NASMHPD

VOL. 3, NO. 30
AUGUST 4, 2017

National Association of State Mental Health Program Directors

Weekly Update

## Senate HELP Plans September Bipartisan Work on Stabilizing the Individual Health Insurance Market

Senate Health Education Labor and Pensions (HELP) Chairman Lamar Alexander (TN-R) and Ranking Member Patty Murray opened the August 1 nomination hearings for SAMHSA Assistant Secretary Nominee Elinor McCance-Katz and Surgeon General Nominee Jerome Adams (*see page 2)* by announcing the HELP committee would also be holding hearings, beginning September 4, on proposed bipartisan solutions for stabilizing the individual health insurance market.

Chairman Alexander said the hearings would continue throughout early September, with the aim of voting on potential solutions before the September 27 deadline for insurers to decide on participating in the Affordable Care Act Marketplace in 2018. Senate Finance will also hold a September hearing on the issue.

The Chairman said he had asked President Donald Trump to continue paying insurers cost-sharing reduction payments (CSRs) at least through September, as HELP works on market stabilization solutions. The President has publicly threatened each month since taking office to withhold the monthly payments, which the U.S. District Court for the District of Columbia ruled September 9, 2015, in the *U.S. House of Representatives v. Burwell,* cannot be distributed because Congress never permanently appropriated the money for their payment. President Trump most recently repeated the threat after the Senate vote to repeal and replace the Affordable Care Act failed on July 28.

An October 2016 Obama Administration appeal of the Federal Court's ruling in *House v. Burwell* and an order enjoining payment of the CSRs has been stayed at the request of Congress since December 5, 2016. On August 1, 15 Democratic State Attorneys General and the Attorney General for the District of Columbia won permission from the U.S. Court of Appeals for the D.C. Circuit to intervene in the lawsuit, in order to defend payment of the subsidies. The court said the states had demonstrated standing by showing the risk of premium hikes and an uptick in the number of uninsured people seeking uncompensated care at state-funded hospitals.

"The States have shown a substantial risk that an injunction requiring termination of the payments at issue here … would lead directly and imminently to an increase in insurance prices, which in turn will increase the number of uninsured individuals for whom the States will have to provide health care," a three-judge panel on the U.S. Court of Appeals for the District of Columbia Circuit wrote. The court also acknowledged that the Trump Administration's Department of Health and Human Services would adequately defend payment of the CSRs in court. The inclusion of the states in the lawsuit makes it less likely that the Administration will peremptorily suspend payments.

In announcing the hearings scheduled for throughout September, Senator Alexander stressed the need for deliberations to be non-partisan. He also indicated he would be inviting non-committee members to participate.

It is likely the solutions offered will include at least a permanent authorization for the CSRs and the creation of a stabilization fund to prop up insurers covering the health care costs of the sickest of enrollees. Senate HELP staff will be drafting legislation throughout the month of August.

### Table of Contents

Senate HELP Plans September Bipartisan Work on Stabilizing the Individual Health Insurance Market

Senate HELP Committee Approves Nominations of Elinore McCance-Katz as SAMHSA Assistant Secretary, Jerome Adams as Surgeon General

Commission on Combating Drug Addiction & the Opioid Crisis Releases Interim Report

Funding Opportunity Announcement: Lifeline Network State Capacity Building Initiative

Full-Time Position Available with the Mental Health Association of NYC – Director of Network Development

August 17 Webinar Opportunity: Medicaid Coverage and Financing of MAT, Current Status, and Promising Practices

SAMHSA Two-Part Webinar Series for Faith-Based and Community Leaders on the Opioid Crisis (August 9 & 16)

August 7 & 18 SAMHSA-Sponsored Webinar Series: A Historical Overview of the Origin, Purpose, and Impact of the Mental Health Block Grant (MHBG): A Two-Part Series

Jenifer E. Urff Rejoins NASMHPD as Training and Assistance Project Director

August 9 SAMHSA-Sponsored Webinar: Crisis Now: Transforming Services is Within Our Reach

Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series: Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders

Center for Trauma-Informed Care Trainings

TA on Preventing the Use of Restraints and Seclusion

TA Network Monthly Minute: Better Behavioral Health Care through Psychotropic Medication Consultation

September 6-7 Brain Futures 2017 Conference

NASMHPD Early Intervention in Psychosis Virtual Resource Center

State Mental Health TA Project

NASMHPD Board & Staff

NASMHPD Links of Interest

## Senate HELP Committee Approves Nominations of Elinore McCance-Katz as SAMHSA Assistant Secretary, Jerome Adams as Surgeon General

The Senate Health Education Labor and Pensions Committee on August 2 voted to approve the nominations of Dr. Elinore McCance-Katz as Assistant Secretary of Substance Abuse and Mental Health Services, Dr. Jerome Adams as U.S. Surgeon General, and Lance Robertson as Assistant Secretary of Aging and head of the Administration for Community Living.

The HELP Committee approval followed an August 1 hearing on the nominations of those candidates, as well as Dr. Brett Giroir to be Assistant Secretary for Health and Dr. Robert Kadlec as Assistant Secretary for Preparedness and Response.

Much of the questioning of Dr. McCance-Katz and Dr. Adams focused on their plans for fighting the nation's opioid epidemic.

In her opening statement, Dr. McCance-Katz said:

> *Our nation is afflicted by a crisis of opioid addiction, overdose and death. Sadly, to a large extent, this is a crisis that has grown out of ill-informed and misguided attempts to address issues of pain. Data from the National Survey on Drug Use and Health tell us that 54 percent of misusers obtained opioid medications free from friends and relatives while 34 percent admit to misusing opioids prescribed by their doctor for pain management. The data teaches important lessons about prevention and treatment issues. We must educate Americans on safe and appropriate use of pain medications. Innovative approaches to healthcare practitioner training should address effective pain management, identification and treatment of substance use disorders, as well as frequently co-occurring mental disorders. Increasing access to care and recovery services is critically important to addressing the opioid epidemic. Evidence-based medication-assisted treatment, peer specialists, and a growing array of community supports are essential underpinnings of recovery and form the basis of a collaborative care model that can best serve Americans.*

Dr. McCance-Katz also touched on concerns expressed by Congress and in her own writings regarding the Substance Abuse and Mental Health Services Administration's alleged neglect of the issues involved in serious mental illness:

> *For too long, the care and treatment needs of the most seriously mentally ill Americans have been neglected. SAMHSA national survey data indicates that 35 percent of Americans with the most serious mental illnesses receive no treatment whatsoever. In addressing this, SAMHSA must assure that program funding supports evidence-based early intervention, treatment and recovery services. … We must focus on evidence-based services including psychiatric care, medication and psychotherapy treatments, in collaboration with peer support and other community-based services designed to provide the resources needed to assure the best possible outcomes. We must also work to include the families of those with serious mental illness in the discussion of their loved one's needs.*

And in an apparent reference to industry-wide concerns about the effects of the 42 CFR Part 2 restrictions on disclosure of substance use disorder treatment to other providers, Dr. McCance-Katz assured:

> *If confirmed, I would look forward to working with Congress and stakeholder groups on how to share information urgently needed to assure care and safety of a person* while also paying attention to their privacy rights.

Rep. Tim Murphy (R-PA) on July 28 filed H.R. 3545, the Overdose Prevention and Patient Safety Act, which would apply 45 CFR 164.506 of the rules adopted under the Health Insurance Portability and Accountability Act (HIPAA) to disclosures for the purposes of treatment, payment, and health care operations of the content of records of the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with substance abuse education, prevention, training, treatment, rehabilitation, or research. The bill would, at the same time, prohibit use of such information in criminal proceedings, as under current law. Similar legislation is expected to be introduced in the Senate.

In response to questioning from Senator Bill Cassidy (R-LA) about how she would improve access to services for serious mental illness, Dr. McCance-Katz said there would never be enough psychiatrists, but that she would move to promote the training and greater use of allied health professionals such as nursing assistants and physicians assistants, and greater use of telehealth. She also said she would seek greater integration of mental health and substance use disorder treatment into primary care settings.

