

# National Association of State Mental Health Program Directors

## Weekly Update

### National Academy of Health and Medicine Holds Two-Day Workshop on Suicide Prevention

Participants in a National Academy of Health and Medicine two-day D.C. workshop on *Improving Care to Prevent Suicide among People with Serious Mental Illness* appeared to reach general agreement that a population-based approach to suicide prevention that enlists state officials and providers and educates the public in order to reduce stigma is essential to reducing the incidence of suicides in the U.S.

However, there appeared to be less agreement on such issues as whether or not suicidality is inevitably linked to mental illness, whether suicide prevention should rely entirely on scientifically proven evidence-based approaches or move to embrace new promising practices before they are proven, and whether there is adequate licensing or certification of peer support specialists so that they can be relied upon to combat suicidal ideation and suicide attempts.

The doubts expressed regarding the reliability of peer support as a prevention mechanism were in contrast to presentations by two individuals with lived experience who began and ended the two-day workshop—Taryn Aiken Hiatt of the American Foundation for Suicide Prevention (AFSP)—Utah and Nevada Area, and “Marcus”, a recently released criminal justice-involved individual working as a peer support specialist. Both delivered powerful and informative narratives.

The workshop opened with a framing address by Richard McKeon, Chief of the Suicide Prevention Branch at SAMHSA. Presentations and moderated discussions examined opportunities to prevent suicide among people with serious mental illness (SMI), including, at minimum, bipolar disorder, major depression, schizophrenia and borderline personality disorder, as well as mood, anxiety, or other disorders that result in significant functional impairment.

### Senate Delays Vote on Opioid Legislation Until Next Week as Members Rush to Leave Washington Ahead of the Arrival of Hurricane Florence

Senator Jeff Flake (R-AZ) announced from the floor of the U.S. Senate on September 12 that the chamber will vote Monday, September 17, on [H.R. 6](#), the SUPPORT for Communities and Patients Act, as amended by Health Education Labor, and Pensions (HELP) Chairman Lamar Alexander's [Senate Amendment No. 4013](#) (pages 2 through 38 of the linked document).

The vote on the comprehensive opioid legislation produced by five Senate committees, originally scheduled for late this week, was delayed as Senate members rushed to catch planes that

The workshop:

- highlighted the patterns of mortality by suicide among people with SMI,
- considered the implications of the relationship between SMI and suicide, and
- examined interventions that can reduce the high risk of suicide in this population.

The workshop also considered ways to:

- improve and implement early interventions,
- improve access to care among vulnerable populations with SMI, and
- effectively target interventions to specific populations with unique needs, such as veterans and tribal communities with limited resources.

Workgroup panel participants and leaders included, *inter alia*: David Covington, CEO and President of RI International; Dr. Michael Hogan, chair of President George W. Bush's New Freedom Commission on Mental Health; Julie Goldstein Grumet of the Suicide Prevention Resource Center; Dr. Arthur Evans, CEO of the American Psychological Association; Holly Wilcox, Associate Professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University Bloomberg School of Public Health; Dr. Christine Moutier, Chief Medical Officer of AFSP; Justin Coffey of the Menninger Clinic; Keita Franklin, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs; Michael Colston, Office of the Assistant Secretary of Defense for Health Affairs; and Dr. Andrey Ostrovsky, CEO of the Concerted Care Group.

[Reports of National Academies Workshop proceedings](#) are generally issued 7 months or more after the workshops are held.

would take them away from Washington, D.C. before flights in the projected path of Hurricane Florence are cancelled.

The original version of H.R. 6 passed the House June 22 by a vote of 396-14. The Senate version differs from the House in a number of ways, most notably in its omission of language aligning the statute underlying 42 CFR Part 2 with the disclosure restrictions under the Health Insurance Portability and Accountability Act and omission of a provision creating an exception to the Medicaid IMD exclusion for treatment of opioid and cocaine abuse.

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[EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis](#)

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## September is National Suicide Prevention Awareness Month

### Global Study: U.S. Ranks First Worldwide in Suicide by Firearm

The United States ranks first in firearm suicides and fourth in firearm homicides in the world, according to new research released August 28 in the [Journal of the American Medical Association](#).

