CMS Administrator-Designate Seema Verma Appears Before Senate Finance Committee in Hearing on Her Nomination

President Donald Trump’s nominee to be the new CMS Administrator, Medicaid consultant Seema Verma, appeared before the Senate Finance Committee in a February 16 nomination hearing.

Ms. Verma heads the Indianapolis-based SVC Inc., a consulting firm that works with Republican Governors seeking changes to the way Federal Medicaid dollars can be spent. In Indiana, where she helped craft the Healthy Indiana Plan 2.0 (HIP 2.0), Medicaid enrollees pay premiums, as well as co-payments for inappropriate emergency room use. Missed premium payments can mean a six-month lockout of higher-income enrollees from a higher tier of the program that provides greater benefits, HIP-Plus. HIP also includes a Gateway to Work that is intended to assist unemployed individuals and those working fewer than 20 hours a week in securing new or better employment through case management services, participation in a structured job readiness program, and help with the enrollee’s job search. A still-pending proposal she developed for Kentucky includes work requirements for most adults.

In his opening statement, Senator and Finance Committee Ranking Member Ron Wyden (D-OR) referenced a July 6 Lewin Group interim evaluation of the Indiana program in which it was reported that more than 2,600 enrollees had been disenrolled from the HIP 2.0 program for a failure to pay premiums.

Ms. Verma, when prompted later by Senator Bill Cassidy (R-LA), defended the program, saying it had reduced inappropriate emergency room use, increased adherence to drug regimens and use of primary and preventive care, and produced better health outcomes. She also said HIP enrollees were more satisfied with the care they received. She attributed the positive outcomes to empowering enrollees to take ownership of their healthcare by requiring premiums even of those enrollees at lower income levels. Ms. Verma said the number of Indiana uninsured had dropped, and that state costs had been reduced as a result of the implementation of HIP.

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Ms. Verma, who introduced herself to the Finance Committee by recounting her early work on national policy affecting individuals with HIV/AIDS and improving birth outcomes for low-income individuals, said she has fought for coverage and access for two decades. She said her mother is in recovery from breast cancer, caught through early prevention, and that she “want[s] to be part of the solution making the system work for all Americans. I want to be able to look my children in the eye and tell them I did my part to serve my country and make things better for people who often do not have a voice.”

The nominee also recounted her activities working with both Democrats and Republicans in the Indiana legislature in achieving the bipartisan passage of the legislation underlying HIP, which she called “one of the proudest moments of [her] career.”

(Continued on page 2)
Indiana Medicaid Consultant Seema Verma Testifies Before Senate Finance Committee in the Hearing on Her Nomination as CMS Administrator

(Continued from page 1)

However, Ms. Verma was less than specific when it came to answers to Committee members’ questions about whether she favored giving Medicare the authority to negotiate drug prices, what she saw as the future of the Center for Medicare and Medicaid Innovation (CMMI), how she would go about reducing the Medicare Appeals backlog, how she would structure specific aspects of the Medicare payment reform mandated under the Medicare Access and CHIP Reauthorization Act (MACRA), whether she supported the market stabilization changes to the Affordable Care Act (ACA) regulations proposed February 15 by new Health and Human Services Secretary Tom Price, how she would protect the coverage gap under Medicare Part D if ACA provisions reducing that gap were repealed, and what changes she would make to the oversight of Medicaid managed care.

In some instances, she echoed the responses of Secretary Tom Price in his own nomination hearing when she told Finance Committee members her job would be to implement the policies set by Congress. Her response to the question about the future of CMMI was that she would wait and see what Congress did in its amendments to the ACA.

More often, she responded by repeating a number of core principles:

1. All Americans should have access to affordable healthcare.
2. Americans should be in control of their healthcare choices, being able to choose their own providers and health care plans that address their specific needs.
3. States and providers need to be responsible for patient outcomes, but at the same time providers should not be overburdened by regulations.
4. The Medicaid program is not working as well as it could—it is too inflexible and intractable, with States needing to “go back and forth” to the Centers for Medicare and Medicaid Services (CMS) “with reams of paper” to get waivers approved.
5. She favors policies that foster patient-centered care and increased competition, quality, and access, while driving down costs.