With regard to how she would seek to address the opioid use epidemic, she told Senator Cassidy she would reach out to the medical community about prescribing practices and work with other Federal agencies under the aegis of the Interagency Coordinating Committee created under 21st Century Cures.

She also assured Senator Maggie Hassan (D-ME) that, in contrast to public skepticism expressed by HHS Secretary Tom Price, she believes that Medication-Assisted Treatment "plays an important role in recovery."

Senator Cassidy promised the nominee she would have no bigger advocates in Congress than himself and Senator Chris Murphy (D-CT), two of the prime movers on the Cures Act which made the SAMHSA head an Assistant Secretary.

Senator Murphy asked Dr. McCance-Katz to step up enforcement efforts on mental health parity using new powers granted under 21st Century Cures. She responded that she wants to work with the Centers for Medicare and Medicaid Services on how mental health and substance use services are reimbursed, and look at ensuring treatment is levels-of-care based.

In response to questioning by Senator Susan Collins (R-ME), Dr. Adams promised to address the treatment of Neonatal Abstinence Syndrome suffered by the babies of addicted mothers. And he and the other nominees all promised to promote science in health care treatment and with regard to such issues as the connection between childhood vaccinations and the onset of autism. "I always want to lead with the science and represent the science, but I also want to listen to what stakeholders are saying and what my patients, if you will, the people of this country are saying," Adams said.

## President's Commission on Combating Drug Addiction and the Opioid Crisis Issues Interim Report

The Presidential Commission on Combatting Drug Addiction and the Opioid Crisis, chaired by New Jersey Governor Chris Christie, released an interim report July 31.

The report contains the following recommendations:

- The President should invoke a national state of emergency either through the Public Health Service Act or the Stafford Act;
- All 50 states should receive waivers from the Medicaid IMD exclusion to rapidly increase treatment capacity;
- Prescriber education requirements on substance use disorder prescribing should be mandated in medical and dental schools across the country, along with medical education on opioid prescribing for all Drug Enforcement Administration (DEA) registrants;
- Establish a Federal incentive to increase access to Medication-Assisted Treatment;
- Develop state model legislation to allow naloxone dispensing through standing orders, equip all law enforcement with naloxone, and co-prescribe naloxone with opioid prescriptions;
- Provide additional funding to, and coordinate among, the DEA, the Departments of Homeland Security and Justice, and the FBI to develop fentanyl detection sensors and disseminate them throughout the country, in order to reduce the amount of fentanyl that enters the country through the U.S. mail;
- Provide funding to create better data-sharing between state and Federal prescription drug monitoring programs (PDMPs);
- Align addiction privacy requirements with HIPAA through Rep. Tim Murphy's Overdose Prevention and Patient Safety Act, H.R. 3545; and
- Increase enforcement of Mental Health Parity and and Addiction Equity Act.

A final report from the Commission is due October 1. Its membership also includes former Representative Patrick Kennedy, North Carolina Governor Roy Cooper, Massachusetts Governor Charlie Baker, and Dr. Bertha Madras of Harvard Medical School.

The Commission was formed by Executive Order on March 29. It met once publicly on June 16 when it heard public testimony from nine leading nonprofits. It says it has gathered information and recommendations from numerous stakeholders.

Individual Commission members have organized "listening sessions" and solicited recommendations from treatment providers, addiction psychiatrists and other physicians, data analysts, professional medical and treatment societies, medical educators, healthcare organizations, pharmaco-epidemiologists, and insurers. Outreach also has been made to scientists with broad expertise in pain, addiction biology, and treatment. The Commission has received more than 8,000 comments from the public, including comments from at least 50 organizations.

In 2015, nearly two-thirds of drug overdoses were linked to opioids like Percocet, OxyContin, heroin, and fentanyl.

