Congress Passes Bipartisan Budget Act Lifting Limits for Domestic, Defense Spending; CHIP Funding Extension Now 10 Years; Community Health Centers Funded for Two Years

Congress increased defense and domestic spending above sequestration caps at 5:30 Friday morning with passage of yet another Fiscal Year 2018 Continuation Resolution that also included a two-year budget agreement.

Passage was delayed beyond the midnight deadline, causing a brief government shutdown, by Senator Rand Paul's objections to the bill's increases in the Federal deficit. President Trump was expected to sign the bill by mid-morning.

In addition to increasing domestic discretionary spending caps by $63 billion in Fiscal year 2018 and $68 billion in Fiscal Year 2019 and defense discretionary caps by $80 billion in Fiscal Year 2018 and $85 billion in Fiscal Year 2019, the Bipartisan Budget Act of 2018 continued temporary Fiscal Year 2018 authorization until March 23, by which time full funding for the Fiscal Year is to be passed. In addition, the Federal debt ceiling is suspended until March 2019.

The 652-page measure includes $6 billion for opioid prevention grants to states or to interstate or intrastate regions, requiring that state child welfare agencies partner with state substance use agencies in administering grants awarded. If a partnership receiving a grant proposes to serve children in out-of-home placements, it must also include the Juvenile Court or Administrative Office of the Court that is most appropriate to oversee the administration of court programs in the region to address the population of families who come to the attention of the court due to child abuse or neglect.

Optional partners who may participate in grant administration include Indian tribes or consortiums, nonprofit and for-profit child welfare service providers, community health service providers, substance abuse treatment providers, community mental health providers, local law enforcement agencies, school personnel, tribal child welfare agencies, and any other providers, agencies, personnel, officials, or entities involved in the provision of child and family services under an approved state plan.

In addition, the legislation:

1. extends statutory authority for Children's Health Insurance Program funding from the six years authorized under the previous continuing resolution to ten years;
2. provides $2 billion annually in Fiscal Year 2018 and 2019 for veterans' health care services;
3. provides $3.8 billion in Fiscal Year 2018 and $4 billion in Fiscal Year 2019 for the community health centers whose Federal funding expired last September;
4. provides $3.6 billion in Medicaid funds for Puerto Rico and $106.9 million for the U.S. Virgin Islands through September 30, 2019, with no state match required. An additional $1.2 billion is made available to Puerto Rico and an additional $35,644,000 to the Virgin Islands if they report data to the Transformed Medicaid Statistical Information System (T-MSIS) and establish a state Medicaid fraud unit;
5. extends the Independence at Home demonstration an additional two years and increases maximum enrollment in the demonstration from 10,000 to 15,000 enrollees;
6. reduces the discounted prices for Part D enrollees from 50 percent to 30 percent of manufacture list price in Plan Year 2019; and
7. makes permanent the authorization for Medicare Special Needs Plans (SNPs) which was due to expire in 2019, while requiring the creation of unified Medicaid/Medicare appeals and grievances procedures for Dual Eligible Medicare Special Needs Plans and requiring: (1) Dual SNPs to coordinate long-term services and supports or behavioral health services, or both, by meeting an additional minimum set of requirements determined by the Secretary of Health and Human Services, and (2) Severe or Disabling Chronic Condition SNPs to, beginning in 2020, include a team of providers with demonstrated expertise and training in the specialties needed to treat individuals targeted by the plan, and have face-to-face encounters with enrollees at least annually;
8. increases funding in Fiscal Years 2018 and 2019 for Graduate Medical Education residencies at teaching health centers serving medically underserved communities or rural areas, from $30 million annually to $126.5 million annually;
9. authorizes Medicare Advantage (MA) plans to offer a wider array of targeted supplemental benefits (using plan savings) to chronically ill enrollees, including non-health-related benefits, beginning in 2020, if those benefits have a reasonable expectation of improving or maintaining the health or overall function of the chronically-ill enrollee; and
10. authorizes MA plans to offer telehealth benefits.

