CMS Administrator Verma Again Warns Against Trapping Medicaid Enrollees in Poverty

While invoking Mahatma Ghandi’s statement that “The true measure of any society can be found in how it treats its most vulnerable members,” Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma, in an opening speech at the Medicaid Directors annual conference in Washington, D.C. this week, also once again warned against “trapping Medicaid enrollees in poverty.”

Returning to a theme she voiced at the conference two years ago, Administrator Verma told the conference’s 1,300 attendees:

“To pass Gandhi’s test, we must provide access to high quality care that helps beneficiaries, wherever they are, to achieve independence and the best quality of life. At the same time, any vision for Medicaid that would trap beneficiaries into poverty – instead of helping them reach their fullest potential – or recklessly drive the program into bankruptcy – fails the test miserably. Our duty to protect the vulnerable means ensuring that the program is there for future generations …

Verma continued:

…[W]hen our administration took office, we understood that the status quo was not sustainable and that the system stood in dire need of improvement. Medicaid’s open-ended financing structure has made it the number one or number two state budget item; yet even so, the program has trouble demonstrating its effectiveness. … State innovation has been hamstrung by Federal paternalism born of an unshakeable conviction that Washington always knows best. So our Administration has committed to unleashing the innovation that comes from 54 Medicaid programs fulfilling their role, as laboratories of democracy.

Administrator Verma credited the Trump Administration’s approach, which has included integrating CMS Regional Office personnel into the National Office, with achieving a 23 percent reduction in State Plan Amendment processing time – with almost 80 percent approved on the first clock, a 75 percent reduction in the approval times for §1915(c) waiver amendments, and managed care waivers and home and community-based service waiver renewals getting approved in nearly half the time.

She also noted the approval last week of D.C.’s continuum of care § 1115 waiver permitting reimbursement for treatment of individuals with serious mental illness in IMD settings and the approval of 27 similar continuum of care waivers for substance use disorder treatment.

She rejected the premise of criticism of CMS’s approval of 10 “community engagement programs designed to link working-age, non-disabled adult beneficiaries with community, educational, and job opportunities,” noting there are another 10 applications to implement work requirements in the que. She told the audience:

Lyndon Johnson once said that the aim of public assistance programs “is not only to relieve the symptoms of poverty, but to cure it, and above all, prevent it.” The father of Medicaid was right: True compassion involves not just paying the bills, but improving our beneficiaries’ quality of life… And if we are serious about improving health outcomes, then we must address the social determinants of health and – in the case of our abled bodied adults – help them live happier and healthier lives… a life infused with meaning and purpose…

She acknowledged the well-documented challenges of the Arkansas work program in which 18,000 were unenrolled in 2018 for failing to report community engagement, saying those challenges must be addressed. But she insisted that less than a year of operation …

… does not allow us to distinguish between the operational challenges of implementation, and the long-term effects of the policy itself. Those with an axe to grind may wish to draw fatal conclusions from the early experiences of one state, but objective observers would do well to be more cautious. …

We cannot allow those who prefer the status quo to weaponize the legal system against state innovation. And let’s be clear, it not just state community engagement programs that are under attack. They want to prevent states from adhering to any principles of personal responsibility that could help our beneficiaries successfully transition off public assistance and prepare them to use private coverage.

I believe their goal is to use the legal system – without any input from the people – to manipulate Medicaid into the prototype of a single-minded, single-payer nirvana – a utopia of open-ended government run healthcare. Part of my mission is to fight such under-handed tactics and preserve the right of states.

The Administrator concluded with an announcement of new Medicaid Fiscal Accountability Regulations (MFAR) proposed by the Administration which would require greater transparency by states in the reporting of supplemental payments made to providers within state Medicaid programs. Saying that supplemental payments have steadily increased from 9.4 percent of all other payments in FY 2010 to 17.5 percent in FY 2017, she noted criticism in oversight by the Government Accountability Office, the Office of the Inspector General, and the Medicaid and CHIP Payment and Access Commission of hospital Upper Payment Limit payments, which exceeded $16 billion in 2016.
# Table of Contents

- CMS Administrator Verma Again Warns Against Trapping Medicaid Enrollees in Poverty
- Suicide Prevention Resource Center (SPRC) Launches New Resources for Financing Suicide Prevention in Health Care Systems
- Suicide Prevention Resource Center On-Line Course: Locating and Understanding Data for Suicide Prevention
- FY 2020 Transformation Transfer Initiative Invitation to Apply
- Vibrant Emotional Health is Seeking Lifeline Committee Nominations
- 2020 Marketplace Enrollment Reminder: 45-Day Enrollment Period Began November 1
- SAMHSA Funding Opportunity Announcement: Recovery Community Services Program
- SAMHSA Funding Opportunity Announcement: National Child Traumatic Stress Initiative (Category II)
- SAMHSA Funding Opportunity Announcement: National Child Traumatic Stress Initiative (Category III)
- SAMHSA Funding Opportunity Announcement: Grants for the Benefit of Homeless Individuals (TI-20-001)
- SAMHSA Funding Opportunity Announcement: Expansion of Practitioner Education (FG-20-001)
- Trump Administration Issues Two Rules, One Proposed and One Final, to Promote Pricing Transparency in Insurance Cost-Sharing and Hospital Costs, Respectively
- Additional NASMHPD Links of Interest
- SAVE THE DATE: May 10 to 12 Zero Suicide International 5 Conference in Liverpool, England
- SAMHSA Behavioral Health Treatment Services Locator
- Crisis Now CrisisTalk: ER Physician John Santopietro and Former Connecticut Mental Health Commissioner Patricia Rehmer Talk About the Fewer Options and Additional Challenges Children in Psychological Crisis and their Families Face
- Now Recruiting for CSC On Demand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care
- Re-Conceptualizing & Boosting Engagement for Young Adults with Serious Mental Health Needs in Community-Based Services
- NEW Medicaid Innovation Accelerator Program Technical Assistance Opportunities
- Center for Start Services Group Training Course in the Mental Health Aspects of IDD for Mobile Crisis Responders
- American Association on Health and Disability FREDERICK J. KRAUSE SCHOLARSHIP ON HEALTH AND DISABILITY
- Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
- Input Needed on NQF Person-Centered Planning Draft Report
- November 19 Medicaid Innovation Accelerator Program Webinar: Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness
- November 20 Launch of Center of Excellence for Integrated Health
- Announcing the National Center of Excellence for Eating Disorders
- Mental Health & Developmental Disabilities National Training Center: Recruitment for Digital Story-Telling of Lived Experiences
- ACL’s Mental Health & Developmental Disabilities Virtual Learning Series
- Become a HYPE Research Site
- Link to Center of Excellence for Protected Health Information Website
- Cities Thrive Mental Health Conference, November 18 & 19, New York City
- Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)
- Upcoming SMI Adviser Webinars / Learning Collaboratives:
  - Treating the Whole Patient: Addressing the Physical Health Needs of Populations with SMI
  - Using Digital Technology to Improve Patient Outcomes in SMI
- Check Out the SMI Adviser’s Resources & Especially the Clozapine Center of Excellence
- TA Network Webinars and Opportunities
- The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data
- Social Marketing Assistance is Available
- 2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers
- Resources at NASMHPD’s Early Intervention in Psychosis Resource Center
- NASMHPD Links of Interest NASMHPD Board & Staff
Suicide Prevention Resource Center (SPRC) Launches New Resources for Financing Suicide Prevention in Health Care Systems

The Suicide Prevention Resource Center (SPRC) has released a new set of resources, *Financing Suicide Prevention in Health Care Systems*. The resources were developed to help primary care and behavioral health organizations to capture billable services for suicide prevention, with the goal of supporting the Zero Suicide framework. Tip sheets and flow charts provide guidance on how to enhance the workflow process and billing strategies to finance suicide prevention services. They are designed to assist medical and behavioral health care systems in maximizing billing opportunities by identifying current reimbursable codes for suicide prevention services.

