House Joins Senate in Passing National Suicide Hotline Improvement Act

On Monday night, July 23, the U.S. House of Representatives passed by a 379-1 margin the National Suicide Hotline Improvement Act (H.R. 2345). The Senate companion bill (S. 1015), sponsored by Senator Orrin Hatch (R-UT) was passed in that chamber on November 7.

The two bills are almost, but not completely, identical. They will have to be aligned for final passage before the measure can make its way to the President to be signed into law.

Many supporters of the bill acknowledge that the current National Suicide Prevention Lifeline number (1-800-273-TALK) is too long to remember in times of crisis. As reported in Roll Call, Rep. Leonard Lance (R-NJ) said in support of the bill, "We all know by heart to dial 9-1-1 during an emergency. We have faith and confidence that somebody who can help will be on the line. It shouldn't be any different for someone in a mental health crisis."

The legislation, sponsored by Rep. Chris Stewart (R-UT), requires the Federal Communications Commission (FCC), in coordination with the Substance Abuse Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA), to:

- analyze the feasibility of designating a N-11 number to be used for a mental health crisis and national suicide prevention hotline system;
- evaluate the effectiveness of the current National Suicide Prevention Lifeline, including how well the Veterans Crisis Line is meeting the needs of veterans and their family.

SAMHSA and the VA would be required to issue their report to the FCC within 180 days of the legislation’s enactment. Specifically, SAMHSA is tasked with studying the potential impact of a N-11 dialing code for a national suicide prevention/mental health crisis hotline system on suicide prevention, crisis services, the National Suicide Prevention Lifeline, and the Veterans Crisis Line. The bill suggests the study might include recommendations to improve the current National Suicide Prevention Lifeline system, including infrastructure and operations improvements, and public education and outreach.

Both bills also require the VA to report to the FCC within 180 days on how well the National Suicide Prevention Lifeline and the Veterans Crisis Line work currently to address veterans’ needs.

The FCC would be required to issue a full report to Congress within one year of enactment that includes the logistics of implementing a national N-11 number, translation and reprogramming costs associated with the new dialing code, costs likely to be incurred by service providers, including incurred costs to states and municipalities, and a cost-benefit analysis comparing the current Lifeline system with the recommended N-11 dialing code.

The timing of the imminent passage of legislation is monumental, given the rising suicide rate reported by the CDC on June 7, and the high-profile suicides of fashion designer Kate Spade and chef/television celebrity/author Anthony Bourdain. The Lifeline network of over 150 call centers answered over 2 million calls in 2017—a 32 percent rise in calls from 2016, with some centers experiencing more than a 50 percent rise in call volume.

According to John Draper, Executive Director of the National Suicide Prevention Lifeline, the Lifeline experienced two of its highest daily call volume in history after the news of Spade and Bourdain. The Lifeline answered over 10,000 calls daily on June 9 and 11, representing a 65 percent increase in Lifeline calls. There was a similar surge after the suicide of comic Robin Williams in 2014.

Dr. Draper also noted that there is an expectation that the Lifeline’s national network of local call centers will continue to experience capacity challenges in the years to come.

“In our first 12 years of service, we answered about 12 million calls. Trend data indicates that our network is on pace to answer 12 million more calls in the next four years.”

Currently, Dr. Draper emphasizes, the network of local centers is almost entirely reliant on the ability of local state, county, and city funders to support their operations, including their ability to respond to local callers on the national Lifeline number. “This legislation will enable a comprehensive study of costs and resources needed to develop a reliable infrastructure for supporting local and national crisis care systems connected to a 3-digit dialing code,” Draper says.
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National Meeting on Advancing Early Psychosis Care in the United States
Pre-Conference Kick-Off for the
11th Conference of the International Early Psychosis Association
Westin Copley Place
10 Huntington, Avenue, Boston, Massachusetts
Sunday, October 7, 8:30 a.m. to 3:30 p.m. E.T.

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

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

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

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

Register HERE For the Pre-Conference Meeting

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

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

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

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

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

Presenters include:

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

Register HERE
ACEs: The Role of Life Experiences in Shaping Brain Development

Thursday, August 9, 12 p.m. to 1 p.m. E.T.

Childhood experiences, both positive and negative, have a tremendous impact on our lifelong health and opportunity. So, early experiences are an important public health issue. Adverse Childhood Experiences (ACEs) can put young people at significant risk for substance use disorders and can impact prevention and substance use recovery efforts.

