

# National Association of State Mental Health Program Directors Weekly Update

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## Senate Finance Leaders Agree to Extend CHIP Funding Five Years, Phase Down ACA Funding Bump

Senate Finance Committee Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) announced late September 12 they had reached an agreement on the parameters of a measure to extend funding for the Children's Health Insurance Program (CHIP) by five years.

The program runs out of funding on September 30. It is currently statutorily authorized to operate through September 30, 2019. Funding authorization was last extended in Fiscal Year 2015.

The measure, on which Committee members are likely to sign off, would phase down the 23 percent Federal funding bump for CHIP that was enacted under the Affordable Care Act (ACA). The federal share would continue to be enhanced by 23 percentage points through Fiscal Year 2019. The increase would then be halved, to 11.5 percentage points, in Fiscal Year 2020, and would be eliminated in Fiscal Years 2021 and 2022.

Senators Hatch and Wyden said full legislative text will be released in the coming days.

The Commission that advises Congress on Medicaid and CHIP matters, the Medicaid and CHIP Payment and Access Commission (MACPAC) [recommended in March](#) that funding be extended through 2022, and that the 23 percent Federal payment bump be extended through Fiscal Year 2022. It also recommended maintaining an existing maintenance of effort requirement enacted under ACA for three additional years.

Without providing detail, Senator Hatch—who created the program with the late Senator Ted Kennedy in 1997 after the Clinton healthcare initiative failed to advance, said the agreement would give states "increased flexibility" to run the program. It is possible the agreement would roll back the MOE mandate

Nearly 9 million children receive health insurance through the program, on which the Federal government spends \$9.7 billion annually. The program is for children in families that make too much to qualify for Medicaid, but not enough to afford other coverage. Nearly 90 percent of children in CHIP are in families with annual incomes below twice the poverty level — less than about \$49,000 for a family of four. Since its creation, the percentage of uninsured children has fallen from 14 percent to less than 5 percent.

President Trump's FY 2018 budget proposed extending the program for two years, through Fiscal Year 2019.

## Congressional Work Days Left on the 2017 Schedule

Work Days Left in House in 2017 – 40

Work Days Left in Senate in 2017 – 52

House Work Days to Permanently Fund FY 2018 by December 8 – 36

Senate Work Days to Permanently Fund FY 2018 by December 8 - 47



SAMHSA Minority Fellowship Program: 2017-2018 Application Dates				
Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program	Application Link and organization contact
American Association for Marriage and Family Therapy	12/2/2017 – 1/31/2018	12/2/2017 – 1/31/2018	N/A	<a href="http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx">http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx</a>
American Nurses Association	4/30/17 - 4/30/18	Applications Open Until all vacancies filled	N/A	<a href="http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess">http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess</a>
American Psychiatric Association	11/1/2017- 1/30/2018	N/A	N/A	<a href="http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship">http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship</a>
American Psychological Association	10/2/2017 – 1/15/2018	10/2/2017 – 1/15/2018	N/A	<a href="http://www.apa.org/pi/mfp/psychology/index.aspx">http://www.apa.org/pi/mfp/psychology/index.aspx</a>
Council on Social Work Education	12/2017 – 2/28/18	Spring 2018	N/A	<a href="http://www.cswe.org/MFP">http://www.cswe.org/MFP</a>
National Board for Certified Counselors and Affiliates	9/1/2017 – 10/31/2017	9/1/2017 – 10/31/2017	9/1/2017 – 10/31/2017	<a href="http://www.nbccf.org/Programs/Scholarships">http://www.nbccf.org/Programs/Scholarships</a>
NAADAC: the Association for Addiction Professionals	N/A	N/A	Applications accepted on rolling basis until all vacancies filled.	<a href="https://www.naadac.org/About-the-nmfp">https://www.naadac.org/About-the-nmfp</a>



## National Suicide Prevention Lifeline Provides Disaster Distress Crisis Support

Recent devastating events such as Hurricane Harvey and Hurricane Irma demonstrate the value of a national network of crisis centers and support from SAMHSA. Though crisis centers in Texas, Florida, and other states have been forced to shut down due the hurricanes' impact, the National Suicide Prevention Lifeline continues to provide crisis services for those states through the efforts of the backup centers that are part of our national network. For example, Lifeline network added a backup Spanish call center to provide crisis support for Spanish-speaking communities impacted by Hurricane Harvey and Irma. The national Disaster Distress Helpline (DDH), a subnetwork of the Lifeline, utilizes six centers from the Lifeline network for hotline and SMS services in a similar infrastructure, and provides emotional support for individuals affected by disaster. DDH has seen its highest call volume since the hurricane impacts over the past two weeks. Through its national network of local centers, the National Suicide Prevention Lifeline and the Disaster Distress Helpline can ensure that the country's mental health safety net remains intact when support is most needed, and even when unexpected events and disasters make local services unavailable.