With regard to the last principle, she complained that it had taken five years for CMS to approve implementation of the HIP program.

With respect to drug pricing, she did agree with Senator Chuck Grassley (R-IA) that the pricing by Mylan of its epi-pen was “very disturbing” and that there should be a review of how manufacturers classify their drugs as brand-name or generic. But when asked whether the Medicare program should have the authority to negotiate drug prices, she asserted that pharmacy benefit managers (PBMs) are doing a good job of negotiating low drug prices for seniors covered by Part D.

In response to a question from Senator Debbie Stabenow (D-MI) whether women should be charged more for maternity coverage under private insurance, she told a visibly frustrated Senator Stabenow that while she “doesn’t want to see women discriminated against,” she did not believe that women who do not want maternity coverage should be forced to purchase it.

Republican Nevada Senator Dean Heller warned that his constituents were worried about funding changes and asked if block grants are “on the table.” Ms. Verma responded that “Anything should be on the table that can improve health outcomes.”

A more detailed view into Ms. Verma’s positions can be found in June 12, 2013 testimony she gave before the House Energy and Commerce Committee and the written answers to questions that followed that testimony.

In that earlier testimony, she stated that:

- Medicaid coverage alone does not guarantee improved care or outcomes.
- The Medicaid program is jointly funded, but not jointly managed. States are largely dependent on Federal policy, regulation and permission to operate their programs, with administrative review and approval processes adding administrative bureaucracy that thwarts state innovation.
- Reform efforts should center, at minimum, around encouraging consumer participation, holding states accountable based on quality outcomes instead of compliance with bureaucratic requirements, encouraging flexible managed care approaches, and allowing states to use flexible funding mechanisms.
- Uncompromising cost-sharing policies disempower individuals from taking responsibility for their health, allow utilization of services without regard for public cost, and foster dependency.
- The CMS § 1115 waiver approval process is so daunting that states often abandon promising ideas if a waiver is necessary. Evaluation guidelines and required timelines are absent; it is not unusual for waiver negotiations to take a year or more. Approvals are capricious, as waivers do not transfer from state to state. States often face shifting policy positions during the waiver approval process.
SAMHSA Announces New Round of Funding Support for Cooperative Agreements to Implement the National Strategy for Suicide Prevention

SAMHSA has announced a new round of funding to support states and territories in implementing the 2012 National Strategy for Suicide Prevention (NSSP) goal of preventing suicide and suicide attempts among adults 25 years and older.

A total of $1.9 million is available to award four states/territories as much as $471,000 per year each for up to three years. No cost-sharing or match is required. Applications are due Monday, April 17, 2017.

A SAMHSA Technical Assistance call will be scheduled soon for states and territories interested in applying.

More information on the grant opportunity is available at https://www.samhsa.gov/grants/grant-announcements/sm-17-007. The contacts for the grant are SAMHSA’s James Wright and Gwendolyn Simpson. Ms. Simpson can also be reached by phone at 240-276-1408; Mr. Wright can be reached at 240-276-1854.

While youths have the highest rates of suicide attempts, middle aged adults have the highest number of deaths by suicide nationwide. Suicide is the second leading cause of death among adults ages 25 to 34. The CDC Fatal Injury Data shows that, in 2010, over 70 percent of suicides occurred among adults between the ages of 25 and 64. Older adults, particularly white males, historically have a high suicide rate.

Golden Gate Bridgewatch Guardian Group Offers Assistance on Valentine’s Day

Since being constructed in 1937, nearly 2,000 people have died from jumping off the Golden Gate Bridge in California. A group of nearly 200 volunteers spent their Valentine’s Day providing an uplifting presence to people on the Golden Gate Bridge in hopes of preventing suicide attempts.

Known as the Bridgewatch Angels, the volunteers’ mission is to provide extra presence support to people on the Golden Gate Bridge during stressful holidays such as Valentine’s Day, Thanksgiving, Christmas Eve/Day, New Year’s Eve/Day and Memorial Day. The Bridgewatch Angel volunteers are trained by suicide prevention specialists to recognize the warning signs of suicide risk, how to assess behaviors of someone contemplating suicide on the Bridge, and how to safely intervene.

