FDA Advisory Panel Backs Approval of Non-Opioid Lofexidine for Opioid Withdrawal

A US Food and Drug Administration (FDA) advisory committee has recommended approval of lofexidine hydrochloride, a nonopiod, for the mitigation of symptoms in abrupt opioid withdrawal.

The Psychopharmacologic Drugs Advisory Committee voted approval 11-1 March 27 after finding that lofexidine—to be marketed as Lucemyra—is both safe and effective in reducing symptoms such as diarrhea, nausea, vomiting, anxiety, and an overall feeling of sickness that often keeps patients from successfully withdrawing from opioids.

If the FDA follows the panel's advice lofexidine, an α2-adrenergic agonist, would join clonidine, another non-opioid which is used off-label for managing withdrawal symptoms. Most cases of opioid withdrawal are treated with opioid therapies such as methadone or buprenorphine in conjunction with gradual tapering.

The advisory panel member who voted against approval — consumer representative Kim O. Witczak — told Medscape in an article published March 28 that she believed the company had not shown enough evidence of efficacy, especially in helping people completely withdraw over the long term. Witczak also said she was concerned about side effects, including an increase in the incidence of bradycardia, hypotension, and syncope associated with lofexidine in studies.

Other panelists also cited safety concerns regarding the 3.2-mg daily dose proposed by US WorldMeds. In one of the company's studies, patients who received that dose experienced slightly greater relief, but there was also a higher incidence of cardiovascular side effects. Most of the advisory committee members felt a 2.4-mg daily dose, also proposed by the company, would be more appropriate.

Lofexidine has been marketed in the United Kingdom as BritLofex since 1992, but it has never been available in the United States. In the United Kingdom, the recommended dose is 2.4 mg/day; the typical treatment duration is 7 days.

According to materials presented by WorldMeds at the Advisory Committee meeting, development was conducted in close collaboration with the National Institute on Drug Abuse (NIDA) and with guidance from the US Food and Drug Administration (FDA) through a comprehensive clinical development program enrolling more than 1200 patients. The lofexidine New Drug Application (NDA) has been granted priority review by the FDA.

Psychopharmacologic Drugs Advisory Committee members are selected by the Food and Drug Administration Commissioner from among authorities knowledgeable in the fields of psychopharmacology, psychiatry, epidemiology or statistics, and related specialties. The voting members may include one consumer member, selected by the Commissioner, who recommended by either a consortium of consumer-oriented organizations or other interested persons. There are currently six psychiatrists and a neuropharmacologist serving on the Committee. In addition to the voting members, the Committee includes a non-voting Eli Lilly representative.


Senator Ron Wyden (D-OR), ranking Democrat on the Senate Finance Committee and Representative Frank Pallone (D-NJ), serving the same role on the House Energy and Commerce Committee, have jointly asked the Comptroller General in a March 28 letter to have the Government Accountability Office study the administrative costs of new Medicaid work requirements.

Centers for Medicare and Medicaid Services Administrator Seema Verma has signaled she's willing to allow states to test new models of "personal responsibility" and "beneficiary engagement" under Medicaid that include work requirements for beneficiaries. Three states—Arkansas, Indiana, and Kentucky—have installed work requirements for their Medicaid recipients and seven more states have submitted requests for similar requirements.

Senator Wyden and Rep. Pallone point out in their letter that the changes Kentucky is making are expected to cost the state more than $370 million over the next two years, largely for administrative costs. Kentucky claimed in its waiver request the changes will save the state and the federal government more than $2 billion over the next five years, largely due to a decline in adult enrollment over that time period.