## Hurricane Response Resources from the Center for the Study of Traumatic Stress

The Center for the Study of Traumatic Stress has developed a [comprehensive information page with resources](#) on a variety of topics applicable to the challenges of dealing with the aftermath of the recent hurricane disasters. A number of relevant fact sheets have also been developed by the Center:

Needs of SMI: <https://www.cstsonline.org/resources/resource-master-list/addressing-the-needs-of-the-seriously-mentally-ill-in-disaster>

Helping students: <https://www.cstsonline.org/resources/resource-master-list/helping-students-after-a-disaster>

Children: <https://www.cstsonline.org/resources/resource-master-list/restoring-a-sense-of-well-being-in-children-after-a-disaster>

Leadership in disasters: <https://www.cstsonline.org/resources/resource-master-list/leadership-in-the-wake-of-disaster>

Worker stress: <https://www.cstsonline.org/resources/resource-master-list/sustaining-caregiving-and-psychological-well-being-while-caring-for-disaster-victims>; <https://www.cstsonline.org/resources/resource-master-list/assessment-instruments-for-first-responders-and-public-health-emergency-workers>

Workplace/organizations: <https://www.cstsonline.org/resources/resource-master-list/managing-a-workplace-or-organization-after-crisis>

Schools: <https://www.cstsonline.org/resources/resource-master-list/teachers-helping-students-listening-and-talking>

Also Available for Purchase: [Integrating Emergency Management and Disaster Behavioral Health](#) & [Textbook of Disaster Psychiatry, 2d Edition](#).

## Guest Blog

# Logic Prevails: Lifeline's Number Hits the Pop Music Charts

John Draper, Ph.D., Suicide Prevention Lifeline

The past several months have been interesting for the suicide prevention field and popular media. Since this spring, we have been challenged by considerable public anxiety around suicide, whether it is in the wake of two devastating suicides of major music icons, or in the widely viewed (and discussed) streaming broadcast series, "13 Reasons Why." However, beginning last spring, the Lifeline and suicide prevention awareness received an unsolicited gift in the form of hip-hop artist Logic's song, "1-800-273-8255," which has become a surprise hit. What Logic dropped on the song's April 28<sup>th</sup> release day is a tribute to every Lifeline center's crisis worker in the country and a ray of hope to any despairing person who just happens to hear this song when they need it most. This song has also likely enabled your local crisis and behavioral health providers to reach and assist persons in emotional distress that they might not have otherwise reached.

When I say the song's success is surprising, I ask you this: *When was the last time that a song so explicitly about suicide prevention became a hit?*

"1-800-273-8255" has been in Spotify's top 20 U.S. songs and top 50 songs globally—as well as Billboard's top 100—for most of the summer. The song is currently moving further up the charts with growing publicity about the song's important message. Publicity and the related popularity of this song named after SAMHSA's Lifeline number are likely to continue through September, which is also national Suicide Prevention Awareness Month. Logic and Def Jam recently released his video of "1-800-273-8255" on August 17. The video features several well-known actors and prominently displays the Lifeline number at the end. As of this writing, [the video](#) has over 45 million views, in addition to the over 5 million viewers of another [video where Logic explains the lyrics](#) and his explicit intention to save lives with the song. On August 27, Logic gave a [moving performance of the song on MTV's Video Music Awards](#) -- with over 50 suicide attempt and loss survivors joining him on stage — which has sparked further media interest in the song. All of this attention, as well as increases in call volume throughout the year, has put the Lifeline's national network of local centers on pace to answer over 2 million calls in 2017, a new milestone for our national suicide prevention efforts.



Logic performs "1-800-273-8255" at the MTV Video Music Awards at The Forum on August 27, in Inglewood, Calif. (Photo by Chris Pizzello/Invision/AP)



The remarkable success of this song underscores the intrinsic value of a single national suicide prevention number, which is designed to help people in a suicidal crisis anywhere in the country to get local assistance. Several of our 160+ local network crisis centers have mentioned Logic's song to us. They tell us many callers mentioning the song to them were in emotional distress and thinking about suicide. While calls to our service have been higher all summer, public awareness related to Logic's song is attributable to two of the three highest days of answered calls in Lifeline's history. Lifeline had a 27% increase in volume the day the song was released, and a 50% increase in calls following the Logic's inspirational performance on the MTV VMAs.

In effect, if your community has a center that is a member of the Lifeline network, Logic's song is helping your people get help in your community. This can occur because the Lifeline is "a national portal for local service;" that is, when people call this national number, they are routed to the nearest one of our network member call centers so that they can get local assistance. In fact, any time a person in suicidal crisis in your area hears or sees the Lifeline number on a national broadcast, in the Facebook community, through Google, or from Siri, he or she has an opportunity to get help and be served by your local community... particularly if you have a Lifeline member center nearby.

