Ohio Medicaid Expansion Assessment Finds Continuous Medicaid Expansion Enrollees 3.4 Times More Likely to Report Their Mental Health Had Improved

A study of the Ohio Medicaid expansion population released last month by the Ohio Department of Medicaid (ODM) has found that individuals continuously enrolled in the state Medicaid expansion population without dropping out (Continuous Group VIII) are 3.4 times as likely to report that their mental health had improved since enrolling on Medicaid. The majority of Continuous Group VIII enrollees with depression or anxiety (84.3 percent) reported that access to mental health treatment was “not a problem”.

More than half (51.2 percent) of individuals no longer enrolled in Medicaid who met screening criteria for anxiety or depression reported difficulties obtaining needed prescriptions, compared to less than one-fourth (22.1 percent) of the Continuous Group VIII who met such screening criteria.

Less supportive of a pro-expansion perspective are the findings that 24.6 percent of individuals in the Continuous Group VIII, individuals who had churned on and off Medicaid, and Non-Group VIII Medicaid groups screened positive for depression, while the unenrolled individuals had lower rates (17.4 percent), and that Continuous Group VIII enrollees who met screening criteria for depression and anxiety were significantly less likely to report being employed (26.9 percent versus 60.7 percent).

The report is a follow-up to a report mandated in 2015 by the Ohio General Assembly requiring ODM to provide a report evaluating the impact of Ohio’s 2014 Medicaid expansion, under the Affordable Care Act (ACA). The phrase “Group VIII” refers to the section of the Social Security Act that sets requirements for Medicaid expansion eligibility which allowed most Ohioans ages 19 through 64 with incomes at or below 138 percent of the Federal poverty level (FPL) to become eligible for Medicaid.

ODM developed the Ohio Medicaid Group VIII Assessment, which examined how Medicaid expansion affected new enrollees with respect to access and utilization of healthcare, physical and mental health status, financial distress/hardship, and employment. The December 2016 study found that new enrollees reported improved access to care, better management of chronic diseases and health risk factors, and improvements in self-rated health and economic stability.

The 2018 Group VIII assessment focuses on:

1. **Enrollment Patterns.**
2. **Population Characteristics:** Has the Ohio Medicaid Group VIII population remained stable in terms of size and demographic characteristics since the initial assessment?
3. **Employment:** Does Medicaid enrollment impact greater workforce participation?
4. **Financial Hardship:** To what extent does Medicaid enrollment translate into greater financial security?
5. **Health System Capacity and Access:** Is Medicaid provider capacity adequate to meet the needs of Group VIII enrollees? What are the key barriers to accessing needed healthcare services?
6. **Health System Utilization:** How have health care utilization patterns of Medicaid enrollees changed since the initial assessment?
7. **Physical Health:** Does Medicaid enrollment translate into improvements in physical health?
8. **Mental and Behavioral Health:** Does Medicaid enrollment translate into improvements in mental/behavioral health?
9. **Health Risk Behaviors:** Is enrollment in Medicaid associated with changes in unhealthy behaviors such as smoking?
10. **Family Stability:** Does Medicaid enrollment promote family stability?

The study examined four different groups: 1) Those continuously enrolled in Group VIII (Continuous Group VIII); 2) Prior Group VIII enrollees no longer enrolled in expansionMedicaid (Churn Group VIII); and 4) Those continuously enrolled under pre-ACA Medicaid eligibility criteria (Non-Group VIII Medicaid enrollees). To enable comparisons, the study excluded dual-eligibles, those enrolled in the Aged, Blind, and Disabled Medicaid Program, pregnant women, individuals living in institutions.

