CDC Says Homicides and Suicides Rising Among Children, Teens and Young Adults

The Centers for Disease Control and Prevention reported October 17 that, from 2007 to 2017, the rate of Americans ages 10 to 24 who died by suicide rose by 56 percent, while the rate of homicides in that same age group increased by 18 percent from 2015 through 2017 after dropping in the previous seven years.

Violent death, including homicide and suicide, is a major cause of premature death for the age group. Suicide was the second leading cause of death among Americans ages 10 to 24 in 2017, according to the report. Homicide ranked third for those ages 15 to 24 that same year.

Sally Curtin, a statistician at the CDC’s National Center for Health Statistics and an author of the report, says particularly striking was the increase in the rate of suicide among 10- to 14-year-olds. Kids in this age group “have the lowest rates, but they’ve almost tripled between 2007 and 2017,” Curtin said. “When a leading cause of death among our youth is increasing, it behooves all of us to pay attention and figure out what’s going on.”

Ms. Curtin and a CDC colleague, Melonie Heron, developed the report by pulling death-certificate data from the CDC’s National Vital Statistics System, to review underlying causes of death among people ages 10 to 24. They analyzed data from 2000 to 2017, the most recent year of CDC’s available data.

The heavy use of social media by children, teens, and young adults has been pinpointed by some social scientists as a contributing factor to the high suicide rate. Dr. Igor Galynker, a professor of psychiatry at the Icahn School of Medicine and director of the Mount Sinai Beth Israel Suicide Research Laboratory in New York City, believes social media plays an important role, especially for girls. “It’s known that girls are bullied online more than boys,” he told NBC News this week.

What’s more, Galynker told NBC News, studies have shown that the amount of screen time “is associated with increased rates of anxiety, depression and suicidal ideation.”

Caroline Oppenheimer, a suicide researcher and an assistant professor of psychiatry at the University of Pittsburgh told NBC News this week, “Bullying isn’t the only destructive factor. … We know that the teenager brain is very sensitive to peer feedback and social valuation and now with social media you can check your social status 24/7: how many followers you have, how many comments your post has gotten and how many likes,” Oppenheimer said. “We know both girls and boys are heavily invested in monitoring social media. They get distressed when they don’t get a lot of likes or positive feedback.”

Not all teens are harmed by negative feedback on social media, Oppenheimer said: “It’s the vulnerable ones who are very sensitive to social evaluation.”

Some studies have shown social media to be a positive force — reaching isolated individuals and creating social connections that didn’t exist before. The Internet may have made it easier to research lethal ways of killing oneself. But at the same time, it has made resources such as suicide prevention hotlines and text and chat programs more readily available than ever.

“The truth is anyone who says they definitively know what is causing it doesn’t know what they’re talking about,” Ursula White, a researcher with the University of Washington, told the Washington Post yesterday. “It’s a complex problem with no easy answers so far.”

A second recent study in the Journal of Community Health found that suicide rates among black girls ages 13 to 19 nearly doubled from 2001 to 2017. For black boys in the same age group, over the same period, rates rose 60 percent. Additionally, for children black males ages 5 to 12, are committing suicide at higher rates than any other racial or ethnic group, said Dr. Michael Lindsey, the executive director of New York University’s McSilver Institute for Poverty Policy and Research.

“If suicide was a black phenomenon and all of a sudden there was an uptick in white kids committing suicide, there would be a national outcry,” Lindsey says.


Launched at the end of April, the Task Force has 15 members, including Rep. John Lewis (D-GA) and freshmen Reps. Ilhan Omar (D-MN) and Ayanna Pressley (D-MA). There is also a working group, led by Lindsey, that includes clinicians, clergy, researchers and social justice practitioners. Also enlisted was actress Taraji P. Henson, a mental health advocate, who has shared her own struggles with mental health on numerous occasions.

The task force and working group are scheduled to present their findings in December. But Coleman says that so far, all the evidence for the spike in suicides points to multiple factors: the lack of access to mental healthcare; the fact that teachers “don’t know what to look for”; bullying; and discrimination and harassment of LGBTQ teens.
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Federation of Families for Children’s Mental Health 30th Annual Conference, November 14 – 16, Phoenix, AZ
Register NOW for the National Association of Medicaid Directors (NAMD) Conference, November 13 to 15
ACL’s Mental Health & Developmental Disabilities Virtual Learning Series
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
Payers’ Behavioral Health Management and Policy Summit, November 6 through 8 in D.C.,
Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)
Link to Center of Excellence for Protected Health Information Website
October SMI Adviser Webinars
Check Out the SMI Adviser’s Resources & Especially the Clozapine Center of Excellence
AATOD 2019 Conference, October 19-23, Disney World
Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
October 23 NIHCM Webinar: Addressing Health Disparities in the LGBTQ+ Community
TA Network Webinars and Opportunities
November 6 Webinar: A Grand Plan: ZERO TO THREE’S National Survey of Grandparents Who Care For Grandchildren
October 21 Southeast Mental Health Technology Transfer Center webinar on “Supported Housing: Does It Save Lives?”
NASMHPD Additional Links of Interest
The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data
Social Marketing Assistance is Available
2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers
Resources at NASMHPD’s Early Intervention in Psychosis Resource Center
NASMHPD Links of Interest NASMHPD Board & Staff
Studies Find Adults with Lifetime Eating Disorders Have Heightened Risk of Suicide Attempt

Adults with eating disorders have a five- to six-fold higher risk of suicide attempt than adults without eating disorders, according to a June 25 online article in *BMC Medicine*. A second study published in August in the *Mayo Clinic Proceedings* finds that about half of the subjects with eating disorders seek professional help, with those falling within certain demographic categories less likely to seek treatment, according to research.

Both studies are co-authored by Tomoko Udo, Ph.D., assistant professor of Health Policy, Management and Behavior in the School of Public Health at the University of Albany-SUNY, and Carlos Grilo, Ph.D., Professor of Psychiatry and of Psychology and Director of the Program for Obesity Weight and Eating Research (POWER) at the Yale School of Medicine.

