



National Association of State Mental Health Program Directors Weekly Update

SAMHSA Listening Session on Revising 42 CFR Part 2 Highlights Majority Consensus Supporting Disclosures Between Care Team Members

Witnesses at a July 31 SAMHSA-sponsored listening session on potential revisions to the Federal regulations governing disclosures of substance use disorder (SUD) patient diagnosis, treatment, and referral information were overwhelmingly in favor of loosening existing restrictions on the sharing of information among treatment providers.

Of the approximately 30 witnesses testifying by phone and in person at the SAMHSA hearing room, no more than a half-dozen spoke in favor of retaining the 42 CFR Part 2 prohibition against information-sharing among members of a care team included in the [recently finalized revised regulations](#), which take effect today. Those witnesses who sought to retain the prohibition spoke of the experience of battling stigma and discrimination by providers and insurers that can arise when an individual is identified as having an SUD. They said their limited numbers was due to a lack of awareness of the listening session among patient advocates outside Washington, D.C.

The majority of witnesses spoke in favor of eliminating the prohibition against providers sharing patient information, saying it poses a barrier to the integration of care and creates a threat of adverse medication reactions and overdoses. Witnesses asking that the restriction be dropped were as disparate as insurers Anthem and Magellan Health and the associations representing health plans such as Association for Community Affiliated Plans (ACAP) and the Association for Behavioral Health and Wellness, behavioral health information technology providers Netsmart and Orion, the National Association of Medicaid Directors (NAMDM), the National Alliance on Mental Illness, the American Society of Addiction Medicine, the American Psychiatric Association, an Oregon health cooperative, a Baltimore group home for individuals with substance use disorders, a pediatrician, a clinician employed within the criminal justice system, and a legal organization that represents defendants charged with illegal substance use.

One witness, family medicine physician Amy LaHood, recounted her frustration when her attempt to treat pediatric substance abuse within a family medical practice required her to meet the same patients in separate visits—one general medical and one to treat substance use disorders—and have separate laptops for the two different categories of patient information and two separate sets of records.

Also speaking in favor of loosening the restrictions to permit providers to share information was the author of the 21st Century Cures Act provision that mandated the day's stakeholder hearing, former Pennsylvania Congressman Tim Murphy, a psychologist. Dr. Murphy called it "government-mandated malpractice" to

require a treating physician to rely on a partial patient record that lacks information about the patient's SUD.

The thrust of the witnesses' comments generally mirrored the opening remarks of SAMHSA Assistant Secretary Elinore McCance-Katz, MD, who said that modernizing the regulations governing the confidentiality of substance use patient records is a priority for the Trump administration.

Dr. McCanceKatz said "I take the confidentiality of patient records seriously. At the same time, I also take the safe and effective care of all who seek treatment—for whatever the illness may be—seriously."

The Assistant Secretary noted that Congress passed 42 CFR Part 2 in 1975 because of concerns about the potentially negative consequences—including discrimination—that could come from disclosing the patient records of individuals with SUDs. While she acknowledged that patient privacy is a critical concern, she said it is as important for an SUD patient receiving care that his or her healthcare providers be able to share information in a coordinated and integrated manner to ensure the most effective treatment.

Dr. McCance-Katz said retaining a special need for privacy for substance use disorder patients is itself discriminatory and reinforces stigma. She said substance use disorders should be treated no differently than diseases such as heart disease or stroke. She said "Modernizing 42 CFR Part 2 will help bring the treatment of substance use disorders into the mainstream of medical care, and we must do that—it is time."

While witnesses such as Jack Rollins of NAMDM applauded SAMHSA's recent efforts at streamlining operations used by Medicaid agencies and their contractors to gain the patient's permission to disclose for purposes of operation and payment, they also emphasized that timely, targeted sharing among providers is crucial. Rollins and others urged SAMHSA to further align 42 CFR Part 2 with the disclosure restrictions under the Health Insurance Portability and Accountability Act (HIPAA).

A few witnesses even suggested that SAMHSA and the Centers for Medicare and Medicaid Services should start over, creating a new set of combined regulations that retained the existing prohibitions against disclosures in criminal proceedings, while adding prohibitions against disclosures in civil and administrative proceedings, and incorporating the penalties for unauthorized disclosure created under HIPAA regulations.

SAMHSA is accepting written comments through February 28 at PrivacyRegulations@SAMHSA.hhs.gov.

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Elevated Suicide Risk in Later Life Found in Youth and Young Adults with Autism

Adolescents and young adults diagnosed with autism spectrum disorder (ASD) have an elevated risk of attempting suicide in later life in comparison to those without ASD, according to a study recently reported in the [Journal of Clinical Psychiatry](#).

Dr. Mu-Hong Chen (attending psychiatrist at the Department of Psychiatry, Taipei Veterans General Hospital) and his Taiwan colleagues examined the risk of suicide attempts among youth and young adults with ASD to determine if ASD increases one's risk of attempted suicide independent of depression.

The researchers analyzed data from the Taiwan National Health Insurance Research Database of 5,618 adolescents between the ages of 12 to 17 years and young adults between the ages of 18 to 29 years diagnosed with ASD between the enrollment period of January 1, 2001 to December 31, 2009. The ASD cohort included participants who had no history of suicide attempts before enrollment. One hundred thirteen ASD patients with a history of suicide attempt were exempted from the ASD cohort. The controlled group included 22,472 age- and gender-matched study participants enrolled between 2001 and 2009, and then followed-up in 2011.

