Oregon Medicaid Considers Making Opioids Unavailable for Some Chronic Pain Conditions

Oregon officials are considering a first-in-the-nation proposal that would end coverage of opioids for five broad chronic pain conditions under Oregon’s Medicaid program. Over 12 months, beginning in 2020, targeted Medicaid enrollees with those conditions would have their opioid doses tapered to zero.

Under the proposal recommended by the Oregon Health Authority’s (OHA’s) Chronic Pain Task Force, prescriptions to treat fibromyalgia, chronic pain syndrome, chronic pain due to trauma, other chronic postprocedural pain and other chronic pain would be limited to short-acting opioids prescribed for no more than seven days. The opioids could be prescribed for no more than a total of 90 days, after which the patient would be shifted to non-pharmacological therapies like chiropractic care, deep tissue massage, and acupuncture.

The state declines to provide an estimate of how many pain patients the policy could affect. But nearly one million Oregonians are enrolled in Medicaid. The percentage of low back pain patients on the Oregon Health Plan with an opioid prescription dropped slightly from 34.5 percent in 2016 to 33.9 percent in 2017. The percentage of patients on high doses of opioids declined by about 25 percent, and on very high doses by 19 percent.

Nevertheless, Oregon saw a more than five percent increase in drug overdose deaths in the 12-month period ending April 3, according to the Centers for Disease Control and Prevention. In March, Gov. Kate Brown declared drug addiction a public health crisis and signed an executive order requiring state agencies, such as the OHA, to develop a statewide strategic plan for addiction prevention, treatment, and recovery. The Chronic Pain Task Force was created.

Backers of the proposal are expressing hope the proposal could serve as a model for the health care system in the entire state, including private insurers. “We believe Oregonians in chronic pain deserve safe and effective pain management,” Dr. Dana Hargunani, the chief medical officer of the OHA, told the on-line medical news daily Stat in an interview. She told the Oregon Bulletin, “We’re trying to use evidence to guide us, but we really welcome public input into the process. I know it’s a really significant issue for many individuals.”

Oregon chronic pain patients and their providers argue the alternative approaches don’t work for everybody, and that the decision to discontinue opioids should be made by a patient’s doctor, not a government agency. Activists note to the media that the ad hoc Chronic Pain Task Force recommending the alternative therapies includes three acupuncturists and a chiropractor. (An Oregon Health Authority spokeswoman told Stat the task force composition aimed “to represent the variety of clinicians who would be involved in the management of chronic pain.”)

Authors of some recent studies say that involuntarily tapering to a dose of zero can increase suicidal ideation and action and drug-seeking for black-market prescription opioids and heroin. Street heroin is often laced with deadly fentanyl.

Other states have worked to improve their drug monitoring programs or have passed legislation capping first-time opioid prescriptions for acute pain at 3, 5, or 7 days. The Federal government proposed, and then abandoned in the face of opposition, sharply limiting the dosage of opioids that doctors could prescribe Medicare patients. But no other states or providers have proposed to completely remove patients who have not exhibited signs of addiction or other negative health indicators from their pain medication.

A spokeswoman for the Oregon Health Authority notes a similar, recently enacted policy for lower back and neck pain as precedent. However, experts say the science supporting either side in the controversy is limited. “What is notably missing is any review of any literature regarding the centerpiece of their proposed policy: Forced opioid taper to zero for all persons,” said Dr. Stefan Kertesz, a pain and addiction specialist at the University of Alabama, Birmingham, School of Medicine.

Some science has been conducted on opioid tapers in general — but typically from high to moderate doses. Oregon officials cited one August 2017 study that suggests pain intensity, on average, does not worsen after discontinuation of long-term opioid therapy. However, the authors of the systematic review of dose reduction and discontinuation say public health surveillance and large-scale observational studies are needed to assess outcomes of efforts to reduce opioid prescribing at the health system and population levels, including increased suicides and overdoses.
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The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) and GAINS Center are pleased to announce our virtual conference, Trauma and the Opioid Crisis: Diverse Perspectives on an Epidemic. This five-part series will present differing perspectives on the impact of the opioid epidemic on families and communities. Participants will hear about personal struggles and challenges characterized by uplifting solutions for healing, recovery, and empathy.

SESSION DESCRIPTIONS

10:00–11:00 a.m. ET
A Mother’s Grief on the Loss of Her Son and How Healing Begins
Families and loved ones often are tragically affected by addiction. From learning of the addiction, to cycling in and out of rehabilitation centers, to constant worry, to the devastation of overdose, loved ones often experience social exclusion, isolation, and shame on top of overwhelming grief. Insight from a mother and clinician who lost a son to fentanyl will address grief, healing, and her mission to help others in his honor.

