PAUL M. BRANT, PH.D. & STEVEN M. SILVERSTEIN, PH.D., *PSYCHIATRIC SERVICES*, AUGUST 20

[MEASURES FOR MEDICAID MANAGED LONG TERM SERVICES AND SUPPORTS PLANS: TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL](#), CENTER FOR MEDICAID AND CHIP SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES, AUGUST 2018

[STATE MEDICAID DIRECTOR LETTER 18-009 BUDGET NEUTRALITY POLICIES FOR SECTION 1115\(A\) MEDICAID DEMONSTRATION PROJECTS](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, AUGUST 22

[OCCUPATIONAL PATTERNS IN UNINTENTIONAL AND UNDETERMINED DRUG-INVOLVED AND OPIOID-INVOLVED OVERDOSE DEATHS — UNITED STATES, 2007–2012](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, AUGUST 24

[ALCOHOL USE AND BURDEN FOR 195 COUNTRIES AND TERRITORIES, 1990–2016: A SYSTEMATIC ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2016](#), *THE LANCET*, AUGUST 23