SAMHSA Assistant Secretary McCance-Katz Updates Senate HELP Committee on Implementation of 21st Century Cures Act Provisions, Touts Block Grant FEP Set-Aside

In a notably non-adversarial hearing before the Senate Health Education, Labor and Pensions (HELP) Committee on December 13, Substance Abuse and Mental Health Services (SAMHSA) Assistant Secretary Elinore McCance-Katz told Senators that the mental health provisions of the 21st Century Cures Act are already benefiting the behavioral health community and individuals living with mental illness and/or addiction and their families.

The Assistant Secretary began her testimony by noting that the Interagency Serious Mental Illness Coordinating Committee (ISMICC) created under the Cures Act would be sending its 2017 report to Congress that same day, ahead of the statutorily mandated December 15 deadline. (See page 3 for a summary of the recommendations included in that report.)

She said SAMHSA appreciates Congress’ leadership and dedication in enacting new authorities to reduce the impact of substance abuse and mental illness on America’s communities—two priorities identified by the Trump Administration.

Dr. McCance-Katz said that strengthening leadership and accountability at SAMHSA includes ensuring a strong clinical perspective at the agency, and she noted that SAMHSA has expanded the Cures’ codification of the Office of Chief Medical Officer by adding two additional psychiatrists and a nurse practitioner to the Office. She promised that the Chief Medical Officer would facilitate the development of policy, practices, and programs that comport with best practices and current trends.

Dr. McCance-Katz said the SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) would be developing a standardized evaluation for grant programs with specific questions related to each program to help SAMHSA determine whether programs are meeting stated goals. She said she is not satisfied with SAMHSA’s current data collection efforts, and that data should show not only how many people have been treated using SAMHSA funds, but also what services have been received, what diagnoses were treated, and what outcomes were achieved.

She noted that a director has been appointed to run the National Mental Health and Substance Use Policy Laboratory created under Cures to identify and promote evidence-based practices and service delivery models. She said the Policy Laboratory will focus on schizophrenia and schizoaffective disorder, as well as other Serious Mental Illness (SMI). It will also focus on evidence-based practices and services for addiction, with a focus on opioids.

Dr. McCance-Katz called the 10 percent Mental Health Block Grant set-aside for treatment of First Episode Psychosis codified under Cures “vitally important to ensuring that people with SMI receive appropriate treatment” and shared in her testimony a program success story.

In addition, the Assistant Secretary noted the importance of the Projects for Assistance in Transition from Homelessness (PATH), the Assisted Outpatient Treatment (AOT) demonstration, Assertive Community Treatment, the National Suicide Prevention Lifeline and related grants for Zero Suicide programs, and the Children’s Mental Health Initiative (CMHI) grant program.

In answer to questions from Senator Chris Murphy (D-CT) regarding what actions SAMHSA is taking to integrate medical and behavioral health care, Dr. McCance-Katz said that SAMHSA is monitoring the success of the 8-state $223 Certified Community Behavioral Health Clinic demonstration program and that she will personally advocate for extension and expansion of the demonstration nationally. She also mentioned collaborations with the Health Resources and Services Administration and the Indian Health Service.

She responded to questions from Senator Murphy about Cures-mandated guidance on the Health Insurance Portability and Accountability Act (HIPAA) by saying SAMHSA is working with the Department of Health and Human Services’ Office of Civil Rights (OCR) on guidance on the issue, and noted the release by OCR of an October 27 guidance regarding the sharing of patient information during opioid overdose treatment. She said she expected another guidance will be released shortly on the applicability of both 42 CFR Part 2 and HIPAA in treatment of substance abuse disorders.

Senator Bill Cassidy (R-LA) encouraged the Assistant Secretary to develop continuing legal and medical education programs on the privacy issue to ensure continuing compliance.