**Presenter:** Ana Alcebo Philips, LCSWC
**Moderator:** Joan Gillece, Ph.D.

11:30 a.m.–12:30 p.m. E.T.
Addressing Trauma in Specialty Court Settings
Trauma affects a majority of people participating in specialty court programming. One study of mental health court participants revealed that 67 percent of women and 73 percent of men experienced abuse as children, and nearly one-third of them had experienced abuse in the past 12 months. This calls for a universal assumption of trauma on the part of professionals providing services in treatment courts. This session will present an overview of how treatment courts can address trauma and support the recovery of their participants. It will provide information on trauma-informed approaches and their practical application, as well as an opportunity for discussion at the end of the presentation.

**Presenters:** Hon. Joy Oldfield, Summit County Common Pleas Court, Akron, OH; Hon. Stephen Goss, Superior Courts of Georgia, Atlanta, GA
**Moderator:** Lisa Callahan, Ph.D.

1:00–2:00 p.m. E.T.
What Made a Difference in Recovery? My Story of Struggle and Overcoming
After numerous stays in multiple rehabilitation programs, Rosie will share her story of years of opiate addiction and what made a difference in her healing and recovery journey. Looking inside the life of a young mother and her desire to make a new life for herself and her son will provide a unique perspective on how overcoming the pain and shame helps the healing process. The value of addressing trauma, hope, and the power of forgiveness will be the overarching theme.

**Presenter:** Rosie Hill
**Moderator:** Joan Gillece, Ph.D.

2:30–3:30 p.m. E.T.
Trauma-informed Law Enforcement Responses
Law enforcement officers assist people in times of crisis when trauma-informed practices and approaches are critical. This session will present an overview of critical skills and how they are applied in opioid-related emergencies. This innovative law enforcement program will present on the practical application of trauma-informed practices as they respond to the opioid crisis in their communities.

**Presenters:** Sergeant JoAnn Wallace, Baltimore City Police Department Homeless Outreach Team and Crisis Intervention Team Coordinator, and Detective Verllillian (Val) Githara, Baltimore City Police Department Homeless Outreach Team
**Moderator:** Joan Gillece, Ph.D.

4:00–5:00 p.m. E.T.
The Impact of the Opioid Epidemic on Hospital Services: How Are Inpatient Medical/Surgical Services Affected and Responding?
Not unlike other community hospitals, the Wexner Medical Center has experienced an alarming impact of the opiate epidemic on medical, surgical, burn, and wound care in inpatient units. The Emergency Department has become overwhelmed, and inpatient stays have created multiple challenges to an already stretched facility. This webinar will present innovative efforts to address the problem while dealing with the issues nursing staff are facing daily.

**Presenters:** Kristina Layton, R.N., and Frank Beel, M.S.N., Ohio State University Medical Center Team; Wexner Medical Center
**Moderator:** Raul Almazar, R.N., M.A.
On Tuesday, August 14, President Trump signed the National Suicide Hotline Improvement Act (H.R. 2345) into law. Sponsored by Utah Republican Sen. Orrin Hatch and Rep. Chris Stuart, the White House press release noted that the bill directs the Federal Communications Commission (FCC), in coordination with the Substance Abuse Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA), to:

- analyze the feasibility of designating a national three-digit number to be used for a mental health crisis and national suicide prevention hotline system; and
- evaluate the effectiveness of the current National Suicide Prevention Lifeline, including how well the Veterans Crisis Line is meeting the needs of veterans and their family.

Immediately following the signing, Senator Hatch tweeted, “By making the National Suicide Prevention Lifeline system more user-friendly and accessible, we can save thousands of lives by helping people find the help they need when they need it most.”

Representative Stuart’s office released the following statement: “We now have the opportunity to make the National Suicide Prevention Hotline more accessible and easier to remember. By creating a hotline dialing code that is short and easy to remember, we are taking an important step towards potentially averting tragedy. This new law truly has the ability to save lives. I’m grateful that the President signed this into law in a timely manner.”

As reported in the July 27 NASMHPD Weekly Update, H.R. 2345 passed the U.S. House of Representatives on July 23; the U.S. Senate passed the House version on August 1. With September being National Suicide Prevention Awareness month, many suicide prevention advocates are praising the new legislation as having the potential of addressing the nation’s rising suicide rate.

The bill requires SAMHSA and the VA to issue a report to the FCC within 180 days of the legislation’s enactment to include recommendations on improving the current National Suicide Prevention Lifeline system, including infrastructure and operations improvements. The report is also required to analyze how a three-digit national number might impact suicide prevention/crisis services. The FCC is then required to issue a full report to Congress that analyzes the logistics of implementing a national N-11 number, costs associated with the new dialing code, and costs acquired by service providers—including incurred costs to states and local municipalities to provide the services—and provide a cost-benefit analysis comparing the current Lifeline system with a system using an N-11 dialing code.
Become a Mental Health First Aid Instructor With National Council

As a trained Mental Health First Aider, you know that one 8-hour course can make a world of difference when it comes to improving the way we understand and respond to people with mental health and substance use problems.

Now, we’re inviting you to take your passion for Mental Health First Aid one step further – apply to become a Youth Mental Health First Aid Instructor in Philadelphia!