To offset some of the costs of the added spending, Congress repealed the Medicare Independent Payment Advisory Board (IPAB), which was authorized under the Affordable Care Act (ACA) to contain Medicare costs but never actually created. The bill also increases premiums for Medicare Part B for individuals with annual incomes of more than $500,000 (or married couples making $650,000) by five percent. Offsets also come from reductions through 2027 in the Prevention and Public Health Fund created under the ACA.
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- SAMHSA Announces New Garrett Lee Smith Funding Opportunity for Colleges; Applications Due February 20
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- April 23-25 World Innovation Forum Conference
- 2017 NASMHPD TA Coalition Working Papers – Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
- April 19 Tuerk Conference on Mental Health and Addiction Treatment
- Nominate Now for the 2018 SAMHSA Voice Awards
- Two SAMHSA Funding Opportunity Announcements: Treatment for Individuals Experiencing Homelessness
- March 5 SAMHSA/CMHS-Sponsored Webinar: Partnering with the Justice System to Improve Outcomes in Coordinated Specialty Care
- July 24 to 26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.
- February 27 SAMHSA-Sponsored Webinar - Self-Direction through Personalized Budgeting
- February 26 SAMHSA-Sponsored Webinar - Criminal Justice, the Americans with Disabilities Act, and People with Mental Illnesses
- March 26 SAMHSA-Sponsored Webinar - Suicide Prevention in Later Life: Connecting and Contributing
- May 28 to June 1 International Initiative for Mental Health Leadership Conference in Stockholm
- January/February Webinar Series in Four Parts on Recovery-Oriented Cognitive Therapy (CT-R)
- NIDILRR Request for Information: Opioids and People with Disabilities
- June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum
- April 23 to 25 National Council Conference
- April 26-27 Health Datapalooza Registration
- 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
- Mathematica Seeks Public Comment on Proposed New Quality Measure
- TA on Preventing the Use of Restraints and Seclusion
- SAMHSA Funding Opportunity Announcement: Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts
- March 10-14 AATOD Conference in New York City
- Center for Trauma-Informed Care February Trainings
- Technical Assistance for State Mental Health Authorities
- May 2018 Annual Behavioral Health Informatics Conference
- March 12-13 NQF Annual Conference
- Children’s TA Network Upcoming Webinars
- New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery
- NASMHPD Board & Staff NASMHPD Links of Interest
State Health Insurance Marketplace Enrollment (Plan Selections) 2017 and 2018

**Data Compiled and Tables Created by the National Academy for State Health Policy**

**Press Release: Individual Marketplace Enrollment Remains Stable in the Face of National Uncertainty**

### State-Based Marketplaces (SBMs)¹

<table>
<thead>
<tr>
<th>State</th>
<th>Enrollment (Plan Selections) Plan Year 2017</th>
<th>Enrollment (Plan Selections) Plan Year 2018</th>
<th>Percentage Change in Plan Selections 2017 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SBMs</td>
<td>301,4198</td>
<td>3,016,776</td>
<td>0.09%</td>
</tr>
<tr>
<td>California</td>
<td>1,556,676</td>
<td>1,521,524</td>
<td>-2.26%</td>
</tr>
<tr>
<td>Colorado</td>
<td>161,568</td>
<td>165,777</td>
<td>2.61%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>111,542</td>
<td>114,134</td>
<td>2.32%</td>
</tr>
<tr>
<td>District Of Columbia</td>
<td>21,248</td>
<td>22,469</td>
<td>5.75%</td>
</tr>
<tr>
<td>Idaho</td>
<td>100,082</td>
<td>94,507</td>
<td>-5.57%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>266,664</td>
<td>270,688</td>
<td>1.51%</td>
</tr>
<tr>
<td>Maryland</td>
<td>157,832</td>
<td>153,584</td>
<td>-2.69%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>109,974</td>
<td>116,358</td>
<td>5.81%</td>
</tr>
<tr>
<td>New York</td>
<td>242,880</td>
<td>253,102</td>
<td>4.21%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>29,456</td>
<td>33,021</td>
<td>12.10%</td>
</tr>
<tr>
<td>Vermont</td>
<td>30,682</td>
<td>28,762</td>
<td>-6.26%</td>
</tr>
<tr>
<td>Washington</td>
<td>225,594</td>
<td>242,850</td>
<td>7.65%</td>
</tr>
</tbody>
</table>

