CMS Announces State Plan Option for Substance Use Disorder Treatment in IMDs

In *State Medicaid Director Letter 19-0003*, released November 6, the Centers for Medicare and Medicaid Services (CMS) has announced that, pursuant to § 5052 of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act*, the agency is establishing a Medicaid state plan option to provide treatment services for withdrawal management and substance use disorders (SUD) treatment services, for adult, non-elderly Medicaid beneficiaries residing in an Institution for Mental Disease (IMD) who have at least one SUD diagnosis.

The state plan option authorized under new § 1915(l) of the Social Security Act does not replace the § 1115 substance use continuum of care waiver authorized under a *July 27, 2015 State Medicaid Director Letter*, under which 26 states and the District of Columbia are currently operating. Pursuant to § 5052(b) of the 2018 SUPPORT Act, the new state plan option does not prevent states from pursuing or conducting a § 1115 demonstration to improve access to, and the quality of, SUD treatment for eligible populations.

The Support Act authorization, which is effective from October 1, 2019 through September 30, 2023, covers services provided for no more than 30 days in a 12-month period to an individual who resides in an eligible IMD. To be eligible, the IMD must provide withdrawal management and SUD treatment services under a variety of § 1905(a) benefit categories under the Medicaid state plans. IMD services must include at least two forms of medication as part of medication-assisted treatment (MAT) on-site, including in the case of MAT for opioid use disorder, at least one FDA-approved antagonist and one partial agonist. Eligible IMDs must also offer behavioral health services alongside MAT and ensure that eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in the IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual.

Potential benefit categories for withdrawal management and SUD treatment services include: physicians’ services, services provided by other licensed practitioners, diagnostic and rehabilitative services, inpatient and outpatient hospital services, and prescription drugs. State plan services must meet the requirements for the benefit category under which the services are provided.

Section 1915(l)(4)(C)(i) of the SUPPORT Act requires that states cover outpatient SUD treatment services consistent with each of the following levels of care:

- early intervention;
- outpatient services;
- intensive outpatient services; and
- partial hospitalization.

States must cover at least two of the following residential and inpatient levels of care:

- Clinically managed low-intensity residential services;
- Clinically managed, population specific, high-intensity residential services for adults;
- Clinically managed, medium-intensity residential services for adolescents;
- Clinically managed, high-intensity residential services for adults;
- Medically monitored, high-intensity inpatient services for adolescents;
- Medically monitored, intensive inpatient services withdrawal management for adults; and
- Medically managed intensive inpatient services.

States must ensure that placement of beneficiaries in an IMD will allow for their successful transition to the community, considering such factors as proximity to an individual’s support network (e.g., family members, employment, counseling, and other services near the individual’s residence). Additionally, to ensure an appropriate transition from receiving care in an eligible IMD to care at a lower level of clinical intensity, states must ensure that eligible IMDS either provide in-house services at lower levels of clinical intensity or establish relationships with Medicaid-enrolled providers offering services at lower levels of care. As beneficiaries transition between levels of care, they must be able to receive covered services from any Medicaid qualified provider who agrees to furnish services to them.

CMS encourages states to implement additional care coordination strategies and processes to ensure seamless transitions across the continuum of care and collaboration between different types of health care (e.g., primary care, mental health, etc.).

States may pay providers for medically necessary Medicaid state plan services provided to beneficiaries with SUDs in the community, a residential setting, or an inpatient facility setting, and vary payment rates based on location and/or intensity of services. States may also pay for covered services individually or develop bundled rates for covered services if bundled rates are (Continued on page 4)
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Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
Input Needed on NQF Person-Centered Planning Draft Report
NASMHPD Additional Links of Interest
Announcing the National Center of Excellence for Eating Disorders
Mental Health & Developmental Disabilities National Training Center: Recruitment for Digital Story-Telling of Lived Experiences
Mental Health & Developmental Disabilities National Training Center: National Needs Assessment on Mental Health Services for Individuals with Intellectual and Developmental Disabilities
Federation of Families for Children’s Mental Health 30th Annual Conference, November 14 – 16, Phoenix, AZ
ACL’s Mental Health & Developmental Disabilities Virtual Learning Series
Link to Center of Excellence for Protected Health Information Website
Police Treatment and Community Collaborative Second Annual National Conference on Deflection and Pre-Arrest Diversion
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
Register NOW for the National Association of Medicaid Directors (NAMD) Conference, November 11 to 13
Check Out the SMI Adviser’s Resources & Especially the Clozapine Center of Excellence (continued on next page)
CMS Posts CY 2020 Medicare Physician Pay Rules Making Medicare Primary Payer for Duals’ Opioid Treatment, Covering Methadone, and Paying for Esketamine Self-Administration

