ACA Repeal is Gone for Now, But Not Forgotten by Republicans in Congress

The decision by Senate Republicans September 26 not to take repeal of the Affordable Care Act (ACA) to the Senate floor before the September 30 deadline for enactment by budget reconciliation left Republicans considering various ways to address the issue again.

The sponsors of the legislation, Senators Bill Cassidy (R-LA) and Lindsey Graham (R-SC) said they would try to get budget instructions added to the Senate version of the Fiscal Year 2018 Budget bill in order to move the legislation through under the budget reconciliation process during Fiscal Year 2018. However, Senate Republican leaders, and the leader of the House Freedom Caucus, Mark Meadows (R-) were expressing concerns that adding ACA-related reconciliation instructions to the budget could complicate and endanger enactment of the Federal tax reform.

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Senators Cassidy and Graham, both members of the Budget Committee, could together block passage of a Senate Budget measure if their language is not included, but that is considered unlikely. In the alternative, Congressional negotiators could include the repeal of ACA taxes in the tax reform bill itself, thereby defunding the program, but that would mean that tax reform, like ACA repeal, would have to pass without Democratic support. With only a four-vote majority, Republicans would have to again resort to the budget reconciliation process to achieve passage of tax reform.

One additional approach being considered is to include ACA repeal in the FY 2019 Budget, which is due to be considered before the 2018 elections.

Whatever path is chosen, Senator Cassidy promised just after his bill was withdrawn that he would crisscross the country over the coming months to attempt to sell his block grant approach to constituents. Senator Graham said the eventual passage of the legislation was only a matter of time. He and other Senators predicted passage at the beginning of 2018, after work on tax reform is completed.

Meanwhile, Senator Lamar Alexander (R-TN), Senate Health Education Labor and Pensions (HELP) committee chair, announced after the Graham-Cassidy legislation was pulled that he and Senator Patty Murray, the HELP Committee’s ranking member, would resume their bipartisan efforts to develop and champion legislation to stabilize the individual insurance marketplace over the next two years.

The HELP Committee held four hearings with state insurance commissioners, governors, and stakeholders in July to receive recommendations for achieving stabilization, and the witnesses unanimously urged the enactment of formal authorization to continue for at least two years the cost-sharing reduction payments to insurers ruled unconstitutional by a Federal court in 2015. Witnesses also suggested authorizing states to use § 1332 waivers to establish reinsurance funds, with most urging Federal funding. Witnesses also asked that the process for obtaining § 1332 waiver approval be simplified, eliminating a six-month waiting period and a requirement that state legislatures approve submissions, and allowing states to simply duplicate previously approved waiver applications of other states.

Senate Minority Leader Chuck Schumer said on the Senate floor September 28 that Senators Alexander and Murray

(Continued on page 13)
NIMH Posts Research Agenda for Suicide Prevention and a Study of an Emergency Department Suicide Intervention Follow-Up Tool

In support of National Suicide Prevention Month, the National Institute of Mental Health (NIMH) has posted two new resources:

In the first resource, the NIMH Director Message Board—Joshua Gordon, M.D., Ph.D., outlines next steps in suicide prevention research, including NIMH’s collaboration with the National Action Alliance for Suicide Prevention (Action Alliance) in developing a research agenda for suicide prevention. In collaborating with the Action Alliance and the American Foundation for Suicide Prevention, NIMH aims to reduce the national suicide rate by 20 percent in 10 years.

Dr. Gordon gives examples of past collaborators—Army and the Veterans Health Administration—that have led to the development of screening tools and risk prediction algorithms. NIMH intramural and extramural research efforts are testing the benefits of risk detection and pragmatic interventions, such as screening for suicidality in emergency rooms and implementing follow-up phone calls reduced subsequent suicide attempts in the next year.

He further identifies two action items in NIMH’s research agenda:

1. Incorporate practices that are already effective and implement into large scale settings. Examples include working with SAMHSA in incorporating Zero Suicide efforts within a network of health care providers.