The authors also concluded that the ASD cohort had an

increased incidence of suicide attempts in comparison to the control group (3.9 percent vs. 0.7 percent). The ASD cohort also were found to have higher rates of psychiatric comorbidities in contrast to the control group: ADHD (25.3 percent vs. 1.3 percent); disruptive behavior disorders (6.6 percent vs 0.2 percent); intellectual disability (42.8 percent vs. 0.7 percent); anxiety disorder (11.2 percent vs 4.0 percent); unipolar depression (16.0 percent vs. 1.7 percent); and bipolar disorder (8.4 percent vs 0.3 percent).

The finding that adolescents and young adults in the ASD cohort had a higher prevalence of attempting suicide in later life was determined after adjusting for demographic data and psychiatric comorbidities. In addition, unipolar depression, alcohol use disorders, and substance use disorders were particularly associated with an elevated risk of suicide attempts in the ASD group.

The work of Dr. Chen and his colleagues supports similar findings in previous studies. He and his colleagues recommend that clinicians closely monitor suicide-related symptoms among adolescent and young adults with ASD.



SAMHSA Announces New 2018 Garrett Lee Smith Funding Opportunity for Colleges

SAMHSA has released new funding opportunity under the 2018 Garrett Lee Smith Campus Suicide Prevention grant program. The aim of the grant program is for institutions of higher education to develop the necessary infrastructure and sustainability of a comprehensive suicide prevention program that:

- enhances services for all college students, including those at high risk (mental health, substance use disorders) that can lead to students struggling in school;
- prevents behavioral health conditions;
- promotes help-seeking behavior and reduce stigma; and
- improves the identification and treatment of at-risk college students.

The 2015-2016 Association of University and College Counseling Center Directors (AUCCCD) survey results found the most predominant behavioral health conditions among college students seeking counseling were: anxiety (50.6 percent), depression (41.2 percent), relationship concerns (34.4 percent), suicidal ideation (20.5 percent), self-injury (24.2 percent) and alcohol abuse (9.5 percent).

Anticipated Total Available Funding: \$1,847,000

Anticipated Award Amount: Up to \$102,000 per year

Anticipated Project Start Date: September 30, 2018

Anticipated Number of Awards: Up to 18

Length of Project: Up to 3 years

Cost Sharing/Match Required: Yes

Application Due Date: Tuesday, February 20, 2018

Eligibility: Institutions of higher education are eligible to apply. Current GLS grantees who received funding under SM-15-008 or SM-17-003 are not eligible for the grant. Higher education includes public and private colleges and universities including state universities; private colleges including those with religious affiliations; community colleges; and minority-serving institutions of higher learning (ex. Tribal, Historically Black colleges/universities; Hispanic, Asian American, Native American, and Pacific Islander).

An institution of higher education receiving a grant under this funding opportunity announcement may carry out the grant's activities through: college counseling centers; college and university psychological services centers; mental health centers; psychology training clinics; or institutions of higher education supported by evidence-based behavioral health programs.

Applicants must send the Public Health System Impact Statement (PHSIS)/Single State Agency Coordination to the appropriate State and local health agencies by the application deadline (Tuesday, February 20, 2018). Comments from Single State Agency are due no later than 60 days after the application deadline.

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS - BEYOND BEDS -

[Older Adults Peer Support - Finding a Source for Funding](#)

An evidence-based practice important in reducing re-hospitalizations generally and re-hospitalization in inpatient psychiatric and residential substance use treatment facilities specifically is the use of peer support services. Established in the public mental health system and now moving into the private sector, peer support services are behavioral health model of care which consists of a qualified peer support provider with his or her own "lived experience" assisting individuals with their recovery from mental illness or substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA), which considers peer support an evidence-based practice, defines a "peer provider" as a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency. The essential principles of peer support include shared personal experience and empathy, a focus on individual strengths, and supporting individuals as they work toward recovery pursuant to a person-centered plan of care.

Peer support is now available in all 50 states and Medicaid-reimbursable in 43 states and the District of Columbia. While a 2007 Centers for Medicare and Medicaid Services (CMS) State Medicaid Director Letter authorized the offering of, and reimbursement for, peer support services under Medicaid as a component of a comprehensive mental health and substance use service delivery system, similar authorization has not been provided under Medicare. The latter program is perceived as more of a Medical program, using medical necessity standards for services, and only recently has begun to reimburse for community-based services under various demonstration pilots. As a result, unless an older adult covered by Medicare who is receiving peer support services is also covered by Medicaid as well as a "dual eligible," peer support services for that individual are not reimbursable.

This lack of funding led the National Association of State Mental Health Program Directors (NASMHPD) to pull together more than three dozen experts from the Medicaid and Medicare programs, the Center for Medicare and Medicaid Innovation (CMMI), the Administration for Community Living, behavioral health and Medicare Special Needs Plan (SNP) insurers, provider associations, the National Association of Medicaid Directors (NASMHPD), the National Association of Medicaid Directors (NAMD), National Association of States United for Aging and Disabilities (NASUAD), State Mental Health Agencies, and peer support specialist programs and agencies for a four-hour roundtable to discuss potential funding streams and strategies that could lead to support for Older Adult Peer Support Programs. The roundtable was co-moderated Dr. Cynthia Zubritsky, director of the Certified Older Adult Peer Specialists (COAPS) program run out of the Perelman School of Medicine at the University of Pennsylvania and NASMHPD staff. This report contains the conclusions and recommendations of that roundtable.

[The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders](#)

[Crisis Services' Role in Reducing Avoidable Hospitalization](#)

[The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System](#)

[Quantitative Benefits of Trauma-Informed Care](#)

[Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#)

[Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014](#)

[Forensic Patients in State Psychiatric Hospitals: 1999-2016](#)

[The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity](#)

[Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment](#)

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International, National and State Perspectives



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8:00 am – 5:00 pm

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Pratt and Sharp Streets

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The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland School of Medicine Department of Psychiatry
Division of Alcohol and Drug Abuse

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NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org



Nominate Now for SAMHSA's 2018 Voice Awards!