The first study conducted the first large-scale nationally representative sample on the prevalence of eating disorders (EDs) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, in order to examine differences in help-seeking behaviors among gender and race/ethnicity. Data was collected using the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions Third Wave (NESARC-III). Approximately 36,309 adults were included in the study as meeting the specific lifetime DSM-5 EDs and answering questions about help-seeking for their ED symptoms, including anorexia nervosa (n=275), bulimia nervosa (n=91), and binge-eating disorder (n=256). Binge-eating disorder was defined as overeating in a discrete time-period with a loss of control at least once per week for three months.

Dr. Udo and her colleagues found that anorexia nervosa had the lowest rate of seeking professional help (34.5 percent) versus bulimia nervosa (62.6 percent) and binge-eating disorder (49.0 percent). Males and non-Hispanic blacks and Hispanics were less likely to ever seek counseling for Binge-eating disorder than females and non-Hispanic whites. Further, Hispanics were also less likely to seek treatment for anorexia nervosa than non-Hispanic whites.

The second study used the same NESARC-III data to examine the history of suicide attempt associated with the three eating disorders, which included additional questions about suicide attempt histories. Of the 36,171 respondents, prevalence of suicide attempts were 24.9 percent for anorexia nervosa, 31.4 percent for bulimia nervosa, and 22.9 percent for binge-eating disorder.

Drs. Udo and Grilo found that anorexia nervosa (binge/purge subtype) had the highest risk of suicide attempt. Suicide attempt was associated with an early eating disorder onset with binge-eating disorder and bulimia nervosa. A longer duration of anorexia nervosa was associated with suicide attempt, but a shorter duration of bulimia nervosa was found to be associated with suicide attempt. The majority of those with binge-eating disorder (71.2 percent) reported having the disorder before their first suicide attempt, following anorexia nervosa (50.4 percent), and bulimia nervosa (47.6 percent).

The authors conclude the findings underscore the importance of early detection of eating disorders in primary care and health settings through improved clinical training. Public health messaging is also important to encourage treatment utilization among those at highest risk of not seeking treatment, particularly among men and ethnic/racial minorities. Based on their findings, Udo and Grilo further recommend enhancing suicide prevention screening along with obtaining a history of suicide attempts for adults with eating disorders.

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**Suicide Prevention Resource Center**

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

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

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

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

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

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

[ENROLL HERE](#)
Help Prevent Suicide

Suicide can touch anyone, anywhere, and at any time. But it is not inevitable. There is hope.

By starting the conversation and providing support to those who need it, we all can help prevent suicide and save lives. If you or someone you know is thinking about suicide—whether you are in crisis or not—call or live chat the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Help for You

Talking with someone about your thoughts and feelings can save your life. There are steps you can take to keep yourself safe through a crisis. Call any time or connect online with the National Suicide Prevention Lifeline to get support. You can also find resources on:

- Finding a therapist/support group.
- Building and using a support network.
- Making a safety plan for yourself

Help for Someone You Know

Learn how to recognize the warning signs when someone’s at risk—and what you can do to help.

If you believe someone may be in danger of suicide:

- Call 911, if danger for self-harm seems imminent.
- Ask them if they are thinking about killing themselves. This will not put the idea into their head or make it more likely that they will attempt suicide.
- Listen without judging and show you care.
- Stay with the person or make sure the person is in a private, secure place with another caring person until you can get further help.
- Remove any objects that could be used in a suicide attempt.

Learn more here about action steps you can take. You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), talk to their professionals, and follow their guidance.

Who Is at Risk?

Thoughts of suicide can touch any person anywhere. But some groups in the U.S. are more at risk for various reasons. Learn more about how to help these groups and special resources available.

About the National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a free, confidential 24/7 phone line that connects individuals in crisis with trained counselors across the United States.

You don’t have to be suicidal or in crisis to call the Lifeline. People call to talk about lots of things: substance abuse, economic worries, relationships, sexual identity, illness, getting over abuse, depression mental and physical illness, and loneliness. Here’s more about the National Suicide Prevention Lifeline:

- You are not alone in reaching out. In 2018, more than 2.2 million people called the Lifeline.
- The Lifeline is funded and managed by SAMHSA. The Lifeline is a network of over 150 crisis centers nationwide.
- Calls to the Lifeline are routed to the nearest crisis center for connections to local resources for help.
- Responders are trained counselors who have stopped over 90 percent of suicide attempts or ideation among callers.
- Learn what happens when you call the Lifeline network.
- Frequently asked questions about the Lifeline.

Learn more about SAMHSA’s efforts in suicide prevention (Continued on Next Page)
What We Know About Suicide in the U.S.

Someone dies from suicide every 12 minutes—and over the past two decades, suicide rates have increased in every state across the country. For the first time in recent generations, life expectancy is decreasing due to suicide. According to the latest research:

- There were 1.4 million attempts and more than 47,000 deaths from suicide.
- Suicide is at its highest level and is still rising.
- Rural counties are being hit the hardest with suicide rates double the rate in urban counties.
- There has been an alarming 50% increase of suicide rates among women.

Suicide touches whole communities. Each person who dies by suicide leaves behind 135 people who knew that person—and the impact of suicide and the bereavement that follow.

