Study Finds Implementation of Federal Parity Law Has Been Accompanied by Improvement in Behavioral Health Coverage under Private Insurance Plans

A study published in the April 2018 Psychiatric Services finds that the implementation of the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) has been accompanied by a continuing improvement in behavioral health coverage under private insurance, much of which was achieved shortly after the MHPAEA was enacted in 2008.

The study by researchers at the Institute for Behavioral Health, Heller School for Social Policy and Management, Brandeis University and a researcher at the Department of Community Health Services at the University of Calgary School of Medicine was conducted through two nationally representative telephone survey of executive-level directors of commercial health plans in 60 market areas during September 2010 through June 2011 and August 2014 through April 2015.

In 2014, 68 percent of insurance products were reported by respondents as having expanded behavioral health coverage since 2010, while 32 percent reported covered services remained the same. Among plans that reported expanding services, 96 percent of respondents said this was due to parity requirements. Especially notable is that the exclusion of eating disorder coverage in 23 percent of plans was eliminated between 2010 and 2014.

Members with behavioral health coverage increased from 94.7 percent in 2010 to 98.8 percent in 2014. A majority of plans reported reducing cost-sharing for behavioral health, while few reported reducing cost-sharing for general medical care.

However, by 2014, 18 percent of plans were consumer-directed with deductibles exceeding $1,250 per individual or $2,500 per family, which was a significant increase between 2010 and 2014. In addition, the percentage of plans excluding the treatment of autism increased during the four-year period from 7.7 percent to 24.2 percent. Exclusions of Attention Deficit Hyperactivity Disorder (ADHD) also increased, from 1.5 percent to 7 percent.

The authors say they did not find evidence either of widespread noncompliance or of the dropping of behavioral health coverage entirely to eliminate application of MHPAEA. However, it should be noted the study used self-reported responses from the plans.

The plans reporting were mostly (88 percent) for profit, with 47 percent from the South. In both of the years surveyed, health maintenance organizations accounted for at least 64 percent of the plans and 84 percent of plans managed behavioral health care internally, rather than through carveouts.

Inpatient hospital mental health services and outpatient counseling or therapy were covered by 100 percent of plans in both surveys, but nonhospital residential treatment increased from 87.9 percent of plans to 91 percent, and partial hospital/day treatment increased from 98.3 percent to 100 percent. Crisis services available 24/7 were covered by 96.9 percent of plans in 2014, but that question was not asked in 2010.

As to substance use services, detoxification coverage increased from 99.6 percent of plans to 100 percent, inpatient hospital coverage from 99.7 percent of plans to 100 percent of plans, and intensive outpatient, partial hospital, or day treatment increased from 98.3 percent to 99.8 percent. The most significant increases were in residential rehabilitation coverage, from 84 percent to 96.5 percent, and in outpatient opioid treatment, from 69 percent to 97 percent. Outpatient counseling and therapy was 100 percent covered in both surveys; 24/7 crisis services were covered by 96.9 percent of plans in 2014.

ISMICC Announces June 8 Public Meeting in D.C.

The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) announced April 5 that it will hold an all-day public meeting on June 8 in Washington, D.C. The meeting, which is scheduled for 9 a.m. to 5 p.m., will be webcast but, because of limited space, not open to public attendees.

The meeting will include information on federal efforts related to serious mental illness (SMI) and serious emotional disturbance (SED), including data evaluation, and recommendations for action. Committee members will also discuss ISMICC member relationship to implementation workgroups, establishing the prevalence of SMI and SED, communication with non-federal organizations to engage nonfederal support for ISMICC, and future meetings.

The meeting can be accessed via webcast at www.hhs.gov/live, or by joining the teleconference at toll-free number 1–888–928–9713, passcode 7160920. Public comments, scheduled for 1 p.m., can be offered via the phone line.

Individuals interested in submitting an oral public comment must notify Ms. Pamela Foote, on or before May 24, via email. Two minutes will be allotted for each approved public comment as time permits. Written comments received in advance of the meeting will be included in the official record of the meeting.

Substantive meeting information and a roster of Committee members is available at the Committee’s website.
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**June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum**

**New Resources Posted to the EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis**

**July 24 to 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.**

**New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery**

**May 2 & 3 Annual Behavioral Health Informatics Conference**

**Children’s TA Network Upcoming Webinars**

**NASMHPD Board & Staff NASMHPD Links of Interest**
SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING

Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year’s meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year’s concept of Beyond Beds and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration’s 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

Iowa Governor Reynolds Signs Monumental Mental Health and Suicide Prevention Bills

Iowa Governor Kim Reynolds (R) signed two monumental mental health bills March 29 passed unanimously by Iowa legislators, signaling state’s policy-makers’ dedication to transforming its mental health system.

Governor Reynolds was joined by over 200 participants and loved ones of people touched by mental illness at the bill signing, including individuals who had lost a loved one to suicide, mental health advocates, and legislators. Governor Reynolds acknowledged that “This legislation was pushed over the finish line by individuals and families who knew firsthand the importance of having a robust mental health system and the pain caused when services they or a loved one needed weren’t there. I know we can do better, and with this legislation, we will do better.”

A December Des Moines Register’s poll showed that 77 percent of Iowans ranked mental health as the second major issue Iowans wanted state legislators to address. Funding of K-12 education ranked number one at 79 percent.

Senate File 2113 requires the State Board of Education to adopt protocols focused on annual one-hour continuing education trainings in: suicide prevention and intervention and the identification of adverse childhood experiences (ACEs) and strategies to reduce ACEs within a trauma-informed practice. The protocols must be based on nationally recognized best or evidence-based practices. The legislation applies to K-12 school personnel who have regular contact with students and hold a license, certificate, authorization, or statement of recognition from the Board of Education Examiners. School boards must implement the training requirements by July 1, 2019.