### State-Based Marketplaces Using the Federal Platform (SBM-FPs)²

<table>
<thead>
<tr>
<th>State</th>
<th>Enrollment (Plan Selections) Plan Year 2017</th>
<th>Enrollment (Plan Selections) Plan Year 2018</th>
<th>Percentage Change in Plan Selections 2017 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SBMs and SBM-FPs</td>
<td>3,464,901</td>
<td>3,471,345</td>
<td>0.19%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>70,404</td>
<td>68,100</td>
<td>-3.27%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>81,155</td>
<td>89,569</td>
<td>10.37%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>54,653</td>
<td>49,792</td>
<td>-8.89%</td>
</tr>
<tr>
<td>Nevada</td>
<td>89,061</td>
<td>91,003</td>
<td>2.18%</td>
</tr>
<tr>
<td>Oregon</td>
<td>155,430</td>
<td>156,105</td>
<td>0.43%</td>
</tr>
<tr>
<td>Total SBM-FPs</td>
<td>450,703</td>
<td>454,569</td>
<td>0.86%</td>
</tr>
<tr>
<td>Total SBMs and SBM-FPs</td>
<td>3,464,901</td>
<td>3,471,345</td>
<td>0.19%</td>
</tr>
<tr>
<td>State</td>
<td>Enrollment (Plan Selections) Plan Year 2017</td>
<td>Enrollment (Plan Selections) Plan Year 2018</td>
<td>Percentage Change in Plan Selections 2017 to 2018</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Total FFM</td>
<td>8,751,102</td>
<td>8,289,073</td>
<td>-5.28%</td>
</tr>
<tr>
<td>Alaska</td>
<td>19,145</td>
<td>18,313</td>
<td>-4.35%</td>
</tr>
<tr>
<td>Alabama</td>
<td>178,414</td>
<td>170,211</td>
<td>-4.60%</td>
</tr>
<tr>
<td>Arizona</td>
<td>196,291</td>
<td>165,758</td>
<td>-15.55%</td>
</tr>
<tr>
<td>Delaware</td>
<td>27,584</td>
<td>24,500</td>
<td>-11.18%</td>
</tr>
<tr>
<td>Florida</td>
<td>1,760,025</td>
<td>1,715,227</td>
<td>-2.55%</td>
</tr>
<tr>
<td>Georgia</td>
<td>493,880</td>
<td>480,912</td>
<td>-2.63%</td>
</tr>
<tr>
<td>Hawaii</td>
<td>18,938</td>
<td>19,799</td>
<td>4.55%</td>
</tr>
<tr>
<td>Iowa</td>
<td>51,573</td>
<td>53,217</td>
<td>3.19%</td>
</tr>
<tr>
<td>Illinois</td>
<td>356,403</td>
<td>334,979</td>
<td>-6.01%</td>
</tr>
<tr>
<td>Indiana</td>
<td>174,611</td>
<td>166,711</td>
<td>-4.52%</td>
</tr>
<tr>
<td>Kansas</td>
<td>98,780</td>
<td>98,238</td>
<td>-0.55%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>143,577</td>
<td>109,855</td>
<td>-23.49%</td>
</tr>
<tr>
<td>Maine</td>
<td>79,407</td>
<td>75,809</td>
<td>-4.53%</td>
</tr>
<tr>
<td>Michigan</td>
<td>321,451</td>
<td>293,940</td>
<td>-8.56%</td>
</tr>
<tr>
<td>Missouri</td>
<td>244,382</td>
<td>243,382</td>
<td>-0.41%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>88,483</td>
<td>83,649</td>
<td>-5.46%</td>
</tr>
<tr>
<td>Montana</td>
<td>52,473</td>
<td>47,699</td>
<td>-9.10%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>549,158</td>
<td>519,803</td>
<td>-5.35%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>21,982</td>
<td>22,486</td>
<td>2.29%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>84,371</td>
<td>88,213</td>
<td>4.55%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>53,024</td>
<td>49,573</td>
<td>-6.51%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>295,067</td>
<td>274,782</td>
<td>-6.87%</td>
</tr>
<tr>
<td>Ohio</td>
<td>238,843</td>
<td>230,127</td>
<td>-3.65%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>146,286</td>
<td>140,184</td>
<td>-4.17%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>426,059</td>
<td>389,081</td>
<td>-8.68%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>230,211</td>
<td>215,983</td>
<td>-6.18%</td>
</tr>
<tr>
<td>State</td>
<td>Enrollment (Plan Selections) Plan Year 2017</td>
<td>Enrollment (Plan Selections) Plan Year 2018</td>
<td>Percentage Change in Plan Selections 2017 to 2018</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>South Dakota</td>
<td>29,622</td>
<td>29,652</td>
<td>0.10%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>234,125</td>
<td>228,646</td>
<td>-2.34%</td>
</tr>
<tr>
<td>Texas</td>
<td>1,227,290</td>
<td>1,126,838</td>
<td>-8.18%</td>
</tr>
<tr>
<td>Utah</td>
<td>197,187</td>
<td>194,118</td>
<td>-1.56%</td>
</tr>
<tr>
<td>Virginia</td>
<td>410,726</td>
<td>400,015</td>
<td>-2.61%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>242,863</td>
<td>225,435</td>
<td>-7.18%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>34,045</td>
<td>27,409</td>
<td>-19.49%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>24,826</td>
<td>24,529</td>
<td>-1.20%</td>
</tr>
</tbody>
</table>

