



National Association of State Mental Health Program Directors Weekly Update

SAMHSA Partners with the National Center for Health Statistics (NCHS) to Make Restricted-Use National Survey on Drug Use and Health (NSDUH) Data Available

SAMHSA is partnering with the National Center for Health Statistics (NCHS) to host restricted-use National Survey on Drug Use and Health (NSDUH) data at their Federal Statistical Research Data Centers (RDCs).

RDCs are secure facilities that provide access to a range of restricted-use microdata for statistical purposes. SAMHSA is the most recent federal partner to work with NCHS in making NSDUH restricted-use microdata available to approved researchers at RDC sites.

Individuals previously approved for access to the Center for Behavioral Health Statistics and Quality (CBHSQ) data portal will not have to be reappraised for access, contingent on: CBHSQ having on file the user's original, complete application, 2) the description of the research in the original application matching with the current research, 3) all persons listed in the original application being the same, and 4) the user's contact information remaining unchanged. If all four of these criteria are met, CBHSQ will use the original application for the research proposed currently.

However, a user previously approved will not be prioritized. CBHSQ is instituting a first come, first serve approach for application acceptance and review. Researchers will have to redo the Designate Agent Agreement and undertake confidentiality training. Once approved, researchers will have to contact the RDC to book their own time and pay fees.

CBHSQ says that, in most cases, it will strive to provide researchers with their original Data Portal files and programming code, but this may not always be possible for technical reasons.

Researchers will be able to have SAS code and external data loaded into their RDC account by RDC employees if it is approved in the research proposal. CBHSQ does not anticipate a limit on the number of days a researcher will be able to access the data. The number of days a researcher may work at the RDC is based on RDC policy, but in general will be determined by the researcher's funds and the availability of work stations at the RDC.

Although the previous application for access required that one project be listed per application, a researcher will now be permitted to work on multiple projects as long as the

projects were described in the researcher's proposal and the proposal was approved for the multiple projects.

Whether or not researchers will be permitted to work in groups will depend on the policies of the particular RDC in which the research is being conducted.

NCHS RDC locations are described at: <https://www.cdc.gov/rdc/leftbrch/locaterdc.htm>.
Census RDC locations are described at: <https://www.census.gov/about/adrm/fsrdc/locations.html>.

NCHS RDC fee structures are listed at <https://www.cdc.gov/rdc/b5aprovproj/ap540.htm>. To find out more information on fees for Census RDCs, researchers should contact the Census RDC closest to their location. Contact information for each Census RDCs is at <https://www.census.gov/about/adrm/fsrdc/locations.html>.

Senate Approves Bipartisan Opioid Package

The U.S. Senate on October 3 approved, 98-1, a bipartisan package of 70 bills designed to combat the opioid crisis.

The legislation, [a Conference Committee version of H.R. 6](#), now goes to President Trump, who has said he will sign it. It includes language that would create a five-year exception to the Medicaid IMD coverage exclusion, allowing state plan coverage for 30 days of substance use disorder treatment services in a 12-month period,

Absent from the package is language from [H.R. 6082](#), which originally passed the House, aligning the substance use disorder patient information disclosure provisions in the statute underlying 42 CFR Part 2 with the disclosure provisions of the Health Insurance Portability and Accountability Act (HIPAA).

The 42 CFR Part 2 Partnership, of which NASMHPD is a member, will pursue separate passage of the alignment legislation in the Senate during the Lame Duck Session of Congress following the November elections. The main obstacle to Senate passage appears to be Senate Health Education Labor and Pensions (HELP) Committee Ranking Member Patty Murray (D-WA), so she will be the focus of Partnership efforts.

A Congressional summary of the legislation is posted [here](#).

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Nonfatal Opioid Overdose Patients Have Elevated Risk of Early Death in Following Year

Adults who survived an opioid overdose are at a higher risk of premature mortality within one year, according to a recent study published August 1 in *JAMA Psychiatry*. In contrast to a demographically matched general population, standardized mortality rate ratios (SMR) were 24.2 for all-cause mortality, 132.1 for substance use-associated diseases, 45.9 for HIV, 41.1 for chronic respiratory diseases, 30.9 for viral hepatitis, and 25.9 for suicide, with suicide among females at higher risk (47.9).¹



Mark Olfson, MD, MPH, of New York State Psychiatric Institute and Columbia University, and his colleagues examined the causes and risk factors of mortality within one year after a nonfatal opioid overdose. The authors conducted a national longitudinal study using Medicaid data from 2001 through 2007 and death records information. The study cohort consisted of Medicaid beneficiaries aged 18 to 64 years, with the data being analyzed from October 2017 to January 2018.

A total of 76,325 individuals were included in the cohort—66,736 were followed up and 5,194 deaths occurred within the one-year study period, with a crude mortality rate of 778.3 per 10,000 person-years. After controlling for age, gender, and race/ethnicity, the overall mortality was 24 times higher than in the general

population in the one-year following the nonfatal opioid overdose, based on the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research) WONDER mortality data.

Of the 5,194 deaths, 1,363 were linked to substance use-associated diseases (26.2 percent); medical conditions such as cardiovascular disease (13.2 percent), cancer (10.3 percent), HIV (3.4 percent) and viral hepatitis (0.9 percent); and mental health conditions, such as suicide (4.2 percent).