From August 27 – 29, you can become certified to teach the Youth Mental Health First Aid course in your community, giving more people the skills they need to reach out and offer support to a young person who may desperately need it.

Thank you for your dedication to helping others, and for spreading the Mental Health First Aid movement in your community.

Please send questions to: MHFInfo@TheNationalCouncil.org or call 1-888-244-8980.

Apply Today
Seats are Limited

Join the Recovery LIVE! Virtual Event:
Implementing Best Practices and Quality Standards in Recovery Housing
Thursday, August 23, 2:00 p.m. to 3:00 p.m. E.T.

Join SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) for a Recovery LIVE! virtual event on best practices and quality standards in recovery housing. A growing body of research supports the effectiveness of recovery housing in sustaining abstinence and promoting long-term recovery for individuals with substance use disorders and co-occurring mental illness and substance use disorders. The National Alliance for Recovery Residences has developed guidelines to define levels of care and standards of quality as part of its ongoing efforts to improve access to high-quality recovery housing across the United States.

During this webinar, presenters will:

- Provide an overview of the National Alliance for Recovery Residences’ national standards for recovery housing.
- Describe how the field is evolving to implement best practices.
- Discuss the challenges and successes for recovery housing operators.

Register HERE for the Recovery Housing Webinar
SAMHSA-Sponsored Webinars

Securing and Using the Right Data to Improve Your State’s Mental Health Block Grant Application

Tuesday, August 21 (Part I) and Monday, August 27 (Part II), Both 12:30 p.m. to 2:00 p.m. E.T.

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

Over the past few years, the National Association of State Mental Health Program Directors (NASMHPD) has seen a rapid turnover of State Mental Health Authority (SMHA) staff who collaboratively work on the Mental Health Block Grant (MHBG), in particular state planners and state data staff. This two-part series will define and underscore the importance of the relationship between the block grant planner and the state data manager/staff. A brief history of the Mental Health Block Grant, the Data Infrastructure Grant, and the Uniform Reporting System sets the context for the importance of each aspect of block grant planning. The presenters will review the required data elements for the MHBG and for the Annual Report following the structure of the WebBGAS. While the current requirements will be reviewed, it will be emphasized that these elements most likely will change over time and that the mutual understanding of the parameters within which the planner and the data manager work is the essential element of success for both the block grant planner and the data manager. Examples of how the interaction between the planner and the data manager enhance the planning process both specific to the block grant and in general will be cited. The target audience is block grant planners and data managers, particularly those who are relatively new to the process. An expected outcome is an increased understanding of and appreciation of the respective roles and responsibilities and how to make the relationship successful for both parties. In addition, viewers will gain a better understanding of history of the block grant, block grant requirements and guidance of how to more efficiently organize their state’s application.

Presenters:

• Molly Brooms, retired State Planner of the Alabama Department of Mental Health
• Melanie Harrison, Retired Chief Information Officer and IT Director of the Alabama Department of Mental Health
• Steven Dettwyler, Ph.D., SAMHS A Public Health Analyst and State Project Officer

We do not offer CEU credits. However, letters of attendance are offered on request.
Closed-captioning is available for this webinar.

Register HERE for Part I (August 21)    Register HERE for Part II (August 27)

If you have any questions, please contact Kelle Masten via email or at 703-682-5187.

Telebehavioral Health – What Every Provider Needs to Know

Tuesday August 21, 2:00 p.m. to 3:00 p.m. E.T.

Presented by the SAMHSA Behavioral Health Information Technology and Standards (BHITS) Initiative

Are you a provider of behavioral health services, but are interested in expanding to telebehavioral health? Do you already use telebehavioral health but are unsure of some of the legal, ethical or technical issues?

As telebehavioral health becomes more widespread, providers will need to become aware of several issues that govern the successful provision of online services. Webinar participants will learn about the important legal issues that relate to telehealth (e.g., licensure, informed consent, privacy/confidentiality); ethical issues (e.g., competencies, documentation, marketing); clinical issues (e.g., assessment/screening, boundaries/telepresence, handling emergencies); technical issues (e.g., technology/platform choices, cybersecurity, handling repairs); and other related information.

Register HERE

About the Speaker: Dr. Marlene M. Maheu serves as the Executive Director of the Telebehavioral Health Institute, Inc. (www.telehealth.org). She oversees the development and delivery of professional training in behavioral health via an eLearning platform that has served consumers and clinicians from over 55 countries. The focus for Dr. Maheu has been legal and ethical risk management related to the use of technologies to better serve behavioral health patients. She has served as a consultant, researcher, author, trainer, and keynoter.
SAMHSA Service Members, Veterans, and their Families Technical Assistance Center Presents:
Tuesday, August 28, 12:00 p.m. to 1:30 p.m. E.T.

