

# National Association of State Mental Health Program Directors

## Weekly Update

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### Bipartisan Governors Group Sends Congressional Leaders Market Stabilization Recommendations

A bipartisan group of eight governors, led by John Kasich of Ohio (R) and John Hickenlooper of Colorado (D), has sent Congressional leaders a [list of Federal reforms](#) to the individual health insurance marketplace that they consider necessary to stabilize the marketplace.

The August 31 correspondence, also signed by Brian Sandoval of Nevada (R), Tom Wolf of Pennsylvania (D), Bill Walker of Alaska (I), Terry McAuliffe of Virginia (D), John Bel Edwards of Louisiana (D), and Steve Bullock (D) of Montana, recommends the following actions:

1. Fund cost-sharing reduction payments, at least through 2019;
2. Create a temporary stability fund that states can use to create reinsurance programs or similar mechanisms that reduce premiums and limit losses for providing coverage;
3. Encourage insurance companies to enter underserved counties by exempting participating insurers from the federal health insurance tax on their exchange plans in those counties;
4. Allow residents in underserved counties to buy into the Federal Employee Benefit Program;
5. Keep the individual mandate until Congress comes up with a better solution or states request waivers to implement a workable alternative;
6. Continue to fund outreach and enrollment efforts that encourage Americans to sign up for insurance;
7. Fix the “family glitch” to give more working families access to affordable coverage;
8. Shorten grace periods for non-payment of premiums, verify special enrollment period qualifications, and limit exchange enrollment for individuals eligible for other programs;
9. Modify and strengthen Federal insurer risk sharing mechanisms, including risk adjustments and reinsurance; and
10. Allow states more flexibility in choosing reference plans for the ten essential health benefits (EHBs), giving states that develop alternatives that meet the requirements of § 1332 of the ACA the opportunity to pursue and implement innovative approaches.

### Work Days Left on the 2017 Congressional Schedule

Work Days Left in House in 2017 – 48

Work Days Left in Senate in 2017 – 61

House Work Days Left to Fund FY 2018 before September 30 - 12

Senate Work Days Left to Fund FY 2018 before September 30 - 17

Source: *The Hill*

## Federal ISMICC Reviews Landscape of Promising Practices, Programs for Serious Mental Illness

The members of the new Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) met for the first time August 31 at the Humphrey Building in Washington, D.C., in an all-day session webcast on-line, with an agenda designed to inform the ISMICC's members of advances being made in treating serious mental illness in the public and private sectors.

Most of the early morning was spent in introductions, with Health and Human Services Secretary (HHS) Tom Price [welcoming](#) the 10 Federal agency members and 14 public members by calling serious mental illness one of his Department's top three clinical priorities, and telling the Committee its statutory charges. He said those charges include: (1) reporting to Congress on advances being made in treatment, recovery, and prevention; (2) providing a "rigorous, honest, sober assessment" of whether Americans are receiving the treatment they need; and (3) providing specific recommendations for policy reforms designed to produce better treatment outcomes.

Dr. Price said the work of the Committee would be an "invaluable resource" to HHS in pursuing three particular goals for the challenge of serious mental illness:

1. Expanding evidence-based prevention, detection, and intervention, including more effective early treatment of psychosis, as well as aggressive work on suicide prevention.
2. Improving the quality of care in all settings, both inpatient and community-based, by supporting the integration of mental and physical health and expanding the capacity to offer treatment.
3. Improving outcomes for all Americans struggling with serious mental illness, by helping them find rewarding work and a stable place in their community.

After introducing new SAMHSA Assistant Secretary Elinore McCance-Katz, who chaired the meeting, Dr. Price recalled that there had been previous Federal commissions formed to address the issue of mental illness under the Carter and George W. Bush Administrations.

Housing and Urban Development (HUD) Secretary Ben Carson followed, delivering opening remarks in which he recalled that he began his studies in psychology before turning to neurosurgery. He noted that 26 percent of the "sheltered homeless" have a serious mental illness, and he "guaranteed" that HUD would be a strong advocate for mental illness identification and treatment.

