

National Association of State Mental Health Program Directors

Weekly Update

CMS Refuses to Extend MEPD Demo, Saying It Could Not Find IMD Use Was Revenue-Neutral

The Centers for Medicare and Medicaid Services (CMS) has sent states notification it will not extend the [Medicaid Emergency Psychiatric \(IMD\) Demonstration \(MEPD\)](#) originally authorized under § 2707 of the Affordable Care Act and extended by Congress, without opposition, under [S. 599 of 2015 \(Pub. Law 114-97\)](#).

In an August 25 memo to the District of Columbia and the 11 states that participated in the earlier phase of the Demonstration, Acting CMS Principal Deputy Administrator Patrick Conway, M.D. said the CMS Office of the Actuary could not find that the extension would meet a budget-neutrality requirement of the extension legislation passed in December.

The legislation required that, in order for the Demonstration to continue, the Office of the Actuary had to determine, and the Secretary of Health and Human Services certify, that “the continued participation of [each] State in the demonstration project is projected not to increase net program spending under Medicaid.”

Dr. Conway noted in his memo that, because the initial Demonstration did not include a budget neutrality requirement, CMS had not required states to submit the types of data that would be necessary to evaluate budget neutrality. On May 23, 2016, CMS emailed states that participated in the original Demonstration to request voluntary submissions of data that could assist the Office of the Actuary in evaluating net Medicaid spending under the Demonstration, and Alabama, Maryland, Maine, Missouri, and North Carolina provided information to CMS.

However, after the Office of the Actuary had analyzed the information submitted by the five states, it determined it could not certify that a state's participation in an extension of the Demonstration would not increase net Medicaid spending.

Dr. Conway said in his memo to the (*cont'd on page 3*)

Surgeon General Launches Initiative to “Turn the Tide” on the Opioid Crisis

[U.S. Surgeon General Dr. Vivek H. Murthy](#) has sent a letter to 2.3 million health professionals in the U.S, asking them to lead a national movement to “turn the tide” on the nation’s prescription opioid epidemic.

In his letter, Dr. Murthy asks health professionals and public health advocates to take an on-line [pledge](#) to:

1. Educate themselves to treat pain safely and effectively.
2. Screen patients for opioid use disorder and provide or connect them with evidence-based treatment.
3. Talk about and treat addiction as a chronic illness, not a moral failing.

In his letter, Dr. Murthy notes that, “since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills.” He says that nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

Dr. Murthy says: “I know solving this problem will not be easy. We often struggle to balance reducing our patients’ pain with increasing their risk of opioid addiction. ... [W]e [need to] educate ourselves to treat pain safely and effectively.”

Dr. Murthy suggests a good place to start is [a pocket guide containing Opioid Prescribing Guidelines](#) promulgated by the Centers for Disease Control and Prevention.

D.C. Work Days Left in the 114th Session of Congress (2015-2016) (Congress is off through Labor Day)

17 – House Work Days before Election Day

16 – House Work Days after Election Day

23 – Senate Work Days before Election Day

20 – Senate Work Days after Election Day

NIMH Research Funding Opportunities

Research on Autism Spectrum Disorders (R21) ([PA-16-386](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R21 grant supports early-stage exploratory studies of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant scientific impact. Applications for R21 awards should describe projects distinct from those supported through the traditional R01 activity code. For example, long-term projects, or projects designed to increase knowledge in a well-established area, are not appropriate for R21 awards. Preliminary data are not required for R21 applications; however, they may be included if available.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 16, 2016

Expiration Date: September 8, 2019

The combined budget for direct costs for the two year project period may not exceed \$275,000. No more than \$200,000 may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R03) ([PA-16-387](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R03 grant application may not contain extensive detail or discussion. R03 applications may include development of new research methodologies or technology, secondary analysis of existing data, and pilot or feasibility studies. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Expiration Date: September 8, 2019

Open Date (Earliest Submission Date): September 16, 2016

The combined budget for direct costs for the two year project period may not exceed \$100,000. No more than \$50,000 in direct costs may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R01) ([PA-16-388](#))

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD).

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 5, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 5, 2016

Expiration Date: September 8, 2019

The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but must reflect the actual needs of the proposed project. The total project period may not exceed 5 years.

