Senate Passes FY 2019 Conference Committee Funding Measure for Labor-HHS-DOD; House Next

The Senate on September 18 passed Fiscal Year (FY) 2019 funding for the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration (SAMHSA), by a vote of 93-7. Six Republican Senators and Senator Bernie Sanders of Vermont (I) voted against the measure. The Republicans voting against were: Jeff Flake (AZ), Mike Lee (UT), David Perdue (GA), Ben Sasse (NE), Pat Toomey (PA), and Rand Paul (KY).

The overwhelming approval of the Conference Committee amendment, H.R. 6157, means funding will likely be approved by Congress before the end of FY 2018 on September 30. The House is scheduled to vote next week. The measure includes a Continuing Resolution, funding agencies for which funding has not otherwise been approved by Congress through December 7.

SAMHSA gets a $584 million increase under the funding measure, with the Mental Health Block Grant (MHBG) funded at the FY 2018 level of $701.5 million. The MHBG increase previously approved by the Senate of $25 million was not included in the final package.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is funded at the FY 2018 level of 1.779 billion, but states will also get $1.5 billion in grants for opioid response—a $500 million increase in opioid abuse grants, $50 million of which must go to Indian tribes or tribal organizations and 15 percent of which must be set-aside for states with the highest age-adjusted mortality rate related to opioid use disorders.

Grants for Certified Community Behavioral Health Centers are increased by $50 million, to $100 million, while there is a $10 million increase in the National Child Traumatic Stress Initiative. The latter increase is to be allocated as:

- $4 million for mental health services for unaccompanied alien children, with a special focus on children separated from their parents;
- $3 million for mental health services for children in Puerto Rico;
- $1 million to expand access to mental health services for tribal children, and
- $2 million for training and dissemination of evidence-based treatments for trauma caused by violence.

Of special note is a $4.8 million increase in funding for the National Suicide Prevention Lifeline, to $12 million in total funding. The Senate had initially proposed a $2.8 million increase to the previous funding level of $7.2 million. Funding for the National Strategy for Suicide Prevention is increased by $200,000 designated for the American Indian and Alaska Native program.

The measure also includes $5 million for Assertive Community Treatment for individuals with serious mental illness, the FY 2018 funding level. The additional $5 million earlier proposed by the Senate was not included.

In addition:

- Congress provides $89 million for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program, a $5 million increase. Within this amount, $10 million must be used for grants to Indian tribes, tribal organizations, or consortia.
- Funding for Mental Health Awareness Training is bumped up by $1 million, to $20,963,000.
- Money for Tribal Behavioral Health Grants is increased by $5 million, to $20 million.
- Funding for Targeted Capacity Expansion under Substance Abuse Treatment is increased $5 million to $100,192,000.
- An additional $1 million, for a total of $6 million, is provided for Building Communities of Recovery.
- An additional $1 million is provided for the Sober Truth on Underage Drinking (STOP) Act program, bringing total funding to $8 million.
- An additional $250,000 is provided for Minority Fellowships under Substance Abuse Treatment, bringing the total to $4,789,000. Mental Health Minority Fellowships continue to be funded at the FY 2018 level of $8,059,000.

The Health Resources and Services Administration (HRSA) gets $20 million to establish three Rural Centers of Excellence on substance use disorders to provide scientific and technical assistance to county and State health departments and other entities.

Also under HRSA, $18 million within the $75 million provided to Mental and Behavioral Health Education Training is designated for Graduate Psychology Education.
## Table of Contents

