Senator Cornyn Introduces Legislation to Fight Mass Violence, Improve School Safety

Senator John Cornyn (R-TX) introduced legislation October 23, the “Restoring, Enhancing, Strengthening and Promoting Our Nation’s Safety Efforts (RESPONSE) Act,” aimed at fighting mass gun violence and increasing school safety.

Republican Senators Martha McSally (R-AZ), Thom Tillis (R-NC), Joni Ernst (R-IA), Shelley Moore Capito (R-WV), and Tim Scott (R-SC) are cosponsors of the legislation, which was spurred by shootings in El Paso, Midland-Odessa, Santa Fe and elsewhere across the country.

Sen. Cornyn wrote in an El Paso Times opinion piece that his bill would fight unlicensed firearms dealers, improve access to mental health care, assist schools in identifying potential threats from students, and urge online platforms to provide law enforcement with information indicating acts of mass violence, hate crimes or domestic terrorism.

Sen. Cornyn promised his legislation would improve the quality and availability of mental health care, writing:

“We must do more to identify and support vulnerable individuals who could pose a danger to themselves or others. We know the majority of gun deaths are suicides, and while mental illness is not the prevailing cause of mass violence, enhanced mental health resources are critical to saving lives.”

Section 6 of the bill mandates that states spend not less than 10 percent of their Mental Health Block Grant each fiscal year (or 20 percent every two fiscal years) to support the development and implementation of court-ordered AOT programs. Section 8 would require the Department of Health and Human Services (HHS) to develop and disseminate a State Medicaid Director Letter (SMDL) with suggestions for: (1) increasing capacity for community mental health care and social supports, such as housing; (2) delivering mental health care in a coordinated way; and (3) financing and providing targeted mental health and crisis intervention services. The SMDL would also be required to provide incentives for models (such as managed care) that target and coordinate care to reach individuals who most need such care.

The RESPONSE Act would make up to $10 million of existing Department of Justice state and local law enforcement funding available for law enforcement to partner with mental health providers to provide mental health treatment and compliance through the use of long-acting medication-assisted treatment. And it would require HHS to issue a report to Congress on best practices to expand the mental health workforce.

Sen. Cornyn writes that the RESPONSE Act would also incentivize schools to enforce Internet safety polices that detect online activities of minors who are at imminent risk of committing self-harm or extreme violence against others in order to provide students with the services they need and prevent possible violence. In addition, it would increase law enforcement and first responder access to active shooter training funds provided by the Department of Justice and Department of Homeland Security, and direct HHS to identify and facilitate the development of best practices to assist elementary schools, secondary schools, and institutions of higher education to operate behavioral intervention teams to identify students whose behavior indicates a threat of violence and ensure they receive the assistance and services they need.

The legislation also would “take aim at unlicensed firearms dealers who are breaking the law”. The Senator notes that the Midland-Odessa shooter failed a background check when he attempted to buy a firearm from a licensed dealer, but was still able to purchase his weapon from someone who appears to have been manufacturing and selling guns who never registered as a firearms dealer and was thereby able to skirt the background check requirement and sell a weapon to the shooter. The RESPONSE Act would create nationwide task forces modeled on Project Exile to investigate and prosecute those who are illegally selling firearms, as well as persons who provide false statements as part of a background check to buy firearms. It would provide grant funding and reimbursement to state and local law enforcement who participate in these task forces.

In addition, it would expedite the administration of state death penalties for individuals who commit mass murder as part of a crime of international or domestic terrorism by limiting the scope of Federal legal appeals.

Finally, Sen. Cornyn says his legislation would encourage online platforms to share information with law enforcement concerning acts of mass violence, hate crimes, or domestic terrorism, expanding the scope of information, such as information about child abuse, they can already share.
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**Student “Mental Health Days” Considered as Means to Reduce Suicides**

The *Washington Post* reported this week that some state legislatures have been considering laws allowing students to take a mental health day as they would a sick day, as a means to address the growing incidence of depression, anxiety, and suicide among youths. In two states, those laws have been enacted.

Last year, the [Utah legislature amended its definition of valid excuses](https://www.legislature.utah.gov/bill/getBill?BillNumber=H.B. 2191) for absences from public school to include mental illness. This summer, Oregon enacted [H.B. 2191](https://search.oregonlegislature.gov/bills Punk Bill#H.B. 2191) — driven by a group of high school student activists — that allows students to take days off for “the mental or behavioral health of the pupil.” The *Post* reports that students in Colorado, Florida, and Washington are attempting to get similar laws passed.

In Oregon, the idea for mental sick days came up at a summer camp of student leaders from high schools throughout the state. Many students talked about suicides by friends and friends of friends. Some talked openly about their own struggles with mental illness. The student leaders created a new group—Students for a Healthy Oregon—that enlisted the help of psychologists and lobbyists to volunteer as advisers.