(Continued on page 6)
# Table of Contents

**FDA Advisory Panel Backs Approval of Non-Opioid Lofexidine for Opioid Withdrawal**


**SAVE THE DATE: NASMHPD Annual Commissioners Meeting July 29 to July 31**

Study Finds Certain Medical Disorders, Mental Health Conditions and Demographic Risk Factors Associated with Higher Rates of Suicide

Register for the University of Maryland Training Institutes, July 25 - 28

April 11 Health Resources and Services Administration Virtual Behavioral Health Jobs Fair

Center for Trauma-Informed Care Trainings

**Uniformed Services University April 26 Crisis Leadership Symposium: Promoting Emotional and Mental Well Being**

National Public Health Week Forum Presentations, April 1 & 2

Anxiety and Depression Conference, April 5 - 8

April 5 & 6 Texas Primary Care and Health Home Summit

**Jump-Starting Community Inclusion: A Toolkit**

SAMHSA Funding Opportunity Announcement: Healthy Transitions

April 3 Webinar: Treatment and Prevention of Opioid Use Disorder – An Overview

**Jump-Starting Community Inclusion: A New Toolkit for Promoting Participation in Community Life & April 12 Webinar**

April 23 to 25 National Council on Behavioral Health Conference

Johns Hopkins Bloomberg School of Public Health Summer Institute in Mental Health Research Course: Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

April 11 SAMHSA-Sponsored Webinar: Saving Lives: What You Can Do To Help Reduce Tobacco Use in Community Mental Health Settings

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

World Medical Innovation Forum April 23-25

**2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

May is Older Americans Month

April 19 Tuerk Conference on Mental Health and Addiction Treatment

Veterans Health Administration: Gulf War Veterans – Research Volunteers Needed

May 28 to June 1 International Initiative for Mental Health Leadership Conference in Stockholm

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

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

April 26-27 Health Datapalooza Registration

June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum

TA on Preventing the Use of Restraints and Seclusion

**Technical Assistance for State Mental Health Authorities**

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

May 2 & 3 Annual Behavioral Health Informatics Conference

**Children’s TA Network Upcoming Webinars**

**NASMHPD Board & Staff NASMHPD Links of Interest**
SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING
Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

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

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

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

Study Finds Certain Medical Disorders, Mental Health Conditions and Demographic Risk Factors Associated with Higher Rates of Suicide

A study published online February 15 in Psychiatric Services has found that certain medical disorders, mental health conditions and demographic risk factors are associated with higher rates of suicide.

Lead author Jennifer M. Boggs, MSW, and her colleagues studied mental health disorders, medical disorders, and demographic differences between patients who died by firearms or other lethal means (poisoning, hanging, and suffocation) versus patients who did not die by suicide to get a better understanding of risk factors. As reported in Healio Psychiatry, Jennifer Boggs noted, “The link between mental health disorders and suicide is well-documented. But little is known about the relationship between suicide and medical disorders.”

The case-control study was conducted in 2016 across eight health care systems affiliated with the Mental Health Research Network. A total of 2,674 suicide cases that occurred from 2010 to 2013 were analyzed and compared to a control group of 267,400 patients. Next, the researchers assessed the association between suicide by firearm or other lethal means and demographic characteristics, medical conditions and mental health disorders.

The study found that of the 2,674 cases, 49 percent of the suicides were carried out by firearms and 51 percent were carried out by other lethal means. Men accounted for 89 percent of the firearm cases in comparison to 66 percent of the other lethal means. Approximately 61 percent of the cases involved a mental health disorder, with alcohol use, anxiety, depression, or sleep disorders being the most common diagnosis. Demographic characteristics associated with suicide by firearms and other lethal means included male gender, middle to older years of age, a high school degree or equivalent level of education, and lower income status.

The following medical conditions showed a statistical significance of suicide by firearms: traumatic brain injury (TBI) odds ratio (OR)=23.53), epilepsy (OR=3.17), psychogenic pain (OR=2.82), migraine (OR=2.35), and stroke (OR=2.20). Men with two or more medical conditions were more likely to attempt suicide by firearms (OR=1.94) when compared to the control group. Medical conditions associated with a statistical significance of suicide by other lethal means included TBI (OR=7.74), epilepsy (OR=3.28), HIV/AIDS (OR=6.03), and migraine (OR=3.17). Women who had two or more medical disorders were more likely to die by other lethal means (OR=2.41).