### National Marketplace Enrollment 2016 to 2018

<table>
<thead>
<tr>
<th>Summaries</th>
<th>Plan Year 2016</th>
<th>Plan Year 2017</th>
<th>Plan Year 2018</th>
<th>Percentage Change in Plan Selections 2017 to 2018</th>
<th>Percentage Change in Plan Selections 2016 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Total</td>
<td>12,681,874</td>
<td>12,216,003</td>
<td>11,760,418</td>
<td>-3.73%</td>
<td>-7.27%</td>
</tr>
<tr>
<td>FFM Only</td>
<td>9,262,215</td>
<td>8,751,102</td>
<td>8,289,073</td>
<td>-5.28%</td>
<td>-10.51%</td>
</tr>
<tr>
<td>SBMs and SBM-FP Only</td>
<td>3,419,659</td>
<td>3,464,901</td>
<td>3,471,345</td>
<td>0.19%</td>
<td>1.51%</td>
</tr>
</tbody>
</table>

[1] State-based marketplaces (SBM) design their enrollment websites, control outreach and marketing, and manage the health plans offered through the marketplace. This data came from publically available sources or directly from the marketplace.

[2] These state-based marketplaces use the federal platform or website (SBM-FP) but control their outreach and manage the health plans offered through their marketplaces. The enrollment platform (including the website) is controlled by the FFM. Data reported is from Final Weekly Enrollment Snapshot For 2018 Open Enrollment Period, Dec. 28, 2017. [https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-28.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-28.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending)

[3] States with federally-facilitated marketplaces (FFM) rely on the federal government to operate all functions of their marketplace, including enrollment websites, outreach, and plan management. In some cases, state departments of insurance have varying levels of outreach or management of health plans offered through the marketplace. Data reported from Final Weekly Enrollment Snapshot for 2018 Open Enrollment Period, Dec. 28, 2017. [https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-28.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-28.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending)
New York State Launches Statewide Suicide Prevention Task Force

New York Governor Andrew Cuomo announced the creation of a New York State Suicide Prevention Task Force during his 2017 State of the State Address.