The origin of the suicide prevention training was in response to advocacy efforts from parents and school personnel to address the rising number of suicides that occurred in the Johnston community school district in 2012. Suicide is the second leading cause of death for adolescents and young adults 15 to 34 and the third leading cause of death for children 10 to 14 in Iowa.

During the signing, Gov. Reynolds announced her plans to sign an executive order establishing a plan to develop a children’s mental health service system—a recommendation stemming from a 2018 state Children’s Advisory Committee.

House File 2456 requires enactment of the recommendations of a state Complex Needs Workgroup that includes:

- requiring crisis services be a mandatory adult mental health service instead of being an “optional service”;
- developing ten additional Assertive Community Treatment teams across the state;
- creating six Access Center (16 subacute beds) that will provide 24/7 care for people in mental health crisis with the goal of a center being no more than a 90 minute drive for Iowans;
- adding intensive residential homes serving up to 120 people in small groups across Iowa;
- studying and reporting to the Legislature by the end of 2018 on the involuntary committal process, including the use of video conferencing for hearings;
- developing alternative transportation services to law enforcement for persons under a committal order;
- developing multi-region arrangements to share intensive services;
- creating a single, statewide mental health hotline serving adults and children;
- adopting rules related to civil commitment prescreening assessments;
- adding oral medication to the Assisted Outpatient Treatment protocol; and
- creating a Legislative interim committee to explore long-term funding opportunities.
Adults with mental illness and substance use disorders use tobacco at significantly higher rates than others in the population – accounting for 40 percent of all cigarettes smoked. The U.S. Substance and Mental Health Services Administration (SAMHSA) and national advocacy groups, including the National Association of State Mental Health Program Directors (NASMHPD), are collaborating to provide information, strategies, and resources to reduce tobacco use among people receiving community-based behavioral health services. This webinar will describe the prevalence of smoking among people involved with the public behavioral health system; successful strategies to reduce smoking in community-based behavioral health settings; and partnerships across service systems to sustain smoking cessation.

Presenters:
- Brian Hepburn, M.D., Executive Director, NASMHPD (moderator)
- Doug Tipperman, M.S.W., Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, Substance Abuse and Mental Health Services Administration
- Steven A. Schroeder, M.D., Distinguished Professor of Health and Health Care, University of California- San Francisco (UCSF) and Director, Smoking Cessation Leadership Center
- John B. Allen, Jr., Special Assistant to the Commissioner, New York State Office of Mental Health
- Mark Hurst, M.D., Medical Director, Ohio Department of Mental Health & Addiction Services

Additional Resources Available at: [https://www.samhsa.gov/atod/tobacco](https://www.samhsa.gov/atod/tobacco)

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](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](mailto: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.
SAMHSA Launches Evidence-Based Practices Resource Center to Equip Clinicians, Communities

The Substance Abuse and Mental Health Services Administration on April 5 announced the launch of a new Evidence-Based Practices Resource Center to provide communities, clinicians, policymakers, and others with the information and tools needed to incorporate evidence-based practices into communities and clinical settings.

The Resource Center contains a collection of science-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, and clinical practice guidelines. The Resource Center includes an opioid-specific resources section.

The Resource Center is part of what SAMHSA is calling a new comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices, and programs. SAMHSA says the approach will enable it to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science; collaborate with experts to rapidly translate science into action; and provide communities and practitioners with tools to facilitate comprehensive needs assessment, match interventions to those needs, support implementation, and evaluate and incorporate continuous quality improvement.

The Resource Center website is designed with an easy-to-use, point-and-click system to enable users to quickly identify the most relevant resources for their needs. Users can search by topic area, resource type, target population, and target audience.

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**NEW!**

**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT**

**Assertive Community Treatment Grants (FOA No. SM-18-013)**

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Number of Awards: Up to 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Award Amount: Up to $678,000/year</td>
<td>Anticipated Total Available Funding: $23,700,000</td>
</tr>
<tr>
<td>Length of Project: Up to 5 years</td>
<td>No Cost-Sharing/Match Required</td>
</tr>
</tbody>
</table>

**Applications Due: May 29, 2018**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment (ACT) grants. The purpose of the ACT grants are is to establish, expand, and maintain ACT programs. The ACT model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of serious mental illness (SMI). SAMHSA expects this grant program will improve behavioral health outcomes by reducing the rates of hospitalization and death for people with SMI, and that the program will also reduce the rates of substance use, homelessness, and involvement with the criminal justice system among people with SMI.

ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Under the ACT model, a multi-disciplinary team of 10 to 12 behavioral health care staff is available 24/7 to directly deliver a wide range of individualized, recovery-oriented services in a person’s home or other community settings wherever and however long as needed, to help the person successfully integrate into the community. ACT teams often find they can anticipate and avoid crises.

ACT is a service delivery model, not a case management program. Caseloads are approximately one staff for every 10 individuals served.

**WHO CAN APPLY:** Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

**HOW TO APPLY:** All applicants must register with the National Institutes of Health’s electronic Research Administration (eRA) Commons in order to submit an application. Applicants must also register with the System for Award Management, SAM.gov, and Grants.gov.

**CONTACTS:**

- **Program Issues:** Mary Blake via e-mail or at (240) 276-1747.
- **Grants Management and Budget Issues:** Gwendolyn Simpson via email or at (240) 276-1408.
- **Pre-Application Webinar:** Wednesday, April 18, 2018 from 3:30 p.m. to 4:30 p.m. E.T.
  - Dial-In Number: 1-888-790-7803
  - Participant Passcode: 1588142
  - For security reasons, the passcode will be required to join the call.
  - Participants can also join the event directly at: https://www.mymeetings.com/nc/join.php?i=PWXW7248653&p=1588142&tt=c
  - Conference Number: PWXW7248653
  - Audience passcode: 1588142
Medicare Program Imposes Opioid Restrictions for Benefit Year 2019

The Benefit Year 2019 “Call Letter” released April 2 inviting managed care plans to participate in the Medicare Advantage and Prescription Drug Programs imposes significant new restrictions on the prescription of opioids.