- Senate Passes FY 2019 Conference Committee Funding Measure for Labor-HHS-DOD; House Next
- SAMHSA Suicide Prevention Resources
- Study Finds Dialectical Behavioral Therapy Reduces Suicidal Behaviors Among At-Risk Youth
- Conference Committee to Finalize Opioid Package Today; Votes Likely Early Next Week, with Fate of 42 CFR Part 2 Alignment Still in Question
- CMS Actuary Predicts Cost of Medicaid to Top $1 Trillion Within Next Decade
- Academy Health National Health Policy Conference Request for Proposed Presentations
- **NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS – 2018-2019**
  - November 1 Families for Depression Awareness Webinar: Coping with Stress and Depression
  - Robert Heinssen Wins APA’s Michael S. Neale Commitment Award
  - September 24 CTIPP Webinar: Peer-Led Seeking Safety for Trauma and Addiction NASHIA Annual Meeting, September 24 to 27
- Disaster Distress HELPLINE Contact Information
- October 28 to 31 National Dialogues on Behavioral Health Conference in New Orleans
- National Council Announces Initiative on Youth Mental Health
- Families for Depression Awareness October 11 Webinar on Teen Depression
- October 4 through 6 Public Health Law Conference: Health Justice: Empowering Public Health and Advancing Health Equity
- 29th Annual State of the States in Head Injury Meeting, September 24 to 27
- **NADD August-December Webinar Series**
  - SAVE THE DATE – September 2019 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC
  - October 7 National Meeting in Boston on Advancing Early Psychosis Care in the United States
  - TA Network Webinars & Meetings: Mobile Response and Stabilization Services (MRSS) Peer Meeting & Recovery to Practice eLearning Course on Integrated Practice
- September 2018 Center for Trauma-Informed Care Trainings
- November 1 through 3 National Federation of Families for Children’s Mental Health Conference
- September 26 & 27 ASTHO Annual Meeting in Alexandria, VA
- **New Resources at NASMHPD's Early Intervention in Psychosis Resource Center on:**
  - **Engaging Families**
  - **Working with Schools**
  - **Transitions from FEP to Community Services**
  - **Fidelity Assessment**
  - **A Guide for Faith Community Leaders**
  - **Cultural Competence in FEP Programs**

**NASMHPD Board & Staff**

**NASMHPD Links of Interest**
September is National Suicide Prevention Awareness Month

Nearly 40,000 people in the United States die from suicide annually, or 1 person every 13 minutes. The causes of suicide are complex and determined by multiple factors, such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation. Suicide touches all ages and backgrounds, all racial and ethnic groups, in all parts of the country. However, some populations are at higher risk for suicidal behavior.

The Substance Abuse and Mental Health Administration (SAMHSA) sponsors September’s National Recovery Month to increase awareness and understanding of mental health and substance use disorders and celebrate people in recovery. In an email sent out this week, the Department of Health and Human Services said it wanted to lift up the lives of those who have been lost to suicide and to their survivors by highlighting information and resources focused on suicide prevention.

SAMHSA Suicide Prevention Resources:
Centers for Disease Control and Prevention National Suicide Statistics at a Glance & National Survey on Drug Use and Health (NSDUH)
Visit the website for SAMHSA’s Suicide Prevention Efforts and the Action Alliance’s Your Life Matters! Campaign and the Suicide Prevention Resource Center.

Also, see the archived Zero Suicide Webinar Materials for Assessing Workforce Readiness to Provide Comprehensive Suicide Care.

Study Finds Dialectical Behavioral Therapy Reduces Suicidal Behaviors Among At-Risk Youth

Dialectical behavior therapy (DBT) consisting of individual and family therapy effectively reduced future self-harm and suicide attempts among at-risk adolescents, according to new research published online in the August 2018 JAMA Psychiatry.

Study participants included a total of 173 adolescents 12 to 18 years of age who had at least three prior self-harm attempts, one lifetime suicide attempt, or elevated suicidal ideation within the past month. Study participants were primarily female (94.8 percent) and white (56.4 percent), with the mean age of 14.89. The study was conducted from January 1, 2012 through August 31, 2014 at four academic medical facilities.

The authors randomly assigned participants to either receive six months of DBT or individual or group supportive therapy (IGST). DBT consisted of weekly individual psychotherapy, family group sessions and skills training, youth and parent telephone coaching, and weekly therapist team consultation. The adolescent DBT focused on increasing validation in parent-teen interactions through parents participating in family sessions.