The four tools in the resource kit include:

- **Identifying Patients at Risk for Suicide: Tips for Supporting Depression Screening** – A tip sheet providing a list of procedure codes and guidance on billing for depression screening. The U.S. Department of Health and Human Services estimates that approximately “60 percent of people who commit suicide have had a mood disorder (e.g., major depression, bipolar disorder, dysthymia).” Screening patients for depression is an intervention measure that may help identify those at risk of suicidal ideation.

- **Safer Suicide Care Billing Tip Sheet** – Strategies for billing suicide care by the three primary funding sources (Medicare, Medicaid, and private insurance) are highlighted in this tip sheet.

- **Suicide Care Pathway Coding for Primary and Behavioral Health Care** – This flow chart outlines billable codes in primary and behavioral health care settings when a patient screens positive on assessment tools such as the PHQ-2, PHQ-9, and C-SSRS.

- **Suicide Care Pathway Coding for Primary Care** – This fourth resource provides a list of codes relevant to care pathways in primary care settings. One care pathway presented is depression screening in primary care for adults and children.

Additional information about current billing and reimbursement mechanisms can be found in a supplemental informational brief, *Financing Suicide Prevention in Health Care Systems: Best Practices and Recommendations*. The brief highlights best practices, challenges, and opportunities in financing suicide prevention services, including policy recommendations.

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**Suicide Prevention Resource Center**

**On-Line Course: Locating and Understanding Data for Suicide Prevention**

**Course Description:** Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? *Locating and Understanding Data for Suicide Prevention* presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, you will be able to:

- Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide.
- Explain key terms essential to accurately interpreting data and making meaningful comparisons; this includes counts, rates, and trends.
- Identify some commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify some alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
- Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

**Course Length:** This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

**Certificate of Completion:** To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80% or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

[ENROLL HERE]
Fiscal Year 2020 Transformation Transfer Initiative

Invocation to Apply
(Proposals Due to NASMHPD by December 9, 2019)

Introduction
In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. For Federal Fiscal Year (FFY) 2020, SAMHSA will present TTI awards of $150,000 to up to twenty (20) states or territories for projects establishing Incentives for Improving Outpatient Engagement. Awardees will contract with one or two community mental health providers and/or psychiatric hospitals to offer vouchers to incentivize patient attendance at first and subsequent outpatient appointments. Vouchers should be offered to patients leaving or at-risk of entering institutional care.

Proposal Parameters include:
- Maximum spend per patient is $75 (reflecting existing regulatory limitations), but how this total amount per person is divided is flexible as long as each individual contingency does not exceed $15.
- Voucher type is flexible depending on community demographics and generic vouchers can be used.
- Cash and lottery tickets are NOT allowed to be used as incentives.
- Patients eligible to participate include people leaving or transitioning from:
  - State Hospitals
  - Emergency Rooms
  - Jails and Prisons
  - Homelessness; or
  - Crisis Service Centers

Incentives for Improving Outpatient Engagement offers the perfect opportunity to support and leverage new or ongoing efforts that seek to ensure continuity of care. It can work to strengthen new or expanding initiatives in giving new outpatients what they need. Contingencies should be used to incentivize care compliance, including keeping appointments, complying with medication regimes, and other key activities related to health, such as tobacco cessation. All proposals should have a mechanism to track, monitor, and report appointment attendance outcomes. Competitive proposals will outline how they will use these attendance outcomes to make a natural comparison between those individuals in the incentive project and those individuals not in the incentive project, or a comparison with previous historical data and the new outcome data. All proposals must focus on SMI populations and all states and territories are eligible to apply.

Individuals leaving deep-end service settings who make early provider appointments are much less likely to cycle back into institutional care. Early engagement is very important to long-term success and the goal of this project is to help states and localities create strategies to be successful with early engagement. There are many barriers to successful engagement in mental health services, such as inadequate resources to bridge the multi-faceted gaps encountered once someone is discharged or released to the community. The aim of this TTI is to provide patients with flexible incentives to help bridge those gaps, and create better engagement outcomes. Successful early intervention and engagement are keys not only to enhancing attendance and clinical outcomes, but also empowering people to find their road into recovery and a better quality of life.

Applications for the TTI will be judged on the following criteria:
- tracking and Reporting Outcome data showcasing the effectiveness of these incentives;
- established partnerships with hospitals, community providers, family and peer organizations;
- identification of other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative;
- involvement/collaboration of individuals with lived-experience in the development, review, planning and, when appropriate, the implementation of the initiative;
- expansion and sustainability plans after the TTI funding is exhausted; and
- realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.

(Continued on Next Page)

1 https://www.cambridge.org/core/services/aop-cambridge-core/content/view/5E3E809B3FC76807765328FC1F05CB7D/S135551460004259a.pdf/why_dont_patients_attend_their_appointments_maintaining_engagement_with_psychiatric_services.pdf.
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4861685/.
FY 2020 Transformation Transfer Initiative Invitation to Apply (Cont’d from Previous Page)

TTI Timeline
- December 9, 2019 - By 5:00 p.m. E.T., all proposals are due to NASMHPD. Please see submission details below.
- January 2020 – TTI awardees are selected and announced by CMHS.
- February 2020 – Subcontracts are initiated, finalized, and signed.
- August 15, 2020 – All TTI projects will be completed and final reports submitted to NASMHPD.
- August 24, 2020 – NASMHPD submits comprehensive TTI final report to CMHS.

Proposal Requirements

I. Initiative Description and Projected Budget
In three (3) pages or less, please describe your proposed initiative, how it would fit into your state’s larger reform or transformation goals, how it would improve your behavioral health system and/or other systems, and specifically the activities you would fund using your TTI subcontract, if awarded. Make sure to identify the following items:
- other agencies or organizations (including hospitals and community providers) which will be collaborating with you;
- other resources and infrastructure, in-kind, as well as financial, if any, which you will use to leverage these TTI award funds;
- involvement of individuals with lived-experience in the planning and, when appropriate, the implementation of the initiative;
- mechanism of tracking and reporting the attendance outcomes achieved with this initiative; and
- expansion and sustainability plans after the TTI funds are exhausted.