On November 1, the Centers for Medicare and Medicaid Services (CMS) posted the final Medicare Physician Payment rule for Calendar Year 2020 which, among other things, will make Medicare the primary payer for opioid treatment programs for dually eligible Medicaid/Medicare enrollees, cover methadone under Medicare for the first time, and establish new payment codes under interim final provisions for the self-administration of Esketamine for treatment-resistant depression.

The rules are due to be published in the November 15 Federal Register and will take effect January 1.

Currently, Medicare covers medications for Medication-Assisted Treatment, including buprenorphine, buprenorphine-naloxone combination products, and extended-release injectable naltrexone under Part B or Part D, but does not cover methadone. Historically, Medicare has not covered methadone for MAT because of the unique manner in which the drug is dispensed and administered. Medicare Part B covers physician-administered drugs, drugs used in conjunction with durable medical equipment, and certain other statutorily-specified drugs. Medicare Part D covers drugs that are dispensed upon a prescription by a pharmacy. Methadone for MAT is not a drug administered by a physician under the “incident to” benefit like other MAT drugs (that is, implanted buprenorphine or injectable extended-release naltrexone) and therefore has not previously been covered by Medicare Part B. Methadone for MAT is also not a drug dispensed by a pharmacy like certain other MAT drugs (e.g., buprenorphine or buprenorphine-naloxone combination products) and therefore is not covered under Medicare Part D. Methadone for MAT is a Schedule II Controlled Substance that is highly regulated because it has a high potential for abuse which may lead to severe psychological or physical dependence.

Methadone for MAT can only be dispensed and administered by an opioid treatment program (OTP). All states except Wyoming have OTPs. Approximately 74 percent of patients receiving services from OTPs receive methadone for MAT, with the vast majority of the remaining patients receiving buprenorphine. But OTPs were not previously entities that could bill and receive payment from Medicare for the services they furnish. Therefore, there has historically been a gap in Medicare coverage of MAT for OUD.

Section 2005 of the SUPPORT Act enacted in 2018, which the regulations implement, established a new Part B benefit category for OUD treatment services furnished by an OTP beginning on or after January 1, 2020. The Act defines OUD treatment services as items and services furnished by an OTP for treatment of OUD. Section 2005 of the SUPPORT Act also amended the definition of “medical and other health services” under Medicare to provide for coverage of OUD treatment services and established a bundled payment to OTPs for OUD treatment services furnished during an episode of care beginning on or after January 1, 2020.

The SUPPORT Act defined “opioid use disorder treatment services” as the items and services that are furnished by an OTP for the treatment of OUD, which include:

- Opioid agonist and antagonist treatment medications (including oral, injected, or implanted versions) that are approved by the Food and Drug Administration (FDA) for use in the treatment of OUD;
- Dispensing and administration of such medications, if applicable;
- Substance use counseling by a professional to the extent authorized under state law to furnish such services;
- Individual and group therapy with a physician or psychologist (or other mental health professional to the extent authorized under state law);
- Toxicology testing; and
- Other items and services that the Secretary determines are appropriate (but in no event to include meals or transportation).

Comments on interim final the Esketamine self-administration provisions are due December 31. CMS is creating two interim new Health Care Common Procedure Coding System (HCPCS) “G Codes”, G2082 and G2083, effective January 1, 2020. The agency is also establishing relative value units (RVUs) for those services for 2020 that it says reflect the relative resource costs associated with the evaluation and management (E/M), observation and provision of the self-administered drug.