[SAMHSA's Voice Awards program](#) honors [consumer, peer, and family leaders](#) who are improving the lives of people with mental illnesses and substance use disorders in communities across the country. The awards program also recognizes [television and film productions](#) that educate the public about behavioral health and showcase that recovery is real and possible through treatment and recovery supports.

SAMHSA's 2018 Voice Awards will pay special attention to individuals and entertainment productions that are raising awareness about serious mental illness and opioid use disorders.

All nominations within the following categories are due by March 16, 2018. Nominations are open to anyone. There is no limit to the number of nominations an individual can submit, and self-nominations are welcome.

Consumer, Peer, and Family Leaders

Potential honorees should be educating the public about mental illnesses and/or substance use disorders, and should have:

- Personally demonstrated that recovery is real and possible through treatment and recovery supports.
- Led efforts to reduce the negative public attitudes and misperceptions associated with behavioral health.
- Made a positive impact on communities, workplaces, or schools.
- Promoted meaningful family involvement as an essential part of recovery.

**Only individuals who live and work in the United States are eligible for recognition.*

Nominate a Consumer, Peer, or Family Leader

Television and Film Productions

Eligible productions should feature dignified, respectful, and accurate portrayals of people with mental illnesses and/or substance use disorders. They also must have aired in a public setting after April 15, 2017.

**Only productions that have been distributed in the United States are eligible for recognition.*

Nominate a Television or Film Production

The 2018 Voice Awards event will take place on August 8, 2018, at Royce Hall at the University of California, Los Angeles. Visit the [Voice Awards website](#) for more information about the awards program, event updates, and instructions for submitting nominations.

SAMHSA Funding Opportunity Announcements Treatment for Individuals Experiencing Homelessness

Funding Mechanism: Grant
Anticipated Total Available Funding: \$52,000,000
Anticipated Number of Awards: Up to 16
Length of Project: Up to five years
Cost Sharing/Match Required?: No
Anticipated Award Amount: Up to \$1 million annually, depending on the grantee.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for up to \$52 million in grants under its Treatment for Individuals Experiencing Homelessness program. The money will be used to help local service providers offer behavioral health and recovery support services to people experiencing homelessness.

The purpose of this program is to support the expansion of behavioral health care for people experiencing homelessness along with a serious mental illness or serious emotional disturbance. Grantees will also offer treatment for substance use disorders as needed.

WHO CAN APPLY: Eligible applicants are domestic public and private non-profit entities, for example:

- States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau
- Governmental units within political subdivisions of a state, such as a county, city or town
- Federally recognized American Indian/Alaska Native tribes, tribal organizations, Urban Indian Organizations and consortia of tribes or tribal organizations
- Public or private universities and colleges
- Community and faith-based organizations

APPLICATION DUE DATE: Monday, March 5, 2018 at 11:59 p.m. E.T.

Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness

Funding Mechanism: Grant
Anticipated Total Available Funding: \$10,393,000
Anticipated Number of Awards: Up to 16
Length of Project: Up to five years
Anticipated Award Amount: Up to \$1 million/year for state governments and territories. Up to \$500,000/year for governmental units within political subdivisions (see below)
Cost Sharing/Match Required?: No

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year (FY) 2018 –Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness (Short Title: Treatment for Individuals Experiencing Homelessness). The purpose of this program is to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance or co-occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD who are experiencing homelessness.

The goal of this program is to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing. To achieve this goal, SAMHSA will support three types of activities: (1) integrated behavioral health treatment and other recovery-oriented services; (2) efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc.); and (3) coordination of housing and services that support sustainable permanent housing.

WHO CAN APPLY: Eligible applicants are domestic public and private non-profit entities, for example:

- State governments and territories, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
 - Eligible state applicants are either the State Mental Health Agency (SMHA) or the Single State Agency (SSA) for Substance Abuse. However, SAMHSA's expectation is that both the SSA and the SMHA will work in partnership to fulfill the requirements of the grant. To demonstrate this collaboration, applicants must provide a letter of commitment from the partnering entity in Attachment 5 of the application. If the SMHA and the SSA are one entity, applicants must include a statement to that effect in Attachment 5.
- Governmental units within political subdivisions of a state, such as a county, city or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.
- Public or private universities and colleges.
- Community- and faith-based organizations.

Application Due Date: Friday, March 9, 2018.

HOW TO APPLY FOR BOTH OF THESE GRANTS: All applicants must register with the [National Institutes of Health's electronic Research Administration \(eRA\) Commons](#) in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you must start the registration process immediately. If your organization is not registered or you do not have an active eRA Commons account by the deadline, the application will not be accepted. Applicants must also register with the System for Award Management, [SAM.gov](#), and [Grants.gov](#).

ADDITIONAL INFORMATION: Applicants with questions about program issues for either of these grant programs should contact [Maia Banks-Scheetz](#) by email or by phone at (240) 276-1969. For questions on grants management and budget issues for either of these grant programs should contact [Gwendolyn Simpson](#) by email or by phone at (240) 276-1408.