This is a one-hour training by public health experts in Tennessee on their curriculum Building Strong Brains: The Role of Life Experiences in Shaping Brain Development. It’s an insightful approach community and education leaders can implement to increase protective factors and reduce the impact of ACEs for children and adolescents. A certificate of completion will be provided to participants who take the entire webinar training. Visit https://www.tn.gov/tccy/tccy-aces for additional ACEs resources.

Building Strong Brains is supported by an investment of the Tennessee Department of Health and its partners including the School of Social Work, University of Memphis.

Register HERE

Prevention in Practice: Building Communities That Strengthen the Resiliency of Future Generations

Wednesday, August 15, 12 p.m. to 1 p.m. E.T.

As the old adage goes, “the best defense is a good offense.” It’s a sentiment that is fueling the efforts of faith and community groups around the country which are getting ahead of the problem of substance addiction in younger generations with smart and proven practices.

Presenters from Chicago’s Jewish Center for Addiction and the Georgia Prevention Project will share strategies and descriptions of youth-led programs that are strengthening the resilience of young people and preventing future generations from harm.

Register HERE

Webinar: Best Practices for Sustaining Behavioral Health Integration Models in Health Centers Using Health Information Technology

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

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

After this webinar, participants will:

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

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

Registration is free and closed captioning is available upon request. The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.
Though most people who experience homelessness do not suffer from a serious mental illness (SMI), SAMHSA data indicate that between 20 and 25 percent of people experiencing homelessness also have an SMI. Join us for the last two parts of a three-part introductory series aimed at helping those working with people experiencing homelessness to better understand SMI. The series will be moderated by David Miller, M.PA., project director with the National Association of State Mental Health Program Directors (NASMHPD).

Register HERE for the Webinar Series

**Friday, August 3, 2018 (12:00-1:30 p.m. EDT): An Introduction to Psychotropic Medication**
This session will discuss common medications used to address SMIs, their effects and side-effects.

- Brian R. Sims, M.D., Senior Medical Advisor, NASMHPD
- Heidi J. Wehring, Pharm.D., BCPS, Assistant Professor of Psychiatry, Maryland Psychiatric Research Center
- Chandler Coggins, M.S.W., Lead Recovery Specialist, Mental Health America of Northeast Florida

**Friday, August 17, 2018 (3:00-4:30 p.m. EDT): Strategies for Successful Connection and Treatment**
This session will introduce evidence-based practices and clinical interventions used to engage and treat people with SMI and will showcase recovery-oriented cognitive therapy (CT-R).

- Laurie C. Curtis, M.A., CPRP, Senior Program Manager, Advocates Human Potential, Inc.
- Paul Grant, Ph.D., Research Assistant Professor of Psychology in Psychiatry at Perelman School of Medicine, University of Pennsylvania
- Ellen Inverso, Psy.D., Director of Clinical Training and Education of the Beck Recovery Training Network at the Aaron T. Beck Psychopathology Research Center

**Stephanie Mero, Peer Engagement Specialist, Ellet Community Human Services**

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**CENTER FOR TRAUMA-INFORMED CARE**
NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
NASMHPD ANNUAL 2018 COMMISSIONERS MEETING
Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

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

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

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

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DISASTER HEALTH CORE CURRICULUM

The Uniformed Services University National Center for Disaster Medicine and Public Health is proud to announce a free, eight-hour, online Disaster Health Core Curriculum for All Health Professionals intended for a wide range of health care professionals.

The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more.

This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the Core Competencies for Disaster Medicine and Public Health.

Click Here to Access the Lessons

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Two-Part SAMHSA Center for Mental Health Services-Sponsored Webinar

Mental Health Block Grant Needs Assessments

Tuesday, August 7 – 2:00p.m. to 3:00 p.m. E.T.
Tuesday, August 14 – 2:00p.m. to 3:00 p.m. E.T.

State needs assessments form the basis of an effective, sustainable Mental Health Block Grant State Plan. This 2-part webinar series focuses on:

1) strategies to develop an effective needs assessment, specific domains of need, and resources to support this work; and
2) using a needs assessment to articulate specific goals, objectives, strategies, and performance indicators in the State Plan.