During the introductions which followed, the public and agency members of the Committee recounted not only their own professional experiences with serious mental illness, but also their own lived experiences.

Each of the Federal agency representatives—HUD, the National Institute of Mental Health, the Office of Justice Assistance, SAMHSA, Veterans Affairs, the Social Security Administration's Office of Disability Policy, the Centers for Medicare and Medicaid Services (CMS), and the Departments of Labor, Education, and Defense—then listed their organizations' programs designed to address serious mental illness. Dr. Carson noted HUD's programs for the

homeless and the Department's emphasis on "housing first". He said HUD works to link social services with the tenants of its housing. The Department of Labor representative said her agency works with states to show how they can use their existing infrastructure to support integrated employment for individuals with significant disabilities, including serious mental illness. In addition, she said, her agency is working to ensure parity for mental illness and substance use treatment in employer health plans. The CMS representative said her agency has adopted five adult and two child core set measures for behavioral health, touted a scheduled September 8 Center for Medicare and Medicaid Innovation summit on behavioral health payment and delivery system reform, and noted that the 2018 Medicare Payment Schedule regulations propose adding psychotherapy for crisis services delivered via telehealth to the list of reimbursed services.

Dr. McCance-Katz said she expected the Committee would address various issues—with a focus on promising evidence-based practices—including civil commitment laws, early intervention in First Episodes of Psychosis, incarceration of individuals with serious mental illness in jails and prisons, access to care and recovery supports, hospital beds and emergency room waits, crisis intervention, group homes and recovery housing, the use of psychotropic medications and specifically clozapine, privacy rights, the integration of care, and co-occurring disorders, including substance use disorders. The public members then suggested areas of focus they believed needed to be prioritized, with supportive housing, supported employment, incarceration, and suicide being frequently mentioned. There was also significant interest expressed in addressing access to care for children with serious emotional disturbance.

Following lunch, a group of national experts presented to the Committee. Dr. Lisa Dixon discussed her leading efforts in treating First Episode of Psychosis. Dr. Joe Parks gave a wide-ranging presentation on workforce issues, low provider reimbursement in public programs, the lack of CPT codes for evidence-based practices such as early intervention, the refusal of 40 percent of psychiatrists to take insurance, and the limitation on reimbursement for peer support services to the Medicaid program. Dr. Sergio Aguilar-Gaxiola, Director of the University of California's Center for Reducing Health Disparities, discussed social determinants that lead to serious mental illness and impede access to care.

Toward the end of the meeting, Dr. McCance-Katz outlined the Committee's immediate schedule. An outline of its December report to Congress is to be circulated to Committee members—either individually or in workgroups as they choose—by mid-September, with feedback due to SAMHSA within a week. A first draft will then be circulated in mid-October with a one-week turnaround for Committee comments. A second draft will be circulated for final Committee member comments in mid-November. Committee members will be responsible for sharing the drafts for feedback with such stakeholder organizations as NASMHPD and the National Council.

The Committee will meet twice annually, once in February and once toward the end of each fiscal year, with impromptu on-site listening sessions. At least some of those meetings will be virtual.



**The 2017 ASTHO Annual Meeting will be held at the Capital Hilton, 1001 16<sup>th</sup> Street NW, Washington**

The ASTHO Annual Meeting is held each year to discuss emergent issues in state and territorial public health, share best practices for creating optimal health, and offer important networking opportunities for ASTHO members, funders, key governmental partners, and other public health stakeholders. This year marks ASTHO's 75th Anniversary, the theme *Celebrating the Power of State and Territorial Public Health* will honor decades of progress in governmental public health and inspire new ideas for addressing future public health challenges with sessions on the opioid epidemic, early brain development, telehealth, and creating a culture of health.

**Be Our Guest at the 75th Anniversary Gala**

Dress to impress! Before the annual meeting kicks off, you're invited to a special gala and awards ceremony honoring public health champions and visionaries. Enjoy a plated dinner, cash bar, and live entertainment! Recipients of ASTHO's 2017 Excellence in Public Health Awards, Presidential Meritorious Service Award, Legislative Champion Awards, and the de Beaumont PH WINS Model Practices and Policies Challenge winners will be announced during this event.