CMS notes that § 2001(a) of the SUPPORT Act removes the geographic limitations for telehealth services furnished on or after July 1, 2019, for individuals diagnosed with a substance use disorder (SUD) for the purpose of treating the SUD or a co-occurring mental health disorder. (Continued on next page)
Opioid Treatment

CMS Posts CY 2020 Medicare Physician Pay Rules Making Medicare Primary Payer for Duals’ Opioid Treatment, Covering Methadone, and Paying for Esketamine Self-Administration

Section 1834(m)(7) of the Act also allows telehealth services for treatment of a diagnosed SUD or co-occurring mental health disorder to be furnished to individuals at any telehealth originating site other than a renal dialysis facility including in a patient’s home. Section 2001(a) of the SUPPORT Act additionally prohibits the payment of an originating site facility fee when the individual’s home is the originating site.

In the final regulations, CMS adds the face-to-face portions of the following services to the reimbursable telehealth list for CY 2020:

<table>
<thead>
<tr>
<th>HCPCS Code G2086:</th>
<th>Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.</th>
</tr>
</thead>
</table>

CMS Announces State Plan Option for SUD Treatment in IMDs

Every week during Open Enrollment, the Centers for Medicare & Medicaid Services (CMS) will release enrollment snapshots for the HealthCare.gov platform, which is used by the Federally-facilitated Exchange and some State-based Exchanges. These snapshots provide point-in-time estimates of weekly plan selections, call center activity, and visits to HealthCare.gov or CuidadoDeSalud.gov.

In week one of the 2020 Open Enrollment, 177,082 people selected plans using the HealthCare.gov platform. As in past years, enrollment weeks are measured Sunday through Saturday. Consequently, week one was only two days long this year.

The final number of plan selections associated with enrollment activity during a reporting period may change due to plan modifications or cancellations. In addition, the weekly snapshot only reports new plan selections and active plan renewals and does not report the number of consumers who have paid premiums to effectuate their enrollment.

<table>
<thead>
<tr>
<th>Federal Health Insurance Exchange</th>
<th>Weekly Enrollment Snapshot: Week 1 (November 1-November 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Selections</td>
<td>177,082</td>
</tr>
<tr>
<td>New Consumers</td>
<td>48,923</td>
</tr>
<tr>
<td>Consumers Renewing Coverage</td>
<td>128,159</td>
</tr>
<tr>
<td>Consumers on Applications Submitted</td>
<td>447,505</td>
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<tr>
<td>Call Center Volume</td>
<td>144,168</td>
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<tr>
<td>Calls with Spanish-Speaking Representative</td>
<td>9,657</td>
</tr>
<tr>
<td>HealthCare.gov Users</td>
<td>1,184,305</td>
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<tr>
<td>CuidadoDeSalud.gov Users</td>
<td>51,820</td>
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<tr>
<td>Window Shopping HealthCare.gov Users</td>
<td>169,198</td>
</tr>
<tr>
<td>Window Shopping CuidadoDeSalud.gov Users</td>
<td>5,283</td>
</tr>
</tbody>
</table>

Federal Health Insurance Exchange

Federal Fiscal Year (FFY) 2018 or, if the level of state and local expenditures is higher, the most recently completed FFY as of the date the state submits a new State Plan Amendment (SPA). When submitting a new 1915(l) SPA, the state must report the total state and local expenditures, excluding the state share of Medicaid expenditures, applicable to the appropriate FFY for the following items and services provided to eligible individuals:

- All items and services provided while a patient in an eligible IMD; and
- Outpatient and community-based SUD treatment; evidence-based recovery and support services; clinically-directed therapeutic treatment to facilitate recovery skills, relapse prevention and emotional coping strategies; outpatient MAT, related therapies, and pharmacology; counseling and clinical monitoring; outpatient withdrawal management and related treatment; and routine monitoring of medication adherence.
Fiscal Year 2020 Transformation Transfer Initiative

*Invitation 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)*

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1 [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/5E3E809B3FC76807765328FC1F05CB7D/S1355514600004259a.pdf/why_dont_patients_attend_their_appointments_maintaining_engagement_with_psychiatric_services.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/5E3E809B3FC76807765328FC1F05CB7D/S1355514600004259a.pdf/why_dont_patients_attend_their_appointments_maintaining_engagement_with_psychiatric_services.pdf).

2 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4861685/](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
Higher Cost-Sharing for Out-of-Network Behavioral Health Care Raises Parity Questions

A study on Cost-Sharing Disparities for Out-of-Network Care for Adults With Behavioral Health Conditions published November 7 in the JAMA Network Open found that individuals with behavioral health conditions are more likely to receive out-of-network (OON) care, and that the out-of-network behavioral health care has higher cost-sharing.