In a separate exchange, Dr. McCance-Katz promised Senator Cassidy she would work with the Center for Medicare and Medicaid Services to ensure CMS and SAMHSA are aligned and collaborating in the collection of program outcome measures.
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<td>Recovery to Practice CME Webinar Series: Clinical Decision Support for Prescribers Treating Individuals with Co-occurring Disorders</td>
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<tr>
<td>NASMHPD Board &amp; Staff</td>
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SAMHSA Releases Interagency Serious Mental Illness Coordinating Committee 2017 Report to Congress with 45 Recommendations by Non-Federal Members

The Substance Abuse and Mental Health Services Administration (SAMHSA) on December 14 released the first report to Congress of the Interagency Serious Mental Illness Coordinating Committee (ISMICC), entitled The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers, a report containing 45 recommendations by ISMICC’s 14 non-Federal agency public members.

The report’s recommendations fall within five areas of focus:

1. Strengthening Federal Coordination to Improve Care
2. Access and Engagement: Making It Easier to Get Good Care
3. Treatment and Recovery: Closing the Gap Between What Works and What is Offered
4. Increasing Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems
5. Developing Finance Strategies to Increase Availability and Affordability of Care

In introducing the report at a press conference held prior to ISMICC’s second meeting, SAMHSA Assistant Secretary Elinore McCance-Katz praised the qualifications and contributions of the ISMICC’s non-Federal members—two of whom, National Alliance on Mental Illness CEO Mary Giliberti and author Pete Earley—joined her at the podium.

Dr. McCance Katz emphasized the need for a system to provide individualized services to meet the needs of each person with serious mental illness, that intervenes early with a continuum of care—including alternatives to inpatient care—and avoids the use of the criminal justice system to house individuals with serious mental illness. She emphasized the need for technological solutions to workforce shortages and the integration of physical health care and care for mental health services. She promised to expand treatment for First Episode Psychosis, and noted the promise of the eight-state § 223 Certified Community Behavioral Health Center demonstration project.

The recommendations of the ISMICC non-Federal members were:

**Focus 1: Strengthen Federal Coordination to Improve Care**

1. Improve ongoing interdepartmental coordination under the guidance of the Assistant Secretary for Mental Health and Substance Use.
2. Develop and implement an interdepartmental strategic plan to improve the lives of people with SMI and SED and their families.
3. Create a comprehensive inventory of federal activities that affect the provision of services for people with SMI and SED.
4. Harmonize and improve policies to support federal coordination.

1.5. Evaluate the federal approach to serving people with SMI and SED.
1.6. Use data to improve quality of care and outcomes.
1.7. Ensure that quality measurement efforts include mental health.
1.8. Improve national linkage of data to improve services.

**Focus 2: Access and Engagement: Make It Easier to Get Good Care**

2.1. Define and implement a national standard for crisis care.
2.2. Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization.
2.3. Educate providers, service agencies, people with SMI and SED and their families, and caregivers about the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, including 42 CFR Part 2, in the context of psychiatric care.
2.4. Reassess civil commitment standards and processes.
2.5. Establish standardized assessments for level of care and monitoring of consumer progress.
2.6. Prioritize early identification and intervention for children, youth, and young adults.
2.7. Use telehealth and other technologies to increase access to care.
2.8. Maximize the capacity of the behavioral health workforce.
2.9. Support family members and caregivers.
2.10. Expect SMI and SED screening to occur in all primary care settings.

**Focus 3: Treatment and Recovery: Close the Gap Between What Works and What is Offered**

3.1. Provide a comprehensive continuum of care for people with SMI and SED.
3.2. Make screening and early intervention among children, youth, transition-age youth, and young adults a national expectation.
3.3. Make coordinated specialty care for first-episode psychosis available nationwide.
3.4. Make trauma-informed, whole-person health care the expectation in all our systems of care for people with SMI and SED.
3.5. Implement effective systems of care for children, youth, and transition-aged youth throughout the nation.
3.6. Make housing more readily available for people with SMI and SED.

(continued on page 15)
American Academy of Actuaries: Alexander-Murray Alone Will Not Offset Mandate Repeal

The American Academy of Actuaries and its Health Practice Council (HPC) have told the leaders of the Senate Finance Committee and House Ways and Means Committee the damage from repealing the ACA's individual mandate within the tax reform legislation currently under consideration by Congress cannot be offset by restoring funding for the law's cost-sharing reduction subsidies to insurers (CSRs).

