TennCare Posts Proposal to Block-Grant Federal Medicaid Spending

The Tennessee Medicaid program, TennCare, on September 17 posted for public comment its long-awaited proposal to cap Federal funding for its Medicaid program through a block-grant like funding structure, subject to approval by the same Centers for Medicare and Medicaid Services which has been actively seeking Medicaid block grant proposals.

In the introduction to draft Amendment 42 to its 25-year-old § 1115 Medicaid managed care waiver, the state says “The traditional model of Medicaid financing is an outdated model of fundamentally misaligned incentives…states that spend more money receive additional Federal dollars, while states that strive to control costs and reduce spending receive reductions in Federal funding. New models of Medicaid financing are needed that reward states for promoting value and health, not merely spending more money.”

Tennessee proposes to demonstrate, using the Federal government’s projections for most of the state’s program costs, how the incentives between the state and Federal government can be appropriately realigned so that what it is calling “TennCare2” can invest in and realize better health outcomes for Tennesseans. In any year in which the state underspends its block grant, the state and the Federal government would share equally in the resulting savings, thereby recognizing the state’s efforts to contain costs and improve program quality while providing a meaningful incentive to continue building on those efforts. Any savings achieved under the block grant would be reinvested by the state in the TennCare program with no requirement that the state first spend state dollars before the shared savings.

The proposal would differ from what is traditionally called a block grant by adjusting how much funding the state would get if program enrollment grows. The amount of Federal money Tennessee receives would partly be calculated based on average enrollment during 2016, 2017, and 2018. For any year in which enrollment grows beyond that average, Federal funding would increase on a per-person basis. Such an adjustment would allow the state to continue to be able to provide medical assistance to all TennCare eligibles, regardless of any economic downturn or other factor outside of the state’s control.

The amount of the block grant would be inflated annually to account for year-over-year price inflation, based on Congressional Budget Office projections of growth.

The costs driving the block grant calculation would only be those covering core medical services to TennCare’s traditional (“core”) population. All other expenses (e.g., costs of services provided under the state’s § 1915(c) waivers, costs of targeted case management provided to children in state custody, and administrative costs would be excluded from the block grant and continue to be financed through existing processes and mechanisms. Uncompensated care costs reimbursed to state hospitals and costs for outpatient pharmacy services also would be excluded from the state’s lump-sum payment. All costs excluded from the block grant calculation would continue to be funded through a Federal match (FMAP).

The new structure would apply to the “core population” of children, pregnant women, poor seniors in nursing homes, and individuals with disabilities. Tennessee has never expanded eligibility beyond those groups, as it would have been permitted under the Affordable Care Act. The costs associated with any new population the state opts to cover in the future, even if it would otherwise be considered a core population, would be excluded from the block grant until the state has enough years of experience paying for services for the new population to update the block grant formula in a financially sound manner.

There would be no reduction of benefits when TennCare2 is implemented.

The proposal states that it is designed to allow the state the flexibility to pursue and promote core healthcare reform principles, such as:

- consumer empowerment and choice, giving members more information and control over healthcare options;
- member engagement, to allow members to become better healthcare consumers;
- community-based solutions, to recognize the role that factors beyond healthcare play in promoting and maintaining health;
- prevention and wellness, to better ensure that members receive individualized care that is outcomes-oriented and focused on prevention, wellness, recovery, and maintaining independence;
- competition between healthcare providers to ensure cost-effective purchasing strategies that promote value for taxpayers; and
- pay for performance, to encourage and reward service quality and cost effectiveness by linking reimbursement to quality performance measures.
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Suicide Prevention Resource Center
On-Line Course: Locating and Understanding Data for Suicide Prevention

Course Description: Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? Locating and Understanding Data for Suicide Prevention presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, you will be able to:

- Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide.
- Explain key terms essential to accurately interpreting data and making meaningful comparisons; this includes counts, rates, and trends.
- Identify some commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify some alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
- Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

Course Length: This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

Certificate of Completion: To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80% or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

ENROLL HERE
#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.

Find out why this can save a life at www.BeThe1To.com

If you’re struggling, call the Lifeline at 1-800-273-TALK (8255)
The National Center of Excellence for Eating Disorders (NCEED) was created to serve as the centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED’s Website at https://www.nceedus.org/

NCEED is the nation’s first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.

The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (https://www.nceedus.org/) is designed to be user-friendly and easy to navigate for all users. The center’s web platform is divided into four content areas based on the user’s role. These content areas tailor the user’s experience in searching for up-to-date, evidence-based trainings and resources. NCEED’s online trainings and resources will continue to expand as new courses and

Types of Resources Available

- Videos
- Webinars
- Online courses
- Treatment guidelines
- Fact sheets
- Hands-on tools for healthcare providers
NATIONAL CONFERENCE
ON CORRECTIONAL HEALTH CARE
#ncchcNC19 • www.ncchc.org/national-conference

FORT LAUDERDALE
CONVENTION CENTER

October 12-16
2019
SAVE THE DATE!!!

Join us in New Orleans, LA for our 60th Annual Conference
November 3 - 6, 2019

Creating Value, Measuring Value:
Connecting Care, Collaboration and Outcomes

Renaissance Arts Hotel
700 Tchoupitoulas Street
New Orleans, LA

Website: www.nationaldialoguesbh.org
For more information norwome@msh.ms.state.us
601-351-8062
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners—the National Suicide Prevention Lifeline and Vibrant Emotional Health, the National Action Alliance for Suicide Prevention, the National Council for Behavioral Health, and R.I. International—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit www.CrisisNow.com/talk.