Approximately 80 percent of the patients were diagnosed with one or more comorbidities in the three months preceding the indexed nonfatal opioid overdose and were found to have a higher risk of all-cause mortality in the year after the opioid overdose (871.2 versus 416.8 per 10,000 person-year, respectively).

The study authors conclude that, "Adults who survive an opioid overdose are at high risk of dying in the year after the incident, not only from drug use-associated causes but also from suicide and a wide range of general medical diseases. The magnitude of this loss of life and variety of medical diseases that contribute to these excess deaths underscores the medical frailty of these patients and emphasizes the importance of coordinating addiction treatment, general medical services, and mental health care after opioid overdose."



The Summer 2018 Issue, Vol. 15 No. 3, of Signs of Mental Health Is Out

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¹The standardized mortality ratio is the ratio of observed deaths in the study group to expected deaths in the general population. This ratio can

be expressed as a percentage simply by multiplying by 100. The SMR may be quoted as either a ratio or a percentage.

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

Integrating Systems • Improving Outcomes

NEW!



Register Now for a Webinar on the Integrated Care for Kids Model!
Thursday, October 11, 3:00 p.m. to 4:00 p.m. E.T.

Integrated Care for Kids (InCK): Advancing Behavioral Health Best Practices for Children, Youth, and Young Adults

Presented by Sheila Pires, Partner Human Service Collaborative
& Suzanne Fields, Faculty, University of Maryland, School of Social Work

The Center for Medicare and Medicaid Innovation (CMMI) is launching a new pediatric care model – Integrated Care for Kids (InCK). CMMI plans to release a Notice of Funding Availability (NOFA) in the Fall of 2018, seeking State Medicaid agency and local lead entity partnership applications. InCK, the first pediatric-focused model proposed by CMMI, aims to improve children's behavioral health outcomes, reduce out-of-home placement in residential, inpatient, foster care, and/or juvenile justice, increase home- and community-based services, including mobile crisis response, and align quality measures with payment. The Institute for Innovation and Implementation invites states, localities, and their partners to join us for a webinar to learn more about this opportunity and its potential to advance child behavioral health best practices and values-based system approaches within Medicaid delivery systems.

The Institute for Innovation and Implementation invites states, localities, and their partners to join us for a webinar to learn more about the InCK Model and its potential to advance child behavioral health best practices and values-based system approaches within Medicaid delivery systems.

REGISTER [HERE](#)



Webinar: Addressing Addiction in Acute Care Settings **Wednesday, October 17, 2:00 p.m. E.T.**

Description: Emergency departments and acute inpatient medical hospitalizations represent a critical touch point during which interventions can both reduce harms associated with substance use and initiate treatment for substance use disorders. Often, the immediate complications of substance use are managed, but the underlying disorder is left largely untreated.

This webinar aims to describe programs that are currently underway including the supportive evidence to capitalize on the time that a patient spends in the acute care setting to promote health and therapeutic engagement while minimizing future harm. Optimizing these treatment strategies will improve patient care and satisfaction while reducing unnecessary resource utilization.

Presented by: Michael Lynch, MD. Dr. Lynch is a board certified emergency physician and medical toxicologist. He is the medical director of the Pittsburgh Poison Center and works clinically in two level one trauma center EDs and as a clinical toxicologist at 5 hospitals. He has led efforts to improve care for patients with substance use disorders both in the ED and in the hospital coupled with connection to ongoing treatment.

REGISTER [HERE](#)

SAMHSA Funds Expanded Transformation Transfer Initiative (TTI) Grants for FY 2019; 20 State Grants Available to Establish, Expand Psychiatric Crisis Bed Registries

NASMHPD is excited to share the good news that the Center for Mental Health Services (CMHS) is funding another year of the Transformation Transfer Initiative (TTI). We are pleased to be involved in administering this important transformation program for CMHS and look forward to working with this year's awardees to maximize their investment in state mental health transformation.

The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. For Federal Fiscal Year (FFY) 2019, SAMHSA will award TTI grants of up to \$150,000 to up to twenty (20) states or territories for projects to establish and expand comprehensive, psychiatric crisis bed registry programs. Such efforts should track and monitor the availability of psychiatric beds, but can also include the tracking of other crisis service supports such as crisis assessment centers, crisis residential programs, respites, mobile crisis teams, and centralized crisis call centers. These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, through either a new initiative or expansion of one already underway. All proposals must focus on SMI and/or SED populations.

All states and territories are eligible to apply—the application follows—and all proposals are due back to NASMHPD by October 26, 2018.

NASMHPD thanks CMHS for their continued commitment to enhancing mental health systems and their assistance to states. If you or your staff have any questions regarding the attached TTI application or your proposal, please do not hesitate to contact David Miller, NASMHPD Project Director, the staff lead on this project. He can be reached at 703-399-6892, or david.miller@nasmhpd.org.