The task force is comprised of 36 members representing state and local agencies, nonprofit organizations, and recognized experts in the suicide prevention field. In the press release, Governor Cuomo stated, "The rise in the number of suicides nationwide is unacceptable, and New York will continue to make suicide awareness and prevention a top priority until we put an end to this epidemic. The Suicide Prevention Task Force will focus on high-risk communities and groups to build on our efforts to address this challenge, and help build a stronger, healthier New York for all."

New York has the fifth highest suicide rate in the nation, accounting for 1,652 deaths in 2015. There were over 21,000 hospitalizations and emergency room visits for self-inflicted injuries resulting from suicide attempts in 2014 in the state, with a disproportionate number occurring in youth.

The task force will target at-risk demographic groups including youth (i.e., Latina adolescents), middle-aged men, veterans, individuals with mental illness, individuals with substance use disorder, and the LGBT community. The governor's press release noted that New York veterans represent more than 15 percent of suicides. National data shows that LGBT adolescents are four times more likely to have attempted suicide than their non-LGBT peers.

Co-chaired by Christopher Tavella, PhD, Executive Deputy Commissioner of the New York State Office of Mental Health, and Peter Wyman, PhD, Department of Psychiatry at the University of Rochester School of Medicine and Dentistry, the task force will examine and evaluate the state's current suicide prevention programs, services, and policies. From there, the coalition will make recommendations that build awareness and increase access to support services for those in need. The task force will also explore the negative impact of bullying and cyberbullying, including suicidal behaviors.

A full list of Task Force members can be found here.

In 2014, the Suicide Prevention Office was created to coordinate New York State Office of Mental Health-sponsored suicide prevention activities with the mission of preventing suicide attempts and deaths among New Yorkers. In 2016, the Suicide Prevention Office released their 2016-2017 strategic plan. The plan focuses on Zero Suicide in healthcare settings, prevention across the lifespan, and suicide surveillance and data analysis.

SAMHSA Announces New 2018 Garrett Lee Smith Funding Opportunity for Colleges

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

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

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

<table>
<thead>
<tr>
<th>Anticipated Total Available Funding: $1,847,000</th>
<th>Anticipated Number of Awards: Up to 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Award Amount: Up to $102,000 per year</td>
<td>Length of Project: Up to 3 years</td>
</tr>
<tr>
<td>Anticipated Project Start Date: September 30, 2018</td>
<td>Cost Sharing/Match Required: Yes</td>
</tr>
<tr>
<td>Application Due Date: Tuesday, February 20, 2018</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Join 140+ CEOs and senior industry decision makers to share perspectives on how cognitive computing, machine learning and big data are transforming virtually every aspect of health care.

April 23–25, 2018
Boston, MA • United States

<table>
<thead>
<tr>
<th>Category</th>
<th>Single Registration Fee</th>
<th>Multi-Attendee Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Conference</strong></td>
<td>$999 through February 28</td>
<td>$1249 through April 25</td>
</tr>
<tr>
<td><strong>One-Day Pass</strong> (Monday or Tuesday) Nonprofit, Education, Government Partners Healthcare Employees Students</td>
<td>--</td>
<td>$699 through April 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$799 through April 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$299 through April 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$199 through April 25</td>
</tr>
</tbody>
</table>

Save $250 off per registration with 3 or more attendees from the same organization. Applies to Full Conference registrations only.