References and Related Resources

- Suicide Prevention | Substance Abuse and Mental Health Services Administration (SAMHSA)
- 2018 National Survey on Drug Use and Health | SAMHSA
- After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department | SAMHSA
- Suicide—And a Reflection on Our Changing American Society | SAMHSA
- Suicide Prevention Resource Center | SAMHSA
- Suicide Safe Mobile App | SAMHSA
- Stories of Hope and Recovery: A Video Guide for Suicide Attempt Survivors | SAMHSA
- Overview | National Suicide Prevention Lifeline (SAMHSA) (PDF | 104 MB)
- Mortality in the United States, 2017 | Centers for Disease Control and Prevention (CDC)
- NCHS Data Brief, No. 309, June 2018: Suicide Rates in the United States Continue to Increase | CDC (PDF | 764 PDF)
- Preventing Suicide: A Technical Package of Policy, Programs, and Practices | CDC (PDF | 6.3 MB)
- Suicide: Additional Resources | CDC
- Suicide Rising Across America | CDC (PDF | 825 PDF)
- Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015 | CDC
- Suicide in America: Frequently Asked Questions | National Institute of Mental Health (NIMH) (PDF | 969 KB)
- How Many People Are Exposed to Suicide? Not Six. Suicide and Life-Threatening Behavior | Military Suicide Resource Consortium, Florida State University
- American Foundation for Suicide Prevention
- #BeThe1To

Suicide Prevention Resources

View and share suicide prevention videos, audio, and other resources

- Suicide Lies (60 seconds)
- Heart of the Land - Alaska Native (60 seconds)
- Seven Generations - American Indian (60 seconds)
- Audio Spot: Suicide Lies (60 seconds) (MP3 | 2.3 MB)
Less Than One Month 'Until 2020 Marketplace Open Enrollment!

You have less than one month until you can enroll in a 2020 Marketplace health insurance plan. 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.

How to Get Ready Today for November 1

- Make sure you have everything you need to apply by reviewing this checklist (PDF).

- Get quick tips about the Marketplace.

- In late October, come back to HealthCare.gov to preview 2020 health plans and prices before you apply.

3 Ways to Stay Connected with the Marketplace

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

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

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

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

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

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** $5,204,000

**Anticipated Number of Awards:** 13

**Anticipated Award Amount:** Up to $400,000 per year

**Length of Project:** 5 years

**Cost Sharing/Match Required?** No

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

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

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

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

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

**Contacts:**

- **Program Issues:** Michelle Daly, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration(SAMHSA). (240) 276-2789, Michelle.daly@samhsa.hhs.gov.
- **Grants Management and Budget Issues:** Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACSAT@samhsa.hhs.gov.

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**Expansion 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:**

- **Program Issues/Grants Management and Budget Issues:** Odessa Crocker, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1078, odessa.crocker@samhsa.hhs.gov.
Shining a Light on TBI and Domestic Violence

In keeping with October National Domestic Violence Awareness Month, NASHIA is featuring work relating to traumatic brain injury (TBI) and domestic violence. This week, NASHIA is pleased to feature the Brain Injury Alliance of Nebraska's project, “Brain Injury and Domestic Violence: Making the Connection and Improving Care.” Do you have news to share? If so, please send to publicpolicy@nashia.org.

What's Being Done to Address TBI Among Domestic Violence Victims?

Brain Injury Alliance of Nebraska, University of Nebraska Study Shows High Incidence of Brain Injury in Survivors of Domestic Violence

More than half the victims of domestic violence suffer from brain injury, according to a recent study conducted for the Brain Injury Alliance of Nebraska in partnership with the University of Nebraska and community organizations. Findings suggest that cognitive functioning is negatively affected by domestic-violence related brain injury, which often goes unidentified.

The study group included Peggy Reisher, executive director of the Brain Injury Alliance of Nebraska; Shireen Rajaram, Ph.D., University of Nebraska Medical Center College of Public Health; Matthew Garlinghouse, Ph.D., UNMC College of Medicine Department of Neurological Sciences; and Kathy Chiou, Ph.D., Department of Psychology and Kathryn Higgins, Ph.D., Nebraska Athletic Department at the University of Nebraska-Lincoln. The group worked with the Friendship Home in Lincoln and the Women’s Center for Advancement in Omaha to complete the project.

Of the 171 women screened, the study found that 58% tested positive for brain injuries while 91% indicated that they had been hit in the head or strangled.

Additionally, Dr. Rajaram interviewed 10 women regarding their experience with the screening and the assessment. The women had various reactions when they learned that they might have a brain injury from the trauma of their domestic violence, Dr. Rajaram said.

“Despite being angry, scared and embarrassed, they were thankful that they now had an explanation for some of the cognitive symptoms they were experiencing,” Dr. Rajaram said. “Most of them experienced memory loss and had problems with their concentration. These symptoms disrupted their daily activities, social relationships with family and friends and their overall quality of life.”

NE Brain Injury Alliance and Partners Promote Awareness of Brain Injury and Domestic Violence

The Brain Injury Alliance of Nebraska has led a two-year “Brain Injury and Domestic Violence: Making the Connection and Improving Care” project which was funded by a $85,000 grant from the Women Investing in Nebraska (WIN) and the Nebraska Department of Health and Human Services Office of Injury Prevention. The Alliance and its partners are increasing brain injury recognition, assessment and management in programs serving victims of domestic violence. Previously, similar research was conducted in 2016.

Staff working with victims of domestic violence programs were: 1) trained in brain injury recognition and management, 2) trained to implement a modified evidence-based brain injury screening tool (HELP screening tool), and 3) referred victims who screen positive for brain injury on to neuropsychologist for individualized brain injury assessment, if the individual was interested in doing so. Once the assessment was complete, the victim was given brain injury management recommendations.

In the three-pronged study, researchers trained 900 people who work in or with domestic violence programs to recognize and manage brain injuries. Those trained included nurses, lawyers, law enforcement personnel, probation officers, social workers and advocates. They were trained in 20 different sessions that lasted from 60 minutes to six hours, depending on the organization coordinating the training.

The two largest sessions were held in partnership with the University of Nebraska at Omaha schools of Criminal Justice and Criminology and Social Work.

For further information, contact Peggy Reisher, Executive Director, Brain Injury Alliance of Nebraska, at preisher@gmail.com.
Child Welfare – What Story is Your Data Telling You?  
*Tuesday, October 29, 2:00 p.m. - 3:00 p.m. E.T.*

What is the price of not having the critical information that helps you improve outcomes for children, youth and families? Join NCCD Children’s Research Center and IBM Watson Health to learn how you can empower your child welfare staff to utilize data and analytics to efficiently and effectively modernize systems and services and meet quality reporting needs. Discover how you can improve data quality, recognize relationships within your data sets, and interact with data intuitively to uncover actionable information.

