

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 five divisions comprised of directors of special populations/services (children/youth/families, older persons, forensic, recovery support, 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 the National Coalition on Mental Health and Deaf Individuals (NCMHDI); 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@nasmhpd.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 regional organizations: the Southern State Psychiatric Hospital Association (SSPHA) and the Western Psychiatric State Hospital Association (WPSHA).

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 highlight best practices and the latest information on legislation, regulations, federal initiatives, and other issues that could affect your state. If you have any questions about these webinars, please contact Stuart Gordon, Director of Policy & Communications, via email at stuart.gordon@nasmhpd.org. We hope that you or a designated staff member will be able to join us for these webinars.

Crisis Now/#CrisisTalk. NASMHPD has partnered with the National Suicide Prevention Lifeline, RI International, and Action Alliance to present Crisis Now, Transforming Services is Within Our Reach, a website dedicated to providing the framework needed to optimize mental health crisis services within communities. As part of Crisis Now, the #CrisisTalk website was launched in May 2019 to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. This innovative publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. You can access Crisis Now at CrisisNow.com and #CrisisTalk at talk.crisisnow.com.

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 (NAMD) 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, as well as national associations representing psychiatrists, psychologists, and social workers, on common issues and concerns affecting the entire behavioral health community.

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.

Training & Technical Assistance (T/TA). In 2018, NASMHPD developed a series of T/TA assessment papers focused on “Bold Approaches for Better Mental Health Outcomes”, continuing our efforts to reduce the human and economic costs associated with severe mental illness by building and invigorating

a robust, interconnected, evidence-based system of care that goes “beyond beds”. The series includes papers articulating “bold goals” for public mental health systems; providing strategies for effective bed and service registries; describing a comprehensive continuum of crisis services to support jail diversion; promoting trauma-informed approaches in psychiatric settings; and other topics. These papers are available free on the NASMHPD website at <https://www.nasmhpd.org/content/tac-assessment-papers>.

Also during 2018, NASMHPD developed more than 12 TA resources to support early intervention in psychosis, including resources for schools, families and providers. These resources, developed with support from SAMHSA, included training videos, recorded webinars, issue briefs, and fact sheets – all of which are available free on the NASMHPD website at <https://www.nasmhpd.org/content/2018-ta-and-training-resources-first-episode-psychosis-now-available>.

NASMHPD has coordinated a number of national educational webinars for the State Mental Health Commissioners, their staffs, and other stakeholders. The webinars have addressed a range of issues essential to effective implementation of evidence-based practices, service delivery across the spectrum, and cross-systems collaboration. Archived webinars can be found on our website at <https://www.nasmhpd.org/webinars>.

NASMHPD serves as a key partner on a variety of other T/TA efforts, including support for the Nation’s Suicide Prevention Lifeline (1-800-273-TALK); SAMHSA’s Homeless and Housing Resource Network providing support and technical assistance to PATH grantees; SAMHSA’s Clinical Support System for Serious Mental Illness, and the U.S. Department of Health and Human Services’ National Center on Advancing Person-Centered Practices and Systems. NASMHPD also participates as an advisor to SAMHSA’s Mental Health Technology Transfer Center (MHTTC) Network.

Many NASMHPD TA activities occur in conjunction with our SAMHSA contract to support state mental health authorities in planning and expanding community mental health services. In 2019, part of this contract included Transformation Transfer Initiative (TTI) grants to twenty-three (23) states to expand and improve bed registries. Beginning this year, NASMHPD is collaborating with SAMHSA under this contract to reach out directly to state mental health authorities through telephone meetings and other vehicles in order to better understand and respond to your TA needs.

NASMHPD also has several state and local contracts through our new Center for Innovation in Behavioral Health Policy and Practice. Contracts under this center help states, organizations, and communities implement best practices, including trauma-informed approaches in all service settings. We also have a cooperative agreement with the Department of Justice, Office for Victims of Crime to increase access to mental health services to traditionally under-served victims of crime.