With regard to enrollment, the evaluation finds:

1. Almost one fifth (17.5 percent) of Ohioans ages 19 to 64 have participated in the Medicaid expansion program since it began in 2014 (more than 1.26 million individuals).
2. About half (52.5 percent) of individuals who enrolled in Group VIII since 2014 were enrolled as of November 2017 – only one third (37.3 percent) of Group VIII maintained continuous coverage since initial enrollment.
3. Medicaid expansion impacts Ohio’s declining uninsured rate (12.8 percent) for low-income Ohioans ages 19 to 64; in 2017, 70.2 percent of adults 19 to 64 years of age participated in the Ohio workforce.  (Continued on page 3)
<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Medicaid Expansion Assessment Finds Continuous Enrollees in Medicaid Expansion are 3.4 Times as Likely to Report Their Mental Health Had Improved</td>
<td></td>
</tr>
<tr>
<td>September is National Suicide Prevention Awareness Month, September 10 is World Suicide Prevention Day</td>
<td></td>
</tr>
<tr>
<td>September 21-23 SMART Recovery Annual Conference – Registration Deadline TODAY!</td>
<td></td>
</tr>
<tr>
<td>ISMICC Blog: SAMHSA and NIMH Gather 14 Researchers with Aim of Improving SMI Treatment and Recovery</td>
<td></td>
</tr>
<tr>
<td>September 12 Policy-Related Twitter Chat: Expanding the Reach of Evidence-Based Supported Employment</td>
<td></td>
</tr>
<tr>
<td>September 2018 Center for Trauma-Informed Care Trainings</td>
<td></td>
</tr>
<tr>
<td>Academy Health National Health Policy Conference Request for Proposed Presentations</td>
<td></td>
</tr>
<tr>
<td>September 24 CTIPP Webinar: Peer-Led Seeking Safety for Trauma and Addiction NASHIA Annual Meeting, September 24 to 27</td>
<td></td>
</tr>
<tr>
<td>2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS</td>
<td></td>
</tr>
<tr>
<td>NCTIC Webinar Series: Trauma and Its Relevance to Healthcare, September 13 &amp; 20</td>
<td></td>
</tr>
<tr>
<td>CDC Data Shows Suicide by Firearms is Highest Ever Among U.S. Adults and Youths</td>
<td></td>
</tr>
<tr>
<td>Senate Schedules Vote on Opioids Legislation for Next Week</td>
<td></td>
</tr>
<tr>
<td>Families for Depression Awareness October 11 Webinar on Teen Depression</td>
<td></td>
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<tr>
<td>29th Annual State of the States in Head Injury Meeting, September 24 to 27</td>
<td></td>
</tr>
<tr>
<td>October 7 National Meeting in Boston on Advancing Early Psychosis Care in the United States</td>
<td></td>
</tr>
<tr>
<td>NADD August-December Webinar Series</td>
<td></td>
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<tr>
<td>SAVE THE DATE – September 2019 International Initiative for Mental Health Leadership (IIMHL) &amp; International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC</td>
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</tr>
<tr>
<td>TA Network Webinars &amp; Meetings: Mobile Response and Stabilization Services (MRSS) Peer Meeting &amp; Recovery to Practice eLearning Course on Integrated Practice</td>
<td></td>
</tr>
<tr>
<td>November 1 through 3 National Federation of Families for Children’s Mental Health Conference</td>
<td></td>
</tr>
<tr>
<td>September 26 &amp; 27 ASTHO Annual Meeting in Alexandria, VA</td>
<td></td>
</tr>
<tr>
<td>EIP Resource Center: Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis</td>
<td></td>
</tr>
<tr>
<td>NASMHPD Board &amp; Staff NASMHPD Links of Interest</td>
<td></td>
</tr>
</tbody>
</table>
Continuous Ohio Medicaid Expansion Enrollees More Likely to Report Improved Mental Health

(Continued from page 1) full- or part-time.

4. The most common reported reasons why Group VIII enrollees unenrolled from Medicaid were that: (1) household income increased or the respondent got a job (71.1 percent); and (2) the respondent obtained non-Medicaid health coverage (48.8 percent).

5. Many participants in the 2018 Group VIII Assessment were unaware of their Medicaid coverage status: 1) only 44 percent of Unenrolled Group VIII knew that they had lost Medicaid coverage; and 2) only 36 percent of the Churn Group were aware they had experienced a coverage gap.