The U.S. Department of Defense and Veteran’s Brain Injury Center estimates that 22 percent of combat casualties are brain injuries. Traumatic brain injuries (TBI) in service members and veterans often go under-recognized because it can take days and weeks after the injury for cognitive and emotional effects to emerge. As a result, many service members and veterans do not seek behavioral health treatment or get connected with recovery support services soon enough. Further, concerns such as cognitive impairment, depression, anxiety, post-traumatic stress disorder, post injury substance abuse and other co-occurring concerns are often intertwined with TBI. Research has shown that families and peers are an important resource who have been shown to improve outcomes and resilience. From the outset, family and peer involvement is critical along with education and support.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center will conduct a webinar in partnership with the U.S. Department of Veterans Affairs (VA) and the Brain Injury Association of America. The webinar will focus on the complexities of the behavioral health needs of our service members and veterans who have experienced TBI, and opportunities for collaboration and coordination across our military and civilian behavioral health systems of care to promote resiliency and recovery.

Moderator: A. Kathryn Power, M.Ed., Regional Administrator, Region I and Senior Executive Lead on SMVF Populations, SAMHSA

Presenters
- Lisa A. Brenner, Ph.D., Director of the Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education, and Clinical Center (MIRECC) and Professor of Psychiatry, Neurology, and Physical Medicine and Rehabilitation (PM&R), University of Colorado, Anschutz School of Medicine
- Gregory Ayotte, Director of Consumer Services, Brain Injury Association of America (BIAA)

Learning Objectives:
- Provide an overview of the research that explores the connection between TBI and behavioral health challenges among service members and veterans
- Review risk factors related to TBI
- Identify alternative approaches to recovery
- Describe the steps that providers, families, and peers in the community can take to address interrelated health issues
- Provide suggestions, resources, and best practice approaches that peers and providers in communities can use to support the resilience and recovery of service members and veterans who have experienced TBI and other co-occurring behavioral health disorders

Target Audience: Representatives serving SMVF from city, county, state, territory, and tribal behavioral health systems; health care providers; suicide prevention coordinators; mental health and addiction peers; military family coalitions and advocates.

Register HERE

National Meeting on Advancing Early Psychosis Care in the United States
Pre-Conference Kick-Off for the 11th Conference of the International Early Psychosis Association
Westin Copley Place
10 Huntington, Avenue, Boston, Massachusetts
Sunday, October 7, 8:30 a.m. to 3:30 p.m. E.T.

We invite you to register to attend a national meeting on Advancing Early Psychosis Care in the United States! The cost to attend is $150 if you register by September 6.

This meeting will serves as a pre-conference and kick-off for the 11th Conference of the International Early Psychosis Association. Social workers, psychologists, counselors, and nurses can earn 5 continuing education credits for $50.

This is an opportunity to be part of the conversation about the work we all do. You will get to talk with people from all over the country who are working to develop and maintain first episode psychosis programs in their communities, and also hear from the national and international leaders who are shaping and supporting the field. More than 140 people have registered so far - but don’t worry, the Westin has plenty of space.

Finally, many of you may wish to stick around for the main conference and understand the really big picture of how international research is shedding new light on the causes of and treatments for mental illness. Those who attend the FEP meeting will be eligible to receive a discounted “group rate” on IEPA conference registration.

Register HERE For the Pre-Conference Meeting
States of Despair: Understanding Declining Life Expectancy in the United States

Wednesday, August 22, 12:00 p.m. to 1:30 p.m.
Room G-50, Dirksen Senate Office Building, 50 Constitution Ave NE, Washington, DC

THIS EVENT IS OPEN TO THE PUBLIC
Panelists will be speaking on the record

"Deaths of despair"—deaths from suicide, alcohol, and drug abuse—are steadily rising across the United States. The Commonwealth Fund’s recently released 2018 State Scorecard on State Health System Performance indicates that the average life expectancy at birth declined for the second year in a row. This briefing will inform policymakers on the drivers and impacts of these trends, as well as highlight the development of state and federal policy solutions to address them.

Moderator: Sarah J. Dash, President and CEO, Alliance for Health Policy

Panelists:
- Marvin Figueroa, Ed.M., Deputy Secretary, Office of the Secretary of Health and Human Resources, Commonwealth of Virginia
- Richard T. McKeon, Ph.D., MPH, Chief, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
- Anand Parekh, M.D., MPH, Chief Medical Advisor, Bipartisan Policy Center
- David Radley, Ph.D., MPH, Senior Scientist, Tracking Health System Performance, The Commonwealth Fund
- Joe Thompson, M.D., MPH, President and CEO, Arkansas Center for Health Improvement

Please register by 4 pm ET on Tuesday, August 21, 2018 to ensure availability of event materials.

Register HERE

SAMHSA-Sponsored Webinar from the Center for Mental Health Services (CMHS)
Supporting Students Experiencing Early Psychosis in Middle School and High School
Tuesday, August 21 – 2:00 p.m. to 3:00 p.m. E.T.