In a December 12 letter to Chairmen Orrin Hatch and Kevin Brady and Ranking Members Ron Wyden and Richard Neal, the group said that, "...policymakers should consider the potential adverse consequences of eliminating the mandate, including increases in premiums and the number of uninsured, unless adequate alternative mechanisms or market stabilization provisions are implemented."

"While making cost-sharing reduction reimbursements to insurers ... would offset premium increases due to the prior termination of those payments, it would not offset premium increases due to an elimination of the mandate. The letter warned that "Eliminating the mandate without implementing an alternative means to drive enrollment among healthy individuals would likely result in deterioration of the risk pool due to lower coverage rates among lower-cost individuals who could defer purchasing insurance until a health need arose. Premiums would increase as a result, reducing affordability and eroding pre-existing condition protections."

Senator Susan Collins (R-ME) has made two ACA-related demands in exchange for her vote in support of H.R. 1, the Tax Cuts and Jobs Act—insisting on a vote on the Alexander-Murray legislation authorizing the Cost Sharing Reduction payments (CSRs) to insurers halted by President Trump, and a vote to establish a new $4.5 billion Federal reinsurance fund under legislation she and Senator Bill Nelson (D-FL) have proposed. But her demands, accepted by Senate leaders, have been rejected by House Speaker Paul Ryan (R-WI). The reinsurance fund proposal has been rejected by House Freedom Caucus chair Mark Meadows (R-NC), although Meadows has said he could accept authorization of funding for the CSRs as part of a final FY 2018 funding package.

The Health Practice Council oversees the 19,000-member Academy's public policy work on health issues.

NAMSPHD Beyond Beds White Paper Highlights the Role of Crisis Services in Reducing Avoidable Hospitalizations, Suicide Prevention

One of the ten Technical Assistance Coalition papers on the importance of having a robust continuum of care for individuals with serious mental illness, unveiled under the umbrella title of Beyond Beds at the 2017 NASMHPD Summer Annual Meeting, reviews the role of crisis services and suicide prevention within the care continuum. The paper, Crisis Services’ Role in Reducing Avoidable Hospitalization, authored by attorney Stephanie Hepburn, provides an overview of how a crisis service delivery system can be effective in diverting individuals from unnecessary Emergency Department (ED) visits and costly hospitalizations.

David Covington, Vice President of Magellan Health Services’ Clinical & Program Outcomes Division, explains within the paper that the ED becomes the de facto service provider when communities are unable to match people with the mental health services they need at the time that they need it. Covington says ED patients in behavioral health crisis are often "people who were receiving outpatient care but ran out of their anxiety, depression, or antipsychotic medication and need the problem solved." His Magellan team has opened 24-hour urgent care outpatient centers to meet those needs.

The paper also notes that the New York State Office of Mental Health Hospital Readmissions Quality Collaborative, arriving at a similar conclusion, has implemented the simple intervention of dispensing prescriptions at discharge to reduce readmissions.

Dr. John Draper, Project Director of the National Suicide Prevention Lifeline, says in the paper that people in crisis need “both ground and air supports” with mental health therapists, doctors, and peers providing ground support and family members, friends, and community providing air support through public messaging campaigns and mobile crisis supports.

The paper reports on evidence that shows that community-based interventions, including mobile interventions, are more effective than hospital-based interventions. Individuals using a hospital-based intervention have been shown to be 51 percent more likely to be re-hospitalized within 30 days of a mental health crisis than those receiving community-based crisis intervention supports.

In addition, the paper highlights how follow-up calls are a cost-effective approach to preventing future crises. In a survey conducted by Dr. Madelyn Gould, 80 percent of National Suicide Prevention Lifeline callers stated that a follow-up call made a difference, with 50 percent saying the follow-up kept them from taking their lives. Survey respondents reported that having someone care enough about them to follow up gave them a sense of self-worth. Dr. Draper, says, “It’s a simple but remarkable finding. Just having another person care and reach out can change a person’s trajectory.”