In contrast, the IGST focused on client-centered treatment emphasizing an adolescent’s acceptance, and feelings of connectedness and belonging, derived from Thomas Joiner’s theory of “thwarted belongingness.” IGST participants engaged in individual therapy, adolescent group therapy, as-needed parent sessions, and weekly therapist team consultation.

Both groups received treatment for six months. Adolescents in the DBT group participated in more individual and group sessions and remained in treatment for longer periods (23.40 weeks versus 18.70 weeks, respectively). About 46 percent of youth in the DBT group completed 24 individual sessions, in contrast to 16 percent of youth in the IGST group. For group sessions, 79 percent of DBT youth completed 24 sessions versus 56 percent of the IGST participants.

After six months, adolescents receiving DBT showed significant improvement in all primary outcomes: 90 percent didn’t have future suicide attempts versus 78 percent in the IGST group; 56 percent were less likely to engage in non-suicidal self-injury versus 40 percent of IGST youth; and 54 percent had no episodes of self-harm versus 37 percent of youth in IGST. However, after one-year follow-up, the DBT group had no significant difference from the IGST group.

The authors conclude that DBT is an effective intervention in reducing adolescent’s risk of suicide, non-suicidal self-injury, and self-harm. In addition, adolescents in the DBT group were more likely to engage and complete their treatment sessions.

One limitation to the study noted by the authors was that the majority of the study participants were female. The researchers recommended future studies with more male patients to determine if the findings generalize to adolescent males.
Conference Committee Hopes to Finalize Opioid Package by Monday; Votes Likely Next Week, with Fate of 42 CFR Part 2 Alignment Still in Question

Congressional conferees are said to be close to finalizing a final version of a comprehensive legislative package designed to battle the country’s opioid crisis, with the fate of House language aligning the statute underlying 42 CFR Part 2 with patient treatment information disclosure restrictions under HIPAA still in question.

The final legislative language is expected to be finalized later today or over the weekend, with votes in both houses of Congress likely next week.

NASMHPD and the 42 CFR Part 2 Partnership of which NASMHPD is a member have written the Congressional leadership of both parties urging the inclusion of the 42 CFR Part 2 alignment language in the opioid package. The Partnership letter, as of early this morning, had been signed by almost 150 state, local, and national organizations.

The NASMHPD letter reads:

The National Association of State Mental Health Program Directors—the organization representing the state executives responsible for the $41 billion public mental health service delivery systems serving 7.5 million people annually in 50 states, 4 territories, and the District of Columbia—writes to thank you for your leadership in combatting our country’s opioid crisis with your chambers’ passage of H.R. 6. We ask that you further strengthen those efforts in the final Conference Committee package by including language aligning the statute underlying the 42 CFR Part 2 regulations with the patient information disclosure provisions of the Health Insurance Portability and Accountability Act (HIPAA), as provided in Overdose Prevention and Patient Safety (OPPS) Act, H.R. 6082.

We urge the inclusion of this important measure, which was included in the House version of H.R. 6, because we believe it will bolster the effectiveness of other key provisions in the package that promote coordinated care and expand access to treatment.

Federal regulations at 42 CFR Part 2, drafted originally in the 1970s, govern the confidentiality of drug and alcohol treatment and prevention records, setting requirements limiting the use and disclosure of patients’ substance use treatment records, even to other providers treating the same patient. For those records to be shared among treating providers, patients often must give multiple consents, creating a barrier for integration and coordination of health care, particularly for patients whose behavioral health condition may involve a cognitive impairment. A lack of access to the full scope of medical information for each patient can result in the inability of providers and organizations to deliver safe, high-quality treatment and care coordination. The barriers presented by Part 2 can result in the failure to integrate services and can lead to potentially dangerous medical situations for patients, including pharmaceutical adverse reactions and even drug overdoses.

While the Substance Abuse and Mental Health Services Administration (SAMHSA) has attempted to update the regulations recently to permit greater sharing, SAMHSA’s legal counsel says the underlying statute must be changed to permit treating providers of the same patient to share information without the patient’s prior written consent.

