It’s Over, But Is It Over? Discussions Continue in Congress on Fixing the Affordable Care Act

Despite the decision by House Leadership on March 24 to pull the American Health Care Act, H.R. 1628, from the House floor before a vote could be taken, discussions continue among Senate leaders and moderate Republicans about how to repair the shortcomings of the Affordable Care Act.

The bill was pulled when moderate Republicans began withdrawing support in reaction to changes made to the bill to accommodate the conservative House Freedom Caucus. Those changes included making states responsible for what constituted “essential health benefits” in private marketplace plans. The bill already called for states to make that determination in Medicaid managed care and alternative benefit plans, putting at risk coverage for mental health and substance use services under a proposed block-granting of the Medicaid program.

Senator John Cornyn (R-TX) took to the Senate floor on March 27 to encourage Senate Democrats who have acknowledged flaws in the ACA to join a bipartisan effort to fix the law. Insurers have been withdrawing their ACA plans from unprofitable markets, and marketplace premiums and cost-sharing have skyrocketed in some states.

Senate Minority Leader Chuck Schumer (D-NY) responded that “[W]e Democrats, provided our Republican colleagues drop ‘replace’ and stop undermining the ACA, are willing to work with our Republican friends to improve the existing law. No one ever said the Affordable Care Act was perfect. We have ideas to improve it; hopefully, our colleagues on the Republican side do as well. I hope once ‘replace” is dropped and the ACA is no longer undermined by the administration, we can sit down and talk about it.” Senator Schumer also told reporters on March 28 that “Democrats “are ready, willing and able to work” with President Trump on improving access to health care if Republicans drop efforts to repeal the ACA.”

Senator Bill Cassidy (R-LA) told Bloomberg Politics in an interview that he hopes his colleagues take another look at the plan he is sponsoring with Senator Susan Collins (R-ME). He acknowledged in the interview that Democrats remain wary of GOP efforts to overhaul the law, but insisted “A lot of states represented by Democrats will have double-digit premium increases. …It isn’t as if the issue is going away.”

Senator Chuck Grassley (R-IA) tweeted Friday that “House withdrawal of Obamacare repeal should bring attention to [the] Cassidy/Collins Senate bill.”

Senate Health Education Labor and Pensions (HELP) Chair Lamar Alexander (R-TN) expressed the need, on March 24, for continued urgency. Senator Alexander said 230,000 Tennesseans with marketplace plans are at risk of losing insurance in 2018.

On January 5, 13 Democratic Senators, led by Senator Tim Kaine (D-VA), wrote Senate Majority Leader Mitch McConnell, HELP Chairman Alexander, and Finance Committee Chairman Orrin Hatch (R-UT) to state their willingness to work with Republicans “on commonsense changes and improvements to the Affordable Care Act to ensure affordability and

(Continued on next page)
In a March 28 Dear Colleague letter, House Democratic Leader Nancy Pelosi asked her fellow Democrats to share suggestions for improving the ACA as soon as possible in order to create a priorities list to engage with "our colleagues, with social media and advocacy groups, and perhaps even with the President." The ideas were to be discussed during a March 29 Democratic caucus meeting.

Pelosi said the Democratic caucus must speak with one voice and suggested Democrats not freelance on the issue. "Social media made a big difference in our success [in defeating the American Health Care Act]. Our unity made a big difference to social media. Now, strengthened by our unity, we must finalize our next steps," she said. "When we fought President Bush on privatizing Social Security, we succeeded because we were unified and curbed our enthusiasm to freelance," she added.

Democratic lawmakers were asked to provide suggestions either to her office or to Democratic ranking committee members of the Ways and Means, Energy and Commerce, Education and Workforce, and Budget committees.

Meanwhile, House Republican leaders left a two-hour conference meeting on March 28 vowing to take another stab at rolling back the ACA. However, neither Speaker Paul Ryan nor House Majority Leader Kevin McCarthy were willing to offer a timeline for future repeal efforts, despite press reports that a new bill was being drafted.

At least one Freedom Caucus member told reporters he would be seeking a full repeal of the ACA, but other members of the Republican caucus indicated any future legislation would build on the AHCA measure pulled from the House floor on March 27.