Transformation Transfer Initiative *APPLICATION*

(Proposals Due to NASMHPD by October 26, 2018)

Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. **For Federal Fiscal Year (FFY) 2019, SAMHSA will award TTI grants of up to \$150,000 to up to twenty (20) states or territories for projects to establish and expand comprehensive, crisis psychiatric bed registry programs. Such efforts should track and monitor the availability of psychiatric beds but can also include the tracking of other crisis service supports such as crisis assessment centers, crisis residential programs, respites, mobile crisis teams, and centralized crisis call centers.** These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, through either a new initiative or expansion of one already underway. *All proposals must focus on SMI and/or SED populations and all states and territories are eligible to apply.*

The December 2017 Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report to Congress identified the goal of assuring that individuals with serious mental illnesses receive critical intensive care in the least-restrictive safe settings available that meets their needs:

“Access to Treatment and Recovery Focus 2.2: Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization. Through partnerships at the federal, state, and local levels, build the capacity of the mental health system to provide a continuum of services that includes inpatient psychiatric care, when needed, with community-based resources also

available. Ensure that people with [serious mental illness (SMI)] and [serious emotional distress (SED)] receive care in the least-restrictive safe setting available that meets their mental health service needs.”

Individuals experiencing a psychiatric crisis can often experience long delays in accessing appropriate services. Delays can result in long waits at home, in emergency departments, or in jails for appropriate available services. Psychiatric bed registries are systems that efficiently allow users to find appropriate inpatient psychiatric treatment for patients in need of such care. These registries should have the ability to collect, aggregate, and display data on the availability of acute beds, including the beds available in public and private inpatient psychiatric facilities, 23-hour observation, and other crisis programs. Without an on-line registry at the state level, searching for available placements is inefficient and people in need of treatment and their families have to wait, unnecessarily. Using a registry not only allows timely access to available inpatient beds, but including crisis and other alternatives in the registry allows a fuller range of options that can best meet the individualized needs of those presenting for services. This can also result in ensuring that inpatient beds are available for those who need them the most. Effectively implemented, registries can help a system ensure that there is no delay in accessing the most appropriate 24/7 emergency, crisis stabilization, inpatient, or recovery services.² *When developing your proposal, please keep in mind the TTI requirement for measurable outcomes and the short timeframe from proposal, through implementation to the reporting of initiative outcomes. The TTI funds must not be used for inpatient services.*

Applications for the TTI will be judged on the following criteria:

- Transformation infrastructure, demonstrated by examples of transformative initiatives already underway using state funds, Block Grant funds, other identified public or private resources;
- Existing multi-agency collaboration on transformative initiatives;
- Established partnerships with public and private hospitals, community providers, family and peer organizations;
- Proposed initiatives rooted in systems change with the greatest impact;
- Identification of other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative;
- Involvement/collaboration of individuals with lived-experience in the development, review, planning and, when appropriate, the implementation of the initiative;
- Expansion and sustainability plans after the TTI funding is exhausted;
- Realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.

TTI Timeline

- *October 26, 2018* - By 5:00pm ET, all proposals are due to NASMHPD. Please see submission details below.
- *Late November 2018* – TTI awardees are selected and announced by CMHS.
- *December 2018* – Subcontracts are initiated, finalized, and signed.
- *August 15, 2019* – All TTI projects will be completed and final reports submitted to NASMHPD.
- *August 24, 2019* – NASMHPD submits comprehensive TTI final report to CMHS.

Proposal Requirements

I. Initiative Description and Projected Budget

In three (3) pages or less, please describe your proposed initiative, how it would fit into your state’s larger reform or transformation goals, how it would improve your behavioral health system and/or other systems, and specifically the activities you would fund using your TTI subcontract, if awarded. Make sure to identify the following items:

- Other agencies or organizations (including hospitals and community providers) which will be collaborating with you;
- Other resources and infrastructure, in-kind, as well as financial, if any, which you will use to leverage these TTI award funds;
- Involvement of individuals with lived-experience in the planning and, when appropriate, the implementation of the initiative.
- Specific measurable outcomes you plan to achieve with this initiative; and
- Expansion and sustainability plans after the TTI funds are exhausted.

NOTE: The federal government grant requirements prohibits spending technical assistance grant funds on food, beverages, and purchasing of equipment such as computers or other infrastructure/administrative items. There are also spending limits on certain items. Please contact the NASMHPD project director with any questions pertaining to items that you may or may not include in your proposal.

II. Initiative Timeline

In one page or less, please outline projected timeframes for your initiative. From implementation in December 2018 to a final report in August 2019, chart the projected path of your project and tie the timeframes to your projected measurable outcomes.

III. Initiative Coordinator

Designate an individual within your state office of mental health to be the coordinator and contact person for your TTI initiative. The designated individual will be the main contact person with NASMHPD and CMHS, and will need to have the ability to negotiate and oversee deliverables for the project, and will know and understand your state or departments contracting process. Please include their contact information and a resume within your proposed submission.

IV. Fixed-Priced Subcontract

In one page or less, please describe your state or department's contracting process. Each TTI awardee will be expected to quickly (within 4-6 weeks) approve and sign a fixed-price subcontract with NASMHPD, outlining the work and outcomes each state will accomplish and produce under this technical assistance project. Deliverables under this subcontract include monthly written and oral status reports and a written final report. Given the short timeframe of the project, from award to final report, please outline how your contracting process will not hamper your ability to deliver your proposed outcomes in a timely manner.

