Movement Stalls on Bipartisan Alexander-Murray Solution to Stabilizing Insurance Markets

Momentum for passage of bipartisan legislation to stabilize the individual insurance marketplace seemed to be halted this week when President Trump backed away from initial statements of support for the bill as a stop-gap solution, to instead join conservatives and House Speaker Paul Ryan (R-WI) in disparaging the measure’s extension of the cost-sharing reduction (CSR) payments to insurers as a Federal government bailout of insurers.

The legislation is being proposed by Senate Health Education, Labor and Pensions (HELP) Committee Chair Lamar Alexander (R-TN) and HELP Ranking Member Patty Murray (D-WA) based on the testimony of governors, state insurance commissioners, stakeholders, and experts such as former Health and Human Services Secretary Mike Leavitt in four September HELP hearings. At least 11 governors of both parties have announced their support for the legislation.

The measure, which was to be formally introduced October 19, would:

- provide funding for CSR payments for 2017 through 2019;
- create, for individuals older than 30, a "copper plan" which would be less comprehensive than other ACA plans but would have a lower premium;
- provide $106 million in enrollment outreach funding in 2018 and 2019;
- streamline the § 1332 application process for states seeking waivers from the ACA’s coverage requirements; and
- provide states flexibility on what type of coverage could be included in § 1332 innovation waivers, while retaining the essential health benefits mandate and the prohibition against insurers barring coverage for pre-existing conditions.

Senators Alexander and Murray are joined by 11 Republican co-sponsors and 10 Democratic co-sponsors, as well as Independent Angus King (ME-I). The Republican co-sponsors include Senators Bill Cassidy (R-LA) and Lindsey Graham (R-SC), who seek to add the provisions of their own bill. The President said October 19 he would oppose the measure unless the CSR payment extension is abandoned and the bill includes provisions of his October 12 Executive Order loosening restrictions on association health plans and short term insurance plans and permitting employer Health Reimbursement Arrangements to be used by employees to pay insurance costs. Senator Murray has said she opposes any changes.

Should Senate Majority Leader Mitch McConnell choose not to bring the bill to the Senate floor for a vote as a standalone bill, Democrats say they will insist it be included in the Federal FY 2018 omnibus funding measure or the must-pass bill extending expiring Medicaid and Medicare programs as a condition of the passage of those bills.

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- May 2018 Annual Behavioral Health Informatics Conference
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- New Resources Posted to the EIP Resource Center
- NASMHPD Board & Staff
- NASMHPD Links of Interest

Congressional Work Days Left in 2017

- House Work Days to Permanently Fund FY 2018 by December 8 – 24
- Senate Work Days to Permanently Fund FY 2018 by December 8 - 35
The Ripple Effect of Opioids on Child Welfare

Thursday, November 16, 1 p.m. to 2 p.m. ET

The opioid epidemic’s impact on Child Welfare is front page news. Yet the ripple effect goes undocumented - skyrocketing caseloads increases the volume and rate of information flooding into the agency. Learn how Fairfield County (OH) teamed up with Ohio’s Attorney General on a public awareness campaign and implemented an approach to manage the information overload.

Presenters:
- Kristi Burre, Deputy Director, Fairfield County Child and Adult Protective Services
- Rich Bowlen, Vice President, Protective Services, Northwoods

Study Finds Disclosure of Suicide Intent Increases with Age among Older Adults

Approximately one in five adults age 50 and over who died by suicide disclosed their intent, confirms a new report published online October 3 in the American Journal of Preventive Medicine.

Lead author, Namkee G. Choi, PhD, of the University of Texas at Austin Steve Hicks School of Social Work, studied the association of suicide intent disclosure with depressed mood and health problems; any variance in age-group differences among those associations; and the relationship between disclosure and suicide means among suicide decedents age 50 and over.

Dr. Choi and her colleagues analyzed data of 46,857 suicide deaths among adults 50 and over from the National Violent Death Reporting Systems from 2005 to 2014.

The investigators found that approximately 23.4 percent of adults 50 and older who died by suicide disclosed their intent one month prior to their death. Disclosure was most often to a spouse/ intimate partner or another family member. Whereas a small percentage of descendants talked to a health care professional about their suicidal ideation.