Presented under Contract by the National Association of State Mental Health Programs and the NASMHPD Research Institute

Although psychosis typically emerges in late adolescence or early adulthood, some individuals begin to experience psychosis or other early serious mental illness while still in middle school or high school. This webinar will describe strategies to:

- Identify and support students with psychosis in schools
- Provide educational accommodations and modifications to facilitate school success
- Understand and address safety concerns
- Partner across students, families, and community mental health providers to support treatment and recovery for students experiencing psychosis

This webinar is intended for 1) student instructional support personnel, including school psychologists, social workers, counselors, nurses, and community-partnered school mental health professionals; and 2) staff from First Episode Psychosis programs that are planning or engaging in outreach with middle schools and high schools.

Presenters include:
- Jason Schiffman, Ph.D., Professor of Clinical Psychology, University of Maryland, Baltimore County (UMBC). Dr. Schiffman’s research and clinical work focuses on early identification and treatment of youth at risk for psychosis and reduction of stigma against people with serious mental health concerns.
- Sharon Hoover, Ph.D., Associate Professor of Child and Adolescent Psychiatry, University of Maryland School of Medicine and Co-Director, National Center for School Mental Health. Dr. Hoover’s work focuses on implementing evidence-based mental health supports and services in schools.

Register HERE
Join the NADD August-December Webinar Series

Register **HERE** Not Later Than Five Days Prior to a Scheduled Webinar

Webinar registration is open to all participants

**Wednesday, August 23, 3:00 p.m. E.T.**
Understanding Behavioral and Psychiatric Symptoms of Dementia (BPSD) in Adults with Intellectual Disabilities

**Level:** Beginner/Intermediate  
**Presenter:** Kathryn Pears, MPPM, National Task Group on Intellectual Disabilities and Dementia Practices, Conway, SC

This webinar will cover the fundamental causes of BPSD in adults with ID. Topics covered will be the role of the physical environment, pain, and caregiver interaction as triggers for behavioral disturbances. The appropriate use of medication in the management of behaviors will also be discussed.

**Friday, August 31, 3:00 p.m. E.T.**
Designing a Communal Classroom

**Level:** Intermediate  
**Presenter:** Ashleigh Molloy, PhD, Transformation Education Institute, Toronto

A communal classroom offers a safe, inclusive, student-centered environment where students learn through collaboration and active participation. It is a place where student expertise is developed and utilized, and diversity embraced. This webinar will empower elementary teachers and principals by providing practical strategies for immediate classroom implementation, creating a learning environment where everyone belongs.

**Wednesday, October 3, 3:00 p.m. E.T.**  
How to Prevent the Need for Seclusion, Restraint, and Other Restrictive Practices

**Level:** Advanced  
**Presenter:** Gary LaVigna, PhD, BCBA-D, Institute for Applied Behavior Analysis, Los Angeles, CA

This webinar describes a host of evidence based, non-aversive reactive strategies (NARS) that can lead to “resolution” thereby preventing the need for restrictive procedures. These NARS have been shown to be more effective than the restrictive procedures in reducing the severity of a behavioral episode and in keeping people safe.

**Friday, October 5, 3:00 p.m. E.T.**
Addressing Mental Health Symptoms to Prevent Challenging Behaviors

**Level:** All  
**Presenters:** Melissa Cheplic, MPH, The Boggs Center on Developmental Disabilities, Rutgers Robert Wood Johnson Medical School, Department of Pediatrics, New Brunswick, NJ; Tony Thomas, LISW-S, ACSW, Welcome House, Inc., WestLake, OH

Many people with IDD engage in challenging behavior as a way to communicate and get their needs met. Some problem behaviors are caused by symptoms of psychiatric disorders and other mental health conditions. This session will review the complicated factors that contribute to behavior and provide strategies to help Direct Support Professionals address these challenges.

**Thursday, November 15, 3:00 p.m. E.T.**  
Longitudinal Trends from the Residential Information Systems Project about Services and Supports to People with IDD – How States Vary Compared to Other States and the U.S.

**Level:** Intermediate  
**Presenter:** Heidi Eschenbacher, University of Minnesota, Minneapolis, MN

The Residential Information Systems Project (RISP) has been tracking supports and services, particularly deinstitutionalization, for over 40 years. Comparing states across the United States to overall trends within the country can be revealing about how government service models differ in the types of supports and services they provide.

**Tuesday, November 20, 3:00 p.m. E.T.**
Decline in Adults with Down Syndrome

**Level:** Intermediate  
**Presenter:** Seth Keller, MD, National Task Group on Intellectual Disabilities and Dementia Practices, Special Interest Group Adult IDD, American Academy of Neurology, Cherry Hill, NJ

Adults with IDD are living longer than ever before. Adults with Down syndrome are at a high risk of developing early onset Alzheimer’s disease. This presentation will review the care and assessment process when decline is suspected including Alzheimer’s disease and related dementia.

