Various Senate AHCA Workgroups Consider an Array of Changes to the House Bill

Members of the Senate continue to meet in large groups and small groups to consider a wide array of potential changes to the House version of the American Health Care Act, H.R. 1628, with the goal of likely voting on the legislation on their return from the August recess.

In addition to daily meetings by the group of 12 Republican Senators designated by Senate Majority Leader McConnell (R-KY), a smaller group of 11 Senators led by Senators Susan Collins (R-ME) and Bill Cassidy (R-LA), which included Democrats Heidi Heitkamp (ND), Joe Manchin (WV), and Joe Donnelly (IN), met May 14 in the Capitol. Politico reported May 16 that, when asked about Collins’ and Cassidy’s health care talks running parallel to the McConnell group efforts, a GOP leadership aide said that “senators don’t need permission slips to meet on this subject or any subject. Senators are sent here by their constituents to do what they think is best and right.”

In fact, Republicans such as Senator Shelley Moore Capito of West Virginia, have been invited periodically to join the McConnell group on selected issues, such as Medicaid.

Whatever is drafted will go directly to the Senate floor, without a markup by the three Senate committees with direct jurisdiction: Senate Budget (because the bill is drafted as budget reconciliation), Senate Finance (with jurisdiction of its Medicaid restructuring and expansion repeal provisions), or the Senate Health Education Labor and Pensions (HELP) Committee (with jurisdiction over many of the health provisions not controlled by Finance).

With the Congressional Budget Office due to finally come back with an estimate of the costs of the House version of the legislation next week, the first order of business, the week after Memorial Day, will be to determine which provisions must be removed from the bill because of they do not comply with the Senate’s Byrd Rule governing the use of the reconciliation procedure, which requires that “extraneous” provisions be dropped from any reconciliation measure.

Section 313(b)(1) of the Congressional Budget Act sets forth six criteria for matters to be considered extraneous under the Byrd rule. Provisions are subject to challenge that:

- do not produce a change in outlays or revenues or produce changes which are merely incidental to the non-budgetary components of the provision;
- are outside the jurisdiction of the Committee that submitted the title or provision for inclusion in the reconciliation measure.

(Continued on the next page)
Various Senate Workgroups Consider an Array of Changes to the American Health Care Act

(Continued from previous page)

- increase outlays or reduce revenues beyond the limits of the Budget Committees’ reconciliation instructions passed earlier this year;
- increase net outlays or reduce revenues during a fiscal year after the years covered by the reconciliation measure … unless the provision’s title, as a whole, remains budget neutral; or
- include recommendations regarding the Social Security Trust Fund.

Provisions can be stricken by motion of a point of order by a Senate member, subject to interpretation by the Senate Presiding Officer, who relies generally on, but may overrule, the Senate Parliamentarian. (The Senate Presiding Officer at the time of the motion can be the Vice President of the United States.)

Finance Chairman Orrin Hatch said May 17 that it was possible the repeal of the Affordable Care Act’s individual health insurance coverage mandate could be pushed back to 2020, or even later. The House bill repeals both the individual and employer mandates immediately.

Other possible Senate amendments that would affect the Marketplace have included:

- higher refundable tax credits for older low-income enrollees;
- auto-enrolling individuals into a Marketplace plan; and
- modifying the application process for state waivers of essential health benefit mandates in Marketplace plans.

Medicaid-related amendments suggested have included:

- a longer transition in the repeal of Medicaid expansion, which the House bill proposes occurring by 2020;
- delaying the Medicaid restructuring until after Medi-

caid expansion has been fully repealed, so states do not have to deal with multiple concurrent reductions in Federal funding;

- going to more than five categories of eligible enrollees under the provisions restructuring Medicaid into a per capita cap block grant, by further dividing the “blind and disabled” category to include specific populations groups such as individuals with mental illness and/or substance use disorders;

- creating one or more exemptions from the per capita cap for designated population subcategories;

- eliminating the straight block grant option for states included in the House bill;

- creating a trigger mechanism which would eliminate the clawback from states of overpayments of the Federal match during and immediately following periods of economic downtown;

- increasing the growth rate, at least in the early years of the restructuring;

- reducing the growth rate to the inflation rate for all population groups, including the elderly/disabled;

- allowing states to retain and rollover savings to subsequent years;

- creating mechanisms for states to share evidence-based “best practices;” and

- rebasing the caps to reflect individual states’ previous successes in reducing costs and/or state population mixes, rather than using the same base year—2016—for all states.

Whatever the amendment(s), there seems to be consensus among Senate Republicans that the Medicaid restructuring under H.R. 1628 must be retained to reign in rising Medicaid costs and to free up Federal revenues for reductions in individual and corporate income tax rates.

Web-Based HHS Federal Partners Integrated Care Meeting
State of the Art: Research, Models, Promising Practices and Sustaining Integrated Care
June 22 and 23, 2017

Over the years, models of integrated behavioral health and primary care have evolved. HHS recognizes the importance of addressing the integration of behavioral health and primary care, including person-centered care for adults living with mental illness – particularly serious mental illness, children and adolescents with serious emotional disturbance, and individuals with substance use disorders. Evidence-based integrated treatment and effective care coordination are key components for improving the health of people with multiple chronic conditions.

Along with host agencies, the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), key partners and presenters include: the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicaid and Medicare Services (CMS), Indian Health Services (IHS), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), the Office of the National Coordinator for Health Information Technology (ONC), and the Veterans’ Administration (VA).