Because the Golden Gate Bridge is considered the most lethal suicide site in the world, it is heavily patrolled throughout the year by the California Highway Patrol and Golden Gate Bridge Patrol officers who are specially trained in suicide and crisis intervention.

The Bridgewatch Angels started with a small group of off-duty law enforcement officers and has grown to 200 volunteers from various backgrounds, ranging from suicide survivors to employees and volunteers at nonprofits and faith-based and private sector organizations. The group’s founder, police lieutenant Mia Munayer, commented to the Pleasanton Weekly on February 9, “Such a simple gesture [saying hello] can be very impactful for those who are feeling alone.”

In 2016, there were 39 suicides and 184 successful interventions by the Bridge Patrol, the Bridgewatch Angels and other supports, signifying an increase in the number of successful interventions. Between 2006 and 2010, the average annual number of successful interventions was 73. Other suicide prevention initiatives included signs urging people to call or text the National Suicide Prevention Lifeline.

To completely reduce the Golden Gate Bridge suicide number, the Golden Gate Bridge Highway and Transportation District on December 16, 2016 approved $142 million for the installation of a stainless steel mesh suicide barrier net. The net barrier will extend 20 feet below and 20 feet from the side of the span. The grey net has been designed to blend in with the San Francisco Bay. Construction is anticipated to start this July, and will take three years to complete. The total projected budget is $204 million, including contingency funds.

A similar barrier net was built over a decade ago on the Munster Terrace cathedral in Bern, Switzerland. Since the barrier was installed, no suicides have been reported on the Munster Terrace and the number of overall suicides by jumping was reduced in Bern and surrounding areas.

Researchers Dayna Atkins Whitmer and David Lauren Woods of the U.C. Davis School of Medicine analyzed the costs of a suicide recovery team of bridge workers, first responders, Bridge Patrol, California Highway Patrol, and the U.S. Coast Guard boats (the costs of helicopter searches were not included). They found, in their 2013 paper, Cost Effectiveness of a Suicide Barrier on the Golden Gate Bridge, that a physical barrier is the only preventive measure to completely deter someone from jumping off the Golden Gate Bridge. They concluded that one jump (averaging at two hours of a suicide recovery) minimally cost approximately $10,600 per jump. They calculated, at 30 jumps per year, the costs are approximately $318,000 annually.
Funding Opportunity

Brookdale Foundation Group Issues RFP for Seed Grants

Brookdale Relatives as Parents Program (RAPP) grants for supportive services to grandparents and other relatives raising children

The Brookdale Foundation Group has issued a request for proposals (RFP) for the creation or expansion of supportive services to grandparents and other relatives raising children.

Up to 15 programs will be selected to receive a seed grant of $15,000 ($10,000 and $5,000 respectively) contingent upon progress made during year one with potential for continuity in the future. On-going technical assistance will also be provided.

Any § 501(c)(3) or equivalent not-for-profit organization can apply. The RFP proposal and guidelines can be downloaded at [www.brookdalefoundation.org](http://www.brookdalefoundation.org).

Proposals are due Thursday, June 15, 2017

Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.

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NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

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**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.

**February 2017 Trainings**

**Virginia**

February 10 - Fredericksburg –Lloyd F. Moss Free Clinic

For more information on these trainings, please contact Jeremy McShan@nasmhpd.org

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**Former NASMHPD Medical Director Council Chair Parks Testifies in Senate on Mental Health**

The former chair of NASMHPD’s Medical Directors Council, Joseph Parks, testified this week before the Labor-HHS Subcommittee of the U.S. Senate Appropriations Committee.

Dr. Parks, now the Medical Director for the National Council on Behavioral Health, participated in a February 15 panel on Mental Health Care: Examining Treatment and Services that also included Dr. David M. Johnson, CEO of Navos Mental Health Solutions, Dr. Dennis S. Freeman, CEO of Cherokee Health Systems, and Chief Donald W. De Lucca, President of the International Association of Chiefs of Police.