The University of Washington's Global Burden of Disease (GBD) 2016 Injury Collaborators at the Institute for Health Metrics and Evaluation conducted a comprehensive global firearm-related mortalities review from 1990-2016. Firearm-related deaths from conflicts, terrorism or law enforcement activities were retracted from the data. The study used de-identified aggregated data (vital registration data on firearm-related homicide, firearm-related suicide, and firearm-related unintentional injury deaths; census and survey data; police records for certain injuries; and verbal autopsy) for 195 countries and territories.

  
The study found that 251,000 firearm-related fatalities occurred in 2016—an increase from 209,000 firearm-related deaths in 1990. The majority of firearm-related deaths were homicides (161,000). Globally in 2016, 64 percent of firearm-related mortalities were homicides, 27 percent were suicides, and 9 percent were unintentional deaths. Firearm deaths were more common outside of war settings than in war countries/territories, except in the zone of the 1994 genocide in Rwanda.

Lead author Mohsen Naghavi, M.D., Ph.D. and his colleagues concluded that the global burden of firearm

deaths was highly concentrated in six countries—Brazil, Columbia, Guatemala, Mexico, the United States, and Venezuela—and accounted for 50.5 percent of the global firearm deaths, despite the fact that those six countries constitute less than 10 percent of the global population. Specifically, Brazil accounted for 25 percent of all firearm homicides and the United States accounted for 35 percent of all firearm suicides.

The authors also noted tremendous variants in rates of firearm-related deaths across the countries. The United States ranked fourth in the world for homicides (12,400) and first for firearm suicides (23,800, 6.4 per 100,000). Further analysis indicated that suicides were more often conducted with legally acquired guns, whereas homicides more often occurred with illegally obtained guns in the United States. India was the second highest country for gun-related suicides, with 13,400.

The authors conclude that the proportion of firearm suicides found in this study may help countries and territories shape suicide prevention and intervention strategies to reduce access to firearms. Further, countries with low firearm-related mortalities might be able to share policies and practices with countries with higher rates. For example, the 1996 passage of the Australian National Firearms Agreement following the shooting massacre at Port Arthur has been linked to lower firearm-related suicides and mass shootings.

Nearly 40,000 people in the United States die from suicide annually, or 1 person every 13 minutes. The causes of suicide are complex and determined by multiple factors, such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation. Suicide touches all ages and backgrounds, all racial and ethnic groups, in all parts of the country. However, some populations are at higher risk for suicidal behavior.

The Substance Abuse and Mental Health Administration (SAMHSA) sponsors September's [National Recovery Month](#) to increase awareness and understanding of mental health and substance use disorders and celebrate people in recovery. In an email sent out this week, the Department of Health and Human Services said it we wanted to lift up the lives of those who have been lost to suicide and to their survivors by highlighting information and resources focused on suicide prevention.

#### SAMHSA Suicide Prevention Resources:

[Centers for Disease Control and Prevention National Suicide Statistics at a Glance](#)  
[& National Survey on Drug Use and Health](#)

Visit the website for [SAMHSA's Suicide Prevention Efforts](#) and the Action Alliance's [Your Life Matters!](#) Campaign and the [Suicide Prevention Resource Center](#).



**National Health Policy Conference**  
February 4-5, 2019 | Marriott Marquis, Washington, D.C.



AcademyHealth

**Add Your Vote  
Submit a Proposal**

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

Submission Deadline: Thursday, September 27

[SUBMIT A PROPOSAL](#)

## NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—2018 & 2019

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](#)

## HHS Office of Civil Rights Issues Guidance to Help Ensure Equal Access to Emergency Services and the Appropriate Sharing of Medical Information During Hurricane Florence

As Hurricane Florence makes landfall, the HHS Office for Civil Rights (OCR) says it and its federal partners remain in close coordination to help ensure that emergency officials effectively address the needs of at-risk populations as part of disaster response. To this end, emergency responders and officials should consider adopting, as circumstances and resources allow, the following practices to help make sure all segments of the community are served:

- Employing qualified interpreter services to assist individuals with limited English proficiency and individuals who are deaf or hard of hearing during evacuation, response, and recovery activities;
- Making emergency messaging available in languages prevalent in the affected area(s) and in multiple formats, such as audio, large print, and captioning and ensuring that websites providing disaster-related information are accessible;
- Making use of multiple outlets and resources for messaging to reach individuals with disabilities, individuals with limited English proficiency, and members of diverse faith communities;
- Considering the needs of individuals with mobility impairments and individuals with assistive devices or durable medical equipment in providing transportation for evacuation;
- Identifying and publicizing accessible sheltering facilities that include accessible features, such as bathing, toileting, eating facilities, and bedding;
- Avoiding separating people from their sources of support, such as service animals, durable medical equipment, caregivers, medication, and supplies; and
- Stocking shelters with items that will help people to maintain independence, such as hearing aid batteries, canes, and walkers.
- Being mindful of all segments of the community and taking reasonable steps to provide an equal opportunity to benefit from emergency response efforts will help ensure that the disaster management in all areas affected by Hurricane Florence is successful.

In addition, as part of his declaration of a Public Health Emergency (PHE), HHS Secretary Alex Azar has waived sanctions and penalties under certain provisions of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that may otherwise apply to covered hospitals, including provisions that generally require covered entities to give patients the opportunity to agree or object to sharing information with family members or friends involved in the patient's care. This waiver applies only to the emergency area and for the emergency period identified in the PHE declaration and only to hospitals that have instituted a disaster protocol. Qualifying hospitals can take advantage of the waiver for up to 72 hours from the time the hospital implements its disaster protocol unless the PHE declaration terminates first.

Even without a waiver, the Privacy Rule allows patient information to be shared to assist in disaster relief efforts and to assist patients in receiving the care they need. As explained in more detail in OCR's Bulletin on Hurricane Florence and HIPAA linked below, the Privacy Rule permits covered entities to share information for treatment purposes, public health activities, and to prevent or lessen a serious and imminent threat to health or safety. The Privacy Rule also allows the sharing of information with individuals' family, friends, and others involved in their care in emergency situations to ensure proper care and treatment.

"HHS is committed to leaving no one behind during disasters, and this guidance is designed to help emergency responders and health and human service providers meet that goal," said Roger Severino, OCR Director. "OCR also provides technical assistance on HIPAA and civil rights to emergency responders and hospitals so they feel empowered to help people and families in crisis."

For more information regarding how Federal civil rights laws apply in an emergency, visit the [OCR's Civil Rights Emergency Preparedness page](#).

For information about how the HIPAA Privacy Rule applies in an emergency, visit the [OCR'S HIPAA Emergency Preparedness, Planning, and Response page](#) or you may use the [HIPAA Disclosures for Emergency Preparedness Decision Tool](#).

For information about emergency requirements for long-term care facilities, visit the [CMS Emergency Preparedness Rule page](#).

For information regarding Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and other civil rights authorities, visit the [OCR's Civil Rights Laws and Regulations Enforced page](#).

For general information about the HIPAA statute and the implementing regulations, including the HIPAA Privacy, Security, and Breach Notification Rules, visit the [OCR's HIPAA for Professionals Page](#).

## House-Senate Budget Conferees Agree on FY 2019 Funding for Labor-HHS/ Defense

The House-Senate Congressional Budget conferees working on funding for Labor-HHS and the Defense Department in the combined HR 6157 announced September 13 they had reached agreement on funding for the two massive agencies for Fiscal Year 2019.

The bill must now be approved by both chambers. Not known yet: whether SAMHSA will receive the additional \$25 million championed by the Senate or whether the \$2.8 million increase in funding for the Suicide Lifeline passed by the Senate will be included.

Budget conferees have also approved a Continuing Resolution for all government funding through December 7 should the various individual funding measures for Fiscal Year 2019 not be passed by then.