Data is a readily available resource that H/HS service agencies can leverage, but is it quality data and does the data tell the right story? Quality, “right data” is the foundation for taking data and transforming it into usable information. Analytics allows you to transform this information into key performance indicators that reflect policy, practice and what outcomes are achieved. Together, Data & Analytics form the bedrock that helps organizations provide transparency, understand performance and implement best practices - all to improve outcomes for children and families.

**Speakers**

- Deirdre O’Connor, Associate Director for Strategic Initiatives -- NCCD Children’s Research Center
- Karen Rewalt, Child Welfare Offering Leader -- IBM Watson Health
- Christina Becker, Manager, Knowledge Mobilization, APHSA

**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 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.
President Trump Issues Executive Order Deeming Agency Guidance Documents Non-Binding

President Trump issued an Executive Order (E.O.) on October 9 declaring all Federal agency guidance documents to be non-binding when not issued in compliance with the Freedom of Information Act (FOIA) and the Administrative Procedure Act (APA).

The Executive Order on Promoting the Rule of Law Through Transparency and Fairness in Civil Administrative Enforcement and Adjudication says that the FOIA generally requires that agencies publish in the Federal Register their substantive rules of general applicability, statements of general policy, and interpretations of law that are generally applicable and both formulated and adopted by the agency, and prohibits an agency from adversely affecting a person with a rule or policy that is not so published, except to the extent that the person has actual and timely notice of the terms of the rule or policy.

But the E.O. says that Federal departments and agencies have not always complied with those requirements and that some agency practices with respect to enforcement actions and adjudications undermine the APA’s goals of promoting accountability and ensuring fairness.

The E.O. defines “guidance document” as an agency statement of general applicability, intended to have future effect on the behavior of regulated parties, that sets forth a policy on a statutory, regulatory, or technical issue, or an interpretation of a statute or regulation.

Under the Executive Order, guidance documents may not be used to impose new standards of conduct on persons outside the Executive Branch except as expressly authorized by law or as expressly incorporated into a contract. When an agency takes an administrative enforcement action, engages in adjudication, or otherwise makes a determination that has legal consequence for a person, it must establish a violation of law by applying statutes or regulations. The agency may not treat noncompliance with a standard of conduct announced solely in a guidance document as a violation of applicable statutes or regulations.

When an agency uses a guidance document to state the legal applicability of a statute or regulation, that document can do no more, with respect to prohibiting conduct, than articulate the agency’s understanding of how a statute or regulation applies to particular circumstances. An agency may cite a guidance document to convey that understanding in an administrative enforcement action or adjudication only if it has notified the public of such document in advance through publication, either in full or by citation if publicly available, in the Federal Register (or on the portion of the agency’s website that contains a single, searchable, indexed database of all guidance documents in effect).

Any decision in an agency adjudication, administrative order, or agency document on which an agency relies to assert a new or additional standard of conduct announced so as to have legal consequence for a person, it may not treat noncompliance with a guidance document as a violation of applicable statutes or regulations.

Moreover, the E.O. says, the Federal Government should, where feasible, foster greater private-sector cooperation in enforcement, promote information sharing with the private sector, and establish predictable outcomes for private conduct. Within 270 days of the October 9 date of the E.O., every Federal agency is required, to the extent practicable and permitted by law, to propose procedures to:

(i) encourage voluntary self-reporting of regulatory violations by regulated parties in exchange for reductions or waivers of civil penalties;
(ii) encourage voluntary information sharing by regulated parties; and
(iii) provide pre-enforcement rulings to regulated parties.

Any agency that believes such procedures are not practicable -- because, for example, the agency believes it already has adequate procedures in place or because it believes it lacks the resources to institute additional procedures -- must, within 270 days of the date of Executive Order, submit a report to the President describing, as appropriate, its existing procedures, its need for more resources, or any other basis for its conclusion.

And within 120 days of the date of the Executive Order, each agency that conducts civil administrative inspections must publish a rule of agency procedure governing such inspections, if such a rule does not already exist. Once published, the agency must conduct inspections in compliance with the rule.

Administrative Proceedings

The E.O. directs that agencies act transparently and fairly with respect to all affected parties when engaged in civil administrative enforcement or adjudication. No person may be subjected to a civil administrative enforcement action or adjudication absent prior public notice of both the enforcing agency’s jurisdiction over the particular conduct and the legal standards applicable to that conduct.

The E.O. says, when an agency takes an administrative enforcement action, engages in adjudication, or otherwise makes a determination that has legal consequence for a person, it may apply only standards of conduct that have been publicly stated in a manner that would not cause unfair surprise. An agency must avoid unfair surprise not only when it imposes penalties but also when it adjudicates past conduct to have violated the law. It defines “unfair surprise” as a lack of reasonable certainty or fair warning of what a legal standard administered by an agency requires, as informed by the Supreme Court’s language in Christopher v. SmithKline Beecham Corp., 567 U.S. 142, 156 & n.15 (2012).

Except where necessary because of a serious threat to health, safety, or other emergency or where a statute specifically authorizes proceeding without a prior opportunity to be heard, before an agency takes any action with respect to a particular person that has legal consequence for that person, including by issuing to such a person a no-action letter, notice of noncompliance, or other similar notice, the agency must afford that person an opportunity to be heard, in person or in writing, regarding the agency’s proposed legal and factual determinations. The agency must respond in writing with the basis for its action.

available, in the Federal Register (or on the portion of the agency’s website that contains a single, searchable, indexed database of all guidance documents in effect) and provide an explanation of its jurisdictional implications.
Call for Program and Service Recommendations

The Title IV-E Prevention Services Clearinghouse requests recommendations for mental health, substance abuse, in-home parent skill-based, and kinship navigator programs and services to be considered for systematic review.

Recommendations can be sent to PreventionServices@abtassoc.com.

