HHS Nominee Azar Promises Senate Finance to Focus on Escalating Drug Prices

President Trump’s nominee to succeed Tom Price as Secretary of the Department of Health and Human Services (HHS) assured the Senate Finance Committee at a January 9 hearing on his nomination that bringing down prescription drug prices would be one of his top four priorities if approved to lead HHS.

Alex Azar told skeptical Democratic members of the Committee, including ranking member Ron Wyden (D-OR), that “drug prices are too high. The President has made this clear. So have I. Through my experience helping to implement Part D and with my extensive knowledge of how insurance, manufacturers, pharmacy, and government programs work together, I believe I bring skills and experiences to the table that can help us address these issues, while still encouraging discovery so Americans have access to high quality care.”

Democrats noted at the hearing that Mr. Azar — who previously held top positions at HHS — served at Lilly USA during a time when the prices of several drugs were increased. Ranking member Wyden pointed to four drugs—for osteoporosis, diabetes, heart disease, and ADHD—whose prices had more than doubled during Mr. Azar’s 10 years at Lilly. When asked at the hearing by Senator Wyden whether he had ever lowered drug prices while President at Lilly, he said he was unaware of any drug price which had ever been lowered. When asked by Senator Debbie Stabenow (D-MI) whether the current $255 per vial price for the diabetes drug Humalog—a product produced by Lilly—was too high, the nominee responded that “all drug prices are too high.”

Finance Chair Orrin Hatch (R-UT) countered that Azar’s experience at HHS in implementing the Medicare Part D program and his experience at Lilly was an asset. Senator Hatch’s position was bolstered by the introduction of Mr. Azar by the two Bush-era Secretaries of HHS under whom he served, Tommy Thompson and Mike Leavitt. Mr. Thompson, for whom Mr. Azar served as General Counsel, said the attorney was “deeply respected by career civil servants” and that “one of his most important attributes was his character.”

Mr. Leavitt said he “unequivocally recommend[ed]” Mr. Azar and that he totally associated with the comments of Mr. Thompson. He said that, while serving as Secretary, he delegated much of his day-to-day agenda and responsibility to then-Deputy Secretary Azar. He called the nominee an “effective bipartisan communicator” and “a man of compassion” and said he doubted there has ever been a nominee for Secretary of HHS “as capable of hitting the ground running.”

Senator Hatch who, like Senator Wyden, opened the hearing with a plea to his fellow members of Congress to extend funding for the Children’s Health Insurance Program (CHIP) on a long-term basis and who, with former Senator Edward Kennedy (D-MA), created the program, asked what HHS could do to bolster CHIP. Mr. Azar responded that he looked forward to working with Senator Hatch after the CHIP reauthorization has passed to make the program more efficient.

Senator Ben Cardin (D-MD), who noted that he had worked as a Maryland legislator with the nominee’s father, Alex Sr., a Salisbury, Maryland physician, pressed the junior Mr. Azar to support Maryland’s all-payer Medicare waiver and to provide support for the HHS Office of Minority Health championed by Mr. Cardin. Mr. Azar promised to do all he could at HHS to ensure access to health care for all populations.

When asked by Mr. Cardin what he would do to bring down the cost of prescription drugs, Mr. Azar said he would focus on ensuring a robust competition in generics and biosimilars, and address what he called the “gaming” by manufacturers of patent exclusivity rules. He also said he would look at incentives driving increases in the list prices of drugs. He has previously attributed drug price increases to actions by middlemen such as pharmacy benefit managers and pharmacies seeking higher profits.

While he said he would support the Federal government negotiating prices for physician-administered Medicare Part B drugs, he insisted that nongovernmental middlemen are already efficiently negotiating lower retail prices in the Medicare Part D program. The pharmaceutical industry has consistently opposed granting the Federal government negotiating power in Part D.

In response to a question from Senator Bob Portman (R-OH) whether he could support legislation sponsored by Senator Portman and Senator Richard Durbin (D-IL) to lessen the IMD restrictions on treating substance use disorders in inpatient settings (S. 1169), Mr. Azar said that, while he could not commit the Administration to a position prior to the approval of his nomination he “doesn’t get the IMD restrictions.”