The Centers for Medicare and Medicaid Services (CMS) says it has tailored each approach to address the distinct populations of Medicare Part D prescription opioid users (e.g., new opioid users; chronic users; those with uncoordinated care; those that concurrently use opioids with benzodiazepines, etc.). It also recommends that beneficiaries who are residents of a long-term care facility, in hospice care, or receiving palliative or end-of-life care, or being treated for active cancer-related pain, be excluded from the interventions. CMS says it is also important that Medicare beneficiaries’ access to medication-assisted treatment (MAT), such as buprenorphine, is not impacted.

All Part D sponsors are expected to have a documented, written strategy for addressing overutilization of prescription opioids.

The 2019 opioid overutilization policies include:

1. **Opioid naïve patients:** To reduce the potential for chronic opioid use or misuse, all Part Medicare D sponsors must implement a hard safety edit to limit initial opioid prescription fills for the treatment of acute pain to no more than a 7-day supply. An opioid-naïve patient is to be defined as a patient with an opioid prescription who has not received an opioid fill over the past 60 days or longer.

   CMS says in the absence of other submitted and approved utilization management requirements, the plan sponsor should approve coverage for the full days’ supply once the prescriber attests that the days’ supply is the intended and medically necessary amount for the beneficiary. CMS reminds that an enrollee, the enrollee’s representative, or the enrollee’s prescriber must have the right to request a coverage determination from the plan for a drug or drugs subject to the days’ supply limit, including the right to an expedited determination.

2. **High risk opioid users:** CMS says it is building upon and expanding the Overutilization Monitoring System (OMS), which has already significantly reduced the number of high risk beneficiaries. The OMS retrospectively identifies those beneficiaries the agency considers at significant risk (using high levels of opioids from multiple prescribers and pharmacies), and plan sponsors review these cases and perform case management with the beneficiaries’ prescribers.

   CMS will implement the Comprehensive Addiction and Recovery Act of 2016 (CARA) drug management program in 2019 and integrate those policies with the OMS process. Part D sponsors will be able to limit at-risk beneficiaries’ coverage for frequently abused drugs to certain prescribers and pharmacies (“lock-in”) and apply beneficiary-specific point-of-sale (POS) claim edits. The OMS will also be enhanced to include revised metrics to track high opioid overuse and to provide additional information to sponsors about high risk beneficiaries who take opioids and “potentiator” drugs which, when taken with an opioid, increase the risk of an adverse event).

3. **Chronic opioid users:** CMS expects all plan sponsors to implement real-time safety edits at the time of dispensing as a proactive step to engage both patients and prescribers about overdose risk and prevention. CMS says it recognizes that a tailored approach is needed to better address chronic opioid overuse at the POS. It acknowledges that some patients may be using opioids where prescribers are considering increasing the opioid dosage above 90 morphine milligram equivalent (MME) per day or may be unaware patients are receiving high levels of opioids from other prescribers. Other patients are already receiving higher opioid dosages long-term where the benefits and risks of maintaining or the decreasing opioid dosage should be carefully considered. CMS acknowledges that opioid withdrawal, disruptions in care, obtaining opioids from other sources, and suicide risk all affect clinical decisions.

CMS also expects all plan sponsors to implement an opioid care coordination edit at 90 MME per day that would trigger when a beneficiary’s cumulative MME per day across their opioid prescriptions reaches or exceeds 90 MME. In implementing the edit, plan sponsors are to instruct the pharmacist to consult with the prescriber, document the discussion, and, if the prescriber confirms intent, use an override code that states the prescriber has been consulted. Sponsors may include a prescriber and/or pharmacy count in the opioid care coordination edit. Sponsors will also have the flexibility to implement hard safety edits and set the threshold at 200 MME or more and may include prescriber/pharmacy counts.

4. **Opioid users also taking duplicate or key potentiator drugs:** Lastly, CMS expects sponsors to implement additional soft safety edits to alert the pharmacist about duplicative opioid therapy and concurrent use of opioids and benzodiazepines.

5. **Overall:** CMS will also use quality measures to track trends in opioid overuse across the Medicare Part D program. To drive performance improvement among plan sponsors, CMS will implement technical revisions to the Pharmacy Quality Alliance (PQA) opioid overuse measures and will add a new PQA measure, Concurrent Use of Opioids and Benzodiazepines.

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**Health Resources and Services Administration Behavioral Health Virtual Job Fair**

**Wednesday, April 11, 6:45 p.m. - 10:15 p.m. E.T.**

This Virtual Job Fair is specifically for behavioral health professionals, which includes Psychiatrists, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, Nursing Professionals, and Physician Assistants (specializing in psychiatry, mental health, or behavioral health). HRSA Virtual Job Fairs are online recruitment events that connect career-seeking clinicians with health care organizations.

To participate, you need a computer, smart phone, or other mobile technology with access to the Internet. Space is limited, so learn more about the Behavioral Health Virtual Job Fair on our [website](#)! For current NHSC or NURSE Corps program recipients click here to use your current portal credentials to log in. For all others click here to set up a new account.

**Participation is FREE – Register NOW**
NIH Launches HEAL Initiative to Accelerate Scientific Solutions to Opioid Epidemic

National Institutes of Health Director Francis S. Collins, M.D., Ph.D., announced April 4 the launch of the HEAL (Helping to End Addiction Long-term) Initiative, an aggressive, cross-agency effort to speed scientific solutions to stem the national opioid public health crisis. In announcing the effort at the 2018 National Rx Drug Abuse and Heroin Summit, Dr. Collins said NIH would be nearly doubling funding for research on opioid misuse/addiction and pain from approximately $600 million in Fiscal Year 2016 to $1.1 billion in Fiscal Year 2018.