CMS Investigating Whether Providers Steer Medicare, Medicaid Enrollees to Marketplace Plans for Higher Pay

The Centers for Medicare and Medicaid Services (CMS) said August 18 it is investigating whether some providers or affiliated groups have improperly steered people who would be eligible for Medicare or Medicaid toward individual market plans, in order to obtain higher reimbursement rates.

The agency published a request for public comment in the August 23 Federal Register.

CMS said it has heard anecdotal reports that individuals who are eligible for Medicare and/or Medicaid benefits are receiving premium and other cost-sharing assistance from a third party so that the individual can enroll in individual market plans for the provider's financial benefit. CMS says the health care provider estimates that the higher payment rate from an individual market plan compared to Medicare or Medicaid is sufficient to allow it to pay a patient's premiums and still financially gain from the higher reimbursement rates.

The agency says enrollment decisions should be made, without influence, by the individual based on their specific circumstances and health and financial needs. CMS points to its standards for enrollment assisters, including navigators, which prohibit gifts of any value as an inducement for enrollment, and require information and services to be provided in a fair, accurate, and impartial manner.

CMS Refuses to Extend IMD Demo

(cont'd from page 1) states that the Office of the Actuary also reviewed a draft final evaluation of the earlier phase of the Demonstration by the evaluation contractor, Mathematica Policy Research (MPR), and found little to no evidence of savings from the Demonstration, and no evidence of impact on inpatient admissions to IMDs or general hospital scatter beds or scatter bed lengths of stays, emergency room visits, emergency department boarding, or discharge planning by participating IMDs. Federal costs for IMD admissions increased, although changes in costs to states, IMDs, and other payers varied by state.

Dr. Conway said it was difficult to determine the extent to which these findings were driven by data limitations, were affected by external events, or reflect true effects of the Demonstration.

Dr. Conway suggested that the states instead implement 15 days of IMD services authorized within managed care under the final [Medicaid managed care regulations](#) published in the May 6 Federal Register.

NASMHPD and other interested advocates, including the National Association of Psychiatric Health Systems and the

Study Suggests Young Adult Job Dissatisfaction Impacts Mid-Life Mental Health

Researchers from Ohio State University say job dissatisfaction during a worker's 20s and 30s appears to have a significant impact on mid-life mental health.

For their nationwide study, sociologists Jonathan Dirlam and Hui Zhang analyzed data from the [National Longitudinal Survey of Youth 1979 \(NLSY79\)](#), conducted by Ohio State's Center for Human Resource Research for the U.S. Bureau of Labor Statistics. That survey followed adults who were between the ages of 14 and 22 when the survey began in 1979. Participants rated how much they liked their jobs from 1 (dislike very much) to 4 (like very much). About 45 percent of participants had consistently low job satisfaction, while another 23 percent had levels that were trending downward through their early career.

Dirlam and Zhang followed the job trajectories of 6,432 NLSY79 study participants from age 25 until age 39, sorting them into four groups: those whose satisfaction started high but began to decrease (23 percent of respondents); those whose satisfaction started low but began to increase (17 percent); those with consistently low satisfaction (45 percent) and those with consistently high satisfaction (15 percent).

While job satisfaction had some impact on physical health, its effect was particularly strong for mental health. People who were in the low job satisfaction group throughout their early careers scored worse on all five of the mental health measures studied. They reported higher levels of depression, sleep problems, and excessive worry. They were also more likely to have been diagnosed with emotional problems and scored lower on a test of overall mental health.

Zheng noted that the participants studied were only in their 40s. "The higher levels of mental health problems for those with low job satisfaction may be a precursor to future physical problems" such as cardiovascular issues.

The study was presented August 22 at the annual conference of the American Sociological Association.

National Association of Medicaid Directors have contacted the offices of Senator Ben Cardin (D-MD), the sponsor of the extension legislation, about the CMS shutdown of the Demonstration.

The states participating in the first phase of the Demonstration, which paid for only private hospital services, were—in addition to D.C.—Alabama, California, Connecticut, Illinois, Maine, Maryland, Missouri, North Carolina, Rhode Island, Washington, and West Virginia.



National Summit on Military and Veteran Peer Programs

Save the Date!

