Speaker Ryan Switches Gears to Consider Amendments to the American Health Care Act

After publicly insisting for days that there could be no House amendments to the American Health Care Act (AHCA), the vehicle for repealing and replacing the Affordable Care Act, Speaker Paul Ryan announced March 15 that the House leadership would be considering modifications added within a “Manager’s Amendment, either in the House Rules Committee prior to the bill going to the House floor or on the House floor itself.

The Speaker’s change in position was a response to resistance from both conservatives in the Freedom Caucus and Republican Study Committee, and resistance from more moderate Republicans shaken by Congressional Budget Office (CBO) estimates that the changes to the structure of the Medicaid program included in the bill, resulting in an $880 billion (25 percent) reduction in program funding, could throw as many as 17 million people out of Medicaid by 2026.

Conservatives, who initially voiced opposition to the “new entitlement” of refundable tax credits used to subsidize the cost of insurance premiums, were turning their attention to insisting that Medicaid expansion be ended in 2018, two years earlier than planned in the legislation. They were also insisting on including Medicaid enrollee work requirements for able-bodied, childless adults, a reduction in the per capita cap annual growth rate, and an expansion of how Health Savings Accounts can be used. Three of those conservatives, Rep. Dave Brat (R-VA), Mark Sanford (R-SC), and Gary Palmer (R-AL), voted against the measure in the House Budget Committee on March 16, when the bill squeaked by, by 19 to 17, and headed to the House Rules Committee for preparation for a floor vote.

Moderate Republicans, primarily those in the Senate, led by John Thune (R-SD), but including a few moderate House Republicans like Virginia’s Rob Wittman, were insisting that the refundable tax credits, rather than simply being age-adjusted, should also be income-adjusted so that lower-income individuals are able to afford insurance premiums that the CBO has estimated could skyrocket 15 to 20 percent in 2018 and 2019.

And almost everyone was insisting that the mandatory 30 percent insurance premium surcharge for not maintaining continuous coverage be eliminated from the legislation, after the CBO found that the surcharge would not be effective in encouraging younger individuals to enroll and thereby offset the costs of older, sicker insureds.

Any amended version of the bill would have to meet the Senate “Byrd Rule” requirements for a budget reconciliation measure that it not “increase significantly” the federal deficit beyond a ten-year term or otherwise constitute a matter “extraneous” to the budget. If the measure failed the Byrd tests, it would have to pass with a 60-vote majority, rather than the 51-vote majority required for Budget Reconciliation.

For that reason, it is more than likely that any changes to the AHCA will have to be included in a separate “trailer” bill the Speaker has said will hit the House floor at the same time as the Reconciliation Act, currently scheduled for next Thursday.
Health and Human Services Secretary Price, CMS Administrator Verma Promise Governors Change and Flexibility Are Coming to Medicaid

In a letter to State Governors, issued March 14, Health and Human Services Secretary Tom Price and the just-confirmed Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma "commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population ...."

However, the two Medicaid officials also say they remain committed to budget neutrality for waivers and demonstrations.

The letter was issued the first day Ms. Verma took office, and mirrored many of the recommendations she had made to Congress in her 2013 testimony and recent appointment hearing before the Senate Finance Committee.

Some of the key areas Dr. Price and Ms. Verma say in the letter they intend to address "to improve collaboration with states and move towards more effective program management" include:

- **Improve Federal and State Program Management** – Secretary Price and Administrator Verma promise to engage with states in a bilateral process to:
  - make the State Plan Amendment approval process more transparent, efficient, and less burdensome;
  - speed to facilitate expedited or "fast-track" approval of waiver and demonstration project extensions; and
  - be more consistent in evaluating and incorporating state requests for specific waivers and demonstration project approaches that have already received approval in another state.

- **Managed Care Regulations** – Dr. Price and Ms. Verma promise to conduct a full review of managed care regulations in order to prioritize beneficiary outcomes and state priorities.

- **Provide States with More Tools to Address the Opioid Epidemic** – Dr. Price and Ms. Verma promise to ensure states have the tools they need to combat the growing opioid epidemic, by continuing to work with states to improve care for individuals struggling with addiction under their Medicaid state plans and through the Medicaid Innovation Accelerator Program to improve state substance abuse treatment delivery systems.