Although the Mental Health Parity and Addiction Equity Act of 2008 has improved access to OON care for patients covered by private insurance, steeper cost-sharing payments, such as higher deductibles and higher coinsurance rates, are typically required for care from OON providers. The maximum annual out-of-pocket cost sharing in private plans is capped under the Affordable Care Act, but the cap applies only to in-network health care.

The cross-sectional study conducted by the College of Public Health at Ohio State University pooled 2012-2017 data from the Truven Health MarketScan Commercial Claims and Encounters Database, a nationwide insurance claims database that includes detailed information regarding treatment episodes, such as detailed diagnoses, procedures, and care settings. The data also indicate whether clinicians and facilities are in a patient's insurance network and contain actual reimbursements based on network status.

The study used de-identified secondary data for adults 18 to 64 years of age who enrolled in employer-sponsored insurance (ESI) plans as policy holders or dependents. The authors used claims-based algorithms established by the Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse to identify individuals with mental health conditions.

The enrollees were primarily from plans sponsored by large employers. The 12 percent of individuals who did not incur any covered health care expenses were excluded from the study, as were individuals not continuously enrolled for at least one full calendar year with medical and prescription drug coverage.

The study sample included 3,209,929 enrollees with mental health conditions (mean age 45.9 years; 64.8 percent female). There were 294,550 with alcohol use disorders (mean age 42.8 years; 60.9 percent male). The sample included 321,535 with drug use disorders (mean age 41.1 years; 59.1 percent male). The comparison cohort of 178,701 individuals with congestive heart had a mean age of 53.8 years, and was 62.6 percent male. A second comparison cohort of 1,383,398 with diabetes had a mean age of 52.5 years and was 58.9 percent male.

Enrollees with drug use disorders were 12.9 percentage points more likely to have inpatient OON care than those with congestive heart failure and 15.3 percentage points more likely to receive outpatient OON care.

Individuals with mental health conditions had cost-sharing payments for OON care $341 higher than those with diabetes, while individuals with drug use disorders had cost-sharing payments for OON care $1242 higher than those with diabetes. Individuals with alcohol use disorders had cost-sharing payments for OON care $1138 higher than those with diabetes.

The OON care rates and cost-sharing payments were much higher when enrollees sought care from behavioral health clinicians and facilities.

The authors of the study conclude that cost-sharing for OON care represents a substantial financial burden to patients with behavioral conditions, and may be an important sign of network inadequacy that requires more scrutiny from policymakers.

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
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–December 15, 2019. This means you have six weeks to enroll in or renew a plan.

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](http://HealthCare.gov), 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](https://twitter.com) and like us on [Facebook](https://facebook.com) 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.

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

National Child Traumatic Stress Initiative – Category II (SM-20-004)

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $4,200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Number of Awards: 7</td>
<td>Anticipated Award Amount: Up to $600,000 per year</td>
</tr>
<tr>
<td>Length of Project: 5 years</td>
<td>Anticipated Award Amount: Up to $600,000 per year</td>
</tr>
<tr>
<td>Cost Sharing/Match Required?: No</td>
<td></td>
</tr>
</tbody>
</table>

**Application Due Date:** Monday, December 23, 2019

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, kenthe.curl@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.

National Child Traumatic Stress Initiative – Category III (SM-20-005)

<table>
<thead>
<tr>
<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $4,200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Number of Awards: 10</td>
<td>Length of Project: 5 years</td>
</tr>
<tr>
<td>Anticipated Award Amount: Up to $400,000 per year</td>
<td>Cost Sharing/Match Required?: No</td>
</tr>
<tr>
<td><strong>Application Due Date:</strong> Monday, December 23, 2019</td>
<td></td>
</tr>
</tbody>
</table>

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

Expansions of Practitioner Education (FG-20-001)

Funding Mechanism: Grant  Anticipated Total Available Funding: $2,000,000
Anticipated Number of Awards: 10 to 20  Anticipated Award Amount: Up to $250,000 per year for professional associations; Up to $100,000 per year for universities/professional schools
Length of Project: 2 years
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:
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.