During the hearing, Senator Bob Casey (D-PA) and others asked if the nominee supported Medicaid block grants. He pushed back on the notion that Medicaid block grants constitute cuts to Medicaid, saying, “I think this has to do with Washington speak. Slowing the rate of growth of a growing program is simply not a cut in my mind or the President’s mind.”
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NASMHPD Board & Staff   NASMHPD Links of Interest
The Zero Suicide framework is based on the foundational belief that gaps in suicide care exist in sometimes fragmented and distracted health and behavioral health (HBH) systems. One population at risk for falling through these cracks is homeless individuals due to a lack of residential stability and the challenges for providers of ensuring successful transitions in care. Rates of suicide deaths among homeless individuals are approximately nine times higher than the general population (Poon et al, 2017). Findings from the most recent Annual Homelessness Assessment Report to Congress indicate that for every 10,000 people in the United States, 17 of them were experiencing homelessness (U.S. Department of Housing and Urban Development, 2017a). Significantly, 49% met criteria for a severe mental illness and/or a chronic substance use disorder. Based on Healthcare Cost and Utilization Project (HCUP) data from 8 states, among the approximately 59,000 homeless patients who visited and were released from the ED, about 17% received care related to suicide or intentional self-inflicted injury (Sun, Karaca, & Wong (AHRQ), 2014). In a Zero Suicide approach, HBH providers should have practices in place that keep all patients at increased risk for suicide engaged in treatment, including attending to hard-to-reach populations such as homeless patients. During this webinar, presenters will share innovative and thoughtful ways they have successfully improved patient engagement and optimized safe care transitions for homeless individuals through their organizational policies and practices.

By the end of this webinar, participants will be able to (1) identify commonly experienced challenges in providing suicide care to homeless patients, (2) describe unique suicide screening, risk assessment, and safety planning considerations for this population, and (3) demonstrate how HBH organizations can establish meaningful partnerships with community organizations to augment safer suicide care practices for patients experiencing homelessness.

**LEARN MORE AND REGISTER HERE**

The webinar recording will be archived.

**Speaker Information**

**Virna Little, PsyD, LCSW-R, SAP** is the Associate Director of Strategic Planning at the Center for Innovation in Mental Health at City University of New York (CUNY). Previously, Dr. Little served as Senior VP of Psychosocial Services & Community Affairs at the Institute for Family Health in New York. She is a nationally recognized speaker and advocate for integrating primary care and behavioral health services as well as behavioral workforce development. Dr. Little has served on the Zero Suicide Institute Faculty since 2015.

**Jeffrey Sung, MD** is an acting instructor with the University of Washington Dept. of Psychiatry and Behavioral Sciences. Since 2002, his clinical responsibilities have included direct service and consultation in the care of individuals facing homelessness, medical illness, substance use and psychiatric conditions. In addition to work with the university, Dr. Sung also maintains a private practice.

**Astrea Greig, PsyD** is a clinical psychologist with specialty in multicultural psychology and a focus on working with underserved populations. She holds diversity leadership roles and serves on a task force to develop official guidelines for working with economically disadvantaged persons with the American Psychological Association. She currently serves as the manager of the outreach behavioral health team at Boston Health Care for the Homeless.

**Matt Tice, LCSW** is the Clinical Services director at Pathways to Housing PA. He is a passionate advocate for the models of housing first, harm reduction, and holistic care. Previously, Matt managed the Mentoring Children of Prisoner’s program with Big Brother's Big Sisters of Southeastern PA. He also served both as a Peace Corps Volunteer in Zambia and as an AmeriCorps volunteer in Buffalo, NY.
Study Suggests ‘Suicides by Drugs’ Profoundly Undercounted in the United States

A new study by a research team led by a West Virginia University School of Public Health researcher suggests that the Centers for Disease Control and Prevention’s (CDC’s) estimate that the suicide rate has increased 34 percent since the year 2000 may be significantly under-calculated.

The international research team of epidemiologists, psychiatrists, emergency physicians, and a chief medical examiner led by WVU Epidemiology Professor Ian Rockett, MD, MA, MPH, attributes the under-estimate to a misclassification of drug intoxication suicides.

The study, Discerning Suicide in Drug Intoxication Deaths: Paucity and Primacy of Suicide Notes and Psychiatric History, was published January 10 in PLOS ONE, an open-access journal published by the Public Library of Science.