Dr. Parks touched on many topics, including: ensuring that future changes to healthcare delivery continue to require and promote parity of coverage for treatment of mental illness and substance use disorders; extending the recently terminated Medicaid Emergency Psychiatric IMD Demonstration and expanding it to include substance use disorder treatment centers; continuing funding for SAMHSA PBHCI grants to integrate primary care and behavioral health care in community mental health centers; and the need to align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act.
Creating Systems for Individuals Who Experience Co-Occurring Mental Illness and Intellectual Disabilities

Presented by the National Federation of Families for Children’s Mental Health

Wednesday, February 22, 2 p.m. to 3:30 p.m. ET

State systems continue to search for solutions in the provision of services and supports for individuals who experience co-occurring mental illness and intellectual disabilities. Diagnostic, fiscal, and programmatic challenges create the need for comprehensive planning to ensure that the most appropriate services are created in the most cost-effective manner.

This webinar will explore one state’s response to this population through expert diagnostics, holistic planning, and creative funding. With a class action lawsuit as the catalyst, North Carolina created community-based services and supports for over 1000 individuals utilizing Person Centered Planning as the guiding principle. North Carolina further created funding mechanisms that allowed Medicaid to be expanded to support a group of individuals not previously to have been considered for waiver funds.

The webinar will also offer insights into how the state developed and trained providers in the provision of appropriate services and supports in community-based settings to individuals who had been institutionalized, many for over 30 years.

Join us as Dr. Lynda Gargan and Tara Larson, two of the principles in the implementation of these efforts, share the successes and lessons learned from this endeavor.

Questions regarding this webinar should be addressed to Kelle Masten via email or at 703-682-5187.

Register HERE

Is it Real or Not Real – Do I Have Psychosis?”

Presented by Mental Health America

Tuesday, February 21, 2 p.m. to 3:30 p.m. ET

If you think your brain is playing tricks on you – you’re not alone. We’ve created a webinar to help guide you or someone you know through what might be some confusing experiences.

Participants will learn:

- What is psychosis?
- Tools developed to identify if someone was at risk of developing psychosis.
- How people are turning to the internet and technology to get help and information.
- Personal experiences from an individual in recovery who struggled with psychosis and found help.

Providers and advocates will gain knowledge on up to date training on current status of identifying and supporting young people who are experiencing psychosis for the first time.

Presenters will include: Rachel Loewy, UCSF; Theresa Nguyen, MHA; and Chantel Garrett and Carlos Larrauri, Partners 4 Strong Minds.

Questions regarding this webinar should be addressed to Kelle Masten via email or at 703-682-5187.
CMS-SPONSORED WEBINARS

Hard-to-Reach Populations: Innovative Strategies to Engage People with Mental Health Conditions or Substance Use Disorders

Presented in Collaboration with the Lewin Group and Community Catalyst

Friday, February 24, 12 p.m. to 1:30 p.m. ET

Many providers serving dually eligible individuals face challenges engaging enrollees living with mental illness or substance use disorders. Health plans and health care providers must develop innovative approaches to locate these enrollees and connect them to the primary and behavioral health care, social services, and long-term services and supports that they may need.

This webinar is intended for staff of Medicare and Medicaid plans and Dual Eligible Special Needs Plans, providers serving individuals with mental health conditions or substance abuse disorders in health plans, and other stakeholders. The webinar will present successful strategies employed by Medicare and Medicaid plans and others to engage this population. Attendees will learn about partnering with community-based organizations, the use of community outreach staff, and the development of new treatment settings. The presentations will last approximately one hour, followed by a one-half hour question and answer session.

Featured Speakers:
- Barbara Herbert, Medical Director of Addiction Services, Commonwealth Care Alliance
- John Lovelace, President of UPMC for You
- William Nice, Intervention Specialist, Camden Coalition of Healthcare Providers
- Amy Joiner, Director of Outpatient Services, Trilogy, Inc.