Submission Deadline: October 31, 2019

The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse, developed in accordance with the Family First Prevention Services Act as codified in Title IV-E of the Social Security Act, reviews evidence on mental health, substance abuse, in-home parent skill-based, and kinship navigator programs and services. The Clearinghouse rates eligible programs and services as well-supported, supported, promising, or does not currently meet criteria.

For more information about the Clearinghouse, please visit our website. Join the Clearinghouse email list to be notified of updates!

This is an opportunity for the public to recommend programs and services for systematic review. Additional public calls for recommendations will occur on at least an annual basis.

The Clearinghouse has retained all past recommendations for programs and services, including recommendations from more than 360 unique responses to the Federal Register Notice (FRN) (83 FR 29122) issued by HHS on June 22, 2018. The Clearinghouse will continue to retain recommendations received for consideration in future review cycles.

This call aims to identify eligible programs and services that the Clearinghouse has not previously reviewed. To be eligible for review, programs and services must:

- **Address at least one of the four program or service areas**: (1) mental health prevention and treatment programs or services, (2) substance abuse prevention and treatment programs or services, (3) in-home parent skill-based programs or services, and/or (4) kinship navigator programs.

- **Have a book/manual/writings available**: Programs and services must be clearly defined and replicable. To meet this criterion, they must have available written protocols, manuals, or other documentation that describes how to implement or administer the practice.

To learn about the Clearinghouse’s standards and procedures, including further detail about program or service eligibility and program or service prioritization, please visit our website or download the Prevention Services Clearinghouse Handbook of Standards and Procedures.

**Submission Instructions**

Send submissions to PreventionServices@abtassoc.com. All submitters will receive acknowledgment of their submission's receipt, but the Prevention Services Clearinghouse will not inform individual submitters of the outcome of their submissions.

The following information is requested in a cover letter or email:

- **Name of program or service**: Some programs or services have changed names or are known by multiple names. Please list all known names for the program or service and if applicable, specify the version or adaptation recommended for review.

- **Program or service area(s) addressed**: Specify: [1] mental health prevention and treatment programs or services, [2] substance abuse prevention and treatment programs or services, [3] in-home parent skill-based programs or services, and/or [4] kinship navigator programs.

- **Evidence indicating that program or service is clearly defined and replicable**: Please provide information about how the public can access written protocols, manuals, or other documentation that describes how to implement or administer the practice. This may include a copy of the material(s), a link, or information about where to download or purchase the material(s).

Submissions may also include electronic version(s) of eligible studies: The Prevention Services Clearinghouse conducts a comprehensive literature for each program or service prioritized for review, but welcomes the submission of study reports, articles, or other supporting documentation.

To be eligible for review, studies must:

- Be published or prepared in or after 1990;
- Be publicly available;
- Be available in English;
- Use a randomized or quasi-experimental group design with at least one intervention condition and at least one comparison condition; and
- measure and report program or service impacts on at least one eligible target outcome (i.e., for all program or service areas: child safety, child permanency, child well-being, adult well-being. For kinship navigator programs only: access to services, referral to services, and satisfaction)

For more information about the Prevention Services Clearinghouse study eligibility criteria, visit our website or download the Prevention Services Clearinghouse Handbook of Standards and Procedures.
SAVE THE DATE!!!

Join us in New Orleans, LA for our 60th Annual Conference
November 3 – 6, 2019

Creating Value, Measuring Value: Connecting Care, Collaboration and Outcomes

Renaissance Arts Hotel
700 Tchoupitoulas Street
New Orleans, LA

Website: www.nationaldialoguesbh.org
For more information: norwome@msh.ms.state.us
601-351-8062
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, spreading 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: Musician Keith England Says to Listen when Someone in Crisis Asks for Help

Singer Keith England was finished with his Sunday evening gig at the Standing Room on Hermosa Ave. in Hermosa Beach, California. It was about 9:30 p.m., and the sound of electric guitars was still ringing in his ears, and he was tired. A good tired, though, that he gets after a set but one that makes him exhausted and in need of food and solitude. England was walking toward his car on Pier Ave. when he crossed paths with a young man who mumbled something to him. Unable to hear him and presuming he was asking for money, England kept walking and said, “Sorry, man, I can’t help you.” The young man, named Vincent, spoke a bit louder and said, “No, I need your help.” Slowing down, England turned around and asked what he needed. Vincent told England, “I need you to please call an ambulance.” England did, and the dispatcher told him help would be arriving shortly, and in less than five minutes, two police cruisers and an ambulance followed by a fire truck arrived on the scene.

It’s so easy, says England, to keep walking, and he almost did. He credits Vincent. The way he said, “No, I need your help.” It pulled England out of the moment he was in and into Vincent’s. … England says people are conditioned to turn away when someone is experiencing a psychotic episode but wouldn’t do so if the person was having a heart attack. “We’d call for help. We shouldn’t ignore anyone in crisis. Tragedy would have happened if Vincent hadn’t asked for help, or I hadn’t listened.”

... and Duke University Psychiatry and Behavioral Sciences Professor Jeffrey Swanson Talks About the Concept of Advance Directives and Their Actual Implementation

There are several themes when it comes to psychiatric advance directives (PADs), including legal and clinical aspects, but also, equally important, that they give people with serious mental illness the autonomy to make decisions for themselves when, and if, they become incapacitated. Jeffrey Swanson, Ph.D., a psychiatry and behavioral sciences professor at Duke University, says there is also reality: the daylight between the concept of advance directives and the actual implementation. "There’s what’s put on paper and what happens out there, in the crisis care machinery, when people who have serious mental illnesses are experiencing a crisis."

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 counseling 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 Now: Transforming Services innovations. www.theactionalliance.org | www.edc.org | www.twitter.com/Action_Alliance

The National Council for Behavioral Health is the unified 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

R.I. 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 right, 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.
The American Association of Health & Human Services Attorneys (AAHHSAs) Annual Education Conference is a comprehensive learning and networking experience for attorneys who represent the state and local government agencies that administer health and/or human services programs. The conference facilitates the exchange of information between attorneys and promotes pragmatic innovation in the field of H/HS services.