Depressed mood and health problems were associated with increased odds of disclosure. When examining age-group differences, disclosure rates were revealed to be higher for individuals 70 to 79 years and those 80 years and older than for individuals 50 to 59 years of age. The data also revealed that disclosure was lower for those who completed suicide by and hanging/suffocation. However, gender differences were found among firearm users--men were more likely to disclose intent than women.

In a University of Texas press release, Dr. Choi commented, "Because disclosing suicide intent provides an opportunity to prevent suicide and offer assistance in coping with stressors, the study findings have important clinical implications for increasing disclosure and preventing suicide among older adults."

The researchers identified four key interventions to prevent suicide among older adults:

- Ensure that healthcare providers, particularly those that work closely with older adults (i.e., primary care physicians), routinely screen for suicide along with access to lethal means, using an evidence-based suicide prevention training model.
- Develop public health campaigns that educate family members and social support networks on the warning signs of late-life suicide and provide information on how to seek assistance when an older adult discloses intent.
- Develop specialized service treatments for older adults diagnosed with a mental illness or a co-occurring substance abuse condition. Integration of primary care with behavioral health would ease access to mental health services and reduce the stigma associated with mental health.
- Focus on services that address older adults’ mental health and physical health needs, such as palliative care for chronic pain and accessibility of long-term care services.
The Center for Mental Health Services (CMHS) has announced it will fund another year of the Transformation Transfer Initiative (TTI) administered in part by NASMHPD.

CMHS is expected to award six TTI contracts of $220,000 each to support programs that develop, strengthen, or sustain innovative projects or programs focusing on Recovery Oriented Cognitive Therapy. These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, either through a new initiative or expansion of one already underway. All proposals should focus on SMI or SED populations.

All states and territories are eligible to apply, using the application linked here, and all proposals are due back to NASMHPD by October 27, 2017.

Recovery Oriented Cognitive Therapy is a teachable and transformative evidenced-based practice that operationalizes recovery and resiliency. According to recent studies, people with schizophrenia, even those in the most chronic conditions, can see dramatic illness improvements using Recovery Oriented Cognitive Therapy. It is a treatment approach that prioritizes attainment of personally set goals, removal of roadblocks, and engagement of individuals in their own psychiatric rehabilitation. It is a collaborative, person-centered, and personalized treatment with all interventions based on the individual’s cognitive case formulation, tailored for patients who have difficulties with attention, memory, and executive functioning, and/or who have low motivation. Further, it employs a variety of methods to target negative attitudes and associated beliefs to foster change, promote personal mastery, and remove roadblocks to the self-sustaining movement toward recovery. State systems can promote continuity of care and improve outcomes by implementing this approach in many different places within their service system, such as jails, nursing homes, ACT teams, hospitals, and programmatic residences. In addition, many different mental health providers can be trained in CT-R, such as social workers, nurses, clinicians, front-line staff, case managers, and peer specialists.

As an example, Dr. Paul Grant from the University of Pennsylvania presented at the NASMHPD Annual 2017 Meeting on how Recovery Oriented Cognitive Therapy can be utilized to help people with long lengths of stay and stuck in hospitals move successfully to the community.

When choosing a proposed initiative, applicants should keep in mind the TTI requirement for measurable outcomes and the short period of time from proposal to implementation to reporting of initiative outcomes.

Questions regarding the TTI application or a proposal, should be directed to David Miller, NASMHPD Project Director, the staff lead on this project. Mr. Miller can be reached at 703-682-5194, or david.miller@nasmhpd.org

UPCOMING WEBINAR OPPORTUNITY

First Episode Psychosis Resources: Focus on Effective Treatment Options

Wednesday, November 15, 2 p.m. to-3:30 p.m. ET

About 3 percent of Americans will experience an episode of psychosis during their lifetime. In most cases, individuals experience a first episode of psychosis during their teen years or early adulthood. Research shows that providing early access to treatment and services improves outcomes and reduces disability. With support from SAMHSA, NASMHPD and NRI have produced several technical assistance resources related to the development and implementation of effective programming to support people experiencing early serious mental illness, especially first episodes of psychosis.