Get information on mental health services and resources near you, searchable by state or zip code: www.samhsa.gov/find-help
# CrisisTalk: Transforming Dialogue in Behavioral Health

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: First Episode Psychosis Treatment Pioneer Dr. Lisa Dixon Says Going Upstream is Right, But Not Without Risk

Researchers, over decades, have found a robust association between the duration of untreated psychosis (DUP) and outcomes. When measuring the period between the onset of psychosis and treatment, they consistently find that the longer the duration, the worse the outcome overall. Peeling back the layers of first and new episode psychosis often leaves researchers with more questions, including whether antipsychotics are neuro-protective or -toxic, or both depending on the person, and what constitutes treatment .Lisa Dixon, M.D., M.P.H., a Professor of Psychiatry at the Columbia University Medical Center, says it becomes messy. “Treatment marks the end of the DUP, but what defines treatment? Would it include a person admitted to the emergency department who receives two-days’ worth of antipsychotics but no further treatment? It gets murky, making it essential to get into the details.” Dr. Dixon says as long as what the clinician is trying to provide maps what the person needs, as opposed to what they are at risk for, then it’s contributing to the greater good.

LEARN MORE

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 addictions 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_mentalhealthfirstaid.org | 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. See reverse for full list of expert trainers.
- 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.

Note: CEUs are not available for this webinar.

**Register HERE**

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**American Association on Health and Disability**

**110 North Washington Street Suite 328-J Rockville, MD 20850**

**301-545-6140; Fax 301-545-6145**

**AAHD FREDERICK J. KRAUSE SCHOLARSHIP ON HEALTH AND DISABILITY (2019-2020)**

The American Association on Health and Disability ([www.aahd.us](http://www.aahd.us)) is accepting applications for the Frederick J. Krause Scholarship for undergraduate (sophomore standing and above) and graduate students with disabilities who are majoring in a field related to disability and health. Please feel free to distribute to your colleagues.

**SCHOLARSHIP PROGRAM CRITERIA:** The AAHD Frederick J. Krause Scholarship on Health and Disability is awarded annually to deserving students with a disability who are pursuing undergraduate/graduate studies (must be at least enrolled as a sophomore in college) in an accredited college or university. Preference is given to students majoring in a field related to disability and health, including public health, health promotion, disability studies, disability research, rehabilitation engineering, audiology, disability policy, special education, occupational therapy, physical therapy and majors that will impact quality of life of persons with disabilities.

Applicants must have a disability and be enrolled FULL TIME as an undergraduate student (sophomore standing and above) or enrolled PART TIME or FULL TIME in a graduate school. Applicant must be a U.S. citizen or legal resident living in the U.S. and enrolled in an accredited U.S. university.

**FUNDING INFORMATION:** Funds are limited to under $1,000. The AAHD Board of Directors Scholarship Committee will evaluate each of the applicants and make a decision in December of each calendar year. The 2019-2020 Scholarship Award will be awarded January 2020. It is in the discretion of the Scholarship Committee to determine how many scholarships will be awarded each year and the amount of each scholarship.

**APPLICATION REQUIREMENTS:** Applicant must provide a Personal Statement, including brief personal history, educational/career goals, extra-curricular activities, and reasons why they should be selected by the AAHD Scholarship Committee. This statement must be written solely by the applicant.

Applicant must provide two (2) Letters of Recommendation (One must be from a faculty member or academic advisor). Letters may be sent by U. S. mail or by email attachment as pdf and should include the signature of the faculty member or advisor, and the name of student should appear in the subject line of the email. Applicant must provide an official copy of college transcript, which should be mailed to AAHD in a sealed envelope. Applicant must agree to allow AAHD to use their name, picture and/or story in future scholarship materials.

**APPLICATION WEBSITE:** [Scholarship 2019-20](#)  If you prefer, you may download and complete this application form, along with all of your supporting materials, in one envelope, to: Scholarship Committee, American Association on Health and Disability, 110 N. Washington Street, Suite 328-J, Rockville, MD 20850.

Only completed applications will be considered and must be postmarked and/or received by email no later than November 15.
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.
WEBINAR: HCBS Training Series: Provider-Owned or Controlled Settings, Encompassing Lease and Landlord/Tenant Relationships

Wednesday, November 13, 1:30 p.m. to 3:00 p.m. E.T.