Register HERE
Early Registration Ends October 14

Keynote: Innovation in Medicaid

Dennis Smith
Senior Advisor for Medicaid and Health Care Reform, Arkansas Department of Human Services

Mr. Smith’s experience includes serving as visiting professor at the UAMS College of Public Health, secretary of the Wisconsin Department of Health Services, senior research fellow at the Heritage Foundation, and the director of Medicaid and state operations at the U.S. Centers for Medicare and Medicaid Services.

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

NAMD 2019 Conference

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

Registration is Now OPEN
Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? Find out the basics of housing and how to get started in this six-session virtual learning community beginning on August 28, 2019!

**Housing Learning Community: Housing as an Intervention and Investment for People in Recovery** will run bi-weekly from August 28 to November 6, 2019, for six Wednesday sessions from 12:00 p.m.-1:00 p.m. CST. This free training series will occur virtually using Zoom videoconferencing. It is intended for providers interested in exploring, establishing, or improving housing for their clients with substance use and/or mental health disorders. Instead of traditional PowerPoint presentations, the series will use an interactive interview format with panelists sharing their multidisciplinary perspectives and inviting the audience to participate in the conversation.

By the end of the series, participants will be able to:

- Understand housing as an intervention (not just an outcome), including underlying philosophies and language.
- Identify the role of substance use disorder and mental illness prevention, treatment, and recovery professionals in providing housing as an intervention and outcome for their clients.
- Develop specialized knowledge of housing to learn where their organization fits in creating housing as an intervention for their clients.
- Describe the financial and social return on investment in housing as an intervention.
- Distinguish between housing investments versus charity to reduce stigma.

This series is a collaboration among the Department of Health and Human Services’ Region 7 Technology Transfer Centers: Mid-America Addiction Technology Transfer Center, Prevention Technology Transfer Center, and Mental Health Technology Transfer Center.

**Learning Community Schedule**
- October 23: [Funding Sources and Development](#) (see SMI Adviser Webinar, page 22 in this newsletter)
- November 6: [How to Get Started](#) (see SMI Adviser Webinar, page 22 in this newsletter)

**Please note** that you must individually register for each session to receive the Zoom login information.

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.

Advocates for Human Potential, 490B Boston Post Road, Sudbury, MA 01776

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**FDA Approves First Transdermal Antipsychotic Patch for Schizophrenia in Adults**

The Food and Drug Administration on October 15 approved the first transdermal patch of an established antipsychotic for treating schizophrenia in adults.

In addition to offering a new delivery option, transdermal patches can also provide caretakers and healthcare providers with a non-intrusive, visual confirmation that a treatment is being utilized.

The once-daily transdermal drug delivery system (TDDS) created by Noven Pharmaceuticals provides sustained concentrations during a 24-hour wear time of the atypical antipsychotic drug asenapine, an established treatment for schizophrenia.

Dr. Naruhito Higo, Chairman and Chief Executive Officer of Noven said his company “looks forward to bringing it to market in the U.S. as soon as possible so people living with schizophrenia have a transdermal delivery option for asenapine treatment.”

In an international, Phase 3, double-blind, placebo-controlled study, SECUADO achieved the primary endpoint of statistically significant improvement from baseline in the change of the total Positive and Negative Syndrome Scale (PANSS) compared to placebo at week six. Efficacy and safety were assessed during the six-week treatment period in 616 adults living with schizophrenia. Additionally, SECUADO demonstrated statistically significant improvement in Clinical Global Impression-Severity (CGI-S) scores, the key secondary endpoint of the Phase 3 study.
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 National Center of Excellence for Eating Disorders (NCEED) was created to serve as the centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED’s Website at https://www.nceedus.org/

NCEED is the nation’s first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.

The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (https://www.nceedus.org/) is designed to be user-friendly and easy to navigate for all users. The site is divided into four content areas based on the user’s role. These content areas tailor the user’s experience in searching for up-to-date, evidence-based trainings and resources. NCEED’s online trainings and resources will continue to expand as new courses and

I am here for myself
Someone I know might need help
I am a health professional
I am a researcher

Types of Resources Available

- Videos
- Webinars
- Online courses
- Treatment guidelines
- Fact sheets
- Hands-on tools for healthcare providers
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_0HcK53gBB1k8Bvv](http://uaa.co1.qualtrics.com/jfe/form/SV_0HcK53gBB1k8Bvv)

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.

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
NADD, an association for persons with developmental disabilities and mental health needs, invites you to participate in the 36th Annual Conference & Exhibit Show. This year's theme is "Parading through Life: Celebrating Resilience, Joy and Wellness... letting the good times roll in New Orleans." Please join us October 23-25 at the Astor Crowne Plaza Hotel in New Orleans, Louisiana.

Download the attendee registration brochure to review the schedule and to learn how you can earn continuing education credit by attending sessions!

This program will provide information regarding various topics in the field of Dual Diagnosis (IDD/MI). At the end of the conference, participants will be able to:

- Describe Key Components of Diagnosis and Assessment
- Identify Strategies to Address Trauma Experienced Both by People with IDD and Caregivers
- Cite Examples of Service Approaches that Foster Resilience
- Describe Various Program Models used in Supporting People with IDD/MI
- Identify Approaches to Systemic Collaboration
- Reflect on Lessons Taught by Direct Support Professionals
- Cite Several Therapeutic Approaches used with People with IDD/MI
- Articulate Systemic Barriers and Challenges Faced by Families
- Reflect on The Barriers and Risks Faced by Persons with IDD in Cultivating Healthy Sexual Relationship
- Reflect on Lessons Taught by Family Members
- Articulate Strategies to Address the Cultural and Linguistics Aspects of Individuals in Treatment Planning
- Cite Examples of Various Approaches to Positive Behavior Support

Keynote Speakers Announced

Chris Stevenson, M.B.A.
You Are What You Think: Becoming More Resilient in the Workplace through Culture Development

Karen Harvey, Ph.D.
The Path to Healing


Continuing Education credit has been approved by APA (Psychology), PSNA (Nursing), CEU (IACET), and NBCC (National Counselors). ASWB (National Social Work) has been applied for.