To further support the continuum of crisis services, the author notes the need to address chronic homelessness, comorbidities, and substance use disorders among those with serious mental illness. Some of these topics, such as homelessness, are addressed in the Beyond Beds series and the umbrella paper, Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
Weekly ACA Enrollment Snapshot for Healthcare.gov – Week 6 (December 3 to December 9)

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Healthcare.gov State-by-State Snapshot (39 States) Through December 9

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<th>Cumulative Plan Selections</th>
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<td>Wyoming</td>
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NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

Snapshot of State Plans for Using the Community Mental Health Block Grant Ten 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 used 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/).
Addiction Policy Forum Launches Array of Initiatives to Help Combat the Opioid Epidemic

The Addiction Policy Forum has launched an array of initiatives to combat the opioid epidemic.

The programs, outlined below, put in motion key elements of the Addiction Policy Forum’s multi-year plan, Priorities to Address Addiction in America, which provides a comprehensive, action-oriented approach to addressing the growing opioid epidemic. The programs announced are intended to help address the areas of prevention, recovery support, medical innovation, and healthcare system integration.

The initiatives Include:

The Addiction Resource Center
This online portal will be a comprehensive resource to assist patients and their loved ones with substance use disorders. The new platform, with support from the Chris and Vicky Cornell Foundation, will guide patients through a validated self-assessment tool, help them develop a proposed treatment plan, and provide a guide to reliable, evidence-based information about resources in their local area. Initially, the Forum will host a database of local resources in Ohio, Maryland, and Minnesota. Over the coming months, new states will be added so that more and more Americans suffering with substance use disorder will have a place to turn for help.

Prevention Initiative
Community Anti-Drug Coalitions of America (CADCA) and the Addiction Policy Forum will create and distribute educational kits and essential resources on prevention as well as prescription drug disposal and misuse. With more than 5,000 community coalitions throughout the country and a track record of helping create drug-free communities, CADCA is uniquely positioned to disseminate evidence-based prevention resources to scope and scale nationally.

Emergency Medicine Initiative
The Addiction Policy Forum will work with hospitals to develop tools to support effective post-overdose interventions. This project will ensure that health systems have the necessary protocols, assessment tools, and linkages between care and follow-up to turn an overdose into an opportunity for intervention and connection with treatment and recovery. Pilots underway with Mercy Health Systems and Berger Hospital in Ohio will produce open-source tools and protocols necessary to support emergency departments across the country in implementing interventions to help patients who overdose.

Research to Find a Cure
Together with partners such as Faces and Voices of Recovery, the Addiction Policy Forum will launch the Addiction Science Initiative: Advancing Treatment and Recovery. This initiative will raise funds to support research by the National Institute on Drug Abuse (NIDA) on treatment and recovery from substance use disorders, including opioid use disorder.

Recovery Initiative
The Forum will work with national partner Faces and Voices of Recovery to support implementation and expansion of 50 statewide recovery organizations to enhance recovery support throughout the nation.

Children Impacted
The Forum is launching a joint initiative with the National Association for Children of Addiction (NACoA) to ensure that evidence-based interventions and support for vulnerable children are available nationwide. This initiative will assess available resources for efficacy and help communities implement evidenced-based child welfare programs when needed.

Criminal Justice Reform
The National District Attorneys Association (NDAA) and Treatment Alternatives for Safe Communities (TASC) Illinois will work with the Forum to expand programs focused on criminal justice reform.

Insurance Parity
The Forum will engage the Legal Action Center to expand awareness and understanding of substance use treatment insurance coverage parity requirements, and to support advocacy efforts to improve compliance with the law.

Crisis Center
The Forum is partnering with Live4Lali, a community-based non-profit in Illinois that provides a robust array of resources for individuals, families, and communities struggling with substance use disorder (SUD). Live4Lali works to prevent and raise awareness of substance use among individuals, families and communities, and minimize the overall health, legal, and social harms associated with substance use.

Medical Education
Only 8 percent of all U.S. medical schools have a distinct course on addiction built into the required coursework and only a handful of schools teach a robust, evidence-based curriculum on the diagnosis and treatment of SUDs.