**REGISTER ON-LINE [HERE](#) UNTIL SEPTEMBER 8**

**SAMHSA-SPONSORED WEBINAR OPPORTUNITY**

**Two-Part Webinar Series on Key Considerations for Building an Infant and Early Childhood Mental Health Consultation Model**

**Part One: Designing an IECMHC Approach**  
*Monday, September 11, 2–3 p.m. Eastern Time*

Join SAMHSA's Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) for part one of a two-part series on IECMHC models. These two 60-minute webinars will provide a sequential deep dive into components of the [Models Section](#) of the IECMHC Toolbox.

Webinar presenters will discuss the vision and purpose underpinning the IECMHC models, share about the authors and key informants who created this section, and provide a broad overview of the main parts of the Models Planning Guide. Presenters will also highlight the steps involved in designing an IECMHC approach.

Please register by September 8 to receive webinar login information.

**REGISTER [HERE](#) FOR PART 1 OF THE SERIES**

*Mark Your Calendars:*

**Key Considerations for Building a Quality IECMHC Model: Developing IECMHC Service Components**

*Thursday, October 5, at 2 p.m. Eastern Time (Part 2 of 2)*



Join us at the...

## 2017 Annual International Conference on ADHD

November 9-12, 2017  
Atlanta, GA

[REGISTER NOW](#)



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.



## 34th NADD Annual Conference & Exhibit Show 2017

November 1-3 CHARLOTTE NORTH CAROLINA

### Reaching your Potential & Beyond: IDD/MI

Sheraton  
Charlotte Hotel



[Register HERE](#)

## 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





## Children's Mental Health Initiative (CMHI)

National Evaluation Web Event Training Series: Evaluating Systems of Care in Tribal Communities  
*Tuesday, September 26, 2:30 p.m. to 4 p.m. ET*

REGISTER [HERE](#)

## National TA Network for Children's Behavioral Health Upcoming Webinars

The [National Wraparound Implementation Academy](#), which will be held at the Renaissance Baltimore Harborplace Hotel on Sept. 11 to 13. The academy will provide individuals in key wraparound roles with opportunities to learn from the field's foremost experts in wraparound and Systems of Care. This is one of the approved SAMHSA meetings for grantees.

REGISTRATION IS [HERE](#).



## September TA Network Events

### [Family Leaders LC: Supporting Fathers](#)

*Wednesday, Sept. 6, 3 p.m. - 4:30 p.m. ET*

The majority of parent peer support is provided to mothers who are often the primary person in the family to navigate systems of care for their children. Fathers also have a critical role in behavioral health, and for this reason the Family Leaders Learning Community (LC) is hosting a webinar to highlight the needs of fathers and unique outreach programs to support fathers. Join us to hear about two exemplary programs: Washington State Dad's Move describes themselves as Dadvocates, mentoring others, with voices of experience. Allegheny Family Network's program for dads, Fathers Involved Now (FIN), assists fathers in understanding the importance of becoming financially and emotionally involved in the daily rearing of their children.

### [CLC Peer Learning Exchange: Implementing the CLAS Standards - Culturally and Linguistically Competent Leadership Development](#)

*Thursday, September 7, 1 p.m. - 2 p.m. ET*

This webinar will focus on providing participants with practical strategies for implementing Standards Nos. 2 and 4 of the National Standards for Culturally and Linguistically Appropriate in Health and Health Care (U.S. Department of Health and Human Services, 2013).

### [Transitions Learning Community - Collaboration with Non-Mental Health Adult Systems](#)

*Tuesday, Sept. 12, 2 p.m.- 3:30 p.m. ET*

This session of the Transitions LC will focus on the interface between the children and adult systems, with a specific emphasis on how to approach partnership with adult systems that have not been previously discussed. Maryann Davis of the Transitions RTC at the University of Massachusetts will be presenting and leading a discussion on partnership opportunity with employment services, criminal justice, and post-secondary education and training.