- **IMD Coverage for Substance Use Treatment** – Dr. Price and Ms. Verma note that, under recent regulatory changes, states may now make managed care capitation payments for individuals with Institutions for Mental Disease (IMD) stays of 15 days or less within a month. They say they will continue to explore additional opportunities for states to provide a full continuum of care for people struggling with addiction and develop a more streamlined approach for § 1115 substance abuse treatment demonstration opportunities.

- **Reasonable Timelines and Processes for Home and Community-Based Services (HCBS) Transformation**
  - In recognition of the significance of the HCBS reform efforts underway, Secretary Price and Administrator Verma say CMS will work toward providing additional time for states to comply with the January 2014 HCBS rule. Additionally, the agency will be examining ways to improve engagement with states on the implementation of the rule, including greater state involvement in the process of assessing compliance of specific settings.

- **Employment** – Dr. Price and Ms. Verma say they will “empower low-income enrollees with skills and employment,” using existing § 1115 demonstration authority to "review and approve meritorious innovations that build on the human dignity that comes with training, employment, and independence."

- **Align Medicaid and Private Insurance Policies for Non-Disabled Adults** – Dr. Price and Ms. Verma say they will permit states to create greater alignment between Medicaid's design and benefit structure and common features of commercial health insurance, to help working age, non-pregnant, non-disabled adults prepare for private coverage. They say such state reforms could include, as allowed by law:
  - alternative benefit plan designs and cost-sharing models, including consumer-directed health care with Health Savings Account-like features, for individuals at all income levels;
  - facilitating enrollment in affordable employer-sponsored health insurance options;
  - reasonable, enforceable premium or contribution requirements, with appropriate protections for high-risk populations;
  - initiatives to break down the barriers that prevent families from being together on the same plan;
  - waivers of non-emergency transportation benefit requirements;
  - expanded options to design emergency room co-payments to encourage the use of primary and other non-emergency providers for non-emergency medical care; and
  - waivers of enrollment and eligibility procedures that do not promote continuous coverage, such as presumptive eligibility and retroactive coverage.
SAMHSA Seeking Applications for $47.5 Million in Grants to Help People Experiencing Homelessness

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2017 Grants for the Benefit of Homeless Individuals (GBHI) totaling up to $47.5 million over the course of five years.

The GBHI program’s purpose is to support the development and/or expansion of community infrastructures that integrate behavioral health treatment and services for substance use, co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

SAMHSA expects to fund as many as 24 grantees for as much as $400,000 per year for as long as five years. The actual award amounts may vary, depending on the availability of funds.

WHO CAN APPLY: Eligible applicants are domestic public and private nonprofit entities. For example:

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

See Section III-1 of Funding Opportunity Announcement (FOA) TI-17-009, PART I, for complete eligibility information.

HOW TO APPLY: SAMHSA’s transition to the National Institute of Health’s eRA grants system (eRA Commons) has changed the application registration, submission, and formatting requirements for FOAs. In order to submit an application, you must register in NIH’s eRA (electronic Research Administration) Commons in addition to the System for Award Management (SAM) and Grants.gov. Please reference PART II very carefully to understand the requirements for applying to SAMHSA grants.

APPLICATION DUE DATE: April 25, 2017 by 11:59 p.m. (Eastern Time). Applications must be received by the due date and time to be considered for review. Please review carefully Section IV-2 of PART I of the FOA for submission requirements.

ADDITIONAL INFORMATION: Applicants with questions about program issues should contact Valerie Tarantino at (240) 276-1745 or valerie.tarantino@samhsa.hhs.gov. For questions on grants management and budget issues contact Eileen Bermudez at (240) 276-1412 or FOACSAT@samhsa.hhs.gov.

SAMHSA Homelessness Assistance Transition Program Surpasses Goals

A Substance Abuse and Mental Health Services (SAMHSA) homelessness assistance grant program recently evaluated has been found to surpass program goals in providing services for homeless individuals.