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:

Office of the Executive Director

Brian M. Hepburn, M.D., Executive Director

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- Liaison with State Hospital Regional Organization a
- Administrator of Medical Directors Council

Meighan B. Haupt, M.S., Chief of Staff

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- Mental Health and Deaf and Hard of Hearing Individuals
- Head Injury and Behavioral Health

Robert W. Glover, Ph.D., Former NASMHPD Executive Director

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- Smoking Cessation
- IIMHL

Office of Behavioral Health

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- Administrator of Forensic Division
- Trauma Informed Systems
- Veterans Issues
- Criminal Justice

Office of Government Relations

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- Administrator of Finance Policy Division
- ACA and Healthcare Reform
- Coalition Outreach and Alliances
- CMS & SAMHSA
- Congressional Outreach
- Policy Agenda & Positioning
- Regulatory and Legislative Review and Analysis
- Member Communications

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- Administrator of the Older Adult's Divison
- Suicide Prevention and crisis services
- Coalition Outreach and Alliances

- Government Relations
- Coalition on Mental Health and Aging
- Oversees the SMI Adviser project

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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- 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

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- Peer Support & Trauma Informed Systems

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- NASMHPD's Center for Innovation in Behavioral Health Policy and Practice Communications
- Technical Assistance Coordination

Yaryna Onufrey, Program Specialist

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- Social Media, Website, Webinars, and Database
- Technical Assistance Support
- Transformation Transfer Initiative (TTI)

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- Administrator of the Children, Youth & Families Division
- Administrator of the Legal Division
- Administrator of the Recovery Support Services Division
- 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)
- Social Marketing & Whole Health

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

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- Transformation Transfer Initiative (TTI)
- Coalition of National Behavioral Health Care Partners (TAC)
- TAC Assessment Working Papers
- Government Relations
- Smoking Cessation
- 508 Compliance

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- Administrator of Medical Directors Council
- Administrator of Forensic Division
- Coalition of National Behavioral Health Care Partners

- Webinar Development

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- Social Marketing/Strategic Communications Planning Advisor/Trainer
- Liaison to Native American and Tribal Communities engaged in Systems of Care for Children's Mental Health
- Social Marketing/ Strategic Communications Training and Technical Assistance SME
- Transformation Transfer Initiative (TTI) TA Coordinator
- Administrator of State Cultural & Linguistic Competence Coordinators' Network
- Liaison to U.S. Territories and Pacific Jurisdictions

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- Social Marketing
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- Promotion & Prevention
- First Episode Psychosis

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- Administrator of the Finance Policy Division
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Office of Accounting

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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 Criteria for State-Certified Behavioral Health Clinics under § 223 of the Protecting Access to Medicare Act of 2014 (Pub. L. 113-93) - 11/14
- NASMHPD Comments on the Energy and Commerce Committee Digital Health Care Initiative - 7/14
- NASMHPD Policy Brief: Affordable Housing: The Role of the Public Behavioral Health System - 10/11
- NASMHPD Policy Brief: Workforce and the Public Mental Health System - 1/11
- NASMHPD Policy Brief: Health Information Technologies (HIT) and the Public Mental Health System - 12/10
- NASMHPD Policy Brief: Financing and the Public Mental Health System - 12/10

Position Statements

- Policy Statement on Tobacco Cessation in All Behavioral Health Settings – 7/30/17
- Seclusion and Restraint Position Statement as Revised by NASMHPD Forensic Division and Accepted by NASMHPD Membership - 7/15/07
- The Arizona Tragedy - 1/11
- Smoking Policy and Treatment in State Operated Psychiatric Hospitals - 7/10/06
- Housing and Supports for Individuals with Mental Illness - 7/10/05
- Services and Supports to Trauma Survivors - 1/20/05
- The Integration of Public Health Promotion and Prevention Strategies in Public Mental Health - 9/17/04
- A Framework for Comprehensive State Mental Health Systems - 9/04
- State Psychiatric Hospital Patient Cemeteries - 7/31/01
- Mental Health Services in a Juvenile Justice Population - 4/01
- Repeal of the Medicaid IMD Exclusion - 6/6/00
- Culturally Competent and Linguistically Appropriate Mental Health Services - 6/6/00
- Seclusion and Restraint -7/13/99
- Services and Supports to Trauma Survivors - 12/7/98

- Mental Health Block Grant Formula - 12/16/97
- Laws Providing For the Civil Commitment of Sexually Violent Criminal Offenders - 9/9/97
- Insurance Discrimination Against Individuals with Mental Illness - 12/10/96
- Employment and Rehabilitation for Persons with Severe Psychiatric Disabilities - 12/10/96
- Statement on Performance Measures - 7/96
- Consumer Contributions to Mental Health Service Delivery Systems - 12/89