## Disaster Distress Helpline

PHONE: 1-800-985-5990  
TEXT: "TalkWithUs" to 66746

Call us:  
1-800-985-5990

Text:  
"TalkWithUs" to 66746

Visit:  
<http://disasterdistress.samhsa.gov>

Like us on  
Facebook:  
[http://facebook.com/  
distresshelpline](http://facebook.com/distresshelpline)

Follow us on  
Twitter (@distressline):  
<http://twitter.com/distressline>

## Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990  
or text "TalkWithUs" to 66746  
to get help and support  
for any distress that you or someone  
you care about may be feeling  
related to any disaster

The Helpline and Text Service are:  
• Available 24 hours a day,  
7 days a week, year-round  
• Free (standard data/text messaging  
rates may apply for the texting service)  
• Answered by trained crisis counselors

TTY for Deaf / Hearing Impaired:  
1-800-846-8517

Spanish-speakers:  
Text "Hablamos" to 66746

## Disaster Distress Helpline

PHONE: 1-800-985-5990  
TEXT: "TalkWithUs" to 66746

If you or someone you  
know is struggling  
after a disaster,  
you are not alone.



"Ever since the tornado,  
I haven't been able to get a full  
night's sleep..."

"I can't get the sounds of  
the gunshots out of my mind..."

"Things haven't been the same  
since my shop was flooded..."

**Talk With Us!**

## 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 (NACBHD)**

**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](http://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



## Webinar Series on Trauma and the Opioid Epidemic Monday, September 24, 1:00 p.m. to 2:30 p.m. E.T.

### Peer-Led Seeking Safety for Trauma and Addiction

This webinar will provide an overview of the Seeking Safety model and how to implement it, including elements specific to peer-led Seeking Safety. Topics will include definition of terms, options for co-leading groups, and how to handle emergencies. The presenter will also review the evidence on peer-led Seeking Safety and describe ways that peers can evaluate fidelity.

**Presenter:** Lisa Najavits, PhD

**Host/Facilitator:** Cathy Cave, National Center on Domestic Violence, Trauma and Mental Health

**CLICK [HERE](#) TO SIGN UP**



*This webinar is co-sponsored by the National Center on Domestic Violence, Trauma and Mental Health, as part of their series on Trauma, Opioids and Domestic Violence.*

## CENTER FOR TRAUMA-INFORMED CARE



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.

### September Trainings

#### Alabama

September 17 & 18 - Mobile County Board Of Health - Division Family Oriented Primary Health Care Clinics

#### California

September 25 - Greenacre Homes & School - Sebastopol

September 26 & 27 - Contra Costa County Public Health, HIV/AIDS and STD Program - Oakland

#### Colorado

September 27 to 29 - Rocky Mountain Crisis Partners/Colorado Crisis Services - Denver

#### Maryland

September 19 - Molina Healthcare, Inc. - Easton

#### Mississippi

September 21 - Adult Special Care Clinic / University of Mississippi Medical Center - Jackson

#### Virgin Islands

September 20 & 21 - Frederiksted Health Care - Frederiksted

#### Washington

September 16 - Seattle Area Support Groups - Seattle

*For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).*



Substance Abuse and Mental Health  
Services Administration  
5600 Fishers Lane • Rockville, MD 20857  
[www.samhsa.gov](http://www.samhsa.gov) • 1-877-SAMHSA-7 (1-877-726-4727)



## SAMHSA's National Center for Trauma-informed Care and Alternatives to Restraint and Seclusion (NCTIC)

### Trauma and its Relevance to Health Care

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to announce the webinar series, Trauma and its Relevance to Health and Integrated Care. In this series, participants will learn about how primary care settings can develop trauma-responsive and trauma-informed approaches to address the health impacts of current and lifetime trauma on their patients. Presenters include key stakeholders and subject matter experts who have engaged with SAMHSA's General Adult Trauma Screening and Response Initiative for primary care over the last several years. They will provide real-world, practical information about their own work and experiences to address trauma in health care settings. This webinar series is intended for those involved with primary, integrated and other health care settings, as well as members of the public. One webinar remains in the three-part series:

#### **Developing Trauma-Informed Primary Care Settings: Key Implementation Strategies** **September 20, 3:00 p.m. to 4:30 p.m. E.T.**

Increasingly, primary care and integrated health care organizations and systems are exploring ways to make their services more responsive to their patients who have experienced trauma. This webinar will provide an overview on implementing a trauma-informed approach in primary care as an organizational change strategy designed to improve the way health care settings operate and engage with staff and patients. Participants will learn about the 10 domains of trauma-informed organizational change described in SAMHSA's [Concept of Trauma and Guidance for a Trauma-Informed Approach](#), and hear from health care administrators and change agents on strategies they have used to promote trauma-informed, culturally relevant organizational change.