The Projects for Assistance in Transitions from Homelessness (PATH) program—funded at $64.6 million in Fiscal Year 2016—has provided 56 grants to every state and territory that have helped nearly 600 local organizations to provide outreach, screening, case management, mental health, and addictions treatment to people with serious mental illnesses and co-occurring disorders who experience homelessness.

The most recent triennial evaluation, which involved telephone interviews and web surveys of state PATH contacts and providers found that the total number of individuals served by the program grew from 2010 to 2012 from 204,528 to 215,238. The total individuals actually enrolled in the PATH program grew from 91,950 to 103,259.

Ninety-eight percent of states receiving funds provided outreach, case management, and referrals for primary healthcare, job training, and education. Ninety-four percent provided screening and diagnostic treatment, while 88 percent provided housing services, and 84 percent provided community mental health services. Seventy-five percent provided habilitation and rehabilitation, 67 percent alcohol or drug treatment, and 57 percent supportive and/or supervisory services in residential settings.

Eighty-eight percent of recipients used at least a portion of the grant funds to train staff.

The program had targeted contacting 182,000 homeless individuals in 2012, but just over 192,000 were actually contacted. Sixty-one percent of contacted homeless individuals with serious mental illness became enrolled in services, well above the 2012 program target of 55 percent. The percentage of homeless individuals receiving community mental health services in 2012 was 66 percent, again well above the target percentage of 50 percent.

The evaluation found that the approaches helpful in achieving success included:

- focusing on specific services, such as outreach;
- working with the local housing agency to develop more affordable housing units;
- fostering new alliances with state and local organizations;
- getting Medicaid coverage for supportive housing services;
- utilizing telehealth; and
- developing a transition program to provide peer support.

(Continued on page 4)
The evaluation finds that the PATH program faces continuing challenges, including a lack of affordable housing and housing vouchers, and a lack of consumer income to otherwise pay for housing.

The FY2018 Trump Administration Budget Blueprint proposes to cut $6.2 billion from the budget of the Department of Housing and Urban Development, a 13.2 percent cut. Proposed cuts—still needing approval by Congress—would include a $3 billion elimination of the Community Block Grant program and a $35 million elimination of Section 4 Affordable Housing and Community Development Capacity Building. One of the grantees of the latter program is the Habitat for Humanity home-building program for low-income individuals.

People with mental and/or substance use disorders can be particularly vulnerable to becoming homeless or being precariously housed. According to HUD’s 2016 Annual Homelessness Assessment Report to Congress, of those who experience homelessness, approximately 202,297 people have a serious mental illness or a chronic substance use disorder.

On a single night in January 2016, one in five of the approximately 550,000 individuals experiencing homelessness had a serious mental illness, and a similar percentage had a chronic substance use disorder. Twenty-two percent of homeless individuals had chronic patterns of homelessness, living on the streets or in shelters for long periods of time. More than two-thirds of the chronically homeless stay in unsheltered locations such as under bridges, in cars, or in abandoned buildings.

According to the Office of National Drug Control Policy, approximately 30 percent of people experiencing chronic homelessness have a serious mental illness, and about two-thirds have a primary substance use disorder or other chronic health condition that may create difficulties in accessing and maintaining stable, affordable, and appropriate housing.

In addition to the PATH program, SAMHSA administers two other programs designed to assist the homeless—Cooperative Agreements to Benefit Homeless Individuals (CABHI) and Grants for the Benefit of Homeless Individuals—Services in Supportive Housing (GBHI-SSH).

**SAMHSA-SPONSORED WEBINAR**

**“Competency Services”**

*Monday, March 27 at 2:00 p.m. to 3:30 p.m. ET*

Presented by National Disability Rights Network

A number of Protection and Advocacy agencies have encountered problems with competency determination systems that leave a person with a psychiatric disability trapped and forgotten. For example, the state leaves individuals in jail for long periods of time with no medicine or treatment while awaiting a competency determination rather than transferring them to a more appropriate treatment setting. Many people could avoid the criminal justice system entirely with the provision of community based services, at this point in the process, while ensuring public safety. This webinar will focus on the issue of diversion and access to competency determination services. The webinar would include information on the current state of the law on this topic, and how people can ask the right questions to figure out problem areas in the competency determination system and work together to address these problems in their state or territory.