The authors conclude that their results indicate a direct causal association between mental health and general medical disorders related to suicide. Based on their findings, the authors encourage medical and mental health providers to conduct suicide risk assessments for patients with any mental health disorder and the following medical conditions: TBI, epilepsy, HIV, psychogenic pain, stroke, and migraine. The authors also recommend means restriction counseling when a patient screens positive for suicide risk.

Happy Passover & Good Easter
The Training Institutes Registration Fee is $925.

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

Payments Received | Registration Fees | Pre-Institutes (space is limited)
--- | --- | ---
Before March 31, 2018 | $850 | $295
April 1 – July 23, 2018 | $925 | $295
July 24 – July 28, 2018 | $1,025 | $295

For current NHSC or NURSE Corps program recipients click here to use your current portal credentials to log in.
For all others click here to set up a new account.

PARCIPATION IS FREE – REGISTER NOW

At no cost, join the Virtual Job Fair to connect and network with more than 100 National Health Service Corps and NURSE Corps organizations who are providing behavioral, mental and substance abuse care in communities across the nation. You’ll be presented with hundreds of behavioral health opportunities, details about each organization’s benefit packages, their integrated approaches to care, and information about the patient populations they serve. Don’t miss this unique opportunity to get real-time answers to your employment questions. To participate, you need a computer, smart phone, or other mobile technology with access to the Internet. Space is limited, so learn more about the Behavioral Health Virtual Job Fair on our website!

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Admiral Thad W. Allen, USCG Retired

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

The Symposium will provide an opportunity to hear how leaders have handled stress in times of crisis, with particular emphasis on the disasters of fall 2017. During the half-day event, panelists will also share best practices and recommendations for moving the field of crisis leadership forward.
National Public Health Week Forum  
Hosted by the American Public Health Association  

**Monday, April 2**  
1 p.m. to 3 p.m. E.T.  
1330 G Street, NW; Washington, D.C.  
Kick off National Public Health Week with a keynote address from U.S. Surgeon General Jerome Adams. Register to attend in-person or watch the livestream. Click [here](#) for more information about the event.

**ASTHO Ask the Experts Series: The Intersection of Tobacco and Opioids**  
2 p.m. to 3:30 p.m. E.T.  
How do opioid prevention and tobacco control efforts intersect? This webcast features a panel discussion moderated by ASTHO President John Wiesman and explores the dynamic relationship between these addictions with implications for behavioral health and chronic disease prevention.  

**Register** [HERE](#)

**CDC Vital Signs Telebriefing**  
**Tuesday, April 3**  
12 p.m. to 1 p.m. E.T.  
Dial In: 800-369-1695 Passcode: CDC Media  
On April 3, CDC will release a new Vital Signs report about CDC's Containment Strategy, which can help stop the spread of “unusual” antibiotic resistance threats in healthcare facilities through early and aggressive action. ASTHO Immediate Past President Jay Butler will join the CDC telebriefing to speak about the team approach required from both healthcare and public health professionals to slow the spread of “unusual” resistance.

*(Continued from page 1)*  
The requestors, in their letter, cite studies of other public programs for low-income Americans that have found that implementing restrictive policies incurs substantial and counterproductive administrative costs. They say that applying work requirements to the Temporary Assistance for Needy Families (TANF) program, for example, was found in [one study](#) to force states to commit limited staff and financial resources to tracking and verifying beneficiaries’ participation in work activities, or pushed states to spend substantial funds to contract out those functions. Beyond depleting resources, they say, the administrative burden undermined the services provided through the TANF program, with one TANF study finding that state staff spent over half of their time on documentation instead of the provision of direct services.  
The requestors ask for a detailed summary of the administrative costs—including state-projected costs for staffing, the development of electronic systems, and other administrative or oversight requirements—associated with implementing work requirements and other eligibility requirements and the Federal share of those costs.
Don't Miss #ADAA2018 (and the Cherry Blossoms!)