**Tuesday, December 11, 3:00 p.m. E.T.**
Making an Impact: How Managed Care Organizations Can Enter the Equation

**Level:** Intermediate  
**Presenters:** Renea Bentley, Ed.D., LPC-MHSP, Sr. Manager of Behavioral Health Programs; Amy Eller, MS, LPC-MHSP, Amerigroup Tennessee, Nashville, TN

This session will share Amerigroup’s integrated care coordination approach for individuals with Intellectual and developmental disabilities. We will outline our approach to addressing the physical, behavioral, and social needs of individuals with IDD holistically, providing access to a wide array of services through a single coordination point—supporting meaningful community integration and reducing complexity not only for the individual, but for their families and caregivers.

Additional Webinars on December 13 & 19.
Cost for Individual Webinars:
NADD Members - $78  Non-Members - $98.
Register for the entire series and receive an additional 20 percent off! Discount Code: 5ormore-20%-off-W2018.
Though most people who experience homelessness do not suffer from a serious mental illness (SMI), SAMHSA data indicate that between 20 and 25 percent of people experiencing homelessness also have an SMI. Join us for the last two parts of a three-part introductory series aimed at helping those working with people experiencing homelessness to better understand SMI. The series will be moderated by David Miller, M.PA., project director with the National Association of State Mental Health Program Directors (NASMHPD).

Register HERE for the Webinar Series

House Action Pending on Reauthorizing the Money Follows the Person Grant Program

House of Representatives action on reauthorizing the Money Follows the Person Rebalancing Medicaid Demonstration Grant (MFP) program appears likely as staffers on the Energy and Commerce committee have indicated a committee hearing and markup is likely to be scheduled in October on H.R. 5306, the Empower Care Act, legislation sponsored by committee member Rep. Brett Guthrie (R-KY).

If the committee does act in October, the full House could move the bill during the Lame Duck session following Congressional elections on November 6. As drafted, the legislation would take effect retroactively on October 1, 2017 and remain in effect through Fiscal Year 2022. Authorization for funding the program expired September 30, 2016. Grant awards were available to states for the fiscal year they received the award, and four additional fiscal years after. Any unused grant funds awarded in 2016 were still available to be used through FY 2020.

More than 75,000 people with chronic conditions and disabilities were transitioned from institutions back into the community through MFP programs as of December 2016. The Affordable Care Act strengthened and expanded the MFP program allowing more states to apply. At its zenith, 43 states and the District of Columbia were participating in the demonstration. H.R. 5306, in addition to reauthorizing the program, would reduce the number of days an enrollee would have had to be institutionalized, from 90 to 60, to be eligible for community-based services under the program.

There has been no action on an identical Senate version of the bill, S. 2227, sponsored by Senator Rob Portman (R-OH).
Webinar: Best Practices for Sustaining Behavioral Health Integration Models in Health Centers Using Health Information Technology

**August 22, 3:00 p.m. to 4:30 p.m. E.T.**

HRSA’s Bureau of Primary Health Care (BPHC) is pleased to offer a webinar hosted by the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) that will address strategies to leverage health information technologies that support population health management and data aggregation to facilitate and sustain behavioral health interventions. Presenters will share best practices for health centers in streamlining and sustaining behavioral health workflows and maximizing their electronic health records (EHRs) to ensure comprehensive and accurate billing and coding.

After this webinar, participants will:

- Understand appropriate workflows that support sustainability of behavioral health screening, referrals, and treatment
- Identify best practices in utilizing EHRs to ensure accurate and comprehensive billing of behavioral health
- Identify best practices in working with Health Center-Controlled Networks (HCCNs) and using Health Information Technology (HIT) to support population health management and data aggregation

**Presenters:** Simon Smith, President and CEO, Clinica Family Health, Lafayette, Colorado; Janet Rasmussen, Vice President Integrated Services, Clinica Family Health, Lafayette, Colorado; Jason Greer, CEO, Colorado Community Managed Care Network (HCCN), Denver, Colorado

Registration is free and closed captioning is available upon request. The SAMHSA-HRSA Center for Integrated Health Solutions does
As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don’t miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

- Professor Sir Michael Marmot deliver the 2018 LEPH Oration on 'Social Justice and Health Inequities'.
- Major sessions on 'Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses' or 'Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland'
- Tom Stamatakis' timely paper addressing the 'The mental health of police personnel should be recognized as a 'mission critical' priority

Or participate in a session charged with 'Crossing the divide: searching for innovations in learning between criminal justice and public health'.

And much more - see the DRAFT PROGRAM at www.leph2018toronto.com/program

Register HERE

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NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

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.
NASDAQ TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

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**

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**Medicaid Innovation Accelerator Program (IAP)-Sponsored Webinar**

**Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness**

*Thursday, September 6, 3:00 p.m. to 4:30 p.m. E.T.*

CMS’s Medicaid Innovation Accelerator Program (IAP) is hosting a webinar to introduce states to a new technical resource designed to help state Medicaid agencies with using Medicaid claims and encounters data to gather specific insights about the population of adult Medicaid beneficiaries who have a serious mental illness in their state. This technical resource serves as a first step in assisting states with understanding key demographic attributes of this population, their use of Medicaid services, and their Medicaid service costs.