This webinar will provide an overview of 13 new TA resources, which are available on the NASMHPD website at https://www.nasmhpd.org/content/information-providers. In addition, national experts will provide a more in-depth look at two of the resources focused on effective treatment options:

- Cognitive Behavioral Therapy for Psychosis (CBTp)  
  Kate Hardy, Clin. Psych. D., Stanford University Dept. of Psychiatry and Behavioral Health

- Treating Affective Psychosis within Coordinated Specialty Care  
  Iruma Bello, Ph.D., Columbia University Medical Center Dept. of Psychiatry and New York State Psychiatric Institute

REGISTER HERE
Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant.

Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA is provided on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA's online TA Tracker at [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhp.org or by phone at (703) 682-7558. We're happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.

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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.
October TA Network Events

The Development and Validation of an Assessment of Youth/Young Adult Voice in Agency-Level Advising and Decision Making

Tuesday, October 24, 1 p.m. to 2 p.m. ET

Youth MOVE National, in partnership with Pathways RTC, has developed the Youth/Young Adult Voice at the Agency Level (Y-VAL) assessment. The groups will host a webinar that will describe the development and validation of the Y-VAL assessment.

State-Community Partnerships for System of Care Expansion

Wednesday, October 25, 3 p.m. to 4:30 p.m. ET

This session of the System of Care Expansion Leadership LC will focus on strategies for states and communities to create effective partnerships to expand the SOC approach broadly to achieve shared goals of improving behavioral health services and outcomes for children, youths, and young adults and their families.

Youth Leaders LC: Working with LGBTQI2-S Youth

Thursday, October 26, 3:30 p.m. to 5 p.m. ET

"Direct Connect" is a virtual forum led by Youth M.O.V.E. National for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. October's Direct Connect offering will be presented by Peter Gamache, PhD, and cover the topic of working with youth and young adults in the LGBTQI2S community.

The 5 Ways Juvenile Court Judges Can Use Data brief provides examples of how juvenile court judges can use aggregate data to learn more about their courtroom practices and the jurisdictions they serve. This brief is one of a series, supported by the Office of Juvenile Justice and Delinquent Prevention's (OJJDP) Juvenile Justice Model Data Project.

Remembering Trauma: Connecting the Dots between Complex Trauma and Misdiagnosis in Youth is a short film from The National Child Traumatic Stress Network. The film highlights the importance of using a trauma lens when working within child-serving systems and the potentially detrimental impact of not incorporating a trauma framework. The film follows a traumatized youth from early childhood to older adolescence illustrating his trauma reactions and interactions with various service providers.

Call for proposals: The 31st Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health will be held March 4-7, 2018, at the Hilton Tampa (Fla.) Downtown Hotel. The call for proposals is now open! Proposals should focus on research benefiting children, youths, and their families. Submission deadline: Oct. 27.

Call for proposals: NICWA’s 36th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect will be held in Anchorage, Alaska, on April 15-18, 2018. This conference will focus on the well-being of tribal youths. Proposals should focus on children’s mental health; child welfare, foster care, and adoption services; judicial and legal affairs; and youth and family involvement. Submission deadline: Nov. 16.
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.

October Trainings

New Jersey
October 30 to November 1 - Ancora Psychiatric Hospital, Ancora

For more information on these trainings, please contact jeremy.mcshan@nasmhp.org.
Congressional Briefing
The Silent Epidemic in America - Brain Injury and Domestic Violence

Wednesday, October 25, 10 a.m.-11 a.m.
Congressional Meeting Room North - Capitol Visitor Center (CVC-268)

Over recent years, there has been remarkable progress in increasing awareness and research, as well as improving prevention, diagnosis, and treatment of traumatic brain injury (TBI). In addition to further exploring the correlation between brain injury and domestic violence, the purpose of this briefing is to raise awareness about the prevalence of TBI as the result of domestic violence and specific challenges domestic violence survivors face when receiving a diagnosis and accessing necessary supports and services to aid in recovery.