NOTE: The Federal government grant requirements prohibit spending technical assistance grant funds on food, beverages, and purchasing of equipment such as computers or other infrastructure/administrative items. There are also spending limits on certain items. Please contact the NASMHPD project director with any questions pertaining to items that you may or may not include in your proposal.

II. Initiative Timeline
In one page or less, please outline projected timeframes for your initiative. From implementation in February 2020 to a final report in August 2020, chart the projected path of your project and tie the timeframes to your projected outcomes.

III. Initiative Coordinator
Designate an individual within your State Office of Mental Health to be the coordinator and contact person for your TTI initiative. The designated individual will be the main contact person with NASMHPD and CMHS, will need to have the ability to negotiate and oversee deliverables for the project, and will know and understand your state’s or department’s contracting process. Please include their contact information and a resume within your proposed submission.

IV. Fixed-Priced Subcontract
In one page or less, please describe your state’s or department’s contracting process. Each TTI awardee will be expected to quickly (within 4 to 6 weeks) approve and sign a fixed-price subcontract with NASMHPD, outlining the work and outcomes the state will accomplish and produce under this technical assistance project. Deliverables under this subcontract include monthly written and oral status reports and a written final report. Given the short timeframe of the project, from award to final report, please outline how your contracting process will not hamper your ability to deliver your proposed outcomes in a timely manner.

Submission of Proposal
By 5:00 p.m. E.T. of December 9, 2019, all proposals are due electronically or via certified mail to David Miller, NASMHPD Project Director. The proposal must be sent to NASMHPD by or on behalf of the State Mental Health Commissioner/Director with the acknowledgement that the proposal has his or her approval. Mr. Miller’s contact information is as follows:

David W. Miller
Project Director
NASMHPD
66 Canal Center Plaza, Suite 302
Alexandria, VA  22314
(703) 399-6892
david.miller@nasmhpd.org
Vibrant Emotional Health is Seeking Lifeline Committee Nominations

It is with great pleasure that Vibrant Emotional Health is announcing a call for nominations for membership to the three national advisory committees of the National Suicide Prevention Lifeline. Every three or four years, the Lifeline refreshes a portion of its membership to the Lifeline’s Steering Committee (SC), the Standards, Training and Practices Committee (STPC), and our (now called) Individual and Family Lived Experience Committee (LEC). Doing so allows for us to replace inactive members, enable new voices to inform our work, and ensures that membership best reflects the current and future needs of this evolving project. We are, therefore, now inviting nominations for all three consulting bodies via an online nomination process.

These three consulting bodies were established by Vibrant Emotional Health (then MHA-NYC) shortly after Lifeline was launched with SAMHSA and our partners (including the National Association of State Mental Health Program Directors) in 2005 and have a distinguished place in our field. We are unaware of any longer-standing national advisory groups that have consistently met for the purpose of preventing suicide in this country. They were established in order to facilitate continuous feedback from stakeholders regarding Lifeline activities and to help create community ownership of this national project with the mission to effectively reach and serve all persons at risk of suicide in the United States through a national network of local crisis centers. They have played a large role in helping the SAMHSA-funded Lifeline to create industry standards that have influenced suicide prevention and intervention practices nationally and internationally.

Among their many contributions, these committees have: had a substantial role to in promoting the voices of lived experience in the suicide prevention field and in the media at large; enabled expert consensus in applying evaluation and research best practices for the field (including in suicide risk/safety assessment, helping persons at imminent risk of suicide, follow-up practices, establish etc.); assisted in developing strategies that have successfully enhanced recognition of local crisis centers and the resources needed to support them; helped to establish and promote promising, innovative practices in digital interventions (chat, text, etc.); and helped to establish and disseminate a public health messaging framework designed to reduce suicide nationally. As we begin to focus on the road ahead, we once again turn to the collective knowledge of our network centers and all other suicide prevention stakeholders to assure the continuing success of these committees in influencing our work. In so doing, we are asking you to consider yourself or nominating either yourself or someone else to join us as a member of one of our essential advisory committees. Before nominating someone else, please review the document describing the purpose, structure and roles of each Committee to determine respective membership eligibility, needs, and expectations.

In the new iteration of the three Lifeline committees, most things — committee and member roles, structure and expectations — won’t change. We are likely to keep approximately 2/3 of our current membership on the committees to ensure some degree of stability and continuity, while making room for fresh perspectives. As always, we are seeking members who are seen as regional or national leaders in their area, who actively represent a constituent group’s experiences related to effective mental health, crisis and suicide prevention care, and outreach. We expect members to responsibly represent the perspectives of these groups, as well as act as ambassadors for the Lifeline and communicate to their constituent groups Lifeline’s initiatives, products, and activities. Each committee will have one face-to-face meeting and at least one web/phone/video conference call annually.

Nevertheless, some committee-related changes have occurred, or will occur. First, some name changes have been implemented in response to membership feedback. In 2018, the Lifeline changed the “subcommittee” designation for both the Consumer Survivor Family and the Standards, Trainings and Practice advisory groups to a “committee” title, to underscore their equivalent project influence to that of the Steering Committee. Since the original design of the “subcommittees” was to share and synthesize their respective recommendations with the Steering Committee’s efforts, the co-chairs from these “separate but equal” committees will no longer be required to also attend Steering Committee meetings (although they may be invited, as needed). In addition, the previously named “Consumer Survivor Family Committee” has been changed to the Individual and Family Lived Experience Committee (LEC), to reflect its composition more accurately.

The document describing Committee Roles, Structure and Selection Process also includes a description of Workgroups. Lifeline workgroups have continued to be a growing need for the Lifeline with each passing year. They involve convening subject matter experts to build consensus and execute work between committee meetings, towards developing more focused practice recommendations or products that often emerge from committee feedback. We expect that more workgroups will be required in the coming years, to maximize innovative and effective solutions, practices, and resources to address Lifeline service user needs.

How does the nomination process work? It is important to read thoroughly the information contained in the Lifeline Committee Roles, Structure, and Selection Process document about the function of each Committee, as well as the role of participating members, before entering the nomination process. You may nominate yourself or someone else that you believe would be a good candidate for committee membership. Nominations may be submitted for more than one committee; however, we ask that you submit nominations for no more than two persons. If you nominate yourself, we will need at least one other independent source to nominate you (unless you are a current or past committee member). If you are nominating another person, it is imperative that you inform the individual of your intent and obtain their informal permission to do so.

All nominations must be submitted no later than December 6, 2019 using the Lifeline Committee Nominations Form. Every effort will be made to notify individuals of their selection within five weeks of the nomination’s closing date. Selected individuals will be asked to provide confirmation of their intention to join the relevant committee, and provide us with their contact information and a brief biography which will be posted on the Lifeline website.

Please share this message with anyone that you believe would be a valuable contributor to any one of the three committees.
2020 Marketplace Open Enrollment HAS BEGUN!

The enrollment window is open for the 2020 Marketplace health insurance. Here are important dates to remember and some things you can do to get ready.