The Forum, in collaboration with the Chris Cornell Foundation, will enhance the education of healthcare providers about the identification and treatment of substance use disorder (SUD).
Turning Information Into Innovation

Registration is now open for the 2018 Health Datapalooza, April 26-27 in Washington, D.C. Health Datapalooza is more than just a meeting; it’s a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care. Attend the Datapalooza for real world concepts and actionable steps that you can take back to your workplace – presented by both newcomers and leading experts in the field.

Register by February 26 and Save Up to $200

Register NOW

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

- The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
- Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
- Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
- 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
- The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
- Older Adults Peer Support: Finding a Source for Funding
- Quantitative Benefits of Trauma-Informed Care
- Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
- Crisis Services’ Role in Reducing Avoidable Hospitalization

The Olmstead Community of Practice Webinars are Back!

Register HERE

Register now for next week’s webinar an Overview of the IAP State Medicaid-Housing Agency Partnerships Initiative! The webinar will be held Tuesday, December 19 from 3:00 to 4:00 p.m. ET. Joining us for this webinar will be Melanie Brown, Technical Director, Division of Community Systems Transformation at the Center for Medicaid and CHIP Service.

If you have any questions or comments, please contact your group facilitator, Ann Denton at adenton@ahpnet.com or your coordinator, Ginny Falkner at g Falkner@ahpnet.com.
SAMHSA Funding Opportunity Announcement

Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

Short Title: Family Treatment Drug Courts
FOA Number: TI-18-002
Posted on Grants.gov: Friday, November 17, 2017
Application Due Date: Tuesday, January 16, 2018

Intergovernmental Review (E.O. 12372)
Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for Fiscal Year (FY) 2018 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDC)]. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project.

Eligibility
Eligible applicants include:
- State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Governmental units within political subdivisions of a state, such as a county, city or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

Family treatment drug courts that received an award under TI-17-004 (FY 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts) are not eligible to apply for this funding opportunity. [See Section III-1 for complete eligibility information.]

Award Information
Funding Mechanism: Grant
Anticipated Total Available Funding: Up to $8,500,000
Anticipated Number of Awards: Up to 20
Anticipated Award Amount: Up to $425,000 per year
Length of Project: Up to five years
Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $425,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Contact Information
Program Issues: Amy Romero, Center for Substance Abuse Treatment, Division of Services Improvement, SAMHSA, (240) 276-1622, Amy.Romero@samhsa.hhs.gov (link sends e-mail).

Grants Management and Budget Issues: Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov (link sends e-mail).
Advancing & Integrating Specialized Addiction Treatment & Recovery

for the 2018 American Association for the Treatment of Opioid Dependence Annual Conference!

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the New York Marriott Marquis in the heart of New York City's Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

Register Now

Make a Hotel Reservation
2016 Conference Photos

This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.

American Association for the Treatment of Opioid Dependence (AATOD), Inc.
212-566-5555 - info@aatod.org
Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of **January 22–28, 2018**, and help shatter the myths about drugs and alcohol. It’s easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

**Plan Your Event—5 Steps to Hosting**  
**Already planning to host an event? Register Your Event HERE**

Also, check out NIDA's one-stop shop for teachers for information and resources to use with your students. Visit [teens.drugabuse.gov/teachers](teens.drugabuse.gov/teachers) to learn more! For more information, contact [drugfacts@nida.nih.gov](mailto:drugfacts@nida.nih.gov).

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**Technical Assistance Opportunities for State Mental Health Authorities**

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant.

Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include 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; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

**For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558.** We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the call for applications for the 2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy.

Participants in the 2018 Policy Academy will receive intensive technical assistance (TA) to support planning, undertaking, and sustaining initiatives that create or strengthen recovery support services as an integral part of treatment for individuals with serious mental illness or substance use disorders.

All states, territories, and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations (tribal entities) are eligible to create a team and apply. SAMHSA will select as many as eight teams to participate. Although past participants in the BRSS TACS Policy Academy are eligible, preference will be given to applications from entities that have not previously participated in a BRSS TACS Policy Academy.