The Congressional Brain Injury Task Force, co-chaired by Reps. Bill Pascrell, Jr. (D-NJ), Tom Rooney (R-FL), and Gwen Moore (D-WI) are hosting this briefing in recognition of October as Domestic Violence Awareness Month, and in collaboration with the Brain Injury Association of America (BIAA), National Association of State Head Injury Administrators (NASHIA), and the United States Brain Injury Alliance (USBIA).

The Briefing panel:
- Moderator, Susan H. Connors, President and CEO of the Brain Injury Association of America
- Javier Cárdenas, M.D., Director, Barrow Concussion and Brain Injury Center
- Pam Hallman, Domestic Violence and TBI Survivor
- Valerie Maholmes, Ph.D., Chief, Pediatric Trauma and Critical Illness Branch at the Eunice Kennedy Shriver National Institute of Child Health and Human Development (invited)
- Anne McDonnell, Executive Director, Brain Injury Association of Virginia

National Suicide Prevention Lifeline Provides Disaster Distress Crisis Support

When disaster strikes, often people react with increased anxiety, worry and anger. With support from community and family, most of us bounce back. However, some may need extra assistance to cope with unfolding events and uncertainties.

The Disaster Distress Helpline (DDH) is the nation’s only hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 via telephone (1-800-985-5990) and SMS (text ‘TalkWithUs’ to 66746) to residents in the U.S. and its territories who are experiencing emotional distress or other mental health concerns related to natural or human-caused disasters. Callers and texters are connected to trained and caring professionals from a network of crisis centers across the country. Helpline staff provide supportive counseling, including information on common stress reactions and healthy coping, as well as referrals to local disaster-related resources for follow-up care and support.

Visit http://disasterdistress.samhsa.gov for additional information and resources related to disaster behavioral health.

Disaster Distress Helpline: 1-800-985-5990

SMS: Text ‘TalkWithUs’ to 66746

Available 24 hours a day, 7 days a week, year-round
Toll-free
3rd-party interpretation services are available to connect crisis counselors and callers in 100+ languages
Direct crisis counseling in Spanish available 24/7 via “press 2” hotline option
TTY: 1-800-846-8517; individuals who are deaf, hard of hearing or who have a speech disability may also use the texting option or a preferred relay 3rd-party service provider to connect with the toll-free hotline

Available 24 hours a day, 7 days a week, year-round
Standard text messaging / data rates apply (according to each subscriber’s mobile provider plan)
Spanish-speakers in the U.S. can text ‘Hablanos’ to 66746
Palau, Marshall Islands, American Samoa, Guam, Northern Mariana Islands, Federated States of Micronesia text ‘TalkWithUs’ or ‘Hablanos’ to 1-206-430-1097
US V.I., Puerto Rico text ‘TalkWithUs’ or ‘Hablanos’ to 1-212-461-4635
A Gallup-Sharecare Well-Being Poll released this morning finds that the uninsured rate rose from 11.7 percent in the Second Calendar Quarter of 2017 to 12.3 percent in the Third Quarter. It has increased 1.4 percentage points since the end of 2016, and is now the highest since the last quarter of 2014, when it was 12.9 percent.

### SAMHSAA Minority Fellowship Program: 2017-2018 Application Dates

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP Masters Level Youth Focused Program</th>
<th>Application Period for the MFP Masters Level Addictions Counseling Focused Program</th>
<th>Application Link and organization contact</th>
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<tbody>
<tr>
<td>American Association for Marriage and Family Therapy</td>
<td>12/2/2017 – 1/31/2018</td>
<td>12/2/2017 – 1/31/2018</td>
<td>N/A</td>
<td><a href="http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx">http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx</a></td>
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<td>American Nurses Association</td>
<td>4/30/17 - 4/30/18</td>
<td>Applications Open Until all vacancies filled</td>
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<td><a href="http://www.nmfn.org/Main-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess">http://www.nmfn.org/Main-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess</a></td>
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<td>American Psychiatric Association</td>
<td>11/1/2017- 1/30/2018</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship">http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship</a></td>
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<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>Applications accepted on rolling basis until all vacancies filled.</td>
<td><a href="https://www.naadac.org/About-the-nmfp">https://www.naadac.org/About-the-nmfp</a></td>
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**Register HERE**

**FREE WEBINAR ON**

**COPING WITH STRESS AND DEPRESSION**

*Wednesday, November 1 at 7 p.m. to 8:30 p.m. Eastern Time*

Join us to learn
- ways to fit mindfulness into your busy schedule
- how to recognize signs of stress and depression
- what resources are available for you
The entire ADHD community will convene in Atlanta at the 2017 Annual International Conference on ADHD. CONNECT AND RECHARGE is the theme of the first-ever joint CHADD and ADDA Conference, to be held November 9 through 12 at the Atlanta Hilton.

