



NRI NEWSLETTER

The NRI Newsletter is a bi-monthly publication that brings together news and events relevant to our stakeholders of the public behavioral health system.

NRI Services Highlight: [Joint Commission Survey Preparation](#) | [Data Analysis and Resource Evaluation](#)

July 12, 2018

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SPOTLIGHT

National Minority Mental Health Awareness Month

July is National Minority Mental Health Awareness Month and the month offers organizations of all types and sizes an opportunity to create mental health awareness in diverse communities. [Learn more.](#)

Therapy Reduces Risk in Suicidal Youth

A recent NIMH-funded clinical trial of a psychotherapy called dialectical behavior therapy (DBT)—which has been shown to be effective in reducing suicide-related behavior in adults—showed that DBT can also reduce suicide attempts and suicidal behavior in adolescents. [Read more.](#)

FEDERAL & STATE NEWS

House Overwhelmingly Passes Measure Aligning Law Underlying 42 CFR Part 2 with HIPAA Disclosure Restrictions, 357-57

On June 21, the House of Representatives overwhelmingly passed legislation aligning the Federal statute underlying the 42 CFR Part 2 restrictions on disclosing substance use disorder patient information with more general patient information disclosure restrictions under the Health Insurance Portability and Accountability Act (HIPAA) by a vote of 357-57. [Learn more.](#)

Medicaid Program; Final FY 2016 and Preliminary FY 2018 Disproportionate Share Hospital Allotments, and Final FY 2016 and Preliminary FY 2018 Institutions for Mental Diseases Disproportionate Share Hospital Limits

A notice from CMS, published in the Federal Register, sets out the Medicaid DSH allotments final Federal share disproportionate share hospital (DSH) allotments for Federal Fiscal Year (FY) 2016 and the preliminary Federal share DSH allotments for FY 2018. This notice also announces the final FY 2016 and the preliminary FY 2018 limitations on aggregate DSH payments that states may make to institutions for mental disease and other mental health facilities. [Learn more.](#)

Arkansas's Justice Reinvestment Approach: Enhancing Local Mental

Health Services for People in the Criminal Justice System

After using a justice reinvestment approach, Arkansas passed legislation that creates local crisis stabilization units that will allow people with mental illnesses who commit low-level offenses to receive treatment in the community rather than go to prison. [Learn more about the justice reinvestment process and legislation.](#)

RESEARCH

Veterans Affairs Reports More than 20 Active-Duty Service Members, Guard Reserve Members, and Veterans Died by Suicide Daily in 2015

In 2015, an average of 20.6 active duty service members, non-activated Guard/Reserve members, and other veterans died per day from suicide, according to a June 8 report released by the U.S. Department of Veteran Affairs (VA) Office of Mental Health and Suicide Prevention. [Read the report.](#)

Youth Suicide Rates Vary With Race

From January 1, 2001 through December 31, 2015 there were 15,092 suicide deaths and among youth ages 5 to 17 in the United States, with data showing an age-related racial disparity in the suicide rate. The rate of suicide among black and white youth between 2001 and 2015 was 2.00 per 100,000 persons. [Learn more.](#)

The Emerging Role of Inhaled Heroin in the Opioid Epidemic

Inhaled heroin use represents a global phenomenon and is approaching epidemic levels east of the Mississippi River as well as among urban youth. [Read more.](#)

VA Releases National Suicide Data Report

The U.S. Department of Veterans Affairs (VA) released findings from its most recent analysis of Veteran suicide data for all 50 states and the District of Columbia. This report yields several insights. Suicide rates increased for both Veterans and non-Veterans, underscoring the fact that suicide is a national public health concern that affects people everywhere. The average number of Veterans who died by suicide each day remained unchanged at 20. The suicide rate increased faster among Veterans who had not recently used Veterans Health Administration health care than among those who had. [Read more.](#)

FREE EDUCATIONAL OPPORTUNITIES

Disaster Health Core Curriculum

The Uniformed Services University National Center for Disaster Medicine and Public Health has announced a free, eight-hour, online Disaster Health Core Curriculum for All Health Professionals intended for a wide range of health care professionals. [Learn more.](#)

JULY 16: From Jail to Community Behavioral Health: Ensuring Continuity of Care

This webinar will share lessons learned and best practices from innovative programs formed by local jails and behavioral health providers (including those working in integrated primary care settings) partnering to ensure continuity of care and timely access to care. [Register now.](#)

JULY 25: Addressing Trauma and PTSD in First Episode Psychosis Programs

This webinar will support FEP providers and program leadership in thinking about how to introduce trauma-informed approaches and effective trauma-specific interventions in their programs. [Register now.](#)

AUGUST 6: Using Simulation to Evaluate Social Determinants of Health in People with Mental Illness: Potential Use of Findings in Discussions with Policymakers, Community Groups, Consumers and Advocates

This webinar in the 2018 NIMH Office for Research on Disparities and Global Mental Health Webinar Series will cover evidence for addressing social determinants; the use of simulations to test the potential of improving income, education, and employment to improve mental health outcomes using two data sets; illustrate the reactions from policymakers, community groups, consumers and advocates on the

research results; and demonstrate how research results can inform policy. [Register now.](#)

AUGUST 23: Suicide Prevention and the Collaborative Care Model

As part of the 2018 NIMH Office for Research on Disparities and Global Mental Health Webinar Series, this presentation will provide an overview of available opportunities to address suicide prevention while delivering mental health services in primary care settings using the psychiatric collaborative care model (CoCM). [Register now.](#)

FUNDING & AWARDS

SAMHSA Funding Opportunity Announcement: State Opioid Response Grants

The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). These grants will be awarded to states and territories via formula. The program also includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths. [Learn more.](#)

SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants

The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD. [Learn more.](#)

HELPFUL RESOURCES & LINKS OF INTEREST

[A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors](#)

[A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department](#) (also available in [Spanish](#))

[A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department](#) (also in [Spanish](#))

[The Patient Safety Screener \(PSS-3\): A Brief Tool to Detect Suicide Risk in Acute Care Settings](#): This seven-minute video describes the Patient Safety Screener (PSS-3), a tool for identifying patients in the acute care setting who may be at risk of suicide.

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