LAST WEEK: Dutch Psychologist Martin Steendam Says, “Foster Hope, Even if It Means Challenging the Rules”

Psychologist Martin Steendam was sitting in his office in Friesland, the Netherlands, when he had to make a difficult decision: should he treat the 16-year-old in crisis sitting in front of him? It sounds like a situation no mental health professional should have to deliberate nor that any person in need should be refused, but, due to complex billing systems, it’s an issue in the Netherlands and worldwide. In this case, Steendam can only bill, and thereby treat, patients 18 years of age and older. Furthermore, an inpatient facility with an adult population is not ideal for a 16-year-old, but, sending her home could have a tragic outcome. Technically, he was supposed to say no.

LEARN MORE

THIS WEEK: Crisis Now Summit: Caring Is the Underpinning for Any Crisis Care System to Be Successful

Mental illness is one part of my tapestry. That’s what Misha Kessler said last week at the second global urgent and emergency mental health care CrisisNow summit and IIMHL conference. He made a crucial distinction: mental illness is not the entirety of who he is, turning on its head the assumption that people are defined by their illness. This word shift humanizes and destigmatizes, reminding people that those who experience mental illness aren’t other. They are one of us, and a mental health crisis can happen to anyone at any time. It’s not a reality meant to scare people but to erase the fictional line drawn between them and us. Those categories do not exist as mental health crisis affects nearly all of us—either because we experience it or because a loved one does, and we, as a society, need to care about what happens to people in crisis. At one point, during the first day of the summit, Dr. Caroline Dollery, Clinical Director for East of England strategic clinical network for mental health, neurology and learning disability, leaned over to me and said, “It really comes down to caring.” Her words stuck with me. Caring alone doesn’t do much without money, but then again that too comes from those in power caring enough to value and fund mental health crisis care. When boiled down, she’s right. Caring—and education that makes people aware enough to care—must be the underpinning for any crisis system to be successful.

LEARN MORE
Check Out the
SMI Adviser’s
Clozapine Center of Excellence

The Clozapine Center of Excellence
After 30 years, clozapine is still the best medication for treatment-resistant patients. Yet, it’s often underutilized because clinicians, patients and families lack access to evidence-based practice around its use.

The Clozapine COE provides FREE resources, education, consultation, tools and more on the use of clozapine.

Visit SMIadviser.org/clozapine

Find answers. Access clinical tips that provide information on prescribing clozapine, managing side effects, coordinating blood testing, and more. Quick links to tips, tools and evidence-based data.

Request a FREE confidential consultation. Ask us about starting clozapine, adjusting clozapine dosage, blood testing requirements, management of side effects, and other issues.

Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.

Visit SMIadviser.org/clozapine and join the conversation.
The American Association of Health & Human Services Attorneys (AAHSHA) Annual Education Conference is a comprehensive learning and networking experience for attorneys who represent the state and local government agencies that administer health and/or human services programs. The conference facilitates the exchange of information between attorneys and promotes pragmatic innovation in the field of H/HS services.

Register HERE
Early Registration Ends October 14

Keynote: Innovation in Medicaid
Dennis Smith
Senior Advisor for Medicaid and Health Care Reform, Arkansas Department of Human Services

Mr. Smith’s experience includes serving as visiting professor at the UAMS College of Public Health, secretary of the Wisconsin Department of Health Services, senior research fellow at the Heritage Foundation, and the director of Medicaid and state operations at the U.S. Centers for Medicare and Medicaid Services.

Mental Health & Developmental Disabilities Virtual Learning Series

The ACL-funded Mental Health & Developmental Disabilities National Training Center is launching a Fall 2019 ECHO virtual learning network. The MHDD ECHO gives participants the opportunity to take an active role in dialogue with subject matter experts and with their fellow participants.

Fall 2019 sessions will be held every other Thursday from September 12 to December 19. Each session includes a brief lecture, de-identified case presentation, and open discussion. Experts include a psychologist, a clinician, an applied behavior analyst, a parent, and self-advocate guests with personal experience. CMEs and NASW CEUs are available at no cost to participants.

The series seeks to increase knowledge about:
• Prevalence of co-occurring mental health issues among people with intellectual and developmental disabilities
• Evidence-based practices for testing, assessment, and treatment
• Strategies for mental health professionals
• The experience of individuals and families

Learn More and REGISTER

NAMD 2019 Conference
Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.
Registration is Now OPEN
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

**Housing Learning Community: Housing as an Intervention and Investment for People in Recovery** will run bi-weekly from August 28 to November 6, 2019, for six sessions (Wednesdays from 12:00-1:00 p.m. CST). This free training series will occur virtually using Zoom videoconferencing. It is intended for providers interested in exploring, establishing, or improving housing for their clients with substance use and/or mental health disorders. Instead of traditional PowerPoint presentations, the series will use an interactive interview format with panelists sharing their multidisciplinary perspectives and inviting the audience to participate in the conversation.