This training will define private homes and ongoing monitoring with the Home and Community-Based Services settings rule. The presentation will assist states to identify which settings should be considered provider-owned or controlled for the purpose of applying the additional requirements of the settings rule. In addition, the training will discuss the types of documentation that should be included in the person-centered service plan when any modifications are made to the additional requirements for provider-owned or controlled settings including specific examples for each section of the regulations. The webinar will also review landlord/tenant relationships and identify current state issues.

Register Now

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
Person-centered thinking, planning, and practices are the goal of many human service agencies, including programs and services for brain injury. And yet, these aspirations often differ significantly from the reality of what they offer. The literature has been clear for a long time: Person-centered approaches create health and quality of life improvements for those receiving supports and services. And still, it has been difficult to transition existing service systems to the evidence-based models we know will improve lives.

The National Center on Advancing Person-Centered Practices and Systems and HSRI are convening teams committed to improving policies and processes for serving people with brain injury. These teams will meet with each other, NCAPPS staff, and subject-matter experts as they implement their plans for systems change.

The collaborative will last for 18 months, beginning in January 2020 and ending June 2021, participation is totally free -- there is no associated fee, and no required travel -- but it will be expected that organizations devote time and effort to improvement.

If you believe your organization would benefit from NCAPPS new learning collaborative, please register here for our Informational Webinar. We will provide more in-depth information on the nature and structure of collaborative and answer participants questions. If you’re unable to attend but would like to be a part of the Learning Collaborative, please email NCAPPS Project Coordinators Connor Bailey (cbailey@hsri.org) and Miso Kwak (mkwak@hsri.org). The recording of this information session will also be available on the NCAPPS website shortly after the webinar takes place.

Navigating the Holiday Season: A Roadmap for Supporting Families Experiencing Mental Illness

The holiday season presents multiple challenges for families experiencing mental illness. We want to help! Join us for this webinar to increase your awareness of those challenges and consider ways that friends, family, and faith and community leaders can support and encourage these families through the holiday season. We will hear from Dr. Steve Grcevich with Key Ministry who will share what he has seen that most affects clients, especially children, during the holiday season. We will also hear from Jolene Philo from Different Dream Living and others who will share their experience of living in families touched by special needs and what they wish others had known about the holiday season.

Register HERE
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 pcplanning@qualityforum.org with questions, concerns, or accessibility difficulties for reviewing the report and submitting comment.

Information about the project is on the NQF website.

NASMHPD Additional Links of Interest

**Schizophrenia Risk Gene Linked to Cognitive Deficits in Mice**, National Institute of Mental Health Press Release, October 24 & **Columbia Scientists Reverse Core Symptom of Schizophrenia in Adult Mice**, Anne Holden, Zuckerman Institute at Columbia University Press Release, October 9

**Stress, Coping, and Context: Examining Substance Use Among LGBTQ Young Adults With Probable Substance Use Disorders**, Felner J.K., M.P.H., Ph.D., et al., Psychiatric Services On-Line, October 23


**State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030 & National Behavioral Health Workforce Projections**, Health Resources and Services Administration (HRSA) Bureau of Health Workforce, September 2018

**Medicaid Access & Coverage to Care in 2018**, Jennifer E. Moore, Ph.D., R.N., Caroline Adams & Kim Tuck R.N., Institute for Medicaid Innovation, September 2019

**Are Patients Electronically Accessing Their Medical Records? Evidence From National Hospital Data**, Sunny C. Lin, Courtney R. Lyles, Urmimala Sarkar, and Julia Adler-Milstein, Health Affairs, November 2019
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/ for more information on their upcoming trainings and efforts or contact them directly at info@mhddcenter.org.

1 in 5 children in America experience social, emotional, and behavioral challenges. Children who experience untreated behavioral health disorders typically become adults who continue to struggle with symptoms, who become parents who may perpetuate the cycle. The impact of the recurring cycle is felt throughout the society.

For 30 years, the National Federation of Families for Children’s Mental Health has been the nationwide advocacy organization with families as its sole focus, playing an important role in helping children, youth and their families whose lives are impacted by mental health challenges. This important work is supported largely by mental health advocates and generous donors who contribute to our cause.