2. Focus on gaps in knowledge that have the potential to have a major impact in the field of suicide prevention. Dr. Gordon notes the major gap is the understanding of the time sequence in a person’s suicide risk.

Together, these two approaches will further expand suicide prevention research in hopes of reversing the nation’s suicide rate, through research on the timing of individuals’ suicidal risk, and interventions best suited for a targeted risk group.

The second resource, a new NIMH study, published online September 15, demonstrates that a low-cost emergency department intervention tool—mailing follow-up postcards—was found to be effective in preventing future suicide attempts or deaths among patients identified as at-risk of suicide during an emergency room (ER) visit. Lead author, Michael Schoenbaum, Ph.D., Senior Advisor for Mental Health Services, Epidemiology, and Economics in NIMH’s Division of Services and Intervention Research, studied three interventions applied to ER patients identified at suicidal risk:

1. Postcards: hospital staff mailed follow-up postcards monthly for four months, and bi-monthly for eight months.

2. Telephone outreach: hospital staff called patients one to three months after discharge to follow-up on treatment and offer support.

3. Cognitive behavioral therapy: hospital staff referred patients to a suicide-focused cognitive behavioral therapy program.

Mississippi and Washington Receive 2017 Lifeline State Capacity Initiative Grants

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline (the Lifeline) have awarded the 2017 State Capacity Initiative grants to the Mississippi Department of Mental Health and the Washington Department of Health.

The purpose of the initiative is to expand access to care and enhance the capacity of Lifeline-affiliated crisis centers to increase in-state answer rates for suicide crisis calls. As overall call volume to the Lifeline is at record levels across the U.S., the ability for individuals in crisis to receive timely and effective mental health support services is essential. Capacity building within local and state-affiliated crisis centers who are part of the Lifeline Network is a key strategy for building a nation-wide mental health safety net.

Under this one-time initiative, Washington Department of Health will receive $255,610, and Mississippi Department of Mental Health will receive $144,940, with the goal of increasing in-state answer rates for Lifeline calls to over 90% by September 30, 2018. Between crisis centers affiliated with both the Mississippi and Washington grants, Lifeline anticipates in-state answer rates will increase from 42% to 90% or higher, and an estimated 35,370 calls will be responded to from October 2017 through September 2018.

To learn more about the Lifeline network, visit: www.suicidepreventionlifeline.org/our-network.
NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

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

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

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

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

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

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

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

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

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

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

The Summer 2017 Edition of the Alabama Department of Mental Health’s Office of Deaf Services’ Signs of Mental Health is Here!

You can download it by clicking on the image to the right or from http://mhit.org/assets/Summer2017.pdf.

In This Issue (Vol. 14, No. 3):

- Alabama Governor Ivey Appoints New Commissioner
- Editor’s Notes
- Two New Staffers Join ODS Team
- MHIT Celebrates 15th Institute
- MHIT at a Glance
- Help Wanted
- As I See IT
- Things People Ask Us
- An Intern’s Reflections
- Current Qualified Mental Health Interpreters
- ODS Directory

Register HERE

FREE WEBINAR ON
COPING WITH STRESS AND DEPRESSION

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

Join us to learn
- ways to fit mindfulness into your busy schedule
- how to recognize signs of stress and depression
- what resources are available for you
**Hurricane Response Resources from the Center for the Study of Traumatic Stress**

The Center for the Study of Traumatic Stress has developed a comprehensive information page with resources on a variety of topics applicable to the challenges of dealing with the aftermath of the recent hurricane disasters. A number of relevant fact sheets have also been developed by the Center:

Disaster behavioral health information related to both Hurricanes Harvey and Irma: https://www.cstsonline.org/resources/resource-master-list/harvey-irma-hurricanes-aug-sept-2017


Helping students: https://www.cstsonline.org/resources/resource-master-list/helping-students-after-a-disaster


Leadership in disasters: https://www.cstsonline.org/resources/resource-master-list/leadership-in-the-wake-of-disaster