The webinar will feature an overview of the technical resource, example analyses, and a discussion with state Medicaid leaders from Pennsylvania, Virginia, and West Virginia who will share insights based on their experience conducting similar analyses. The strategies presented on this webinar will be of interest to state Medicaid agencies interested in developing data analytics to better understand their population with SMI.

**Register HERE for this Webinar**
Applications are Now Being Accepted for the Next Mobile Response and Stabilization Services (MRSS) Peer Meeting

The MRSS Peer Meeting will take place Dec. 11-12, 2018 in New Brunswick, NJ. Participating teams will work collaboratively with experts from CT, Milwaukee County, WI; NV, NJ, and OK on strategies to support development, implementation, and sustainability of MRSS for children, youth, and young adults in their own states and communities. There will also be an opportunity for one or two individuals from each participant team to shadow a mobile response provider for the day for hands-on observation of NJ's model on Dec. 10. Applications are due Friday, Sept. 7.

Apply Now

Recovery to Practice eLearning Course on Integrated Practice

This six-module course from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides an overview of how to become an integrated practice team. With an entire section dedicated to health literacy, this course helps teams improve communication and frame care around recovery, resiliency, and shared decision-making with the people they serve.

Find Out More

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services

This four-part webcast series from the Substance Abuse and Mental Health Services Administration (SAMHSA) educates health care professionals about the importance of using approaches that are free of discriminatory attitudes and behaviors in treating individuals with substance use disorders and related conditions, as well as patients living their lives in recovery.

The webcasts feature discussions among experts in the field of addiction treatment, research, and policy. Participants can earn free CME/CE credits for attending the one-hour webcasts. Access the webcasts HERE.

About the Initiative: The Power of Perceptions and Understanding

Millions of people in the U.S. live with a substance use disorder. In 2016, there were 20.1 million people, or 7.5 percent, aged 12 or older in 2016 who had a substance use disorder in the past year. In addition, an estimated 8.2 million U.S. adults 18 or older reported having co-occurring disorders. This means that within the previous year, they experienced both a mental illness and a substance use disorder.

Health care providers are often the first contact for addressing their patient’s substance use disorder. There is ample evidence that those who have a substance use disorder often have feelings of shame that impede treatment-seeking. Therefore, it is essential health care providers understand that negative attitudes, beliefs and language can be barriers that prevent those in need from seeking services, or even sharing information, including being in recovery.

The Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with Massachusetts General Hospital, Recovery Research Institute (link is external), is producing a series of four webcasts to educate healthcare professionals about the problems of discriminatory practices and inaccurate perceptions present in dealing with individuals with substance use disorders (SUDs) and related conditions. The topics and panel discussions will specifically address the harm caused by the negative perceptions, and the mitigating results of using discriminatory and prejudicial behaviors toward those who need care for substance use disorders as well as those living their lives in recovery.

Webcasts are open to all, but are intended to educate health care providers at all levels, to include medical doctors, physician assistants, nurses, the public health field staff, addiction treatment professionals, as well as behavioral health support staff. Participants can earn up to 4.0 free CME/CE credits – one credit for attending each of the four one-hour webcasts.
The National Federation’s Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children’s mental health, from the perspective of a family-driven and youth-guided approach.

Join hundreds of mental health advocates and professionals from across the nation to share your expertise in:
- Family and Caregiver Support,
- Supports for Special Populations,
- Collaboration and Integration of Services Across Multiple Systems,
- Trauma Informed Care,
- Research to Practice,
- Engaging Youth and Young Adults,
- Organizational Development and Sustainability,
- Evidence Based Practices,
- Parent Peer Support Today or Providing Services and Outreach in the Digital Age.

Early Bird registration rates apply for presenters! There is also still time to be a conference exhibitor or sponsor. Learn more here.

Submit Your Presentation HERE

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Center of Excellence for Eating Disorders (SM 18-021)

Funding Mechanism: Grant
Anticipated Number of Awards: 1 Award

Anticipated Award Amount: up to $750,000
Anticipated Total Available Funding: $750,00 per year

Cost-Sharing or Matching Requirement: No
Length of Project: 5 years

Closing Date for Applications: August 17, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2018 Center of Excellence (CoE) for Eating Disorders (Short Title: CoE-ED). The purpose of this program is to establish one National Center of Excellence to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing eating disorders. It is expected that the grantee will facilitate the identification of model programs, develop and update materials related to eating disorders, and ensure that high-quality training is provided to health professionals.

Addressing and treating eating disorders is a critical component of mental health care. Many individuals across the country, particularly women, face the challenges of dealing with an eating disorder in their lifetime. According to the National Institute of Mental Health, 0.5 percent to 3.7 percent of females have anorexia nervosa; approximately 1 percent of female adolescents have anorexia nervosa. Additionally, 1.1 percent to 4.2 percent of women have bulimia nervosa in their lifetime.