Key Dates & Deadlines

The 2020 Open Enrollment Period runs November 1 to December 15, 2019. This means you have six weeks to enroll in or renew a plan. Four weeks remain. Plan coverage starts January 1, 2019.

3 Ways to Stay Connected with the Marketplace

Sign up for deadline reminders, useful tips, and more so you don’t miss your chance to enroll.

- Get important email or text updates. Visit the HealthCare.gov homepage, and enter your email address under “Get Important News & Updates.” Click “Sign Up.”

- Connect with someone in your community who can answer your questions. Enter your ZIP code for a list of groups and people near you. Some even offer help in languages other than English.

- Find us on social media. Follow us on Twitter and like us on Facebook for late-breaking news and important updates.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Recovery Community Services Program (TI-20-002)

Funding Mechanism: Grant

Anticipated Total Available Funding: $1,761,000
Anticipated Number of Awards: 6
Anticipated Award Amount: Up to $300,000 per year
Length of Project: 5 years
Cost Sharing/Match Required?: No
Application Due Date: Monday, December 23, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2020 Recovery Community Services Program (Short Title: RCSP). The purpose of this program is to provide peer recovery support services via recovery community organizations to individuals with substance use disorders or co-occurring substance use and mental disorders or those in recovery from these disorders. The program’s foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery. These services, in conjunction with clinical treatment services, are an integral component of the recovery process.

Eligibility: SAMHSA is limiting eligibility for this program to Recovery Community Organizations (RCOs) that are domestic private non-profit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible to apply. In order to strengthen and expand the impact of this program across the nation and ensure broad geographic distribution, SAMHSA will make only one award per state, territory, or tribe.

Contacts:

Program Issues: Matthew Clune, Center for Substance Abuse and Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1619, matthew.clune@samhsa.hhs.gov.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers grants (Short title: NCTSI II). The purpose of the TSA Centers is to provide national expertise for specific types of traumatic events, population groups, and service systems, and support the specialized adaptation of effective evidence-based treatment and service approaches for communities across the nation.

To date, the NCTSI has developed and implemented evidence-based interventions and promising practices to reduce immediate distress from exposure to traumatic events; developed and provided training in trauma-focused approaches and services for use in child mental health clinics, schools, child welfare, and juvenile justice settings, among other service areas; and developed widely used intervention protocols for disaster victims.

The TSA Centers develop activities that improve outcomes for traumatized children, adolescents, and their families. The centers are expected to provide training on best practices in child trauma to mental health, social service, and other child service system providers. The centers are expected to have national expertise in an area of child trauma, early intervention, and mental disorder treatment provision.

Note: Geographic distribution to ensure appropriate coverage across the nation will be considered when funding applications.

Eligibility: Domestic public and private non-profit entities. NCTSI II recipients funded under SM-16-008 are not eligible to apply for funding under this FOA.

Contacts:
Program Issues: Ken Curl, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration(SAMHSA). (240) 276-1779, kenneth.curl@samhsa.hhs.gov.


The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 National Child Traumatic Stress Initiative (NCTSI) - Category III, Community Treatment and Service (CTS) Centers grants (Short title: NCTSI III). The purpose of this program is to provide and increase access to effective trauma-focused treatment and services systems in communities for children and adolescents, and their families who experience traumatic events throughout the nation.

Eligibility: Domestic public and private non-profit entities. NCTSI III recipients funded under SM-16-005 are not eligible to apply for funding under this FOA.

Contacts:
Program Issues: Ellen Dieujuste, Center for Mental Health Services (CMHS), SAMHSA, (240) 276-0734, Ellen.Dieujuste@samhsa.hhs.gov.

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS

Grants for the Benefit of Homeless Individuals (TI-20-001)

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $5,204,000  
**Anticipated Number of Awards:** 13  
**Anticipated Award Amount:** Up to $400,000 per year  
**Length of Project:** 5 years  
**Cost Sharing/Match Required?:** No  

**Application Due Date:** Monday, December 16, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for Federal Fiscal Year (FY) 2020 Grants for the Benefit of Homeless Individuals (Short Title: GBHI). The purpose of this program is to support the development and/or expansion of local implementation of a community infrastructure that integrates substance use disorder treatment, housing services and other critical services for individuals (including youth) and families experiencing homelessness.

**Eligibility:** Eligible applicants are domestic public and private non-profit entities. SAMHSA seeks to further expand the impact and geographical distribution of its targeted homeless programs. Therefore, recipients funded under the following announcement numbers are not eligible to apply for this funding opportunity:

- TI-17-009 (GBHI) – Grants funded in FY 2017, 2018, and 2019
- SM-18-014 (Treatment for Individuals Experiencing Homelessness) – Grants funded in 2018 and 2019

In addition, the statutory authority for this program specifies that these grants must be made to community-based public and private non-profit entities. Therefore, states are not eligible to apply.

**Contacts:**

**Program Issues:** Michelle Daly, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration(SAMHSA). (240) 276-2789, Michelle.daly@samhsa.hhs.gov.

**Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACSAT@samhsa.hhs.gov.

Expansion of Practitioner Education (FG-20-001)

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $2,000,000  
**Anticipated Number of Awards:** 10 to 20  
**Length of Project:** 2 years  
**Anticipated Award Amount:** Up to $250,000 per year for professional associations; Up to $100,000 per year for universities/professional schools  
**Cost Sharing/Match Required?:** No  

**Application Due Date:** Monday, December 16, 2019

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Federal Fiscal Year (FY) 2020 Expansion of Practitioner Education (Short Title: Prac-Ed) grant. The purpose of this program is to expand the integration of substance use disorder (SUD) education into the standard curriculum of relevant healthcare and health services education programs. Through the mainstreaming of this education, the ultimate goal is to expand the number of practitioners to deliver high-quality, evidence-based SUD treatment. The National Survey on Drug Use and Health (NSDUH) 2018 data indicate that an unacceptably high 92% of individuals who meet criteria for needing SUD treatment do not receive it. SAMHSA is implementing this program as one of the many steps to reduce barriers to accessing and providing care.

**Eligibility:** Public or private non-profit professional associations representing healthcare professionals in the fields of medicine, physician assistants, nursing, social work, psychology, marriage and family therapy, health services administration OR public or private nonprofit entities which are universities, colleges or other professional schools.

Recipients who received funding under FG-19-001 are not eligible to apply for funding under this FOA.

**Contacts:**

**Program Issues/Grants Management and Budget Issues:** Odessa Crocker, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1078, odessa.crocker@samhsa.hhs.gov.
Trump Administration Issues Two Rules, One Proposed and One Final, to Promote Pricing Transparency in Insurance Cost-Sharing and Hospital Costs, Respectively

The Trump Administration today issued two sets of rules designed to promote pricing transparency in insurance cost-sharing and hospital costs.

The Department of Labor and the Department of the Treasury issued a proposed rule, “Transparency in Coverage” that would require most employer-based group health plans and health insurance issuers offering group and individual coverage to disclose, in a standardized form allowing for easy comparisons, price and cost-sharing information to participants, beneficiaries, and enrollees up front. Plans and issuers would be required to make such information available on an internet website and, if requested, through non-internet means. The Administration hopes that, with this information, patients will have accurate estimates of any out-of-pocket costs they must pay to meet their plan’s deductible, co-pay, or co-insurance requirements.