Submission of Proposal

By 5:00pm ET of October 26, 2018, all proposals are due electronically or via certified mail to David Miller, NASMHPD Project Director. The proposal must be sent to NASMHPD **by or on behalf of the State Mental Health Commissioner/Director** with the acknowledgement that the proposal has his or her approval. Mr. Miller's contact information is as follows:

David W. Miller
 Project Director
 NASMHPD
 66 Canal Center Plaza, Suite 302
 Alexandria, VA 22314
 (703) 399-6892
david.miller@nasmhpd.org

¹ Lutterman, T., & Shaw, R. (2018) SAMHSA Technical Assistance Coalition Working Paper: *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements.*

Submit an Abstract to Present at the 10th Anniversary NIMH Conference Global Mental Health Research Without Borders

Abstracts Due by 1 Dec 2018



NIMH will post the link for submitting abstracts electronically in the coming weeks, but you can begin preparing now. See instructions below

We are trying something new for the 10th-anniversary conference! This year, we invite researchers to submit abstracts to present original and innovative global mental health research at the Global Mental Health Research conference. The conference will take place on 8-9 April 2019, at the Natcher Center, National Institutes of Health, Bethesda, Maryland, United States.

The conference will be co-hosted by the [NIMH](#) Center for Global Mental Health Research and [Grand Challenges Canada](#) to showcase findings from cutting-edge science and identify opportunities for groundbreaking research to address the [grand challenges in global mental health](#). The grand challenges, identified in 2011, are research priorities for achieving mental health equity worldwide, with focused attention on low- and middle-income countries and other low-resource settings. The grand challenges span the research pipeline from preclinical questions about etiology, to translational questions about developing more effective preventive and treatment interventions, to service delivery and implementation questions. These challenges require global cooperation to share research expertise, facilitate data sharing and use of common measures, amplify research capacity-building opportunities, and involve the full range of the world's researchers, populations, environments, and cultures.

Help us showcase cutting-edge science in six research tracks derived from the grand challenges in global mental health:

- Root causes of mental illness and key targets and times for intervention
- Prevention of mental illness and the delivery of early interventions
- Improved treatment quality, value, and effectiveness
- Integration of mental health services into existing healthcare platforms (e.g., HIV/AIDS, primary care, etc.)
- Implementation of sustainable, evidence-based mental health care
- Sustainable research capacity where it is underdeveloped

Presentation Types: We invite abstract submissions for three presentation types: Symposium, paper, or poster.

- **Symposium** - A symposium comprises a group of paper presentations that focus on a single topic or theme. Each symposium will have a total of 90 minutes (70 minutes for paper presentations, 20 minutes for discussion). A symposium may have up to five presenters, including a chair/moderator. To highlight diverse perspectives and feedback on the research, we highly encourage inclusion of one or more presenters/discussants who: (a) represent a developing country or low-resource setting; (b) are a provider, an individual with lived experience of mental illness, an advocate, or a policymaker; or (c) represent the perspectives of an underserved community or population in a developing country or other low-resource setting.
- **Paper** - A paper presentation will involve one speaker who will have 10 minutes to present. Conference organizers may cluster individual paper presentations into various panels, based on research topics.
- **Poster** - We invite graduate students, trainees, postdocs, and early-career investigators (i.e., within 10 years of terminal degree) to submit an abstract to present a research poster (36 x 60 inches maximum size) at the conference poster session (day and time to be determined). Conference organizers will award a limited number of travel stipends for poster presenters from low- and middle-income countries receiving the highest review scores.

Abstract Content: Abstracts for paper and poster presentations should be no more than 250 words. Abstracts for symposia should include an overview that is no more than 250 words, and individual presentation descriptions should be no more than 150 words each. Presentation topic, title, presenter names, and funding are not included in the word limit.

Abstract submissions should include the following information:

- Presentation type: Symposium, paper, or poster
- Track(s)
- Title
- Presenter name(s), degree(s), affiliation(s), and email address(es) for all presenters
- Research objective(s); study method; summary of study findings; and implications for future research, practice, and/or policy, especially in low-resource settings
- Primary funding source

Abstract Review: The criteria listed below will be used by an independent panel to review and score abstracts. Submissions with the best scores will be selected for presentations at the conference.

- Importance of research objective(s)
- Innovativeness of ideas, methods and or approach
- Presentation of findings
- Clarity of writing
- Relevance to the conference theme and designated track(s)
- Rigor of scientific methods and approach
- Implications for future research, practice and/or policy

Submit abstracts by 1 Dec 2018, 5:00 p.m. U.S. Eastern Time. We will post the link for submitting abstracts electronically in the coming weeks, so stay tuned.

Important Dates and Deadlines:

Abstract Submission Open Call: 3 Oct 2018
Conference Registration Open: Coming soon
Abstract Submission Deadline: 1 Dec 2018 at 5:00 p.m. U.S. Eastern Time
Abstract Acceptance Notices: 10 Jan 2019

If you have any questions, please send an email to GlobalMentalHealthWorkshop@mail.nih.gov.

ZERO strategies: From dream to reality
International conference on Crisis, Coercion and Intensive Treatment in Psychiatry



REGISTER NOW

SEND US AN [EMAIL](#)



Andrew Molodynski, MBChB
Consultant Psychiatrist, Oxford Health

NHS Foundation Trust; Honorary Senior Clinical Lecturer, Oxford University; NIHR Mental Health Lead, Thames Valley and South Midlands Clinical Research Network; National Mental Health Lead, British Medical Association Consultant Committee.

