Senate Majority Leader McConnell Appoints Twelve to Draft Senate ACA Replacement Bill

With the Senate still awaiting a Congressional Budget Office (CBO) score on the House version of the American Health Care Act (AHCA), now scheduled to become available the week of May 22, Senate Majority Leader Mitch McConnell (R-KY) has created a working group of 12 Senators to help draft Senate legislation to replace the Affordable Care Act (ACA).

The working group includes Senate HELP Committee Chair Lamar Alexander (TN), Finance Committee Chair Orrin Hatch (UT), and Senators Ted Cruz and John Cornyn (TX), Mike Enzi and John Barroso (WY), John Thune (SD), Mike Lee (UT), Tom Cotton (AR), Cory Gardner (CO), Robert Portman (OH), and Pat Toomey (PA). Senators Portman and Toomey, both of whom represent Medicaid expansion states, have been tasked by McConnell with working the Medicaid issue.

Although not an official member of the group, Senator Shelley Moore Capito (WV) has also participated in early discussions focused on ending the Medicaid expansion and restructuring Medicaid into a per capita cap block grant as proposed under the AHCA.

Although House Speaker Paul Ryan has publicly encouraged the Senate to finish its work on the bill before the July 3 summer recess, Senate Majority Whip Cornyn promised May 9 only that the Senate’s rewrite would be passed before the end of 2017. The Senate, unlike the House, cannot even officially begin work until it receives a CBO score.

Among the Medicaid issues under consideration: Senator Rob Portman told Inside Health Policy on May 10 he is seeking a longer off-ramp for Medicaid expansion states than the 2020 elimination of the enhanced Federal match in the House bill. But more conservative Senate Republicans fear a delay would lead to expansion never being repealed.

The publication The Hill was reporting May 12 that a restructuring into a per capita cap block grant program is a foregone conclusion among the majority of Senators, although the formula for computing those caps would likely be altered from what’s in the House legislation.

But Medicaid managed care organizations have been lobbying against both rolling back the Medicaid expansion and restructuring. They reportedly fear a block grant approach would require them to reduce benefits or force the states that contract with them to reduce enrollment.

In addition to the Medicaid discussions, informal talks have begun on the inclusion of insurer cost-sharing reductions authorized but not funded in the ACA, which President Trump has threatened, as recently as May 11, to end administratively. Senators have also discussed increasing the high-risk pool grant moneys fund included in the AHCA. And Roll Call reports conservative Senators are pushing a state opt-in approach—rather than the House’s opt-out waivers—for essential health benefits.
Multi-Faceted ED Intervention Reduced Suicide Attempts by 30 Percent in Following Year

A new study published in the April 29 issue of the journal *JAMA Psychiatry* found that a multifaceted intervention approach to reducing suicide risk that consisted of secondary suicide risk screening by an emergency room physician, providing discharge resources and safety planning guidance, and making post-emergency room telephone calls to the patient, resulted in a 5 percent absolute reduction in the proportion of patients subsequently attempting suicide and a 30 percent reduction in the total number of suicide attempts over a 52-week follow-up period.

The “ED-Safe” study of 1376 patients with a recent suicide attempt or ideation at eight emergency rooms across the United States had three sequential phases: (1) a treatment as usual (TAU) phase from August 2010 to December 2011, (2) a universal screening phase from September 2011 to December 2012, and (3) a universal screening plus intervention (intervention) phase from July 2012 to November 2013.

There were no significant differences in risk reduction between the TAU and screening phases (23 percent vs 22 percent, respectively). However, compared with the TAU phase, patients in the intervention phase showed a 5 percent absolute reduction in suicide attempt risk (23 percent vs. 18 percent), with a relative risk reduction of 20 percent. Participants in the intervention phase had 30 percent fewer total suicide attempts than participants in the TAU phase.

The principle author of the study was Dr. Michael Allen, a professor of psychiatry and emergency medicine at the University of Colorado Anschutz. Dr. Allen is also medical director at Rocky Mountain Crisis Partners in Denver, which has implemented a similar program that includes post-discharge follow-up calls to the patient.