6. In November 2017, 34 of Ohio’s 88 counties had at least 10 percent of adults ages 19 to 64 covered by Medicaid expansion. These counties included almost every county in Appalachian Ohio and all major metropolitan counties except Franklin County.

7. From January 2014 through November 2017, 74 Ohio counties (84.1 percent) had more than 10 percent of adults in the 19 to 64-year-old population ever enrolled in Medicaid expansion. For 44 Ohio counties, 17 percent or more of their 19 to 64 year old population had been covered at some point in time through Medicaid expansion. These counties include all but three of Ohio’s Appalachian counties, most of north Central Ohio counties, Preble County, and all urban counties except Franklin County.

With regard to population characteristics, the assessment finds:

1. As found in 2016, members of the Continuous Group were more likely to be older, white, and male than the Non-Group VIII Medicaid enrollees.

2. Compared to Continuous Group enrollees in 2016, the 2018 Continuous Group members were more likely to be younger, white, female, and have children.

3. Unenrolled Group VIII were younger and more likely to be employed than those who were continuously enrolled.

4. Churn Group VIII were younger but slightly more likely to have chronic conditions than those who were continuously enrolled.

With regard to employment status, the evaluation finds:

1. Approximately half of Continuous Group VIII (49.6 percent) reported being employed, compared to 43.2 percent in 2016—a 6.4 percentage point increase.

2. A large majority of employed Group VIII enrollees (83.5 percent) reported that Medicaid made it easier to work; most unemployed enrollees (60 percent) reported that Medicaid made it easier to look for work.

3. Many Group VIII enrollees reported that Medicaid made it easier to work because they were able to obtain care for previously untreated health conditions. One enrollee said Medicaid allowed him to get surgery which allowed him to return to work.

4. Most (93.8 percent) of the Continuous Group were either employed, in school, taking care of family members, participating in an alcohol and drug treatment program, or dealing with intensive physical health or mental health illness. Many had comorbid conditions.

5. Unenrolled Group members were more likely than Continuous Group members to be employed (62.3 percent vs. 49.6 percent).

6. The Churn Group was employed at a rate nearly identical to the Continuously Enrolled Group.

With regard to financial hardship, the evaluation finds:

1. Nearly half the Continuous Group reported strained family budgets (47.8 percent) and housing instability (49.8 percent) during the previous two years.

2. Continuous Group members were almost four times as likely (29.8 percent) to say their financial situation had improved (e.g. paying for groceries, housing, and paying down debt) since enrolling in Medicaid than that their financial situation had worsened (7.7 percent).

3. Continuous Group members were less likely to have medical debt than Unenrolled Group members (29.5 percent vs. 43.7 percent).

4. Use of SNAP (food stamps) in the last 12 months was much less common among Continuous (48.5 percent) and Unenrolled Group members (31.6 percent) than among Non-Group VIII Medicaid enrollees (73.8 percent).

The evaluation finds, with regard to health system utilization:

1. Most of the Continuous Group enrollees who reported having a chronic condition were receiving treatment.

2. Use of primary care as a usual source of care increased. Most (78.7) percent of the Continuous Group reported having a non-emergency department usual source of care in 2018, an increase from 71.2 percent in 2016.

3. As duration of enrollment increased, Group VIII enrollees’ emergency department utilization declined (16.8 percent decline after two years of enrollment).

With regard to health risk behaviors:

1. More than one third (37 percent) of Group VIII enrollees who quit smoking in the last two years—approximately 26,000 Ohioans—said that Medicaid helped them quit.

2. One in ten (9.8 percent) Group VIII enrollees received a primary diagnosis for a substance use disorder and 7.9 percent received a primary diagnosis for opioid use disorder in 2017. The majority (64.1 percent) of those diagnosed with OUD filled at least one prescription for medication-assisted treatment, and 85.8 percent received psychosocial treatment.

3. Obtaining behavioral health care made a significant difference in the lives of many enrollees with substance use disorder. In the words of one respondent: “[Medicaid] means a lot, it means I can get help with my addiction, gets me the counseling I need. If I didn’t have it I would probably end up back in jail.”