President Trump continued throughout the past week to invite Democrats to participate in fixing the health care law, making it clear that an ACA fix remained a priority.
The Rise in Middle Age Mortality Explained as “Deaths of Despair”

In a follow-up to their groundbreaking study that revealed an increase in middle-aged mortality among white, non-Hispanic Americans, Princeton University Professors Anne Case and Sir Angus Deaton’s new report, *Mortality and Morbidity in the 21st Century*, provides an explanation of why this phenomenon is occurring.

In the paper, published as part of the Spring 2017 edition of the *Brookings Papers on Economic Activity*, the co-authors identified several contributing factors and patterns leading to the dramatic rise to the midlife mortality rates among white, non-Hispanic Americans. The researchers found that the rate of “deaths of despair” from drug overdose, alcohol and suicide in middle aged white Americans rose in nearly every parts of the nation from 2000 to 2014.

Professors Case and Deaton found that midlife mortality rates for white, non-Hispanic Americans from alcohol, drugs, and suicide have sharply risen in the United States in comparison to other western countries over time. Case and Deaton comment in their report, “Mortality rates in comparable rich countries have continued their pre-millennial fall at the rates that used to characterize the U.S.”

(Continued on page 4)

### NQF Measures Application Process Duals Workgroup Learns It’s Being Terminated

The National Quality Forum’s Dual Eligibles Workgroup, operating under the Measures Application Process (MAP) contracted by the Centers for Medicare and Medicaid Services (CMS) to endorse quality measures, learned March 29 that the Federal agency will be terminating its contract supporting the Workgroup in August.

MAP is a multi-stakeholder partnership that guides the U.S. Department of Health and Human Services (HHS) on the endorsement of performance measures for Federal health programs—primarily Medicaid and Medicare. The duals workgroup is one of six MAP workgroups.

The news that the Duals Workgroup contract with CMS would not be renewed after it expires was shared by Stacey Lytle of the CMS Medicare Medicaid Coordination Office at an in-person meeting of the Workgroup in Washington, D.C. Resources previously devoted to the workgroup will instead be used by CMS to develop new Federal health care measures.

Workgroup members reacted, in a formal discussion of the announcement during what would be the Workgroup’s last meeting, by proposing potential alternative funding streams or other existing measures endorsement entities. Members suggested the loss of the CMS sponsorship could eliminate the impetus for insurance plans and payers to develop parallel measures in the private sector.

At least one Workgroup member, in noting the need for a champion for measures for the dually eligible population, cited the absence of measures for dual eligibles in the regulations developed to implement the Quality Payment Program under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Former NASMHPD Policy Director E. Clarke Ross, representing the Consortium for Citizens with Disabilities on the Workgroup, noted the Workgroup had experienced the most direct and varied participation by patient stakeholders of all the MAP workgroups.

SNP Alliance CEO Rich Bringewatt lamented the loss of a forum for discussing the impact of social risk factors/determinants on dual eligibles’ health outcomes.

NQF staff noted that duals measures could continue to be endorsed through the remaining MAP workgroups. Staff also noted that a Call for Nominations for open positions on those remaining workgroups has been announced, with an April 6 deadline for submissions (*see adjoining box*).
In a March 23 Vox Media interview, Professor Deaton explained, "The cohort that entered the [U.S.] labor market in the 1970s on down, their jobs earnings and prospects are worse. That affected their marriage prospects. Marriages got screwed up. They had children out of wedlock. Their pain levels [are] going up." All that, he said, contributes to the deaths of despair.

Case and Deaton found that, with each successive birth cohort, the "deaths of despair" were accompanied by greater economic and social distress—marriage rates and labor force rates sharply fell while reports of poor physical and psychological health rose.

One contributing factor for the "deaths of despair" rate for white, non-Hispanic American middle-aged men and women was found in gaps of education level. Mid-life mortality rates were found to be sharply rising for those with a high school education or less in comparison to middle-aged men and women with advanced educational degrees. Midlife mortality rates of white, non-Hispanics with a high school degree or less were found to be 30 percent lower than mortality rates of blacks in 1999. By 2015, the mortality rate grew to be 30 percent higher than blacks. Professor Case told Vox Media, “It looks like there are two America’s. One for people who went to college and one that didn’t.”