Theme: Coercive Measures and Prevention of Seclusion and Restraint in Europe



Steve Miccio
Chief Executive Officer for PEOPLE Inc (USA)

Theme: Expertise by Experience, Peer Support in Crisis Situations

KEYNOTE SPEAKERS



Dr. Marjan ter Avest
Director Mind

Official Opening of the First International Conference on Crisis, Coercion and Intensive Treatment in Psychiatry



Brian R. Sims, MD
Senior Director, Medical and Behavioral Health, National Association of State Mental Health Program Directors Consultant, NASMHPD Center for Innovation in Trauma Informed Approaches

Theme: Trauma Informed Treatment



Dr. Gerdien Franx
Program Manager, National Agenda Suicide Prevention, 113 Suicide Prevention, Supranet

Theme: The Zero Suicide Journey



Yolande Voskes, PhD
Assistant Professor at VU University Medical Centre, Amsterdam and Senior Researcher at Mental Health Institute GGZ, Breburg

Theme: Intensive Treatment in Clinical Settings, Prevention of Seclusion and Restraint



Prof. Stefan Priebe
Professor of Social and Community Psychiatry at Queen Mary University of London, UK

Theme: Home-Based Crisis Interventions and Prevention of Ambulatory Coercive Measures



Prof. Robert Vermeieren, MD, PhD
Professor of Child and Adolescent Psychiatry, Leiden University Medical Center; Medical Managing Director of the Child Psychiatric Clinic Curium-LUMC; Professor of Forensic Child and Adolescent Psychiatry, Section of Child Psychiatry, VU University Medical Center, Amsterdam; Member to the Board of the Dutch Knowledge Center of Child and Adolescent Psychiatry

Theme: Prevention of crisis in youth mental health care



Claudia Marinetti, PhD
Director Mental Health Europe

Theme: Towards Human Rights Compliant Alternatives to Coercion - a European Perspective



NICWA
National Indian Child Welfare Association
Protecting Our Children • Preserving Our Culture

NICWA Conference Call for Presentations



Presenters at **NICWA's 37th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect**, this year being held in Albuquerque, New Mexico on March 31–April 3, 2019, are the heart and soul of this annual event, increasingly recognized as *the* premiere national gathering dedicated to tribal child welfare and well-being. Each year over 70 presenters are selected to lead vigorous dialogue about best practices, current research, advocacy efforts, policy implications, and other lessons learned with over 1,200 conference attendees.

About the Workshops

The highly competitive selection process aims to select presenters who represent an expertise and mastery of innovative and effective developments in these key areas:

- Children's Mental Health
- Child Welfare, Foster Care, and Adoption Services
- Judicial and Legal Affairs
- Youth and Family Involvement

Workshop sessions will be 90 minutes in length. Participation varies depending on the topic, but on average workshops will have between 20–70 participants. NICWA highly values interactive and participatory workshops. Please share in your submission how your workshop will help conference attendees learn through interactive learning.

Registration Requirement

All presenters of selected workshops are required to register for the conference. NICWA offers a reduced registration rate for up to three presenters per workshop. You may register at the presenter rate once your workshop has been accepted. Additional presenters must register at the prevailing rate. By submitting a proposal, presenters agree to pay registration and travel costs.

The richness of our conference is a direct reflection of the diversity of presenters who come to share their experience and contributions to the field. NICWA truly values a wide representation of presenters from varied backgrounds and communities.

Submission Process

You may prepare your information using this [submission form worksheet](#). All final submissions must be made online.

SUBMIT [HERE](#)

AMERICAN
PSYCHIATRIC
ASSOCIATION



**IPS: THE MENTAL HEALTH
SERVICES CONFERENCE**

October 4-7, 2018 • Chicago

Explore 80+ [general sessions](#), 7 paid, in-depth [courses](#), and 8 [tracks](#) on a variety of topics, including:

Influencing Health Outcomes With Trauma-Informed Care: Healing IN Communities

Saturday, October 06, 1:00 p.m.–2:30 p.m. CT

Room: Salon 12, Third Floor, Palmer House Hilton

Speaker: Brian R. Sims, M.D.

REGISTER [HERE](#)

NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—2017 & 2018

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 *Beyond Beds* series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the *Beyond Beds* series is currently undergoing review by SAMHSA, and should be released in the near future. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services,, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements*, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries-- a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019, and will center on the conclusions reached in the NRI *Bed Registry* survey report. If you are interested in helping to craft one of the 2019 papers, please contact [NASMHPD Project Director David Miller](#).

Following are links to the reports in the 2017 Technical Assistance Coalition *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**](#)

Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions



**National Dialogues
on Behavioral Health**

Partnering with

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

The Western Interstate Commission for Higher Education (WICHE) Mental Health Program

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



October 28 - 31, 2018
New Orleans, Louisiana
59th Annual Conference

Conference Overview: The future of the behavioral health workforce is dire. By 2025, shortages are projected for psychiatrists, behavioral health social workers, psychologists, school counselors, and marriage and family therapists. The workforce crisis exists *today*, and the current situation is alarming if not unacceptable. Besides the issue of shortages, the current BH workforce is characterized as being part of an aging population with high turnover rates, maldistributed, and inadequately compensated. At the same time, behavioral health systems are evolving so that there is a priority on the delivery of evidence-based services, a recovery orientation, quality and accountability, and integration with primary care. These system inadequacies have resulted in shifting the responsibility to other social service and law enforcement agencies. So, the question is: *What is to be done to address this behavioral health workforce disaster?*

The **goal** of the 2018 National Dialogues on Behavioral Health Conference is to address this, and other questions emphasizing best practices in these areas and issues of implementation. The objective is also to use the conference presentations and discussions as building blocks for designing models of the future behavioral health workforce.