By the end of the series, participants will be able to:

- Understand housing as an intervention (not just an outcome), including underlying philosophies and language.
- Identify the role of substance use disorder and mental illness prevention, treatment, and recovery professionals in providing housing as an intervention and outcome for their clients.
- Develop specialized knowledge of housing to learn where their organization fits in creating housing as an intervention for their clients.
- Describe the financial and social return on investment in housing as an intervention.
- Distinguish between housing investments versus charity to reduce stigma.

This series is a collaboration among the Department of Health and Human Services’ Region 7 Technology Transfer Centers: Mid-America Addiction Technology Transfer Center, Prevention Technology Transfer Center, and Mental Health Technology Transfer Center.

**Learning Community Schedule**

- September 25: Housing with Special Populations, Part 2 (veterans, homelessness, older adults, severe mental illness)
- October 9: Alternative Housing Types
- October 23: Funding Sources and Development
- November 6: How to Get Started

**Please note** that you must individually register for each session to receive the Zoom login information.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.
The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is pleased to announce the launch of their website! The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at https://mhddcenter.org/ for more information on their upcoming trainings and efforts or contact them directly at info@mhddcenter.org.

We want to hear from you!

We are looking for individuals with lived experience related to mental health conditions and developmental disabilities to share their stories!

Your story is important, valued, and respected. We’d love to highlight your experience in video, podcast, or written format to bring about positive change.

If you are interested in being a part of this effort or have additional questions please contact Danielle Augustin deau222@uky.edu (859) 257-6086.
The Mental Health & Developmental Disabilities National Training Center (mhddcenter.org) is conducting a needs assessment about services in the United States for people with intellectual and developmental disabilities (IDDs) who have mental health concerns. We need responses from each state and territory of the United States.

Please help us to reach appropriate adults (over age 18 and able to give consent). We are looking for two kinds of responders:

- **Key informants** have an overall view of mental health service systems in a state. Examples are state program administrators, DD Council members, mental health clinicians, as well as other well-informed leaders and advocates in the field. It will take about 15-20 minutes to answer key informant questions.

- **Experienced individuals** know what it is like for someone with an IDD to find and use services for mental health concerns. This can be personal experience or observed experience. It will take about 15 minutes to answer experienced individual questions.

**Background Information**

The Mental Health & Developmental Disabilities National Training Center (MHDD NTC) wants to increase access to training and information resources that will help improve services for people with intellectual and developmental disabilities (IDDs) and mental health concerns.

This needs assessment survey asks about existing services in your state. The primary purpose is to identify what areas can be improved with training and information resources. Results will be posted on a MHDD NTC website and may be published in a journal.

Your participation in this survey is voluntary. You may stop any time. You do not have to answer any question you don't want to answer. Nothing bad will happen to you if you choose not to answer questions or if you decide not to participate.

Your participation in this survey is confidential. Survey data will not be connected to you as a person. You will not be identified in anything that is written about survey results. Your answers will be combined with other answers from your state and from the nation.

There are no known risks or benefits for you to participate in this survey. You will be contributing to efforts to help improve mental health services for people with IDD.

If you have any questions about this survey, you are welcome to send an email to Karen Ward (karenw@alaskachd.org) or Roxy Lamar (roxy@alaskachd.org). Or call toll-free and ask for one of us (1-800-243-2199). If you have any questions or concerns about your rights as a participant in this needs assessment, please contact the University of Alaska Anchorage Office of Research Integrity and Compliance (1-907-786-1099 or uaa_oric@alaska.edu).

Survey Link: [http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53gBB1k8Bvv](http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53gBB1k8Bvv)

The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is funded by the Administration for Community Living through funding opportunity number HHS-2018-ACL-AOD-DDTI-0305.
Mental Health & Developmental Disabilities National Training Center

Free Webinar
Positive Identity Development: Identifying the Person, Not the Behavior

Presenter
Dr. Karyn Harvey
MA Clinical Psychology,
Ph.D Applied Developmental Psychology

Positive Identity Development is an exciting new approach to working with individuals with intellectual and developmental disabilities. This strengths-based strategy rejects reducing adults with disabilities to a compilation of their behaviors and instead nurtures each individual’s sense of identity. This webinar will outline the tools and constructs of Positive Identity Development, allowing psychologists, social workers, and therapists to enhance the effectiveness of the treatment they currently provide for this population.

Registration:

Free Continuing Education Credits:
Association of Social Work Boards (ASWB)
KY Board of Social Work*
KY Psychology Board of Examiners*
KY Board of Nursing*
*Please check your state chapter for continuing education reciprocity

Thursday, Sept. 26, 2019
2pm ET


mhddcenter.org
Request for Information: Monitoring Status Changes in Cognitive Health Among Homebound Older Adults

The Administration for Community Living (ACL) is seeking input from stakeholders including academic and research universities, area agencies on aging (AAAs), State Units on Aging (SUAs), Aging and Disability Resource Centers, Centers on Independent Living, and non-profit organizations on assessing changes in cognitive health among homebound older adults.

Cognitive health – which falls under the broad, umbrella term of brain health – refers to a person’s capacity to “remember, learn, plan, concentrate, and maintain a clear, active mind”. Homebound older adults – when compared to non-homebound older adults – exhibit greater declines and may experience declines in cognitive health that can affect their quality of life and functional independence.

We are seeking input and responses to the following list of questions:

What are the characteristics of older adults for whom you conduct cognitive screening tests?