In addition, each non-grandfathered group health plan or health insurance issuer offering non-grandfathered health insurance coverage in the individual and group markets would be required to make available to the public (including stakeholders such as consumers, researchers, employers, and third-party developers), through standardized, regularly updated machine-readable files, in-network negotiated rates with network providers and historical payments of allowed amounts to out-of-network providers. The Administration believes this will provide opportunities for innovation and support informed, price-conscious decision-making, to drive price comparison and consumerism in the healthcare market.

In the second, final hospital payment rule, scheduled to take effect January 1, 2021 to provide hospitals start-up time for implementation, hospitals (including inpatient psychiatric facilities and inpatient rehabilitation facilities) will be required to make public on the Internet in a single, interoperable, data file that is consumer-friendly, all hospital standard charges (including the gross charges, payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient, and the minimum and maximum negotiated charges) for all items and services. The file must include common billing or accounting codes used by the hospital (such as Healthcare Common Procedure Coding System (HCPCS) codes) and a description of the item or service, in order to provide common elements for consumers to compare standard charges from hospital to hospital.

Hospitals will be required to make public payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient for an item or service, and the minimum and maximum negotiated charges for 300 common shoppable services in a manner that is consumer-friendly and update the information at least annually. Shoppable services are services that can be scheduled by a healthcare consumer in advance such as x-rays, outpatient visits, imaging and laboratory tests or bundled services like a Cesarean delivery, including pre- and post-delivery care.

The requirement that the information be consumer-friendly file means that the information must be made public in a prominent location online that is easily accessible, without barriers. It must also be searchable and item and service descriptions must be in ‘plain language’ with the shoppable service charges displayed and grouped with charges for any ancillary services the hospital customarily provides with the primary shoppable service.

To ensure that hospitals comply with the requirements, the final rule provides CMS with new enforcement tools, including monitoring, auditing, corrective action plans, and the ability to impose civil monetary penalties of $300 per day.

NASMHPD Additional Links of Interest

**Step by Step Guides to Finding Treatment for Drug Use Disorders.** National Institute on Drug Abuse. November 2019


**CMCS Informational Bulletin: Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021.** Centers for Medicaid and CHIP Services. November 14

**Delayed and Deteriorating: Serious Mental Illness and Psychiatric Boarding in Emergency Departments.** Treatment Advocacy Center. November 2019

**3 Reasons You’re Avoiding Your Therapist.** Jor-El Carabollo, Talkspace.com. November 9

**How Much Can Pharma Lose? A Comparison of Returns Between Pharmaceutical and Other Industries.** Sean Dickson, J.D., M.P.H., West Health Policy Center & Jerome Ballreich, Ph.D., M.H.S., John Hopkins Bloomberg School of Public Health. November 2019
Zero Suicide International 5
May 10 to 12, 2020, Anfield Stadium, Liverpool, UK
in Partnership with Mersey Care NHS Foundation Trust

Registration for the Zero Suicide International 5 Summit will open in November 2019!

Leaders from countries around the world came together in Rotterdam, the Netherlands in September 2018 for Zero Suicide International 4. As a result, the 2018 International Declaration was produced with a video complement, The Zero Suicide Healthcare Call to Action.

During the fifth international summit, our goal is to identify the three next key steps through inspiration, ideation, and implementation.

Please note a key change for 2020: Prior ZSI events have been invitation only. Our first three events in 2014, 2015, and 2017 were all part of the International Initiative for Mental Health Leadership (IIMHL) events and followed their small match meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convenings, we are working with the Flourishing Leadership Institute and their amazing team experienced in whole-system transformation. We’ll be harnessing the complete power of the group’s collective experience and imagination to drive forward the next successes in Zero Suicide Healthcare, and everyone who participates will be engaged.

Interested in becoming a sponsor? Contact karen.jones@riinternational at RI International or justine.maher@merseycare.nhs.uk at Mersey Care for details on available sponsorship packages. We’re excited the American Foundation for Suicide Prevention has again committed their support and look forward to connecting with many others who will help us make this event and its outcomes a success.

www.samhsa.gov/find-help

Get information on mental health services and resources near you, searchable by state or zip code:
How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners—the National Suicide Prevention Lifeline and Vibrant Emotional Health, the National Action Alliance for Suicide Prevention, the National Council for Behavioral Health, and R.I. International—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit www.CrisisNow.com/talk.

THIS WEEK: ER Physician John Santopietro and Former Connecticut Mental Health Commissioner Patricia Rehmer Talk About the Fewer Options and Additional Challenges Children in Psychological Crisis and their Families Face

Parents with children in psychological distress often discover that mental healthcare for kids isn’t as easy to come by as they might have expected. School administrators have a conflicted relationship with their students’ mental healthcare needs—uncertain whether to default to trauma-informed care or legal protection—and pediatric mental health professionals frequently refuse to deal with insurance. As a result, many kids experiencing a mental health crisis end up in the Emergency Room (ER). John Santopietro, M.D., DFAPA, physician-in-chief at Behavioral Health Network and senior vice president at Hartford HealthCare, says there aren’t sufficient services for them upstream, and when children and teens can’t access the right level of service, they have nowhere else to go. “Emergency rooms are chaotic and designed for medical emergencies—car accidents, gunshot wounds, and heart attacks. They are not the ideal space for a family taking care of a child experiencing a mental health crisis.” But Patricia Rehmer, MSN, ACHE, a nationally recognized leader in mental health and substance abuse and former Commissioner of the Connecticut Department of Mental Health and Addiction Services, says it’s not necessarily that there are less funds directed to mental healthcare for children.

Crisis Now Partners:

The National Association of State Mental Health Program Directors (NASMHPD), founded in 1959 and based in Alexandria, VA, represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced “NASH-bid”) is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for www.CrisisNow.com.

The National Suicide Prevention Lifeline and Vibrant Emotional Health provides free and confidential emotional support and crisis counselling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. www.suicidepreventionlifeline.org | www.vibrant.org | www.twitter.com/800273TALK

The National Action Alliance for Suicide Prevention is the public-private partnership working with more than 250 national partners advancing the National Strategy for Suicide Prevention with the vision of a nation free from the tragic experience of suicide and a goal of reducing the annual suicide rate 20 percent by 2025. Administered by EDC, Inc., the Action Alliance was the catalyst for the Zero Suicide Healthcare and Crisis w: Transforming Services innovations. www.theactionalliance.org | www.edc.org | www.twitter.com/Action_Alliance

The National Council for Behavioral Health is the unifying voice of America’s health care organizations that deliver mental health and addiction treatment and services. Together with their 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council introduced Mental Health First Aid USA and have trained more than 1.5 million Americans. www.thenationalcouncil.org | www.mentalhealth(firstaid) | www.twitter.com/NationalCouncil

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.riinternational.com | www.zerosuicide.org | www.twitter.com/RI_International.
NOW RECRUITING

CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care

Combining the strongest components of OnTrack and the evidence-based Individual Resilience Training (IRT) of NAVIGATE, C4 Innovations is offering a new training in coordinated specialty care.