### [SOC Expansion Leadership LC: Beyond Impact Statements - Addressing Behavioral Health Disparities](#)

*Wednesday, Sept. 27, 2:30 p.m. - 4 p.m. ET*

This learning community session will focus on addressing behavioral health disparities in system of care (SOC) expansion. SAMHSA requires grantees to submit Behavioral Health Disparity Impact Statements (BHDIS) within 60 days of new awards. This session will review the BHDIS, including its importance, how to gather data, and statement components. Beyond the BHDIS, presenters will focus on approaches for using data and BHDIS to address disparities on an ongoing basis. New SOC expansion grantees are encouraged to attend, as well as any jurisdictions interested in strengthening their strategies to eliminate disparities.

# International Association of Peer Supporters (iNAPS) 11th Annual Peer Support Conference

October 16 to 18, 2017

Phoenix, Arizona



[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 recover 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](mailto: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](mailto:PJ.Simonson) | RI Consulting | Phone: 602.636.4563

**Questions about OVR Services,** Contact: [Randy Loss](mailto: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 **58<sup>th</sup> Annual Conference** to discuss these issues and more.



Partnering with

The National Association  
of County Behavioral  
Health and Developmental  
Disability Directors

National Association of  
State Mental Health  
Program Directors

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

Presents  


## Framing the Future of Behavioral Health Services: What's the Next Step?

**October 23-25, 2017**

Pre-Conference - October 22, 2017

**Renaissance Arts Hotel**  
700 Tchoupitoulas Street  
New Orleans, LA 70130

**Conference Hotel Room Rate**

**\$156 plus tax before 10/6/17, 5 p.m.**

**Hotel Phone: 877-622-3056. Refer to NDBH Room Block**  
Parking is available at the hotel or a nearby public lot for a fee.

**Conference Rates:**

**\$150.00 Sunday Pre-Conference or Single Day Fee**

**\$295.00 Conference Fee Only**

**For more information and to register, go to:**

**[www.nationaldialoguesbh.org](http://www.nationaldialoguesbh.org)**

**Suggested Audience:** Psychiatrists, Psychologists, Social Workers, Nurses, Counselors, Addiction Counselors, Case Managers, Administrators, Policymakers, Behavioral Healthcare Providers, State/County Behavioral Healthcare Administrators, Members of the Judiciary, Justice System Administrators, Law Enforcement/Justice System Stakeholders, Emergency/Disaster Response Professionals, Educators, School-Based Counselors, Health Plan Administrators, Health Policymakers, Academicians.  
Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.



**Webinar Opportunity**  
**Using the Senior Reach Program to Address Risk Factors for Suicide among Older Adults**  
*Tuesday, September 19, 3 p.m. to 4:30 p.m. Eastern Time*

Older adults may experience conditions that increase their risk for suicide, including depression, anxiety, feelings of hopelessness and social isolation. Join us to learn more about the prevalence of these issues among seniors as well as resources available to help. Experts will share information about Senior Reach, a program that focuses on creating linkages between agencies, businesses, and communities to provide emotional and physical support for older adults. Specific suicide risk screening strategies and tips to improve the provision of behavioral health services to older adults will be shared.

**Presenters:**

- Shannon Skowronski, Administration for Community Living/Administration on Aging
- Amy Miller, Senior Reach
- Steve Slayton, Services to Enhance Potential
- Jennifer Onwenu, Services to Enhance Potential
- Ellen Mariscal, Services to Enhance Potential
- Sonia George, Services to Enhance Potential

**REGISTER [HERE](#)**

**Host:** Binod Suwal, Senior Program Manager, Center for Healthy Aging

**WEBINAR OPPORTUNITY**

**Implementing Change: Working to Address the Intersections of Juvenile Justice and Youth Homelessness**

*September 21, 2 p.m. to 3:30 p.m. ET*

Sponsored by the Coalition for Juvenile Justice

A growing number of communities are working to ensure that young people do not experience homelessness as a result of involvement with the justice system, and that similarly, they do not come in to contact with the system because they are experiencing homelessness. On any given night nearly 1.3 million young people are experiencing homelessness. Many of these youth will also come in to contact with law enforcement, be arrested, and/or be incarcerated. Join us to learn how Philadelphia, Pa., and Minnesota are working to combat this cycle, and learn about the Principles for Change, a series of policy recommendations that communities and states can adopt to help address these intersections, and the application of these principles for youth in custody.