What screening test and/or (psychometric) instruments (e.g. tests of recall, attention, processing speed, etc.) does your organization use to measure cognitive health?

What is the length and format (e.g. in-person, paper-and-pencil, telephone, web-based, tablet, smartphone, etc.) used to administer these screening tests and/or instruments to the population of older adults you test?

What is the frequency with which your organization administers these tests and/or instruments and the duration over which cognitive health is monitored?

What is your estimate of the general cost per person for administering the test or instrument?

What happens when changes are detected in a person’s cognitive health and how is this information used?; and

What are the intended health outcomes (e.g., screening for a research study, early identification and detection, improvement through exposure to new interventions, reductions in re-hospitalization, etc.) sought from monitoring cognitive health over a period of time?

Purpose:

The purpose of this Request for Information (RFI) is to gain feedback and input on existing efforts to monitor status changes to cognitive health in the homebound older adult population from individuals or groups including – but not limited to – those in the academic and research communities, Area Agencies on Aging (AAAs), State Units on Aging (SUAs), Aging and Disability Resource Centers, Centers for Independent Living, and nonprofit organizations among others.

This RFI is for information and planning purposes only and should not be construed as a solicitation or as an obligation on the part of the federal government or the Administration for Community Living. ACL does not intend to make any awards based on response to this RFI or to otherwise pay for the preparation of any information submitted to or for the government’s use of such information.

Background:

According to cross-sectional data collected in 2011 by the National Health and Aging Trends Study, approximately 2 million (5.59 percent) of the older adult Medicare population were completely or mostly homebound. A number of studies comparing the health profiles of homebound older adults – as compared to non-homebound older adults – consistently report that homebound older adults tend to be older in age, have multiple chronic conditions, and more frequently use healthcare services including emergency department visits.

Underscoring the potential importance of tracking cognitive health among the homebound older adult population is recent evidence finding that self-reported memory difficulties are a strong predictor of the homebound status of older adults and evidence that screening tools and measures may prove useful in identifying those who may be experiencing cognitive decline or dementia despite not having a diagnosis.

What We Hope to Learn From this Invitation:

ACL is issuing this RFI to obtain input on existing efforts to monitor status changes in cognition in the homebound older adult population. This information will help ACL better understand what services, supports, and innovations are needed to inform interventions and/or policies to address declines in cognitive health that occur over time in the homebound older adult population.

Comments:

Comments should be submitted electronically to Dr. Vijeth Iyengar (vijeth.iyengar@acl.hhs.gov) with “RFI-Cognitive Health Status Changes Homebound Older Adults” in the subject line.

It would be helpful to this RFI and ACL if you could structure your response in the following way:

- Name of respondent
- Preferred contact email
- Organizational affiliation(s)
- Response to questions in the order they appear in the summary section of this RFI

Comment Due Date: To be assured consideration, comments must be received by 5:00 p.m. EST on September 20, 2019.

For Further Information, Contact: Dr. Vijeth Iyengar (vijeth.iyengar@acl.hhs.gov) with “RFI-Cognitive Health Status Changes Homebound Older Adults” in the subject line.
Second Annual National Conference on Deflection and Pre-Arrest Diversion
November 10-13, Ponte Vedra, Florida

The Police, Treatment, and Community Collaborative (PTACC) is hosting its second annual training conference, Seeding Pre-arrest Deflection/Interventions across the United States, at the Sawgrass Marriott in Ponte Vedra, Florida.

PTACC encourages individuals, organizations, and community leaders to learn about, develop, and enhance pre-arrest diversion initiatives that best address the needs of their communities and citizens. Given the deadly nature of the opioid crisis, there has never been a more essential time to work together to ensure access to treatment for individuals affected by opioid use disorders, as well as other substance use disorders or mental illness. Pre-arrest diversion interventions may offer a potential referral source to treatment unmatched by any other effort, justice related or otherwise.

The goal for the conference is to guide individuals and teams as they plan, develop, and expand pre-arrest diversion programs to implement in their communities and jurisdictions. Attendees will also benefit from the opportunity to meet and share knowledge with peers from across the country in a variety of fields.

For More Information or to Register, Click HERE.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776

Suicide Stratification Risk Model and the Role of Pharmacists in Suicide Education and Prevention
September 25, 2019 | 12:00 p.m. to 1:00 p.m. E.T.
On-Line via PsychU.org

This webinar will discuss the current state of suicide prevention programs and the limitations of traditional suicide risk assessment protocols. Evidenced-based strategies to address suicide risk with patients will be reviewed, along with interventions on how pharmacists can be involved in suicide risk reduction efforts.

Christopher Reist, M.D.
Chief of Research at the VA Long Beach Healthcare System
Dr. Reist is Chief of Research at the VA Long Beach Healthcare System, Associate Director of the MIRECC, and Associate Professor and Vice Chair of Psychiatry and Human Behavior at the University of California, Irvine.

Megan Ehret, PharmD, BCCP
Associate Professor, School of Pharmacy, University of Maryland
Dr. Ehret is currently an Associate Professor at the School of Pharmacy, University of Maryland, where she provides clinical services to outpatient psychiatric clinics at Spring Grove Hospital, as well as develops research agendas to disseminate knowledge in psychiatric pharmacy.