Register Now

Register Now

Register Now

Register Now

Register Now
Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment

Individuals receiving mental health services, and the children of those individuals, have greater cultural and linguistic disparities than individuals receiving any other health-related services, especially in inpatient treatment where there is a disproportionate number of cultural and ethnic minority populations. Research has found increased rates of anxiety, depression, post-traumatic stress disorder, suicide, and substance abuse in that is due in part to toxic stress linked to oppression and discrimination, poverty, inter-generational trauma, immigration or refugee status, assimilation or forced acculturation, and individual struggles with cultural identity development. Left untreated, this can lead to serious emotional disabilities in youth, severe mental illness in adults, and higher rates of inpatient treatment across age groups.

Cultural and linguistic competence (CLC) is a recognition of the unique cultural differences shaping the patient's access to treatment and his or her response and adherence to treatment regimens, and adapting screening and treatment interventions to that individual's cultural background and influences. A provider’s CLC is an important element in ensuring that minority individuals in psychiatric inpatient treatment settings or at risk of being admitted to psychiatric inpatient treatment facilities achieve positive outcomes that avoid or hasten the duration of treatment in an inpatient setting.

This paper suggests a number of actions that State Mental Health Authorities (SMHAs) can take in advancing CLC before, during, and after inpatient treatment, in the areas of policy development, administration and infrastructure development, workforce development, systems coordination, and community and stakeholder engagement.

Older Adults Peer Support - Finding a Source for Funding

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

Crisis Services’ Role in Reducing Avoidable Hospitalization

The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

Quantitative Benefits of Trauma-Informed Care

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care

Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014

Forensic Patients in State Psychiatric Hospitals: 1999-2016

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

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org
Nominate Now for SAMHSA's 2018 Voice Awards!

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

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

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

**Consumer, Peer, and Family Leaders**
Potential honorees should be educating the public about mental illnesses and/or substance use disorders, and should have:

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

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

Nominate a Consumer, Peer, or Family Leader

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

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

Nominate a Television or Film Production

The 2018 Voice Awards event will take place on August 8, 2018, at Royce Hall at the University of California, Los Angeles. Visit the Voice Awards website for more information about the awards program, event updates, and instructions for submitting nominations.
SAMHSA Funding Opportunity Announcements

Treatment for Individuals Experiencing Homelessness

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

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

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

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

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

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

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

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

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

The goal of this program is to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing. To achieve this goal, SAMHSA will support three types of activities:

1. Integrated behavioral health treatment and other recovery-oriented services;
2. Efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc.); and
3. Coordination of housing and services that support sustainable permanent housing.

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

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

Application Due Date: Friday, March 9, 2018.

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

ADDITIONAL INFORMATION: Applicants with questions about program issues for either of these grant programs should contact Maia Banks-Scheetz by email or by phone at (240) 276-1969. For questions on grants management and budget issues for either of these grant programs should contact Gwendolyn Simpson by email or by phone at (240) 276-1408.
Partnership with the Justice System to Improve Outcomes in Coordinated Specialty Care

March 5, 2 p.m. to 3:30 p.m. E.T.

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

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

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

Register [HERE](#)

CCF Annual Conference

July 24-26, 2018
Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

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

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

We hope to see you in July,

Your friends at CCF
SAMHSA-Sponsored Webinars
Self-Direction through Personalized Budgeting
*Tuesday, February 27 at 2 p.m. E.T.*

Developed under Contract by the National Coalition for Mental Health Recovery

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

There will be three perspectives shared:

- **Bevin Croft, MPP, PhD**, Research Associate at the Human Services Research Institute, will present the research that has been done, with preliminary results here and in England, and future directions in research and funding for research.

- **Julie Schnepp**, a participant in the Consumer Recovery Investment Fund Self-Directed Care Program for the last 7 years who has become a Certified Peer Specialist with additional training in working with various populations, will share the ways that SDC has changed her life, both its impact on her capacity to live in the community and her self-confidence. She will comment on the advocacy by Joe and Susan Rogers that got the program set up in Pennsylvania. She will also share the difference between the pilot program and the sustainable county-funded program.