**Phone Number: 1-888-727-2247 Access Code: 5733266#**

**Presenters:** Annie Lewis-O'Connor, MD; Marsha Morgan, Chic Dabby

**Moderator:** Mary Blake

[\*\*REGISTER HERE\*\*](#)



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.

To make a difference in the lives of youth, we need your help!



**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

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.



Register!

[www.familyaware.org/trainings](http://www.familyaware.org/trainings)



## Health Justice: Empowering Public Health and Advancing Health Equity

October 4 to 6 | Phoenix, AZ

[phlc2018.org](http://phlc2018.org) | #PHLC2018

Don't miss this opportunity to hear from leaders who are working to address some of today's most pressing public health and policy issues. Join hundreds of colleagues to learn about and share strategies to advance health equity and protect the health of our communities and most vulnerable populations.

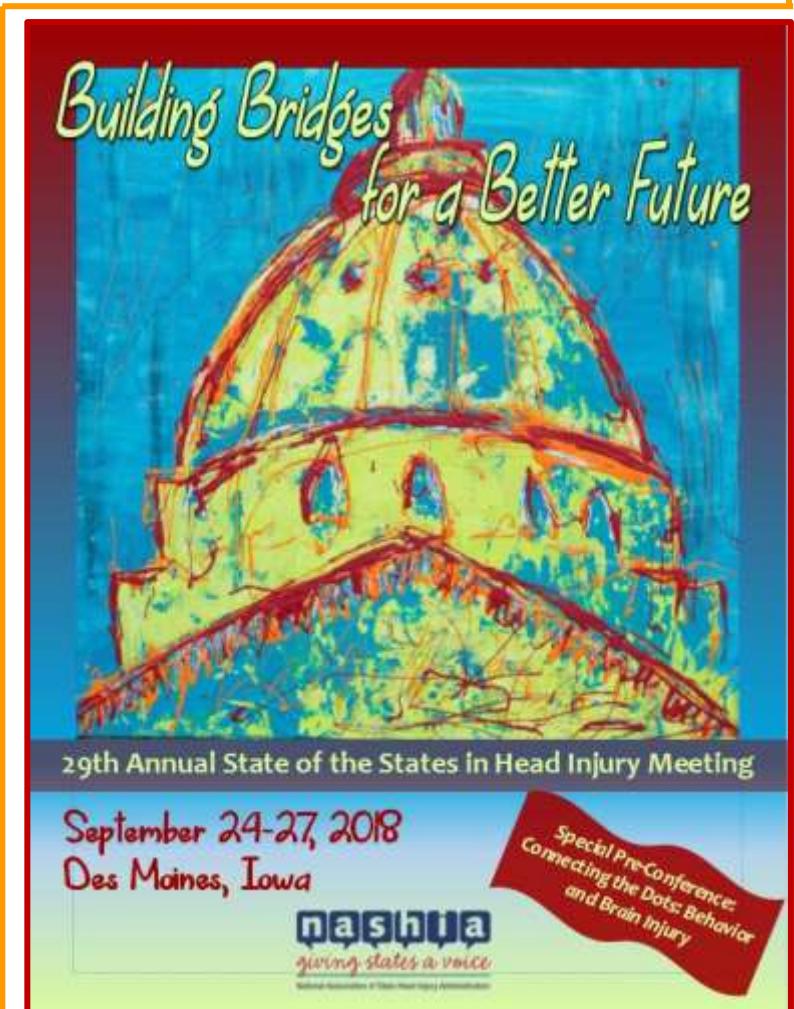
The 2018 Public Health Law Conference will be held at the [Sheraton Grand at Wild Horse Pass](#), 5594 W Wild Horse Pass Blvd, Chandler, AZ 85226, (602-225-0100).