National Summit on Military and Veteran Peer Programs: Advancing Best Practices

November 2-3, 2016
University of Michigan - Ann Arbor

This two-day interdisciplinary forum will:

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan "Big House."

Mark your calendars for this seminal event! Registration will be limited. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

**This is an open event.
Please share this information
with others who may be interested in
attending.**

SAMHSA-Sponsored Webinar Opportunity

Presented by OnTrackNY

Cultural Competence and Caring for Individuals with First-Episode Psychosis and their Families

Monday, August 29, 2 p.m. to 3:30 p.m. ET

OnTrackNY is a coordinated specialty care (CSC) program that provides early intervention services to individuals experiencing a first-episode psychosis (FEP). Its speakers will discuss the cultural competency approach used by the OnTrackNY team, focusing on the development and implementation of two main components: the DSM-5 Cultural Formulation Interview (CFI) and the OnTrackNY "Guidelines of Best Practices on Culture and FEP." The CFI is a standardized set of questions for conducting a cultural assessment during a diagnostic interview, which was developed for DSM-5 by an international team of collaborators (led by an OnTrackNY consultant); it is used in the initial assessment of every FEP participant. The Best Practices guideline was developed by a collaborative of OnTrackNY teams, which identified common cultural themes encountered when working with clients and families and developed a set of case examples and best practices for delivering FEP care.

The speakers will describe how local clinical teams applying the FEP model can use these cultural competency practices in their own settings. The webinar will cover strategies for effectively working with individuals and families with diverse religious beliefs, varying levels of acculturation, language barriers, and cultural issues specific to adolescents and young adults. Another key element of the presentation will involve how to address cultural aspects of gender and sexuality in the care of early psychosis, including working with individuals who identify as lesbian, gay, bisexual, or transgender (LGBT), or who are exploring their gender identity or sexual orientation.

Presenters:

Iruma Bello, PhD, Clinical Training Director of OnTrackNY with the Center for Practice Innovations at the New York State Psychiatric Institute (NYSPI)

Roberto Lewis-Fernández, MD, Professor of Psychiatry at Columbia University Medical Center, and Director of the NYS Center of Excellence for Cultural Competence at NYSPI

Walter Bockting, PhD, Professor of Medical Psychology (in Psychiatry and Nursing) at Columbia University, and Co-Director of the Program for the Study of LGBT Health in the Division of Gender, Sexuality, and Health, New York State Psychiatric Institute, Columbia Psychiatry.

REGISTER [HERE](#)

MENTAL HEALTH DISPARITIES RESEARCH AT THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



Mental Health Disparities Research at NIMH: Cross-Cutting Aspects of the NIMH Strategic Plan in 2016

Wednesday, August 31, 2 p.m. to 3 p.m. ET

REGISTER [HERE](#)

Brian Ahmedani, M.D.

Director of Psychiatry Research, Behavioral Health Services
Research Scientist, Center for Health Policy & Health Services Research Henry Ford Health System

Olivia I. Okereke, M.S., M.D.

Associate Professor of Psychiatry, Harvard Medical School
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

ABOUT THE WEBINAR SERIES - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

WHO SHOULD ATTEND - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

REGISTER NOW: Space is limited. Don't miss this valuable opportunity!

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.

Avalere Predicts 10.1 Million Will Be Enrolled in Marketplaces at End of 2016

A new [Avalere Health analysis](#) predicts there will be 10.1 million people enrolled in Marketplace plans by the end of 2016, less than half the 21 million Marketplace enrollees originally predicted for 2016 by the Congressional Budget Office (CBO) when the Affordable Care Act passed in 2010.