Conference Rates:

Only \$175.00 Sunday Pre-Conference or Single Day Fee
Only \$325.00 Conference Fee (Monday-Wednesday)

For more information and to register for conference, go to our website:

www.nationaldialoguesbh.org

Conference Venue:

Renaissance Arts Hotel

700 Tchoupitoulas Street
New Orleans, LA

Single/Double Rooms: \$148 per night exclusive of tax
To reserve hotel rooms, go to:

<https://aws.passkey.com/go/WELCOMENDBH> or call 1-877-622-3056

Suggested Audience: Psychiatrists, Social Workers, Nurses, Psychologists, Counselors, Addiction Counselors, Case Managers, Administrators, Policy Makers, Behavioral Healthcare Providers, State/County Behavioral Healthcare Administrators, Peer Recovery Workforce, Members of the Judiciary Justice System Administrators, Law Enforcement/Justice System Stakeholders Departments, Emergency/Disaster Response Professionals, Educators, and School Based Counselors

Conference Site meets ADA requirements. Please contact the Renaissance Arts Hotel for more information. Continuing Education Credits Pending



All young people deserve to grow into healthy, self-sufficient adults. But 1 in 5 children experience a mental illness each year. And 20 percent of teens struggle with depression before they reach adulthood.

A few weeks ago, National Council President and CEO Linda Rosenberg announced a two-year learning opportunity to reduce the impact of anxiety, depression and suicide among underserved youth, ages 10 to 24.

Join the initiative and create better supports for young people experiencing mental health challenges while also empowering youth to engage in meaningful community change. Get connected to coaches, mentors and subject matter experts who can help you adopt and sustain leading-edge mental health supports in your organization.

You'll learn to:

- Connect young people with new kinds of mental health supports and research-based treatment.
- Connect youth to one another as project leaders and advisors.
- Connect communities with these new approaches.
- Connect applicants to funding (up to \$100,000 per site) to support these efforts.

Ready to get started? [Apply today](#). Want to learn more? Visit the [Youth Mental Health Call for Applications](#) for more information.

Applications are due by 11:59 pm ET on Friday, October 5, 2018. Know someone who may be interested in the project? Pass it along.

Alzheimer's and Related Dementias

resources | caregiving tips | research | updates

from the National Institute on Aging, the lead U.S. government agency for Alzheimer's research

Alzheimer's and Related Dementias Clinical Trials Nationwide are Looking for Volunteers Just Like You!

Many people say [participating in a clinical trial](#) is a way to play a more active role in their own health care. Other people say they want to help researchers learn more about certain health problems. Whatever the motivation, when you choose to participate in a clinical trial, you become a partner in scientific

discovery. And, your contribution can help future generations lead healthier lives. Major medical breakthroughs could not happen without the generosity of clinical trial participants.

Participate in a clinical trial to:

- Play an active role in your health care
- Help further research
- Help future generations
- Be a part of scientific discovery

Learn more about participating in Alzheimer's research: <https://www.nia.nih.gov/health/participating-alzheimers-disease-research>.

[Check out our website](#) for information on: What happens in a clinical trial? Where to find a trial? How do researchers choose study participants? You can also find a trial near you using our [Clinical Trials Finder](#) or [join a registry or matching service](#).



National Institute on Aging

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

Families for
Depression | Awareness

Register!

www.familyaware.org/trainings

Register Today!

www.familyaware.org/trainings



FREE WEBINAR ON

COPING WITH STRESS AND DEPRESSION

Thursday, November 1, 2018 at 7 PM ET | 4 PM PT

Join us to learn how to

- manage your stress in the workplace
- practice mindfulness to reduce your stress
- find help and resources

Families for
Depression | Awareness

Visit the New Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

- ✓ Trauma-Informed First Episode Psychosis (FEP) Programs
- ✓ Engaging Families
- ✓ Working with High Schools and Secondary Schools
- ✓ Transitions from FEP Programs to Other Community Services
- ✓ Guide for Faith Community Leaders
- ✓ Fidelity Assessment
- ✓ Culturally Competent FEP Programs (Spiritual, Family, Gender Cultures)

To View the New Resources, Visit [NASMHPD's EIP Website](#).

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, 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

Persenter: 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.

Wednesday, December 19, 3:00 p.m.

Wellness Recovery Action Plans (WRAP®)

Level: Beginner / Intermediate

Presenters: Stan Schmidt, Community Integrated Work Program, Inc., North Highlands CA; Susan O'Neil, DirectCourse Content Quality Assurance & Enhancement, Research and Training Center on Community Living (NIDILRR), Institute on Community Integration, University of Minnesota, Minneapolis, MN

Wellness Recovery Action Planning (WRAP®) is an evidence-based practice in the area of mental health. It is a self-directed, peer-facilitated and person-centered planning process. Join Stan and Susan as they share lessons learned from their first seminar in 2018 to a core group of people affiliated with CIWP (service participants and staff).