In a May 4 letter to Health and Human Services (HHS) Secretary Tom Price, Senate Judiciary Chair Charles Grassley (R-IA) and House Oversight Committee Chair Jason Chaffetz (R-CA) charge that a May 3 Departmental memo directing employees to consult with HHS legislative affairs personnel prior to communicating with Congress “is potentially illegal and unconstitutional, and will likely chill protected disclosures of waste, fraud, and abuse.” They suggest the memo attached to the letter, which they say is illegal, is intended to chill HHS employee whistleblowing.

Senator Grassley and Representative Chaffetz tell Secretary Price “Federal employees will most certainly read this instruction as a prohibition against direct communications with Congress without permission.”

They demand that the Secretary provide all documents and communications “referring or relating to [the] directive” to their committees by May 18.

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SAMHSA-Sponsored Webinar Opportunity

**Outcome Measurement in First Episode Programming: Insights from the Measures Used in the National Evaluation of the 10% Set Aside and Proposed for the NIMH EPINET**

*May 23, 2 p.m. to 3:30 p.m. E.T.*

Join us for the next in a continuing series of webinars focusing on methodological issues in First Episode Psychosis Programs. In this webinar we will feature the design and outcome measures that will be used in the MHBG 10% Early Intervention Study, a SAMHSA and NIMH-funded national evaluation of first episode psychosis programs. The measures were selected to be both effective measures of service recipient progress, and useful clinical tools. In addition, Dr. Robert Heinsssen of NIMH will present an update on the Early Psychosis Intervention Network (EPINET) project and its intention to develop a national learning community among first episode psychosis programs. A provisional set of measures, including some of the outcome measures used in the evaluation, have been developed for the EPINET that will hopefully provide some common data elements to be used in a national EPINET effort.

Presenters include:

- Dr. Shoma Ghose, Senior Study Director, Westat
- Dr. Preethy George, Senior Study Director, Westat
- Dr. Nichole Rohrer, Clinical Supervisor, TRAILS First Episode Program, Alexandria, VA
- Dr. Robert Heinsssen, Chief, Division of Services and Intervention Research, NIMH

Register [HERE](#)

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In a May 4 letter to Health and Human Services (HHS) Secretary Tom Price, Senate Judiciary Chair Charles Grassley (R-IA) and House Oversight Committee Chair Jason Chaffetz (R-CA) charge that a May 3 Departmental memo directing employees to consult with HHS legislative affairs personnel prior to communicating with Congress “is potentially illegal and unconstitutional, and will likely chill protected disclosures of waste, fraud, and abuse.” They suggest the memo attached to the letter, which they say is illegal, is intended to chill HHS employee whistleblowing.

Senator Grassley and Representative Chaffetz tell Secretary Price “Federal employees will most certainly read this instruction as a prohibition against direct communications with Congress without permission.”

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SAMHSA Webinar Opportunities
Outreach and Engagement: Evidence-based Practices that Promote Recovery and Resilience

Webinar #1: Housing First as an Outreach and Engagement Strategy
Tuesday, May 16, 11:30 a.m. to 1 p.m. E.T.
Sponsored by the SAMHSA Homeless and Housing Resource Network (HHRN)

How can Housing First be used as an effective outreach and engagement strategy? Answer: By providing housing with no strings attached. During this presentation, you will learn the following:

- how effective the Housing First model can be at engaging people off the street and into housing and
- how providers can engage individuals in their own recovery by providing:
  - housing without requiring that people participate in treatment, as well as
  - flexible support services that meet the individual's needs.

This webinar will feature the following speakers:

- Peggy Bailey, Center on Budget and Policy Priorities, Health Integration Project, who has more than 13 years of experience in federal, state, and local policy and behavioral health service delivery, as well as youth homelessness policy and service delivery.
- Julie Steiner, Abt Associates, who brings more than 11 years of experience as a homeless services provider using the Housing First approach.
- Marge Wherley, Abt Associates, who has more than 30 years of experience in housing services planning and monitoring, including Housing First programs.

Susan Pfefferle, Ph.D., from Abt Associates, will moderate the presentations and the participant question and answer session at the end of the webinar.

Register HERE

Whole Health Spotlight Series Webinar #2: Learn about WRAP, WHAM, and CDSM—Evidence-Based Practices in Recovery and Wellness
Thursday, May 18, 1 p.m. to 2:30 p.m. E.T.