SAMHSA-SPONSORED WEBINAR

Sponsored by the Substance Abuse and Mental Health Services Administration,
Center for Mental Health Services (SAMHSA/CMHS)



Partnering with the Justice System to Improve Outcomes in Coordinated Specialty Care *March 5, 2 p.m. to 3:30 p.m. E.T.*

Developed Under Contract by the National Association of State Mental Health Program Directors

Young people experiencing a first episode of psychosis are highly likely to interact with the justice system, which often leads to longer duration of untreated psychosis and poorer outcomes compared to those without justice involvement. The recent expansion of Coordinated Specialty Care (CSC) programs in the United States offers an opportunity to reduce justice system involvement, coordinate services and support people in the early stages of psychosis who are already involved in the justice system, and facilitate early detection at various points in the justice system. This webinar is designed to 1) provide an overview of the prevalence of justice system involvement among CSC program participants; 2) describe ways in which CSC programs can better support these participants; and 3) describe strategies for outreach and partnering effectively with the criminal justice system.

- Monique S. Browning, Public Health Advisor, SAMHSA/CMHS
- Leah G. Pope, PhD, Director, Substance Use and Mental Health Program, Vera Institute of Justice
- Jessica Pollard, PhD, Assistant Professor, Yale Department of Psychiatry and Clinical Director, STEP

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CCF Annual Conference

July 24-26, 2018

**Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037**

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children's advocacy organizations.

We hope to see you in July,
Your friends at CCF

SAMHSA-Sponsored Webinars

Successfully Employing Peer Specialists: A Framework and Tools

Tuesday, February 6, 2:30 p.m. E.T.

Developed under Contract by the National Association of State Mental Health Program Directors

This webinar, directed particularly at provider management and supervisors, will offer a framework for and specific tools on successfully employing peer specialists:

- 1) Clarifying the peer specialist role;
- 2) Recruiting, hiring, and training of peers;
- 3) Educating and supporting non-peer staff;
- 4) Using the reasonable accommodation (Americans with Disabilities Act) Employee Assistance Programs to address job difficulties and support good performance;
- 5) Team building: Cross training and co-learning;
- 6) Key components/elements of organizational culture and infrastructure

Presenter: Jonathan Delman, Ph.D., JD, MPH is Senior Associate at the Technical Assistance Collaborative and Assistant Professor at the University of Massachusetts Medical School, Transitions Research and Training Center. Dr. Delman has worked successfully with providers to improve peer productivity, with peer-reviewed articles and practical guides, including [*Effectively Employing Young Adult Peer Providers: A Toolkit*](#).

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Closed Captioning is Available for this Webinar

Self-Direction through Personalized Budgeting

Tuesday, February 27 at 2 p.m. E.T.

Developed under Contract by the National Coalition for Mental Health Recovery

Self-direction is a model for organizing supports in which the participant manages an individual budget to purchase for a variety of services and goods used to facilitate their recovery journey. This webinar will start with an introduction to Self-Directed Care (SDC), including a brief history and the places that are testing it out.

There will be three perspectives shared:

- **Bevin Croft, MPP, PhD**, Research Associate at the Human Services Research Institute, will present the research that has been done, with preliminary results here and in England, and future directions in research and funding for research.
- **Julie Schnepf**, a participant in the Consumer Recovery Investment Fund Self-Directed Care Program for the last 7 years who has become a Certified Peer Specialist with additional training in working with various populations, will share the ways that SDC has changed her life, both its impact on her capacity to live in the community and her self-confidence. She will comment on the advocacy by Joe and Susan Rogers that got the program set up in Pennsylvania. She will also share the difference between the pilot program and the sustainable county-funded program.
- **Pam Werner**, Manager with the Michigan Department of Health and Human Services in the Office of Recovery Oriented Systems of Care, will share the perspective of a state administrator, what role she played in bringing SDC to Michigan, approaches to getting funding and conducting an evaluation, and the ways that an administrator sees advantages to the program.

Moderator - Daniel Fisher is a person of lived experience of recovery from schizophrenia. He is co-founder and CEO of the National Empowerment Center, which is a consumer-run organization with a mission of carrying a message of recovery, empowerment, hope, and healing to people with lived experience. He is a community psychiatrist and Adjunct Professor of Psychiatry at UMass Medical School.

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Closed Captioning is Available for this Webinar

If you have any questions regarding either of this webinars, contact Kelle Masten by [email](#) or by phone at 703-682-5187.

SAMHSA-Sponsored Webinars

Criminal Justice, the Americans with Disabilities Act, and People with Mental Illnesses

Monday, February 26 at 2:30 p.m. ET

Developed under Contract by the Bazelon Center for Mental Health Law

There is universal acceptance that people with mental illnesses are over-represented in the criminal justice system. Across the nation, municipalities frequently encounter people with mental illness in every stage of the justice system. Police are regularly called to intervene with individuals who are regarded as being in mental health crises. In other instances, people with mental illnesses are arrested for behaviors associated with their disabilities, including failures to appear and other minor, non-violent offenses that generate warrants and lead to arrests. Those arrested often end up in jails, where they represent a significant portion of the inmate population. Within jails, inmates with mental illnesses tend to fare poorly, and they spend longer incarcerated than do similarly-charged individuals without mental illnesses. This challenge has sparked many reform efforts, but often these efforts fail to focus on the broader systemic problems that have led to this reality. This webinar will bring that systemic focus to the problem through the lens of the Americans with Disabilities Act's integration mandate and lessons learned from systematic mental health systems reform. The webinar will discuss how mental health, criminal justice, and correctional programs can work together to meet ADA obligations and ensure an array of services that reduce the likelihood that people with mental illnesses will enter the criminal justice system.

Presenters:

Mark Murphy is the Managing Attorney of the Judge David L. Bazelon Center for Mental Health Law. Mark has represented people with disabilities and advocacy organizations in a wide range of legal matters for 30 years.