Three Plenary Sessions

- **Clinical Practice Symposium**: Emotion Regulation in Action
- **Scientific Research Symposium**: RDoC and Mood & Anxiety Disorders: Recent Advances and Future Directions *(supported by Janssen Research and Development, LLC)*
- **The U.S. Opioid Epidemic**: Clinical, Research, and Public Policy Perspectives

Full Day Workshop

- **Reid Wilson**: Changing the Anxious Mind - Rapidly
  
  **Timely Topics for Clinicians** *(Content brought to you by Anxiety.org)*
  
  - Treatment-Resistant Depression
  - Marijuana/Cannabis Use and Its Potential Impact on Anxiety and Depression
  - Neuroactive Steroids in Depression and PTSD: Gender Differences and Possible Transdiagnostic Implications
  - Treatment-Resistant Bipolar Spectrum Disorders

Over 175 Symposia, Workshops, Roundtables, and Two New Research Poster Session

**Special Events**

- Welcome Reception: **Sponsored by Beck Institute for Cognitive Behavior Therapy**
- Morning Meditation Sessions: **Sponsored by the Center for Mindfulness**
- Film Screening of "Unstuck: an OCD Kids Move"

[Register Here](#)

We look forward to seeing you in Washington, DC!
Are you a healthcare professional, hospital administrator, community health center, government agency, patient advocate, pharmaceutical company, health information technology organization? You will not want to miss this opportunity!

Click here to learn more about Texas Primary Care and Health Home Summit, including agenda and registration information.

Presented by Texas Health Institute and the Texas Medical Home Initiative

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

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

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

Download Jump Starting Community Inclusion from the Temple University Collaborative at this link.

Register HERE for the April 12 webinar.
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

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

Applications Due: May 14, 2018

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

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

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

Healthy Transitions will accomplish program goals by:

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

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

Eligibility: Eligible applicants are:

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

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

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

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
Grants Management/Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-
WEBINAR

Treatment and Prevention of Opioid Use Disorder: Overview

Tuesday, April 3, 2 p.m. - 3:30 p.m. E.T.

In this webinar, Dr. Dennis McCarty of the OHSU-PSU School of Public Health at Oregon Health & Science University will present an overview on the treatment and prevention of opioid use disorder (OUD) in the U.S. This 90-minute webinar will cover:

• Historical federal initiatives that provided treatment for OUD
• Opioid agonists: most effective therapies for OUD
• The limited access to pharmacotherapy
• The chronic nature of OUD and rates of return to use
• Approaches to preventing OUD and the role of overdose education and naloxone distribution

This FREE training event is brought to you by the Great Lakes ATTC, Pacific Southwest ATTC, Northwest ATTC & the Western States Node of the NIDA Clinical Trials Network.

Continuing Education Credit: This webinar has been approved for a total of 1.5 contact hour through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) through the ATTC Network Coordinating Office. Certificates of completion indicating the number of contact hours earned will be issued to all attendees approximately one week post webinar.

Register HERE

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• 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.

The **Summer Institute in Mental Health Research** will be offered over the course of a two-week period, May 29 – June 8, 2018, by the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health.

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

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

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

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

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

**Learning Objectives:**

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

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

**Methods of Assessment:**

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

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

[Information on Application & Tuition Here](#)
Adults with mental illness and substance use disorders use tobacco at significantly higher rates than others in the population – accounting for 40 percent of all cigarettes smoked. The U.S. Substance and Mental Health Services Administration (SAMHSA) and national advocacy groups, including the National Association of State Mental Health Program Directors (NASMHPD), are collaborating to provide information, strategies, and resources to reduce tobacco use among people receiving community-based behavioral health services. This webinar will describe the prevalence of smoking among people involved with the public behavioral health system; successful strategies to reduce smoking in community-based behavioral health settings; and partnerships across service systems to sustain smoking cessation.