Register Here

Book Your Overnight Accommodations

Overnight accommodations are available at the Astor Crowne Plaza Hotel New Orleans (739 Canal Street, New Orleans, Louisiana 70131) at a discounted group rate of $209/night plus tax. Reservations must be made by Monday, September 30 to be guaranteed the group rate. CLICK HERE TO MAKE A RESERVATION

To learn more about NADD and the Annual Conference, visit

http://thenadd.org/conferences/36th-annual-conference-and-exhibit-show
Learn from and network with our expert speaking faculty: Association for Behavioral Health and Wellness, American Psychological Association, Blue Cross Blue Shield of Minnesota, Blue Shield of California, Cigna, Health Care Service Corporation, Kaiser Permanente, Molina Healthcare of Texas, U.S Department of Health and Human Services, and more!

- Gain Insight into Executive-Level Priorities for Advancing Integration, Improving Parity, and Increasing Access to Care
- Examine the Role of Health Care in Addressing Mass Violence in America: Prevention, Trauma, and Suicide Risk
- NCQA UPDATE: Behavioral Health HEDIS Quality Measures
- Improve Network Adequacy in Managed Care and Long Term Care to Ensure Access to Behavioral Health Services
- Outline How to Manage Mental Illness and SUD in the Era of the Opioid Epidemic
- Learn How Loopholes in Quality and Regulatory Guidelines Open the Door for Unethical Substance Use Disorder Providers
- Address the Social Determinants of Health with Blended Funding and Payment Methodologies

Lobbyist Perspective: Evaluate the Political Landscape Surrounding Behavioral Health and Health Care Reform

The beginning of November marks one year before the 2020 election, and one year since the Democrats took the House. Where do we see behavioral health headed? What is the outlook for health care in general for the next year? Hear an animated and provocative discussion on the buzz from the Hill and on the campaign trail, and what may happen in health care in the coming months.

Register with promo code AGENDA and save $200 off of current rates!

Team Discount: Buy 3 conference passes and receive 1 additional conference pass on us!

The Payers’ Behavioral Health Management and Policy Summit is organized in partnership with ABHW (Association for Behavioral Health and Wellness)
National Center on Advancing Person-Centered Practices and Systems

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, 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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<tr>
<th>Date</th>
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<th>Register</th>
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<tbody>
<tr>
<td>Tuesday, October 29, 3:00 p.m. to 4:30 p.m. E.T.</td>
<td>Cultural Competence and Implications for Person-Centered Thinking, Planning, and Practice</td>
<td><a href="#">Register HERE</a></td>
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<tr>
<td>November/December 2019</td>
<td>Responding to Concerns about Abuse, Neglect, or Exploitation in a Person-Centered Manner</td>
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<tr>
<td>January 2020</td>
<td>Linguistic Competence (includes Communication and Health Literacy) and Implications for Person-Centered Thinking, Planning, and Practice</td>
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<tr>
<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 1 of 2)</td>
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<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 2 of 2)</td>
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<td>April 2020</td>
<td>Inclusion &amp; Belonging and Implications for Person-Centered Thinking, Planning, &amp; Practice</td>
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<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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<tr>
<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>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>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

[Website](#) Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)
UPCOMING WEBINARS

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

Introduction to the Interface Between Serious Mental Illness and the Criminal Justice System: Strategies for Realigning Patients Towards Treatment

Friday, October 18, 12:00 p.m. to 1:00 p.m. E.T.

Persons with serious mental illness (SMI) have the potential to live full and successful lives. Yet, unfortunately there is the risk that some will end up with poor outcomes including involvement in the criminal justice system. In fact, persons with SMI are over-represented in the criminal justice system. Two primary models have been espoused to help decrease the population of people with SMI in the criminal justice system. The Sequential Intercept Model examines various points of potential interception as criminal justice system decisions are made, such as at arrest, at court, at incarceration and reentry. The Stepping Up framework asks leaders at a county level to join to make shifts that can reduce the numbers of people with SMI in jails. This webinar will review basics regarding the criminal justice system, provide basic data on the prevalence of people with SMI in the justice system, and offer an overview of models looking at reform to help individual patients and systems. Presenter: Debra Pinals, University of Michigan and Chair, NASMHPD Medical Directors Council.

REGISTER NOW

Housing Learning Community: Funding Sources and Development

Wednesday, October 23, 1:00 p.m. to 2:00 p.m. E.T.

Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? By the end of session 5, Participants will be able to:

- Understand the economic argument for housing as an intervention.
- Describe landlord law and its relevance to housing development.
- Identify the breadth of funding sources available for housing.

REGISTER NOW

Housing Learning Community: How to Get Started

Wednesday, November 6, 1:00 p.m. to 2:00 p.m. E.T.

Safe, stable, and affordable housing is increasingly recognized as a vital part of recovery. What role can substance use disorder treatment and recovery programs play in providing this essential need for their clients? By the end of session 6, participants will be able to:

- Describe the importance of beginning with the end in mind in housing development.
- Identify how the impact of housing development can be measured.
- Evaluate the first steps your agency can take toward housing development.

REGISTER NOW

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Grant Statement

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Check Out the
SMI Adviser’s
Clozapine Center of Excellence

Visit SMIadviser.org/clozapine and join the conversation.
The goal of this year's conference is to educate, and promote the acceptance and integration of Medication Assisted Treatment (MAT) options by all stakeholders and systems affected by the opioid crisis. The AATOD Workshop Committee has assembled an outstanding curriculum that not only reflects this theme, but should be fresh, dynamic, diverse and appealing to a broad range of disciplines. The Conference will include workshops on the most cutting edge topics facilitated by experts in the field. These include the integration of MAT and the criminal justice system, pain management in MAT, technology assisted treatment, expanding MAT in rural areas, and innovative approaches to increase access and retention. There will be more workshops on specific counseling approaches and a selection on better known but still timely topics such as peer recovery supports, stigma, and cannabis use in MAT. For those newer to the field or those who want a refresher on the basics, we have once again included a "Foundations" track which will include selections on MAT 101, pharmacology, co-occurring disorders, core counseling skills, and much more.