Elizabeth Jones is an expert consultant or court monitor in several *Olmstead* cases, including in *U.S. v. New York*, *U.S. v. North Carolina*, and *U.S. v. Georgia*. She is an expert in the development and management of ACT teams, supported housing, crisis services, supported employment, and peer services. Elizabeth has also served as the director of psychiatric hospitals in Washington, D.C. and Augusta, Maine.

REGISTER [HERE](#)

Closed Captioning is Available for this Webinar

Suicide Prevention in Later Life: Connecting and Contributing

Monday, March 26, 2 p.m. to 3:30 p.m. ET

Developed under the TA Coalition Contract by the National Association of State Mental Health Program Directors

Learning Objectives:

1. Learners will describe at least two challenges to suicide prevention in later life that illustrate the importance of incorporating upstream prevention strategies into a late life suicide prevention program.
2. Learners will be able to state the rationale for targeting social relationships in suicide prevention among older adults.
3. Learners will identify at least two empirically informed strategies for improving relationships for older adults that they can bring to their work.

This presentation will highlight the importance of suicide prevention in later life, with an emphasis on increasing social connectedness as a means for prevention. The webinar will cover basic epidemiology of late-life suicide and how a contemporary theory of suicide (the Interpersonal Theory of Suicide) can inform prevention efforts by highlighting potential mechanisms. The presentation will discuss four strategies for increasing social connectedness in later life that have been examined in studies by the presenter—peer companionship, volunteering, psychotherapy, and web-based social skills training. We will conclude by discussing a multifaceted intervention model for promoting social connectedness and reducing suicide risk in later life.

Presenter: Kim Van Orden, PhD, is a clinical psychologist and Associate Professor in the Department of Psychiatry at the University of Rochester School of Medicine. She is also the Associate Director of a research fellowship in suicide prevention at the University of Rochester that is funded by the National Institute of Mental Health. She received her PhD from Florida State University and completed a predoctoral internship at Montefiore Medical Center and a postdoctoral fellowship at the University of Rochester. Her research and clinical interests are in the promotion of social connectedness to prevent late-life suicide. Much of her work is grounded in psychological theory, including the Interpersonal Theory of Suicide, which she helped develop, refine, and test. Her research is funded by the National Institute of Mental Health, the National Institute on Aging, and the Centers for Disease Control and Prevention. Her current and recent projects examine behavioral interventions to reduce suicide risk in later life via the mechanism of increasing social connectedness. She also mentors students and postdoctoral fellows and maintains an active clinical practice providing evidence-based psychotherapy to older adults.

REGISTER [HERE](#)

If you have any questions regarding either of this webinars, contact Kelle Masten by [email](#) or by phone at 703-682-5187.

International Initiative for Mental Health Leadership (IIMHL) 2018

Building Bridges Beyond Borders
Stockholm May 28th – June 1st

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Registration is free if you currently reside and work in one of the following IIMHL supporting countries:

Australia
Canada
England

New Zealand
Scotland
Sweden
United States

Netherlands
Denmark
Finland
Iceland

Norway
Greenland
Ireland

Registration is \$400 for Individuals not residing in an IIMHL Country.
Registration ends on May 1, 2018, or when the maximum number of registrations is reached.



Nationell samordnare
inom området psykisk hälsa

SAMHSA Funding Opportunity Announcement

Clinical Support System for Serious Mental Illness Funding Opportunity Announcement

FOA Number SM-18-020

Posted on Grants.gov: Wednesday, January 17, 2018

Application Due Date: Monday, March 19, 2018

Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Clinical Support System for Serious Mental Illness (Short Title: CSS-SMI) grant. The purpose of this program is provide technical assistance (TA) for the implementation and provision of evidence-based treatment and recovery support programs for individuals living with serious mental illness (SMI). The program aims to establish a national Center to provide this TA to providers, programs and communities across the nation.

The program initiative will focus on the development and delivery of technical assistance that supports the implementation of evidence-based practices in the person- centered treatment and recovery support of individuals with SMI. The CSS-SMI is intended to target localities and populations, particularly those with SMI, who currently have limited access to good care that incorporates evidence-based practices. This is in alignment with the Interdepartmental SMI Coordinating Committee (ISMICC) recommendations that more people with SMI get good care and that there are fewer gaps in obtaining treatment and recovery support services for persons with SMI. The CSS-SMI is intended to have two particular clinical foci: 1. Promotion of the optimization of and increased access to the safe use of evidence-based and person-centered pharmacological interventions that are beneficial in the treatment of many persons with SMI, such as long-acting injectable antipsychotic medications and the use of clozapine and 2. Increased access and engagement so that more people with SMI are able to get good care. In this context, good care includes access to a range of person-centered services, such as crisis services, that are equipped to work with individuals with SMI. Good care also includes access to a set of recovery support services that are provided by professionals, including peer support specialists, who work together with psychiatric medical staff and over time to seamlessly coordinate and optimize person-centered recovery. We are particularly interested in the promotion and implementation of optimal pharmacologic treatment and recovery support services in localities of greatest need. These components of the initiative focus on the education and training needs of service providers and implementation needs of programs providing services to those living with SMI. Provision of information about best practices as they relate to prevention, treatment and recovery services for SMI oriented toward the needs of individuals living with these conditions and their families is also an important component of this initiative. Because this project requires a national focus that addresses all aspects of SMI, consortia of providers, academic programs, and other stakeholders are encouraged.

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example: public or private universities and colleges, guild and/or professional organizations, national stakeholder groups.