The leading non-profit organizations serving the ADHD community, CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder) and ADDA (Attention Deficit Disorder Association), have teamed up to create three-and-a-half days of ADHD-focused science, education, events and activities. The ADHD community will bond and learn about this challenging and complex disorder.

Conference sessions cover many essential topics: getting organized, planning for post-secondary education, school collaboration and supports, IDEA and education law, and evidence-based interventions including medications and more. Special activities teach social skills, let attendees connect with experts, and each other. Informal sessions connect groups ranging from “Women with ADHD to “LGBT, Poly Adults” to “Parents with ADHD”.

For more information, see the International ADHD Conference Web Site or call toll-free at 1-800-233-4050.
75-Hour (10-Day) Certified Peer Specialist Training
for Individuals Who Are Deaf and American Sign Language Users

December 4 to 15, 2017
Hyatt Place, 440 American Ave, King of Prussia, PA 19406

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is recruiting qualified individuals who are deaf, use ASL, are seeking employment and want to take Certified Peer Specialist (CPS) training to learn how to use their personal experience in mental health recovery to help other individuals who are deaf and have mental health needs.

The following is a link to a video announcement in ASL providing details on this important training:
https://youtu.be/Ehm14SdALZ4

Certified Peer Specialists will be trained to:
- Offer support and assistance in helping others in their mental health recovery
- Inspire hope and share their mental health recovery story to help others
- Promote empowerment, self-determination, understanding, coping skills, and resiliency

CPS training/employment guidelines for Pennsylvania residents:
- Deaf and ASL user
- 18 years of age or older
- Has received or is receiving mental health services for serious mental illness
- Has a high school diploma or general equivalency diploma
- From 2015 through 2017:
  - Maintained at least 12 months of successful work or volunteer experience, or
  - Earned at least 24 credit hours from a college or post-secondary educational institution
- Must be seeking employment and willing to work upon completion of CPS training

To complete an online training application, email PJ.Simonson@rinternational.com to request an application for the CPS Training for Deaf Candidates. Forms will be emailed to you to complete online and return.

OMHSAS is offering this training opportunity to individuals from other states who are deaf and ASL users and meet their state/territory training requirements to become a Certified Peer Specialist. Out of state applicants should contact PJ Simonson for information regarding training fees.

Application Deadline is November 13

Please address questions via email to PJ Simonson at RI Consulting or via phone at (602) 636-4563.

Join the SAMHSA Recovery LIVE! Virtual Event
Ethics and Boundaries in Peer Support
Thursday, October 26, 2 p.m. to 3 p.m. ET

Join SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy for a Recovery LIVE! Virtual Event.

Presenters will discuss the features and importance of ethics and boundaries specific to peer support organizations. The event will highlight organizational values common to all types of peer support services, and will include information on the practical applications of ethics and boundaries to everyday peer-to-peer interactions. Participants can engage directly with presenters and other participants through live chat, polls, and other interactive features.

Register HERE
Behavioral health is in flux because of the upheaval and uncertainties in the larger healthcare environment. The danger is that some of the recent gains in behavioral health may be undermined, if not lost. The challenge for the field is how to build on its successes as changes occur in funding and insurance, clinical and care models, workforce, and the emergence of new technologies. Come join us at our 58th Annual Conference to discuss these issues and more.


Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet “Nick,” a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick’s needs, and those of other individuals facing similar challenges.

Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care

Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

Course Objectives

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.
2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.
3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

Course Faculty

Curley Bonds, M.D.
Medical Director,
Didi Hirsch Mental Health Services

Wayne Centrone, N.M.D., M.P.H
Senior Health Advisor, Center for Social Innovation
Executive Director of Health Bridges International

Chris Gordon, M.D.
Medical Director and Senior Vice President for Clinical Services, Advocates, Inc.
Associate Professor of Psychiatry, Harvard Medical School

Jackie Pettis, M.S.N, R.N.
Advisor and Trainer for Psychiatry to Practice Project

Ken Minkoff, M.D.
Senior System Consultant, ZiaPartners, Inc.
Clinical Assistant Professor of Psychiatry, Harvard Medical School

Kim Mueser, Ph.D.
Executive Director, Center for Psychiatric Rehabilitation, Boston University

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential
This webinar will focus on the recently introduced Medicare payment codes for collaborative care with a specific focus on the use within behavioral health contexts. The presenters will discuss the role of collaborative care in Medicare, identify and the application of new payment codes and behavioral health integration. There will also be time for questions.

Following the webinar, participants will:

- Understand the prevalence and impact of behavioral health conditions among patients in general medical settings;
- Understand the prevalence and impact of co-occurring behavioral health and physical health conditions;
- Recognize the elements of effective behavioral health integration, particularly the Collaborative Care model; and
- Recognize and understand the application of new Medicare codes for behavioral health integration including those that support Collaborative Care.

**Presenters:**

- **Moderators:** Christopher D. Carroll, M.Sc., Director of Health Care Financing and Systems Integration and Mitchell Berger, MPH, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Michael Schoenbaum, PhD, Senior Advisor for Mental Health Services Epidemiology & Economics, National Institute of Mental Health (NIMH), National Institutes of Health
- Lori Raney, MD, Principal, Health Management Associates

Questions? Contact: communications@thenationalcouncil.org

Register [HERE](#) (for free)
NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NASMHPD has just released 11 new SAMHSA technical assistance resources to support states in implementing the Mental Health Block Grant’s 10% Set-Aside for early serious mental illness, including programs to serve people experiencing a first episode of psychosis. These resources provide reliable information for practitioners, policymakers, individuals, families, and communities to promote access to evidence-based treatment and services with the long-term goals of reducing or eliminating disability and supporting individuals in pursuing their life goals.

The resources are posted on the Early Intervention in Psychosis Virtual Resource Center on the NASMHPD website, which also includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness and other early intervention initiatives. The virtual resource center provides an array of information that is updated on a periodic basis. A number of new resources have been posted:

Fact Sheet: Cognitive Behavioral Therapy for Psychosis (CBTp) by Kate Hardy
Cognitive Behavioral Therapy for Psychosis (CBTp) is a psychotherapy that has been shown to be effective in first episode programming. This fact sheet provides a brief, clear overview of the principles and techniques that are used in CBTp. Specific examples are included to aid in service delivery.

Brochure: Right from the Start: Keeping Your Body in Mind, Adapted from a brochure by the Greater Manchester Mental Health NHS Foundation
People experiencing psychosis may be at higher risk for physical illnesses such as diabetes, so it’s important to promote physical and mental health together as part of a comprehensive wellness plan. This brochure provides simple tips and a checklist for people experiencing psychosis for the first time and those who care for them to support healthy, active lives.

Information Brief: First-Episode Psychosis: Considerations for the Criminal Justice System by Leah G. Pope and Stephanie Pottinger (Vera Institute of Justice)
People experiencing psychosis are over-represented in the criminal justice system, and research indicates that many people have interactions with the justice system prior to receiving treatment for mental health issues. Using the Sequential Intercept Model as a framework, this information brief offers suggestions for the justice system to identify and divert people from jails and prisons and into effective Coordinated Specialty Care programs.

Information Brief: Outreach for First Episode Psychosis
Given the desire to identify and provide services to individuals experiencing a first episode of psychosis as soon as possible, it is important to systematically reach out to organizations and people who are likely to be in contact with them. In this information brief we summarize insights from interviews that were conducted with several programs and state mental health authorities throughout the country regarding their outreach strategies.