Workplace/organizations: https://www.cstsonline.org/resources/resource-master-list/managing-a-workplace-or-organization-after-crisis

Schools: https://www.cstsonline.org/resources/resource-master-list/teachers-helping-students-listening-and-talking


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**National Suicide Prevention Lifeline Provides Disaster Distress Crisis Support**

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

The Disaster Distress Helpline (DDH) is the nation’s only hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 via telephone (1-800-985-5990) and SMS (text ‘TalkWithUs’ to 66746) to residents in the U.S. and its territories who are experiencing emotional distress or other mental health concerns related to natural or human-caused disasters.

Callers and texters are connected to trained and caring professionals from a network of crisis centers across the country. Helpline staff provide supportive counseling, including information on common stress reactions and healthy coping, as well as referrals to local disaster-related resources for follow-up care and support.

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

**Disaster Distress Helpline: 1-800-985-5990**

| Available 24 hours a day, 7 days a week, year-round | Available 24 hours a day, 7 days a week, year-round |
| Toll-free | Standard text messaging / data rates apply (according to each subscriber’s mobile provider plan) |
| 3rd-party interpretation services are available to connect crisis counselors and callers in 100+ languages | Spanish-speakers in the U.S. can text ‘Hablanos’ to 66746 |
| Direct crisis counseling in Spanish available 24/7 via “press 2” hotline option | Palau, Marshall Islands, American Samoa, Guam, Northern Mariana Islands, Federated States of Micronesia text ‘TalkWithUs’ or ‘Hablanos’ to 1-206-430-1097 |
| TTY: 1-800-846-8517; individuals who are deaf, hard of hearing or who have a speech disability may also use the texting option or a preferred relay 3rd-party service provider to connect with the toll-free hotline | US V.I., Puerto Rico text ‘TalkWithUs’ or ‘Hablanos’ to 1-212-461-4635 |
Full-Time Position Available
DIRECTOR OF NATIONAL HOTLINE MEMBER SERVICES
(RECRUITMENT AND CAPACITY BUILDING)

MHA-NYC is at the cutting edge of harnessing new technologies to expand methods in which consumers can receive clinically sound behavioral health services. MHA administers three national networks of crisis services (including the National Suicide Prevention Lifeline, the national Disaster Distress Helpline, and the NFL Life Line) and supports the VA-operated Veterans Crisis Line. MHA also operates 14 crisis lines, including New York State’s HOPEline for addictions and the groundbreaking, multi-access, multi-lingual behavioral health and crisis contact center, NYC Well. The organization is a national and local leader in developing and implementing innovative new approaches to providing behavioral health services and interventions via telephone, web chat, and SMS text message.

We are seeking a full-time Director of National Hotline Member Services, a senior management position responsible for providing leadership for the 24/7 operations of the Lifeline. Primary responsibilities include oversight of all aspects of operations including network capacity, sustainability, infrastructure, quality improvement and contract management. The National Hotline Member Services Director is the primary liaison between Lifeline’s partners in capacity building and sustainability (such as the National Association of State Mental Health Program Directors and the National Council for Behavioral Health). The position directly supervises all staff in the National Hotline Member Services Division.

The entire ADHD community will convene in Atlanta at the 2017 Annual International Conference on ADHD. CONNECT AND RECHARGE is the theme of the first-ever joint CHADD and ADDA Conference, to be held November 9 through 12 at the Atlanta Hilton.

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

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

For more information, see the International ADHD Conference Web Site or call toll-free at 1-800-233-4050.

KEYNOTE SPEAKERS

AUTISM
Lauren Turner-Brown, PhD
Assistant Director, UNC TEACCH Autism Program
Assistant Professor, Departments of Psychiatry and Psychology,
University of North Carolina at Chapel Hill

DM-ID-2
Robert Fletcher, DSW, NADD-CC
NADD Founder & CEO
Kingston, NY
October TA Network Events

Youth Leaders LC: Working with LGBTQI2-S Youth
Thursday, October 26, 3:30 p.m. - 5 p.m. ET

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

The National Symposium on Juvenile Services will be held in Orlando, Fla. on Oct. 8 - 12. This event, hosted by the Office of Juvenile Justice and Delinquent Prevention (OJJDP), will provide participants the opportunity to network and share innovative program service approaches being implemented within the juvenile justice system throughout the country.