On August 3, the Senate passed legislation sponsored by West Virginia Senators Joe Manchin and Shelley Moore Capito, S. 581, which would require **that a history of opioid addiction be displayed in a patient's record in a manner "similar to other potentially lethal medical concerns." The bill would also require medical professionals to have access to the opioid information to ensure they can prescribe medically appropriate medications**. The bill now goes to the House.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

## 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 learn more about this opportunity, join the following informational webinar on August 8:

**RFP - Lifeline Network State Capacity Building Initiative**
**Date: Tuesday, August 8, 2 p.m. ET**
https://meet668533893.adobeconnect.com/rfp/

**Phone**: 877-567-1262, **Passcode 8006721**

## 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. 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.

## Webinar Opportunity:
## Medicaid Coverage and Financing of MAT, Current Status, and Promising Practices

*Thursday, August 17, 3:30 p.m. to 5 p.m. ET*

Join us for an upcoming webinar on a forthcoming update to the 2014 SAMHSA report, Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders. We will review information on state Medicaid payment policies for medication-assisted treatment (MAT), and speakers will present case studies of innovative MAT models. This up-to-date information about Medicaid MAT coverage will be helpful for consumers and family members, providers, health plan and Medicaid staff, policymakers, and government officials.

After this webinar, participants will:

- Understand how MAT currently is covered under Medicaid at the state level
- Understand barriers to MAT coverage and possible actions to improve coverage
- Be able to describe some innovative financing models

Contact the webinar organizers with questions or technical concerns by emailing communications@thenationalcouncil.org.

**REGISTER HERE**

Substance Abuse and Mental Health Services Administration
SAMHSA

## Two-Part Webinar Series for Faith-Based and Community Leaders on the Opioid Crisis

Join the U.S. Department of Health and Human Services Partnership Center and experts from SAMHSA and the Centers for Disease Control and Prevention (CDC) for a two-part webinar series specifically geared towards faith-based and community leaders on the opioid crisis.

### Part One: Understanding the Opioid Crisis: What's at the Heart of the Matter?

*Wednesday, August 9, Noon to 1 p.m. ET*

During part one of this series, national leaders from SAMHSA and the CDC will share data and the science about opioid addiction, and they will dispel some common misconceptions about treatment and recovery. Participants will have an opportunity to ask questions and will receive information about additional resources.

**REGISTER HERE**

### Part Two: There Is Hope: Treatment, Recovery, and Prevention

*Wednesday, August 16, Noon to 1 p.m. ET*

Connecting people to treatment and recovery support has been shown to be effective and can save lives. During part two of this series, experts from SAMHSA and the CDC will review early intervention and treatment options, and they will discuss the essential role that the community plays in recovery support and prevention. They will also discuss strategies for getting ahead of the problem, the impact of adverse childhood experiences on the development of a substance use disorder, and how upstream preventative action can restore hope and lead to a brighter and healthier future for generations to come. The webinar will close with a Q&A session and a review of resources

**REGISTER HERE**

## SAMHSA-SPONSORED WEBINAR SERIES

## A Historical Overview of the Origin, Purpose, and Impact of the Mental Health Block Grant (MHBG): A Two-Part Series

*New to State Mental Health?*

*Do you work on your state's Mental Health Block Grant Application?*

*Need a "refresher" on the history of our Mental Health System?*

*Want to know how the 2016 Cures Act has impacted the Block Grant?*

Recently, the National Association of State Mental Health Program Directors (NASMHPD) has seen a rapid turnover of State Mental Health Authority (SMHA) staff who work on the MHBG, in particular state planners. This turnover has resulted in much of the institutional knowledge about the MHBG, and its role in helping states create robust mental health systems, disappearing from many state systems. This two-part webinar series will focus on the history and context of the MHBG to bring together the threads of psychiatric treatment over time, the development of the federal structure for mental health services, and the legislative and legal milestones in public mental health services. It will showcase how the 1982 block grant requirements were embedded in the prior history and context and continue to impact how our system operates today.

While the presentations will be open to anyone, they will be targeted primarily to State personnel, especially new state planners. It is expected that a greater understanding of the block grant requirements will be achieved by knowing the broad-stroke history of mental illness treatment, the creation and history of the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS), the origin of the MHBG, and the respective roles of SAMHSA, the State Project Officers, the State Planner (including a few tips to help organize the process), and the Planning Council. Part Two will also highlight the recent statutory changes stemming from the 2016 Cures Act.