Register HERE
Registration is Now Open

NADD, an association for persons with developmental disabilities and mental health needs, invites you to participate in the 36th Annual Conference & Exhibit Show. This year's theme is "Parading through Life: Celebrating Resilience, Joy and Wellness... letting the good times roll in New Orleans." Please join us October 23-25 at the Astor Crowne Plaza Hotel in New Orleans, Louisiana.

Download the attendee registration brochure to review the schedule and to learn how you can earn continuing education credit by attending sessions!

This program will provide information regarding various topics in the field of Dual Diagnosis (IDD/MI). At the end of the conference, participants will be able to:

- Describe Key Components of Diagnosis and Assessment
- Identify Strategies to Address Trauma Experienced Both by People with IDD and Caregivers
- Cite Examples of Service Approaches that Foster Resilience
- Describe Various Program Models used in Supporting People with IDD/MI
- Identify Approaches to Systemic Collaboration
- Reflect on Lessons Taught by Direct Support Professionals
- Cite Several Therapeutic Approaches used with People with IDD/MI
- Articulate Systemic Barriers and Challenges Faced by Families
- Reflect on The Barriers and Risks Faced by Persons with IDD in Cultivating Healthy Sexual Relationship
- Reflect on Lessons Taught by Family Members
- Articulate Strategies to Address the Cultural and Linguistics Aspects of Individuals in Treatment Planning
- Cite Examples of Various Approaches to Positive Behavior Support

Keynote Speakers Announced

**Chris Stevenson, M.B.A.**

*You Are What You Think: Becoming More Resilient in the Workplace through Culture Development*

Success in an organization is often determined by the collective attitude within an organization, otherwise known as culture. This high-octane, engaging and interactive presentation will teach you the importance of shaping organizational culture to create a kinder, gentler and more impassioned workforce.

**Karen Harvey, Ph.D.**

*The Path to Healing*

The presence of psychological trauma in the lives of people with intellectual differences is indisputable. This talk will highlight the sources of trauma, the effects of that trauma and the key ingredients critical to healing from that trauma. The development of positive identity and its critical role in the healing process will also be discussed.


Continuing Education credit has been approved by APA (Psychology), PSNA (Nursing), CEU (IACET), and NBCC (National Counselors). ASWB (National Social Work) has been applied for.

Register HERE

Book Your Overnight Accommodations

Overnight accommodations are available at the Astor Crowne Plaza Hotel New Orleans (739 Canal Street, New Orleans, Louisiana 70131) at a discounted group rate of $209/night plus tax. Reservations must be made by Monday, September 30 to be guaranteed the group rate. CLICK HERE TO MAKE A RESERVATION

To learn more about NADD and the Annual Conference, visit

AHRQ National Web Conference on the Role of Health IT to Improve Care Transitions
Thursday, September 26, 2:00 p.m. to 3:30 p.m. E.T.

AHRQ is hosting this Webinar to discuss how health IT can improve care transitions for patients with complex conditions. Specifically, presenters will discuss their work on smartphone-based applications to improve care coordination, an interactive patient-centered discharge toolkit to promote self-management, and the role of clinical decision support in improving care transitions for patients with multiple chronic diseases.

CE/CME accreditation of this activity is pending.

Confirmed Speakers

David T. Liss, PhD
Research Assistant Professor
Division of General Internal Medicine and Geriatrics
Northwestern University

Anuj K. Dalal, MD
Associate Professor of Medicine
Brigham and Women’s Hospital
University

Sharon Hewner, Ph.D., R.N., FAAN
Associate Professor and Department Chair, Family, Community & Health Systems
SUNY at Buffalo University

Moderator

Commander Derrick L. Wyatt
USPHS Commissioned Corps, Division of Health IT Research Grants Manager
Center for Evidence and Practice Improvement at AHRQ

Register HERE

Crowne Plaza Hotel
Kansas City Downtown
1301 Wyandotte Street
Code: NASHIA
816-460-6624

For more information on sessions, rates and other details check out the Conference Brochure

Register Now!

NASHIA
National Association of State Head Injury Administrators
• Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!
• Gain Insight into Executive-Level Priorities for Advancing Integration, Improving Parity, and Increasing Access to Care
• Examine the Role of Health Care in Addressing Mass Violence in America: Prevention, Trauma, and Suicide Risk
• NCQA UPDATE: Behavioral Health HEDIS Quality Measures
• Improve Network Adequacy in Managed Care and Long Term Care to Ensure Access to Behavioral Health Services
• Outline How to Manage Mental Illness and SUD in the Era of the Opioid Epidemic
• Learn How Loopholes in Quality and Regulatory Guidelines Open the Door for Unethical Substance Use Disorder Providers
• Address the Social Determinants of Health with Blended Funding and Payment Methodologies

Lobbyist Perspective: Evaluate the Political Landscape Surrounding Behavioral Health and Health Care Reform

The Honorable Charlie Dent
Senior Policy Advisor
DLA Piper LLP (US)

Al Guida, JD
Principal
Guide Consulting Services (GCS)

Laurel Stine, MA, JD
Director, Congressional Affairs
American Psychological Association

The beginning of November marks one year before the 2020 election, and one year since the Democrats took the House. Where do we see behavioral health headed? What is the outlook for health care in general for the next year? Hear an animated and provocative discussion on the buzz from the Hill and on the campaign trail, and what may happen in health care in the coming months.