The co-authors don’t see the opioid supply as a fundamental factor, but “prescription of opioids for chronic pain added fuel to the flames, making the epidemic much worse than it otherwise would have been.”

Case and Deaton conclude that these interwoven factors have resulted in midlife mortality rates of white, non-Hispanic Americans surpassing those of minority groups.

In contrast, Professors Case and Deaton point out, mortality rates in Europe are declining for those with lower levels of education and are outpacing the mortality rates for those with advanced educational degrees, a stark contrast to the US mortality rate.

To reverse the U.S. trend, the researchers recommend increasing the public and behavioral health safety net and ensuring that health care is affordable and available. They suggest that a single-payer health system or value-added service taxes that strengthen America’s safety net should be a top priority for policy-makers.

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,060</td>
</tr>
<tr>
<td>2</td>
<td>16,240</td>
</tr>
<tr>
<td>3</td>
<td>20,420</td>
</tr>
<tr>
<td>4</td>
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<td>6</td>
<td>32,960</td>
</tr>
<tr>
<td>7</td>
<td>37,140</td>
</tr>
<tr>
<td>8</td>
<td>41,320</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons add $4,180 for each additional person.

To determine eligibility for Medicaid, CHIP, and advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) for the purchase of health coverage through the Marketplace, states and the federal government generally use a percentage multiple of the guidelines (for example, 133 percent or 185 percent of the guidelines). The Federally-facilitated Marketplace (FFM) began using the 2017 FPLs for Medicaid and CHIP eligibility on February 26, 2017. In accordance with section 36B of the Internal Revenue Code, eligibility for APTC and CSR will continue to be determined using 2016 FPLs for all APTC and CSR for enrollment that is effective in 2017. For more information, see the March 24, 2017 CMCS Informational Bulletin.
The Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting applications for $22.6 million in FY 2017 cooperative agreements, authorized by the 21st Century Cures Act, aimed at Promoting Integration of Primary and Behavioral Health Care (PIPBHC).

**Anticipated Total Available Funding:** $22,612,000  
**Anticipated Number of Awards:** 11  
**Amount of Awards:** as much as $2 million annually  
**Length of Project:** 5 years  
**Cost-Sharing/Match Required:** No

SAMHSA specifically seeks to:

- promote full integration and collaboration in clinical practice between primary and behavioral healthcare;
- support the improvement of integrated care models for primary care and behavioral healthcare to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and
- promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

The agency has also identified several special populations to be served:

- adults with a mental illness who have co-occurring physical health conditions or chronic diseases;
- adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;
- children and adolescents with a serious emotional disturbance with co-occurring physical health conditions or chronic diseases; or
- individuals with a substance use disorder.

**Eligible Applicants:** Eligibility for this program is statutorily limited to a state or appropriate state agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the state Medicaid agency, or the state health department) in collaboration with one or more qualified community health programs, as described in § 1913(b)(1) of the Public Health Service Act (PHSA) as amended; or one or more community health centers as described in § 330 of the PHSA, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers).

**Applications are due by May 17, 2017.**

**Apply HERE**

**Contacts:**  
**Program Issues:** Tenly Pau Biggs, MSW, LGSW; Center for Mental Health Services, Community Support Programs Branch, SAMHSA, 240-276-2411, pbhci@samhsa.hhs.gov

**Grants, Management, and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408, foacmhs@samhsa.hhs.gov
Now Accepting Nominations for the 2017 SAMHSA Voice Awards
Focused on America's Military and Veterans

SAMHSA's Voice Awards honor people in recovery and their family members who are community champions seeking to improve the lives of people with mental illnesses and addictions. The Voice Awards also recognize television and film productions that educate the public about behavioral health and showcase that recovery is real and possible.

The 2017 SAMHSA Voice Awards is putting the spotlight on individuals and entertainment productions that provide hope and support to past and present service members who have faced mental health and addiction challenges.