Dr. Collins noted that “Every day, more than 115 Americans die after overdosing on opioids. That is a fourfold increase since 2000, and the numbers continue to climb. ... Over the last year, NIH has worked with stakeholders and experts across scientific disciplines and sectors to identify areas of opportunity for research to combat the opioid crisis. The focus of these discussions has centered on ways to reduce the over prescription of opioids, accelerate development of effective non-opioid therapies for pain, and provide more flexible options for treating opioid addiction. NIH is committed to bringing the full power of the biomedical research enterprise to bear on this crisis.”

HEAL will bolster research across the NIH to:

Prevent Addiction through Enhanced Pain Management:

- Launch a longitudinal study to follow patients 1) after acute onset of musculoskeletal pain, and 2) after surgery to identify biomarkers that might predict which individuals are more likely to transition from acute to chronic pain.

- Leverage innovative imaging and -omics neurotechnologies developed through the NIH BRAIN Initiative and SPARC program to identify 1) potential new targets for treatment of chronic pain, and 2) objective biomarkers to predict which individuals will respond to a treatment.

- Advance understanding of the genetic and social factors that put patients at risk for opioid misuse and addiction to inform precision prevention strategies tailored to individual risk factors.

- Define and support best practices for pain management using non-drug and integrated therapies for specific pain conditions, building on research from the National Center for Complementary and Integrative Health, the U.S. Department of Veterans Affairs, and Department of Defense research collaborative to address the needs of service members and veterans.

- Pursue public-private partnerships to develop new non-addictive pain medicines by sharing data on past and present research projects, and matching researchers with potentially promising but abandoned pharmaceutical industry compounds to explore their effectiveness for the treatment of pain.

- Build a clinical trials network that will allow multiple new and repurposed compounds to be tested simultaneously for effectiveness. Collins said this would allow ineffective compounds to be weeded out and new compounds to enter trials more swiftly. The combination of testing compounds that already have received large investments and passed safety testing, and a flexible clinical trials network will significantly accelerate the development of effective therapies.

Improve Treatments for Opioid Misuse Disorder and Addiction for the Majority of the 2 million Americans with Opioid Use Disorder Who Do Not Receive Appropriate or Adequate Treatment for Addiction:

- Expand therapeutic options for treating addiction, including (1) extending the options for Medication-Assisted Therapy (MAT) and overdose reversal treatments, (2) developing immunotherapies that enlist the immune system to block entry of heroin or synthetic opioids to the brain to prevent overdose or relapse for individuals at high risk for addiction, and (3) comparing already proven MAT in combination with other non-drug approaches such as cognitive therapy and medication.

- Evaluate treatments and long-term consequences of Neonatal Opioid Withdrawal Syndrome by expanding the Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW) project, tapping into the Environmental Child Health Outcomes and IDeA States Pediatric Clinical Trials Network.

- Pilot demonstration projects to inform evidence-based practice, working with Federal and state partners, to test the integration of multiple addiction prevention and treatment options in healthcare and criminal justice settings in states with the highest rates of opioid misuse and overdose.

Nora D. Volkow, M.D., Director of the National Institute on Drug Abuse, said in an NIH press release that with the additional resources, NIH would be able to develop more customized, high-quality treatments for addiction and pain, as well as harness implementation science to bring evidence-based changes to the healthcare system, as well as treatment for those in the criminal justice environment.”

The HEAL Initiative will build on previous NIH research that led to the development of the nasal form of naloxone, the most commonly used nasal spray for reversing an opioid overdose, the development of buprenorphine for the treatment of opioid use disorder, and the use of non-drug and mind/body techniques to help patients control and manage pain, such as yoga, tai chi, acupuncture, and mindfulness meditation. The Initiative will tap into the expertise of the NIH Pain Consortium, which was established to enhance collaboration among NIH institutes, centers, and offices that conduct pain research.
The Training Institutes Registration Fee is $925.

A discounted registration fee of $850 will be extended to those who register before March 31, 2018.

The nation’s H/HS system, on the state, local, and community level, is embracing a whole-family, generative approach and moving away from a system rooted in compliance and programmatic outputs. Leaders are championing innovative, pragmatic ideas that address root cause issues and improve the return on investment.

The 2018 APHSA National Health and Human Services Summit will focus on how we can achieve better outcomes for children, families, and communities through:

- Looking at the Social Determinants of Health and how the “Whole-Family Approach” positively affects service delivery and prevention;
- Implementation of new fiscal policies that reduce the regulative burden;
- Working with our federal partners to increase collaboration between states, localities and the Administration;
- Modernization and integration of H/HS systems with a focus on IT and Data; and
- Providing economic and employment support.

Come prepared to discuss how Unlocking Potential for all people and Influencing Policy leads to Impacting Outcomes for children, families, and communities!

Register by Friday, April 20th to receive a discounted rate!

May 6 - 9, Crystal Gateway Marriott, Arlington

Agenda
Registration
Hotel & Travel

Questions? Contact
The Winter 2018 Issue of Signs of Mental Health is Out

It has been a busy winter with a lot of events going on. We have several interns with us this semester and more coming in the future, we expect. The staff have been really busy and some milestones were achieved. We hope you will enjoy reading about them.

MHIT lost a dear friend when Lynn Lumsden passed away last December. There was no sweeter person, no better friend than Lynn. We will miss her.

Speaking of MHIT, the Core Track is full already but we have slots left in the Alumni Track. Check out the info inside this issue.