Register with promo code AGENDA and save $200 off of current rates!
Team Discount: Buy 3 conference passes and receive 1 additional conference pass on us!

The Payers’ Behavioral Health Management and Policy Summit is organized in partnership with ABHW (Association for Behavioral Health and Wellness)
The Crisis Residential Association is Hosting its Second Annual Crisis Residential Conference in Grand Rapids, Michigan

CrisisResCon19 will be a gathering of behavioral health providers, professionals, stakeholders and people with lived experience from across the country aimed at identifying best practices in the crisis residential model of care and promoting advocacy for these services nation-wide. CrisisResCon19 is hosted by the Crisis Residential Association (CRA). The CRA provides education, training, networking, and advocacy to support organizations serving individuals experiencing a behavioral health crisis. Crisis Residential programs play a unique role in the nation’s healthcare system by providing a homelike and therapeutic alternative to hospitalization. Providing recovery services that are strengths-focused, client-centered and community-based, these services play a critical role in the crisis services continuum.

Conference Details

Pre-Conference A) The Effective Management Pre-Conference event provides managers with relevant guidelines and meaningful tools for workplace success. In this course, participants will understand the nuances of management vs. leadership, identify helpful ways to support their staff through structured supervision, learn how to exercise effective time management, and effectively respond to the demands of a competitive work environment. Key aspects of this training are relevant to all levels and types of management, including new managers, practice managers, executives, and experienced professionals. This is a 7 hour training that offers 7 CEUs for social workers. This training is being presented by TBD Solutions. Cost: $200

Pre-Conference B) Assessing and Managing Suicide Risk (AMSR) focuses on developing tangible skills for assessing for suicide risk, intervening clinically when someone is at risk, and documenting the assessment and interventions performed. This is a 6.5 hour training that offers 6.5 CEUs for social workers, counselors, psychologists, RNs and physicians. This training is being presented by Hope Network. Cost: $200

October 3, 2019 - Crisis Unit Tour: By adding the Crisis Unit Tour ticket to your registration, you will have the opportunity to participate in a tour of a local Crisis Residential Unit, Pivot Crisis. The cost of the ticket includes transportation to the unit, the site tour, and refreshments. Cost: $200

October 3 & 4 - Conference Event. Cost: Early Bird Registration (Until August 1) $500, Student and Peer Registration $376

If you are a member of the Crisis Residential Network, you receive a $100 discount on your general admission to the 2019 Crisis Residential Conference. If you are interested in becoming a member and receiving a conference discount, Join HERE.

Register HERE

To present at the 2019 Crisis Residential Conference, Click HERE!

Hotel arrangements have been made at the Amway Grand Plaza for conference attendees at a discounted rate! Book Your Hotel Room Here
NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the new NCAPPS website for more information.

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

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<th>Topic</th>
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<tr>
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<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
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<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part One of Two)</td>
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<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part Two of Two)</td>
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<td>April 2020</td>
<td>Inclusion and Belonging and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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UPCOMING WEBINARS

Target Audiences: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

Peer Support Engagement Skills on Mobile Crisis Teams
Friday, September 20, 12:00 p.m. to 1:00 p.m. E.T.

Many states utilize mobile crisis teams (MCTs), but the inclusion of peer support on teams is a relatively new addition. A MCT is committed to decreasing unnecessary incarceration as a result of a mental health crisis, decreasing unnecessary hospitalizations, providing safe, compassionate and effective responses to individuals experiencing a mental health crisis, increasing their participation with mental health providers by problem solving barriers, increasing knowledge of local resources, and increasing public safety. It is frequently difficult to engage individuals living with serious psychiatric conditions in treatment and perhaps even more so during a brief encounter with a MCT. Peer support specialists have proven to be highly effective in providing a sense of safety, respect, and personal agency for people experiencing a crisis in the community. This webinar will review MCT peer support engagement techniques and their outcomes that can result in lowered rates of hospitalization and/or incarceration.

REGISTER NOW

Zero Suicide: Taking a Systems Approach to Suicide Prevention in Health Care
Thursday, September 26, 3:00 p.m. to 4:00 p.m. E.T.

The Zero Suicide framework is an evidence-informed comprehensive set of practices and tools that aims to improve care and outcomes for all patients at risk of suicide within health and behavioral health care delivery systems. This webinar will provide an overview of the Zero Suicide framework and describe its core elements. This includes the key clinical, organizational, and continuous quality improvement components that comprise the Zero Suicide framework. Clinical components that are particularly relevant for individuals with serious mental illness (SMI), such as special considerations for suicide risk identification and engagement in suicide prevention interventions will be discussed.

REGISTER NOW

Neuromodulation Treatment for Treatment-Resistant Psychiatric Disorders:
Transcranial Magnetic Stimulation (TMS)
Thursday, October 10, 3:00 p.m. to 4:00 p.m. E.T.