Register HERE

Innovation Accelerator Program Webinar: Creating Partnerships to Address Non-Medical Needs of Medicaid Beneficiaries with Complex Care Needs and High Costs

Monday, February 27, 2 p.m. to 3:30 p.m. ET

As part of CMS’s Medicaid Innovation Accelerator Program (IAP), the Center for Medicaid and CHIP Services is holding the third webinar in its four-part national dissemination series focused on improving care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN). The goal of this webinar series is to share insights, lessons learned, and tools that states can use as they design and implement activities related to Medicaid beneficiaries with complex care needs and high costs. During the February 27th webinar, Connecticut and Michigan will share strategies used in their state Medicaid programs to address the non-medical needs of Medicaid beneficiaries through linkages across state agencies and through connections with community-based organizations. The featured speakers for this webinar are:
- Kate McEvoy, Esq., Director, Division of Health Services, Connecticut Department of Social Services,
- Tom Curtis, Director, Michigan SIM Project, Michigan Department of Community Health

Register HERE
Upcoming Meeting Opportunities for System of Care Grantees

The TA Network recently announced a series of learning opportunities sponsored by SAMHSA for this fiscal year. We designed these meetings based upon grantee feedback on what is needed to support the work in your communities, states, tribes and territories. In each of these meetings, participants will have the opportunity to learn from peers as well as local and national experts on topics that are essential to system of care expansion. These meetings and learning opportunities all count towards the annual grantee training requirement.

There are several upcoming meetings. Some of these meetings have quickly approaching registration deadlines.

**Grantee Meetings**

**Meeting:** Tribal System of Care Support Grantee Meeting  
**Description:** Annual training and peer-to-peer learning opportunity for tribal system of care communities and grantee graduation celebration. This meeting coincides with the NICWA’s 35th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect taking place on April 2-5 in San Diego, CA. Graduating grantees this year: Montana Office of Public Instruction, Yellowhawk Tribal Health, Cherokee Nation, and Detroit Wayne County Mental Health Authority.  
**Date(s):** April 6, 2017  
**Location:** San Diego, California  
**Other Info:** Open to tribal grantees

**Meeting:** Mobile Response and Stabilization Services (MRSS) Peer Meeting  
**Description:** In this cooperative peer convening, participating states will gather in New Brunswick, New Jersey for two days of collaborative work with experts from Wraparound Milwaukee, Connecticut and New Jersey, focused on strategies for developing, implementing and sustaining mobile response and stabilization services for children, youth, and young adults in their states. There will also be an opportunity for 1-2 individuals from each state team to ‘ride along’ with a mobile response unit for ‘hands-on’ observation of New Jersey’s model the day before the meeting begins.  
**Date(s):** April 18-19, 2017  
**Location:** New Brunswick, New Jersey  
**Other Info:** Application due date is Monday, February 27, 2017

**Meeting:** Family Acceptance Project Core Provider Training  
**Description:** Dr. Caitlin Ryan along with the Family Run Executive Director Leadership Association (FREDLA) will lead this 2-day training on a family-based approach to wellness, prevention and care for LGBTQ children, youth, and young adults will help providers and FREDLA (Family Run Executive Director Leadership Association) members learn about the Family Acceptance Project’s family intervention and support model to prevent health risks and promote well-being for LGBTQ young people to enable them to increase family-oriented services and supports in their agencies and communities.  
**Date(s):** April 25-26, 2017  
**Location:** Detroit, Michigan  
**Other Info:** Registration closing date is Saturday, March 25, 2017

This announcement is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Training and Technical Assistance Center for Child, Youth and Family Mental Health (NTTAC), operated by the National Technical Assistance Network for Children's Behavioral Health (TA Network).
NASMHPD MEMBERS: SAVE THE DATE!!
NASMHPD Annual 2017 Commissioners Meeting

The 2017 NASMHPD Annual Meeting will be held **Sunday, July 30 through Tuesday, August 1 in Arlington, Virginia.** The meeting will run three full days, in collaboration with the NASMHPD Research Institute (NRI), and include a day of meetings for the NASMHPD Division representatives.