The Policy Academy will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans. The applying jurisdiction's substance use disorder, mental health, or behavioral health authority—or the broader agency to which that authority belongs—must submit the application. For jurisdictions with separate mental health and substance use disorder authorities, a single entity designated by the two authorities may submit the application, but SAMHSA will encourage collaboration between the two authorities and will require team representation by both entities. The entity submitting the application will have responsibility for and oversight of Policy Academy participation and will ensure implementation of the team's Action Plan.

Applications are due December 19.

You are encouraged to share this information with your networks. To access further information about the opportunity and the application, please visit:

http://center4si.com/brsstacs/2018_BRSS_TACS_Policy_Academy_Application.pdf. Questions may be directed to policy.academy@center4si.com.
<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
<th>Application Link and Organization Contact</th>
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<tr>
<td>American Association for Marriage and Family Therapy</td>
<td>12/2/2017 – 1/31/2018</td>
<td>12/2/2017 – 1/31/2018</td>
<td>N/A</td>
<td><a href="http://www.aamftfoundation.org/What_We_Do/MFP/Application_Information.aspx">http://www.aamftfoundation.org/What_We_Do/MFP/Application_Information.aspx</a></td>
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<td>American Nurses Association</td>
<td>4/30/17 - 4/30/18</td>
<td>Applications Open Until all vacancies filled</td>
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<td>American Psychiatric Association</td>
<td>11/1/2017 - 1/30/2018</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>Applications accepted on rolling basis until vacancies filled.</td>
<td><a href="https://www.naadac.org/About-the-amfp">https://www.naadac.org/About-the-amfp</a></td>
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**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.

Application Deadline: December 21, 2017, 3 p.m. ET

Social connections can help us thrive. But too many people feel disconnected from society and from life, and that contributes to a host of physical, mental and emotional health problems. School children, teens, new mothers, immigrants, LGBT people, people living in remote areas, even millennials with thousands of Facebook friends, often feel excluded or like they don’t belong.

We want to learn about solutions that have worked in other countries to address social isolation across all ages and life stages, so that we can strengthen social connection in the United States. Are you a U.S.-based organization that wants to adapt an idea from overseas? Or an international institution with an idea that could work in the United States?

Purpose
At the Robert Wood Johnson Foundation (RWJF), we believe that everyone in America—no matter who that person is, how much money they have, or where they live—should have as much opportunity as possible to pursue a healthier life. We call that vision a Culture of Health and we work with people across the country to build a Culture of Health. Across the globe, countries are taking steps to improve health and well-being in their communities. RWJF is eager to learn from those countries. We are collaborating with people and organizations around the world to uncover insights that can inspire us all to imagine new possibilities and to surface practical solutions that can be adapted here in the United States.

With this call for proposals (CFP), RWJF is looking for the best ideas from around the world that address social isolation and promote positive, healthy social connections, and well-being.

Eligibility and Selection Criteria
RWJF is looking for applicants who represent organizations from a wide range of fields and disciplines—both within and outside the health sector. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. We encourage submissions from teams that include both U.S. and international members. We seek to attract diversity of thought, professional background, race, ethnicity, and cultural perspective in our applicant pool. Building a Culture of Health means integrating health into all aspects of society, so we encourage multisector partnerships and collaboration.

Proposals must fit with the topic and populations described, integrate global ideas into the project, and must highlight the connections to the Culture of Health Action Framework.

See full Call for Proposals for more information.

Key Dates
November 9, 2017 (1–2 p.m. ET) Informational webinar for prospective applicants. Registration is required.
December 21, 2017 (3 p.m. ET) Deadline for receipt of proposals.
Mid-April 2018 Semifinalists notified and asked to address questions in scheduled telephone call with RWJF staff.
May 1–15, 2018 Telephone calls with semifinalists. Please hold these dates on your calendars.
Mid-June 2018 Finalists notified.
September 2018 Grants begin.