While medications and psychotherapy are pillars of psychiatric care, they are being joined by modern neuromodulation therapies. These treatments use electrical, magnetic, or other kinds of energy to stimulate brain tissue. An important 21st century neuromodulation technique is transcranial magnetic stimulation (TMS). TMS uses strong, focal magnetic pulses to stimulate specific brain networks, to induce neuroplastic changes that lead to symptom relief, relying on the neuroscience principle that “neurons that fire together, wire together.” As a targeted brain treatment, it does not have the systemic side effects of medication, and most patients’ response is durable. The FDA has permitted its use for over a decade, yet it remains relatively underutilized. This webinar will review the mechanism of action of TMS, principles of administration, the evidence of efficacy and safety, how to select patients for TMS, and areas where research may soon lead to new and expanded clinical uses.

REGISTER NOW

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Funded by SAMHSA
Administered by AMERICAN PSYCHIATRIC ASSOCIATION

Grant Statement
Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818 01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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The goal of this year's conference is to educate, and promote the acceptance and integration of Medication Assisted Treatment (MAT) options by all stakeholders and systems affected by the opioid crisis. The AATOD Workshop Committee has assembled an outstanding curriculum that not only reflects this theme, but should be fresh, dynamic, diverse and appealing to a broad range of disciplines. The Conference will include workshops on the most cutting edge topics facilitated by experts in the field. These include the integration of MAT and the criminal justice system, pain management in MAT, technology assisted treatment, expanding MAT in rural areas, and innovative approaches to increase access and retention. There will be more workshops on specific counseling approaches and a selection on better known but still timely topics such as peer recovery supports, stigma, and cannabis use in MAT. For those newer to the field or those who want a refresher on the basics, we have once again included a "Foundations" track which will include selections on MAT 101, pharmacology, co-occurring disorders, core counseling skills, and much more.

We are also pleased to once again include the popular Hot Topics Roundtable Discussions. There will be five topics facilitated by experts, which will include a comparison of the three approved medications used in MAT, the use of technology to improve care, the effect of legal cannabis on treatment, insurance parity, and stigma. There will also be Posters on display during the conference along with scheduled Poster Author Sessions to facilitate discussions on cutting edge research being conducted across the world.

CLICK HERE to View the Listing and Descriptions of the Conference Sessions
The 2019 ISM Conference Planning Committee is hard at work developing an exciting agenda with topics relevant to health and human services and supporting technologies. A conference agenda will be available soon.

At the conference you will be able to...

- Connect with health and human services thought leaders;
- Participate in interactive learning sessions which will showcase solutions;
- Hear from peers about their work on lessons learned and best practices;
- Experience new technology and operation solutions; and
- Meet one-on-one with federal partners.

Watch the conference website for opportunities to nominate award-winning projects, a rising leader for the Emerging Leaders Program, become a sponsor of a conference experience or to find agenda details.

Start Planning Your Visit to the Milwaukee Area Now LEARN MORE HERE

Phoenix, AZ · Nov 14-16 · 2019

Federation of Families for Children's Mental Health
30th Annual Conference

HYATT REGENCY PHOENIX
122 N 2nd Street, Phoenix, AZ 85004

1 in 5 children in America experience social, emotional, and behavioral challenges. Children who experience untreated behavioral health disorders typically become adults who continue to struggle with symptoms, who become parents who may perpetuate the cycle. The impact of the recurring cycle is felt throughout the society.

For 30 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 who contribute to our cause.

Our 30th 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!

REGISTER HERE EXHIBITOR OPPORTUNITIES HERE SPONSOR HERE
Deadline Extended: Proposals Due October 13

With 10 focus areas and 5 ways to present your program or strategies, the 2020 Training Institutes offers opportunity to share your expertise.

Submit a proposal for the 2020 Training Institutes — What Could Be: Bolder Systems & Brighter Futures for Children, Youth, Young Adults & their Families. This theme challenges us to build on existing delivery systems for children’s services with new ideas and approaches.

Will you be a part of this challenge?
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications (link is external), Youth MOVE National (link is external), and the Federation of Families for Children’s Mental Health (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you’d like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

Getting Started
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment

Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS—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 now up on the NASMHPD website. 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 one-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.

Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.

**Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**

**Weaving a Community Safety Net to Prevent Older Adult Suicide**

**Making the Case for a Comprehensive Children’s Crisis Continuum of Care**

**Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**

**Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**

**Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**

**A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**

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

**Speaking Different Languages: Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

These new TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

**Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis** (NASMHPD/NRI)

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

**Training Guides**

Training Videos: Navigating Cultural Dilemmas About –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Best Practices in Continuing Care after Early Intervention for Psychosis** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**
1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

**Addressing the Recognition and Treatment of Trauma in First Episode Programs** (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

**Trauma, PTSD and First Episode Psychosis**
Addressing Trauma and PTSD in First Episode Psychosis Programs

**Supporting Students Experiencing Early Psychosis in Schools** (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

**Engaging with Schools to Support Your Child with Psychosis**
Supporting Students Experiencing Early Psychosis in Middle School and High School

**Addressing Family Involvement in CSC Services** (Laurie Flynn and David Shern, Ph.D.)

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**
Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

**Early Serious Mental Illness: Guide for Faith Communities** (Mihran Kazandjian, M.A.)

**Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model** (Susan Essock, Ph.D. and Donald Addington, M.D.)

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
Child Curriculum Passes a Milestone!

The SAMHSA SOAR TA Center is proud to announce that since its release in October 2018, 100 trainees have successfully completed the SOAR Online Course: Child Curriculum!

Does your agency assist children or youth with serious mental illnesses and/or physical disabilities who are experiencing or at risk of homelessness? We encourage you to enroll in the course to learn how to use the SOAR model to assist with Supplemental Security Income (SSI) applications.