Hailey Hardcastle, 19, who as a high school senior, was among the group of students who spent months lobbying for the Oregon emergency act that took effect July 1 told the *Washington Post* that “High school can be a lonely, difficult place to begin with. But there’s so much more pressure these days — getting into college, the social pressure, even just the state of the world and what you’re exposed to with climate change, and everything going on with politics. A lot of times it can feel like the world is about to end.”

She told the *Eugene Register Guard on September 1*, “Especially in the past few years, my community has experienced a lot of suicides, and it’s similar with a lot of communities across Oregon,” she said. "The student council group got to talking about what we could do about this as teenagers, and we came up with putting forth a bill on behalf of our peers who were also struggling with mental health.”

The sponsor of Utah H.B. 234, Representative Jefferson Moss (R-Sarasota Springs), told the Post, “We’re hoping there’s not abuse of this but we think it’s very necessary to acknowledge there’s some real issues out there and if a parent feels strongly they need to pull their children out we want to make sure they have that ability.”

The Oregon law does not change the total number of days a student can be absent from school. For students younger than 18 years old, a parent or guardian has to contact the school to excuse the student. State law dictates that students get five days of excused absence within three months, and no more than 10 days “in any term of at least six months.” Absences beyond that need to be given an excuse in writing to the school’s principal.

Oregon schools plan to work with students if they come to the office midday and ask to take a mental health day. “Just like other illness or other excused absences if a student comes in and says they need to leave or take a mental health day, we need to be able to speak with the parents and make sure we’re all on the same page before we excuse the absence,” said Andy Dey, Eugene School District director of high schools told the *Register Guard*.

Some school administrators already considered mental health as a valid excuse. “I was a little bit surprised by the law because to my understanding if a parent would have called out to say my child is having (a mental health concern) I wouldn’t see why that wouldn’t have been excused,” Chris Parra, Bethel School District superintendent, to the *Register Guard*. Parra said upon seeing the law, she called some of her school principals to confirm they had handled absences similarly. The overwhelming response was that Bethel’s schools already were accepting mental health as an excused absence.

In Oregon, nearly one in three students reported feeling “sad and hopeless” every day for two weeks, according to data from the 2017 Oregon Healthy Teens Survey. Furthermore, 8.7 percent of eighth graders and 6.8 percent of 11th graders said they had attempted suicide once or more in the past year. The survey is given to eighth and 11th graders to fill out anonymously every two years.

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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](#)
Just One Week Until 2020 Marketplace Open Enrollment!

You have one week 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
Recovery Community Services Program (TI-20-002)

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

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

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

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

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

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

Application Due Date: Monday, December 23, 2019

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

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

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

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

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

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


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

Funding Mechanism: Grant
Anticipated Total Available Funding: $4,200,000
Anticipated Number of Awards: 10
Length of Project: 5 years
Anticipated Award Amount: Up to $400,000 per year
Cost Sharing/Match Required?: No

Application Due Date: Monday, December 23, 2019

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

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

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

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

Funding Mechanism: Grant
Anticipated Total Available Funding: $5,204,000
Anticipated Number of Awards: 13
Length of Project: 5 years
Anticipated Award Amount: Up to $400,000 per year
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.

Expansion of Practitioner Education (FG-20-001)

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

Application Due Date: Monday, December 16, 2019

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

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

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

Contacts:
Corderre, King, Williams Named New SAMHSA Regional Administrators

The Office of the Assistant Secretary (OAS) at the Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the appointment of three new Regional Administrators

- Tom Coderre – Region I (Maine, Rhode Island, New Hampshire, Massachusetts, Vermont and Connecticut) – starts November 12;
- Captain Michael King, Ph.D., M.S.W. – Region IV (Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina and Tennessee); and
- Captain Emily Williams, LCSW-PIP, BCD – Region IX (Arizona a California, Hawaii, Guam, Nevada, American Samoa, Marshall Islands, Palau, Federated States of Micronesia and the Commonwealth of the Northern Mariana Islands).

Tom Coderre has been serving as the Senior Advisor to the Governor of Rhode Island, where he has played an integral role in leading efforts to combat the state’s opioid crisis. Mr. Coderre previously served as the Chief of Staff at SAMHSA, where he led the team that produced Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, the first report from a U.S. Surgeon General dedicated to this public health crisis. He was a member of the Rhode Island Senate from 1995 to 2003 and Chief of Staff to the Rhode Island Senate President from 2009 to 2014.