Cost for Individual Webinars:

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

Register for the entire series and receive an additional 20 percent off!

Discount Code: 5 ormore-20%off-W2018.

SEPT
9-14

2019

CAPITAL
HILTON
WASHINGTON
D.C., USA

Final Day: NASMHPD
Commissioner & Division
Only Annual Conference
Meeting

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



Final Day (September 14) Will Be a NASMHPD Commissioner- & Division-Only Annual Conference Meeting

Discounted Government Rate Room Block at the nearby Madison Hotel in D.C. (a 5-minute walk), Exclusively for All NASMHPD Attendees

Contact [Meighan Haupt](#), NASMHPD Chief of Staff, With Any Questions

The Value of IIMHL from a Canadian Perspective

https://youtu.be/_V1og6guaik



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 Lale-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

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](http://www.earlypsychosis.org). 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



TA Network Webinars & Meetings



Wednesday, Oct. 17 **System of Care Expansion Leadership Learning Community: SOAR for Children**
2:30 – 4:00 p.m. ET

SOAR (SSI/SSDI Outreach, Access, and Recovery) is a successful national program, funded by SAMHSA, originally designed to increase access for adults to the disability income benefit programs administered by the Social Security Administration. This learning community will introduce the new SOAR Youth Curriculum, an online course designed by the SAMHSA SOAR TA Center to increase access to Supplemental Security Income for children and youth under the age of 18 with disabling conditions who experience or are at risk of homelessness.

[REGISTER HERE](#)

Wednesday, Oct. 24 **Direct Connect Learning Community Youth Engagement Steps to Success: Creating Youth Friendly Environments**
2:30 – 4:00 p.m. ET

Developing and implementing youth engagement strategies in your community? This webinar will assist youth leaders, adult supporters, and organizational staff in identifying ways to enhance supportive youth engagement and working environments. The webinar will highlight key recommendations when involving youth and young adults. Presenters will identify important things that one must consider when employing youth leaders to ultimately create supportive, youth friendly environments, set up for success.

[REGISTER HERE](#)

Thursday, Oct. 25 **The Power of Telling Your Story**
3:00 p.m. to 4:30 p.m. ET Join the staff of the Family-Run Executive Director Leadership Association (FREDLA) for a lively discussion on the power of storytelling. Share your thoughts on strategies to effectively tell a family story, do's and don'ts of social media, involving youth in storytelling, and more.

[REGISTER HERE](#)

Medicaid Innovation Accelerator Program (IAP) - State Medicaid-Housing Agency Partnerships New Technical Support Opportunity Information Session

Thursday, October 18, 3:00 p.m. to 4:00 p.m. E.T.

The Medicaid Innovation Accelerator Program (IAP)'s Community-Integration through Long-Term Service and Supports (CI-LTSS) Program Area is launching a nine-month technical support opportunity for up to eight states seeking to implement housing and service changes that will increase community integration options for Medicaid beneficiaries requiring long-term services and supports.

We invite you to join us for an October 18 information session during which participants will learn about the goals, structure, and technical support available for states interested in implementing housing and service changes. Selected states will have the opportunity to work with industry experts through their individualized technical support and state-to-state learning activities.

This technical support opportunity is open to all states, including those that: have previously participated in the Medicaid IAP State Medicaid-Housing Agency Partnerships Track; are ready to implement Medicaid and housing changes; and have a plan in place that includes identified goals, strategies, partners/resources, and timeline to guide their work. The Expression of Interest form will be posted on the [CMS IAP website](#) on October 18 after the information session; the deadline for receipt of Expression of Interest forms will be midnight (E.T.) on November 15, 2018.

REGISTER [HERE](#)

2018

Federation of Families for Children's Mental Health

29th Annual Conference **Houston, TX · Nov 1-3**

Did you know that 1 in 5 children in America experience social, emotional and behavioral challenges? One undisputed constant in our society is that all children who survive childhood and adolescence will become adults. For children who experience untreated behavioral health disorders, this typically results in adults who continue to struggle with symptoms, who become parents and who perpetuate this cycle. The impact of this reoccurring cycle is felt throughout our society.

For over 25 years, the National Federation of Families for Children's Mental Health has been the nationwide advocacy organization with families as its sole focus, playing an important role in helping children, youth and their families whose lives are impacted by mental health challenges. This important work is supported largely by mental health advocates and generous donors like you who contribute to our cause.

Our 29th Annual Conference will feature many great workshops and speakers this year, joining hundreds of mental health advocates and professionals from across the nation as we work to educate and empower children, youth, and families!

Attendee Details

Coffee, snacks and a light breakfast are provided for all registered conference participants on Friday and Saturday as well as lunch and a networking dinner on Saturday. Conference attendance typically ranges from 600 to 1,000 people, including 25 to 50 exhibitors and more than 150 speakers, all providing rich opportunities to connect and learn.

Attendees who stay at the hotel will also receive complimentary basic internet and (2) water bottles in their guestrooms, complimentary access to the hotel fitness center, a waived resort fee, a discount at hotel restaurants with their conference ID and discounted parking.

Reserve Your Booth

Help support the work of the National Federation of Families while receiving great exposure by reserving an exhibitor table at the 29th Annual Conference. Your booth will be visited by up to 1,000 youth and family members, family advocates and child mental health leaders from across the nation. Space is limited!