This is an ideal opportunity for teams to receive new or refresher training in CSC.

The tool will offer scalable, efficient professional development for CSC teams.

Now recruiting both new and already-established CSC teams interested in participating in a research study. Our goal is to test our new training tool with practitioners in the field. Your feedback will help us refine the tool, share what we learn, and improve services for people experiencing first episode psychosis.

What can teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field.
- Opportunity for refresher training for existing teams and teams with new members.
- Trainings will start in March of 2020
- Opportunity to provide critical feedback on a new CSC training tool

HOW CAN MY AGENCY TAKE PART?

Call our Research Coordinator, Effy: 347-762-9086
Or email: cscstudy@center4si.com
Re-Conceptualizing & Boosting Engagement for Young Adults with Serious Mental Health Needs in Community-Based Services

Tuesday, November 19, 3:00 p.m. - 4:00 p.m. E.T.

This webinar examines the complexity of service engagement for 18-25 year olds enrolled in multidisciplinary team-based services. Participants will learn that engagement is a process, experience, relationship and outcome.

Findings from a study using mixed-methods to examine service exits and experiences will be discussed. New practice principles of young adult engagement will be proposed. This webinar has implications for direct care providers, state and agency administrators, policy makers and researchers who aim to boost engagement among vulnerable young adults through multidisciplinary, community-based treatment team models, including first-episode psychosis and clinical high risk for psychosis programs across the country.

Presenter Vanessa Klodnick, Ph.D., L.C.S.W., is the Youth & Young Adult Services Director of Research & Innovation at Thresholds, the largest community mental health provider in Illinois. Dr. Klodnick also is a consultant with the Transitions to Adulthood Center for Research at the University of Massachusetts Medical School and a faculty affiliate at the UT-Austin Texas Institute for Excellence in Mental Health. Her research uses mixed-methods and community-based participatory research designs to understand the experiences of vulnerable and marginalized young people with mental health challenges and to evaluate enhancement and blending of evidence-based and -informed practices for this population, focusing on peer and vocational supports. All of Dr. Klodnick’s work aims to translate research findings into useful clinical models, systems, practices, and tools. Dr. Klodnick has partnered with multiple states to implement and evaluate services for older youth and young adults and is considered a national expert in engagement and peer support for this population.

Register HERE

Note: CEUs are not available for this webinar.

NEW Medicaid Innovation Accelerator Program
Technical Assistance Opportunities

The Medicaid Innovation Accelerator Program (IAP) is announcing upcoming technical assistance opportunities for Medicaid agencies. These opportunities are listed below in order of release:

- **Topic:** Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness. November 19.

- **Topic:** Value-Based Payment for Fee-for-Service Home and Community-Based Services. November 21.

- **Topic(s):** Reducing Substance Use Disorders (December 2019)
  - Data Dashboards Affinity Group
  - Medication Assisted Treatment Affinity Group

- **Topic:** Value-Based Payment and Financial Simulations - General Technical Assistance (December 2019)

- **Topic:** Data Analytics – General Technical Assistance (January 2020)

Data Analytics to Better Understand Medicaid Populations with SMI Informational Webinar

The Medicaid Innovation Accelerator Program (IAP) is launching an eight-month data analytics technical assistance opportunity for Medicaid agencies interested in learning how to use data to gain insight into their adult Medicaid populations with Serious Mental Illness (SMI). We invite you to join us for an informational webinar to learn more about this opportunity on Tuesday, November 19, 2019, 2:00 pm to 3:00 pm EST.

IAP will provide Medicaid agencies with technical assistance in executing state-specific analyses, using data analytic best practices to leverage Medicaid claims and encounters data, as well as other types of internal/external data to increase their understanding of the Medicaid population with SMI. Participating states will produce data profiles of the adult Medicaid SMI population that can then be used as the basis for policy making, stakeholder engagement, and data-informed delivery system reforms.

This technical assistance opportunity is open to states at all levels of experience in analyzing data. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.

Register HERE
New Training Offering

Group Training Course on the Mental Health Aspects of IDD for Mobile Crisis Responders

The Center for START Services (CSS) is pleased to announce a new 6-week web-based training course designed for mobile crisis responders who support individuals with IDD and mental health needs. The course will teach best practices in crisis assessment, response, and disposition and is highly recommended for the following providers:

- Mobile Crisis Responders, Clinicians & Supervisors
- Mental Health and/or IDD Case Managers /Service Coordinators
- Emergency Services Clinicians

The MHIDD Crisis Response course will be offered quarterly with the first starting on January 14, 2020. Sessions are 75 minutes long and will take place each week on Tuesdays from 3:00 p.m. to 4:15 p.m. EST. The registration fee for this training course is $149 per person and space is limited.

Course Learning Objectives:

- Identify how common mental health conditions may present in persons with IDD
- Identify the most common mental health conditions within the IDD population
- Clarify difference between presentation and conceptualization
- Apply skills and approaches learned within sessions to crisis assessments of individuals with MH/IDD
- Integrate information learned into disposition recommendations

Certificate of Completion Requirements: In order to receive a CSS Certificate of Completion for Training in Mobile Crisis Response for Persons with MH/IDD and 0.75 University of New Hampshire CEUs (7.5 contact hours), participants must:

- Attend each session via Zoom videoconferencing
- View/read weekly assigned materials before session date
- Complete weekly case vignette assignments
- Actively participate in each session
- Communicate with facilitator about any questions or feedback
- Complete pre-survey, evaluation & post-survey

Register Here for the MHIDD Mobile Crisis Response Course

Please share this training announcement with partners in your community, outside your direct service area, as well as anyone that you think might benefit from this training. This is not a required training for any START teams but one that may enhance the capacity of mobile crisis providers in and around communities with START programs.
Input Needed on NQF Person-Centered Planning Draft Report

In 2019 the Department of Health and Human Services’ (HHS) Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS) requested that the National Quality Forum (NQF) convene a committee of experts with lived and professional experience in long-term services and supports (LTSS), and with the acute/primary/chronic care systems. This committee aims to provide ACL, CMS, federal and state entities, and the general public with a consensus-based, multi-stakeholder view of multiple areas of person-centered planning.

The committee drafted a report as an interim summary of the its efforts to develop the following:

- A functional, person-first definition of person-centered planning;
- A core set of competencies for persons facilitating the planning process, including details of foundational skills, relational and communication skills, philosophy, resource knowledge, and the policy and regulatory context of person-centered planning; and
- Systems characteristics that support person-centered planning such as system-level processes, infrastructure, data, and resources, along with guidance on how to maintain system-level person-centeredness.

This report represents an interim summary of the Committee’s efforts to date. A future final report with Committee feedback will address the history of person-centered planning, a framework for quality measurement within person-centered planning, and a research agenda to advance and promote person centered planning in long-term services and supports, which includes home and community-based services and institutional settings such as nursing homes, and the interface with the acute/primary/chronic care systems.