Captain Michael King is a social worker and epidemiologist who has served at the intersection of behavioral and public health for over 15 years. Prior to joining SAMHSA in 2019, he supported state and Federal public health capacity at the U.S. Centers for Disease Control and Prevention (CDC) as an instructor and Field Supervisor for post-doctoral fellows enrolled in the Epidemic Intelligence Service. Capt. King previously served for over 10 years on the National Asthma Surveillance Team in the National Center for Environmental Health, focused on chronic disease surveillance, environmental exposure and hazard assessment, and disaster mental health. As a Commissioned Officer in the U.S. Public Health Service (USPHS), Capt. King deploys routinely following disasters and has led one of the five national Mental Health Response teams that provide crisis counseling and technical assistance to medically underserved populations, with a focus on emergency public health response.

Captain Emily Williams’ 20-year career has focused on underserved populations and delivery of behavioral health services within the Indian Health Service and Department of Defense. Since her commission as a USPHS Officer in 2004, Capt. Williams has served a central role in conceptualizing, developing, and training Federal mental health disaster response teams. She has served as a team leader deployed to numerous public health emergencies, including hurricanes, multiple Tribal behavioral health emergencies, and the 2010 American Samoan Tsunami. She has also coordinated deployments to assist hospitals with accreditation support.

Zero Suicide International 5
May 10 to 12, 2020, Anfield Stadium, Liverpool, UK
in Partnership with Mersey Care NHS Foundation Trust

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

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

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

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

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convergences, 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.
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 call 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.

**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](http://www.nationaldialoguesbh.org)
For more information: norwome@msh.ms.state.us
601–351–8062

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter
How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

THIS WEEK: Leading Expert on Suicide, Thomas Joiner, Says It Isn’t Social Media or Screen Time Per Se That’s the Problem for Teens, But It May Be a Lack of Diversity of Activities

Thomas Joiner, Ph.D., a psychology professor at Florida State University and leading expert on suicide, says it isn’t social media or screen time per se that’s the problem, but a lack of diverse activities may be. What he knows is that increased use of electronic devices and social media, what Dr. Joiner and his colleagues call new media, correlates with higher levels of depressive symptoms and suicide-related outcomes. In 2017, Dr. Joiner and his colleagues looked at correlations between mental health and new media, watching television, and non-screen activities such as in-person social interaction. The team examined cultural changes across three generations of adolescents: GenX, Millennials, and iGen. “Electronic device and social media use are relatively new for humans. We’re not saying these technologies are the problem, but instead, exploring how they have shifted the culture in which teens exist.” While it might not be surprising that teens who experience hours of screen time day after day are adversely impacted, what stands out is that some screen time can decrease loneliness.

LEARN MORE

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

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

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

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

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

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.

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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**

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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**

- November 6: [How to Get Started](#) (see SMI Adviser Webinar, page 18 of 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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**What Happens When Your Patient with SMI is Arrested?**

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

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

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

**For complete details visit:** [SMAdviser.org/arrested](#)

**Register HERE**

Advance registration is encouraged. Registrants will receive an event reminder by email one day prior to the webinar.
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!

Register HERE  Exhibitor Opportunities HERE  Sponsor HERE
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 center’s web platform 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

- 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

2019 Cities Thrive Mental Health Conference
Monday, November 18 & Tuesday, November 19
8:00 a.m. to 5:00 p.m.
New York Law School, 185 W Broadway, New York, NY 10013

Conference Website  Conference Agenda

Networking Reception
Gracie Mansion, East 88th Street and East End Avenue
Monday, November 18, 6:00 p.m. – 8:00 p.m. E.T.
Learn more about the Historic Gracie Mansion here

RSVP HERE
• 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)
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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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<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 [Register HERE]</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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<td>February 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 1 of 2)</td>
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<tr>
<td>March 2020</td>
<td>Person-Centered Practice in Managed Care: Roles and Developments (Part 2 of 2)</td>
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<td>April 2020</td>
<td>Inclusion &amp; Belonging and Implications for Person-Centered Thinking, Planning, &amp; Practice</td>
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<td>May 2020</td>
<td>Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)</td>
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<td>June 2020</td>
<td>Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?</td>
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<td>July 2020</td>
<td>Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings</td>
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<td>August 2020</td>
<td>Myths and Misperceptions about Financing Peer Support in Medicaid</td>
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<td>September 2020</td>
<td>Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises</td>
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<td>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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<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
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WEBSITE FOR THE SAMHSA-SPONSORED

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

Modeling Mood and Emotional Patterns From Speech in Bipolar Disorder

Thursday, November 7, 3:00 p.m. to 4:00 p.m. E.T.

The hallmark clinical feature of bipolar disorder is pathological variability in mood and emotions. Primary manifestations of these clinical features are mediated through speech and behavioral patterns. This webinar describes research that analyzes passive speech collected daily through smartphones in individuals with bipolar disorder for up to one year. Patterns of mood, emotions, and acoustics are associated with outcomes and course of illness. The data consists of over 50,000 telephone calls in 60 participants and demonstrates the utility of passive speech monitoring over extended periods of time in bipolar disorder.