Issue Brief: Measuring the Duration of Untreated Psychosis within First Episode Psychosis Coordinated Specialty Care by Kate Hardy, Tara Niendam, and Rachel Loewy
One of the strongest predictors of positive outcomes in first episode psychoses is the duration of untreated psychosis (DUP). It is therefore important that programs attempt to monitor progress in reducing DUP. In this issue brief, we discuss the complex set of issues involved in reliably measuring DUP and suggest strategies that programs may employ to address these challenges.

Issue Brief: Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis by Patrick Corrigan and Binoy Shah
Stigma – which includes stereotypes, prejudice, and discrimination – can lead to diminished self-esteem and confidence. It can deprive people who have been diagnosed with mental illnesses of important life opportunities. This issue brief examines the issue of stigma for people experiencing a first episode of psychosis through two key questions articulated by the National Academy of Sciences: What is the stigma? And How might this stigma be diminished?

Issue Brief: Substance-Induced Psychosis in First Episode Programming by Delia Cimpean Hendrick and Robert Drake
People who use alcohol and other psychoactive drugs, especially heavy users, are prone to psychotic episodes that are not always recognized as being due to acute intoxication or withdrawal. Recognizing and appropriately responding to substance-induced psychosis may improve long term outcomes. In this issue brief we discuss the epidemiology, diagnosis, and treatment of individuals whose psychosis is related to substance use.

Issue Brief: Workforce Development in Coordinated Specialty Care Programs by Jessica Pollard and Michael Hoge
As Coordinated Specialty Care (CSC) has grown in the United States, there has been increased attention to the workforce challenges related to operating these programs. In this issue brief, we address a set of recurring questions related to workforce competencies, recruitment, retention, effective orientation, and training and supervision that are critical for the ongoing development of effective CSC programs. We provide strategies for a comprehensive workforce development effort.

Issue Brief: Treating Affective Psychosis and Substance Use Disorders within Coordinated Specialty Care by Iruma Bello and Lisa Dixon
While much of the literature supporting the use of Coordinated Specialty Care is based on research with individuals who have non-organic and non-affective psychoses, some programs may also treat individuals whose have affective psychoses or are substance involved. In this brief we detail the special considerations and approaches that may be used with individuals in CSC programs with affective or substance-related conditions.

The PIER program has a nationally-recognized model for community outreach that seeks to include the full range of settings in which individuals with a first episode of psychosis may appear. In this guidance manual, PIER leaders describe their conceptualization of this task, underscore its fundamental importance for affecting population outcomes, and provide detailed guidance regarding the elements of a comprehensive outreach and public education effort.

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RECOVERING AFTER A FIRE, American Red Cross

THE DRUG INDUSTRY’S TRIUMPH OVER THE DEA, Washington Post & 60 Minutes, October 15 & 60 Minutes Interview with Former DEA Agent/Whistleblower Joe Rannazzisi, October 15

FIRST, DO NO HARM – MARSHALING CLINICIAN LEADERSHIP TO COUNTER THE OPIOID EPIDEMIC, National Academy of Medicine, September 21

MEDICAID LONG-TERM SERVICES AND SUPPORTS BENEFICIARIES IN 2013, Truven Health Analytics for the Centers for Medicare and Medicaid Services (CMS), September 22

SECTION 1915(c) HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAM DATA FROM CMS 372 REPORTS, Truven Health Analytics for CMS, September 6

THERE’S A HIGHLY SUCCESSFUL TREATMENT FOR OPIOID ADDICTION, BUT STIGMA IS HOLDING IT BACK, Vox, October 18

ARE ADIPOKINES A BIOLOGICAL “BRIDGE” LINKING MOOD DISORDERS AND OBESITY?, David J. Bond, MD, PhD, and Lakshmi N. Yatham, MBBS, EMBA, Psychiatrist.com, “Let’s Talk” Blog Post, October 11

ILlicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, October 20

PREVALENCE, TREATMENT, AND UNMET TREATMENT NEEDS OF US ADULTS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS, Han B. Compton W.M., Blanco C. & Colpe L.J., Health Affairs, October 2017

STRENGTHENING THE ACA FOR THE LONG TERM, Linda J. Blumberg, Ph.D. & John Holahan, Ph.D., New England Journal of Medicine, “Perspective”, October 18