Dr. Rockett says his team’s analysis of data from the CDC’s National Violent Death Reporting System shows detection of drug intoxication suicides is highly dependent upon authenticated suicide notes and psychiatric histories, much more than is the case in suicides by more violent means. This information is often minimal or nonexistent in drug suicides, which impedes both suicide understanding and prevention.

Such evidence is absent in two-thirds of known suicide cases and in three-quarters of undetermined death cases. The team concludes that the fact that this lack of evidence leads to suicides being classified as undetermined or even accidental ultimately inhibits the detection of drug suicides.

The study analyzed pooled suicides and undetermined intent deaths as possible suicides, among individuals 15 years of age and older in the 17 states participating in the National Violent Death Reporting System from 2011 to 2013.

SAMHSA Announces New 2018 Garrett Lee Smith Funding Opportunity for Colleges

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

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

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

Anticipated Total Available Funding: $1,847,000
Anticipated Award Amount: Up to $102,000 per year
Anticipated Project Start Date: September 30, 2018
Anticipated Number of Awards: Up to 18
Length of Project: Up to 3 years
Cost Sharing/Match Required: Yes

Application Due Date: Tuesday, February 20, 2018

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

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

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

The funding opportunity announcement and supplemental materials can be viewed HERE.
In recent years, some states have documented an increase in the number of forensic patients being admitted to state psychiatric hospitals for inpatient services. The overall nature of the forensic population is complex. Forensic patients (e.g. not guilty by reason of insanity and civilly committed sex offenders) may remain hospitalized for long periods of time. The more beds that are occupied by these patients, the lower the state hospital’s turnover rate, which means there are fewer opportunities for the state hospital to admit new patients. Long periods of stay, low turnover rates, and an overall increase in the number of referrals for inpatient services from the courts have contributed to increased waitlists in many states. Waitlists hinder the state’s ability to admit patients to their state psychiatric hospitals in a timely manner. Waitlists can also lead to states being threatened with or held in contempt of court when there are active orders to admit individuals to the hospitals.

The purpose of this paper was to investigate two key questions: Has the number of forensic patients present within state psychiatric hospitals grown since 1999? Is the proportion of forensic patients in state psychiatric hospitals growing? The results indicate that, over a little less than two decades, state hospitals have seen an increase in the number of forensic patients. States have used a variety of methods to cope with this increased number, including: building more beds, adapting the admission process, modifying prioritization of the waitlists, building community- or jail-based programs (e.g. outpatient competency restoration programs, jail-based restoration programs, residential treatment centers), and fostering relationships with other systems (e.g. strengthening the bonds and communication between behavioral healthcare workers and criminal justice agents).
Centers for Medicare & Medicaid Services, Office of Information Technology
Special Open Door Forum: New Medicare Card Project

Tuesday, January 23, 2 p.m. – 3 p.m. ET
Conference Call Only - Participant Dial-In Number: 1-800-837-1935 - Conference ID #: 8259057
Please dial in at least 15 minutes prior to the start of the call

CMS’s Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow State Medicaid agencies, Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS’s approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI). During this ODF we will cover the background of the New Medicare Card Project, the implementation of new Medicare numbers, the format of the new number, timeline & milestones, the transition period, outreach & education, and what you need to know to get ready for the new number.

For more information about the New Medicare Project, please visit our website.

Feedback and questions on the New Medicare Card Project can be sent to NewMedicareCardSSNRemoval@cms.hhs.gov
Participant Dial-In Number: 1-800-837-1935, Conference ID #: 8259057, beginning two hours after the call is ended. The recording will expire January 31 at midnight Eastern Time.

Adolescent Suicide Prevention: Recognizing Teens at Risk & Responding Effectively

Live-Streamed January 24, 8:30 a.m. – 12:30 p.m. ET

Suicide is a major public health concern. Over 44,000 people die by suicide each year in the United States. Suicide is the second leading cause of death for young people aged 10-24 both in the United States and worldwide. Suicide is complicated and tragic but it is often preventable. Knowing the warning signs for suicide and how to get help can save lives.

Join experts for a workshop about adolescent suicide prevention, which will include techniques for early detection and management of young people at risk. Visit HERE to view the live event. Register HERE for the in-person workshop in Bethesda, Maryland. The event will also be archived.

