

National Association of State Mental Health Program Directors

Weekly Update

SAMHSA to Award Nearly \$1 Billion in New Grants to Address the Opioid Epidemic

SAMHSA, on December 14, announced the availability of new Federal funding to combat the prescription opioid and heroin epidemic. The funds, made available through the [State Targeted Response to the Opioid Crisis Grants](#), will provide up to \$970 million to states and territories over the next 2 years, beginning in fiscal year 2017.

The grants will help address the opioid crisis by providing support to states for increasing access to treatment, reducing unmet treatment needs, and reducing opioid-related overdose deaths. States and territories will be awarded funds through a formula based on unmet needs for opioid use disorder treatment and drug poisoning deaths.

Applications for the funds are due from the states and territories by February 17, 2017. It is anticipated that 59 awards will be made. No state match will be required. The Funding Opportunity Announcement Number is TI-17-014.

The grants were authorized under § 1003 of the [21st Century Cures legislation, signed by President Obama](#) the previous day, and funded for Fiscal Year (FY) 2017 under the most recent Congressional Continuing Resolution, [Public Law 114-254](#). They are the latest element in a series of initiatives the Obama Administration has undertaken to address the opioid epidemic. The Administration's efforts include expanding community-based efforts to prevent drug use before it begins, empowering health care workers to intervene in dealing with patients at earlier stages of substance use disorder, expanding access to treatment for those who need it, supporting the millions of Americans in recovery, and pursuing targeted approaches to drug enforcement.

The Department of Health and Human Services' [Opioid Initiative](#), launched in March 2015, is focused on improving opioid prescribing practices, expanding access to medication-assisted treatment for opioid use disorder, and increasing the use of naloxone to reverse opioid overdoses. The initiative concentrates on evidence-based strategies that can have the most significant impact on the crisis.

115th Congress Begins at Noon, January 3, 2017

The new funding also promotes the evidence-based public health approach outlined in the Surgeon General's recent report, [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#). The report stresses the importance of a full range of services that will be funded through these grants—including getting treatment to people dealing with substance use disorders and significantly reducing the number of substance use-related deaths.

2015 Healthcare Spending Increased by 5.8 Percent, Highest Annual Bump Since 2007

Total national health-care outlays in 2015 rose 5.8 percent to \$3.2 trillion, or \$9,990 per person, according to the annual report from Centers for Medicare and Medicaid Services actuaries [published in the journal Health Affairs](#) earlier this month.

It was the fastest pace of growth since 2007, and the 2015 increase means that 17.8 percent of the U.S. gross domestic product is now dedicated to health care, up from 17.4 percent in 2014 and the most ever. If spending continues to increase at the same 5.8 percent rate, its share of the economy will be 20.1 percent in 2025.

However, per capita costs rose slower than overall spending, an indication that a significant portion of the spending increase was due to the coverage of previously uninsured individuals through Medicaid expansion and Affordable Care Act insurance market changes. From 2013 to 2015, the number of uninsured individuals fell by 15 million, and the insured share of the population went from 86 percent to 90.9 percent.

In Medicaid, per-capita growth was 3.8 percent but overall program growth was 9.7 percent. Total Medicaid spending by federal and state and local governments reached \$545.1 billion in 2015, accounting for 17 percent of total national health expenditures.

Among those covered by private insurance plans, per-capita growth was 4.5 percent, although overall growth was 7.2 percent. Spending in the Medicare program for the elderly and disabled climbed only 1.7 percent per person.



ENGAGE YOUR FAMILY IN AN IMPORTANT BEHAVIORAL HEALTH CONVERSATION

With the holiday season in full swing, SAMHSA's Voice Awards program is partnering with Text, Talk, Act to encourage families (those we are born with and those we choose) to engage in conversations about mental health and substance use issues.

HOW TO PARTICIPATE - Between now and December 31, 2016, families can gather and text FAMILY to 89800 to receive a series of text messages that will guide them through a conversation on how they can support each other and strengthen each other's emotional well-being.