4. A small percentage (7.4 percentage) of Continuous Group members reported having misused pain medications in the past, although the majority of those who did (60 percent) said that the misuse had occurred more than one year ago. (The evaluation notes that misuse is not necessarily abuse.)

5. About one in five (18.2 percent) Continuous Group enrollees reported they drank more than four alcoholic beverages in a single day in the previous 30 days, with little significant difference from the other groups studied.
September is National Suicide Prevention Awareness Month, September 10 is World Suicide Prevention Day

September is National Suicide Prevention Awareness Month. Commemorative events are being kicked off during National Suicide Prevention Week, September 9 to 15, with World Suicide Prevention Day recognized on September 10.

Nearly 45,000 suicides occurred in the United States in 2016. For every suicide death, there are approximately 278 people having serious thoughts of suicide, and another 60 having survived their attempt. National Suicide Prevention Awareness Month provides a dedicated time for mental health professionals, suicide prevention advocates, persons with lived experiences, survivors, and community members to come together with a collective passion to talk about a topic that is often stigmatized and difficult to discuss.

Many organizations are hosting virtual events during National Suicide Prevention Month to raise awareness, and share suicide prevention resources and stories that promote the message of hope and recovery. For example, the National Suicide Prevention Lifeline will be promoting their #BeThe1To campaign that lists five actionable steps to prevent suicide and save lives. Those steps advise that you:

1. **Ask** them directly, “Are you thinking of killing yourself?”
2. **Keep Them Safe** from lethal means or any items they are considering using to harm themselves.
3. **Be There** by listening with compassion and empathy.
4. **Help Them Stay Connected** with a support system of networks and resources, including the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
5. **Follow Up** and check in on a consistent basis, especially individuals recently discharged from hospitals or acute care.

This year’s theme for [World Suicide Prevention Day](https://worldsuicidepreventionday.org)—a theme that will continue in place through 2020—is Working Together to Prevent Suicide. The International Association for Suicide Prevention (IASP) selected this theme to promote what they envision as the core component for worldwide suicide prevention—collaboration. Everyone has a contributing role to play in preventing suicides.

IASP states, “Suicide prevention requires integrative strategies that encompass work at the individual, systems, and community levels. Research suggests that suicide prevention efforts will be much more effective if they span multiple levels and incorporate multiple interventions.” IASP further emphasizes that people with lived experiences should be a central component of every organization’s suicide prevention initiatives, from research and evaluation to intervention.

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](https://recoverymonth.samhsa.gov/) 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.

**September 10 - World Suicide Prevention Day**

World Suicide Prevention Day is a global event that aims to encourage communities to join together to spread awareness of suicide prevention. *Download this World Suicide Prevention Day resource* and learn how taking a minute to reach out to someone could change the course of another’s life.

- **Light a Candle** near a window Monday night at 8 p.m. to show support for suicide prevention, to remember a lost loved one, and for the survivors of suicide. [Click here](https://worldsuicidepreventionday.org) to download e-cards to send to loved ones.
- **Join in Prayer** on September 7 to 9. On this weekend, faith communities all around the country pledge to join in prayer for those who are struggling with suicidal thoughts and feelings, the people who love and care for them, and for those who feel close to someone who have died by suicide. To learn more, go to: www.PrayFaithHopeLife.org.

**SAMHSA Suicide Prevention Resources:**

- [Centers for Disease Control and Prevention National Suicide Statistics at a Glance](https://www.cdc.gov/violenceprevention/Suicide/natsuicide.html)
- [National Survey on Drug Use and Health](https://www.samhsa.gov/data

Visit the website for [SAMHSA’s Suicide Prevention Efforts](https://www.samhsa.gov/data) and the Action Alliance’s [Your Life Matters! campaign](https://www.yourlifematters.org).
JOIN US!

2018 SMART Recovery Annual Conference
“Focus on the 4-Points”
September 21 – 23 || Tempe, Arizona

Share in the camaraderie and join the SMART community of volunteers, participants, addiction professionals, and staff from around the globe as we celebrate another year at our annual conference. Open to all, you’ll enjoy a weekend packed with a variety of activities including interactive learning sessions, keynote speakers, engaging presentations and plenty of social events in and around the beautiful cities of Tempe and Phoenix. We look forward to seeing you there!