**Nominations within the following categories are due April 24, 2017**

**Television and Film Productions**

Eligible productions* should emphasize the positive journey of recovery from these conditions and must have aired in a public setting after April 15, 2016.

Special consideration will be given to television and film productions that portray personal stories of resilience and strength of America's service members, veterans, and their families.

*Only productions that have been distributed in the United States are eligible.*

**Nominate a TV or Film Production**

**Consumer, Peer, and Family Leaders**

This award recognizes individuals† who have:

- Personally demonstrated that recovery is real and possible
- Led efforts to reduce the negative public attitudes and misperceptions associated with mental illnesses and addictions
- Made a positive impact on communities, workplaces, or schools
- Promoted meaningful family involvement as an essential part of recovery

Special consideration will be given to consumer/peer/family leaders who are working to ensure that America's military and veteran communities have access to the mental health and substance use treatment and services they deserve.

†Only individuals who live and work in the United States are eligible.
Intensive Longitudinal Analysis of Health Behaviors: Leveraging New Technologies to Understand Health Behaviors (U01)

Research Grant/Cooperative Agreement (RFA-OD-17-004)

This (FOA) is intended to provide funding to encourage research projects that seek to explain underlying mechanisms and predict health behaviors within individuals over time utilizing intensive longitudinal, within-person protocols that leverage recent advances in mobile and wireless sensor technologies and big data analytics. The research projects will collect and analyze data, disseminate project findings, and work collaboratively with each other and the research coordinating center (supported under RFA-OD-17-005).

The purpose of the Longitudinal Health Behaviors initiative is to establish a cooperative agreement network of 5 U01 projects and 1 U24 Research Coordinating Center (RCC), to collaboratively study factors that influence key health behaviors in the dynamic environment of individuals, using intensive longitudinal data collection and analytic methods. The network will also assess how study results can be leveraged to introduce innovations into longstanding behavioral theories to advance the field of theory-driven behavior change interventions. The knowledge gained will inform the development of personalized prevention strategies and best implementation strategies for communities, including health disparity populations, towards the goal of reducing disease risk and maintaining ideal health.

Behavioral science places strong emphasis on theoretical models to systematically explain and predict behaviors and events influencing health outcomes. Although these theories are useful frameworks for developing behavioral change interventions, their ability to explain and predict behavior has been only modestly successful.

The research funded by this initiative will examine theoretical constructs and health behaviors from a different scientific perspective and approach than has been traditionally used and is critical for moving health behavior science towards more effective health behavior interventions for reducing disease. Health behavior theories have developed and been evaluated primarily from a between-person perspective, attempting to explain why some people engage in health behaviors while others do not. While such questions remain important, this between-person focus has contributed to theoretical research that is predominately cross-sectional in nature and that emphasizes dispositional variables such as attitudes and normative beliefs which are relatively static over time and more trait-like in nature.

In contrast, a within-person approach to health behavior theory research seeks to explain why a given individual engages in healthy or risky behaviors at one time versus another. Within-person analysis of intensive longitudinal data is likely to provide insight into the dynamic factors in the physical, social, and/or built environment that facilitate or hinder engaging in certain behaviors at specific points in time, in addition to the interaction between factors.

This initiative will leverage advances in sensing, EMA and modeling to improve current models of behavior and behavioral change. This initiative will encourage measurement methods that reduce respondent reporting burden, which has constrained most studies to a few data points per day to measure only a few factors influencing behavior.

NIMH is interested in supporting research that posits and tests fundamental theoretical constructs and models of behavior that are parameterized. The long-term goals of this behavioral research should be to identify quantifiable and predictable points at which interventions might be most effective and to facilitate future investigations linking these change points to neurobiological and/or neurodevelopmental processes. NIMH will prioritize research in the following specific content areas:

- Studies utilizing sensor technology in real world settings to identify imminent risk for suicidal (ideation or attempt) or self-injurious behavior. Applicants are encouraged to refer to “A Prioritized Research Agenda for Suicide Prevention” and Short-term Research Objective 2C (http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agenda.pdf).
- Incorporation of wearable sensors into studies of eating disorders to identify factors that predict variation in clinical symptoms and/or relapse following treatment (e.g., binge eating, purging, and social withdrawal).
- Technology that can identify, with a high degree of probability, environmental, behavioral, and biological triggers of psychotic or manic episodes.
- Use of sensor technology to measure trajectories of irritability and emotional dysregulation in youth and that can be used for early prediction of psychopathology.
- EMA assessments that measure real-time fluctuation (episodic) and intensity of emotional states in children.