HELP SPREAD THE WORD - Share this exciting opportunity with your family members, friends, peers, those in recovery, and networks that may be interested. Download the Text, Talk, Act infographic and share the social media messages below.

Facebook and LinkedIn

- SAMHSA's Voice Awards program is partnering with Text, Talk, Act. Want to talk about behavioral health with your family, but don't know how? Text FAMILY to 89800 to get started. <http://creatingcommunitysolutions.org/texttalkact>
- SAMHSA's Voice Awards program is bringing families together for an important conversation about behavioral health through Text, Talk, Act. Learn how: <http://creatingcommunitysolutions.org/texttalkact>
- Gather your family members--both those you are born with and those you choose--and text FAMILY to 89800 to start an important behavioral health conversation. This Text, Talk, Act opportunity is available until December 31. <http://creatingcommunitysolutions.org/texttalkact>

Twitter

- SAMHSA's #VoiceAwards is bringing families together for an important conversation via #TextTalkAct. Learn how: <http://creatingcommunitysolutions.org/texttalkact>
- Text FAMILY to 89800 to start a behavioral health conversation via #TextTalkAct. <http://creatingcommunitysolutions.org/texttalkact> #VoiceAwards
- From now until 12/31, text FAMILY to 89800 to talk about behavioral health. <http://creatingcommunitysolutions.org/texttalkact> #VoiceAwards
- Support family members w/ mental & substance use disorders. Join #Voice Awards #TextTalkAct conversation now. <http://creatingcommunitysolutions.org/texttalkact>

Follow Text, Talk, Act on Facebook and Twitter and be part of a nationwide conversation.



FOLLOW THESE SIMPLE STEPS TO PARTICIPATE

STEP #1:

Gather all or some of your family together with one cell phone

STEP #2:

Text FAMILY to 89800 when you are ready to start

STEP #3:

Use the series of text messages provided to guide your family through a conversation on how they can support each other and strengthen their emotional well-being.

Standard text messaging rates may apply.

For participants from Canada or whose phones can't use short codes use 7785881995.

This Voice Awards Text, Talk, Act activity will take place now through December 31, 2016.

SAMHSA Fiscal Year 2017 Grant Opportunity

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all FOAs. All applicants must register with NIH's eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process six (6) weeks in advance of the application due date. When you are searching for a funding opportunity on Grants.gov, use SAMHSA's FOA number as the Funding Opportunity Number.

For information on SAMHSA's upcoming FOAs, review the [SAMHSA forecast \(PDF | 347 KB\)](#). The forecast includes SAMHSA's plans for release of FOAs, including brief program descriptions, eligibility information, award size, number of awards, and anticipated release date. Please note: This information reflects current planning and is subject to change.

[Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives \(AI/AN\) Communities](#)

Application Due Date: Tuesday, December 20, 2016

FOA: SM-17-002

Anticipated Award Amount: Up to \$418,000 per year

Number of Anticipated Awards: 11

Project Length: Up to 3 years

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (*Short Title: Circles of Care VII*) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

Eligible Applicants: Federally recognized tribes and tribal organizations (as defined by USC 25, Chapter 14, Subchapter II, Section 450b), Tribal Colleges and Universities (as identified by the American Indian Education Consortium), and Urban Indian Organizations (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts).

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

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

Additional SAMHSA Fiscal Year 2017 Grant Opportunity

Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Application Due Date: Tuesday, January 3, 2017

FOA: SM-17-001

Project Length: 4 Years

Anticipated Award Amount: Up to \$3 million per year for state applicants; up to \$1 million for political subdivisions of states, territories, or Indian or tribal organizations.

Number of Anticipated Awards: 5 to 15

Total Amount Available: \$15,045,000

CMHS is also accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (*Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements*). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the wide-scale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

Eligible Applicants: State and territorial governments, 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; and Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act).