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

Additional Resources Available at: [https://www.samhsa.gov/atod/tobacco](https://www.samhsa.gov/atod/tobacco)
Global Gathering of AI Healthcare Leaders.
Join 140+ CEOs and senior industry decision makers to share perspectives on how cognitive computing, machine learning and big data are transforming virtually every aspect of healthcare.

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**Full Conference Multiple-Attendee Discount** (3 or more attendees)
Save $250 off per registration with 3 or more attendees from the same organization. Applies to Full Conference registrations only.

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

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

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

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**May is Older Americans Month 2018**

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

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

Use the materials, activities, and resources at [https://oam.acl.gov](https://oam.acl.gov) to promote and celebrate #OAM18!
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CLICK HERE FOR FULL BROCHURE

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

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org
Researchers at the New Jersey War Related Illness and Injury Study Center (WRIISC) are actively trying to develop better treatments for Gulf War Veterans with Gulf War Illness (GWI).

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

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

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

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

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

**Development of Dietary Polyphenol Preparations for Treating Veterans with Gulf War Illness**
Purpose: To investigate the role of daily Concord grape juice consumption in treating clinical symptoms of GWI in Gulf War Veterans
Location: VA in East Orange, N.J. (WRIISC site)
Recruitment Time Frame: Ongoing - June 2018

**Cognitive Rehabilitation for Gulf War Illness**
Purpose: To determine if telephone-delivered problem-solving treatment or telephone-delivered health education is more effective in helping Gulf War Veterans with GWI improve health and function and reduce disability
Location: Participation includes two testing visits to the VA in East Orange, N.J. (WRIISC facility) or to the VA in Canandaigua, N.Y. or Bedford, Mass. Future telephone sessions can be completed
Recruitment Time Frame: Ongoing - Summer 2018

**Vagus Nerve Stimulation: A Non-Invasive Treatment to Improve the Health of Gulf War Veterans with Gulf War Illness**
Purpose: To determine if use of a hand-held device that activates a nerve called the Vagus Nerve reduces widespread pain
Location: VA in East Orange, N.J. (WRIISC site) and Mount Sinai-Beth Israel in New York, N.Y.
Recruitment Time Frame: Ongoing - Winter 2018

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

For more information regarding any of these studies, please contact the NJ WRIISC at 1-800-248-8005, or visit our [website](#).
The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint program and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Registration is free if you currently reside and work in one of the following IIMHL supporting countries:

- Australia
- Canada
- England
- New Zealand
- Scotland
- Sweden
- United States
- Netherlands
- Denmark
- Finland
- Iceland
- Norway
- Greenland
- Ireland

Registration is $400 for Individuals not residing in an IIMHL Country. Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
Recovery-Oriented Cognitive Therapy (CT-R) Webinar Series in Four Parts

Our first webinar series of 2018 focuses 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 system.

Each session has been recorded and archived.

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”.

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

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

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.

View the Recordings HERE

For more information contact: RTP@AHPnet.com Website: https://www.samhsa.gov/recovery-to-practice

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.
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 Now]

California Department of State Hospitals Public Forensic Mental Health Forum

Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814
June 7 & 8, 2018

Topics Include: Exploring the IST Epidemic • Understanding and Treating Violence • The State of State Hospitals

Featured Speakers Will Include:

Dr. Stephen Stahl  
Dr. Charles Scott  
Dr. Barbara McDermott  
Dr. Katherine Warburton

[Click Here to Register Now]

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](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urf, NASMHPD Project Director for Training and Technical Assistance, at jennifer.urf@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.

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**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.)*
Click here to download the conference brochure.

**Featured Day One Session!**
Concurrent Session on Wednesday, May 2, 2018

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

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

**Featured Day Two Conference Closing Keynote Session!**

*Public Health and Privacy Concerns Collide in the Opioid Crisis*

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

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

Registration is open. Please reserve your seat NOW!