2018 Annual Conference Agenda 08 24 18

Cost: $119.00 per person

Includes over 10 presentations
Each breakout session will include a variety of discussion topics and you will have the opportunity to attend two sessions at this year’s conference!
Breakout sessions broken down by the following intended participants:
  - Volunteer/Facilitators,
  - Corrections/Drug Courts/Criminal Justice
  - Addiction Professionals, and The SMART Organization

Plus...
  - Two continental breakfasts
  - One luncheon
  - Our Annual Gerstein Award dinner and presentation
  - Two morning coffee breaks and a Saturday afternoon snack
  - All conference materials, handouts, and sponsor offers

CEUs are available for this event for an additional fee of $12.99 (collected onsite). Request forms will be distributed at the conference for 10.75 contact hours (CEUs) approved for addictions counselors by NAADAC. Accepted by many social work and behavioral health boards. For more information visit CEUInstitute.com.

Conference registration is now open and closes TODAY, Friday, September 7
(CLICK TO REGISTER)

Hotel room reservations can be made now! Scroll down to learn more about the DoubleTree Hotel and our discounted rate.

Note: Meals and materials cannot be guaranteed for registrations received after Friday, September 14th.
August 2018: SAMHSA and NIMH Gather 14 Researchers with Aim of Improving SMI Treatment and Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with the National Institute of Mental Health (NIMH) to bring together 14 eminent mental health researchers to participate in an expert panel meeting, “Research Opportunities for Improving Treatment Interventions and Recovery Services for Adults with SMI.”

This meeting was a first step toward “developing a priority research agenda for SED/SMI prevention, diagnosis, treatment, and recovery services” which you may recognize as recommendation 3.8 in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report to Congress. The meeting focused on research related to better treatment interventions and recovery services for adults (ages 18-64) with established schizophrenia spectrum disorders.

The event opened with remarks from Dr. Anita Everett, Chief Medical Officer, SAMHSA, and Dr. Robert Heinssen, Director, Division of Services and Intervention Research, NIMH. The format of the meeting was divided into four, over-arching topic areas: 1) pharmacological approaches, 2) treatment of comorbid medical conditions, 3) psychosocial interventions for illness management aimed at improving treatment interventions and recovery services, and 4) future directions for research and practice. Each topic area began with formal, 35-minute presentations followed by a group discussion of key issues.

The presentations summarized available scientific evidence, outlined gaps in knowledge, and identified research activities that could address areas of uncertainty for treating SMI. Panelists identified gaps in knowledge around key topics, including pharmacologic options for treating negative symptoms and cognitive impairments, peer interventions, cognitive remediation, and illness self-management programs and recovery and social isolation. They also reviewed the need for better practices that keep people with SMI out of the criminal justice system and in stable housing, and that reduce health care disparities for racial/ethnic populations.

Panelists acknowledged that we must respect the importance of both evidence and implementation. There are interventions known to be effective in treating individuals who have SMI, but they are often not widely implemented or implemented with fidelity. Panelists asserted the field needs to evaluate strategies to deploy, sustain, and enhance effective interventions in community settings, to develop and test approaches to overcome barriers to implementing and sustaining treatment, and to incorporate strategies that address workforce training and maintenance.

The observations and recommendations from the meeting are being organized and will be incorporated into the NIMH Strategic Plan for Research, 2020-2025. In addition, they will influence NIMH funding opportunities in the fall. Future panels aimed at developing a priority research agenda for SMI will build off of this panel's work.
Disability employment policymakers, practitioners, researchers, and advocates from multiple organizations will participate in a live Twitter chat on expanding supported employment efforts on September 12, at 1:00 p.m. E.T.

Join the conversation by following @UICHealthRRTC and using the hashtag #SEworks.

#SEworks - Now What?
@UICHealthRRTC Twitter Chat

Share your thoughts & efforts to expand the reach of evidence-based supported employment.