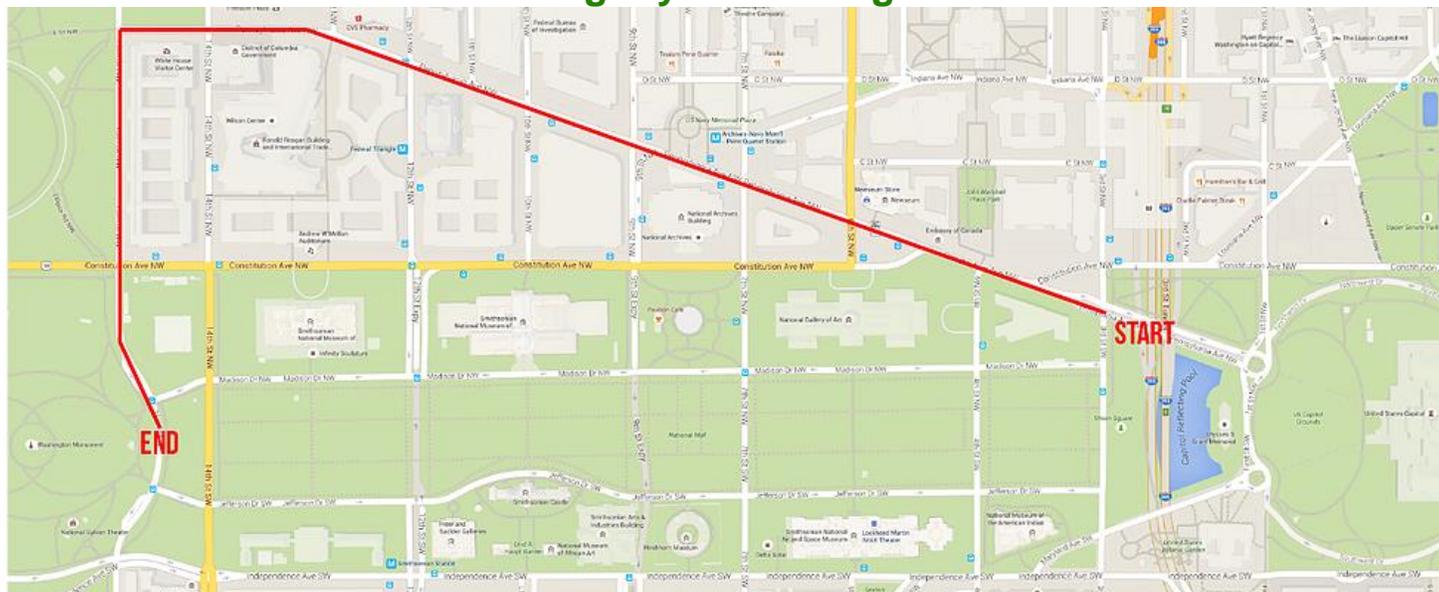
The CBO lowered its prediction to 12 million in March of this year, but the Avalere analysis confirms predictions by the Obama administration this past January of 10 million enrollees by the end of 2016.

Avalere found enrollment is lower than predicted because individuals are retaining their employer group coverage or off-Marketplace individual coverage, participation is low by healthy and middle-income individuals, and individuals are unaware of the available subsidies from the Federal government for lower-income individuals.

Avalere also found that Marketplace plan enrollees tend to be older and lower-income individuals who are more expensive to cover than younger, wealthier people. However, the analysis also found Marketplace participation rates decline significantly as incomes increase and, as a result, enrollee premium assistance decreases.

Finally, Avalere found that males and Hispanics have enrolled in Marketplace plans at lower rates than expected.

Destination Dignity Rally & March | October 10, 2016 | Washington, DC Join the March for Dignity and Change for Mental Health!



TIME OF MARCH: 11 A.M. to 3 P.M.

STARTING POINT: Capitol Reflecting Pool / END POINT: Washington Monument

The march will begin at the corner of 3rd St NW & Pennsylvania Ave NW. It will then head NW on Pennsylvania Ave for approx. 6 blocks (Pennsylvania Ave briefly merges w/ Constitution Ave NW, then resumes as Pennsylvania). At the end of the six blocks, it will head south on 15th St NW for approx. 2.5 blocks (until just past Madison Drive NW).

Inaugural J-PAL Health Care Delivery Innovation Competition Winners Announced

[The Abdul Latif Jameel Poverty Action Lab \(J-PAL\) North America](#), a research center at the Massachusetts Institute of Technology (MIT), has announced the winners of its inaugural Health Care Delivery Innovation Competition. The competition supports the development of large-scale randomized controlled trials of innovative programs with the potential to serve as models for improving health care for vulnerable populations.