The University of Oklahoma OUTREACH National Resource Center for Youth Services (NRCYS) will offer Youth Thrive Training of Trainers, with support from the Center for the Study of Social Policy (CSSP). This free training will be held October 11 - 13 in St. Louis, Missouri. Participants will learn the protective and promotive factors framework and the research on which it is based. Training of Trainers participants become trainers who, in turn, will use this material to train direct service staff and other practitioners, supervisors, program operators and managers.

CENTER FOR TRAUMA-INFORMED CARE

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

Webinar Opportunity

Immigrant Students Experiencing Homelessness: Latest Developments & Resources
Tuesday, October 10, 1 p.m. - 2:15 p.m. Eastern Time
Sponsored by School House Connection

Federal rules on immigrant youth and families are changing rapidly, from Deferred Action for Childhood Arrivals (DACA), to the rights of sponsors caring for immigrant youth, to enforcement actions by Immigration and Customs Enforcement (ICE). This webinar will provide the latest information on rules, rights and responsibilities for undocumented students, sponsors and families. An immigration attorney will outline do’s and don’ts for schools serving immigrant students, and a McKinney-Vento liaison will share her practical strategies to help students and families.

Presenters:
- Jessica Jones, Policy Counsel, Lutheran Immigration and Refugee Service
- Roxana Parise, McKinney-Vento Liaison, Bellingham, WA
- Patricia Julianelle, Director of Program Advancement and Legal Affairs, SchoolHouse Connection

Register HERE
CERTIFIED PEER SPECIALIST TRAINING FOR INDIVIDUALS WHO ARE DEAF AND AMERICAN SIGN LANGUAGE USERS

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is recruiting qualified individuals who are deaf, use ASL, are seeking employment and want to take Certified Peer Specialist (CPS) training to learn how to use their personal experience in mental health recovery to help other individuals who are deaf and have mental health needs. OMHSAS is offering this training opportunity to individuals from other states who are deaf and ASL users and meet their state/territory training requirements to become a CPS. Priority will be given to Pennsylvania residents. Deadline for applying is November 13, 2017.

The 75 hour (10-day) training is scheduled for December 4-15, 2017. The training will be held at Hyatt Place, 440 American Ave., King of Prussia, PA 19406.

Certified Peer Specialists are trained to:
• offer support and assistance in helping others in their mental health recovery
• inspire hope and share their mental health recovery story to help others
• promote empowerment, self-determination, understanding, coping skills and resiliency

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

Training fee options for Pennsylvania residents:
1. If eligible, OVR may pay for your training and provide a paid internship. Contact OVR by October 15, 2017.
2. An individual not eligible for OVR services will be responsible for the cost of the training and associated costs.

Out of state applicants: Please contact PJ Simonson for information regarding training fees.
To complete an online training application: email PJ Simonson and ask for an application for the CPS Training for deaf candidates. The forms will be emailed to you to complete online. Once finished, return the application to PJ.

Questions about the Training, Contact: PJ Simonson | RI Consulting | Phone: 602.636.4563
Questions about OVR Services, Contact: Randy Loss | Office of Vocational Rehabilitation | Phone: 717.787.5136
Behavioral health is in flux because of the upheaval and uncertainties in the larger healthcare environment. The danger is that some of the recent gains in behavioral health may be undermined, if not lost. The challenge for the field is how to build on its successes as changes occur in funding and insurance, clinical and care models, workforce, and the emergence of new technologies. Come join us at our 58th Annual Conference to discuss these issues and more.


Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.
The Building Bridges Initiative Fall Training Event - October 4 to 6, 2017
Double Tree by Hilton Hotel, 123 Old River Road, Andover, MA 01810

Registration is now open!