Wednesday Sep. 12 @ 1-2 pm ET

Follow @UICHealthRRTC to join the #SEworks chat.

Twitter chat theme
How do we expand the reach of evidence-based supported employment?

Participating Organizations
Follow #SEworks.
@UICHealthRRTC
@IPSinAction
for additional news, resources, and perspectives on evidence-based supported employment.
CENTER FOR TRAUMA-INFORMED CARE

NASCMPHD 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**

**Alabama**

September 17 & 18 - Mobile County Board Of Health - Division Family Oriented Primary Health Care Clinics

**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

**Maryland**

September 19 - Molina Healthcare, Inc. - Easton

**Mississippi**

September 21 - Adult Special Care Clinic / University of Mississippi Medical Center - Jackson

**Pennsylvania**

September 11 – Gaudenzia, Inc. - Harrisburg

**South Carolina**

September 12 & 13 - Roper St Francis Healthcare - Columbia

**Virgin Islands**

September 20 & 21 - Frederiksted Health Care - Frederiksted

**Washington**

September 16 - Seattle Area Support Groups - Seattle

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

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Add Your Vote
Submit a Proposal

Participate in the 2019 AcademyHealth National Health Policy Conference and add your voice to this one of a kind event, designed to address the nation’s health policy agenda, including the most critical issues and immediate policy priorities in United States health care. Learn More »

Submission Deadline: Thursday, September 27

SUBMIT A PROPOSAL
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

This webinar is co-sponsored by the National Center on Domestic Violence, Trauma and Mental Health, as part of their series on Trauma, Opioids and Domestic Violence.

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**2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our *Beyond Beds* series of 10 white papers highlighting the importance of providing a continuum of care.

Following are links to the reports in the *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 Forensic Patients in State Psychiatric Hospitals: 1999-2016*

*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*
SAMHSA’s National Center for Trauma-informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Trauma and its Relevance to Health Care

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 announce the webinar series, Trauma and its Relevance to Health and Integrated Care. In this series, participants will learn about how primary care settings can develop trauma-responsive and trauma-informed approaches to address the health impacts of current and lifetime trauma on their patients. Presenters include key stakeholders and subject matter experts who have engaged with SAMHSA’s General Adult Trauma Screening and Response Initiative for primary care over the last several years. They will provide real-world, practical information about their own work and experiences to address trauma in health care settings. This webinar series is intended for those involved with primary, integrated and other health care settings, as well as members of the public. Two webinars remain in the three-part series:

**SESSION DESCRIPTIONS**

**Trauma Inquiry and Response in Health Care Settings**

*September 13, 3:00 p.m. to 4:30 p.m. E.T.*

In 2011, the Institute of Medicine (IOM) recommended that health care settings screen and respond to both Intimate Partner Violence and past trauma. Since then, leaders in primary and integrated health care increasingly have worked to be more responsive to the trauma-related needs of the people they serve. This presentation provides key considerations for inquiring about and responding to current and past trauma in primary and integrated health care settings. Participants will learn about (1) ways to prepare practitioners and health care settings to ask about and respond to trauma; (2) options for asking about and responding to recent and past trauma; and (3) suggestions for how to use a trauma-informed perspective to more effectively respond to common trauma-related health problems such as depression, substance use, and chronic pain.

[Register Here](#)

Phone Number: 1-888-727-2247
Access Code: 5733266#

**Presenters:** Edward Machtinger, MD; Naina Khanna; Brigid McCaw, MD

**Moderator:** Mary Blake

**Developing Trauma-Informed Primary Care Settings: Key Implementation Strategies**

*September 20, 3:00 p.m. to 4:30 p.m. E.T.*

Increasingly, primary care and integrated health care organizations and systems are exploring ways to make their services more responsive to their patients who have experienced trauma. This webinar will provide an overview on implementing a trauma-informed approach in primary care as an organizational change strategy designed to improve the way health care settings operate and engage with staff and patients. Participants will learn about the 10 domains of trauma-informed organizational change described in SAMHSA’s [Concept of Trauma and Guidance for a Trauma-Informed Approach](#), and hear from health care administrators and change agents on strategies they have used to promote trauma-informed, culturally relevant organizational change.