It is important to note that the language we seek to add would not only retain current prohibitions against the use of the patient treatment information in criminal proceedings, but also expand those prohibitions to the use of the information in civil proceedings, increase penalties for unlawful disclosures, and add a duty to notify where the information is unlawfully disclosed.

The addition of this language to the opioids package is essential to ensuring each substance use disorder patient is treated holistically, safely, and effectively. NASMHPD joins dozens of other organizations—provider associations, insurers, health information exchanges, patient and family advocates, and quasi-governmental organizations such as the Joint Commission, the National Governors Association, and the National Association of Medicaid Directors—in strongly urging the inclusion of these important provisions in the final version of H.R. 6.

NASMHPD yesterday urged its members, where possible, and its members’ stakeholders to also weigh in with Congress before the end of the day today. Opponents of the legislation, led by the Legal Action Center, were mobilizing their own stakeholders to oppose inclusion of the language.

CMS Actuary Predicts Cost of Medicaid to Top $1 Trillion Within Next Decade

The Office of the Actuary of the Centers for Medicare and Medicaid Services (CMS) yesterday projected that the Medicaid program will cost more than $1 Trillion by 2026.

In its annual report, issued September 20, the CMS Actuary noted that total estimated Medicaid outlays for the program’s 72.2 million enrollees in Federal Fiscal Year (FY) 2016 were $580.9 billion and increased by 4.9 percent between 2015 and 2016. Federal Medicaid outlays in 2016 were $368.2 billion, growing 5.3 percent over the previous year, and representing 63 percent of total spending on the program; state and local governments spent $212.7 billion, or 37 percent of total program costs.

The CMS Actuary said enrollment grew by 3.1 percent between 2015 and 2016, with the Medicaid expansion adult enrollment estimated to have increased by 22.3 percent, and all other enrollment estimated to have increased by 0.3 percent.

Medicaid expenditures are estimated to have increased 2.6 percent to $592.2 billion in 2017, with Federal expenditures having grown an estimated 1.7 percent to $370.6 billion. State Medicaid expenditures are estimated to have increased 4.2 percent to $221.6 billion.

The Actuary projects that:

- Over the next 10 years, expenditures will increase at an average annual rate of 5.7 percent and reach $1,005.7 Billion by 2026, while the Gross Domestic Product (GDP) will grow by an average rate of 4.1 percent. As a result, the Actuary projects Medicaid expenditures will increase from 3.1 percent of GDP in 2016 to 3.7 percent of GDP in 2026.
- Enrollment will increase at an average annual rate of 1.3 percent over the next 10 years and reach 82.3 million in 2026.
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 currently undergoing review by SAMHSA, and should be released in the near future. 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 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, and will center on the conclusions reached in the NRI Bed Registry survey report. If you are interested in helping to craft one of the 2019 papers, please contact NASMHPD Project Director David Miller.

Following are links to the reports in the 2017 Technical Assistance Coalition Beyond Beds series.

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

Presenter: Lisa Najavits, PhD
Host/Facilitator: Cathy Cave, National Center on Domestic Violence, Trauma and Mental Health

Click HERE to sign up

Register Today!
www.familyaware.org/trainings

FREE WEBINAR ON
COPING WITH STRESS AND DEPRESSION

Thursday, November 1, 2018 at 7 PM ET | 4 PM PT

Join us to learn how to
• manage your stress in the workplace
• practice mindfulness to reduce your stress
• find help and resources

Webinar Series on Trauma and the Opioid Epidemic
Monday, September 24, 1:00 p.m. to 2:30 p.m. E.T.

Peer-Led Seeking Safety for Trauma and Addiction

This webinar will provide an overview of the Seeking Safety model and how to implement it, including elements specific to peer-led Seeking Safety. Topics will include definition of terms, options for co-leading groups, and how to handle emergencies. The presenter will also review the evidence on peer-led Seeking Safety and describe ways that peers can evaluate fidelity.