- **Pam Werner**, Manager with the Michigan Department of Health and Human Services in the Office of Recovery Oriented Systems of Care, will share the perspective of a state administrator, what role she played in bringing SDC to Michigan, approaches to getting funding and conducting an evaluation, and the ways that an administrator sees advantages to the program.

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

Closed Captioning is Available for this Webinar

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

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Mathematica Seeks Comment on Proposed Quality Measure

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

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

The public comment period for this measure runs until February 14. Please submit your comments or any questions to SUDQualMeasures@mathematica-mpr.com.
SAMHSA-Sponsored Webinars

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

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

Developed under Contract by the Bazelon Center for Mental Health Law

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

Presenters:

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

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

Closed Captioning is Available for this Webinar

Suicide Prevention in Later Life: Connecting and Contributing

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

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

Learning Objectives:

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

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

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

If you have any questions regarding either of these webinars, contact Kelle Masten by email or by phone at 703-682-5187.
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
- New Zealand
- Netherlands
- Norway
- Canada
- Scotland
- Denmark
- Greenland
- England
- Sweden
- Finland
- Ireland
- United States
- Iceland

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.
SAMHSA Funding Opportunity Announcement
Clinical Support System for Serious Mental Illness Funding Opportunity Announcement
FOA Number SM-18-020
Posted on Grants.gov: Wednesday, January 17, 2018
Application Due Date: Monday, March 19, 2018

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

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

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

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

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

Award Information:
Funding Mechanism: Grant  Anticipated Award Amount: Up to $2,900,000 per year
Anticipated Total Available Funding: $2,900,000  Length of Project: Up to 5 years
Anticipated Number of Awards: One Award  Cost Sharing/Match Required?: No

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

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

Contact Information
Program Issues: Tracie Pogue, Office of Policy, Planning and Innovation, SAMHSA, (240) 276-0105
Tracie.pogue@samhsa.hhs.gov
Recovery to Practice (RTP) Initiative Invites You to Attend…

Recovery-Oriented Cognitive Therapy (CT-R) Webinar Series in Four Parts

Wednesdays, 1 p.m. to 2 p.m. ET

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

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

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

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

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

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

A recording of the first webinar, held on January 3, can be accessed at: https://ahpnet.adobeconnect.com/pi0xzogvxfq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false

Discovering Meaningful Aspirations and Taking Action with CT-R

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

Team-based CT-R for Building Empowerment and Resilience

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

Upcoming Sessions

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

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

Register HERE

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

For more information contact: RTP@AHPnet.com        Website: https://www.samhsa.gov/recovery-to-practice
National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
Request for Information: Opioids and People with Disabilities

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

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

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

Visit this link for more details about the RFI and the process to submit comments. Comments must be submitted by February 20.

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!

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April 23-25, 2018 | Washington, DC

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• Robust schedule of sessions, workshops and events.
• Exceptional lineup of motivating speakers and thought leaders.

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Turning Information Into Innovation

Registration is now open for the 2018 Health Datapalooza, April 26-27 in Washington, D.C.

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

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

Register by February 26 and Save Up to $200

Register NOW

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

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

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

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

To view the EIP virtual resource center, visit NASMHPD’s EIP website.

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here. We look forward to the opportunity to work together.
Advancing & Integrating Specialized Addiction Treatment & Recovery

Register Now

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

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

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

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

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

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

Make a Hotel Reservation
2016 Conference Photos

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

American Association for the Treatment of Opioid Dependence (AATOD), Inc.
212-566-5555 - info@aatod.org
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.