The four winning organizations are CareOregon, a nonprofit health plan serving a large Medicaid population in Oregon; the Commonwealth Care Alliance, a Massachusetts care delivery system for Medicare and Medicaid beneficiaries with complex medical needs; the Louisville Metro Department of Corrections; and the Northeast Delta Human Services Authority, a quasi-governmental behavioral health care safety net provider in northeastern Louisiana.

“We are thrilled to have the opportunity to work with these four innovative organizations to generate evidence with the potential to inform the practice of health care across the United States,” said Amy Finkelstein, the John and Jennie S. MacDonald Professor of Economics at MIT and co-scientific director of J-PAL North America.

J-PAL North America will work with the winning organizations to develop rigorous evidence on pressing issues in health care delivery and public health: addressing the opioid epidemic, improving social determinants of health,

integrating primary and behavioral health care, and engaging high-cost, high-need patients.

CareOregon coordinates health care with social services including housing, nutrition, and social supports. The grant from J-PAL will provide the technical assistance to analyze and evaluate the results of these efforts.

Commonwealth Care Alliance, which uses financial incentives to engage some of its highest-need, but most difficult-to-reach patients, will collaborate with J-PAL North America to study whether these incentives can increase patient engagement in the initial steps of the care process, and subsequently improve downstream health and reduce health care spending.

The Louisville Metro Department of Corrections is designing a pay-for-success initiative to provide treatment to individuals with substance abuse disorders discharged from Louisville, Kentucky jails. Louisville will leverage competition resources to evaluate whether these services can improve health outcomes and reduce recidivism.

The Northeast Delta Human Services Authority has developed an innovative integrated services network to provide integrated primary care and a range of social services, including housing, employment, and transportation, to rural and low-income populations with behavioral health needs.

SAMHSA-Sponsored Webinar Opportunity

**Presented by the National Federation of Families and the
National Association of State Mental Health Program Directors**

Serving Youth with Co-Occurring Developmental and Behavioral Disorders

Tuesday, September 6, 2 p.m. to 3:30 p.m. Eastern Time

Public systems are challenged by obstacles when providing for children with co-occurring developmental and emotional and behavioral disorders.

- 30-50% of children and adolescents with intellectual disability (ID) have co-occurring behavioral health (BH) disorders or challenging behavior (studies vary widely)
- 40-70% with autism spectrum disorders have co-occurring psychiatric disorders (anxiety, depression and others)

Among this very diverse group of children and youth, many encounter restricted access to essential supports. Their behavioral difficulties and distress are often misunderstood and sometimes ignored. Since our public and private systems and categorical funding are not structured to address their needs, these young people are at high risk of expensive and preventable out-of-home placements in foster care, juvenile detention, psychiatric institutions and developmental disabilities centers, as well as homelessness or incarceration as adults. Many individuals face a series of disrupted placements and long-term confinement. Children and youth with developmental disabilities experience serious trauma at rates far higher than their peers, including bullying, teasing, and physical, emotional and sexual abuse, that often do not receive needed attention. As a group, they may suffer from significant medical problems as well. Stress for parents can be severe and unrelenting, especially when their children are excluded from public programs or offered services that do not match their needs. In some states families find they are unable to obtain intensive services that their children need unless they relinquish custody to state authorities.

This webinar will look at how some states, in particular New Jersey, have developed ways to support broad inter-agency collaboration on behalf of this population. We will also look at the pivotal role of Families and Family Organizations in the successful outcomes in better serving this neglected population.

Moderator: Lynda Gargan, PhD, Executive Director, National Federation of Families for Children's Mental Health.

Panelists:

Diane M. Jacobstein, PhD, Clinical Psychologist in the Georgetown University Center for Child and Human Development-UCEDD

Elizabeth Manley, LSW, Assistant Commissioner for New Jersey's Children's System of Care.

REGISTER [HERE](#)

For attendees, this is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room.

We highly recommend that you test your connection to Adobe Connect in advance of the webinar to ensure access. You may need to work with your state's IT Department to resolve any firewall issues. To test your connection, please go to: http://nasmhpd.adobeconnect.com/common/help/en/support/meeting_test.htm . You may be prompted to install ActiveX control, Adobe Flash Player, and Adobe Connect add-ins. If you encounter any difficulty testing your connection or logging into the webinar, please contact Technical Support by calling 1-800-459-5680.