Presenter: Lisa Najavits, PhD
Host/Facilitator: Cathy Cave, National Center on Domestic Violence, Trauma and Mental Health

Click HERE to sign up

Robert Heinssen Wins APA’s Michael S. Neale Commitment Award

Robert K. Heinssen, Director, of the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH), was awarded the Michael S. Neale Award at the American Psychological Association’s annual meeting in early August.

The award, by the APA’s Division 18 Public Service Psychologists, is presented each year to individuals whose commitment to serving individuals with serious mental illness is demonstrated in a body of work expressed through advocacy, research, program development and/or service delivery.

Dr. Heinssen has been instrumental in working with SAMHSA to develop and with NASMHPD to disseminate implementation of early interventions to address first episodes of psychosis and clinical prodromal signs of mental illness.

Register Today!
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Applications are due by 11:59 pm ET on Friday, October 5, 2018. Know someone who may be interested in joining the initiative?

All young people deserve to grow into healthy, self-sufficient adults. But 1 in 5 children experience a mental illness each year. And 20 percent of teens struggle with depression before they reach adulthood.

A few weeks ago, National Council President and CEO Linda Rosenberg announced a two-year learning opportunity to reduce the impact of anxiety, depression and suicide among underserved youth, ages 10 to 24.

Join the initiative and create better supports for young people experiencing mental health challenges while also empowering youth to engage in meaningful community change. Get connected to coaches, mentors and subject matter experts who can help you adopt and sustain leading-edge mental health supports in your organization.

You’ll learn to:
- Connect young people with new kinds of mental health supports and research-based treatment.
- Connect youth to one another as project leaders and advisors.
- Connect communities with these new approaches.
- Connect applicants to funding (up to $100,000 per site) to support these efforts.

Ready to get started? Apply today. Want to learn more? Visit the Youth Mental Health Call for Applications for more information.
Health Justice: Empowering Public Health and Advancing Health Equity

October 4 to 6 | Phoenix, AZ

phlc2018.org | #PHLC2018

Don’t miss this opportunity to hear from leaders who are working to address some of today’s most pressing public health and policy issues. Join hundreds of colleagues to learn about and share strategies to advance health equity and protect the health of our communities and most vulnerable populations.

The 2018 Public Health Law Conference will be held at the Sheraton Grand at Wild Horse Pass, 5594 W Wild Horse Pass Blvd, Chandler, AZ 85226, (602-225-0100).

Hotel Room Reservation Deadline
September 12! Discounted conference room rates are available until September 12. Reserve your room.

Located 15 minutes from Phoenix Sky Harbor Airport, the Sheraton Grand at Wild Horse Pass is a Native American-owned property designed to be an authentic representation of the Gila River Indian Community’s heritage and culture. The architecture, design, art and legends of the Pima (Akimel O’otham) and Maricopa (Pee Posh) tribes are celebrated in every detail at the hotel.
Join the NADD August-December Webinar Series

From the convenience of your own office or conference room, you and your colleagues can participate in a multitude of educational resources; varying in experiential degree. All without having to leave the office! A learner may sign up for a single webinar or for as many as he or she wishes to take

Register HERE Not Later Than Five Days Prior to a Scheduled Webinar
Webinar registration is open to all participants

**Wednesday, October 3, 3:00 p.m. E.T.**  
**How to Prevent the Need for Seclusion, Restraint, and Other Restrictive Practices**

**Level:** Advanced  
**Presenter:** Gary LaVigna, PhD, BCBA-D, Institute for Applied Behavior Analysis, Los Angeles, CA

This webinar describes a host of evidence based, non-aversive reactive strategies (NARS) that can lead to “resolution” thereby preventing the need for restrictive procedures. These NARS have been shown to be more effective than the restrictive procedures in reducing the severity of a behavioral episode and in keeping people safe.