Eligible Organizations: public and private Institutions of Higher Education; other 501(c)(3) nonprofits; for-profit organizations; state, territorial, county, and city or township governments; Indian/Native American tribal governments and organizations; public housing authorities; faith-based or community-based organizations; regional organizations; and independent school districts.

Apply On-Line by January 8, 2018
SAMHSA Funding Opportunity Announcement

Resiliency in Communities after Stress and Trauma (RECAST) – SM 17-009

SAMHSA is accepting applications for Resiliency in Communities after Stress and Trauma (RECAST) grants totaling up to $10 million to all awardees over the course of 5 years.

This program seeks to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest.

The grants will support implementation of evidence-based, violence-prevention programs and community youth-engagement programs. The grants will also help promote access to trauma-informed behavioral health services. SAMHSA expects to award as many as two grantees as much as $1 million each annually for 5 years.

Eligible applicants are municipalities, including counties, cities, and other local governments, in partnership with community-based organizations in communities that have faced civil unrest in the past 24 months.

Applications are due by May 17, 2018.

Apply HERE

“Recovery is Possible … Hollywood Beauty Salon is Proof!” … Dr. Arthur Evans, former commissioner, Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services

A terrific mental health film about hope, recovery and hair! Hollywood Beauty Salon, winner of the SAMHSA Voice Award for best documentary in 2016. Since its release, Hollywood Beauty Salon has enjoyed screenings in theaters, schools, community centers, shelters and even beauty salons! The movie’s makers are now moving forward with the BIG dream -- screenings around the country. New crowd-sourcing technology, TUGG, makes it possible for anyone to host a screening anywhere, to share the film’s message of hope, compassion and recovery with their community.

Contact Amber Frost, Community Outreach and Social Media Assistant for the Film

Like Hollywood Beauty Salon on Facebook

Follow Hollywood Beauty Salon on Twitter & Instagram

SAMHDA Launches Improvements to Public-Use Data Analysis System

Through the improved Substance Abuse and Mental Health Data Archive (SAMHDA) Public-use Data Analysis System (PDAS), you can perform online analyses to create crosstabs and perform logistic regression from your web browser. You can also download output and underlying data in .csv format. Upgrades to PDAS include state data for the National Survey on Drug Use and Health Small Area Estimate, mapping and visualization tools, and an enhanced user interface. Try out PDAS and explore the spectrum of available public use files.

Access PDAS

Answers to questions and technical assistance are available from the SAMHDA Help Desk via the online technical assistance form or by calling 888-741-7242.

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Funding Opportunity Announcement

Application materials are available to become a Local Implementation Site as part of the National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S).

The QIC-LGBTQ2S will work to develop, integrate, and sustain best practices and programs that improve outcomes for children and youth with diverse sexual orientations and gender identities and expression (SOGIE).

The QIC-LGBTQ2S is led by the Institute for Innovation & Implementation at the University of Maryland School of Social Work in Baltimore, along with participating core partners: Human Service Collaborative, National Indian Child Welfare Association, Ruth Ellis Center, Tufts University, and Youth M.O.V.E. National.

A description of the program is available at www.qiclgbtq2s.org. The linked documents below are also available at that site.

- Overview of the QIC-LGBTQ2S
- Application Form
- FAQs about the Application Process
- Literature Review
- University of Maryland Sample Contract Template

Eligibility is limited to state governments, county governments, and Native American tribal governments (federally recognized) that are responsible for administering the child welfare/foster care program in their jurisdiction.

All applications must be received by 11:59 p.m., April 28.

Applicants should email questions and applications to QICLGBTQ@ssw.umaryland.edu.
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.
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.

Register Here

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.

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

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 (SAMHSA) 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."