Eligibility: Eligible applicants are domestic public and private nonprofit entities.

Contact: Program Issues: Tracy Pogue, at (240) 276-0105 or by email at Tracie.pogue@samhsa.hhs.gov.
Grants Management and Budget Issues: Gwendolyn Simpson at (240) 276-1408 or FOACMHS@samhsa.hhs.gov.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

ELIGIBILITY:

An applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization. These entities are defined as follows:

Indian Tribe, as defined at 25 U.S.C. § 1603(14) is any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal Organization, as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians 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 Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

Urban Indian Organization, as defined at 25 U.S.C. § 1603(29), operating pursuant to a contract or grant with the Indian Health Service is a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [25 U.S.C § 1653(a)].

A 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.

CONTACTS:

Program Issues & Grants Management Issues: Email OPIOIDTOR@samhsa.hhs.gov.
September 26 & 27, 2018
Westin Hotel, Alexandria, VA

ASTHO’s 2018 Annual Meeting is the premier public health event of the year. You don’t want to miss the largest gathering of state and territorial health officials, federal public health officials, academic leaders, private sector health industry executives and leading public health nonprofit agencies. This meeting provides a unique opportunity to be inspired by leaders in the field, discuss challenges and think critically with peers about unique approaches, reconnect with friends and colleagues, learn from the great work of other states and territories and earn CMEs.

- Larry Sabato, Founder and Director, University of Virginia Center for Politics
- Robert K. Ross, MD, President and CEO, The California Endowment
- Soledad O’Brien, CEO, Starfish Media Group
- Sandro Galea, MD, MPH, DrPH, Dean, Boston University School of Public Health
- Mark Durand, Health Information Systems Coordinator, Pacific Island Health Officers’ Association
- Maurice Jones, JD, CEO, Local Initiatives Support Corporation
- Mary Willard, Director, Alaska Native Tribal Health Consortium
- Wendy Ellis, Program Director, George Washington University

Registration for the Annual Meeting is available June 7 – September 5. There will be NO on-site registration or late registration options.

Register [HERE](#).

If you’re having trouble please contact [registration@astho.org](mailto:registration@astho.org).

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.
NADD Award Nominations Sought by August 31

NADD presents five awards annually, at the NADD Annual Conference, which this year will be in Seattle, Washington, October 31 to November 2. The deadline for submitting nominations for these awards is August 31.

Frank J. Menolascino Award for Excellence - This prestigious award is given annually in the memory of Dr. Frank J. Menolascino to an individual who has demonstrated long standing excellence in the field of dual diagnosis.

Earl L. Loschen Award for Clinical Practice - This award is given to a person whose contribution in the area of clinical practice has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities as well as mental health needs.

NADD “Member of the Year” Award - This award is given to a person who has supported the mission of NADD through various activities that have resulted in a positive impact on NADD.

NADD DSP Award for Excellence - This Award is given annually to acknowledge a Direct Support Professional (DSP) whose contribution to supporting people who live in our communities has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities and mental health needs.

NADD Research Award - This award is given to recognize research that improves our understanding of mental health issues in people with intellectual and other developmental disabilities.

Click here for details.

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.)
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NASMHPD Links of Interest

Viewpoint: The Substance Abuse and Mental Health Services Administration (SAMHSA): New Directions, Elinore F. McCance-Katz, M.D., Ph.D., Psychiatric Services, August 13

Partial Medicaid Expansions Fall Short of Full Medicaid Expansion With Respect to Coverage and Access to Care, Jessica Schubel, Center on Budget and Policy Priorities, August 13

Spotting the Signs of Elder Abuse, National Institute on Aging

Video: Arkansas Gov. Hutchinson Meets Face to Face with Client at Newly Opened Crisis Stabilization Unit, National Reentry Resource Center, Council of State Governments, August 13

Impaired Brain Drainage in Aging and Alzheimer’s, NIH Research Matters, National Institutes of Health, August 14 & Functional Aspects of Meningeal Lymphatics in Ageing and Alzheimer’s Disease, Da Mesquita S, et al., Nature, August 2018

Correlates of Prescription Opioid Use, Misuse, Use Disorders, and Motivations for Misuse Among US Adults, Han B., MD, PhD, MPH, Compton W.M. MD, MPE, Blanco C, MD, PhD; & Jones C.M., PharmD, MPH, Journal of Clinical Psychiatry, August 14


For Addicted Women, the Year After Childbirth Is the Deadliest, Stateline, PEW Charitable Trusts, August 14

The Opioid Epidemic: What Veterinarians Need to Know, Food and Drug Administration, August 16


CMCS Informational Bulletin: Update on State Plan Amendment and Section 1915 Waiver Process Improvements, Timothy B. Hill Acting Director of Center for Medicaid and CHIP Services, August 16