Award Information:

Funding Mechanism: Grant

Anticipated Total Available Funding: \$2,900,000

Anticipated Number of Awards: One Award

Anticipated Award Amount: Up to \$2,900,000 per year

Length of Project: Up to 5 years

Cost Sharing/Match Required?: No

Proposed budgets cannot exceed \$2,900,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Contact Information

Program Issues: Tracie Pogue, Office of Policy, Planning and Innovation, SAMHSA, (240) 276-0105

Tracie.pogue@samhsa.hhs.gov

Grants Management and Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1408, FOACMHS@samhsa.hhs.gov.

Health Resources and Services Administration Funding Opportunity Announcements

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who Have Sex with Men - Evaluation and Technical Assistance Provider

HRSA-18-053 | HIV/AIDS Bureau

Application Deadline: February 5, 2018

Projected Award Date: August 1, 2018

Estimated Award Amount: N/A

This announcement solicits applications for Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM) - Evaluation and Technical Assistance Provider (ETAP). Funding will be provided in the form of a cooperative agreement to support one (1) organization for up to four (4) years to lead a multi-site evaluation and provide technical assistance (TA) to a cohort of up to seven (7) demonstration sites funded under a separate announcement (HRSA-18-047). Those demonstration sites will adapt and implement evidence-informed interventions and/or models of care to engage, link and retain particularly vulnerable populations. Specifically, this initiative will engage and retain BMSM in HIV medical care and supportive services by addressing their behavioral health needs.

The proposed interventions and/or models of care will include strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM and improve their health outcomes. The ETAP will evaluate programmatic, clinical, and client level outcomes of the implementation. In addition, the ETAP will assess the costs associated with the implementation of the evidence informed interventions/models of care. The ETAP will also coordinate the development of implementation toolkits, trainings, and other dissemination products that will promote the replication of evidence informed interventions that were shown to improve health outcomes in other Ryan White HIV/AIDS Program (RWHAP) and other health care settings. Because award recipients under both NOFOs (HRSA 18-047 and HRSA-18-053) will need to work closely together to be successful, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) encourages applicants for this NOFO to read the companion announcement and be familiar with all program expectations within both NOFOs.

Additional Eligibility: Entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations are eligible to apply.

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men - Demonstration Sites

HRSA-18-047 | HIV/AIDS Bureau

Application Deadline: February 5, 2018

Projected Award Date: August 1, 2018

Estimated Award Amount: N/A

This notice of funding opportunity (NOFO) solicits applications for fiscal year (FY) 2018 for a new, 3-year initiative entitled Implementation of Evidence-Informed Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men (BMSM) - Demonstration Sites. The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) will award up to seven (7) grants of up to \$300,000 each per year for 3 years, in order to support the implementation of evidence-informed behavioral health interventions and/or models of care to engage, link and retain BMSM living with HIV in medical care and supportive services. The proposed interventions and/or models of care will include strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM and improve their health outcomes. Demonstration site outcomes will inform the development of implementation toolkits and other dissemination products in order to promote replication across the Ryan White HIV/AIDS Program (RWHAP) and other health care settings.

Additional Eligibility: Eligible applicants include entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 including public and nonprofit private entities, state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

Announcing HackMentalHealth—Silicon Valley’s Mental Health Hackathon



HOSTED BY



California Institute
of Integral Studies

FEBRUARY 3rd AND 4th 2018

In the upcoming century, mental health is one of the biggest challenges our nation faces.

- 1 in 5 U.S. adults experience mental illness in a given year.
- Suicide is the second leading cause of death in the U.S. for people aged 15–24.
- 46% of homeless adults live with severe mental illness and/or substance abuse disorders.

Coming Together

There are talented, inspiring mental health practitioners tackling mental health issues on the front lines. There are brilliant minds in the technology field who are eager to make a real impact in improving the health of millions of Americans. There are survivors and friends of loved ones who have suffered from mental health illnesses. Everyone has an important role in this conversation. Let’s come together and innovate mental health.

The Event

Taking place over February 3–4, 2018, HackMentalHealth will be holding a 24-hour event focused on hands-on learning and partnership with the mental health space, including academia, industry, and entrepreneurship.

Our judges include leaders from a diverse set of disciplines:



[Courtney Brown](#), SF Suicide Hotline Director

[Liz Beaven](#), Provost, California Institute Of Integral Studies

[Erran Berger](#), LinkedIn VP, Consumer Engineering

[Seth Rosenberg](#), Investor at [Greylock Partners](#)

We are also joined by some of the leading companies and organizations **dedicated to improving our nation’s state of mental health:**

- Tech: [LinkedIn](#), LinkedIn Wellness, [Greylock Partners](#), [DevRelate.io](#)
- Mental Health: [SF Suicide Prevention](#), [Big Health](#), [Lantern](#), [WELL](#), [Prompt](#), [Campfire](#)
- Academic: [California Institute of Integral Studies](#)
- Individual: Jessica Livingston, Founding Partner of [Y Combinator](#)
- Food & Beverage: [hint water](#), [Kasa Indian Eatery](#), [Soylent](#), [Guayaki](#)

This Isn’t Your Average Hackathon Most hackathons require participants to be coders and chug Red Bull all night in order to participate. Since we believe in the importance of mental health, we’re making sure this hackathon is different:

- We’ll enact a “code freeze” to encourage participants to get sleep.
- Instead of Red Bull, we’re partnering with health-conscious companies like Hint Water and Soylent.
- Our activities include yoga workshops, expressive art therapy, and even an acupuncture session!

How Do I Join? This hackathon is open to all disciplines and backgrounds. You can read more at our website, <http://www.hackmentalhealth.care>, and sign up to participate at our [Eventbrite Sign Up Page](#).

Recovery to Practice (RTP) Initiative Invites You to Attend...