The potential suicide prevention impact of Logic's song goes well beyond the number of callers it sends to the Lifeline. The song's story of coping through suicidal moments reaches many who may not otherwise have called — or who might not have called *today* — who learn that help is available, and hope and healing are happening. Research has demonstrated that media which exposes the public to stories of positive coping through suicide can reduce population suicide rates. In gauging the reach of this potential "contagion of hope," it's worth noting that Lifeline's Facebook, Twitter and website traffic have grown remarkably since Logic's song was released. Since April, Logic's song has helped add 100,000 unique visitors monthly to Lifeline's website. Above all, the song and its suicide prevention message are currently being heard on Spotify alone over 1.1M times a day.

We may never know the full public health and suicide prevention impact of Logic's "1-800-273-8255." This morning, however, I took a quick look at the YouTube comments under the song's video, and read this note: "I actually wanted to kill myself cause I have been getting bullied and my mum and dad died so I am in foster care then I heard this song and called this number and they helped a lot (sic)"....

If your community, region or state does not have a Lifeline member crisis center nearby, we invite them to join our effort to prevent suicides across the country. SAMHSA's Lifeline network, administered by MHA-NYC, is a leader in establishing best practices in reaching and serving persons in emotional distress or suicidal crisis. If you are interested in learning more about joining the network, please visit <https://suicidepreventionlifeline.org/our-network/>.





**The 2017 ASTHO Annual Meeting will be held at the Capital Hilton, 1001 16<sup>th</sup> Street NW, Washington**

The ASTHO Annual Meeting is held each year to discuss emergent issues in state and territorial public health, share best practices for creating optimal health, and offer important networking opportunities for ASTHO members, funders, key governmental partners, and other public health stakeholders. This year marks ASTHO's 75th Anniversary, the theme *Celebrating the Power of State and Territorial Public Health* will honor decades of progress in governmental public health and inspire new ideas for addressing future public health challenges with sessions on the opioid epidemic, early brain development, telehealth, and creating a culture of health.

**Be Our Guest at the 75th Anniversary Gala**

Dress to impress! Before the annual meeting kicks off, you're invited to a special gala and awards ceremony honoring public health champions and visionaries. Enjoy a plated dinner, cash bar, and live entertainment! Recipients of ASTHO's 2017 Excellence in Public Health Awards, Presidential Meritorious Service Award, Legislative Champion Awards, and the de Beaumont PH WINS Model Practices and Policies Challenge winners will be announced during this event.

**REGISTER ON-LINE [HERE](#)**



**Children's Mental Health Initiative (CMHI)**  
**National Evaluation Web Event Training Series: Evaluating Systems of Care in Tribal Communities**  
*Tuesday, September 26, 2:30 p.m. to 4 p.m. ET*  
**REGISTER [HERE](#)**



**September TA Network Events**  
**[SOC Expansion Leadership LC: Beyond Impact Statements - Addressing Behavioral Health Disparities](#)**  
**Wednesday, Sept. 27, 2:30 p.m. - 4 p.m. ET**

This learning community session will focus on addressing behavioral health disparities in system of care (SOC) expansion. SAMHSA requires grantees to submit Behavioral Health Disparity Impact Statements (BHDIS) within 60 days of new awards. This session will review the BHDIS, including its importance, how to gather data, and statement components. Beyond the BHDIS, presenters will focus on approaches for using data and BHDIS to address disparities on an ongoing basis. New SOC expansion grantees are encouraged to attend, as well as any jurisdictions interested in strengthening their strategies to eliminate disparities.



Join us at the...

## 2017 Annual International Conference on ADHD

November 9-12, 2017  
Atlanta, GA

[REGISTER NOW](#)



The entire ADHD community will convene in Atlanta at the 2017 Annual International Conference on ADHD. *CONNECT AND RECHARGE* is the theme of the first-ever joint CHADD and ADDA Conference, to be held November 9 through 12 at the Atlanta Hilton.

The leading non-profit organizations serving the ADHD community, [CHADD](#) (Children and Adults with Attention Deficit Hyperactivity Disorder) and [ADDA](#) (Attention Deficit Disorder Association), have teamed up to create three-and-a-half days of ADHD-focused science, education, events and activities. The ADHD community will bond and learn about this challenging and complex disorder.

Conference sessions cover many essential topics: getting organized, planning for post-secondary education, school collaboration and supports, IDEA and education law, and evidence-based interventions including medications and more. Special activities teach social skills, let attendees connect with experts, and each other. Informal sessions connect groups ranging from "Women with ADHD to "LGBT, Poly Adults" to "Parents with ADHD".

For more information, see the [International ADHD Conference Web Site](#) or call toll-free at 1-800-233-4050.