Feedback is needed on the interim report by 6:00 pm ET on December 2. Registration is required for submitting comments.

Contact pcpplanning@qualityforum.org with questions, concerns, or accessibility difficulties for reviewing the report and submitting comment.

Information about the project is on the NQF website.

Become a HYPE Research Site

Helping Youth on the Path to Employment (HYPE) is looking for organizations to partner on a clinical trial of the HYPE model. Eligible organizations would be trained on the model in early 2020 and asked to provide HYPE services to college students with mental health conditions for up to two years, beginning in fall 2020. The application deadline is Nov. 26.

Learn more
Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness

Tuesday, November 19,
2:00 p.m. to 3:00 p.m. E.T.

The CMS Medicaid Innovation Accelerator Program (IAP) is launching a new data analytics technical support opportunity for state Medicaid agencies interested in using data to gain a better insight into their adult Medicaid populations with serious mental illness (SMI).

As state Medicaid agencies (SMAs) focus on delivery system reform, it has become clear that one of the populations with the highest costs and most complex needs are adults with SMI. Unfortunately, there is limited national and state specific data analyses related to the population with SMI which states can use for planning and decision-making. Through this collaborative learning opportunity, IAP will assist SMAs in executing state-specific analyses, using data analytic best practices to leverage Medicaid claims and encounters data, other state-level data, and potentially external data, to increase their understanding of their Medicaid population with SMI.

The selected SMI-DA cohort will be tailored to a group of ten selected SMAs who are able to demonstrate the executive support, staff capacity, and dedicated commitment in this learning collaborative. The goal will be to produce profiles of the individual state adult Medicaid beneficiaries with SMI which can serve as the basis for policy making, stakeholder engagement, and data-informed delivery system redesign.

Register HERE

Center of Excellence Launch:
Resources and Tools for Enhancing Integrated Care

Wednesday, November 20,
2:00 p.m. to 3:00 p.m. E.T.

Whether you’re just getting started integrating primary and behavioral health care, or well into providing whole person care, the new Center of Excellence for Integrated Health Solutions is here to support you. The Center is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance implementation of high-quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders.

Join us on a webinar launching the Center to learn how you can access the many tools and resources. We will discuss and share:

- New on-demand resources, individualized training and tools to support integration and adopt whole person care
- Specific guidance on integrated care models, workforce development, billing and reimbursement and quality improvement.

Presented by the National Council Center of Excellence Team: Joe Parks, M.D., Medical Director; Brie Reimann, M.P.A., Assistant Vice President, Practice Improvement and Consulting; Alicia Kirley, M.B.A., Senior Director for Integrated Health; Sarah Neil, M.P.H., Project Manager for Integrated Health.

The Center of Excellence for Integrated Health Solutions, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides tailored training and technical assistance (TTA) to health practitioners nationally. Let us know how we can help you. No request is too big or too small. Contact us at Integration@TheNationalCouncil.org.
Mental Health & Developmental Disabilities Virtual Learning Series

The ACL-funded Mental Health & Developmental Disabilities National Training Center is launching a Fall 2019 ECHO virtual learning network. The MHDD ECHO gives participants the opportunity to take an active role in dialogue with subject matter experts and with their fellow participants.

Fall 2019 sessions will be held every other Thursday from September 12 to December 19. Each session includes a brief lecture, de-identified case presentation, and open discussion. Experts include a psychologist, a clinician, an applied behavior analyst, a parent, and self-advocate guests with personal experience. CMEs and NASW CEUs are available at no cost to participants.

The series seeks to increase knowledge about:

- Prevalence of co-occurring mental health issues among people with intellectual and developmental disabilities
- Evidence-based practices for testing, assessment, and treatment
- Strategies for mental health professionals
- The experience of individuals and families

Learn More and REGISTER
The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is pleased to announce the launch of their website! The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University. Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at [https://mhddcenter.org/](https://mhddcenter.org/) for more information on their upcoming trainings and efforts or contact them directly at [info@mhddcenter.org](mailto:info@mhddcenter.org).

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**WEBSITE FOR THE SAMHSA SPONSORED**

Center of Excellence for Protected Health Information
Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

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**Cities Thrive**

**2019 Cities Thrive Mental Health Conference**

*Monday, November 18 & Tuesday, November 19*

*8:00 a.m. to 5:00 p.m.*

*New York Law School, 185 W Broadway, New York, NY 10013*

[Conference Website](#)  [Conference Agenda](#)

**Networking Reception**

Gracie Mansion, East 88th Street and East End Avenue
*Monday, November 18, 6:00 p.m. – 8:00 p.m. E.T.*

Learn more about the Historic Gracie Mansion [here](#)

[RSVP HERE](#)
NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the new NCAPPS website for more information.

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
<th>Register Link</th>
</tr>
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<tbody>
<tr>
<td>November 18, 2:30 p.m. to 4:00 p.m. E.T.</td>
<td>Trauma-Informed Person-Centered Thinking and Support</td>
<td><a href="#">Register Here</a></td>
</tr>
<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 1 of 2)</td>
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<tr>
<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 2 of 2)</td>
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<td>April 2020</td>
<td>Inclusion &amp; Belonging and Implications for Person-Centered Thinking, Planning, &amp; Practice</td>
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<tr>
<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<tr>
<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
<td>-</td>
</tr>
<tr>
<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<tr>
<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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UPCOMING WEBINARS

Target Audiences: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

What Happens When Your Patient with SMI is Arrested?

Thursday, November 21, 3:00 p.m. - 4:00 p.m. E.T

This webinar helps practitioners and others understand what happens when an individual with SMI is arrested. The presentation will walk through the arrest and also focus on the mental health care that might or might not be readily available to them, or pathways in the forensic system that these individuals might take. Additionally, it will focus on the importance of continuity of care and the challenges that this can present at various times. The presentation will also review how families can assist their loved ones who might be arrested and can also help practitioners understand what questions to ask when their patients return to the community. There will be a walk-through of basic steps of criminal justice involvement to demonstrate also how communities are attempting to enhance diversion opportunities.

Presenter: Debra Pinals, M.D., University of Michigan

For complete details visit: SMIadviser.org/arrested

Register HERE

Treating the Whole Patient: Addressing the Physical Health Needs of Populations with SMI

Learn New Skills, Collaborate with Colleagues, and Improve Patient Outcomes in this FREE Virtual Learning Collaborative

Course Schedule: November 11 through February 9

This Virtual Learning Collaborative is ideal for psychiatrists and other clinicians who treat patients with SMI. Learn about the best evidence-based models of care to improve physical health outcomes in individuals who have serious mental illness (SMI). Earn up to 12.0 AMA PRA Category 1 Credits™. This 12-week, interactive learning experience helps you implement new skills using a practical, real-world approach. Learn and apply new skills in important areas such as how to:

- Interpret medical lab results
- Monitor health issues using a registry
- Address cardiovascular risk factors with evidence-based interventions
- Assess and help manage your patients’ social needs
- Take a population-based approach to caring for your patients
- Establish and sustain programs in your organization to that address physical health in those who have SMI

Participate in group phone calls, ask questions during virtual office hours with faculty, and share ideas on interactive discussion boards. Gain new skills to improve your clinical practice while you get real-time feedback and support from national experts. This ensures that the time you invest in this learning collaborative helps you translate skills directly from concept into actionable care for individuals who have SMI.