Total Awards
Up to $2.5 million will be available for this funding opportunity.
Projects may be up to three years in duration

Key Materials
- Preview a sample proposal before submitting
- Funding Opportunity Brochure (PDF)
- Frequently Asked Questions

Apply HERE
What’s Standing in the Way of Evidence-Based Programs? Evidence-based programs can be a real game-changer as they reflect best practices and have been demonstrated to improve outcomes. But for these tried-and-tested interventions to have any impact at scale, they must first reach the children and families who need them. Learn more in this blog from the Annie E. Casey Foundation (AECF).

Ensuring Quality in Children’s Mental Health: Certification in Evidence-Based Practices The number of effective treatments for children's mental health conditions has dramatically increased over the past 15 years. This progress is largely because of hundreds of new evidence-based practices, broadly defined as programs that research has shown are effective for targeted health problems. Learn more in this issues brief from the Child Health and Development Institute of Connecticut (CHDI).

TA Network Webinars

Rural Behavioral Health Learning Community
January 5, 2018 at 2 p.m. to 3:30 p.m. ET
This webinar will focus on strategies for implementing fidelity Wraparound and systems of care in rural areas. Partner presenters from Louisiana and Texas will share their experiences from state-level initiatives and local implementation efforts.

Register HERE

Considerations for Systems of Care Leaders in Implementing Continuum of Crisis Response Services
January 17, 2018 at 2:30 p.m. to 4 p.m. ET
Mobile response and stabilization services (MRSS) are key components in many SOCs. They play an important role in preventing emergency room use, psychiatric hospitalization, residential treatment, and placement disruptions among children, youth, and young adults experiencing a behavioral health crisis. This webinar will highlight two best practice programs: NJ and CT, and provide SOC leaders an opportunity to explore the value of MRSS in SOC.

Register HERE

 CALL FOR PROPOSALS

The University of Maryland, Baltimore Training Institutes will be held July 25-28, 2018 in Washington, D.C. For more than 30 years, this biennial event has been the premier convening of leaders in systems of care for children, youth, and young adults with behavioral health challenges and their families, and the University of Maryland, Baltimore is honored to continue and expand this tradition. The event is sponsored by the University of Maryland School of Social Work and hosted by The Institute for Innovation and Implementation.

This year’s theme, LEADING CHANGE: Integrating Systems and Improving Outcomes in Behavioral Health for Children, Youth, Young Adults, and Their Families, builds upon decades of progress in designing and sustaining high-quality and effective delivery systems for children, youth, and young adults with mental health and substance use disorders and their families.

This year’s Training Institutes will address data-driven policy, system design and implementation, and evidence-informed approaches relevant to Medicaid, mental health, substance use, child welfare, juvenile justice, early intervention, and prevention stakeholders and practitioners. Sessions will focus on the latest best-practice strategies, draw on community, tribal, and territorial examples from around the country, and provide concrete strategies that provide operational guidance for implementation.

Presenters and attendees will include experts and leaders in the field of children's services, including state, county, tribal, and territorial children's system leadership; direct service providers; state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health; parents, youth, and young adults; policymakers; clinicians; and children's researchers and evaluators. The Training Institutes is an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another.

We invite you to consider submitting a proposal to present in one of the five formats: an Institute, a Workshop, an Ignite Talk, a session for the RockStar Youth Leadership Track, or a Poster Presentation — and help us to ensure the success of The Training Institutes. To submit a proposal, visit the Training Institutes’ website.
ISMICC Presents 45 Recommendations in 2017 Report to Congress

(continued from page 3)

3.7. Advance the national adoption of effective suicide prevention strategies.

3.8. Develop a priority research agenda for SED/SMI prevention, diagnosis, treatment, and recovery services.

3.9. Make integrated services readily available to people with co-occurring mental illnesses and substance use disorders, including medication-assisted treatment (MAT) for opioid use disorders.

3.10. Develop national and state capacity to disseminate and support implementation of the national standards for a comprehensive continuum of effective care for people with SMI and SED.

Focus 4: Increase Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems

4.1. Support interventions to correspond to all stages of justice involvement. Consider all points included in the sequential intercept model.