## 34th NADD Annual Conference & Exhibit Show 2017

November 1-3 CHARLOTTE NORTH CAROLINA

### Reaching your Potential & Beyond: IDD/MI

Sheraton Charlotte Hotel



[Register HERE](#)

## KEYNOTE SPEAKERS

### AUTISM

**Lauren Turner-Brown, PhD**  
Assistant Director, UNC TEACCH Autism Program  
Assistant Professor, Departments of Psychiatry and Psychology,  
University of North Carolina at Chapel Hill



### DM-ID-2

**Robert Fletcher, DSW, NADD-CC**  
NADD Founder & CEO  
Kingston, NY





## WEBINAR OPPORTUNITY

### TEEN DEPRESSION - WHAT SCHOOLS AND PARENTS CAN DO WHEN HELP IS REFUSED

*Tuesday, September 26, 7 p.m. to 8:30 p.m. ET*

Sponsored by Families for Depression Awareness



*For Parents, Caregivers, Teachers, School Counselors and Staff, Youth Workers, and anyone interested in Teen Mental Health*

Teens are often reluctant to ask for help, even when dealing with serious health issues such as depression. Do you know what to do if a teen in your life doesn't want to seek treatment? If your answer is "no," then our September 26th webinar is for you.

Learn how to identify depression in teens and intervene with effective communication techniques. This free webinar features Dr. Nancy Rappaport, an Associate Professor of Psychiatry at Harvard Medical School, and expert in teen depression.

**REGISTER [HERE](#)**

## WEBINAR OPPORTUNITY

### BRINGING HELP TO YOU: INNOVATIVE MODELS IN MOBILE CRISIS RESPONSE

*Wednesday, September 20, 2 p.m. to 3:30 p.m.*

Sponsored by the National Council for Behavioral Health



Mobile crisis services provide a rapid, on-site response to resolve crisis situations involving those with mental health or addiction concerns. These specially-trained teams are a critical link between the community and emergency departments and have reduced psychiatric hospitalizations. They also play a role in police interactions, reducing the number of arrests in moments of crisis.

During this webinar, hear from three innovators in the field of mobile crisis response as they highlight different mobile response models and community partnerships. They will also provide guidance on how to establish, support and expand a mobile response unit.

Do not miss this opportunity to understand how your organization can utilize mobile crisis response to increase access to and the quality of crisis care.

**REGISTER [HERE](#)**

## Webinar Opportunity

### Immigrant Students Experiencing Homelessness: Latest Developments & Resources

*Tuesday, October 10, 1 p.m. - 2:15 p.m. Eastern Time*

Sponsored by School House Connection

Federal rules on immigrant youth and families are changing rapidly, from Deferred Action for Childhood Arrivals (DACA), to the rights of sponsors caring for immigrant youth, to enforcement actions by Immigration and Customs Enforcement (ICE). This webinar will provide the latest information on rules, rights and responsibilities for undocumented students, sponsors and families. An immigration attorney will outline do's and don'ts for schools serving immigrant students, and a McKinney-Vento liaison will share her practical strategies to help students and families.

#### Presenters:

- Jessica Jones, Policy Counsel, Lutheran Immigration and Refugee Service
- Roxana Parise, McKinney-Vento Liaison, Bellingham, WA
- Patricia Julianelle, Director of Program Advancement and Legal Affairs, SchoolHouse Connection

**REGISTER [HERE](#)**

# International Association of Peer Supporters (iNAPS)

## 11th Annual Peer Support Conference

October 16 to 18, 2017

Phoenix, Arizona



[REGISTER HERE](#)

### CERTIFIED PEER SPECIALIST TRAINING FOR INDIVIDUALS WHO ARE DEAF AND AMERICAN SIGN LANGUAGE USERS

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is recruiting qualified individuals who are deaf, use ASL, are seeking employment and want to take Certified Peer Specialist (CPS) training to learn how to use their personal experience in mental health recovery to help other individuals who are deaf and have mental health needs. OMHSAS is offering this training opportunity to individuals from other states who are deaf and ASL users and meet their state/territory training requirements to become a CPS. Priority will be given to Pennsylvania residents. Deadline for applying is November 13, 2017.

The 75 hour (10-day) training is scheduled for December 4-15, 2017. The training will be held at Hyatt Place, 440 American Ave., King of Prussia, PA 19406.

Certified Peer Specialists are trained to:

- offer support and assistance in helping others in their mental health recovery
- inspire hope and share their mental health recover story to help others
- promote empowerment, self-determination, understanding, coping skills and resiliency

CPS training/employment guidelines for Pennsylvania residents:

- Deaf and ASL user
- 18 years of age or older
- Received or is receiving mental health services for serious mental illness
- Have a high school diploma or general equivalency diploma
- From 2015 through 2017:
  - ✓ maintained at least 12 months of successful work or volunteer experience, or
  - ✓ earned at least 24 credit hours from a college or post-secondary educational institution
- Individuals must be seeking employment and willing to work upon completion of CPS training

Training fee options for Pennsylvania residents:

1. If eligible, OVR may pay for your training and provide a paid internship. Contact OVR by October 15, 2017.
2. An individual not eligible for OVR services will be responsible for the cost of the training and associated costs.