**Friday, October 5, 3:00 p.m. E.T.**  
**Addressing Mental Health Symptoms to Prevent Challenging Behaviors**

**Level:** All  
**Presenters:** Melissa Cheplic, MPH, The Boggs Center on Developmental Disabilities, Rutgers Robert Wood Johnson Medical School, Department of Pediatrics, New Brunswick, NJ; Tony Thomas, LISW-S, ACSW, Welcome House, Inc., WestLake, OH

Many people with IDD engage in challenging behavior as a way to communicate and get their needs met. Some problem behaviors are caused by symptoms of psychiatric disorders and other mental health conditions. This session will review the complicated factors that contribute to behavior and provide strategies to help Direct Support Professionals address these challenges.

**Tuesday, November 20, 3:00 p.m. E.T.**  
**Decline in Adults with Down Syndrome**

**Level:** Intermediate  
**Presenter:** Seth Keller, MD, National Task Group on Intellectual Disabilities and Dementia Practices, Special Interest Group Adult IDD, American Academy of Neurology, Cherry Hill, NJ

Adults with IDD are living longer than ever before. Adults with Down syndrome are at a high risk of developing early onset Alzheimer’s disease. This presentation will review the care and assessment process when decline is suspected including Alzheimer’s disease and related dementia.

**Level:** Intermediate  
**Presenters:** Renea Bentley, Ed.D., LPC-MHSP, Sr. Manager of Behavioral Health Programs; Amy Eller, MS, LPC-MHSP, Amerigroup Tennessee, Nashville, TN

This session will share Amerigroup’s integrated care coordination approach for individuals with Intellectual and developmental disabilities. We will outline our approach to addressing the physical, behavioral, and social needs of individuals with IDD holistically, providing access to a wide array of services through a single coordination point—supporting meaningful community integration and reducing complexity not only for the individual, but for their families and caregivers.

**Thursday, December 13, 3:00 p.m.**  
**Wellness Recovery Action Plans (WRAP®)**

**Level:** Beginner  
**Presenter:** Shannon Benaitis, PHR, Albatross Training Solutions, Darien, IL

Police officers in communities where we provide services become default responders to mental health crises. These encounters are statistically more likely to result in use of force or shots fired when they involve people with developmental disabilities and/or mental illness. It’s up to us, as provider agencies, to educate first responders on those we serve. Leave this Train-the-Trainer session with a training you can take to your local police and fire departments to get these informative and necessary conversations started.

**Cost for Individual Webinars:**  
NADD Members - $78  
Non-Members - $98.

Register for the entire series and receive an additional 20 percent off! Discount Code: 5ormore-20%off-W2018.
NEW IIMHL VIDEO

The Value of IIMHL from a Canadian Perspective

To view this short video:

https://youtu.be/_V1og6guaik

Stephanie Priest is the Executive Director, Mental Health and Wellbeing Division, Public Health Agency of Canada (PHAC) and is a member of the IIMHL Sponsoring Countries Leadership Group (SCLG)
As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don’t miss this challenging and comprehensive event.

Register NOW for LEPH2018 and hear:

Professor Sir Michael Marmot deliver the 2018 LEPH Oration on 'Social Justice and Health Inequities'.

Major sessions on 'Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses' or 'Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland'

Tom Stamatakis' timely paper addressing the 'The mental health of police personnel should be recognized as a 'mission critical' priority

Or participate in a session charged with 'Crossing the divide: searching for innovations in learning between criminal justice and public health'.

And much more - see the DRAFT PROGRAM at www.leph2018toronto.com/program

Register HERE

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National Meeting on Advancing Early Psychosis Care in the United States
Pre-Conference Kick-Off for the 11th Conference of the International Early Psychosis Association
Westin Copley Place, 10 Huntington, Avenue, Boston, Massachusetts
Sunday, October 7, 8:30 a.m. to 3:30 p.m. E.T.

We invite you to register to attend a national meeting on Advancing Early Psychosis Care in the United States! The cost to attend is $150 if you register by September 6.