Presenter: Molly Brooms, M.A., Retired State Planner and Director of Mental Illness Community Programs, Alabama Department of Mental Health

Register HERE for Part 1, Conducting State Needs Assessments: What, Why, and How (August 7)

Register HERE for Part 2, Using State Needs Assessments to Define State Plan Priorities, Goals, and Performance Measures (August 14)
As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don't miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

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

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

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

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

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

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

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

- **Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care**
- **Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment**
- **Older Adults Peer Support - Finding a Source for Funding**
- **Forensic Patients in State Psychiatric Hospitals: 1999-2016**
- **The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders**
- **Crisis Services' Role in Reducing Avoidable Hospitalization**
- **Quantitative Benefits of Trauma-Informed Care**
- **Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014**
- **The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity**
- **The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System**
- **Forensic Patients in State Psychiatric Hospitals – 1999 to 2016**

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**31st Annual State Health Policy Conference**

Celebrate the National Association of State Health Policy’s (NASHP’s) 31st Annual State Health Policy Conference. Planned by state health policymakers, for state health policy makers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, our conference brings together the nation’s leading experts to share, learn and discuss.

**The Top Five Reasons to Attend #NASHPCONF18**

1) **Informative sessions cover the nation’s most crucial health policy issues.** #NASHPCONF18 is designed by state health policy makers for state health policy makers to explore the most up-to-date health care developments and initiatives in the United States. With 25+ thoughtfully-crafted sessions addressing the issues most important to you, as well as full-day pre-conferences that offer a deep dive into targeted topics, you’ll gain critical insights into the latest advances, changes, programs, and innovations in state health policy.

2) **Outstanding networking opportunities.** Our conference offers non-stop opportunities to network with more than 800 state health policy leaders from across the country. Join conference roundtables to discuss best practices and solutions to pressing issues with a small group of your peers, attend the networking breakfast or Blueberry Break to socialize with colleagues, or mix business with pleasure at our two evening events!

3) **They’re not just speakers... They’re industry thought leaders.** Our #NASHPCONF18 speakers are among the most distinguished and respected thought leaders in state health policy. Conference speakers will address a host of topics covering current and important issues, including health care costs, workforce, chronic care, stabilizing the individual market, social determinants of health and much more!

4) **Exclusive access to the newest technology and business intelligence.** NASHP’s exclusive exhibit hall offers a diverse group of exhibitors who are all eager to present you with the latest and greatest innovative ideas and smart solutions to help you achieve your goals.

5) **Discover Jacksonville, Florida.** Named to Expedia’s list of 21 Super Cool Cities in the U.S., Jacksonville is the perfect destination for both relaxation and adventure. With 22 miles of beaches, dining options that range from elegant bistros to local seafood shacks, more than 20 craft breweries, a sprawling arts district, wildlife sanctuary, and so much more, there is always something to do no matter what your mood. Enjoy the beautiful views of the St. Johns River while attending #NASHPCONF18 and experience all that this super cool city has to offer!
SAMHSA-Sponsored Webinar
Emerging Best Practices for People with an Intellectual/Developmental Disability Co-Occurring with Serious Mental Illness
Thursday, August 9, 1:30 p.m. to 2:30 p.m. E.T.

This webinar is intended to provide information about emerging best practice in serving individuals who have mental illness co-occurring with an intellectual/developmental disability. The session will cover clinical practices and illustrate an inter-systems model of care for this underserved population.

The outline below is intended to provide information on the content of the webinar.

I. What is NADD
   a. 501(c)3 membership organization
   b. Provides training, consultation, journals, book publishing, accreditation and certification

II. Clinical Practices
   a. Assessment practices
      i. Assessment requires gathering information from multiple sources
      ii. Obtain data from family collaterals and the team. This can be a case-management function
      iii. Relevant information to be organized into a 3-5 page document
   b. Diagnostic Practices
      i. Employ a bio-psycho-social model
      ii. Developmental perspective
      iii. Use of the DM-ID-2
   c. Adapting Psychotherapy Practices
      i. Principles of psychotherapy do not change, but approaches need to be modified
      ii. Nine (9) adaptations to psychotherapy practices will be addressed

III. An Inter-System Model
   a. The inter-disciplinary approach within the context of an inter-system model is a “best practice” within a person-centered approach to planning for an individual
      i. “The team” encompasses the person/family, representatives of IDD and MH fields and others
      ii. Using a system of care model for children and adults
         1. The right people at the table

Presenter:
• Dr. Robert J. Fletcher, Founder & CEO Emeritus, NADD – an association for persons with developmental disabilities and mental health needs. His vision and leadership have brought NADD to a position where it is recognized as the world’s leading organization in providing educational resources, conferences, trainings, consultation services, as well as accreditation and certification programs in the field of dual diagnosis.