**Monday, August 7, 2 p.m. to 3:30 p.m. ET – PART ONE**

Part One will focus on the following areas BEFORE the 1982 Mental Health Block Grant:

- History of Psychiatric Treatment in the US
- Research, Legislative, and Legal Milestones
- Overview of the Mental Health Block Grant and its requirements
- Roles and Responsibilities of SAMHSA, State Project Officers, Block Grant Monitors, State Planner, and the State Planning Council

### Register HERE for Part I of the Webinar Series

**Friday, August 18, 2 p.m. to 3:30 p.m. ET– PART TWO**

Part Two will focus on the following areas AFTER the 1982 Mental Health Block Grant:

- History of Psychiatric Treatment in the US
- Research, Legislative, and Legal Milestones
- Overview of the Mental Health Block Grant and its requirements
- Roles and Responsibilities of SAMHSA, State Project Officers, Block Grant Monitors, State Planner, and the State Planning Council

### Register HERE for Part II of the Webinar Series

In consultation with SAMHSA, NASMHPD is excited to be working with Molly Brooms, a retired State Planner from Alabama, to develop and present these two webinars.

## Jenifer E. Urff Rejoins NASMHPD as Training and Assistance Project Director

A former NASMHPD Director of Government Relations and Senior Policy Counsel has returned to the organization as its Training and Assistance Project Director.

Jenifer E. Urff, an attorney who served in the NASMHPD policy position from 1997 to 2002, will be replacing Pat Shea, who will be leaving NASMHPD in September. Ms. Urff's appointment was announced July 30 at the NASMHPD Annual Meeting.

Since 2014, Ms. Urff has been a member of the senior leadership team at the Massachusetts Department of Mental Health-Western Area as Director of Recovery. In her role, she has helped to identify and implement strategic priorities across Western Massachusetts, including promoting trauma-informed approaches, cross-system collaboration, and a well-qualified, sustainable peer workforce.

After leaving NASMHPD, and until 2014, Ms. Urff served as Senior Policy Associate/ Deputy Director of Mental Health at Advocates for Human Potential, where she worked on various contracts for the Substance Abuse and Mental Health Services Administration, including a large contract to promote state mental health authority engagement in implementing community integration activities under the U.S. Supreme Court's decision in *Olmstead v. L.C*.

She has written on a number of topics, including trauma-informed care, the reduction of reliance on restraints and seclusion, state-funded housing assistance, and mental health parity.

Jenifer earned a Bachelor of Arts degree from the University of North Dakota and a Juris Doctor (JD) degree from the University of Michigan Law School.

## SAMHSA-SPONSORED WEBINAR
## Crisis Now: Transforming Services is Within Our Reach

*Wednesday, August 9, 2 p.m. to 3:30 p.m. ET*

Support for this webinar is provided by the SAMHSA State TA Project

The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality reported in 2010 that there were 2.2 million hospitalizations and 5.3 million emergency department (ED) visits related to a mental health condition or co-existing substance use condition. A continuum of crisis services can divert individuals experiencing behavioral health crisis from unnecessary ED visits and hospitalizations while providing cost-effective, community-based treatment of care.

The webinar is designed to provide:

- An overview of the four key elements of the *Crisis Now: Transforming Services is Within Our Reach* report, including the framework for states/communities to develop a comprehensive statewide crisis care system and where your system fits into the Crisis Now framework.
- A state example (Arizona) of developing and implementing a statewide model of crisis care, including key steps and lessons learned, funding mechanisms to finance the crisis system, and the importance of data collection to shape policy decisions.
- A provider perspective in promoting a modern crisis care system, including the value of technology and data collection.