February Trainings

District of Columbia
February 13 & 27 - Children’s National Health System

Oregon
February 14-15 - Oregon State Hospital, Salem

Pennsylvania
February 21–22 - Torrance State Hospital, Torrance

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

Technical Assistance Opportunities for State Mental Health Authorities

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

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

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

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

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urf, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
Day One: General Session Keynote - Wednesday, May 2
How to Prepare for the New Value-Based Payment Model Requirements
Tami L. Mark, PhD, MBA, Senior Director, Behavioral Health Financing, RTI International

The Medicare Access and CHIP Reauthorization Act (MACRA) became effective in 2017 and is just the beginning of the value-based payment models that will impact our public and private healthcare systems. Tami L. Mark, PhD is a national expert and opinion leader in behavioral health systems of care, and Senior Director of Behavioral Health Financing with RTI. She will review many of the newly developing payment models, evaluate how they are likely to impact state and county payment mechanisms and provider claiming guidelines, and suggest how to prepare for new reporting requirements.

NQF’s 2018 Annual Conference brings together experts to offer insights on some of the nation’s most urgent healthcare priorities. Join us March 12 in Washington, DC, to hear how these leaders are working to reduce health disparities and improve care for all communities:

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

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

Last year’s conference sold out. Register and make your travel plans now!

Follow @NatQualityForum and use #nqf18 to share insights.
TA Network Webinars

SOC Expansion Leadership Learning Community: Current Issues for Working with Family and Youth Organizations in SOCs

**Wednesday, February 21, 2:30 p.m. to 4 p.m. ET**

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

[Register Now]

Integrating Early Psychosis Into Systems of Care

**Thursday, February 22, 2 p.m. to 3:30 p.m. E.T.**

This webinar targets state and local decision makers and advocates involved with Systems of Care and/or Early Psychosis Intervention. The purpose of the webinar is to increase understanding of how integrating these efforts conceptually and operationally can better meet the needs of youth and young adults with early psychosis, and to provide specific steps communities can take to begin to integrate their efforts for more synergy and better outcomes.

[Register Now]

Direct Connect Learning Community: Making Data Work for You, Part 2

**Wednesday, February 28, 3:30 p.m. to 5 p.m. ET**

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

[Register Now]

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

Addressing Barriers to Clozapine Underutilization: A National Effort, Kelly, D.L. et al., Psychiatric Services, February 2018

Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants, Substance Abuse and Mental Health Services Administration, January 18

Mental Health Providers’ Attitudes About Criminal Justice–Involved Clients With Serious Mental Illness, Bandara S.N. MS et al., Psychiatric Services, February 2018

Psychological Distress Among Caregivers of Individuals With a Diagnosis of Schizophrenia or Schizoaffective Disorder, Lerner D. MS, PhD et al., Psychiatric Services, February 2018

Who’s Able-Bodied Anyway?, Upshot Column, New York Times, February 4, 2018

In an Absolute State: Elevated Use of Absolutist Words Is a Marker Specific to Anxiety, Depression, and Suicidal Ideation, Al-Mosaiwi, M. & Johnstone, T., Clinical Psychological Science, January 5 & People with depression use language differently -- here’s how to spot it, The Conversation, February 2

Why Desperate Families Are Getting Religion on Health Coverage (Article on the Growth of Health Care Sharing Ministries), Paul Demko and Renuka Rayasam, Politico Magazine, February 4

Psychological Training in Assessment and Treatment of Persons with Serious Mental Illness, Specialty Council for Psychological Training in Assessment and Treatment of Persons with Serious Mental Illness and Severe Emotional Disturbance (SMI/SED), December 2017

Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities, May P.A., PhD, Chambers C.D., PhD, MPH & Kalberg W.O. MA et al., Journal of the American Medical Association, February 6 & Study of First-Graders Shows Fetal Alcohol Spectrum Disorders Prevalent in U.S. Communities, National Institute of Health, February 6

Enabling Sustainable Investment in Social Interventions: A Review of Medicaid Managed Care Rate-Setting Tools, Deborah Bachrach et al., Commonwealth Fund, January 31

Sustaining Integrated Behavioral Health and Primary Care: A Step-By-Step Guide Part II, Integrated Edge, SAMHSA-HRSA Center for Integrated Health Solutions