Introduction by Maryland Pao, M.D., Clinical Director, National Institutes of Mental Health (NIMH)

Keynote by David A. Brent, M.D., University of Pittsburgh, author of What Do I Do Now? A Clinician’s Guide to the Assessment and Management of Youth at Imminent Risk for Suicidal Behavior

Attendees will learn how to assess for imminent suicidal risk and develop a safety plan, and about strategies for reduction in risk that cut across clinical settings, are setting-specific, and have empirical support. Finally, the event will conclude with four possible approaches to clinical assessment of suicidal risk that could improve performance in prediction and intervention over the current standard.

Elizabeth Ballard, Ph.D., NIMH, author of The Neurobiology of Suicide.

Attendees will learn strategies for working with suicidal patients, particularly within psychiatric inpatient settings. Ethical concerns when conducting research with suicidal individuals will also be highlighted. Lastly, recent findings on acute risk factors for suicidal thoughts, including sleep, will be presented.

Other speakers will include:

- Lisa Horowitz, PhD, MPH, NIMH, author or Screening for Suicide Risk in the Medical Setting: Turning Research into Clinical Practice
- Anne Moss Rogers, Beacon Tree Foundation, author of Turning Pain into Purpose - Finding Hope after Losing My Son
- Argyris Stringaris, MD, PhD, MRCPsyCh, NIMH
"Business or Exploitation?" Exposure of the Tobacco Industry's Exploitation of Individuals with Mental Health Conditions
Thursday, January 18, 1 p.m. to 2 p.m. ET
Sponsored by Smoking Cessation Leadership Center, National Behavioral Health Network for Tobacco & Cancer Control & Truth Initiative

Webinar Objectives:
1. Explain why people with mental health conditions (depression and ADHD, for example) and substance use disorders have been historically targeted by the tobacco industry.
2. State whether adults with mental health conditions and substance use disorders smoke more than adults without those conditions.
3. Describe the morbidity rates of people with mental health conditions and name specific causes of death that can be attributed to tobacco use.
4. Explain the impact of the truth® campaign among its target audience.
5. Describe evidence-based approaches for treating tobacco use and tobacco addiction in persons with co-occurring mental illness.
6. Describe how you can leverage the National Behavioral Health Network for Tobacco & Cancer Control’s tools, resources, and network to combat tobacco use & cancer disparities among individuals with mental illnesses and addictions and network members.

Presenters:
- Judith (Jodi) Prochaska, PhD, MPH, Associate Professor in the Department of Medicine, Stanford University
- Ashley Persie, Senior Brand Marketing Associate, Truth Initiative
- Margaret Jaco Manecke, MSSW, Project Manager, Practice Improvement, The National Council on Behavioral Health

REGISTER HERE

The Alabama Department of Mental Health Office of Deaf Services Has Published
The Fall 2017 (Vol. 14, Number 4) Issue of Signs of Mental Health

In This Issue:
- Alabama Governor Ivey Appoints New Commissioner
- Editor’s Notes
- Two New Staffers Join ODS Team
- MHIT Celebrates 15th Interpreter Institute, July 30 to August 3
- MHIT at a Glance
- As I See IT
- Alabama Office of Deaf Services Directory
- An Intern’s Reflections
- Help Wanted
- Things People Ask Us
- Current Qualified Mental Health Interpreters
Financing Housing and Support Services Olmstead Learning Community Webinar
Pay for Success Initiatives

Tuesday, January 16, 3 p.m. to 4 p.m. ET

As part of SAMHSA’s series on Financing Housing and Support Services, it will be looking at an innovative financing model – Pay for Success (PFS) Initiatives. These exciting projects combine a social or public purpose with a financing mechanism that provides financial rewards for specific program outcomes, such as reducing high-cost hospital services. Nirav Shah from Social Finance, Inc. will provide an overview of PFS strategies, including the five phases of design and development of these initiatives. Mariana Salazar, from Austin’s Ending Community Homelessness Coalition (ECHO) will provide details about the Austin PFS project. Nirav Shah will close the session with additional information about other successful PFS programs.

**Register HERE**

If you have any questions or comments, please contact your group facilitator, Ann Denton at adenton@ahpnet.com or your group coordinator, Ginny Falkner at gfalkner@ahpnet.com.