[REGISTRATION WEBSITE](#)

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

LEARNING COMMUNITY ON WORKING WITH YOUTH WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS
WEDNESDAY, APRIL 4, 1 P.M. TO 3 P.M. E.T.
This conference call on working with youth with co-occurring substance use and mental health disorders will focus on drugs that are commonly abused by adolescents. Facilitators include Michael Fox and Rick Shepler. To join, please call 1-719-325-2711 (Toll Free Number: 1-800-216-6327) and enter the following participant passcode: 868-456.

REGISTER NOW

CULTURAL AND LINGUISTIC COMPETENCE PEER LEARNING EXCHANGE - CULTURAL AND BEHAVIORAL HEALTH EQUITY CONSIDERATIONS FOR WRAPAROUND PRACTICE
THURSDAY, APRIL 12, 2:30 P.M. TO 3:30 P.M. E.T.
Members of the Cultural and Linguistic Competence Team for the TA Network will lead a web based peer learning exchange focused on aligning Wraparound Values with the National Standards for Culturally and Linguistically Appropriate Service (CLAS Standards).

REGISTER NOW

SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY – CONSIDERATIONS FOR SOC LEADERS FOR SERVING YOUNG CHILDREN AND THEIR FAMILIES
WEDNESDAY, APRIL 18, 2:30 P.M. TO 4 P.M. E.T.
This webinar will focus on serving young children and their families with the SOC approach and address areas that should be considered at the system and service-delivery levels to effectively meet the needs of this population. Specific topics to be addressed include key partners in early childhood services, the services specifically designed for young children and families, financing strategies, and workforce development.

REGISTER NOW

UNDERSTANDING PSYCHOSIS – USING FORMULATION TO DEVELOP EFFECTIVE INTERVENTIONS
FRIDAY, APRIL 20, NOON TO 3 P.M. E.T.
This webinar is designed for intermediate-level CBT clinicians and aims to build on an existing knowledge base through examination of different formulation techniques, including collaborative development of formulation and team-based formulation. Clinicians will be encouraged to submit de-identified case examples before the workshop for discussion during the webinar. Formulation is considered the cornerstone of CBT and is essential to helping the client (and therapist) understand the origin and maintenance of their symptoms.

REGISTER NOW

DIRECT CONNECT – BUILDING YOUTH CAPACITY
THURSDAY, APRIL 26, 3:30 P.M. TO 5 P.M. E.T.
Led by Youth M.O.V.E. National, this learning community is a virtual forum for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country.

REGISTER NOW
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NASMHPD Links of Interest

Psychotropic Polypharmacy Among Youths With Serious Emotional and Behavioral Disorders Receiving Coordinated Care Services, Wu B. et al., Psychiatric Services, March 15
Co-Teaching Recovery to Mental Health Care Professionals, Christine Larsen, R.N., M.Sc., et.al., Psychiatric Services, March 15
January 2018 Medicaid and CHIP Application, Eligibility Determinations and Enrollment Report, Centers for Medicare and Medicaid Services, March 29
Violence and Mental Health: Opportunities for Prevention and Early Detection: Proceedings of a Workshop, National Academy of Sciences, March 2018
What Does It Mean When We Call Addiction a Brain Disorder?, Director Nora Volkow, National Institute on Drug Abuse Director’s Blog, March 23
Is It Time to Stop Saying ‘the Safety Net’?, J.B. Wogan, Governing Magazine, March 27
Non-ACA-Compliant Plans and the Risk of Market Segmentation, Christina Lechner Goe, Attorney, PLLC, Georgians for a Healthy Future, March 22
Why Some Americans Are Risking It and Skipping Health Insurance, John Tozzi, Bloomberg News, March 26
Wearable Scanner Tracks Brain Activity While Body Moves, NIH Director’s Blog, Dr. Francis Collins, March 27
Preventing Opioid Misuse in the States and Territories: A Public Health Framework for Cross-Sector Leadership, Association of State and Territorial Health Officials & the National Association of State Alcohol and Drug Abuse Directors