Recovery-Oriented Cognitive Therapy (CT-R)
Webinar Series in Four Parts
Wednesdays, 1 p.m. to 2 p.m. ET

Our first webinar series of 2018 will focus on recovery-oriented cognitive therapy (CT-R) for people who experience serious mental illness. CT-R is an empirically-supported approach that operationalizes recovery and resiliency principles in a person-centered, strength-based way. CT-R pairs with psychiatric practice to produce measurable progress, is readily teachable, and has been successfully implemented in with people with a range of needs and in many settings (hospital, residential, case management team, outpatient).

Understand how an evidence-based, recovery-oriented cognitive therapy (CT-R) can operationalize recovery and resiliency.

Learn mechanisms for employing CT-R processes and technics within clinical practice.

Explore methods for implementing evidence-based interventions across large behavioral health system.

Theory, Evidence, and Activating the Adaptive Mode in CT-R

Part 1: Paul Grant and Ellen Inverso of the Beck Institute discussed the development and utilization of Recovery-Oriented Cognitive Therapy with introduction of the “adaptive mode”.

A recording of the first webinar, held on January 3, can be accessed at:

<https://ahpnet.adobeconnect.com/pi0xzoqvxfq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false>

Discovering Meaningful Aspirations and Taking Action with CT-R

Part 2: Paul Grant and Ellen Inverso discuss eliciting an individual’s hopes and dreams for motivating and energizing recovery via CT-R. (A recording will be posted shortly.)

Upcoming Sessions

February 7, 2018: Team-based CT-R for Building Empowerment and Resilience

Part 3: Paul Grant and Ellen Inverso focus on the use of CT-R in multidisciplinary services, energizing both the person and the team members.

February 21, 2018: Implementation of CT-R Across a System, Lessons of Success

Part 4: Arthur Evans, CEO of the American Psychological Association, and Paul Grant focus on the systemic large-scale implementation of CT-R sharing evidence of culture change.

REGISTER [HERE](#)

While this is a four-part series, you may **attend one or all** the sessions. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

For more information contact: RTP@AHPnet.com

Website: <https://www.samhsa.gov/recovery-to-practice>

National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Request for Information: Opioids and People with Disabilities

Within the Administration for Community Living (ACL), NIDILRR works to generate new knowledge and promote its effective use to improve the abilities of individuals with disabilities to perform activities of their choice in the community; and to expand society's capacity to provide full opportunities and accommodations for people with disabilities. NIDILRR conducts its work through grants that support research and development.

NIDILRR is seeking input on the following areas related to the opioid public health emergency and people with disabilities. People with disabilities often experience chronic pain and, as a result, sometimes use opioids to address their pain. We are interested in understanding: 1) whether people with disabilities have been diagnosed and are being treated for an opioid use disorder, and 2) are clinics or community organizations observing a sizeable population of people with disabilities seeking treatment for opioid use disorder? If so, are current treatment strategies adequate and how is your organization adapting treatment strategies for people with disabilities?

This information will help NIDILRR determine what research might be needed to inform interventions and/or policies to mitigate the effects of opioid use disorder on people with disabilities. Topics of particular interest include opioid use among common subgroups of people with disabilities and their secondary conditions, and/or the effectiveness of existing or adapted treatment strategies for opioid use disorder among people with disabilities.

Visit [this link](#) for more details about the RFI and the process to submit comments. Comments must be submitted by February 20, 2018.



California Department of State Hospitals Public Forensic Mental Health Forum Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814 June 7 & 8, 2018

Topics Include: *Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals*

Featured Speakers Will Include:



Dr. Stephen Stahl



Dr. Charles Scott



Dr. Barbara McDermott



Dr. Katherine Warburton

CLICK [HERE](#) TO REGISTER NOW!

Be Heard.

#NATCON18

April 23-25, 2018 | Washington, DC

See It. Hear It. Experience It.

We could tell you about **NatCon18's**:

- Robust schedule of sessions, workshops and events.
- Exceptional lineup of motivating speakers and thought leaders.
- Dynamic Solutions Pavilion exhibit hall.
- Incomparable networking opportunities.

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www.NatCon18.TheNationalCouncil.org

April 26-27, 2018
Washington Hilton, Washington, D.C.



Turning Information Into Innovation

Registration is now open for the [2018 Health Datapalooza](#), April 26-27 in Washington, D.C.

Health Datapalooza is more than just a meeting; it's a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

Attend the Datapalooza for real world concepts and actionable steps that you can take back to your workplace – presented by both newcomers and leading experts in the field.

Register by February 26 and Save Up to \$200

REGISTER [NOW](#)

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](#) provides an overview of each state's funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What's New section of the NASMHPD website here: <https://www.nasmhpd.org/>

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.



Advancing & Integrating Specialized Addiction Treatment & Recovery

Register Now

for the 2018 American Association for the Treatment of Opioid Dependence Annual Conference! Standard Registration Ends February 14!!

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the [New York Marriott Marquis](#) in the heart of New York City's Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

[Make a Hotel Reservation](#)

[2016 Conference Photos](#)

This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.

**American Association for the Treatment of Opioid Dependence
(AATOD), Inc.**

[212-566-5555](tel:212-566-5555) - info@aatod.org



Mathematica Seeks Comment on Proposed Quality Measure

On behalf of CMS’s Center for Medicaid and CHIP Services, Mathematica Policy Research is seeking public comment on the measure specification and justification for a quality measure currently under development, called: *Follow Up after Hospitalization or Residential Treatment for Substance Use Disorder (SUD)*.

A memo listing questions on which we request public comment, as well as the measure information form (MIF) and measure justification form (MJF), are available in zip files in the Download section at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments.html>.