### Hotel Room Reservation Deadline

**September 12!** Discounted conference room rates are available until September 12. [Reserve your room.](#)

Located 15 minutes from Phoenix Sky Harbor Airport, the Sheraton Grand at Wild Horse Pass is a Native American-owned property designed to be an authentic representation of the [Gila River Indian Community's](#) heritage and culture. The architecture, design, art and legends of the Pima (Akimel O'otham) and Maricopa (Pee Posh) tribes are celebrated in every detail at the hotel.

**REGISTER TODAY!**



## 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

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

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

**Level:** Advanced

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

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

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

#### **Addressing Mental Health Symptoms to Prevent Challenging Behaviors**

**Level:** All

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

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

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

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

**Level:** Intermediate

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

The Residential Information Systems Project (RISP) has been tracking supports and services, particularly deinstitutionalization, for over 40 years. Comparing states across the United States to overall trends within the country can be revealing about how government service models differ in the types of supports and services they provide.

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

#### **Decline in Adults with Down Syndrome**

**Level:** Intermediate

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

Adults with IDD are living longer than ever before. Adults with Down syndrome are at a high risk of developing early onset Alzheimer's

disease. This presentation will review the care and assessment process when decline is suspected including Alzheimer's disease and related dementia.Tuesday, December 11, 3:00 p.m.E.T

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

**Level:** Intermediate

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

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

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

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

**Level:** Beginner

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

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

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'Neill, 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:** 5ormore-20%off-W2018.

SEPT  
9-13  
2019  
CAPITAL  
HILTON  
WASHINGTON  
D.C., USA

# SAVE the 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*



## NEW IIMHL VIDEO

### The Value of IIMHL from a Canadian Perspective

To view this short video:

[https://youtu.be/\\_V1og6quaik](https://youtu.be/_V1og6quaik)

Stephanie Priest is the Executive Director, Mental Health and Wellbeing Division,  
Public Health Agency of Canada (PHAC)  
and is a member of the IIMHL Sponsoring Countries Leadership Group (SCLG)



## 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 Lafo-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/](http://leph2018toronto.com/registration/)  
Find out more at: [leph2018toronto.com](http://leph2018toronto.com)



Join GLEPHA and receive a discounted registration fee for the LEPH2018 conference. Go to [glepha.wildapricot.org](http://glepha.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](http://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](#). 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



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

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

[Apply Now](#)



### Recovery to Practice eLearning Course on Integrated Practice

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

[Find Out More](#)

**Wednesday, Sept. 19**  
2:30 p.m. – 4:00 p.m. ET



### System of Care (SOC) Expansion Leadership Learning Community: Questions and Answers on Developing Finance and Sustainability Plans No. 1

SAMHSA SOC expansion grantees are required to develop financing plans in Year 2 and begin to implement those plans in Year 3. This learning community will consist of an interactive “open office hours” discussion, providing grantees an opportunity for questions, dialogue, and learning from TA Network experts, plus peer-to-peer interactions. Participants are welcome to submit questions before the meeting [here](#).

**REGISTER HERE**

**Thursday, Sept. 20**  
2:00 p.m. – 3:00 p.m. ET



### Cultural and Linguistic Competence Peer Learning Exchange - Lessons from the Field: Implementing Behavioral Health Equity Programs

This webinar was originally scheduled on August 9. Everyone who has already registered will be contacted by the TA Network and Adobe Connect with new information. This webinar will be an opportunity to share and discuss what we have learned implementing various behavioral health equity programs, including the CLAS Standards.

**REGISTER HERE**

**Friday, Sept. 21**  
2:30 p.m. – 4:00 p.m. ET



### SOC Expansion Leadership Learning Community: Questions and Answers on Developing Finance and Sustainability Plans No. 2

SAMHSA SOC expansion grantees are required to develop financing plans in Year 2 and begin to implement those plans in Year 3. This learning community will consist of an interactive “open office hours” discussion, providing grantees an opportunity for questions, dialogue, and learning from TA Network experts, plus peer-to-peer interactions. Participants are welcome to submit questions before the meeting [here](#).