The following are a list of select NASMHPD [Publications](#):

2018

- Windows of Opportunity in Early Psychosis Care: A Companion Guide for Navigating Cultural Dilemmas
- Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians
- Trauma, PTSD and First Episode Psychosis
- Addressing Trauma and PTSD in First Episode Psychosis Programs
- Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families
- Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians
- Early Serious Mental Illness: Guide for Faith Communities
- Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model
- NASMHPD's Technical Assistance Coalition Assessment Working Papers
 1. Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes
 2. Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements
 3. Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1
 4. Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness
 5. A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness
 6. Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness
 7. Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention
 8. Making the Case for a Comprehensive Children's Crisis Continuum of Care
 9. Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach
 10. Weaving a Community Safety Net to Prevent Older Adult Suicide

2017

- How Facebook Autoplay is Triggering Vicarious Trauma

- EMDR Therapy Used to Neutralize Human Trafficking Trauma
- Treating Affective Psychosis and Substance Use Disorders Within Coordinated Specialty Care
- Workforce Development in Coordinated Specialty Care Programs
- Substance-Induced Psychosis in First Episode Programming
- Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis
- Outreach for First Episode Psychosis
- Measuring the Duration of Untreated Psychosis within First Episode Psychosis Coordinated Specialty Care
- Educating Communities to Identify and Engage Youth in the Early Phases of an Initial Psychosis: A Manual for Specialty Programs
- Use of Medicaid to Finance Coordinated Specialty Care Services for First Episode Psychosis
- An Inventory & Environmental Scan of Evidence-Based Practices for Treating Persons in Early Stages of Serious Mental Disorders
- First-Episode Psychosis: Considerations for the Criminal Justice System
- NASMHPD's Technical Assistance Coalition Assessment Working Papers
 1. Beyond Beds: The Vital Role of a Full Continuum of Care
 2. Trends in Psychiatric Inpatient Capacity, United States and Each State, 1970-2014
 3. Crisis Services' Role in Reducing Avoidable Hospitalization
 4. The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
 5. Quantitative Benefits of Trauma-Informed Care
 6. 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
 7. The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
 8. Older Adults Peer Support: Finding a Source for Funding
 9. Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
 10. Forensic Patients in State Psychiatric Hospitals: 1999-2016

2016

- 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

- Use of Performance Measures in Early Intervention Programs
- What Comes After Early Intervention
- Back to School Support for Full Inclusion of Students with Early Psychosis in Higher Education, Campus Staff & Admin.
- Back to School Support for Full Inclusion of Students with Early Psychosis in Higher Education, Student & Family
- Optimizing Medication Management for Persons Who Experienced a First Episode of Psychosis
- A Family Primer on Psychosis
- Age and Developmental Considerations in Early Psychosis
- Coordinated Specialty Care (Why Specialty Early Intervention Programs are a Smart Investment)
- Supporting Student Success in Higher Education Beyond the Clinic
- Implicit Bias and Mental Health

2015

- 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
- An Inventory & Environmental Scan of Evidence-Based Practices for Treating Persons in Early Stages of Serious Mental Disorders, November 2015
- Web-Based Tutorial: Early Intervention in Psychosis: A Primer
- Information Guide: Steps and Decision Points in Starting an Early Psychosis Program
- Issue Brief: Supported Education for Persons Experiencing a First Episode of Psychosis
- Implementation of Coordinated Specialty Services for First Episode Psychosis in Rural and Frontier Communities
- Building Upon Existing Programs and Services to Meet the Needs of Persons Experiencing a First Episode of Psychosis
- 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
- Behavioral Health and Community-Based Services in the Aftermath of Olmstead, August, 2014
- Striking a Balance: Mental Health Provider Network Adequacy under Health Care Reform, September, 2014

- The Vital Role of State Psychiatric Hospitals, July 2014
- Understanding and Addressing Adversity as a Risk Factor for Substance Abuse in Young People: An Informational Guide for Prevention-Oriented Professionals, July 2014
- Transformation Transfer Initiative, July, 2014
- 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
- 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

NASMHPD Medical Directors' Technical Reports

2018

- Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness

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)

NASMHPD's Center for Innovation in Behavioral Health Policy and Practice

For program briefs from NASMHPD's Center for Innovation in Behavioral Health Policy and Practice, please [visit here](#).