**Out of state applicants:** Please contact PJ Simonson for information regarding training fees.

To complete an online training application: email [PJ Simonson](mailto:PJ.Simonson) and ask for an application for the CPS Training for deaf candidates. The forms will be emailed to you to complete online. Once finished, return the application to PJ.

**Questions about the Training,** Contact: [PJ Simonson](mailto:PJ.Simonson) | RI Consulting | Phone: 602.636.4563

**Questions about OVR Services,** Contact: [Randy Loss](mailto:Randy.Loss) | Office of Vocational Rehabilitation | Phone: 717.787.5136



Behavioral health is in flux because of the upheaval and uncertainties in the larger healthcare environment. The danger is that some of the recent gains in behavioral health may be undermined, if not lost. The challenge for the field is how to build on its successes as changes occur in funding and insurance, clinical and care models, workforce, and the emergence of new technologies. Come join us at our **58<sup>th</sup> Annual Conference** to discuss these issues and more.



Partnering with

The National Association  
of County Behavioral  
Health and Developmental  
Disability Directors

National Association of  
State Mental Health  
Program Directors

The Western Interstate  
Commission for Higher  
Education (WICHE)  
Mental Health Program

Presents



## Framing the Future of Behavioral Health Services: What's the Next Step?

**October 23-25, 2017**

Pre-Conference - October 22, 2017

**Renaissance Arts Hotel**

700 Tchoupitoulas Street  
New Orleans, LA 70130

**Conference Hotel Room Rate**

**\$156 plus tax before 10/6/17, 5 p.m.**

Hotel Phone: 877-622-3056. Refer to NDBH Room Block  
Parking is available at the hotel or a nearby public lot for a fee.

**Conference Rates:**

**\$150.00 Sunday Pre-Conference or Single Day Fee**

**\$295.00 Conference Fee Only**

For more information and to register, go to:

**[www.nationaldialoguesbh.org](http://www.nationaldialoguesbh.org)**

**Suggested Audience:** Psychiatrists, Psychologists, Social Workers, Nurses, Counselors, Addiction Counselors, Case Managers, Administrators, Policymakers, Behavioral Healthcare Providers, State/County Behavioral Healthcare Administrators, Members of the Judiciary, Justice System Administrators, Law Enforcement/Justice System Stakeholders, Emergency/Disaster Response Professionals, Educators, School-Based Counselors, Health Plan Administrators, Health Policymakers, Academicians.  
Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.

## **Request from the National Coalition for Mental Health Recovery: Assistance is Needed in Helping to Fund the *Alternatives 2018* Conference**

The National Coalition for Mental Health Recovery (NCMHR), representing 27 statewide peer-run organizations, will be hosting the *Alternatives Conference* for 2018 without federal support. Alternatives Conferences have been organized by and for individuals with psychiatric histories since 1985. 750 participants attended Alternatives 2017, hosted in Boston August 18-21 by the National Empowerment Center, one of the best ever.

The Alternatives conferences grew from the roots of the consumer/survivor (now known as the peer) movement, which started in the U.S. in 1969 with the founding of a self-help and advocacy group in Portland, Oregon. Riding the wave of the civil rights movement, other such groups soon sprung up on the coasts.

One of the most important innovations in the last 20 years is the recognition that people can and do recover to live full lives in the community after severe mental illness. The 2003 report of the President's New Freedom Commission on Mental Health vision statement begins: "We envision a future when everyone with mental illness will recover..." The report also states that "consumers," along with family members, would drive this recovery movement.

**Our national Alternatives conference has played a vital role in driving this transformation.**

As state mental health program directors, we thank you for the scholarship funds you have provided in the past to help people in your respective states attend this transformative conference. Now, however, there is not federal funding available to subsidize this conference and we need funding up front to help make this conference a reality.

**If possible, please help us fund the Alternatives 2018 Conference through a donation to the National Coalition for Mental Health Recovery at <https://www.ncmhr.org/donations.htm>.** Thank you for any assistance you can provide.

## **WEBINAR OPPORTUNITY**

### **Implementing Change: Working to Address the Intersections of Juvenile Justice and Youth Homelessness**

*September 21, 2 p.m. to 3:30 p.m. ET*

Sponsored by the Coalition for Juvenile Justice

A growing number of communities are working to ensure that young people do not experience homelessness as a result of involvement with the justice system, and that similarly, they do not come in to contact with the system because they are experiencing homelessness. On any given night nearly 1.3 million young people are experiencing homelessness. Many of these youth will also come in to contact with law enforcement, be arrested, and/or be incarcerated. Join us to learn how Philadelphia, Pa., and Minnesota are working to combat this cycle, and learn about the Principles for Change, a series of policy recommendations that communities and states can adopt to help address these intersections, and the application of these principles for youth in custody.

The webinar is free for all to attend.