SAMHSA 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

2017–2018 Social Work HEALS Policy Fellowship

ATTENTION SOCIAL WORK DOCTORAL OR POST-DOCTORAL STUDENTS INTERESTED IN WORKING ON POLICY IN WASHINGTON, D.C.!

Application deadline extended through April 5, 2017.

With a generous grant from the New York Community Trust Robert and Ellen Popper Scholarship Fund, the Council on Social Work Education (CSWE) and the National Association of Social Workers (NASW) Foundation have partnered to develop and implement Social Work HEALS: Social Work Healthcare Education and Leadership Scholars.

The objective of this grant is to strengthen the delivery of healthcare services in the United States by advancing the education and training of healthcare social workers at the BSW, MSW, PhD/DSW and post-doctoral levels. This will help to ensure healthcare practice excellence and to expand social work research and policy for the improvement of healthcare delivery.

The program requires a 12-month residential experience in the Metropolitan Washington, DC area, and will provide a stipend with additional support for health policy leadership development activities.

The Social Work HEALS Policy Fellow will build and strengthen partnerships with leaders of health and healthcare policy interest groups, fellow researchers, policy makers and social work leaders in Washington, DC to ensure social work’s critical role in healthcare policy development and analysis. The individual will also gain full exposure and in-depth knowledge about both NASW and CSWE leadership on important policy issues and priorities of both organizations.

This experience will prepare the individual to return to her/his respective institution equipped with a deeper understanding of key issues, stakeholders and policy formulation related to healthcare in the US.

The fellowship will begin in September 2017. The selected individual will join the American Political Science Association Congressional Fellowship Program in November 2017 to expand the Fellow’s knowledge and awareness of Congress and the political process with Fellows from multiple disciplines.

AWARD: One fellowship will be available for 2017-2018. The fellowship will provide an annual salary with associated benefits, relocation expenses, and funds for professional development. Beyond the salary, the Social Work HEALS Policy Fellow will achieve other benefits such as furthering the Fellow’s research, hands-on experience with federal policy-making, professional development, and expanding their professional network while having an opportunity to be involved with social work colleagues engaged with policy formulation and implementation.

ELIGIBILITY: Available to a social worker who has completed at least two years of a doctoral program, with preference to providing a post-doctoral experience for applicants with a PhD or DSW degree.

> Degree completion may be within the past two years, for consideration as a post-doctoral.

For more information visit www.naswfoundation.org or email naswfoundation@naswdc.org.
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.

**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

**Webinar:** SOC Leadership Expansion Learning Community: Preparing to Develop a Financing Plan  
**Date(s):** Wednesday, April 19, 2017, 2:30 p.m. to 4 p.m.

This month’s Learning Community meeting will focus on creating a financing plan for expanding the system of care approach. SAMHSA grantees are required to develop financing plans in Year 2 of expansion and sustainability grants and to implement these plans by Year 3. This learning community meeting will provide information on what should be included in financing plans, how to prepare, and how to conduct the initial steps of financial planning. In addition to providing information, the meeting will provide an opportunity for questions and dialogue about financing that are important to system of care grantees and to states, communities, territories and tribes without grants.

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
  - Back to School Toolkit for Students and Families
  - 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
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - 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

The Psychiatric Shortage: Causes and Solutions, National Council for Behavioral Health Medical Director Institute, March 28

Combatting Opioid Epidemic, Repealing Obamacare at Cross-Purposes, The Hill Opinion, March 27

Caps on Federal Medicaid Funding Will Hurt Healthcare Providers and Patients, The Hill Opinion, Cindy Mann, March 27

An Experimental Therapeutic Approach to Psychosocial Interventions, NIMH Director’s Blog, Joshua A. Gordon, March 20

Clozapine Augmentation with Antiepileptic Drugs for Treatment-Resistant Schizophrenia: A Meta-Analysis of Randomized Controlled Trials, Journal of Clinical Psychiatry, March 28

Contributing Factors and Mental Health Outcomes of First Suicide Attempt during Childhood and Adolescence: Results From a Nationally Representative Study, Journal of Clinical Psychiatry, March 28

White Paper: Opioid Use, Misuse, and Overdose in Women, Office on Women’s Health, Department of Health and Human Services, December 2016