Our 30th Annual Conference will feature many great workshops and speakers this year, joining hundreds of mental health advocates and professionals from across the nation as we work to educate and empower children, youth, and families!
The Mental Health & Developmental Disabilities National Training Center (mhddcenter.org) is conducting a needs assessment about services in the United States for people with intellectual and developmental disabilities (IDDs) who have mental health concerns. We need responses from each state and territory of the United States.

Please help us to reach appropriate adults (over age 18 and able to give consent). We are looking for two kinds of responders:

- **Key informants** have an overall view of mental health service systems in a state. Examples are state program administrators, DD Council members, mental health clinicians, as well as other well-informed leaders and advocates in the field. It will take about 15-20 minutes to answer key informant questions.

- **Experienced individuals** know what it is like for someone with an IDD to find and use services for mental health concerns. This can be personal experience or observed experience. It will take about 15 minutes to answer experienced individual questions.

**Background Information**

The Mental Health & Developmental Disabilities National Training Center (MHDD NTC) wants to increase access to training and information resources that will help improve services for people with intellectual and developmental disabilities (IDDs) and mental health concerns.

This needs assessment survey asks about existing services in your state. The primary purpose is to identify what areas can be improved with training and information resources. Results will be posted on a MHDD NTC website and may be published in a journal.

Your participation in this survey is **voluntary**. You may stop any time. You do not have to answer any question you don't want to answer. Nothing bad will happen to you if you choose not to answer questions or if you decide not to participate.

Your participation in this survey is **confidential**. Survey data will not be connected to you as a person. You will not be identified in anything that is written about survey results. Your answers will be combined with other answers from your state and from the nation.

There are **no known risks or benefits** for you to participate in this survey. You will be contributing to efforts to help improve mental health services for people with IDD.

If you have any questions about this survey, you are welcome to send an email to Karen Ward (karenw@alaskachd.org) or Roxy Lamar (roxy@alaskachd.org). Or call toll-free and ask for one of us (1-800-243-2199). If you have any questions or concerns about your rights as a participant in this needs assessment, please contact the University of Alaska Anchorage Office of Research Integrity and Compliance (1-907-786-1099 or uaa_oric@alaska.edu).

**Survey Link:** [http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53eBB1k8Bvv](http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53eBB1k8Bvv)

**DEADLINE FOR RESPONSES IS NOVEMBER 15**

The Mental Health and Developmental Disabilities National Training Center (MHDD-NTC) is funded by the Administration for Community Living through funding opportunity number HHS-2018-ACL-AOD-DDTI-0305.
Second Annual National Conference on Deflection and Pre-Arrest Diversion
November 10-13, Ponte Vedra, Florida

The Police, Treatment, and Community Collaborative (PTACC) is hosting its second annual training conference, Seeding Pre-arrest Deflection/Interventions across the United States, at the Sawgrass Marriott in Ponte Vedra, Florida.

PTACC encourages individuals, organizations, and community leaders to learn about, develop, and enhance pre-arrest diversion initiatives that best address the needs of their communities and citizens. Given the deadly nature of the opioid crisis, there has never been a more essential time to work together to ensure access to treatment for individuals affected by opioid use disorders, as well as other substance use disorders or mental illness. Pre-arrest diversion interventions may offer a potential referral source to treatment unmatched by any other effort, justice related or otherwise.

The goal for the conference is to guide individuals and teams as they plan, develop, and expand pre-arrest diversion programs to implement in their communities and jurisdictions. Attendees will also benefit from the opportunity to meet and share knowledge with peers from across the country in a variety of fields.

For more information or to register, click HERE.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.
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.

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<td>November 18, 2:30 p.m. to 4:00 p.m. E.T.</td>
<td>Trauma-Informed Person-Centered Thinking and Support [Register HERE]</td>
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<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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<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 1 of 2)</td>
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<td>Inclusion &amp; Belonging and Implications for Person-Centered Thinking, Planning, &amp; Practice</td>
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<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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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>October 2020</td>
<td>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</td>
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<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
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<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

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**Physical Health Monitoring for Diverse Populations with Serious Mental Illness: Opportunity to Fill Gaps in Care**

**Friday, November 15, 12:00 p.m. to 1:00 p.m. E.T.**

This webinar discusses the physical health monitoring of people with serious mental illness (SMI). It will review not only diabetes and other metabolic screening, but also breast/cervical cancer screening, HIV testing, and Hepatitis C testing. Given the gaps in care for all people with SMI, especially particular subpopulations with SMI, the presentation will review strategies that individual psychiatrists or clinic/system leaders might consider to improve care.