[Register Here](#)

Phone Number: 1-888-727-2247
Access Code: 5733266#

**Presenters:** Annie Lewis-O’Connor, MD; Marsha Morgan, Chic Dabby

**Moderator:** Mary Blake
CDC Data Shows Suicide by Firearms is Highest Ever Among U.S. Adults and Youths

The Centers for Disease Control and Prevention (CDC) reports that an average of 63 U.S. residents per day were taking their own life with a gun in 2016, the highest number ever recorded by the CDC.

That's 22,938 suicides by firearm in 2016, according to the WISQARS database, topping the previous year's high of 22,018. Among the 2016 deaths by firearms-related suicides were 633 boys and girls under the age of 17, the highest number for that age group since 1998.

Even when controlling for population increases, the rate of 7.10 firearm suicides per 100,000 people in 2016 was still the highest since 1994, when there were 7.18 gun suicides per 100,000.

Suicides are the most common type of death by firearm. Firearms are the most common tool used to commit suicide. Since 1981, when the CDC first started keeping records, there have been 657,934 suicides by gun in the United States, compared to 485,171 homicides and fatal shootings by law enforcement. In the same time period, suicides by gun accounted for 55 percent of all suicides in the United States, according to the CDC data.

Senate Schedules Consideration of Opioid Legislation for Next Week

Majority Leader Mitch McConnell announced September 6 that the full Senate will vote next week on a 70-bill package of opioid-related measures. Health Education Labor and Pensions Chair Lamar Alexander (R-TN) followed with a press release later in the day which provided a section-by-section summary.

The package, Senate Amendment No. 4013 to H.R. 6, will not include either language in H.R. 6082, aligning the statute underlying 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA), or an amendment proposed in committee by Senator Rob Portman (R-OH) to create an exception to the Medicaid IMD exclusion for substance use services authorized under a Medicaid State Plan Amendment that would at the same mandate that states maintain existing beds in psychiatric and substance use disorder treatment facilities. The former was included in the version of H.R. 6 passed in the House, while the latter measure was not.

The Senate measure, which combines bills approved in five Senate committees, will, inter alia:

- authorize a grant program through the Substance Abuse and Mental Health Services Administration (SAMHSA) for entities to establish or operate comprehensive opioid recovery centers that serve as a resource for the community;
- further expand access to medication-assisted treatment;
- require the Department of Health and Human Services (HHS) to issue best practices for emergency treatment of a known or suspected drug overdose, use of recovery coaches after a non-fatal overdose, coordination and continuation of care and treatment after an overdose, and the provision of overdose reversal medication; and
- require HHS to promote the development of less addictive pain treatments and their use in hospitals and other acute care settings.
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.

**Thursday, November 15, 3:00 p.m. E.T.**

*Longitudinal Trends from the Residential Information Systems Project about Services and Supports to People with IDD – How States Vary Compared to Other States and the U.S.*

**Level:** Intermediate  
**Presenter:** Heidi Eschenbacher, University of Minnesota, Minneapolis, MN

The Residential Information Systems Project (RISP) has been tracking supports and services, particularly deinstitutionalization, for over 40 years. Comparing states across the United States to overall trends within the country can be revealing about how government service models differ in the types of supports and services they provide.

**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.

**Tuesday, December 11, 3:00 p.m. E.T.**

*Making an Impact: How Managed Care Organizations Can Enter the Equation*

**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.**

*This Can’t Wait! Disability Education for First Responders: A Train-the-Trainer Session*

**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.

**Wednesday, December 19, 3:00 p.m.**

*Wellness Recovery Action Plans (WRAP®)*

**Level:** Beginner / Intermediate  
**Presenters:** Stan Schmidt, Community Integrated Work Program, Inc., North Highlands CA; Susan O’Neill, DirectCourse Content Quality Assurance & Enhancement, Research and Training Center on Community Living (NIDILRR), Institute on Community Integration, University of Minnesota, Minneapolis, MN

Wellness Recovery Action Planning (WRAP®) is an evidence-based practice in the area of mental health. It is a self-directed, peer-facilitated and person-centered planning process. Join Stan and Susan as they share lessons learned from their first seminar in 2018 to a core group of people affiliated with CIWP (service participants and staff).