The webinar is free for all to attend.

**Presenters Include:**

**REGISTER [HERE](#)**

- Callie Aguilar, Juvenile Justice Specialist, Minnesota
- Jennifer Pokempner, Juvenile Law Center, Child Welfare Policy Director
- Elizabeth Seigle, Grantee Technical Assistance Manager, Council of State Governments
- Naomi Smoot, CJJ, Executive Director

**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](mailto:jeremy.mcshan@nasmhpd.org).



**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](mailto: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.

## Light Up Your Mind

# Brain Futures 2017

September 6-7  
 Gaylord National Resort & Convention Center  
 201 Waterfront Street  
 National Harbor, MD 20745

Presented by Brain Futures in Partnership with Mental Health America & The Kennedy Forum

Featuring Comprehensive Tracks On:

- New Treatment Technologies for Mental Health & Substance Use Disorders
- Brain Fitness & Healthy Aging
- Brain Fitness, Youth & Learning

*Engage with the Thought Leaders & Innovators Shaping the Next Generation of Brain Fitness & Treatment*

Norman Doidge, MD  
 Psychiatrist, Researcher & Author

Honorable Patrick J. Kennedy  
 Founder, Kennedy Forum  
 Former U.S. Representative

Michael Merzenich, PhD  
 Chief Science Officer  
 Posit Science

Walter Greenleaf  
 Stanford Virtual Human Interaction Lab  
 Chief Science Officer,

Pear Therapeutics

Alvaro Pascual-Leone, MD, PhD  
 Professor & Director,  
 Berenson-Allen Center, Harvard Medical School

Adam Gazzaley, MD, PhD  
 Professor & Director  
 Neuroscape, USCF/Chief Science Officer, Alkili

Bruce Wexler, MD  
 Professor Emeritus, Yale Medical School  
 Founder, C8 Sciences

Sandra Bond Chapman, PhD  
 Founder, UT Dallas Center for Brain Health

Register [HERE](#)

# Lower Suicide Rates Found in States with Laws Mandating Waiting Periods and Universal Background Checks for Handgun Purchases



Newly published research finds that mandatory waiting periods and universal background checks reduce a state's suicide rate by handguns.

Published in the spring edition of the [American Journal of Public Health](#), the study, authored by Michael D. Anestis, Ph.D., Joyce C. Anestis, Ph.D., and Sarah E. Butterworth, B.S., with the Department of Psychology at the University of Southern Mississippi, finds that states with universal background checks had a decrease of 0.29 suicides per 100,000 population from 2013 to 2014. In contrast, states without universal background checks had an increase of 0.85 suicides per 100,000. Similar findings were found to result from mandatory waiting periods—a decrease of 0.38 suicides per 100,000 in states with waiting period laws and an increase of 0.71 per 100,000 in states without such laws.

The authors arrived at their findings after analyzing data from:

- the Centers for Disease Control and Prevention's (CDC) Web-Based Injury Statistics Query and Reporting System of statewide suicide rates between 2013 and 2014 in all 50 states and the District of Columbia;
- the status of four specific state handgun ownership laws—mandatory waiting periods, universal background checks, gun lock requirements, and open carry limitations—from the Law Center to Prevent Gun Violence; and

- rates of suicidal ideation and depression from the National Survey on Drug Use and Health (NSDUH).

The authors reported the effect size was large for states with both universal background checks and mandatory waiting periods. States with both universal background checks and mandatory waiting periods were found to have the most significant reductions in suicide rates—0.76 suicides per 100,000. However, states with neither law saw an increase of 1.04 suicides per 100,000. States with laws on gun locks and open carry limitations did not show a significant change in suicide rates during the study period.

The authors conclude, "These data indicate that legislative efforts may be better spent regulating who can possess a handgun, as opposed to restricting or enabling access for those already in possession of a handgun." They suggest that after an individual already owns a handgun, "non-legislative efforts such as lethal means safety counseling should be considered."