#### **Presenters Include:**

- Callie Aguilar, Juvenile Justice Specialist, Minnesota
- Jennifer Pokempner, Juvenile Law Center, Child Welfare Policy Director
- Elizabeth Seigle, Grantee Technical Assistance Manager, Council of State Governments
- Naomi Smoot, CJJ, Executive Director

**REGISTER [HERE](#)**



## The Building Bridges Initiative Fall Training Event - October 4 to 6, 2017 Double Tree by Hilton Hotel, 123 Old River Road, Andover, MA 01810 Registration is now open!

**Purpose:** To increase participant's ability to use and/or support implementation of best practices in both residential and community settings that result in sustained positive outcomes for youth and families who receive a residential intervention. Attendees will leave the training event with practical strategies to improve policies and practices in their programs (residential and/or community) or agencies (oversight/funding), as well as with an understanding of business strategies to transform agencies operating residential programs to ensure long-term success.

**Who will benefit:** There will be training sessions to support oversight and funding/policy leaders and staff; sessions to support residential/community executives, leaders, clinical staff, advocates and family members. Adolescents with residential experiences, who are interested in learning about best practices, will also find some sessions of interest. It is recommended that teams of leaders/staff/ advocates/families/adolescents from the same oversight agency/program attend the event together. A collective team approach will promote a stronger learning opportunity and ability to implement strategies and tools learned within the program or oversight agency.

### Registration rates

- Full training Program: \$395; Single Day Rate: \$200
- Presenters will receive a discounted rate of \$295
- Introduction to BBI on October 3rd, 2 p.m. to 5 p.m.: \$50 (free w/ paid full registration of \$395)

There is limited scholarship funding available for family members and youth. To receive an application please contact Kelly Pipkins-Burt at [kpb54burt@gmail.com](mailto:kpb54burt@gmail.com).

 THE ANNIE E. CASEY FOUNDATION This event is made possible through the support of the Anne E. Casey Foundation (AECF) and represents a collaboration between ACDP and the Building Bridges Initiative, Inc.

## From Pain to Promise – Addressing Opioids and Suicide in Communities across America



Wednesday, September 27, 3 p.m. to 5:30 p.m.  
Rotunda North Tower, 8<sup>th</sup> Floor, Ronald Reagan Bldg.  
1300 Pennsylvania Avenue N.W., Washington, D.C.



*Hosted by Education Development Center & the National Action Alliance for Suicide Prevention*

Opioid overdose and suicide—What can we do now to address these national emergencies?

Please join this event bringing together public- and private-sector thought leaders to discuss potential solutions in reducing the burden of “deaths of despair,” restoring hope, and saving lives in communities across the country.

Distinguished panelists will discuss health care delivery, law enforcement, lived experience, faith, and the judicial system. The discussion is especially timely given the pending October release of the final recommendations of the President's Commission on Combating Drug Addiction and the Opioid Crisis.

Speakers will include:

- Dr. Arthur C. Evans, CEO, American Psychological Association
- Mr. Patrick Kennedy, The Kennedy Forum; the President's Commission on Combating Drug Addiction & the Opioid Crisis
- Mr. Gary Langis, EDC substance abuse prevention consultant and voice of lived experience
- Dr. Jerry Reed, Senior Vice President, EDC and Action Alliance
- Ms. Kay Warren, co-founder, Saddleback Church

Seating is limited, you are encouraged to register today.

**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.

### Florida

September 19 & 20 - Florida Department of Children and Families' Office of Substance Abuse and Mental Health, Orlando

### Minnesota

September 26 & 27 - Direct Care and Treatment Division, Minnesota Department of Human Services, St. Cloud

### Mississippi

September 29 - MS Department of Mental Health, Jackson

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).



### Worry A Lot, Anxious, Shy, or Nervous in Social Situations? Join a Research Study!

This study seeks to better understand anxiety by examining changes in emotional reaction and task performance under stress. We want to understand the way these changes are different for people suffering from anxiety or mood disorders.

Participants must be 18 to 60, with generalized anxiety disorder, social anxiety disorder or a panic disorder. Participants must be free of certain medical conditions and currently not on psychiatric medications.

You may not be eligible if you are pregnant, have current alcohol or substance abuse problems, heart disease, neurological disease, or any health problems that would interfere with the study or make it unsafe for you.

Research procedures will include: a screening visit, 1 to 2 outpatient visits, computer tasks, exposure to unpleasant stimuli. Researchers will assess changes in heart rate, muscle activity, sweat responses and respiration. Visits may last up to 4 hours each.

This study is conducted at the NIH Clinical Center, Bethesda, MD. Compensation is provided.

To find out if you qualify or for more information: email [anxiety@mail.nih.gov](mailto:anxiety@mail.nih.gov), or call 1-888-644-2694, TTY: 1-866-411-1222,

More at <https://www.nimh.nih.gov/labs-at-nimh/join-a-study/trials/adult-studies/predictability-and-aversive-expectancies-in-anxiety-disorders.shtml>.

## Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

## Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet "Nick," a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick's needs, and those of other individuals facing similar challenges.

**Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care**

[REGISTER HERE](#)

**Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders**

[REGISTER HERE](#)

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

### Course Objectives

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.
2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.
3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

### Course Faculty

Curley Bonds, M.D.  
Medical Director,  
Didi Hirsch Mental Health Services

Jackie Pettis, M.S.N, R.N.  
Advisor and Trainer for Psychiatry to Practice  
Project

Wayne Centrone, N.M.D., M.P.H  
Senior Health Advisor, Center for Social Innovation  
Executive Director of Health Bridges International

Ken Minkoff, M.D.  
Senior System Consultant, ZiaPartners, Inc.  
Clinical Assistant Professor of Psychiatry,  
Harvard Medical School

Chris Gordon, M.D.  
Medical Director and Senior Vice President for  
Clinical Services, Advocates, Inc.  
Associate Professor of Psychiatry, Harvard Medical  
School

Kim Mueser, Ph.D.  
Executive Director, Center for Psychiatric  
Rehabilitation, Boston University

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential

## National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

### **Webinar Series: Communities Addressing Trauma and Community Strife through Trauma-Informed Approaches: Trustworthiness and Transparency in a Community Setting**

**REGISTER [HERE](#)**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to present a 6-part series entitled "**Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches.**" SAMHSA/NCTIC is offering this virtual webinar series highlighting communities working to improve the resiliency of its members and responsiveness to community incidents. The series framework follows SAMHSA's six principles of trauma-informed approaches, as described in [SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approaches](#).

SAMHSA's NCTIC is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA's Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA's objective to develop a framework for community and historical trauma and a trauma-informed approach for communities. The series is open to all interested in addressing community trauma and healing.

### **Empowerment, Voice and Choice**

Monday, September 25, 1 p.m. to 2:30 p.m. Eastern Time

The Holistic Life Foundation will present on creating safe spaces and tools for healing. Ali Smith and Atman Smith, co-founders of Holistic Life will present on their project of helping children and adults through body healing practices. They will start with their TED talk then discuss how they are implementing this in different systems in the city.

### **Webinar Series: Trauma-Informed Innovations in Crisis Services**

**REGISTER [HERE](#)**

NCTIC is also pleased to announce the opportunity to participate in the webinar series **Trauma-Informed Innovations in Crisis Services**. This series highlights the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience, and peer support. Each 60-minute webinar focuses on how an agency implements the principles from [SAMHSA's Concept and Guidance for Trauma-Informed Approaches](#): Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. A moderated Q&A session follows the presentation. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA's publication: [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#), "National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors can increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. Research based on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and ensure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

More and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA's Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, or mobile crisis outreach programs.

### **Trustworthiness and Transparency: Baltimore Police Department**

Monday, September 25, 3 p.m. to 4 p.m. Eastern Time

Sergeant Joanne Wallace, Crisis Intervention Team Coordinator for the Baltimore Police Department, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Wallace and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services or immediate access to recovery support is necessary.



## Webinar Opportunity

### Using the Senior Reach Program to Address Risk Factors for Suicide among Older Adults

*Tuesday, September 19, 3 p.m. to 4:30 p.m. Eastern Time*

Older adults may experience conditions that increase their risk for suicide, including depression, anxiety, feelings of hopelessness and social isolation. Join us to learn more about the prevalence of these issues among seniors as well as resources available to help. Experts will share information about Senior Reach, a program that focuses on creating linkages between agencies, businesses, and communities to provide emotional and physical support for older adults. Specific suicide risk screening strategies and tips to improve the provision of behavioral health services to older adults will be shared.

#### **Presenters:**

- Shannon Skowronski, Administration for Community Living/Administration on Aging
- Amy Miller, Senior Reach
- Steve Slayton, Services to Enhance Potential
- Jennifer Onwenu, Services to Enhance Potential
- Ellen Mariscal, Services to Enhance Potential
- Sonia George, Services to Enhance Potential

**REGISTER [HERE](#)**

**Host:** Binod Suwal, Senior Program Manager, Center for Healthy Aging

### **NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center**

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF). The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

### **Technical Assistance on Preventing the Use of Restraints and Seclusion**

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, [Click Here](#):

We look forward to the opportunity to work together.

## ***Technical Assistance (TA) Opportunities for State Mental Health Authorities under the SAMHSA State TA Contract***

The State TA Contract is a cross-Center behavioral health technical assistance project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this project, states can request support for experts to provide both off-site (e.g., telephonic and web-based) assistance, as well as in-person training and consultation to representatives from the State Mental Health Authorities (SMHAs) and other designated stakeholders in order to foster and enhance recovery and resiliency-oriented systems, services, and supports.