Moderator:
• Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

Register **HERE**

Closed Captioning is Available for this Webinar
We do not offer CEU credits. However letters of attendance are offered upon request.
The Older Veteran Behavioral Health Resource Inventory provides an overview of resources for health and social service professionals interested in enhancing their outreach and support for older veterans who have or are at risk for behavioral health conditions.

The inventory, as well as other useful resources for professionals working with veterans, are available through the VA Community Provider Toolkit.

This resource was created as part of a partnership on meeting the mental health needs of aging Veterans. This partnership included the:

- Veteran Benefits Administration (VBA)
- Administration for Community Living (ACL)
- Center for Medicare and Medicaid Services (CMS)
- Office of Minority Health (OMH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Council on Aging (NCOA)

**TA Network Webinars**

**Cultural and Linguistic Competence Peer Learning Exchange – Lessons from the Field: Implementing Behavioral Health Equity Programs**

*Thursday, August 9, 2:30 p.m. to 3:30 p.m. E.T.*

This webinar will be an opportunity to share and discuss what we have learned implementing various behavioral health equity programs, including the CLAS Standards.

**Presenter:** Catalina Booth, Executive Director, Center for Community Learning, Inc.

[Register Here](#)

**Preparing Young People for Workplace Success**

During a recent webinar discussion, experts from the Annie E. Casey Foundation and Child Trends examined new ways to help prepare young people for workplace success. The session focused on Positive Youth Development — an approach that helps organizations create environments where young people can advance their skills while cultivating connections to school, family, work and community.

The panelists also touted a new assessment instrument, the PILOT Tool. Developed by Child Trends, a nonprofit research center dedicated to improving outcomes for children, the Pilot Tool helps workforce development organizations apply Positive Youth Development strategies to set the stage for youth success.

[Watch Now](#)

**Youth Risk Behavior Survey Data Summary & Trends Report – 2007 to 2017**

This report from the Centers for Disease Control and Prevention (CDC) focuses on four priority areas: sexual behavior, high-risk substance use, violence victimization, and mental health. The results help in understanding the factors that contribute to the leading causes of illness, death, and disability among youth and young adults.
Study Finds Young Invincibles Have the Most Medical Debt

We got used to calling them the “young invincibles” during the debate over the Affordable Care Act because we—and they—were convinced they were healthier than the rest of the population.

But a study of credit reporting data for more than 4 million Americans published in the August Health Affairs reveals that, unlike health care use and spending, medical collections decrease substantially with age.

Authors Michael Batty, Christa Gibbs, and Benedic Ippolito found that the share of people with at least one new medical bill in collection in 2016 (“frequency”) reached its maximum—11.3 percent—at the age 27. The frequency remained near that level until around age 46, after which it decreased steadily with age. The median size of debt also reached its maximum—$684—at age 27 and decreased steadily thereafter. From age 27 to age 64, median debt size dropped by 39 percent, while the frequency of medical debt fell by nearly 54 percent.

The authors postulate that increases in health insurance coverage and incomes likely played important mediating roles. Even though seniors rack up the most health care bills overall, medical debt all but disappears after age 65, when Medicare kicks in. People without health insurance were more likely to have outstanding medical bills. The number of people with medical debt, and the size of that debt, were both bigger in areas with more uninsured people. Lower-income households also had more medical debt, as do younger people—factors that correlate with how likely one is to have insurance.

SOURCE Authors’ analysis of data for 2016 from the Consumer Financial Protection Bureau’s Consumer Credit Panel (medical collections) and for 2011–15 from the Medical Expenditure Panel Survey (medical spending). Medical spending includes spending on behalf of minor dependent children. Reprinted from the August Health Affairs.
The National Federation’s Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children’s mental health, from the perspective of a family-driven and youth-guided approach.

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

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

Submit Your Presentation HERE

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

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

Funding Mechanism: Grant  Anticipated Number of Awards: 1 Award
Anticipated Award Amount: up to $750,000  Anticipated Total Available Funding: $750,000 per year
Cost-Sharing or Matching Requirement: No  Length of Project: 5 years
Closing Date for Applications: August 17, 2018

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

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

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

Contact:  Program Issues: Tracy Pogue, at (240) 276-0105 or by email at Tracie.pogue@samhsa.hhs.gov.
Grants Management and Budget Issues: Gwendolyn Simpson at (240) 276-1408 or FOACMHS@samhsa.hhs.gov.
HRSA Funding Opportunity Announcement

Pediatric Mental Health Care Access Program (HRSA 18-122)

Funding Mechanism: Grant
Anticipated Number of Awards: up to 20
Anticipated Award Amount: up to $445,000
Cost-Sharing or Matching Requirement: 20 percent each year
Length of Project: 5 years
Closing Date for Applications: August 13, 2018

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Pediatric Mental Health Care Access Program. The purpose of this program is to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.

For purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

For purposes of this funding opportunity, a pediatric mental health care telehealth access program for which funding may be used, will be required to perform the following activities—

(A) be a statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;
(B) support and further develop organized state or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;
(C) conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers’ preferred mechanisms for receiving consultation, training, and technical assistance;
(D) develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;
(E) provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers;
(F) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;
(G) provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers, or mental health counselors as well as assisting with scheduling and conducting technical assistance;
(H) assist with referrals to specialty care and community or behavioral health resources; and
(I) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanding the capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

Eligibility:
State governments
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Native American tribal governments (Federally recognized)

Additional Information on Eligibility: States, political subdivisions of states, and Indian tribes and tribal organizations (for purposes of this section, as defined in § 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).

HRSA has scheduled the following technical assistance:
Webinar Day and Date: Friday, July 27, 2018
Time: 2 p.m. to 3 p.m. ET
Call-In Number: 1-888-600-4866 Participant Code: 556514
Web link: https://hrsa.connectsolutions.com/pmhcnc_cap_u4c_ta_session/
Playback Number: 1-888-203-1112 Passcode: 1390598

Contact: Madhavi Reddy, MSPH, Maternal and Child Health Bureau, HRSA at (301) 443-0754 or by email.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 State Opioid Response Grants (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). These grants will be awarded to states and territories via formula. The program also includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.

Grantees will be required to do the following: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths.

The program supplements activities pertaining to opioids currently undertaken by the state agency and will support a comprehensive response to the opioid epidemic. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities as well as community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services. Grantees will also be required to describe how they will advance substance misuse prevention in coordination with other federal efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

State allocations for the Opioid SOR grants are calculated by a formula based on the equal weighting of two elements: the state’s proportion of people with abuse or dependence on opioids (prescription opioids and/or heroin) who need but do not receive treatment (NSDUH, 2015-2016) and the state’s proportion of drug poisoning (overdose) deaths (CDC National Vital Statistics System, 2016). Each State, as well as the District of Columbia, will receive not less than $4,000,000. Each territory will receive not less than $250,000. See below (from Appendix K of the Announcement.) In addition to this base distribution, $142.5 million in funding is being distributed to the ten states with the highest mortality rates due to drug poisoning deaths. This set-aside takes into account the state’s ordinal ranking in the top ten; it is not distributed equally among 10 states.

### State/ Territory Annual Award Amount

<table>
<thead>
<tr>
<th>State/ Territory</th>
<th>Annual Award Amount</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>$13,544,925</td>
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<tr>
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<tr>
<td>American Samoa</td>
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<tr>
<td>Americas (FOA)</td>
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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.

**ELIGIBILITY:** Eligible applicants are the Single State Agencies (SSAs) and territories. Please note that Tribes will be eligible to apply for opioid response funding under a separate announcement.

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

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

**ELIGIBILITY:**

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

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

- **Tribal Organization,** as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

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

A consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

**CONTACTS:**

**Program Issues & Grants Management Issues:** Email [OPIOIDTOR@samhsa.hhs.gov](mailto:OPIOIDTOR@samhsa.hhs.gov)
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.

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.
NADD Award Nominations Sought by August 31

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

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

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

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

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

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

Click here for details.

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

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

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

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

Register HERE!

Course Objectives

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

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)
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Greg Schmidt, Contract Manager
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest


Effect of Greening Vacant Land on Mental Health of Community-Dwelling Adults: A Cluster Randomized Trial, South E.C., MD, MS et al., JAMA Network Open, July 20

Early Childhood is Critical to Health Equity, University of California at San Francisco & The Robert Wood Johnson Foundation, May 2018

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department, Stanley, B., PhD et al., JAMA Psychiatry, July 11

Continuity of Information Between Mental Health and Primary Care Providers After a Mental Health Consultation, Colaiaco B., M.Phil. et al., Psychiatric Services, July 25


Ethical Issues in Emerging Treatments for Neuropsychiatric Disorders, Christopher P.P., MD, Focus: The Journal of Lifelong Learning in Psychiatry, July 18

Toward Cultural Assessment of Grief and Grief-Related Psychopathology, Smid G.E., et al., Psychiatric Services, July 25

Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment (HOPPS) and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model, Centers for Medicare and Medicaid Services, July 25