Limitations on the study included a one-year study range (2013 to 2014), the exclusion of long guns from the study, and the inability to assess the impact of a state implementing a combination of mandatory background checks, waiting periods, and gun locks, and open carry limitations, and the impact of the combination of all four laws on the findings. Further, open carry and gun lock legislation may have public health implications on homicide rates or discourage a high-risk group (ex. adolescents) from attempting suicide by handguns.

## From Pain to Promise – Addressing Opioids and Suicide in Communities across America



Wednesday, September 27, 3 p.m. to 5:30 p.m.  
Rotunda North Tower, 8<sup>th</sup> Floor, Ronald Reagan Bldg.  
1300 Pennsylvania Avenue N.W., Washington, D.C.



*Hosted by Education Development Center & the National Action Alliance for Suicide Prevention*

Opioid overdose and suicide—What can we do now to address these national emergencies?

Please join this event bringing together public- and private-sector thought leaders to discuss potential solutions in reducing the burden of "deaths of despair," restoring hope, and saving lives in communities across the country.

Distinguished panelists will discuss health care delivery, law enforcement, lived experience, faith, and the judicial system. The discussion is especially timely given the pending October release of the final recommendations of the President's Commission on Combating Drug Addiction and the Opioid Crisis.

Speakers will include:

- Dr. Arthur C. Evans, CEO, American Psychological Association
- Mr. Patrick Kennedy, The Kennedy Forum; the President's Commission on Combating Drug Addiction & the Opioid Crisis
- Mr. Gary Langis, EDC substance abuse prevention consultant and voice of lived experience
- Dr. Jerry Reed, Senior Vice President, EDC and Action Alliance
- Ms. Kay Warren, co-founder, Saddleback Church

Seating is limited, you are encouraged to register today.

**REGISTER [HERE](#)**



## Position Available

### DIRECTOR OF NETWORK DEVELOPMENT – FULL TIME

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.

**Position Objective:** The Director of Network Development is a senior management position responsible for providing leadership for the 24/7 operations of the National Suicide Prevention Lifeline (a network of 165+ independently owned crisis centers across the country) and related subnetworks. Primary responsibilities include oversight of all aspects of operations including network capacity, sustainability, infrastructure, quality improvement and contract management. The Network Development 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 Director of Network Development collaborates with IT Department staff to ensure continuous technical operation of all hotline/chat/text programs and support of all systems during emergencies. The Director of Network Development collaborates with the Finance Department and directly supervises all staff in the Network Development Division.

**Primary Program: National Suicide Prevention Lifeline**

**Reports to: Associate Project Director**

**Essential Duties and Responsibilities:**

- Supervise the ND Operations staff to ensure the 24/7 operation of the National Suicide Prevention Lifeline and its subnetworks
- Coordinate with MHA-NYC IT team to ensure continuous operations and reporting capabilities and to maximize efficient connectivity and capacity to respond to client contacts (geo-location capabilities, telephony and chat software platforms, etc.)
- Oversee the development of a plan to regularly test systems and ensure 24/7 access to hotline and chat programs.
- Oversee a plan for Quality Improvement to review call/chat trends, troubleshoot concerns/complaints, and share data with MHA-NYC team, funders and other key stakeholders ensuring that all operational grant related program goals and objectives are measured, met and or exceeded
- Oversee all related program subcontractors, including RFPs, contracts, deliverables and invoicing to ensure all performance metrics are met or exceeded
- Supervise the Lifeline network response to suicidal individuals corresponding with the White House to facilitate prompt, appropriate outreach of designated center towards better ensuring the safety and care of the correspondent
- Supervise the Network Development Staff in the development and execution of effective network membership recruitment and retention strategies to increase capacity for the Lifeline (including Spanish subnetwork) and Lifeline Crisis Chat. Work with funders and stakeholders to recommend sustainable models for Lifeline services.
- Act as a project (and media) spokesperson/representative for Lifeline at conferences, meetings and committees, where indicated, re: capacity/partnership-building efforts
- Regularly review call/chat volume and connectivity reports to identify service gaps within states; continuously monitor states with low in-state answer rates and work with stakeholders to increase capacity
- Work with key stakeholders (NASMHPD, AAS, NATCON NASCOD, CUSA, , SAMHSA Grantees, 211, AIRS, CARF, State Mental Health Directors) and other partners to engage new centers and promote funding; develop and disseminate reports for stakeholders as needed
- Lead efforts to define and expand program knowledge and expertise and provide technical assistance to crisis centers related to capacity building and sustainability (funding streams, payment methods, efficiencies, etc.); develop and initiate a plan to collect and distribute related practices, policies, procedures and training tools; monitor relevant blogs and list-serves and promote Lifeline when applicable
- Work with National Council and related stakeholders/leaders to develop strategies for enhancing integration of crisis services into behavioral healthcare systems
- Respond to inquiries from stakeholders for program data and information
- Assist with grant writing, report writing and program conceptualization
- Other duties as assigned