The public comment period for this measure runs from January 25 to February 14. Please submit your comments or any questions to SUDQualMeasures@mathematica-mpr.com.

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.

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant.

Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

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

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at <http://tatracker.treatment.org/login.aspx>. If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558.

We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.

SAVE THE DATE

The 18th Annual Behavioral Health Informatics Conference and Exposition: Meeting the Information Management Needs of Mental Health and Substance Use Programs

WEDNESDAY, MAY 2 – THURSDAY, MAY 3, 2018

Sheraton Carlsbad • 5480 Grand Pacific Drive • Carlsbad, CA 92008

Learn from presentations that address:

- ▶ Uses of health information technology to support the many changes prompted by health care reform and criminal justice-related reforms.
- ▶ Practical uses of health information exchange to support coordination across multiple systems of care.
- ▶ Progressing from basic EHR implementation to optimization and improvement.
- ▶ Enhancing client recovery and wellness through innovative mobile apps and related technologies.
- ▶ Leveraging data analytics and visualizations to provide decision support and quality management.
- ▶ Applying the most recent developments in privacy and security regulations for sharing clients' behavioral health-related information.

Participate in discussions and network with your colleagues! Meet the major software companies serving mental health and substance use programs and evaluate their products – *all in one exhibit hall!*

MAR
12-13
2018

NATIONAL QUALITY FORUM ANNUAL CONFERENCE

FULFILLING THE QUALITY MANDATE—

Are we closer to safer, more effective, and affordable care?

WASHINGTON, DC

NQF's 2018 Annual Conference brings together experts to offer insights on some of the nation's most urgent healthcare priorities.

Join us [March 12](#) in Washington, DC, to hear how these leaders are working to reduce health disparities and improve care for all communities:

- **David Feinberg, MD, MBA**, president and chief executive officer, Geisinger Health System
- **Trenor Williams, MD**, founder and chief executive officer, Socially Determined
- **Garth Graham, MD, MPH**, president, Aetna Foundation
- **Derek Robinson, MD, MBA**, vice president, enterprise quality and accreditation, HCSC
- **Alicia Fernandez, MD**, professor of clinical medicine, UCSF

These speakers will address socioeconomic factors that underlie disparities as well as national policy issues related to performance measurement and risk adjustment. Join NQF's new Health Equity Member Network on [March 13](#) to further delve into this complex and critical area of healthcare and hear about [NQF's Health Equity Program](#).

Last year's conference sold out. [Register](#) and make your [travel plans](#) now!

Follow [@NatQualityForum](#) and use [#nqf18](#) to share insights.

1030 15TH STREET NW, SUITE 800, WASHINGTON, DC 20005 | 202.783.1300 | OPT-OUT OF EMAIL

TA Network Webinars

TRIBAL SOC LEARNING COMMUNITY: THE VALUE OF TRADITIONAL STORYTELLING AS A PART OF PARENTING

WEDNESDAY, FEBRUARY 7, 1:30 P.M. TO 2:30 P.M. ET

"Lessons of the Storyteller" examines a part of Indian heritage and how it was central to parenting. By understanding the role of storytelling in the past, parents can begin to develop their own sense of the role of parents in communication, teaching values, and observing.

[**REGISTER NOW**](#)

SOC EXPANSION LEADERSHIP LEARNING COMMUNITY: CURRENT ISSUES FOR WORKING WITH FAMILY AND YOUTH ORGANIZATIONS IN SOCS

WEDNESDAY, FEBRUARY 21, 2:30 P.M. TO 4 P.M. ET

This month's Learning Community meeting will focus on current issues for consideration when working with family and youth organizations. We are delighted to have our partners at Youth M.O.V.E. National and FREDLA (Family-Run Executive Director Leadership Association) join us to lead the discussion.

[**REGISTER NOW**](#)

DIRECT CONNECT LEARNING COMMUNITY: MAKING DATA WORK FOR YOU, PART 2

WEDNESDAY, FEBRUARY 28, 3:30 P.M. TO 5 P.M. ET

Led by Youth M.O.V.E. National, this is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. February's Direct Connect offering will be presented by Youth M.O.V.E. National team members Kristin Thorp and Brianne Masselli. Building on themes from Part 1, this webinar offers more guidance on putting data to work for your youth program's improvement, growth, and sustainability.

[**REGISTER NOW**](#)

SAMHSA-SPONSORED WEBINAR

Best Practices in Peer Support Training

Monday, February 5 at 3:30 p.m. E.T.

Developed under Contract by Mental Health America

Peer support is an essential part of part of recovery-focused services and systems. With the launch of the first advanced National Certified Peer Specialist Certification, individuals across the country have the opportunity to get certified, explore new career paths, and expand a growing and needed mental health workforce. To ensure the best outcomes and biggest impact for both peer specialists and those they support, individuals need to receive Peer Support Training. Learn from two national leaders in Peer Support training on the history, fundamentals, and best practices in training and how to join the growing network of trained and certified Peer Support Specialists.

[**REGISTER HERE**](#)

Learning objectives:

- Review Peer Support training history
- Learn how to get started with training
- Understand the basics and best practices in Peer Training
- Understand State vs National Certification

Presenters:

- Guyton Colantuono, Executive Director at Project Return Peer Support Network
- Clarice Bailey, Ph.D., Chief Learning Officer at Mental Health Partnerships (formerly MHASP)

Moderator – Kelly Davis, Manager of Peer Advocacy, Support and Services at Mental Health America

If you have any questions regarding either of this webinars, contact Kelle Masten by [email](#) or by phone at 703-682-5187.

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