Questions should be directed to [Kelle Masten](#) by email or at 703-682-5187.

Additional SAMHSA-Sponsored Webinar Opportunities

Presented by the National Council for Behavioral Health

SBIRT (Screening, Brief Intervention and Referral to Treatment) in Mental Health Settings

Tuesday, August 30, 3 p.m. to 4:30 p.m. Eastern Time

People with mental health conditions are more likely to experience risky drug and alcohol use and substance abuse conditions. This webinar will address the data that substantiates the link between mental health and addictions and the core competencies needed to implement an SBIRT protocol in mental health settings (including screening, brief intervention, integrating BI into existing clinical practice, enhancing workflows to include SBIRT, and best practices for referral). The topic areas covered by this webinar include:

- Statistics/Data on Effectiveness of SBIRT.
- Rationale for support of SBIRT by federal, state and local governments and public insurance.
- Continuum of use of alcohol including rates of non-use, low risk use, risky use and dependent use in the US; Discussion of risky and harmful limits daily and weekly.
- Overview of SBIRT major components, Screening, Brief Intervention and Referral to Treatment.
- Evidence based screening tools.
- Strategies to integrate the SBIRT protocol into mental health services.

REGISTER [HERE](#)

Presenters:

Teresa Halliday, Director of Practice Improvement at the National Council for Behavioral Health

Pam Pietruszewski, Integrated Health Consultant with the National Council for Behavioral Health

Presented by the National Federation of Families for Children's Mental Health

An Overview of Family Peer Support Certification: Insights into State Implementation

Thursday, September 1, 2 p.m. to 3:30 p.m. Eastern Time

As the field of Family Peer Support continues to evolve, states are developing certification standards to ensure the provision of quality services. These standards vary from state to state and are reflective of the unique characteristics of the state. While many states are creating certification for Family Peer Support, others are electing to adopt and utilize the national certification standards and examination, developed by the National Federation of Families for Children's Mental Health.

Join us as we discuss certification standards that have been developed in Texas and Michigan and the national certification standards. Learn more about the processes that were involved in the development of each of these certifications and lessons learned through these processes. Our presenters will discuss the training, experience and educational requirements of each certification process and will offer insights as to how Family Peers are being utilized in a variety of settings.

Presenters:

Jane Shank, Executive Director, Michigan Association for Children's Mental Health

Barbara Granger, Family Coordinator, Via Hope

Lynda Gargan, Executive Director, National Federation of Families for Children's Mental Health

REGISTER [HERE](#)

For attendees, both webinars are "listen only". Should you need to dial in, the instructions are on the note pad in the seminar room.

Questions should be addressed to [Kelle Masten](#) via email or at 703-682-5187.

A SAMHSA-Sponsored Webinar Opportunity

Part 2: Addressing Suicidal Ideation and Behaviors in Individuals with a First Episode of Psychosis

Wednesday, September 7, 2 p.m. to 3:30 p.m. Eastern Time

Individuals with schizophrenia and other psychoses are at heightened risk of suicide. According to the Centers for Disease Control, "Persons with schizophrenia pose a high risk for suicide. Approximately one-third will attempt suicide and, eventually, about 1 out of 10 will take their own lives." NIMH, in their White Paper on Coordinated Specialty Care (CSC) services for individuals experiencing a first episode of psychosis, recommends that: "... CSC staff members must understand common problems that cut across all service categories, such as difficulties in engaging the client and their family members, clients' vulnerability for developing substance use problems, and heightened risk of suicide during the early years of treatment." To assist States and block-grant funded First Episode Psychosis program providers in recognizing and addressing suicidal risks in their clients, SAMHSA/CMHS has sponsored two virtual sessions that address the issues of identifying and addressing suicidal ideation and behavior.

This second webinar of the two-part series shifts focus from identifying individuals at increased risk for suicide to addressing suicidal behavior in persons with FEP. The webinar will be a virtual learning forum to discuss the clinical and programmatic issues that FEP programs must address once suicidal ideation and behaviors have been identified. Experts on suicidality in schizophrenia will discuss their experiences in addressing suicide risks and behaviors within a CSC program. They will specifically focus on the value of continuous risk assessments for clients with FEP, the importance of safety planning, and the need for both proactive and reactive risk management. These valuable lessons will be presented through the lens of real-world cases, and will include attention to cultural issues.