**Presenter:** Christina Mangurian, MD, MAS, UCSF School of Medicine

**Register NOW**

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**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 NOW**

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**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.

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**Funded by**

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**NAMD 2019 Conference**

**Monday, November 11 to Wednesday, November 13 Washington Hilton, Washington, D.C.**

**Registration is Now OPEN**
Check Out the
SMI Adviser’s
Clozapine Center of Excellence

Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.

Visit SMIAdviser.org/clozapine and join the conversation.
TA Network Webinars & Opportunities

**Prescribing Psychotropic Medication for Patients at Clinical High Risk**

Psychotherapies such as cognitive behavior therapy and family approaches are the treatments for CHR with the best-established efficacy. Additionally, psychotropic medication is also sometimes used as an adjunct to support these interventions. This presentation will cover the evidence base for patient selection for and use of antipsychotics, antidepressant, and other psychotropic medication. Issues relating to continuation vs discontinuation of previously prescribed medication will also be discussed. The presentation will also address the role of the prescriber in the CHR clinic.

**Register HERE**

**National Adoption Competency Mental Health Training Initiative: Advancing Practice for Permanency and Well-Being**

Professionals serving children and families in foster care, adoption or guardianship often have limited understanding of the complex issues that contribute to common mental health competency training. Participants will have the opportunity to see evaluation outcomes from pilots and hear about access options to the National Adoption Competency Mental Health Training Initiative.

**Register HERE**

**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 and Kathy Kinsner both from 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. Rebecca Parlakian serves as Senior Director of Programs at ZERO TO THREE, where she directs a portfolio of projects related to child development, parenting, and high quality teaching/caregiving. Kathy Kinsner is Senior Manager of Parent Resources at ZERO TO THREE. For almost four decades, Kathy has worked as an educator and creator of materials for parents, teachers, and kids.

**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)


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
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NASMHPD Links of Interest

Providers, Employers Link Up on Suicide, Caitlin Owens, Axios, October 28
New York Regulator Probes UnitedHealth Algorithm for Racial Bias, Melanie Evans & Anna Wilde Mathews, Wall Street Journal, October 26
Suicide Is Preventable, Hospitals and Doctors Are Finally Catching Up, Mandy Oaklander, TIME Magazine, October 24
Addressing Teen Mental Health Crises: A National Policy Playbook, AcademyHealth in Partnership with ACT for Health and the Jewish Healthcare Foundation, September 30
People with Mental Disorders Die Significantly Earlier than General Population, Healio, October 28 & A Comprehensive Analysis of Mortality-Related Health Metrics Associated with Mental Disorders: A Nationwide, Register-Based Cohort Study, Plana-Ripoll O., Ph.D., et al., The Lancet, October 24
Developing the Behavioral Health Workforce: Lessons from the States, Nicholas A. Covino, Administration and Policy in Mental Health and Mental Health Services Research, November 2019
Assessing the Optimal Number of Psychiatric Beds for a Region, Drake R.E & Wallach, M.A., Administration and Policy in Mental Health and Mental Health Services Research, November 2019
Facebook Activity Patterns Precede Psychosis Onset in Young People, Psychiatry and Behavioral Health Learning Network, October 24
Ball Dropped’ on State Mental Hospital Expansion, Causing 9-Month Delay, Perhaps $1M in Added Costs, Michael Martz, Richmond Times Dispatch, October 21 (Digital Subscription Required)
The Number of Uninsured Children is On the Rise, Joan Alker & Lauren Roygardner, Georgetown University Health Policy Institute, Center for Children and Families, October 29
Does Your Boss Have Your Back When a Loved One Dies?, Sue Shellenbarger, Wall Street Journal, October 28
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy, Council of State Governments Justice Center, October 2019
Financial Hardship of Medicare Beneficiaries With Serious Illness, Michael Anne Kyle, Robert J. Blendon, John M. Benson, Melinda K. Abrams & Eric C. Schneider, Health Affairs, November 4