Each exhibitor will receive an exhibit table, their logo on our conference website, their logo in our conference program and lunch for up to 2 exhibitors on Saturday.

Exhibitors receive a registration discount if attending the conference in addition to exhibiting, which will enable them to participate in workshops and take advantage of networking opportunities at meal functions.

A maximum of two discounted registrations are allowed for each exhibit table purchased. Our chapter and state organization members of the National Federation of Families enjoy great savings as well! Complimentary parking will be provided at the hotel. Deadline for early bird exhibitor registration is August 31, 2018 and for regular exhibitor registration is October 15, 2018 - or when space is filled. For more details about our exhibitor opportunities, [click here](#).

Sponsorship Opportunities

The National Federation of Families for Children's Mental Health invites you to establish your company as a mental health leader by securing your sponsorship at this year's National Federation of Families for Children's Mental Health's 29th Annual Conference. As your trusted partner, the National Federation of Families for Children's Mental Health provides sponsors with numerous opportunities to increase brand visibility, establish thought leadership, and directly access hundreds of potential customers and strategic partners. We work tirelessly to ensure that our sponsors' business goals are being met. Discounted sponsorship is available to chapter and state organization members of the National Federation of Families. For more details about our sponsorship opportunities, [click here](#).

FREQUENTLY ASKED QUESTIONS (FAQ)

For more information about our conference, [visit our website](#) or contact our Conference Planning Team at conference@ffcmh.org or 240-403-1901.

HYATT REGENCY HOUSTON
1200 Louisiana Street
Houston, TX 77002

REGISTER [HERE](#)



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NASMHPD Links of Interest

[ADULTS' UNINSURANCE RATES INCREASED BY 2018, ESPECIALLY IN STATES THAT DID NOT EXPAND MEDICAID— LEAVING GAPS IN COVERAGE, ACCESS, AND AFFORDABILITY](#), URBAN INSTITUTE HEALTH POLICY CENTER, *HEALTH AFFAIRS* BLOG, SEPTEMBER 26

[SUBSTANCE USE DISORDER AND PREGNANCY TOOLKIT](#), SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS (CIHS)

[IN THE RACE TO USE GENETIC TESTS TO PREDICT WHETHER ANTIDEPRESSANTS WILL WORK, SCIENCE MIGHT BE GETTING LEFT BEHIND](#), REBECCA ROBBINS, *STAT*, SEPTEMBER 28 & [CLINICAL IMPLEMENTATION OF PHARMACOGENETIC DECISION SUPPORT TOOLS FOR ANTIDEPRESSANT DRUG PRESCRIBING](#), ZEIER Z., PH.D. *ET AL.*, *AMERICAN JOURNAL OF PSYCHIATRY*, APRIL 25

[JUST WITNESSING SCHOOL VIOLENCE CAN LEAVE PSYCHIC SCARS](#), *HEALTHDAY NEWS*, SEPTEMBER 28 & [WITNESSING VIOLENCE IN EARLY SECONDARY SCHOOL PREDICTS SUBSEQUENT STUDENT IMPAIRMENT](#), JANOSZ M. *ET AL.*, *JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH*, SEPTEMBER 16

[HE GOT SCHIZOPHRENIA. HE GOT CANCER. AND THEN HE GOT CURED](#), MOISES VELASQUEZ-MANOFF, *NEW YORK TIMES* SUNDAY REVIEW, SEPTEMBER 29

[MENTAL HEALTH AND SUBSTANCE USE DISORDER INSURANCE COVERAGE AND MODEL LEGISLATION](#), AMERICAN PSYCHIATRIC ASSOCIATION

[OPIOID INTERVENTIONS CAN CURB OVERPRESCRIBING, BOOST MAT ACCESS, JAMA STUDIES SHOW](#), REBECCA PIFER, *HEALTHCARE DIVE*, SEPTEMBER 28 & [ASSESSMENT OF OPIOID PRESCRIBING PRACTICES BEFORE AND AFTER IMPLEMENTATION OF A HEALTH SYSTEM INTERVENTION TO REDUCE OPIOID OVER-PRESCRIBING](#), MEISENBERG B.R., M.D., GROVER J., P.A. & CAMPBELL C., B.S., *ET AL.*, *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION OPEN NETWORK*, SEPTEMBER 28

[VIDEO: WHO'S RESPONSIBLE FOR THE OPIOID EPIDEMIC? DOCTORS OR PHARMACEUTICAL COMPANIES?](#), BILL WHITAKER, *60 MINUTES*, SEPTEMBER 30

[RACIAL AND ETHNIC DIFFERENCES IN THE ATTAINMENT OF BEHAVIORAL HEALTH QUALITY MEASURES IN MEDICARE ADVANTAGE PLANS](#), BRESLAU J. *ET AL.*, *HEALTH AFFAIRS*, OCTOBER 2018

[BETTER DATA WILL SERVE AS THE FOUNDATION IN MODERNIZING THE MEDICAID PROGRAM](#), *CMS BLOG*, CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ADMINISTRATOR SEEMA VERMA, OCTOBER 2

[VIDEO: SOLVING THE HOMELESS CRISIS FOR THOSE LIVING WITH MENTAL HEALTH AND ADDICTION ISSUES](#), STEVE LURIE, C.M., CANADIAN MENTAL HEALTH ASSOCIATION, OCTOBER 2