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Interns at the Office of Deaf Services
2018 Deafness and Clinical Training Addresses Trauma-Informed Care of Deaf Consumers
National Weather Service Expands Deaf and Hard of Hearing Outreach Efforts
Second QMHI Supervisor Training Aims to Increase Opportunities for Practicums
MHIT Adds New Continuing Education Project
As I See It
On The ODS Bookshelf
Notes and Notables
Positions Open In ODS
Current Qualified Mental Health Interpreters
ODS Directory
MHIT: Training Interpreters about the Principle of “First, Do No Harm.”

Study Finds Security Officers Most Often Used with Inpatients in First Week Only

A study published in the April issue of Psychiatric Services, Use of Security Officers on Inpatient Psychiatry Units, found that calls for security officers in dealing with patients were most common in the first week of hospitalization, and roughly half of the patients for whom calls were made required only one call.

Only 18 percent (45) of the 272 patients studied generated security calls. The most common inciting behavior was “threats to persons” (34 calls), and the most common intervention was intramuscular antipsychotic injection (49 calls). The patient variables associated with security calls were having more than one prior hospitalization (odds ratio [OR]=4.56), involuntary hospitalization (OR=5.09), and having gone to court for any reason (OR=5.80).

The authors, a team of Columbia University/New York-Presbyterian psychiatrists led by Ryan E. Lawrence, which included legal ethicist Paul S. Applebaum and early intervention pioneer Lisa P. Dixon, conclude that the patient variables associated with security calls are common among inpatients, and thus clinicians should stay attuned to patients’ moment-to-moment care needs.
Individuals from racial and ethnic minority groups often experience disparities in access, quality, and outcomes in long-term services and supports (LTSS). Long-term services and supports (LTSS) are a vital part of care for many dually eligible beneficiaries. This webinar will give states, plans and providers information on how to identify LTSS preferences, values, and needs of members from diverse cultural backgrounds. Speakers will share concrete strategies for effectively meeting beneficiaries’ LTSS needs, in both institutional and community-based settings, while respecting their diverse cultural preferences.

Registration Link: https://resourcesforintegratedcare.com/CulturalCompetency/2018_CC_Webinar/LTSS

eriatric Competent Care Webinar Series

*Wednesday April 18 and May 16, Noon to 1:30 p.m. E.T.*

The 2018 Geriatric-Competent Care Webinar Series is designed to help states, plans, health professionals and stakeholders in all settings and disciplines to expand their knowledge and skills in the unique aspects of caring for older adults and in working with their caregivers. Continuing Education (CE) credits can be earned by joining the webinars.

**Safe and Effective Use of Medications in Older Adults, April 18, 2018**

Beneficiaries dually eligible for Medicare and Medicaid have on average, a 25 percent higher rate of chronic conditions[2] than beneficiaries who are not dually eligible. This interactive webinar will provide an overview of these critically important issues related to older adults. In addition, the need for management and coordination among the care team members and the beneficiary will be described. Participants will also learn about effective strategies to empower individuals and their families to manage multiple medications to maintain their health.

**Managing Older Adults with Substance Use Disorders, May 16, 2018**

Substance use disorders (SUD) are a significant public health concern for the growing population of older adults. By 2020, the number of older adults with SUD in the United States is expected to rise from 2.8 million in 2002-2006 to 5.7 million[3]. This webinar will describe substance use disorder (SUD) screening tools, how to effectively diagnose SUD, and available treatment resources. Speakers will also discuss the need for care coordination for older adults affected by SUD.

Registration Link: https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Overview
Admiral Thad W. Allen, USCG Retired

Thad Allen retired from the Coast Guard in 2010 as the 23rd Commandant. He currently serves as Senior Executive Advisor at Booz Allen Hamilton where he supports government and commercial clients in cyber security, energy and the environment, navigation systems, emergency response, and crisis leadership. He is a nationally recognized expert in disaster response and an advisor to government leaders. He was the lead federal official for the responses to Hurricanes Katrina and Rita and the Deepwater Horizon Oil. He also directed Coast Guard operations in the wake of the 9/11 attacks and the Haitian Earthquake.

The Symposium will provide an opportunity to hear how leaders have handled stress in times of crisis, with particular emphasis on the disasters of fall 2017. During the half-day event, panelists will also share best practices and recommendations for moving the field of crisis leadership forward.
Beyond Cost and Utilization: Rethinking Evaluation Strategies for Complex Care Programs

**Monday, April 9, 2 p.m. to 3:30 pm E.T.**

Funder: Kaiser Permanente Community Health

As organizations and policymakers across the country seek to enhance care management programs for low-income individuals with complex medical and social needs, it is critical to identify which models are effective and are ready to be integrated into the broader health care delivery system. However, relying solely on cost and utilization to assess program effectiveness may overlook other positive impacts, such as improving quality of life, achieving housing stability, or generating savings to other public systems.

This April 9, 2018 webinar, cosponsored by the Center for Health Care Strategies’ Complex Care Innovation Lab and the National Center for Complex Health and Social Needs (National Center), will review the merits and limitations of traditional complex care evaluation approaches, explore new ways to effectively evaluate these programs, and discuss the broader policy implications of evaluating complex care programs. This webinar is made possible by Kaiser Permanente Community Health. It is part of a quarterly series on complex care hosted by the Policy Committee of the National Center. The National Center’s Policy Committee works to identify and disseminate policy priorities and gaps relating to the emerging field of complex care.

**Agenda**

I. Introduction and Overview

*Speakers:* Allison Hamblin, MSPH, Senior Vice President, Center for Health Care Strategies and Natassia Rozario, JD, Associate Counsel and Senior Director, [Camden Coalition of Health Care Providers](http://www.camdencoalition.com)

A. Hamblin and N. Rozario will welcome participants, discuss the purpose of the webinar, and introduce the presenters.

II. Challenges of Using Traditional Evaluation Models for Complex Populations

*Speakers:* Maria Raven, MD, MPH, MSc, Associate Professor, Department of Emergency Medicine, [UCSF School of Medicine](http://medicine.ucsf.edu); and Toyin Ajayi, MD, MPhil, Chief Health Officer, [Cityblock Health](http://www.cityblockhealth.com)

M. Raven and T. Ajayi will discuss the challenges associated with evaluating complex care models and the importance of integrating non-medical data to more accurately and comprehensively convey person-centered program impact.