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA's Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program
American Association for Marriage and Family Therapy	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
American Nurses Association	4/30/16 - 4/30/17	Applications Open Until all vacancies filled	N/A
American Psychiatric Association	10/31/2016- 1/30/2017	N/A	N/A
American Psychological Association	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
Council on Social Work Education	12/2016 – 2/28/17	Spring 2017	N/A
NAADAC: the Association for Addiction Professionals	N/A	N/A	9/30/2016 – 8/1/2017 Note: This application cycle will be an open "rolling application" period.

Additional SAMHSA Fiscal Year 2017 Grant Opportunity **Addiction Technology Transfer Centers (ATTC) Cooperative Agreements**

Application Due Date: Tuesday, February 9, 2017

FOA: TI-17-005

Project Length: Up to 5 Years

Anticipated Award Amount: ATTC National Coordinating Office: up to \$1,175,294 (With \$400,000 specific for OTPs); ATTC Regional Centers: up to \$775,294

Number of Anticipated Awards: 11

Total Amount Available: \$8.92 million

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for FY 2017 Addiction Technology Transfer Centers (ATTC) Cooperative Agreements. The purpose of this program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services. This is done by: accelerating the adoption and implementation of evidence-based and promising SUD treatment and recovery-oriented practices and services; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

ATTC Network grantees will work directly with SAMHSA and amongst themselves on activities aimed at improving the quality and effectiveness of treatment and recovery, as well as work directly with providers of clinical and recovery services and others that influence the delivery of services to improve the quality of workforce training and service delivery. The program will also support Opioid Treatment Programs (OTPs) to develop workforce capacity.

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIOs), and consortia of tribes or tribal organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

While any eligible organization may apply for any of the 11 ATTC Centers, a separate application must be submitted for each type of ATTC (ATTC National Coordinating Office and ATTC Regional Center). Each organization may submit only one application per type of ATTC. The maximum number of applications SAMHSA will review for any organization is two (2). Each applicant organization may receive only one (1) award. If an applicant submits two high scoring applications, award decisions will be made in the following priority order: 1) ATTC National Coordinating Office; and 2) ATTC Regional Centers. Only one ATTC Regional Center award will be made per region.

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.

NIHCM Foundation Awards \$200K in Grants to Support Health Care Journalism

The nonprofit National Institute for Health Care Management (NIHCM) Foundation has awarded six new [grants](#) totaling \$200,000 to support health journalism. Grants will enhance educational opportunities for journalists and fund consumer-friendly digital media on timely topics. The awardees are:

- **USC Annenberg School for Communication, Center for Health Journalism** — \$50,935 to support the "[Health Matters](#)" webinar series, focused on educating journalists on health policy, health reform and community health;
- **Alliance for Health Reform** — \$66,565 to support a webinar series for journalists on current and emerging health policy issues, and \$32,000 to support updates to "[Essentials of Health Policy: A Sourcebook for Journalists and Policymakers](#)," an online resource with data, background and topic experts;
- **Investigative Reporting Workshop at American University** — \$20,000 to support an interactive, multi-media project to educate the public on [antimicrobial resistance](#), including the prevalence, potential solutions and the need for policy action;
- **The Health Coverage Fellowship** — \$18,500 to support a journalist in the 2017 class of the [fellowship](#), a program of the Blue Cross Blue Shield of Massachusetts Foundation that includes a conference and a year of mentoring; and
- **Healthcare Triage** — \$12,000 to support a [YouTube video series on public health and safety](#), using data and evidence to educate consumers.

Crisis Services Provider Specializing in Deaf and Hard of Hearing Services Joins Lifeline

The National Suicide Prevention Lifeline (NSPL) and the Disaster Distress Helpline (DDH) have added the Leadership through Education and Advocacy for the Deaf (L.E.A.D.) Institute to their networks. The L.E.A.D. Institute, located in Columbus, Missouri, will provide crisis counseling through Teletypewriter (TTY) services for NSPL and DDH callers who are deaf, hard of hearing, or have speech disabilities.