How do you help individuals develop behaviors and attitudes that lead to health and wellness? What evidence-based practices exist to help promote recovery and wellness for individuals with behavioral health conditions experiencing homelessness?

This webinar will showcase three effective approaches that can be integrated into service delivery to help individuals who've experienced homelessness with advancing their recovery and supporting a wellness lifestyle. These evidence-based approaches are tools that programs, peer providers, and individuals with lived experience can use to foster overall well-being.

This is your opportunity to gain more information about three evidence-based practices in recovery and wellness:

- Whole Health Action Management (WHAM)
- Wellness Recovery Action Plan (WRAP)
- Chronic Disease Self-Management (CDSM)

This webinar, moderated by Dr. Crystal Brandow of Policy Research Associates, Inc., will feature the following speakers:

- Dr. Benjamin Druss, Rosalynn Carter Chair in Mental Health at Emory University
- Mr. Matthew Federici, Executive Director of the Copeland Center for Wellness and Recovery
- Mr. Larry Fricks, Director of the Appalachian Consulting Group and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions

Register HERE
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, 2017:**

Apply [HERE](#)
A Spotlight on Older Adults and Behavioral Health

Thursday, May 18, 2 p.m. to 3 p.m. E.T.

Sponsored by the Center for Healthy Aging

One in four older Americans experience a behavioral health issue that is not a normal part of aging, yet they are less likely to receive treatment than younger individuals. Join this webinar for an update on behavioral health topics relevant to older adults from the Substance Abuse and Mental Health Services Administration (SAMHSA), including the latest national data on depression, suicide, and substance abuse or misuse. A description of the Mental Health Association of New York City’s (MHA-NYC) initiatives to improve access to behavioral health services for older adults will also be shared.

Presenters:
- Brian Altman, Director, Division of Policy Innovation, SAMHSA
- Eric Weakly, Chief, Center for Mental Health Services, SAMHSA
- Kim Williams, President, MHA-NYC

NASMHPD Annual 2017 Meeting

Sunday, July 30 through Tuesday, August 1

Renaissance Capitol View Hotel, 2800 S. Potomac Avenue, Arlington, Virginia
(Rooms Available at Government Rate at the Renaissance Capitol View)

The 2017 NASMHPD Annual 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.

Registration for State Mental Health Commissioners: $600
Registration for Additional State and/or Division Representatives: $400

Contact Yaryna Onufrey with any questions.
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
White House Will Propose $800 Billion in Cuts to Entitlement Programs, Including Medicaid

CQ/Roll Call reported May 10 that the White House will propose, in its Fiscal Year 2018 budget, $800 billion in cuts to means-tested entitlement programs, including Medicaid, over the next 10 years.

CQ/Roll Call says the proposed cuts would go beyond the $839-billion dollar reduction to Medicaid funding implemented through a program block grant restructuring proposed in the American Health Care Act, H.R. 1628, passed by the House of Representatives on May 4 and now under consideration in the U.S. Senate.

The White House believes the cuts, in combination with business deregulation and reductions in personal and business taxes, are necessary to increase economic growth in the U.S. and, in turn, balance the Federal budget.

Other means-tested entitlement programs likely to be included in the reductions are food stamps, Temporary Assistance for Needy Families, Supplemental Security Income, child nutrition programs, and the student Pell Grant program. CQ/Roll Call reports that Social Security and Medicare will remain untouched, as promised by President Trump during the 2016 Presidential campaign, but the Social Security Disability Insurance program will be included in the reductions.

The White House is expected to send the FY 2018 Federal Budget to Congress the week of May 22. The budget will assume the loss of about $1 trillion in revenue from the repeal of the taxes created under the Affordable Care Act to pay for ACA administration, including taxes on pharmaceutical companies, medical device manufacturers, health insurance plans, and tanning salons.

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.