**Presenters:**

- Ron Lospennato - C-Director of Legal Services at the Advocacy Center in Louisiana
- Erin Sullivan - Staff Attorney at the Disability Law Center in Utah
- Emily Cooper - Staff Attorney at Disability Rights Washington
- Diane Smith Howard – Senior Staff Attorney, National Disability Rights Network

Questions about this webinar should be directed to NASMHPD’s Kelle Masten by email or at 703-682-5187.
CMMI Request for Information on Pediatric Integration for High-Risk Beneficiaries

Section 1115A of the Social Security Act, as enacted by § 3021 of the Affordable Care Act, authorizes the Center for Medicare and Medicaid Innovation (CMMI) to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) beneficiaries. CMS is exploring the development of a new pediatric health care payment and service delivery model, and is issuing this Request for Information (RFI) to obtain input on the design of a draft model concept focused on improving the health of children and youth covered by Medicaid and CHIP through state-driven integration of health care and health-related social services with shared accountability and cost savings. The aim of this model would be to facilitate strategies for timely and appropriate delivery of family-centered, community-based, linguistically and culturally appropriate, cost-effective, and integrated services to all children and youth covered by Medicaid and CHIP with an emphasis on those with or at-risk for developmental, social, emotional, or behavioral health challenges, intellectual or physical developmental delays or disabilities, and/or those with complex and/or chronic health conditions (also known as “high-need, high-risk beneficiaries”).

**DATES:** Comment Date: To be assured consideration, comments must be received by March 28, 2017
**ADDRESSES:** Comments should be submitted electronically to: [HealthyChildrenandYouth@cms.hhs.gov](mailto:HealthyChildrenandYouth@cms.hhs.gov)
**FOR FURTHER INFORMATION CONTACT:** [HealthyChildrenandYouth@cms.hhs.gov](mailto:HealthyChildrenandYouth@cms.hhs.gov) with “RFI” in the subject line.
**LINK for full RFI:** [https://innovation.cms.gov/Files/x/pediatricapm-rfi.pdf](https://innovation.cms.gov/Files/x/pediatricapm-rfi.pdf)

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Webinar Opportunity: Behavioral Health Workforce Series

The Center for Interdisciplinary Health Workforce Studies at Montana State University and the Behavioral Health Workforce Research Center at the University of Michigan School of Public Health are pleased to co-sponsor a four-part webinar series. The first webinar was held in February, but remaining sessions are scheduled for March, April, and May.

This webinar series highlights some of the factors impeding behavioral health workforce development, as well as opportunities to address them. The importance of collecting standardized workforce data to inform planning efforts will be emphasized, as will issues around provider scopes of practice and recruitment of diverse providers. The impact of recent and proposed future legislative and policy changes on behavioral health workforce planning and development will also be considered.

The second webinar, **Solving the Behavioral Health Workforce Crisis: Award-Winning Tools for Growing Your Pipeline of Providers**, which will be held March 30 at 1 p.m. ET, addresses workforce development challenges and highlights ongoing efforts in Nebraska and New Mexico to bolster the behavioral health workforce pipeline.

**Register HERE**

The third webinar, **Changes and Constants in National Behavioral Health**, which will be held April 13 at 1 p.m. ET, will focus on legislative and policy changes and their potential impact on the behavioral health workforce.

The final webinar, **The Challenges and Opportunities facing the Psychiatric Mental Health Nursing Workforce**, will be held on May 11 at 1 p.m. ET.

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**2017 BRSS TACS Policy Academy Call for Applications**

In 2011, SAMHSA launched the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions.

This theme of this year’s BRSS TACS Policy Academy program is "Building a Strong Recovery-Oriented Workforce." It is open to all states, territories, and tribal entities (past participants are eligible to apply, but new applicants will be given preference). The Policy Academy will support eligible entities in planning, undertaking, and sustaining initiatives to build and strengthen a recovery-oriented behavioral health workforce. Participating jurisdictions will convene teams consisting of the diverse stakeholders and change agents from across disciplines and across your state, territory, or tribal entity—including meaningful representation by peers and people in recovery. Applicants are required to include diverse stakeholders as part of their teams.