Purpose: To increase participant’s ability to use and/or support implementation of best practices in both residential and community settings that result in sustained positive outcomes for youth and families who receive a residential intervention. Attendees will leave the training event with practical strategies to improve policies and practices in their programs (residential and/or community) or agencies (oversight/funding), as well as with an understanding of business strategies to transform agencies operating residential programs to ensure long-term success.

Who will benefit: There will be training sessions to support oversight and funding/policy leaders and staff; sessions to support residential/community executives, leaders, clinical staff, advocates and family members. Adolescents with residential experiences, who are interested in learning about best practices, will also find some sessions of interest. It is recommended that teams of leaders/staff/advocates/families/adolescents from the same oversight agency/program attend the event together. A collective team approach will promote a stronger learning opportunity and ability to implement strategies and tools learned within the program or oversight agency.

Registration rates
- Full training Program: $395; Single Day Rate: $200
- Presenters will receive a discounted rate of $295
- Introduction to BBI on October 3rd, 2 p.m. to 5 p.m.: $50 (free w/ paid full registration of $395)

There is limited scholarship funding available for family members and youth. To receive an application please contact Kelly Pipkins-Burt at kpb54burt@gmail.com.

This event is made possible through the support of the Anne E. Casey Foundation (AECF) and represents a collaboration between ACDP and the Building Bridges Initiative, Inc.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

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

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

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

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

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

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

**Course Objectives**

After viewing, learners will be able to:

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

**Course Faculty**

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

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

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

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

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

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

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential
Topics will include:

- How to identify an anxious child
- How to change anxious thinking
- The science and biological roots of anxiety in children
- How computer technology is transforming the understanding of anxiety
- Current treatment options (medications & CBT: cognitive behavioral therapy).

Presenter: Erin D. Berman, Ph.D. Clinical Psychologist, NIMH

Free and open to the public. This event will not be recorded. Seating is limited.

Register: [https://copingstrategies.eventbrite.com](https://copingstrategies.eventbrite.com)

Republicans Promise to Return to Repeal and Replace Once Tax Reform is Done

(Continued from page 1) were “on the verge” of a bipartisan deal to stabilize the individual insurance exchanges. Senator Alexander told reporters the same day that he and Senator Murray were close to a deal, and that they could complete agreement as early as that night. But Speaker Paul Ryan (R-Wis.) has said legislation stabilizing the ACA marketplace would be a nonstarter in the House of Representatives and the White House has echoed that sentiment.

Instead, President Trump announced this week he will issue executive orders, perhaps as early as next week, allowing insurers to sell products across state lines and allowing associations to provide group health plans to their members—both ideas promoted by Senator Rand Paul (R-KY), one of the three nay votes that scuttled Graham-Cassidy. Neither idea is favored by state insurance commissioners, and, in fact, under § 1333 of the ACA, states may already form health care choice inter-state compacts to allow insurers to sell policies in any state participating in the compact. Two or more states may enter into compacts under which one or more insurance plans may be offered in the states, subject to the laws and regulations of the state in which the plan was written.

The insurer would remain subject to the market conduct, unfair trade practices, network adequacy, consumer protection, and dispute resolution standards of any state in which the insurance was sold, be licensed in each state, and notify consumers that it was not otherwise subject to the laws of the selling state. The Department of Health and Human Services would have to approve interstate insurance sales, certifying that the coverage would be as least as comprehensive as that sold through the Marketplace, provide coverage and cost-sharing protections at least as affordable, cover at least as many residents, and not increase the federal deficit.

Thirteen states have considered legislation to implement such an interstate compact, but it has been signed into law in only three states. It was passed by the Arizona legislature in 2011, but vetoed by that state’s Governor.