As noted on their [website](#), the L.E.A.D. Institute's mission is to "provide leadership through education, advocacy, crisis intervention services, counseling and other direct services for Deaf, Hard of Hearing, Deaf/Blind, and Late Deafened victims, survivors, and their families." Services provided include: a 24-hour hotline for individuals who are Deaf and Hard of Hearing, their family members, and providers needing information on services; crisis intervention; advocacy and case management; free counseling for individuals who are Deaf and Hard of Hearing and their family members; and advocacy and partnership with service agencies to provide direct services to individuals who are deaf.

NASMHPD continues to be a strong advocate in promoting culturally and linguistically appropriate services for people who are Deaf and Hard of Hearing. Advocacy efforts include the recent publication of a working white paper, [Promising and Emerging Approaches and Innovations for Crisis Intervention for People Who Are Deaf, Hard of Hearing, and Deafblind](#), which was funded through the Technical Assistance Coalition SAMHSA contract that NASMHPD administers.

Although research in the prevalence of suicide in the deaf community is limited, a 2012 study by Jared A. Embree¹ at the Boonshoft School of Medicine at Wayne University in Dayton, Ohio, concluded that 4 out of every 10 people who are deaf with co-occurring mental health and substance use disorders will attempt suicide at one point in their life and more than half will consider it. For women who are deaf, the rate is 65.1 percent for suicidal ideation.

For deaf people, there are fewer appropriate resources or opportunities available to intervene than there are for the hearing population. The working paper highlights promising technological approaches and provides recommendations to establish linguistically and culturally appropriate crisis services for people who are deaf. Key recommendations include: establishment of a national crisis hotline that offers multiple ways—including instant messaging, texting, videophone, telecommunication relay services (TRS), and video relay interpreting services (VRS)—for the deaf community to reach trained ASL-fluent crisis counselors. The recommendations underscore the need to understand the lived experience of deaf people to effectively implement crisis service response for the population.



The Lifeline TTY is 800-799-4889 and the Disaster Distress Helpline TTY is 800-985-5990.

¹ 5 Embree, J. A. (2012). Prevalence of Suicide Attempts in a Deaf Population with Co-Occurring Substance Use Disorder,

Journal of the American Deafness & Rehabilitation Association (JADARA), 45(2), Winter 2012.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

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

Note that technical assistance under this project cannot be specifically focused on institutional/hospital- based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD's [Pat Shea](#) by email or at 703-682-5191.

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

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

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

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

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

Alabama

Birmingham, Alabama, December 19th & 20th - Jefferson County Family Court

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

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NASMHPD LINKS OF INTEREST

(Inclusion on this list should not be read to imply NASMHPD support for the views expressed in the linked items.)

[REGISTRATION FOR DECEMBER 22 SAMHSA PARITY POLICY ACADEMY STAKEHOLDER LISTENING SESSION](#)

[OPTIONS FOR REDUCING THE DEFICIT: 2017 TO 2026](#), CONGRESSIONAL BUDGET OFFICE, DECEMBER 8 (INCLUDES OPTIONS FOR MEDICAID BLOCK GRANTING ON PAGES 221 TO 230)

[FAQs CONCERNING MEDICAID BENEFICIARIES IN HOME AND COMMUNITY-BASED SETTINGS WHO EXHIBIT UNSAFE WANDERING OR EXIT-SEEKING BEHAVIOR](#), CMS, DECEMBER 15

[WHY REPEALING THE ACA WITHOUT REPLACING IT WON'T WORK, AND WHAT MIGHT](#), ALICE RIVLIN, LOREN ADLER & STUART BUTLER (BROOKINGS INSTITUTION), DECEMBER 13

[THE ECONOMIC RECORD OF THE OBAMA ADMINISTRATION: REFORMING THE HEALTHCARE SYSTEM](#), WHITE HOUSE COUNSEL OF ECONOMIC ADVISORS, DECEMBER 2016

[WHERE OPIATES KILLED THE MOST PEOPLE IN 2015](#), WASHINGTON POST, DECEMBER 13