SAMHSA will select up to 10 teams to participate in the 2017 Policy Academy, which will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans.

The deadline for applications is April 7. Questions may be directed to policy.academy@center4si.com.
Indian Health Service Funding Opportunity Announcement: Community-Based Model of Public Health Nursing Case Management Services (Behavioral Health)

The Indian Health Service (IHS) Office of Clinical and Preventive Services (OCPS), Division of Nursing Services/Public Health Nursing (PHN), is accepting applications for grant awards for the Community Based Model of PHN Case Management Services (Behavioral Health). Funding Opportunity Announcement HHS-2017-IHS-PHN-0001 appears in the March 16 Federal Register.

The IHS OCPS PHN Program is a community health nursing program that focuses on the goals of promoting health and quality of life, and preventing disease and disability. The PHN program provides quality, culturally sensitive health promotion and disease prevention nursing services through primary, secondary and tertiary prevention services to individuals, families, and community groups.

The PHN Program supports population-focused services to promote healthier communities through community-based nursing services, community development, and health promotion and/or disease prevention activities. It promotes the establishment of program plans based on community assessments and evaluations. There is an emphasis on screening, home visits, immunizations, maternal-child health care, elder care, chronic disease, school services, health promotion and disease prevention, case management, population-based services, and community disease surveillance. The PHN Program is available to support transitions of care from the clinical setting into the community with an emphasis on the clinical, preventive, and public health needs of American Indian/Alaska Native (AI/AN) communities and developing, managing, and administering such program.

The purpose of the IHS grant announcement is to improve specific behavioral health outcomes for an identified high-risk group of patients through a case management model that utilizes the PHN as a case manager. The emphasis is on reducing the prevalence and incidence of behavioral health diseases and conditions and supporting the efforts of AI/AN communities toward achieving excellence in holistic behavioral health treatment, rehabilitation, and prevention services for individuals and their families. Case management would involve the client, family, and other members of the health care team. Quality of care, continuity, and assurance of appropriate and timely interventions would also be crucial. The PHN model of community-based case management utilizes assessment, planning, coordinating services, communication, and monitoring to achieve early detection, diagnosis, treatment, and evaluation in a manner designed to improve health outcomes in a cost-effective manner.

Approximately 10 grants will be awarded. The total amount of funding identified for Fiscal Year 2017 is approximately $1,500,000. Individual award amounts are anticipated to be between $124,000 and $150,000. The 5-year project will run consecutively from June 1, 2017 to May 31, 2022.

To be eligible, applicants must be a Federally recognized Indian Tribe, a tribal organization, or an Urban Indian Organization. Deadline for applications is May 15, 2017.

Evaluation Finds SAMHSA Homelessness Assistance Transition Programs Surpass Goals

(Continued from page 4) CABHI provides competitive grants to states that are jointly funded by the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT). Grants are focused on chronic homelessness and veteran homelessness. The program awarded 30 grants in 2016, with an equal number expected to be awarded in 2017.

GBHI-SSH awards competitive grants to public and private nonprofits, also to focus on chronic homelessness and veterans. Grants may be used for treatment and recovery services, coordination of housing and services, and enrollment of the homeless in Medicaid and other benefit programs.

SAMHSA’s triennial evaluation of these programs found:

- grantees successfully provided critical services and support to target populations;
- participant unmet need was reduced by more than one-half across all domains;
- grantees leveraged other funding and resources to support service activities to serve target populations; and
- participants experienced significant improvement in mental health conditions.

As a result of the programs, binge drinking decreased by 31 percent and frequent binge drinking decreased by 57 percent. The programs also reduced illicit drug use by 35 percent and frequent illicit drug use by 55 percent. Homelessness was reduced by 75 percent and housing instability by 25 percent. Arrests fell by more than one-half.

However, the SAMHSA evaluation also found continuing challenges, aside from the difficulties in identifying and securing housing: hiring and retaining project staff and otherwise limited resources and funding.