III. Rethinking Evaluation Strategies for Complex Populations

*Speaker:* Allison Hamblin

A. Hamblin will discuss the benefits and limitations of relying solely on cost and utilization measures to evaluate complex care programs and will highlight important lessons from the field regarding how to interpret evaluations of these programs.

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**Jump-Starting Community Inclusion: A Toolkit for Promoting Participation in Community Life**

This toolkit is a compendium of simple, do-able strategies drawn from 15 years of research and training activities at the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)-funded Temple University Collaborative on Community Inclusion Rehabilitation Research and Training Center. It contains 66 practical first steps that community mental health providers can take to more effectively support their service recipients’ participation in everyday community life. It focuses on policy changes, programming shifts, and practice innovations that can quickly give new life and relevance to an agency’s operations. The Toolkit also offers links to over 100 publications and products to support your work.

To further support utilization of the Toolkit, a one-hour ‘Jump Starting’ webinar is scheduled for April 12 at 1 p.m. E.T. The webinar will review the document and feature some of the innovators who are already knee-deep in the process of policy, program, and practice changes.

Download [Jump Starting Community Inclusion](http://www.temple.edu) from the Temple University Collaborative at [this link](http://www.temple.edu). Register [HERE](http://www.temple.edu) for the April 12 webinar.
SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 4
Anticipated Award Amount: Up to $1,000,000/year
Anticipated Total Available Funding: $3,368,000
Length of Project: Up to 5 years
No Cost-Sharing/Match Required
Applications Due: May 14, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16–25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

- Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.
- Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.
- Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Eligibility: Eligible applicants are:

- The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.
- Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.
- Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichwar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
Grants Management/Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-
The Summer Institute in Mental Health Research will be offered over the course of a two-week period, May 29 – June 8, 2018, by the Maryland Department of Mental Health and the Johns Hopkins Bloomberg School of Public Health.

The Institute focuses on methodological and substantive topics in mental health and substance-use research. It is intended for working professionals or students who are interested in developing research expertise in the epidemiology of mental health and substance-use disorders, the implementation and evaluation of mental health services and interventions, and/or the methodological issues encountered in mental health research in the population.

After completing the program, participants will understand the latest findings on the occurrences of mental health and substance-use disorders in the population and their implications for public mental health; know the steps involved in the scientific, empirical evaluation of services and interventions targeted for mental health outcomes; and acquire the skills and knowledge needed in using the state of the art methodological tools for collecting and analyzing mental health data. Where academic credit leading to a degree is desired, students are required to pay the standard school tuition (to be determined for Bloomberg School of Public Health degree students. This rate does not apply to students taking courses for non-credit. The non-credit tuition rate for 2018 is (to be determined). No scholarship and/or grant support is available.

330.610.89 Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Location: Internet  Dates: Tuesday, May 29, 2018 – Friday June 8, 2018
Contact: Ronald Manderscheid  Course Instructor: Ronald Manderscheid

Description: Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

Learning Objectives:

Upon successfully completing this course, students will be able to:

1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
2. Describe the essential features of National Health Reform and the Medicaid Program
3. Engage successfully in local strategic planning and needs assessment initiatives

Methods of Assessment:
Class participation and a brief analytical paper on addressing a practical problem in managing a county or local mental health, substance use, or developmental disability authority. Project is due June 30, 2018)

Credits: 1 credit  Auditors Allowed: Yes, with instructor consent.  Grading Restriction: Letter Grade or Pass/Fail

Information on Application & Tuition Here

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.

April Trainings

Illinois
April 12 - Chestnut Health Systems, Bloomington

Maryland
April 9 - Baltimore City Health Department

Michigan
April 19 - Authority Health, Detroit

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Webinar: Impact of ACEs and Adoption of Trauma-Informed Approaches in Integrated Settings

April 18, 1 p.m. - 2:30 p.m. E.T.

Join the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) and nationally-recognized speakers for this webinar to learn more about trauma and its impact, hear the case for adopting trauma-informed approaches, and walk through a methodology for implementing trauma-informed care.

Presenters: Linda Ligenza, LCSW, Clinical Services Director, National Council for Behavioral Health; Karen Johnson, LCSW, Senior Director, Trauma-Informed Services, National Council for Behavioral Health; Patricia Gerrity, Ph.D, RN, FAAN, Associate Dean for Community Programs, Stephen and Sandra Sheller 11th Street Health Center, College of Nursing and Health Professions, Drexel University

Register Here

The Adverse Childhood Experience (ACE) Study, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention, has shown us that trauma is prevalent and can cause lifelong health consequences. We can therefore expect that a significant percentage of patients served in integrated care settings have been exposed to ACEs. Signs and symptoms include: not showing up for appointments or frequently showing up without an appointment; difficulty adhering to treatment goals; limited or no improvement in health conditions; and multiple psychiatric diagnoses and medications.

After this webinar, participants will be able to:

- Recognize the value of trauma-informed approaches to care in integrated settings
- Identify three strategies that can be used immediately to minimize or prevent triggering events
- Design a plan to implement trauma-informed approaches in their setting
- Locate resources from CIHS that can support efforts to build trauma-informed integrated approaches to care

Closed captioning is available on request.

The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education for this webinar.

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- Dynamic Solutions Pavilion exhibit hall.
- Incomparable networking opportunities.

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REGISTER NOW
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

Following are links to the reports in the Beyond Beds series.