4.2. Develop an integrated crisis response system to divert people with SMI and SED from the justice system.

4.3. Prepare and train all first responders on how to work with people with SMI and SED.

4.4. Establish and incentivize best practices for competency restoration that use community-based evaluation and services.

4.5. Develop and sustain therapeutic justice dockets in federal, state, and local courts for any person with SMI or SED who becomes involved in the justice system.

4.6. Require universal screening for mental illnesses, substance use disorders, and other behavioral health needs of every person booked into jail.

4.7. Strictly limit or eliminate the use of solitary confinement, seclusion, restraint, or other forms of restrictive housing for people with SMI and SED.

4.8. Reduce barriers that impede immediate access to treatment and recovery services upon release from correctional facilities.

4.9. Build on efforts under the Mentally Ill Offender Treatment and Crime Reduction Act, the 21st Century Cures Act, and other federal programs to reduce incarceration of people with mental illness and co-occurring substance use disorders.

Focus 5: Develop Finance Strategies to Increase Availability and Affordability of Care

5.1. Implement population health payment models in federal health benefit programs.

5.2. Adequately fund the full range of services needed by people with SMI and SED.

5.3. Fully enforce parity to ensure that people with SMI and SED receive the mental health and substance abuse services they are entitled to, and that benefits are offered on terms comparable to those for physical illnesses.

5.4. Eliminate financing practices and policies that discriminate against behavioral health care.

5.5. Pay for psychiatric and other behavioral health services at rates equivalent to other health care services.

5.6. Provide reimbursement for outreach and engagement services related to mental health care.

5.7. Fund adequate home- and community-based services for children and youth with SED and adults with SMI.

5.8. Expand the Certified Community Behavioral Health Clinic (CCBHC) program nationwide.

The ISMICC also includes, besides the SAMHSA Assistant Secretary, representatives of the Secretaries of the Departments of Health and Human Services, Veterans Affairs, Defense, Housing and Urban Development, Education, and Labor, as well as the Attorney General, the Commissioner of the Social Security Administration, and the Administration of the Centers for Medicare and Medicaid Services.

Questioners at the press event asked Dr. McCance-Katz how she would ensure that the other Federal agencies on the ISMICC work with SAMHSA to achieve the report’s recommendations.

While acknowledging that it will take time to build the necessary relationships with the other agencies, Dr. McCance-Katz noted that Congress mandated interagency collaboration in the 21st Century Cures Act provisions which created the ISMICC. She said she expected she would be testifying before Congress periodically on whether the required collaboration has been achieved, and that ISMICC had assigned a full-time staffer—identified later as Public Health Service Captain David Morrissette—to help accomplish the group’s mandates.

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.

December Trainings

Wyoming

18th & 19th - Wyoming Behavioral Health Division, Cheyenne

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
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Jenifer E. Urff, J.D., Project Director, Training & Technical Assistance
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

People Don’t Take Their Pills, Only One Thing Seems to Help., Austin Frakt, New York Times Upshot Column, December 11
Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan, Tipirneni R. MD MSc, Goold S.D. MHSA, MA & Ayanian J.Z. MD, MPP, JAMA Internal Medicine, December 11
Searching for New Insurance Options, States Consider Medicaid Buy-In and Other Strategies, Anita Cardwell, National Academy for State Health Policy, December 12
The Senate Tax Cuts and Jobs Act, as Passed by Senate (12/2/17): Static and Dynamic Effects on the Budget and the Economy, Penn Wharton School Budget Model, December 8
Building the Case: Low-Income Housing Tax Credits and Health, Anand Parekh, M.D. & Caitlin Krutsick, Bipartisan Policy Center, November 27
The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers, December 2017 Report to Congress of the Interagency Serious Mental Illness Coordinating Committee (ISMICC) & Executive Summary
Coupling Policymaking with Evaluation — The Case of the Opioid Crisis, Barnett M.L. MD et al., New England Journal of Medicine, December 14 & NEJM: Opioid Crisis Measures Aimed at Docs Mostly Fail, Healthcare Dive, December 15