Register HERE

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Funded by

Administered by

Grant Statement

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UPCOMING WEBINARS

TARGET AUDIENCES: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

Using Digital Technology to Improve Patient Outcomes in SMI

Get to know digital technology, collaborate with colleagues, and improve patient care in this FREE Virtual Learning Collaborative

Course Schedule: November 18 through February 17

This Virtual Learning Collaborative is ideal for all mental health clinicians across various practice settings.

Digital technology is transforming the provider-patient experience. Learn to use the latest digital tools to offer more personalized care to individuals who have serious mental illness (SMI). Earn up to 12.0 AMA PRA Category 1 Credits™.

This 12-week, interactive learning experience helps you incorporate digital technology into your practice with a practical, understandable, real-world approach. You do not need extensive knowledge of technology to take this course — you do not even need to like technology. Yet you can learn and apply new skills in important areas such as how to:

- Understand all the technology your patients already use – apps, Fitbit, tablets, Apple Watch, and more
- Use data from these devices to enhance treatment decisions around SMI
- Quantify your patients’ lived experience – use data to know more about their behaviors, health, and decisions
- Create a patient history using data from devices, so your visits can focus more on an individual’s care and treatment

Participate in group calls, ask questions during virtual office hours, and share ideas on interactive discussion boards. Gain new skills to improve your clinical practice while you get real-time feedback and support from national experts. The time you invest in this learning collaborative helps you translate skills directly from concept into actionable care for individuals who have SMI.

Register HERE

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Funded by

SMI Adviser’s
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TA Network Webinars & Opportunities

**Operationalizing Family Voice & Leadership in Systems of Care**

This session of the SOC Leadership Learning Community will focus on how to operationalize family voice and leadership in all aspects of SOC development and expansion. Presenters will share a framework with specific questions and strategies that can be used to guide the implementation of family-driven approaches and foster collaborations with family-run organizations, regardless of the developmental stage of your community and system efforts. Examples will be shared that highlight effective approaches to develop and sustain family voice and leadership. In addition, sites will learn how to access resources, peer to peer sharing and ongoing technical assistance in their family engagement and leadership efforts.

[Register HERE](#)

**A Grand Plan: ZERO TO THREE’S National Survey of Grandparents Who Care for Grandchildren**

Following up on an important theme for this learning community: how early childhood systems are responding to and supporting grandparent-led families, Rebecca Parlakian, Senior Director of Programs, and Kathy Kinsner, Senior Manager of Parent Resources, at ZERO to THREE will present on their recent survey of grandparents caring for their grandchildren across the nation. Participants will have the opportunity to learn about the prevalence of grandparents as care providers for children under 5, will hear about the unique perspectives and needs of these grand-caregivers and discuss recommendations for organizations serving infants and young children to better support and engage multi-generational families in their communities.

[Register HERE](#)

**You’re Not Alone: Embracing Struggles in Youth Engagement**

Direct Connect: Led by Youth M.O.V.E. National, this LC 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.

This webinar presented by Youth MOVE National Board Vice President David McClung will focus on lessons learned while supporting youth engagement and employment in systems work.

[Register HERE](#)

**Involving Families and Youth in Social Marketing**

Social marketing has proven to be an important tool for SOC communities as they work with families and youth. Their involvement and feedback are critical components for an effective communication plan. During this webinar, you will learn how to best utilize this resource with key strategies and techniques that empower families and youth to get involved while sharing your organization’s message within their community.

Objectives:

1. Learn how to integrate families and youth into the organization’s social marketing cycle.
2. Identify best practices that build relationships and stimulate engagement.
3. Explore innovating social marketing activities from resources in the field.

[Register HERE](#)
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications (link is external), Youth MOVE National (link is external), and the Federation of Families for Children’s Mental Health (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you’d like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

**Getting Started**
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment

**Social Marketing Planning**
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

**Hiring a Social Marketer**
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

**Engaging Stakeholders**
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements*, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.

**Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**

**Weaving a Community Safety Net to Prevent Older Adult Suicide**

**Making the Case for a Comprehensive Children’s Crisis Continuum of Care**

**Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**

**Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**

**Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**

**A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**

**Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness**

**Speaking Different Languages: Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

These new TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

**Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis** (NASMHPD/NRI)

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

**Training Guides**

**Training Videos: Navigating Cultural Dilemmas About –**
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

**Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Best Practices in Continuing Care after Early Intervention for Psychosis** (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

**Training Webinars for Receiving Clinicians in Community Mental Health Programs:**
1. **Overview of Psychosis**
2. **Early Intervention and Transition**
3. **Recommendations for Continuing Care**

**Addressing the Recognition and Treatment of Trauma in First Episode Programs** (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

**Trauma, PTSD and First Episode Psychosis**

**Addressing Trauma and PTSD in First Episode Psychosis Programs**

**Supporting Students Experiencing Early Psychosis in Schools** (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

**Engaging with Schools to Support Your Child with Psychosis**

**Supporting Students Experiencing Early Psychosis in Middle School and High School**

**Addressing Family Involvement in CSC Services** (Laurie Flynn and David Shern, Ph.D.)

**Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families**

**Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians**

**Early Serious Mental Illness: Guide for Faith Communities** (Mihran Kazandjian, M.A.)

**Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model** (Susan Essock, Ph.D. and Donald Addington, M.D.)

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
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NASMHPD Links of Interest

FDA Revokes Controversial Orphan Drug Status For Opioid Addition Treatment In Unusual Move, Kaiser Health News, November 11
Video: Best Practices for Administering Esketamine, Sanjay J. Mathew, M.D., Psychiatry and Behavioral Health Learning Network, November 7
Health 202: Here’s Why Walgreens May Be in More Legal Jeopardy in Opioid Lawsuits, Paulina Firozi, Washington Post, November 8
A Few Simple Questions Could Help Doctors Stem the Suicide Epidemic, William Wan, Washington Post, November 8
Adverse Childhood Experiences (ACEs): Preventing Early Trauma to Improve Adult Health, CDC Vital Signs, Centers for Disease Control and Prevention, November 2019
Google’s Project Nightingale’ Gathers Personal Health Data on Millions of Americans, Rob Copeland, Wall Street Journal, November 11
Getting a Handle on Self Harm, Benedict Carey, New York Times, November 12
The Right Kind of Exercise May Boost Memory and Lower Dementia Risk, Gretchen Reynolds, New York Times, November 11
More Adolescents Seek Medical Care For Mental Health Issues, Phillip Reese, Kaiser Health News / California Healthline, November 12
A Medication To Treat Meth Addiction? Some Take A New Look At Naltrexone, Andrea Dukakis, National Public Radio, November 7