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
Older Adults Peer Support - Finding a Source for Funding Forensic Patients in State Psychiatric Hospitals: 1999-2016
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
Quantitative Benefits of Trauma-Informed Care
Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
Forensic Patients in State Psychiatric Hospitals – 1999 to 2016

May is Older Americans Month 2018

Every May, the Administration on Aging, part of the Administration for Community Living, leads our nation’s observance of Older American’s Month. The 2018 theme, Engage at Every Age, emphasizes that you are never too old (or young) to take part in activities that can enrich your physical, mental, and emotional well-being. It also celebrates the many ways in which older adults make a difference in our communities.

Participating in activities that promote mental and physical wellness, offering your wisdom and experience to the next generation, seeking the mentorship of someone with more life experience than you—those are just a few examples of what being engaged can mean. No matter where you are in your life, there is no better time than now to start. We hope you will join in and Engage at Every Age!

Use the materials, activities, and resources at [https://oam.acl.gov](https://oam.acl.gov) to promote and celebrate #OAM18!
THANK YOU TO OUR CONFERENCE SPONSORS!

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CLICK HERE FOR ONLINE REGISTRATION • CLICK HERE TO BE A SPONSOR • CLICK HERE FOR FULL BROCHURE

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
Researchers at the New Jersey War Related Illness and Injury Study Center (WRIISC) are actively trying to develop better treatments for Gulf War Veterans with Gulf War Illness (GWI).

GWI is a term that refers to a group of unexplained or ill-defined chronic symptoms found in about one third of Veterans deployed to the Persian Gulf during Operations Desert Storm and Desert Shield (1990-1991). Despite much research, the cause of GWI remains unclear and symptoms vary. Symptoms might include fatigue, muscle and joint pain, cognitive difficulty, and headaches.

One such potential treatment being investigated by VA researchers is concord grape juice. The juice has high concentrations of dietary polyphenols that are believed to have a variety of health benefits, including improving brain function.

“Although grape juice is high in sugars, many people like the taste. It is also available on the grocery store shelf and relatively easy for most Veterans to incorporate into their diet,” said Dr. Drew Helmer, who is leading this study. “Before we promote grape juice as a treatment for Veterans with Gulf War Illness, however, we want to use this research to better understand its potential benefits.”

Gulf War Veterans with GWI are encouraged to learn more and consider participating in the randomized controlled trials for Gulf War Veterans with GWI. Randomized control trials are considered the “gold standard” of research aimed at finding better treatments. In a randomized controlled trial, participants are randomly assigned to either a group that is receiving the treatment under investigation or to a group receiving a comparison treatment, often the current “standard treatment”.

Following is a list of clinical trials currently recruiting participants. Participation in a trial is entirely voluntary and will not in any way affect a Veterans' access to health care or benefits.

**Development of Dietary Polyphenol Preparations for Treating Veterans with Gulf War Illness**

**Purpose:** To investigate the role of daily Concord grape juice consumption in treating clinical symptoms of GWI in Gulf War Veterans

**Location:** VA in East Orange, N.J. (WRIISC site)

**Recruitment Time Frame:** Ongoing - June 2018

**Cognitive Rehabilitation for Gulf War Illness**

**Purpose:** To determine if telephone-delivered problem-solving treatment or telephone-delivered health education is more effective in helping Gulf War Veterans with GWI improve health and function and reduce disability

**Location:** Participation includes two testing visits to the VA in East Orange, N.J. (WRIISC facility) or to the VA in Canandaigua, N.Y. or Bedford, Mass. Future telephone sessions can be completed

**Recruitment Time Frame:** Ongoing - Summer 2018

**Vagus Nerve Stimulation: A Non-Invasive Treatment to Improve the Health of Gulf War Veterans with Gulf War Illness**

**Purpose:** To determine if use of a hand-held device that activates a nerve called the Vagus Nerve reduces widespread pain

**Location:** VA in East Orange, N.J. (WRIISC site) and Mount Sinai-Beth Israel in New York, N.Y.

**Recruitment Time Frame:** Ongoing - Winter 2018

Participating in these randomized clinical trials may prove helpful to Veterans on an individual level as treatment strategies could be effective. Participation also helps fellow Veterans and the broader Veteran community as information learned from these studies contributes to the growing body of knowledge on what works and what does not when treating GWI. The NJ WRIISC works with multiple VA and academic partners on ways to increase awareness of available treatment studies among Gulf War Veterans.

For more information regarding any of these studies, please contact the NJ WRIISC at 1-800-248-8005, or visit our [website](#).
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.
Recovery to Practice (RTP) Initiative invites you to attend. ..

Recovery-Oriented Engagement Practices - Spring 2018 Series

Wednesdays, 1 p.m. to 2 p.m. E.T.

Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person's life - with everyone contributing to and responsible for engagement and alliance.

In this series, we will explore three distinct elements of engagement. The first webinar will look at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

April 4, 2018: Therapeutic Alliance and its Impact on Engagement
Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

May 2, 2018: Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan (WRAP)
Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to engagement.

May 23, 2018: Social Media/Technology for Outreach and Engagement
John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21st Century world through systemic large-scale implementation of CT-R sharing evidence of culture change.

Click on the Name of Each Session to Register

You may attend one or all the webinars in this series. 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.

NAADAC statement: This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.

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.
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.

CLICK HERE TO REGISTER NOW!

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!

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.
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.

New On-Demand Continuing Medical Education (CME) Course:
Clozapine as a Tool in Mental Health Recovery

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a “virtual grand rounds,” this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you’ll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

REGISTER HERE!

Course Objectives

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)
Featured Day One Session!