This meeting will serves as a pre-conference and kick-off for the 11th Conference of the International Early Psychosis Association. Social workers, psychologists, counselors, and nurses can earn 5 continuing education credits for $50

This is an opportunity to be part of the conversation about the work we all do. You will get to talk with people from all over the country who are working to develop and maintain first episode psychosis programs in their communities, and also hear from the national and international leaders who are shaping and supporting the field. More than 140 people have registered so far – but don’t worry, the Westin has plenty of space.

Finally, many of you may wish to stick around for the main conference and understand the really big picture of how international research is shedding new light on the causes of and treatments for mental illness. Those who attend the FEP meeting will be eligible to receive a discounted “group rate” on IEPA conference registration.

Register HERE For the Pre-Conference Meeting
Applications are Now Being Accepted for the Next Mobile Response and Stabilization Services (MRSS) Peer Meeting

The MRSS Peer Meeting will take place Dec. 11-12, 2018 in New Brunswick, NJ. Participating teams will work collaboratively with experts from CT, Milwaukee County, WI; NV, NJ, and OK on strategies to support development, implementation, and sustainability of MRSS for children, youth, and young adults in their own states and communities. There will also be an opportunity for one or two individuals from each participant team to shadow a mobile response provider for the day for hands-on observation of NJ’s model on Dec. 10. Applications are due Friday, Sept. 7.

Apply Now

Recovery to Practice eLearning Course on Integrated Practice

This six-module course from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides an overview of how to become an integrated practice team. With an entire section dedicated to health literacy, this course helps teams improve communication and frame care around recovery, resiliency, and shared decision-making with the people they serve.

Find Out More

Friday, Sept. 21
2:30 p.m. – 4:00 p.m. ET

SOC Expansion Leadership Learning Community: Questions and Answers on Developing Finance and Sustainability Plans No. 2

SAMHSA SOC expansion grantees are required to develop financing plans in Year 2 and begin to implement those plans in Year 3. This learning community will consist of an interactive “open office hours” discussion, providing grantees an opportunity for questions, dialogue, and learning from TA Network experts, plus peer-to-peer interactions. Participants are welcome to submit questions before the meeting here.

Register HERE

CENTER FOR TRAUMA-INFORMED CARE

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

September Trainings

California
September 25 - Greenacre Homes & School - Sebastopol
September 26 & 27 - Contra Costa County Public Health, HIV/AIDS and STD Program - Oakland

Colorado
September 27 to 29 - Rocky Mountain Crisis Partners/Colorado Crisis Services - Denver

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Did you know that 1 in 5 children in America experience social, emotional and behavioral challenges? One undisputed constant in our society is that all children who survive childhood and adolescence will become adults. For children who experience untreated behavioral health disorders, this typically results in adults who continue to struggle with symptoms, who become parents and who perpetuate this cycle. The impact of this reoccurring cycle is felt throughout our society.

For over 25 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 like you who contribute to our cause.

Our 29th 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!

**Attendee Details**

Coffee, snacks and a light breakfast are provided for all registered conference participants on Friday and Saturday as well as lunch and a networking dinner on Saturday. Conference attendance typically ranges from 600 to 1,000 people, including 25 to 50 exhibitors and more than 150 speakers, all providing rich opportunities to connect and learn.

Attendees who stay at the hotel will also receive complimentary basic internet and (2) water bottles in their guestrooms, complimentary access to the hotel fitness center, a waived resort fee, a discount at hotel restaurants with their conference ID and discounted parking.

**Reserve Your Booth**

Help support the work of the National Federation of Families while receiving great exposure by reserving an exhibitor table at the 29th Annual Conference. Your booth will be visited by up to 1,000 youth and family members, family advocates and child mental health leaders from across the nation. Space is limited!

Each exhibitor will receive an exhibit table, their logo on our conference website, their logo in our conference program and lunch for up to 2 exhibitors on Saturday.

Exhibitors receive a registration discount if attending the conference in addition to exhibiting, which will enable them to participate in workshops and take advantage of networking opportunities at meal functions.