Presenter: Melvin McInnis, MD, University of Michigan

REGISTER NOW

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

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

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

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

REGISTER NOW

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

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

Funded by

SAMHSA

Substance Abuse and Mental Health Services Administration

Administered by

American Psychiatric Association

Grant Statement

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Check Out the SMI Adviser’s Clozapine Center of Excellence
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](https://www.fqs.gov) 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](https://www.fqs.gov) 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**

### 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, antidepressants, and other psychotropic medication. Issues relating to continuation vs discontinuation of previously prescribed medication will also be discussed. The presentation will also address the role of the prescriber in the CHR clinic.

**Register HERE**

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

**Register HERE**

### 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.**

The deadline to apply is November 1, 11:59 E.T.
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](#)

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Great Lakes (HHS Region 5)

Engaging the Faith Community in Substance Use Prevention, Part 1

**Tuesday, October 29, 11:00 a.m. E.T. - 12:00 p.m. E.T.**

Faith institutions have the potential to touch a broader range of the community than other sectors because they reach people of all ages, economic levels and ethnicities. This webinar will present a clear rationale for the role of faith leaders in working across the continuum of care, including substance use prevention.

**Speakers - Drew Brooks and Ben Spooner**

Drew Brooks serves as the executive director for Faith Partners.

Ben Spooner has contributed to technical assistance (TA) efforts in communities across the nation, including work with multiple American Indian tribes.

[LEARN MORE](#)

[Register Now](#)

Engaging the Faith Community in Substance Use Prevention, Part 2

**Tuesday, November 5, 11:00 a.m. E.T. - 12:00 p.m. E.T.**

[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)
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NASMHPD Links of Interest


A VIEW FROM THE STATES: KEY MEDICAID POLICY CHANGES: RESULTS FROM A 50-STATE MEDICAID BUDGET SURVEY FOR STATE FISCAL YEARS 2019 AND 2020, Kathleen Gifford, Eileen Ellis, Aimee Lashbrook, Mike Nardone, Elizabeth Hinton, Robin Rudowitz, Maria Diaz, & Marina Tian, Kaiser Family Foundation, October 18


WHAT CAN ANIMALS TELL US ABOUT MENTAL ILLNESS?, Joshua A. Gordon, M.D., Ph.D., Director’s Message, National Institute of Mental Health, October 21

PEOPLE WITH DEPRESSION MORE LIKELY TO SUFFER FACEBOOK ADDICTION, Healio Psychiatry, October 18 & RELATIONSHIP BETWEEN DAILY STRESS, DEPRESSION SYMPTOMS, AND FACEBOOK ADDICTION DISORDER IN GERMANY AND IN THE UNITED STATES, Julia Brailovskaya, Julia Velten, & Jürgen Margaf, Cyberpsychology, Behavior, and Social Networking, September 17

INFOGRAPHIC: Addressing Social Determinants of Health, National Institute for Health Care Management (NIHCM), October 2019

HHS AWARDS $16 MILLION TO HELP PRIMARY CARE PRACTICES ADDRESS PATIENTS’ UNHEALTHY ALCOHOL USE, Press Release, Agency for Healthcare Research and Quality, October 22

A FRAMEWORK FOR PERSONALIZED, AFFORDABLE CARE: HEALTH CARE PLAN PART ONE, Republican Study Committee, October 22

THE FALSE CONNECTION BETWEEN MASS VIOLENCE AND MENTAL ILLNESS, Andrew A. Nierenberg, M.D., Psychiatric Annals, October 14

CHILD’S MENTAL HEALTH STATUS MAY BE CLOSELY LINKED TO THAT OF THE FATHER’S, Healio Psychiatry, October 21 & FATHER’S HEALTH STATUS AND INEQUALITIES IN PHYSICAL AND MENTAL HEALTH OF U.S. CHILDREN: A POPULATION-BASED STUDY, Romuladus E. Azuine & Gopal K. Singh, Health Equity, October 9

WHY NORTH CAROLINA MIGHT BE THE MOST INNOVATIVE HEALTH CARE STATE IN AMERICA, Joanne Kenen, Politico “The Agenda,” October 24

FIRST-EPISODE PSYCHOSIS AND CO-OCCURRING SUBSTANCE USE DISORDERS, SAMHSA, October 2019

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION REPORT TO CONGRESS: UTILIZATION MANAGEMENT OF MEDICATION-ASSISTED TREATMENT IN MEDICAID, October 2019

REPORT TO CONGRESS: T-MSIS SUBSTANCE USE DISORDER (SUD) DATA BOOK: TREATMENT OF SUD IN MEDICAID, 2017, Department of Health and Human Services, October 24