Concurrent Session on Wednesday, May 2, 2018

Challenges for Rural Areas in Meeting the Increasing Requirements for Electronic Data Entry, Storage, Analysis and Exchange

Federal and state funding agencies are steadily increasing their data requirements to show that services are accessible and of high quality, and that health care information is exchanged among treating providers in support of care coordination. Tracy Rhine from Rural County Representatives of California, Jennifer Terhorst and Philip Salter from Nevada County, and Farooq Ahmad from Imperial County will describe challenges for rural counties, including lack of bandwidth, health information technology support, and internet connectivity. They will describe creative ways that some rural agencies are addressing these issues, and suggest their relevance for other rural counties and provider organizations.

Featured Day Two Conference Closing Keynote Session!

Public Health and Privacy Concerns Collide in the Opioid Crisis

The increasing and tragic dimensions of the opioid crisis throughout the country have led to new national, state and local initiatives focusing on prevention and treatment. Jeff Livesay, Senior Executive Vice President and Shreya Patel, Policy Analyst and Public Relations Coordinator of Michigan Health Information Network will review the increased data sharing across pharmacies, insurers, and prescribers to prevent prescription drug abuse and to encourage improved care coordination. They will review how HINs can use such data analytic techniques as predictive modeling for early warning systems and preventive interventions in the interest of addressing the opioid crisis, and the emerging ethical dilemmas created by these new data sharing possibilities.

Presenters
Jeff Livesay, BS Engineering, Senior Executive Vice President, & Shreya Patel, Policy Analyst and Public Relations Coordinator, Both Michigan Health Information, Network Shared Services (MiHIN)

Registration is open. Please reserve your seat NOW!

REGISTRATION WEBSITE

If you have any problem with registering or making your hotel reservations, please contact the CIBHS Conference Dept. at (916) 379-5317 or conferences@cibhs.org.
TA Network Webinars

CULTURAL AND LINGUISTIC COMPETENCE PEER LEARNING EXCHANGE - CULTURAL AND BEHAVIORAL HEALTH EQUITY CONSIDERATIONS FOR WRAPAROUND PRACTICE

**THURSDAY, APRIL 12, 2:30 P.M. TO 3:30 P.M. E.T.**

Members of the Cultural and Linguistic Competence Team for the TA Network will lead a web based peer learning exchange focused on aligning Wraparound Values with the National Standards for Culturally and Linguistically Appropriate Service (CLAS Standards).

**REGISTER NOW**

SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY – CONSIDERATIONS FOR SOC LEADERS FOR SERVING YOUNG CHILDREN AND THEIR FAMILIES

**WEDNESDAY, APRIL 18, 2:30 P.M. TO 4 P.M. E.T.**

This webinar will focus on serving young children and their families with the SOC approach and address areas that should be considered at the system and service-delivery levels to effectively meet the needs of this population. Specific topics to be addressed include key partners in early childhood services, the services specifically designed for young children and families, financing strategies, and workforce development.

**REGISTER NOW**

ETHICS FOR PARENT PEER SUPPORT PROVIDERS

**THURSDAY, APRIL 19, 3:30 P.M. TO 5 P.M.**

In response to a need for guidance on ethics from the field, the Family-Run Executive Director Leadership Association convened a group of family leaders to develop an ethics workbook for parent peer support providers (PPSP) that provides a framework for addressing ethical dilemmas. If you are a PPSP or a program director of a family-run organization, join us for this webinar, which will include examples of codes of ethics for PPSPs, and the three main areas in which PPSPs experience challenging ethical situations: working with families, interactions in the workplace, and behavior in the community and with partners.

**REGISTER NOW**

UNDERSTANDING PSYCHOSIS – USING FORMULATION TO DEVELOP EFFECTIVE INTERVENTIONS

**FRIDAY, APRIL 20, NOON TO 3 P.M. E.T.**

This webinar is designed for intermediate-level CBT clinicians and aims to build on an existing knowledge base through examination of different formulation techniques, including collaborative development of formulation and team-based formulation. Clinicians will be encouraged to submit de-identified case examples before the workshop for discussion during the webinar. Formulation is considered the cornerstone of CBT and is essential to helping the client (and therapist) understand the origin and maintenance of their symptoms.

**REGISTER NOW**

DIRECT CONNECT – BUILDING YOUTH CAPACITY

**THURSDAY, APRIL 26, 3:30 P.M. TO 5 P.M. ET**

Led by Youth M.O.V.E. National, this learning community 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.

**REGISTER NOW**
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NASMHPD Links of Interest


Acceptability of Psychosis Screening and Factors Affecting Its Implementation: Interviews With Community Health Care Providers, Saville M., PhD, et al., Psychiatric Services, April 2018

Implementation of a Lifestyle Intervention for People With Serious Mental Illness in State-Funded Mental Health Centers, Bartels S.J., M.D, M.S., et al., Psychiatric Services, April 2018

Archived March 13 Joint Webinar: Vital Signs Town Hall Teleconference and COCA Call – Coordinating Clinical and Public Health Responses to Opioid Overdoses Treated in Emergency Departments, Centers for Disease Control and Prevention

Final Sequestration Report for Fiscal Year 2018, Congressional Budget Office, April 2018

Changes In Hospital Utilization Three Years Into Maryland’s Global Budget Program For Rural Hospitals, Eric T. Roberts, Laura A. Hatfield, J. Michael McWilliams, Michael E. Chernew, et al. Health Affairs Blog, April 2018

Symptoms and Diagnosis of Alzheimer’s Disease: Noticing Memory Problems? What To Do Next, & Infographic: Forgetfulness, Normal or Not?, National Institute on Aging


Health Insurance Exchanges 2018 Final Open Enrollment Report, CMS, April 3, 2018

Office of the National Coordinator (ONC) Guide to Getting and Using Your Health Records, Department of Health and Human Services. April 4, 2018

Health Care: Puerto Rico and the U.S. Virgin Islands Six Months After the Storms (Video), Kaiser Family Foundation, March 19