**Topics:** SMHAs can request TA on a wide range of issues including, for example:

- Improving Services & Service Delivery Systems: e.g., tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices (e.g., assertive community treatment, supported employment, cognitive behavioral therapy, coordinated specialty care, etc.); increasing early identification & referral to care for young people; promoting trauma-informed, recovery-oriented care; etc.
- Systems Planning/Operations: e.g., strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; integration of behavioral health and primary care, etc.
- Expanding the Peer Workforce: training and certification of peer specialists; peer whole health training; supervision of peer specialists; utilizing peer specialists to work with persons who are deaf and hard of hearing, etc.
- Financing/Business Practices: e.g., maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; compliance with Mental Health Block Grant (MHBG) requirements for fiscal monitoring, etc.

**Parameters:** TA under this project cannot be specifically focused on institutional/hospital-based settings. On average, a given TA project includes up to 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

**To Request TA:** Submit your request into the on-line SAMHSA TA Tracker, a password-protected system. All of the MH Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via this support.

The log-in for the Tracker is: <http://tatracker.treatment.org/login.aspx> . If a state has forgotten its password or has other questions *about accessing the Tracker system*, the Commissioner or authorized user can send an e-mail to [tatracker@treatment.org](mailto:tatracker@treatment.org).

If you have other questions, please contact your CMHS State Project Officer for the Mental Health Block Grant, or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at [jenifer.urff@nasmhpd.org](mailto:jenifer.urff@nasmhpd.org) or via phone at (703) 682-7558.

### **Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis**

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

- > **Policy Brief:** *The Business Case for Coordinated Specialty Care for First Episode Psychosis*
- > **Toolkits:** *Supporting Full Inclusion of Students with Early Psychosis in Higher Education*
  - *Back to School Toolkit for Students and Families*
  - *Back to School Toolkit for Campus Staff & Administrators*
- > **Fact Sheet:** *Supporting Student Success in Higher Education*
- > **Web Based Course:** *A Family Primer on Psychosis*
- > **Brochures:** *Optimizing Medication Management for Persons who Experience a First Episode of Psychosis*
  - *Shared Decision Making for Antipsychotic Medications – Option Grid*
  - *Side Effect Profiles for Antipsychotic Medication*
  - *Some Basic Principles for Reducing Mental Health Medicine*
- > **Issue Brief:** *What Comes After Early Intervention?*
- > **Issue Brief:** *Age and Developmental Considerations in Early Psychosis*
- > **Information Guide :** *Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)*
- > **Information Guide:** *Use of Performance Measures in Early Intervention Programs*

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at <http://www.nasmhpd.org/content/information-providers>. Any questions or suggestions can be forwarded to either Jenifer Urff ([jenifer.urff@nasmhpd.org](mailto:jenifer.urff@nasmhpd.org)) or David Shern ([David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)).

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## NASMHPD Links of Interest

[HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2016 & TABLES](#), U.S. CENSUS BUREAU, SEPTEMBER 12

["WE STARTED IT": ATUL GAWANDE ON DOCTORS' ROLE IN THE OPIOID EPIDEMIC](#), SARAH KLIFF, VOX, SEPTEMBER 8

[BACK TO SCHOOL WITH BEHAVIORAL SUPPORTS](#), PAOLO DEL VECCHIO, SAMHSA BLOG, SEPTEMBER 6

[INSURANCE COVERAGE AND HEALTH OUTCOMES IN YOUNG ADULTS WITH MENTAL ILLNESS FOLLOWING THE AFFORDABLE CARE ACT DEPENDENT COVERAGE EXPANSION](#), KOZLOFF N. & SOMMERS B., *JOURNAL OF CLINICAL PSYCHIATRY*, JULY 11

[WAYS AND MEANS DEMOCRATS' LETTER TO COMMITTEE CHAIRMAN KEVIN BRADY \(R-TX\) REQUESTING BI-PARTISAN HEARINGS ON MARKET STABILIZATION](#), SEPTEMBER 8

[THEY WERE OPIOID ADDICTS ON THEIR WAY TO RECOVERY. THEN THE HURRICANE HIT](#), ELIZABETH BRICO. VOX, SEPTEMBER 11

[THE MENTAL HEALTH IMPACT OF MAJOR DISASTERS LIKE HARVEY AND IRMA](#), J. BRIAN HOUSTON & JENNIFER FIRST, *THE CONVERSATION/AP*, SEPTEMBER 11

[SEVEN DAYS OF HEROIN: THIS IS WHAT AN EPIDEMIC LOOKS LIKE](#), *CINCINNATI ENQUIRER*, SEPTEMBER 10

[AS OPIOID CRISIS GAINS FEDERAL SUPPORT, MA SPONSORS CONSIDER TIGHTENING PROTOCOLS \(WITH TABLE: OMS PART D POTENTIAL OPIOID OVERUTILIZATION RATES\)](#), *MEDICARE ADVANTAGE NEWS*, AUGUST 24

[ROADMAP TO BEHAVIORAL HEALTH: A GUIDE TO USING MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) & SAMHSA, AUGUST 2017