Did you know? SAMHSA continues to support virtual TA to promote community integration for persons with behavioral health conditions through the Olmstead Initiative. Let us help you! The State TA Olmstead Initiative provides TA to multiple state agencies and behavioral health providers through four virtual learning communities on topics ranging from best practices in systems change to behavioral health services to older adults, and many topics in between! Email the team at stateta@ahpnet.com for more information!

States participating in the communities of practice last year received peer-to-peer TA during monthly virtual meetings, state-specific telephone TA on service provision, access to experts in financing and data collection through webinars and email communication, and a presentation from a learning community expert facilitator during a state-wide behavioral health conference.

**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.

**January Trainings**

**District of Columbia**
January 22 - Children’s National Health System

**Maryland**
January 26 - Woodbourne School, Baltimore

**Nevada**
January 18 & 19 - Nevada Adult Mental Health Services - Dini Townsend Hospital, Sparks

**New York**
January 18 - Pesach Tikvah Door of Hope, Brooklyn

**Virginia**
January 24 & 25 - Virginia Center for Behavioral Rehabilitation, Burkeville

*For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.*
Post-Doctoral Training
The Johns Hopkins Bloomberg School of Public Health Mental Health Services and Systems T32 Training Program Invites Applicants for 1-Year and 2-Year Post-Doctoral Fellowships That Begin in Spring or Summer 2018

Applications are Due January 15, 2018

The T32 selection committee is seeking one to two highly qualified post-doctoral Fellows with some prior exposure to the field of mental health services and systems. This program will produce researchers who can address critical gaps in knowledge with a focus on: (1) how health care services, delivery settings, and financing systems affect wellbeing of persons with mental illness; (2) how cutting-edge statistical and econometric methods can be used for studying how interventions, policies, and programs can be used to improve care; and (3) how implementation science can be used to most effectively disseminate evidence-based advances into routine practice.

This new training program is funded by the National Institute of Mental Health, and represents collaboration between the Department of Health Policy and Management and the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health with a close affiliation with the Johns Hopkins School of Medicine.

Depending on prior training, post-doctoral trainees will participate in limited coursework, a bi-weekly training grant seminar, and a year-long integrative experience. Since the main goal of this new Postdoctoral Fellowship program is to train scholars who will become leaders in the mental health services and systems research field, there is considerable protected time for scholarship and publication, and many opportunities for research collaboration. Commitment to the field of mental health services and systems is a core qualification and component of the training program.

For more information about being a post-doctoral fellow at Johns Hopkins Bloomberg School of Public Health, click here.

Apply Now

To apply, please send the following to the attention of the training program Directors, Drs. Colleen Barry (cbarry@jhu.edu) and Elizabeth Stuart (estuart@jhu.edu):

- Cover letter
- CV
- Three letters of reference
- Copy of graduate transcript
- Writing sample
- A personal statement (600 word max)

The Johns Hopkins University is an equal opportunity/affirmative action employer committed to recruiting, supporting, and fostering a diverse community of outstanding faculty, staff, and students. All applicants who share this goals are encouraged to apply.
Announcing HackMentalHealth—Silicon Valley’s Mental Health Hackathon

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

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

Coming Together

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

The Event

Taking place over February 3–4, 2018, HackMentalHealth will be holding a 24-hour event focused on hands-on learning and partnership with the mental health space, including academia, industry, and entrepreneurship. Our judges include leaders from a diverse set of disciplines:

- Courtney Brown, SF Suicide Hotline Director
- Liz Beaven, Provost, California Institute Of Integral Studies
- Erran Berger, LinkedIn VP, Consumer Engineering
- Seth Rosenberg, Investor at Greylock Partners
- Liz Beaven, Provost, California Institute Of Integral Studies
- Jessica Livingston, Founding Partner of Y Combinator
- Food & Beverage: hint water, Kasa Indian Eatery, Soylent, Guayaki

This Isn’t Your Average Hackathon

Most hackathons require participants to be coders and chug Red Bull all night in order to participate. Since we believe in the importance of mental health, we’re making sure this hackathon is different:

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

How Do I Join?