Presenters:

Federal Welcome: Monique Browning, Public Health Advisor, SAMHSA/CMHS Division of State and Community Systems Development

Yael Holoshitz, M.D., Psychiatrist, Columbia University/New York State Psychiatric Institute

Tara Niendam, Ph.D., Psychologist, Director of Operations, EDAPT and SacEDAPT Programs at UC Davis

James Wright, LCPC, Public Health Advisor in SAMHSA/CMHS Suicide Prevention Branch

REGISTER FOR PART 2 OF THIS WEBINAR SERIES [HERE](#)

The first session of this two-part series on recognizing and addressing suicidal ideation and behavior in individuals with a first episode of psychosis, *Recognizing Suicidal Ideation and Behaviors in Individuals with a First Episode Psychosis*, was held on June 28, 2016. It focused on the strategies and tools available to providers and public health authorities to identify and monitor suicidal ideation and behavior. Specific focus was paid to addressing suicidality among individuals with schizophrenia, and the unique challenges for individuals with FEP. The presenters have expertise in developing instruments to assess and identify suicidal ideation (specifically the Columbia Suicide Severity Rating Scale), and have experience implementing these tools in FEP clinical settings (OnTrack and EDAPT).

A recording of the webinar is available at: <http://www.nasmhpd.org/content/part-i-recognizing-suicidal-ideation-and-behavior-individuals-first-episode-psychosis>.

NIH Funding Opportunity: Development of Technology to Support Zero Suicide

Title: [Products to Support Applied Research Towards Zero Suicide Healthcare Systems](#)

Open Date (Earliest Submission Date): August 5, 2016. **Due Date:** September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

Letter of Intent: Due 30 days prior to the application due date.

Funding: \$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017

will depend on annual Congressional appropriations.

Award Project Period: Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact [Adam Haim](#) by email or at 301-435-3593 for further guidance.



NASMHPD Joins National Suicide Prevention Messaging Campaign: #BeThe1To



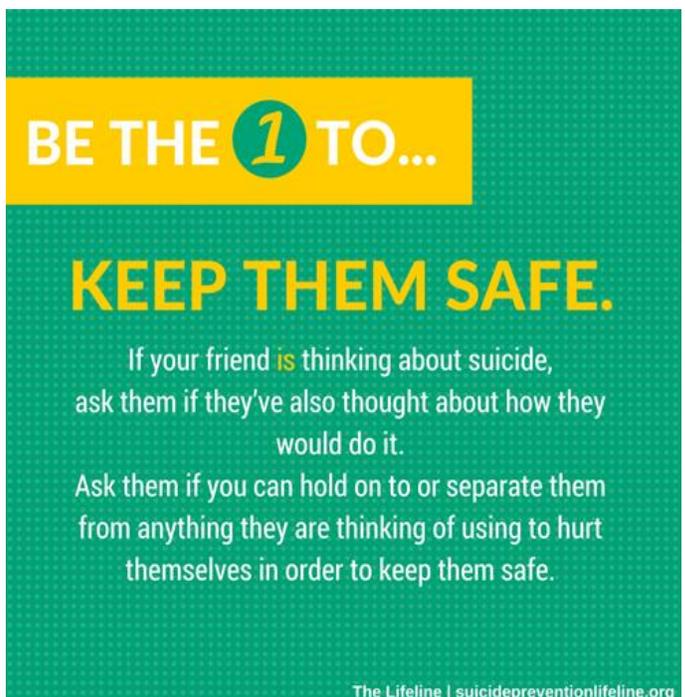
teachers, coaches, etc.—and to the Lifeline and other 24/7 crisis care resources); and

5. #BeThe1To Follow Up (and check in regularly with the person you are concerned about, for days and weeks after the crisis, let them know you are thinking about them, and you are there to help if needed).

Lifeline will launch a messaging kit on September 1 to kick off the #beThe1To campaign. The kit will contain social media posts and graphics—such as the example below—that illustrate the five steps that organizations can post throughout September. Lifeline will also be hosting a Twitter chat on Friday, September 9 in honor of World Suicide Prevention Day (Saturday, September 10). To join the #BeThe1To campaign, contact communications@mhaofnyc.org.