The evaluation did find a number of factors that facilitated success among grant recipients: a flexible approach to service delivery, collaboration with partners, using peer support services, motivational interviewing, and securing the services of an employment specialist and a nurse practitioner.
Brain Injury Awareness Day on Capitol Hill

sponsored by:

Congressional Brain Injury Task Force

Wednesday, March 22nd, 2017

Brain Injury Awareness Fair

10:00 a.m. -- 2:00 p.m.
First Floor Foyer of the House Rayburn Office Building

Congressional Briefing

2:30 p.m. -- 4:00 p.m.
Rayburn Gold Room 2168

Faces of Brain Injury: The Invisible Disability Affecting Children and Adults

Panel:

William A.B. Ditto, MSW, NASHIA, Moderator
Grant Baldwin, PhD, MPH, Director of the Division of Unintentional Injury Prevention
Olivia Lang, Leesburg, VA
James David Toews, Acting Principal Deputy Administrator, Administration for Community Living
Navy Capt. (Dr.) Mike Colston, Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
Anastasia B. Edmonston, MS CRC, Maryland Department of Health and Mental Hygiene

Congressional Reception

Celebrating Brain Injury Awareness Month

5:00 - 7:00 p.m.
B-339, Rayburn House Office Building

Co-sponsored by:

Friends of Model Systems

[Logos and links to additional resources]
Kennedy Forum
3rd Annual State of the Union in Mental Health and Addiction
Where Innovation Meets Action for Children and Families
Monday, April 3, 2017 • 4:15 - 5:15 p.m. PT
Washington State Convention Center • Seattle, WA

Since 2015, The Kennedy Forum has hosted The State of the Union in Mental Health and Addiction to hold our leaders accountable for real results and shine the spotlight on promising mental health solutions from across the nation.

This year, the Kennedy Forum is joining forces with the National Council for Behavioral Health to focus attention on one pressing issue – the health of our nation’s children. The Kennedy Forum’s State of the Union Thought Leader Session will occur on Monday, April 3, 2017 at the 2017 NatCon Conference in Seattle.

Join us for this important conversation, beginning with the Thought Leader Session on Monday, and continuing across the three days in a series of workshops including:

- Where to Start: Best Practices in Early Detection, Prevention and Treatment for Youth Mental Health
- Supporting Mindful Educators
- Decoding Teenagers: Supporting Kids When and Where They Need It: Mental Health First Aid
- The Importance of Rapid Response: Developing Strong School Based Mental Health Programs
- Completing the Puzzle: An Integrated System of Care

For more information and to register for the conference and workshops, click here. For those in the Pacific Northwest interested in attending the 2017 Mental Health State of the Union Thought Leader Session only, information about a special pass will be available soon.

State Solutions Webinar Series Continues
The quarterly State Solutions in Workforce webinar series, which launched in Fall 2016, continues highlighting innovative practices by the states in developing a behavioral health workforce.

A recording of the first webinar, which took place in September and highlighted initiatives in Nebraska, is available on-line.

January’s webinar highlighted a Connecticut workforce development effort under a SAMHSA Mental Health Transformation Grant. Presenters included Michael Hoge (Annapolis Coalition), Barbara Bugella (State of Connecticut), and Elisabeth Cannata (Wheeler Clinic). They discussed two key initiatives – (1) curriculum reform in higher education related to evidence-based practices, and (2) improving supervision. The recording for this webinar should be available on SAMHSA’s YouTube channel in the coming weeks.

The series is the brainchild of the leadership of the Behavioral Health Education Center of Nebraska (BHECN), which is directed by Dr. Howard Liu. Other sponsors of the series include SAMHSA, NASADAD, NASMHPD, and the Annapolis Coalition on the Behavioral Health Workforce.

The next two webinars in this series:
- Webinar #3: Growing Alaska’s Future Behavioral Health Professionals
  April 19, 2017 @ 2PM ET
- Webinar #4: Massachusetts’s Career of Substance Website
  July 19, 2017 @ 2PM ET

To register or to be placed on the invitation list, email Valerie Kolock at SAMHSA.