May Trainings

Florida
May 12 - Barry University, Miami Shores

Maryland
May 18 - Charles County Department of Social Services, La Plata
May 25 - Baltimore City Health Department

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

National TA Network for Children’s Behavioral Health

Upcoming Webinars

Introduction to the CMHI National Evaluation Early Childhood Tools
Monday, May 15, 2:30 p.m. to 4 p.m. ET
This webinar is part of the Early Childhood SOC Learning Community (LC). This LC will describe the new tools being rolled out for children ages 0-5, why the National Evaluation is collecting early childhood data, and how the tools can be used by SOCs serving early childhood populations. The webinar will also explore which states and communities are already using some of these tools, and what other early childhood tools they are using. Participants will discuss anticipated challenges and possible solutions to data collection on young children; what works and what doesn't work for early childhood evaluation; and potential topics and formats for future LC sessions.

Transitions Learning Community: Engagement through Technology
Tuesday, May 16, 2 p.m. to 3:30 p.m. ET
The next webinar in the Transitions LC will focus on young adult engagement through technology. We will explore the use of technology to gather youth input, support the delivery of services, and build long-term relationships with youth in your community. The webinar will include focused group discussion of homework materials, presentations from grantees highlighting effective approaches, resources, and peer-to-peer sharing. Homework materials will be distributed to all registered participants before the webinar.

Building Bridges Initiative Overview
Tuesday, May 23, 1 p.m. to 2:30 p.m. ET
This Building Bridges Initiative (BBI) webinar will provide an overview of residential transformation projects across the country. Beth Caldwell, director of BBI, will share specifics about the BBI framework and principles, including examples of residential best practices that correlate to achieving sustained positive outcomes post-residential discharge for youth and their families. Examples of how several residential leaders have transformed their residential programs will be highlighted. The webinar will also feature family and youth advocates that have had residential experiences.

CLC Peer Learning Exchange: Implementing the CLAS Standards- Language Assistance Part 2
Thursday, June 1, 1 p.m. to 2 p.m. ET
The second of a two-part series, this webinar will focus on working with interpreters and translators. It will provide administrators, service providers, and peers to work effectively with translators and interpreters.
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.

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.

SAMHSA-SPONSORED WEBINAR SERIES
Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches
Join us for a monthly webinar series that will highlight communities working to improve member resiliency and responsiveness to community incidents. The series, sponsored by SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint, will take place from April through September 2017 on the fourth Monday of each month from 1 p.m. to 2:30 p.m. Eastern Time.

Empowerment, Voice, and Choice
Monday, May 22 at 1 p.m. E.T. (Part 2 of 6)

To participate in the webinar, please join online at https://nasmhpd.adobeconnect.com/communityvln/. Then dial telephone number 1-888-727-2247 and enter the conference identification number 9452092, followed by #.

Mark Your Calendars:
Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination
Monday, June 26 at 1 p.m. E.T.
(Part 3 of 6)

Collaboration and Mutuality: San Jose, CA, Mayor’s Office of Prevention of Gang Violence
Monday, July 24 at 1 p.m. E.T. (Part 4 of 6)
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](http://tatracker.treatment.org/login.aspx). If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

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

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

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

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

- **Policy Brief**: The Business Case for Coordinated Specialty Care for First Episode Psychosis
- **Toolkits**: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  - 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](http://www.nasmhpd.org/content/information-providers). Any questions or suggestions can be forwarded to either Pat Shea ([Pat.shea@nasmhpd.org](mailto:Pat.shea@nasmhpd.org)) or David Shern ([David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)).
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<tr>
<td>Senior Policy Associate</td>
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NASMHPD Links of Interest

- **Online Psychotherapy for Mood Disorders: Are We There Yet?**, Phelps, J, *Psychiatric times*, March 6
- **Kaiser Family Foundation Issue Brief: State Variation in Medicaid Per Enrollee Spending for Seniors and People with Disabilities**, May 1
- **More and More Students Need Mental Health Services, But Colleges Struggle to Keep Up**, *USA Today*, On-Line May 4, Published May 10
- **For College Students Grappling with Mental Illness, the World Can Seem Colorless**, *USA Today*, On-Line May 4
- **Childhood Abuse and the Two-Year Course of Late-Life Depression**, Wielaard, I et al., & Identification of Childhood Abuse in Patients with Late-Life Depression May Help to Optimize Treatment, Schramm E and van Schaik A, *American Journal of Geriatric Psychiatry*, June 2017
- **Strengthening the Case for Investing in Canada’s Mental Health System: Economic Considerations**, Mental Health Commission of Canada, March 2017
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