The NASMHPD Divisions include the Children, Youth and Families Division; the Financing and Medicaid Division; Forensic Division; the Legal Division; the Medical Directors Council; the Older Persons Division; and the Offices of Consumer Affairs (National Association of Consumer/Survivor Mental Health Administrators – NAC/SMHA).

The meeting will include extended time for State Mental Health Commissioners and Divisions to meet together as well as separately. There will also be a day with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners’ and Divisions’ priorities and concerns.

Details regarding registration and hotel details will be mailed to Commissioners and Division representatives in the near future.

Contact Brian Hepburn or Meighan Haupt with any questions.

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](#).

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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Nurses Association</strong></td>
<td>4/30/16 - 4/30/17</td>
<td>Applications Open Until all vacancies filled</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Council on Social Work Education</strong></td>
<td>12/2016 – 2/28/17</td>
<td>Spring 2017</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>NAADAC: the Association for Addiction Professionals</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>9/30/2016 – 8/1/2017 Note: This application cycle will be an open ‘rolling application’ period.</td>
</tr>
</tbody>
</table>

NASMHPD Weekly Update is now accepting letters and blogs. Please submit your contribution by noon Tuesday of the week you seek publication to stuart.gordon@nasmhpdp.org.
Department of Justice Announces Two Grant Solicitations
Comprehensive Opioid Abuse Site-Based Grant Program (COAP)

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 25 released a solicitation for the Comprehensive Opioid Abuse Site-Based Grant Program (COAP), funded through the Comprehensive Addiction and Recovery Act (CARA).

Applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found here.

BJA's COAP site-based solicitation contains six categories of funding. The funding categories include:
- Category 1: Overdose Outreach Projects
- Category 2: Technology-assisted Treatment projects
- Category 3: System-level Diversion and Alternative to Incarceration Projects
- Category 4: Statewide Planning, Coordination, and Implementation Projects
- Category 5: Harold Rogers PDMP Implementation and Enhancement Projects
- Category 6: Data-driven Responses to Prescription Drug Misuse

To prepare for the CARA solicitation, potential applicants are encouraged to form multi-disciplinary teams, or leverage existing planning bodies, and identify comprehensive strategies to develop, implement, or expand treatment diversion and alternative to incarceration programs.

BJA anticipates up to 45 awards may be made under the COAP Grant Program.

The application deadline is April 25, 2017.

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located here.

Justice and Mental Health Collaboration Program - FY 2017 Competitive Grant Announcement

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 18 released a solicitation seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department’s mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, or federally recognized Indian tribal government. Under this solicitation, only one application by any particular applicant entity will be considered. Any others must be proposed as subrecipients ("subgrantees"). An entity may, however, be proposed as a subrecipient (subgrantee) in more than one application. The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire project.

Per Pub. L. 108-414, a “criminal or juvenile justice agency” is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A “mental health agency” is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders. BJA may elect to fund applications submitted under this FY 2017 solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Applicants must register with Grants.gov prior to submitting an application.

The application deadline is April 4, 2017.
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 Care 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).

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.
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NASMHPD Links of Interest

Rolling Back the ACA’s Medicaid Expansion: What are the Costs for States?, MACPAC Chair Sarah Rosenbaum, The Commonwealth Fund, February 10

Healthy Aging in Action: Advancing the National Prevention Strategy, National Prevention, Health Promotion, and Public Health Council, Office of the Surgeon General, February 2017

Obamacare Repeal and Replace: Policy Brief and Resources, U.S. House of Representatives Republican Caucus, February 16

Compare Proposals to Replace the Affordable Care Act: Interactive Tool, Kaiser Family Foundation, February 16

Cool Videos: Starring the Wiring Diagram of the Human Brain, Blog by NIH Director Dr. Francis Collins, February 13

Improving Access to Substance Use Disorder Treatment in Baltimore City, National Institute on Drug Abuse Guest Blog by Mark L. O’Brien, Director of Opioid Overdose Prevention and Treatment, Baltimore City Health Department and Leana S. Wen MD, MSc, Baltimore City Health Commissioner

The Essentials of Health Policy: A Sourcebook for Journalists and Policymakers, February 2017, Alliance for Health Care Reform