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.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org
Most justice-involved individuals face obstacles that make it difficult to fully participate in society. Those with drug-related convictions confront a particularly high set of barriers to successful re-entry in their communities. Many laws and policies impede access to jobs, housing, and education. However, other laws and policies can actually facilitate successful re-entry.

What you will learn: The free webinars, presented by the Legal Action Center’s National HIRE Network, will provide an overview of federal and state-specific laws that hinder or help people with criminal records and substance use disorders as they strive to obtain employment, housing, and education.

The webinars are for: Directly impacted individuals, re-entry service providers such as peer-support coaches, mentors, outreach workers and others who are dedicated to helping people with criminal records live healthy and successful lives.

Registration Links (Space is Limited – Register NOW!)

Massachusetts: Tuesday, March 21, 2 p.m. – 3 p.m. ET
Missouri: Tuesday, April 4, 1 p.m. – 2 p.m. CT
Ohio: Tuesday, April 25, 1 p.m. – 2 p.m. CT
North Carolina: Tuesday, March 28, 2 p.m. – 3 p.m. ET
Oregon: Tuesday, April 11, 1 p.m. – 2 p.m. PT
Utah: Tuesday, May 2, 1 p.m. – 2 p.m. MT

Olympians Phelps, Schmitt, Chair
2017 National Children’s Mental Health Awareness Day

Olympic champions Michael Phelps, the world’s most decorated Olympian, and Allison Schmitt, an eight–time Olympic medalist, are partnering with the Substance Abuse and Mental Health Services Administration (SAMHS) over the next year to focus attention on the needs of children, youth, and young adults who experience behavioral health disorders, such as mental illnesses and addictions.

Phelps and Schmitt will be Honorary Chairpersons of SAMHSA’s National Children’s Mental Health Awareness (Awareness Day) 2017 national event: “Partnering for Help and Hope.”

SAMHS will webcast the event live on www.samhsa.gov/children, with NBC4 Washington and its sister stations throughout the country also live-streaming the event on their websites.

For more information, visit https://www.samhsa.gov/children/national-events

Achieving Effective Treatment for Early Psychosis in the United States

Join the Schizophrenia Research Forum on its Wednesday, March 22, Webinar, from noon to 1:30 p.m. ET, to discuss the paths and barriers to widespread effective care for people in the early stages of psychosis in the United States.

Lisa Dixon of Columbia University will lead the discussion, presenting ideas that she has laid out recently in an editorial in JAMA Psychiatry. Ms. Dixon will be joined by a panel of experts including:

- Rebecca Farley, National Council on Behavioral Health;
- Robert Heinssen, National Institute for Mental Health;
- Nev Jones, Felton Institute;
- David Shern, National Association of State Mental Health Program Directors; and
- Andrew Sperling, National Alliance on Mental Illness.

Coordinated specialty care (CSC) for people in early psychosis has shown promise in other countries, and research such as the RAISE study has demonstrated the feasibility of establishing such programs in the United States. However, Ms. Dixon points out there are a number of barriers that need to be overcome to “get over the hump” and provide such services to everyone experiencing psychosis, and foremost among these obstacles is figuring out how to pay for CSC with a combination of public and private funds. Other hurdles include workforce development; getting the word out about early treatment; ensuring fidelity to proven methods and protocols; measuring outcomes; and getting young people, especially consumers, involved.

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

Learning Opportunities

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.

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**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](#).

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**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](mailto:mpp@brookdalefoundation.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, or 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

Congressional Budget Office Cost Estimate: American Health Care Act, March 13

Kaiser Family Foundation Health Tracking Poll: Early Perceptions of House Bill Show Public Thinks It Would Cover Fewer People and Raise Health Costs, March 15

What the American Health Care Act Means for States, National Academy for State Health Policy, March 7

The Social Costs of Repealing the ACA, Health Affairs Blog, Tara McKay, March 7

Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers, Milbank Memorial Fund, March 15

Decisions in Recovery: Treatment for Opioid Use Disorders, Substance Abuse and Mental Health Services Administration (SAMHSA), December 2016, with Shared Decision-Making Tool

Obsessive-Compulsive Disorder and Substance Use Disorders, SAMHSA, November 2016


The General Who Went to War on Suicide, Politico Magazine, March 17