**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](http://www.leph2018toronto.com/program)

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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](http://www.iepaconf.org) 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

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services

This four-part webcast series from the Substance Abuse and Mental Health Services Administration (SAMHSA) educates health care professionals about the importance of using approaches that are free of discriminatory attitudes and behaviors in treating individuals with substance use disorders and related conditions, as well as patients living their lives in recovery.

The webcasts feature discussions among experts in the field of addiction treatment, research, and policy. Participants can earn free CME/CE credits for attending the one-hour webcasts. Access the webcasts HERE.

About the Initiative: The Power of Perceptions and Understanding

Millions of people in the U.S. live with a substance use disorder. In 2016, there were 20.1 million people, or 7.5 percent, aged 12 or older in 2016 who had a substance use disorder in the past year. In addition, an estimated 8.2 million U.S. adults 18 or older reported having co-occurring disorders. This means that within the previous year, they experienced both a mental illness and a substance use disorder.

Health care providers are often the first contact for addressing their patient’s substance use disorder. There is ample evidence that those who have a substance use disorder often have feelings of shame that impede treatment-seeking. Therefore, it is essential health care providers understand that negative attitudes, beliefs and language can be barriers that prevent those in need from seeking services, or even sharing information, including being in recovery.

The Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with Massachusetts General Hospital, Recovery Research Institute (link is external), is producing a series of four webcasts to educate healthcare professionals about the problems of discriminatory practices and inaccurate perceptions present in dealing with individuals with substance use disorders (SUDs) and related conditions. The topics and panel discussions will specifically address the harm caused by the negative perceptions, and the mitigating results of using discriminatory and prejudicial behaviors toward those who need care for substance use disorders as well as those living their lives in recovery.

Webcasts are open to all, but are intended to educate health care providers at all levels, to include medical doctors, physician assistants, nurses, the public health field staff, addiction treatment professionals, as well as behavioral health support staff.

Participants can earn up to 4.0 free CME/CE credits – one credit for attending each of the four one-hour webcasts.
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 exhibitor registration is August 31, 2018 and for regular exhibitor 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](mailto: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.

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

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

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set aside to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](https://www.nasmhpd.org/) provides an overview of each state’s funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What’s New section of the NASMHPD website here: [https://www.nasmhpd.org/](https://www.nasmhpd.org/)

To view the EIP virtual resource center, visit [NASMHPD’s EIP website](https://www.nasmhpd.org/).
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NASMHPD Links of Interest

**The Rise of the Middle Class Safety Net**, Richard V. Reeves & Christopher Pulliam, Brooking's Institution, September 4

**Researchers Elucidate Role of Stress Gene in Chronic Pain**, Dr. Francis Collins, NIH Director's Blog, National Institute of Mental Health, September 4

**The Debate Over ‘Rational Suicide’**, Paula Span, New York Times New Old Age Column, August 31

**Compilation of Draft State Bills on Enforcement of Insurer Compliance with Parity Requirements**, Tim Clement (Previously of the Kennedy Forum, Now Northeast Regional Field Director State Government Relations at The American Psychiatric Association), September 2018


**Prevention Concordat for Better Mental Health**, Public Health England, June 15, 2018

**Association Between Traumatic Brain Injury and Risk of Suicide**, Madsen T., Ph.D., Erlangsen A., Ph.D., Orlovskia S., M.D. *et al.*, Journal of the American Medical Association, August 14

**Blog Post: Persistent, Impairing Grief After Suicide of a Loved One**, M. Katherine Shear, M.D., and Sidney Zisook, M.D., Psychiatrist.com, August 22


**Patient Portals: Improving The Health Of Older Adults By Increasing Use And Access**, Julia Chen, Preeti Malani & Jeff Kullgren, Health Affairs, September 6