Learn more by watching THIS VIDEO.

2020 Public Health Law Conference

The Network for Public Health Law (Network) is proud to announce the Bloomberg American Health Initiative at Johns Hopkins Bloomberg School of Public Health as a Partner Sponsor of the 2020 National Public Health Law Conference, taking place September 16 - 18 in Baltimore, Maryland.

The 2020 Public Health Law Conference will examine law and policy pathways to:

- Improving child and adolescent health
- Addressing environmental and climate challenges
- Eliminating the social and structural barriers to health equity
- Addressing critical issues like the ACA, opioids, mental health, gun violence and vaccinations
- Strengthening the legal capacity of public health departments

Read the full announcement and visit phlc2020.org for more information about the conference.

The National Public Health Law Conference convenes every two years, with generous support from the Robert Wood Johnson Foundation.
### NASMHPD Board of Directors

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<tr>
<td>President</td>
<td>Valerie Mielke, M.S.W. (NJ)</td>
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<td>Southern Regional</td>
<td>VACANT</td>
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<td>Northeastern Regional</td>
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<tr>
<td>At-Large Member</td>
<td>Tiffany Wolfgang, (SD)</td>
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<tr>
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<td>Brian M. Hepburn, M.D.</td>
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<tr>
<td>Chief Financial Officer</td>
<td>Jay Meek, C.P.A., M.B.A.</td>
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<td>Network Manager</td>
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<tr>
<td>Director, Human Resources &amp; Administration</td>
<td>Kathy Parker, M.A.</td>
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<tr>
<td>Senior Public Health Advisor</td>
<td>Raul Almazar, R.N., M.A.</td>
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<td>Network Manager</td>
<td>Shina Animasahun</td>
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<tr>
<td>Technical Assistance Research Associate</td>
<td>Genna Bloomer, M.P.H.</td>
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<tr>
<td>Senior Accounting Specialist</td>
<td>Cheryl Gibson</td>
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<tr>
<td>Director, Center for Innovation in Behavioral Health Policy and Practice</td>
<td>Joan Gillece, Ph.D.</td>
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<td>Trauma Informed Care Peer Specialist/ Coordinator of Consumer Affairs (PT)</td>
<td>Leah Harris</td>
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<td>Senior Training and Technical Assistance Adviser</td>
<td>Leah Holmes-Bonilla, M.A.</td>
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<td>Director of Policy and Communications</td>
<td>Stuart Yael Gordon, J.D.</td>
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<td>Senior Policy Associate</td>
<td>Christy Malik, M.S.W.</td>
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<td>Senior Project Associate</td>
<td>Kelle Masten</td>
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<tr>
<td>Program Manager, Center for Innovation in Behavioral Health Policy and Practice</td>
<td>Jeremy McShan</td>
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<td>Project Director</td>
<td>David Miller, MPAff</td>
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<tr>
<td>Program Specialist</td>
<td>Yarya Onufrey</td>
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<td>Senior Medical Advisor (PT)</td>
<td>Brian R. Sims, M.D.</td>
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<td>Contract Manager</td>
<td>Greg Schmidt</td>
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<td>Senior Public Health Advisor (PT)</td>
<td>David Shern, Ph.D.</td>
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<td>Senior Training and Technical Assistance Advisor</td>
<td>Timothy Tunner, M.S.W., Ph.D.</td>
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<td>Senior Policy Associate</td>
<td>Aaron J. Walker, M.P.A.</td>
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### NASMHPD Links of Interest

- **IMPLEMENTING TOBACCO CESSATION TREATMENT FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS: A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS**, Substance Abuse and Mental Health Services Administration (SAMHSA), September 2019
- **WIDER USE OF ASSISTED OUTPATIENT TREATMENT COULD HELP INDIVIDUALS WITH MENTAL ILLNESS**, D.J. Jaffe, *STAT*, September 13
- **HISTORIANS PUSH TO CREATE PUBLIC ARCHIVE OF DOCUMENTS FROM MASSIVE OPIOID LITIGATION**, Andrew Joseph, *STAT*, September 12
- **QUICKSTATS: AGE-ADJUSTED RATES OF SUICIDE, BY STATE—NATIONAL VITAL STATISTICS SYSTEM, UNITED STATES, 2017**, Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, September 13
- **UPDATED HEALTH CARE SPENDING BY DISEASE DATA: BLENDED ACCOUNT: 2000 TO 2016 & MORE DETAILED BLENDED DATA**, Bureau of Economic Analysis, September 16
- **HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2018**, Edward R. Berchick, Jessica C. Barnett & Rachel D. Upton, United States Census Bureau, September 10
- **UNINSURED RATE FOR CHILDREN UP TO 5.5 PERCENT FOR CHILDREN IN 2018**, Edward R. Berchick & Laryssa Mykyta, United States Census Bureau, September 10
- **ANTIPSYCHOTICS FOR THE PREVENTION AND TREATMENT OF DELIRIUM**, Agency for Healthcare Research and Quality, September 3
- **RELINQUISHING CUSTODY FOR MENTAL HEALTH SERVICES: PROGRESS AND CHALLENGES**, Beth Stoul, Institute for Innovation and Implementation, University of Maryland School of Social Work, September 2019