This hackathon is open to all disciplines and backgrounds. You can read more at our website, http://www.hackmentalhealth.care, and sign up to participate at our Eventbrite Sign Up Page.
Recovery to Practice (RTP) Initiative Invites You to Attend…

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

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

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

**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 this first webinar, held on January 3, can be accessed at: https://ahpnet.adobeconnect.com/pi0xzoqvxfq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false

**Upcoming Sessions**

**January 17, 2018: 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.

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

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

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

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

**Register HERE**

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

For more information contact: RTP@AHPnet.com Website: https://www.samhsa.gov/recovery-to-practice
Help us spread the word about how discrimination affects life in America by signing up for our Thunderclap to promote the report series on event day.

See It. Hear It. Experience It.

We could tell you about NatCon18’s:
• Robust schedule of sessions, workshops and events.
• Exceptional lineup of motivating speakers and thought leaders.

Or, we can SHOW YOU what you’ll miss if you don’t attend NatCon18 – the National Council Conference.

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!
EARLY REGISTRATION ENDS JANUARY 31

Discrimination in America: Solutions for Health
January 16, 9:30 a.m. to Noon
Knight Conference Center, Newseum, Washington, DC
RSVP HERE

If you can’t make it in person, bookmark the event page for a livestream of the event.

Register now to reserve a seat for this forum, wrapping up a groundbreaking series of reports from a recent Robert Wood Johnson Foundation national poll, in partnership with the Harvard T.H. Chan School of Public Health and National Public Radio.

RWJF President and CEO Rich Besser will lead a series of conversations with the audience, researchers and community leaders working to fight discrimination in housing and policing.

Register now to reserve a seat for this forum, wrapping up a groundbreaking series of reports from a recent Robert Wood Johnson Foundation national poll, in partnership with the Harvard T.H. Chan School of Public Health and National Public Radio.

RWJF President and CEO Rich Besser will lead a series of conversations with the audience, researchers and community leaders working to fight discrimination in housing and policing.

CLICK HERE TO REGISTER NOW!
EARLY REGISTRATION ENDS JANUARY 31

Information about NatCon18 can be found at www.NatCon18.TheNationalCouncil.org
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.
SAMHSA Funding Opportunity Announcement
Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

Short Title: Family Treatment Drug Courts
FOA Number: TI-18-002
Posted on Grants.gov: Friday, November 17, 2017
Application Due Date: Tuesday, January 16, 2018

Intergovernmental Review (E.O. 12372)
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 (PHYSIS) / Single State Agency Coordination: Applicants must send the PHYSIS 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 Substance Abuse Treatment (CSAT) is accepting applications for Fiscal Year (FY) 2018 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDC)]. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project.

Eligibility
Eligible applicants include:
- State governments; 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 are also eligible to apply.
- 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.

Family treatment drug courts that received an award under TI-17-004 (FY 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts) are not eligible to apply for this funding opportunity. [See Section III-1 for complete eligibility information.]

Award Information
Funding Mechanism: Grant
Anticipated Total Available Funding: Up to $8,500,000
Anticipated Number of Awards: Up to 20
Anticipated Award Amount: Up to $425,000 per year
Length of Project: Up to five years
Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $425,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient 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: Amy Romero, Center for Substance Abuse Treatment, Division of Services Improvement, SAMHSA, (240) 276-1622, Amy.Romero@samhsa.hhs.gov (link sends e-mail).

Grants Management and Budget Issues: Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov (link sends e-mail).
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
Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of January 22–28, 2018, and help shatter the myths about drugs and alcohol. It’s easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

Plan Your Event—5 Steps to Hosting

Already planning to host an event? Register Your Event HERE

Also, check out NIDA’s one-stop shop for teachers for information and resources to use with your students. Visit teens.drugabuse.gov/teachers to learn more! For more information, contact drugfacts@nida.nih.gov.

Technical Assistance Opportunities for State Mental Health Authorities

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

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

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

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

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

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

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

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
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

Considerations for Systems of Care Leaders in Implementing Continuum of Crisis Response Services

January 17, 2018 at 2:30 p.m. to 4 p.m. ET

Mobile response and stabilization services (MRSS) are key components in many SOCs. They play an important role in preventing emergency room use, psychiatric hospitalization, residential treatment, and placement disruptions among children, youth, and young adults experiencing a behavioral health crisis. This webinar will highlight two best practice programs: NJ and CT, and provide SOC leaders an opportunity to explore the value of MRSS in SOC.