A maximum of two discounted registrations are allowed for each exhibit table purchased. Our chapter and state organization members of the National Federation of Families enjoy great savings as well! Complimentary parking will be provided at the hotel. Deadline for early bird exhibit registration is August 31, 2018 and for regular exhibit registration is October 15, 2018 - or when space is filled. For more details about our exhibitor opportunities, [click here](#).

**Sponsorship Opportunities**

The National Federation of Families for Children’s Mental Health invites you to establish your company as a mental health leader by securing your sponsorship at this year's National Federation of Families for Children's Mental Health’s 29th Annual Conference. As your trusted partner, the National Federation of Families for Children's Mental Health provides sponsors with numerous opportunities to increase brand visibility, establish thought leadership, and directly access hundreds of potential customers and strategic partners. We work tirelessly to ensure that our sponsors’ business goals are being met. Discounted sponsorship is available to chapter and state organization members of the National Federation of Families. For more details about our sponsorship opportunities, [click here](#).

**FREQUENTLY ASKED QUESTIONS (FAQ)**

For more information about our conference, visit our website or contact our Conference Planning Team at conference@ffcmh.org or 240-403-1901.

**HYATT REGENCY HOUSTON**

1200 Louisiana Street
Houston, TX 77002

**Register HERE**
ASTHO’s 2018 Annual Meeting is the premier public health event of the year. You don’t want to miss the largest gathering of state and territorial health officials, federal public health officials, academic leaders, private sector health industry executives and leading public health nonprofit agencies. This meeting provides a unique opportunity to be inspired by leaders in the field, discuss challenges and think critically with peers about unique approaches, reconnect with friends and colleagues, learn from the great work of other states and territories and more.

Registration for the Annual Meeting is available June 7 – September 5. There will be NO on-site registration or late registration options.

Register HERE

If you’re having trouble please contact registration@astho.org.

Visit the New Resources at NASMHPD’s Early Intervention in Psychosis (EIP) Virtual Resource Center

- Trauma-Informed First Episode Psychosis (FEP) Programs
- Engaging Families
- Working with High Schools and Secondary Schools
- Transitions from FEP Programs to Other Community Services
- Guide for Faith Community Leaders
- Fidelity Assessment
- Culturally Competent FEP Programs (Spiritual, Family, Gender Cultures)

To View the New Resources, Visit NASMHPD’s EIP Website.
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NASMHPD Links of Interest

Variation In The Use Of Step Therapy Protocols Across US Health Plans, James D. Chambers, Ari D. Panzer & Peter J. Neumann, Health Affairs Blog, September 14
A Different Kind of House Call: Teams Bring Addiction Care to Patients, Wherever They Are, Lev Facher Stat, September 17
Here’s What’s Blocking HHS Offices from Sharing Data with Each Other, Jack Corrigan, Nextgov, September 17
Health Care Voter Guide, Sixteen Thirty Fund
Psychosis Literacy Among Latinos With First-Episode Psychosis and Their Caregivers, Steven R. López, Ph.D. et al., Psychiatric Services, September 17
Impact of a Care Management Entity on Use of Psychiatric Services Among Youths With Severe Mental or Behavioral Disorders, Ming-Hui Tai, Ph.D., et al., Psychiatric Services, September 17
Medication Matters: Causes and Solutions to Medication Non-Adherence, National Council Medical Director Institute, National Council for Behavioral Health, September 2018
The ‘Real You’ is a Myth – We Constantly Create False Memories to Achieve the Identity We Want, Giuliana Mazzoni, Professor in Psychology and Neuroscience, Faculty of Health Sciences, School of Life Sciences, University of Hull, The Conversation, September 19
Facing Addiction in America: The Surgeon General’s Spotlight on Opioids, Department of Health and Human Services, September 19
SSI/SSDI Outreach, Access, and Recovery (SOAR) Works Newsletter, Substance Abuse and Mental Health Services Administration, September 2018
Calculating Community ROI: Measuring the Networked Value of Engagement, The Community Roundtable, September 2018