**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](mailto:conference@ffcmh.org) or 240-403-1901.

**HYATT REGENCY HOUSTON**  
1200 Louisiana Street  
Houston, TX 77002

**REGISTER [HERE](#)**





ANNUAL  
MEETING 2018  
SEPT. 26-27  
ALEXANDRIA, VA

BUILDING Healthy AND Resilient COMMUNITIES

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

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



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

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

**REGISTER [HERE](#)**

If you're having trouble please contact [registration@astho.org](mailto:registration@astho.org).

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

### Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set aside to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](#) provides an overview of each state's funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What's New section of the NASMHPD website here: <https://www.nasmhpd.org/>

To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

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## NASMHPD Links of Interest

[STATE MEDICAID OPERATIONS SURVEY, SIXTH ANNUAL SURVEY OF MEDICAID DIRECTORS FY 2017, NATIONAL ASSOCIATION OF MEDICAID DIRECTORS, SEPTEMBER 2018](#)

[CHILDREN'S FACES OF MEDICAID: DATA ANALYSIS SERIES: EXAMINING CHILDREN'S BEHAVIORAL HEALTH SERVICE USE AND EXPENDITURES, 2005-2011 & EXAMINING CHILDREN'S BEHAVIORAL HEALTH SERVICE UTILIZATION AND EXPENDITURES: A TOOLKIT FOR STATES, CENTER FOR HEALTH CARE STRATEGIES, JULY 2018](#)

[IMPORTANT QUESTIONS ABOUT THE IMPACT OF MEDICAL MARIJUANA ON PEOPLE WITH SERIOUS MENTAL ILLNESS, MARY F. BRUNETTE, M.D., JACOB T. BORODOVSKY, PH.D., MELISSA MYERS, M.D., ALAN BUDNEY, PH.D., PSYCHIATRIC SERVICES, SEPTEMBER 6](#)

[ADDRESSING THE OPIOID EPIDEMIC IN RURAL AMERICA, MICHAEL T. FLAHERTY, PH.D., PRECIA STUBY, L.I.S.W.-S. & WILLIAM KOSE, M.D., PSYCHIATRIC SERVICE, SEPTEMBER 6](#)

[SEQUENTIAL INTERCEPT MAPPING: DEVELOPING SYSTEMS-LEVEL SOLUTIONS FOR THE OPIOID EPIDEMIC, NATALIE BONFINE, PH.D., MARK R. MUNETZ, M.D. & RUTH H. SIMERA, M.Ed., L.S.W., PSYCHIATRIC SERVICES,](#)

[MOST DOCTORS ARE ILL-EQUIPPED TO DEAL WITH THE OPIOID EPIDEMIC. FEW MEDICAL SCHOOLS TEACH ADDICTION, JAN HOFFMAN, NEW YORK TIMES, SEPTEMBER 10](#)

[WHAT'S YOUR STORY?, SAM QUINONES, AUTHOR OF DREAMLAND \(ONGOING POSTINGS BY THE PUBLIC OF THEIR EXPERIENCES WITH THEIR OWN ADDICTIONS AND THE ADDICTIONS OF OTHERS\)](#)

[ADDRESSING OPIOID USE DISORDER IN PREGNANT WOMEN AND NEW MOMS, HEALTH RESOURCES AND SERVICES ADMINISTRATION's \(HRSA's\) MATERNAL AND CHILD HEALTH BUREAU, SEPTEMBER 19, 2018](#)

[DOCUMENTED PAIN DIAGNOSES IN ADULTS PRESCRIBED OPIOIDS: RESULTS FROM THE NATIONAL AMBULATORY MEDICAL CARE SURVEY, 2006–2015, TISAMARIE B. SHERRY, M.D., PH.D.; ADRIENNE SABETY, B.A & NICOLE MAESTAS, M.P.P., PH.D., ANNALS OF INTERNAL MEDICINE, SEPTEMBER 11](#)