**Qualifications:** The ideal candidate will have a Master's Degree in business administration, project management, public health/administration, counseling/social work or related field and at least 10 years of management/experience. Experience in the non-profit sector, mental health, suicide prevention, crisis intervention and/or mental health information and referral services experience a plus. Knowledge and expertise public health issues such as capacity building and sustainability (funding streams, payment methods, efficiencies, etc.) preferred. Applicants should be comfortable working independently. Applicants must be willing to work in New York City or, as a secondary preference, Washington, D.C.

**How to Apply:** Interested applicants should submit resume and cover letter to [careers@mhaofnyc.org](mailto:careers@mhaofnyc.org). Please put "Director of Network Development" in the subject line of your email. All qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, sexual orientation, national origin, sex, age, disability or marital status.

## Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

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

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

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

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

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

[REGISTER HERE](#)

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

[REGISTER HERE](#)

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

## National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

### **Webinar Series: Communities Addressing Trauma and Community Strife through Trauma-Informed Approaches: Trustworthiness and Transparency in a Community Setting**

**REGISTER [HERE](#)**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to present a 6-part series entitled "**Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches.**" SAMHSA/NCTIC is offering this virtual webinar series highlighting communities working to improve the resiliency of its members and responsiveness to community incidents. The series framework follows SAMHSA's six principles of trauma-informed approaches, as described in [SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approaches](#).

SAMHSA's NCTIC is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA's Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA's objective to develop a framework for community and historical trauma and a trauma-informed approach for communities. The series is open to all interested in addressing community trauma and healing.

#### **Empowerment, Voice and Choice**

Monday, September 25, 1 p.m. to 2:30 p.m. Eastern Time

The Holistic Life Foundation will present on creating safe spaces and tools for healing. Ali Smith and Atman Smith, co-founders of Holistic Life will present on their project of helping children and adults through body healing practices. They will start with their TED talk then discuss how they are implementing this in different systems in the city.

### **Webinar Series: Trauma-Informed Innovations in Crisis Services**

**REGISTER [HERE](#)**

NCTIC is also pleased to announce the opportunity to participate in the webinar series **Trauma-Informed Innovations in Crisis Services**. This series highlights the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience, and peer support. Each 60-minute webinar focuses on how an agency implements the principles from [SAMHSA's Concept and Guidance for Trauma-Informed Approaches](#): Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. A moderated Q&A session follows the presentation. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA's publication: [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#), "National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors can increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. Research based on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and ensure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

More and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA's Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, or mobile crisis outreach programs.

#### **Trustworthiness and Transparency: Baltimore Police Department**

Monday, September 25, 3 p.m. to 4 p.m. Eastern Time

Sergeant Joanne Wallace, Crisis Intervention Team Coordinator for the Baltimore Police Department, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Wallace and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services or immediate access to recovery support is necessary.

## **Funding Opportunity Announcement**

### **Lifeline Network State Capacity Building Initiative**

The National Suicide Prevention Lifeline (the Lifeline) released a new Request for Proposals (RFP), [State Capacity Initiative](#), on August 1

The Lifeline is facing challenges in ensuring that every state has a crisis center which is a Lifeline member, and ensuring that most calls can be answered within the state from which the caller is phoning. In order to help address these challenges, Mental Health Association of New York City (MHA-NYC) released an RFP in the amount of \$460,000 to at least one state striving to maintain at least 70 percent of in-state calls, to award assistance to a local center (or centers) to better manage these calls.