**Presenters:**

- Thomas Betlach, Director of the Arizona Health Care Cost Containment System (AHCCCS)
- David Covington, LPC, MBA, Chief Executive Officer, RI International

**REGISTER HERE**

*Support for this webinar is provided by the SAMHSA State TA Project*

## 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

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

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

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

Ken Minkoff, M.D.
Senior System Consultant, ZiaPartners, Inc.
Clinical Assistant 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

## 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.

## 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.

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

***July – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.***

**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 man 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.

Click here to review previous Monthly Minutes.

### Check Out the Newest TA Network Monthly Minute:

**Better Behavioral Health Care through Psychotropic Medication Consultation**

This month's edition focuses on support for primary care providers in the use of psychotropic medication consultation to address the behavioral health needs of children, youth and young adults. Assisting primary care providers to engage in behavioral health consultation is one way to circumvent the shortage of behavioral healthcare providers that many communities face. This short animated video provides an overview of the topic and is accompanied by related resources and links to access additional information.

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**

## 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.

## 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.

## 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 Pat Shea (Pat.shea@nasmhpd.org ) or David Shern (David.shern@nasmhpd.org).

## NASMHPD Board of Directors

**Lynda Zeller (MI)**, NASMHPD President
**Valerie Mielke (NJ)**, Secretary
**Tracy Plouck (OH)**, Past President
**Thomas Betlach (AZ),** Western Regional Representative
**John Bryant (FL),** Southern Regional Representative
**Vacant**, At-Large Member
**Wayne Lindstrom, Ph.D. (NM)**, Vice President
**Terri White, M.S.W. (OK)**, Treasurer
**Sheri Dawson (NE)**, Mid-Western Regional Representative
**Barbara Bazron, Ph.D. (MD)**, Northeastern Regional Representative
**Doug Thomas, M.S.W., L.C.S.W (UT)**, At-Large Member

## NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director

Meighan Haupt, M.S., Chief of Staff

Raul Almazar, RN, M.A., Senior Public Health Advisior (PT)

Shina Animasahun, Network Manager

Genna Bloomer, Communications and Program Specialist (PT)

Cheryl Gibson, Senior Accounting Specialist

Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches

Leah Harris, Peer Integration Strategist

Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor

Christy Malik, M.S.W., Senior Policy Associate

Kelle Masten, Senior Program Associate

Stuart Gordon, J.D., Director of Policy & Communications

Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches

Jay Meek, C.P.A., M.B.A., Chief Financial Officer

David Miller, MPAff, Project Director

Yaryna Onufrey, Program Specialist

Kathy Parker, M.A., Director, Human Resources & Administration (PT)

Brian R. Sims, M.D., Sr. Medical Director/Behavioral Health

Greg Schmidt, Contract Manager

Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention

David Shern, Ph.D., Senior Public Health Advisor (PT)

Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor

Jenifer E. Urff, J.D., Project Director, Training & Technical Assistance

Aaron J. Walker, M.P.A., Senior Policy Associate


## NASMHPD Links of Interest

Final Report: Opioid Use, Misuse, and Overdose in Women, Department of Health and Human Services Office on Women's Health, July 19, 2017

May 2017 Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report, August 2

House Appropriations Bills Fall Far Short of Meeting National Needs, Center on Budget and Policy Priorities, July 26 (Page 9 discusses the cuts to the Mental Health Block Grant)

What Could Happen If The Administration Stops Cost-Sharing Reduction Payments To Insurers?, *Health Affairs* Blog, Timothy Jost, August 2

Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health, Han B. MD, PhD, MBH, Compton, W.M. MD, MPE, Blanco C. MD, PhD, Crane E. PhD, MPH, Lee J. PharmD, Jones C.M. PharmD, MPH, *Annals of Internal Medicine*, August 1

Trends and Characteristics of Occupational Suicide and Homicide in Farmers and Agriculture Workers, 1992–2010, Ringgenberg W. PhD, MPH, MS, Peek-Asa C., PhD, MPH, Donham K. DVM, MS, Ramirez M. PhD, MPH, *Journal of Rural Health*, April 2017

2017 Excellence in Community Communications and Outreach (ECCO) Recognition Program Webinar, hosted by Gary Blau, Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services at SAMHSA and Samantha Nuerminger of Active Minds