Register HERE

CLC Peer Learning Exchange: Plan Your Work and Work Your Plan Using the CLAS Standards

January 18, 2018 at 2:30 p.m. to 3:30 p.m. ET

This webinar will continue the Cultural and Linguistic Competence Peer Learning Exchange Series on implementing the CLAS Standards. The objective of this webinar is to help participants understand the task of using a strategic planning process that aligns with the CLAS Standards.

Register HERE

CALL FOR PROPOSALS

The University of Maryland, Baltimore Training Institutes will be held July 25-28, 2018 in Washington, D.C. For more than 30 years, this biennial event has been the premier convening of leaders in systems of care for children, youth, and young adults with behavioral health challenges and their families, and the University of Maryland, Baltimore is honored to continue and expand this tradition. The event is sponsored by the University of Maryland School of Social Work and hosted by The Institute for Innovation and Implementation.

This year’s theme, LEADING CHANGE: Integrating Systems and Improving Outcomes in Behavioral Health for Children, Youth, Young Adults, and Their Families, builds upon decades of progress in designing and sustaining high-quality and effective delivery systems for children, youth, and young adults with mental health and substance use disorders and their families.

This year's Training Institutes will address data-driven policy, system design and implementation, and evidence-informed approaches relevant to Medicaid, mental health, substance use, child welfare, juvenile justice, early intervention, and prevention stakeholders and practitioners. Sessions will focus on the latest best-practice strategies, draw on community, tribal, and territorial examples from around the country, and provide concrete strategies that provide operational guidance for implementation.

Presenters and attendees will include experts and leaders in the field of children’s services, including state, county, tribal, and territorial children’s system leadership; direct service providers; state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health; parents, youth, and young adults; policymakers; clinicians; and children’s researchers and evaluators. The Training Institutes is an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another.

We invite you to consider submitting a proposal to present in one of the five formats: an Institute, a Workshop, an Ignite Talk, a session for the RockStar Youth Leadership Track, or a Poster Presentation — and help us to ensure the success of The Training Institutes. To submit a proposal, visit the Training Institutes’ website.

The Deadline Has Been Extended for the Training Institutes Call for Proposals to January 29
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Jennifer E. Urff, J.D., Project Director, Training & Technical Assistance

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

NASMHPD Links of Interest

Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries, State Medicaid Director Letter 18-002, Centers for Medicare and Medicaid Services, January 11

Helping Smokers Quit: The Smoking Cessation Leadership Center Engages Behavioral Health by Challenging Old Myths and Traditions, Steven A. Schroeder, Brian Clark, Christine Cheng & Catherine B. Saucedo, Journal of Psychoactive Drugs, December 26, 2017

Helping Smokers Quit: New Partners and New Strategies from the University of California, San Francisco Smoking Cessation Leadership Center, Steven A. Schroeder, Brian Clark, Christine Cheng & Catherine B. Saucedo, Journal of Psychoactive Drugs, December 26, 2017

AHRQ Intensifies the Battle Against Opioid Misuse in 2017, Commits to More Progress in 2018, AHRQ Director Gopal Khanna’s Blog Post, January 10

New Evidence that Access to Health Care Reduces Crime, Jennifer L. Doleac, Brookings Institution, January 3

Crisis Hotline Workers are the ‘First Responders’ of Mental Health. But What’s the Effect on Them?, Sommer Brugal, The Lilly, January 2

Trump Administration Freezes Database of Addiction and Mental Health Programs, Lena H. Sun and Juliet Eilperin, Washington Post, January 10

President Trump Signs Executive Order Directing the Secretaries of Defense, Homeland Security, and Veterans Affairs to Develop and Submit a Joint Action Plan to Provide Seamless Access to Mental Health Treatment and Suicide Prevention Resources for Transitioning Uniformed Service Members in the Year Following Military Service, January 9

A Prescription for Resiliency?, Chelsea Conaboy, Politico, January 10

What if CHIP Funds Run Out? Here’s What 6 Families Would Do, Fahima Haque, New York Times, January 10

CMS Releases List of 561Performance Year 2018 Medicare Shared Savings Program Accountable Care Organizations, January 5

Prescription Opioid Use and Satisfaction With Care Among Adults With Musculoskeletal Conditions, Sites B.D., MA, MS et al., Annals of Family Medicine, January-February 2018