In recognition of September being National Suicide Prevention Awareness Month, NASMHPD has joined the National Suicide Prevention Lifeline network in promoting the #BeThe1To suicide prevention messaging campaign. The goal of the #BeThe1To campaign is to build a unified public messaging framework that can be used to show how we all can take actions to help others or ourselves to prevent suicide. Lifeline has developed five action steps to the #BeThe1To campaign:

1. #BeThe1To Ask About Suicide
2. #BeThe1To Keep Them Safe (remove access to lethal means);
3. #BeThe1To Be There (be present, listen with compassion and without judgment, let them know you care about them);
4. #BeThe1To Help Them Connect (to caring others—friends, family, therapists, clergy,



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.

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](#).

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under The State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health 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 the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

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.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD's [Pat Shea](#) by email or at 703-682-5191.



American Association for the Treatment
of Opioid Dependence, Inc.
Expanding Access to Quality Opioid Addiction Treatment Services Since 1984

2016 National Conference (October 29 to November 2)

2016 Awards Program

November 1, 2016

Baltimore Marriott Waterfront

Baltimore, MD

The Friend of the Field Award: [Michael Botticelli, MEd](#), Director, White House Office of National Drug Control Policy (ONDCP)

This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

Nyswander/Dole "Marie" Award

AATOD will be honoring 10 individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this award in 1983.

[Ray Caesar, LPC, Oklahoma](#)
[Spence Clark, MSW, North Carolina](#)
[Alice Gleghorn, PhD, California](#)
[Robert Kent Esq., New York](#)
[Robert Lambert, MA, Connecticut](#)

[Richard Moldenhauer, MS, Minnesota](#)
[Kenneth Stoller, MD, Maryland](#)
[Trusandra Taylor, MD, Pennsylvania](#)
[Hoang Van Ke, MD, Vietnam](#)
[Einat Peles, PhD, Israel](#)

The Richard Lane/Robert Holden Patient Advocacy Award: [Brenda Davis, MSW](#)

This award honors the work of Richard Lane and Robert Holden. Both are recovering heroin-addicted individuals who changed their lives and the lives of many by establishing and managing Opioid Treatment Programs. Their work and commitment has shown that medication-assisted treatment does work. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

[REGISTER HERE](#)

5 Days Left for Comment to The President's Parity Task Force

The Obama Administration's Mental Health and Substance Use Disorder Parity Task Force wants to hear about your experience with mental health and substance use disorder treatment services. What are your suggestions for improving awareness of parity protections and monitoring health plans' compliance with the parity mandate?

The Task Force will submit a report to the President in October.

The comment period is open until **Wednesday, August 31, 2016**.

COMMENT [HERE](#) OR AT PARITY@HHS.GOV.

NASMHPD's COMMENTS TO THE TASK FORCE ARE [HERE](#).

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NASMHPD LINKS OF INTEREST

[OLDER AMERICANS 2016: KEY INDICATORS OF WELL-BEING](#), HHS ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE), (AUGUST 2016)

[2016 RECOMMENDATIONS OF THE PUBLIC MEMBERS OF THE ADVISORY COUNCIL ON ALZHEIMER'S RESEARCH, CARE, AND SERVICES](#) (AUGUST 2016)

[WHAT INDIVIDUALS IN RECOVERY NEED TO KNOW ABOUT WELLNESS \(SPANISH VERSION\)](#), SAMHSA (AUGUST 2016)

[PROMOTING WELLNESS – A GUIDE TO COMMUNITY ACTION \(SPANISH VERSION\)](#), SAMHSA (AUGUST 2016)

[VIRGINIA MEDICAL INTERPRETING COLLABORATIVE WEBSITE](#) (THE VIRGINIA MEDICAL INTERPRETING COLLABORATIVE IS A STATEWIDE NETWORK OF TRAINED INTERPRETERS, HEALTH CARE PROVIDERS, HOSPITALS, ADMINISTRATIVE STAFF, AND COMMUNITY ACTIVISTS WORKING WITH THE LIMITED ENGLISH PROFICIENT (LEP) POPULATION OF VIRGINIA.)