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.
Technical Assistance (TA) Opportunities for State Mental Health Authorities under the SAMHSA State TA Contract

The State TA Contract is a cross-Center behavioral health technical assistance project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this project, states can request support for experts to provide both off-site (e.g., telephonic and web-based) assistance, as well as in-person training and consultation to representatives from the State Mental Health Authorities (SMHAs) and other designated stakeholders in order to foster and enhance recovery and resiliency-oriented systems, services, and supports.

**Topics:** SMHAs can request TA on a wide range of issues including, for example:

- Improving Services & Service Delivery Systems: e.g., tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices (e.g., assertive community treatment, supported employment, cognitive behavioral therapy, coordinated specialty care, etc.); increasing early identification & referral to care for young people; promoting trauma-informed, recovery-oriented care; etc.
- Systems Planning/Operations: e.g., strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; integration of behavioral health and primary care, etc.
- Expanding the Peer Workforce: training and certification of peer specialists; peer whole health training; supervision of peer specialists; utilizing peer specialists to work with persons who are deaf and hard of hearing, etc.
- Financing/Business Practices: e.g., maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; compliance with Mental Health Block Grant (MHBG) requirements for fiscal monitoring, etc.

**Parameters:** TA under this contract cannot be specifically focused on institutional/hospital-based settings. On average, a given TA project includes up to 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

**To Request TA:** Submit your request into the on-line SAMHSA TA Tracker, a password-protected system. All of the MH Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via this support.

The log-in for the Tracker is: [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to tatracker@treatment.org.

If you have other questions, please contact your CMHS State Project Officer for the Mental Health Block Grant, or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or via phone at (703) 682-7558.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

- **Policy Brief:** The Business Case for Coordinated Specialty Care for First Episode Psychosis
- **Toolkits:** Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators
- **Fact Sheet:** Supporting Student Success in Higher Education
- **Web Based Course:** A Family Primer on Psychosis
- **Brochures:** Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine
- **Issue Brief:** What Comes After Early Intervention?
- **Issue Brief:** Age and Developmental Considerations in Early Psychosis
- **Information Guide:** Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
- **Information Guide:** Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at [http://www.nasmhpd.org/content/information-providers](http://www.nasmhpd.org/content/information-providers). Any questions or suggestions can be forwarded to either Jenifer Urff (jenifer.urff@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).
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**NASMHPD Links of Interest**

- **Centers for Medicare and Medicaid Services (CMS) State Plan Parity Assurances Template for the Children's Health Insurance Program (CHIP).** September 15
- **Confronting the Inevitability Myth: How Data-Driven Gun Policies Save Lives from Suicide.** Law Center to Prevent Gun Violence, September 15
- **Suicidality and Death by Suicide Among Middle-aged Adults in the United States.** Piscopo, K.D., Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA), September 26, 2017
- **Morning Presentation Slides from the August 31 Inaugural Meeting of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) at SAMHSA.**
- **Afternoon Presentation Slides from the August 31 Inaugural Meeting of the ISMICC at SAMHSA.**
- **Addiction-ary (with Stigma Alert Tools).** Recovery Research Institute
- **When Not Guilty is a Life Sentence.** New York Times, September 27
- **Office of National Drug Control Policy (ONDCP) Awards $89 Million in Drug-Free Community Support Program Grants to 719 Community Drug Prevention Coalitions To Prevent Youth Substance Use.**
- **National Quality Forum (NQF) Announces Initiative to Review Effective Interventions, Conceptual Frameworks, and Performance Measures That Can Be Used to Measure Outcomes Related to Two Social Determinants - Hunger and Housing Instability.**
- **Clocks Did Not Provide Effective Oversight to Ensure that State Marketplaces Always Properly Determined Individuals’ Eligibility for Qualified Health Plans and Insurance Affordability Programs.** HHS Office of the Inspector General, September 2017
- **Stabilizing and Strengthening the ACA Non-Group Markets.** Linda J. Blumberg & John Holahan, Urban Institute/Robert Wood Johnson Foundation, September 28, 2017
- **MassHealth § 1115 Waiver Request to Use Commercial Formulary Tools in Medicaid.** September 8