States applying for these funds to support a center (or centers) answering Lifeline calls must submit a plan for sustaining the funds to their designated center(s) after the contract period ends. The funds will be available for one year only.

**To view the RFP, visit:**

<https://suicidepreventionlifeline.org/state-capacity-building-initiative/>

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

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF). The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

### **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 project 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> . 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](mailto: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](mailto: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>. Any questions or suggestions can be forwarded to either Jenifer Urff ([jenifer.urff@nasmhpd.org](mailto:jenifer.urff@nasmhpd.org)) or David Shern ([David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)).

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## NASMHPD Links of Interest

[HURRICANE HARVEY RESPONSE: DEPARTMENT OF HEALTH AND HUMAN SERVICES' OFFICE OF CIVIL RIGHTS IDENTIFIES PRACTICES AND RESOURCES FOR EMERGENCY RESPONDERS/OFFICIALS TO HELP ENSURE INDIVIDUALS HAVE EQUAL ACCESS TO EMERGENCY SERVICES, AUGUST 29](#)

[REGISTRATION FOR SEPTEMBER 7 LIVE HHS WEBCAST ON DATA FROM LATEST NATIONAL SURVEY ON DRUG USE AND HEALTH \(NSDUH\)](#)

[TELEHEALTH PRIVATE PAYER LAWS – IMPACT AND ISSUES, CENTER FOR CONNECTED HEALTH POLICY & MILBANK FUND, AUGUST 2017](#)

[TWELVE STATE-BASED EXCHANGES OUTLINE STRATEGIES TO STABILIZE INDIVIDUAL MARKET, STATE HEALTH EXCHANGE NETWORK/NATIONAL ACADEMY FOR STATE HEALTH POLICY, AUGUST 29](#)

[TRANSCRIPT OF WELCOMING REMARKS OF HHS SECRETARY TOM PRICE AT THE FIRST MEETING OF THE INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE \(ISMICC\), AUGUST 31](#)

[WHAT MEDICAID RECIPIENTS AND OTHER LOW-INCOME ADULTS THINK ABOUT MEDICAID WORK REQUIREMENTS, JESSICA GREENE, HEALTH AFFAIRS BLOG, AUGUST 30](#)

[MAKING SMOKING CESSATION WORK FOR PEOPLE WITH MENTAL ILLNESSES AND OTHER VULNERABLE POPULATIONS, STEVEN SCHROEDER, HEALTH AFFAIRS BLOG, AUGUST 23](#)

[HEALTH INSURANCE COVERAGE: EARLY RELEASE OF ESTIMATES FROM THE NATIONAL HEALTH INTERVIEW SURVEY, JANUARY – MARCH 2017, COHEN R.A., MARTINEZ M.E. & ZAMMITTI E.P., NATIONAL HEALTH INTERVIEW EARLY RELEASE PROGRAM, NATIONAL CENTER FOR HEALTH STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, AUGUST 28](#)

[MARYLAND HEALTH SERVICES COST SAVINGS COMMISSION SEEKS TO EXPAND ALL-PAYER MEDICARE WAIVER TO INCLUDE DOCTORS, OTHER PROVIDERS, BALTIMORE SUN, AUGUST 24 & PROPOSAL SUMMARY](#)

[PRESS RELEASE BY SENATORS DICK DURBIN \(IL-D\), SHERROD BROWN \(OH-D\), JOE MANCHIN \(WV-D\), CORY BOOKER \(NJ-D\), ANGUS KING \(ME-I\), ROB PORTMAN \(OH-R\), SHELLEY MOORE CAPITO \(WV-R\), AND SUSAN COLLINS \(ME-R\), ANNOUNCING INTRODUCTION OF THE MEDICAID COVERAGE FOR ADDICTION RECOVERY EXPANSION \(MEDICAID CARE\) ACT, S. 1169, AUGUST 29](#)