We are also pleased to once again include the popular Hot Topics Roundtable Discussions. There will be five topics facilitated by experts, which will include a comparison of the three approved medications used in MAT, the use of technology to improve care, the effect of legal cannabis on treatment, insurance parity, and stigma. There will also be Posters on display during the conference along with scheduled Poster Author Sessions to facilitate discussions on cutting edge research being conducted across the world.

CLICK HERE to View the Listing and Descriptions of the Conference Sessions
Webinar: Addressing Health Disparities in the LGBTQ+ Community  
*Wednesday, October 23, 12:30 p.m. to 2:00 p.m. E.T.*

**Featuring**
- *Alex Keuroghlian*
  *National LGBT Health Education Center*
- *Jennifer Potter*
  *Harvard Medical School*
- *Susan Sawning*
  *University of Louisville School of Medicine*
- *Chris Bright*
  *The Trevor Project*

LGBTQ+ individuals face health disparities linked to stigma and discrimination. These disparities are exacerbated when people are unable to access care or are uncomfortable asking providers for the treatment they need. Rates of mental health disorders, substance use disorders, and suicide are higher among LGBTQ populations, but culturally competent health care can make a difference.

With the right tools and training, providers and community partners can build more inclusive environments for LGBTQ+ individuals inside and outside the doctor's office.

This webinar will explore:
- The demographics and health care needs of the LGBTQ+ population
- Barriers to high quality health care for LGBTQ+ people and proposed solutions
- A toolkit designed to train medical school students and current providers on clinical skills for inclusive care
- New national survey data on LGBT teen mental health and the role of crisis responders in supplementing the health care system

A [draft agenda](#) is available on our website.
The Family First Prevention Services Act (FFPSA) presents an opportunity for states to take a systemic approach (child welfare, Medicaid, children's behavioral health, juvenile justice agencies) in planning for FFPSA so that resources are maximized and coordinated across systems. The Title IV-E Prevention Services Clearinghouse public call to recommend programs and services for systematic review is now open! See below for details.

The TA Network encourages states to consider services and programs that have proven effective in systems of care, and to include services detailed in the May 7, 2013 Joint CMCS and SAMHSA Informational Bulletin Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions, such as mobile response and stabilization, intensive care coordination with fidelity Wraparound, and youth and family peer support. The deadline for submissions is Oct. 31, 2019.

**Learn More**

**Financing to Support Better Outcomes for Young Adults**

Young adults have identified peer support as a critical role in services to enhance their wellness and resiliency. This demands the availability of peer supports as part of the available service array. Financing these services is important and complex. Financing Young and Adult Peer Support will identify multiple strategies for funding youth peer support. Hear from Dayana Simons, Health Program Director at the Institute for Innovation & Implementation. She has an extensive background in children's behavioral health, and designing, implementing and financing systems of care including youth peer support. This session will offer lots of time for Q and A and hearing from your community’s expertise and experiences. Come join this learning community conversation.

**Register HERE**

**Implementing Wraparound in Rural Communities**

This webinar will explore strategies for serving rural communities with the same high quality, high fidelity wraparound as provider saturated urban centers.

**Register HERE**

**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**

**Dare to Dream America Now Accepting Applications**

Youth MOVE National's Dare to Dream America program provides an opportunity for youth (ages 13 to 25) or Youth MOVE chapters to get involved in mental health awareness activities. Successful applicants are awarded a grant up to $3,000 to implement projects that promote mental health awareness. Apply now.
A Grand Plan: ZERO TO THREE’S National Survey of Grandparents Who Care For Grandchildren

*Wednesday, November 6, 2:30 p.m. to 4:00 p.m.*

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 Kinnear both from ZERO to THREE will present on their recent survey of grandparents caring for their grandchildren across the nation.

**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.

Participants will have the opportunity to learn about the prevalence of grandparents as care providers for children under 5, will hear about the unique perspectives and needs of these grand-caregivers and discuss recommendations for organizations serving infants and young children to better support and engage multi-generational families in their communities.

**Register Now**

The Southeast Mental Health Technology Transfer Center webinar on **Supported Housing** on **Monday, October 21** will be presented by Dr. Robert Rosenheck, Professor of Psychiatry, Public Health at Yale Medical School, and Senior Investigator in Health Services at the New England Mental Illness, Research, Education and Clinical Center.

Supported housing expands the range of mental health service delivery to address a non-medical need of critical importance to the well-being of homeless Americans and adults with severe mental illness. This webinar will examine the causes of homelessness and its relationship to mental health service delivery in the United States, and will look at service models of supported housing to address homelessness and both mental and physical issues.

By the end of the webinar, participants will be able to:

- Identify the causes of homelessness in the US since 1980 and its relationship to mental health service delivery and impact on people with serious mental illness and addiction problems
- Service models of supported housing from Housing First to Residential Treatment and including unit-based and project-based models
- Recognize the effectiveness of supported housing in addressing homelessness and mental and physical
- Understand the cost-effectiveness of supported housing from the perspectives of clients, health systems and the society in general.

**Register NOW**
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services. Individuals who experience a first onset of serious mental illness—which can include a first episode of psychosis—may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

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

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

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

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

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

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

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

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

The NASMHPD Technical Assistance Coalition series will continue in 2019.

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

- Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes
- Weaving a Community Safety Net to Prevent Older Adult Suicide
- Making the Case for a Comprehensive Children’s Crisis Continuum of Care
- Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach
- Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention
- Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness
- A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness
- Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness
- Speaking Different Languages: Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1
Visit the Resources at NASMHPD’s Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

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

**Training Guides**

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

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

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

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

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

**Trauma, PTSD and First Episode Psychosis**

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

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

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

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

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

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

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

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

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

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