The event will highlight models of integrated care, key findings from the research community, examples of diverse grantee practices regarding service delivery, presentations by U.S. Department of Health and Human Services agencies, and a wide range of resources to support efforts to build integrated systems of care.

The Meeting is Free and Open to the Public

Register **HERE** to Receive Log-In Information
SAMHSA-SPONSORED WEBINAR OPPORTUNITIES

Emergency Department Diversion Program: A Successful Example in Oregon
Wednesday, May 24, 2:30 p.m. to 4 p.m. E.T.

Under a National Federation of Families for Children’s Mental Health Contract

In 2015, the Oregon Health Authority found that there was a growing issue with children, youth and young adults being boarded in the Emergency Departments associated with hospital systems. After looking at the data, and learning about the unique challenges this was presenting for children and families a new program known as the Emergency Department Diversion began. The data showed that several of Oregon’s communities had the highest number of youth being boarded in emergency rooms per capita across the state. The program began as a pilot in four of these counties in 2015. Each county mental health program was given funds through the Oregon Health Authority and required to come up with creative ways to address this issue. The program has been so successful, that it is currently being expanded to a number of new counties across the state.

The Emergency Department Diversion program is made up of partner organizations, which include hospital systems, county mental health programs, non-profit or county based children’s mental health providers, and some have partnerships with family run organizations.

Presenters:

- Lisa Butler, Regional Director, Oregon Family Support Network
- Ajit Jetmelalni, M.D., Child and Adolescent Psychiatrist, Oregon Health Sciences University, Children’s Mental Health Medical Consultant, State of Oregon, Oregon Health Authority, Health Systems Division
- Jean Lasater M.A., Young Adult Services Coordinator, State of Oregon; Oregon Health Authority, Health Systems Division;
- Cydney Nestor, M.A., Program Manager, Marion County Health Department
- Frances Purdy, M.Ed., J.D., Family Partnership Specialist with Child and Family Behavioral Health Unit of the Oregon Health Authority

Moderator:

- Sandy Bumpus, M.S.W. – Executive Director, Oregon Family Support Network

Partnering for Success: Spotlight on Missouri Medicaid & Department of Mental Health
Wednesday, May 31, 2 p.m. to 3:30 p.m. E.T.

Under a National Council for Behavioral Health Contract

Medicaid is the largest payer of mental health services. To ensure Medicaid beneficiaries have access to mental health services an effective working relationship between the State Mental Health Authority and the State Medicaid Office is critical.

This webinar will present lessons learned from MO HealthNet and the Department of Mental Health (DMH) on how to successfully partner to improve the lives of individuals living with mental illness. Webinar presenters will explore the reasons MO HealthNet and DMH chose to work together, identify principles and techniques that made their partnership effective, summarize the benefits of a symbiotic relationship, and showcase initiatives that were a direct result of their collaboration.

Presenters:

- Joe Parks, Medical Director, National Council for Behavioral Health
- Natalie Fornelli, Manager of Integrated Care, Missouri Department of Mental Health
- George Oestreich, former Clinical Director MO HealthNet
- Keith Schafer, former Director Missouri Department of Mental Health

Please contact Kelle Masten with any questions on either webinar, by email or at 703-682-5187.
SAMHSA-SPONSORED WEBINAR OPPORTUNITY
Technology-Based Early Identification and Crisis Supports
*Tuesday, May 30, 1 p.m. to 2:30 p.m. E.T.*
Under a Mental Health America Contract

Technology has offered us the opportunity to provide people with far reaching, easy to access, and anonymous mental health supports. The use of such technology opens the door to understand how to best support people who are coming to the internet or getting on the phone to receive critical care — especially when the care is related to early identification or crisis. Technology based support started with the phone and now reaches into our computers and mobile phones. The National Suicide Prevention Lifeline, the Crisis Text Line, and MHA Screening will discuss how their services work and questions often asked, including “How do you support someone through serious thoughts of self-harm? How do you provide support when it’s not face to face? Is there follow up and what kind?” “How can warm and empathetic crisis counseling be conveyed via these mediums?”

Remember to bring your own questions!

**Presenters:**

- Theresa Nguyen, Vice President of Policy and Program at Mental Health America, MHA Screening
- Michelle Kuchuk, M.S., is Coordinator of Best Practices in Clinical Technologies at the National Suicide Prevention Lifeline
- Bob Fiblin, Chief Data Scientist at Crisis Text Line

[Register HERE]

Please contact Kelle Masten with any questions, by email or at 703-682-5187.

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SAMHSA Funding Opportunity Announcement

**Comprehensive Addiction and Recovery Act: Building Communities of Recovery**
*(FOA Number: TI-17-015)*

<table>
<thead>
<tr>
<th>Anticipated Total Available Funding:</th>
<th>$2,600,000</th>
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<td>Anticipated Number of Awards:</td>
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<tr>
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<tr>
<td>Length of Project:</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Cost Sharing/Match Required?:</td>
<td>Yes</td>
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</tbody>
</table>

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2017 Comprehensive Addiction and Recovery Act: Building Communities of Recovery (BCOR). The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs will be principally governed by people in recovery from substance abuse and addiction who reflect the community served.

**WHO CAN APPLY:** The statute limits eligibility for this program to Recovery Community Organizations (RCOs) that are domestic private nonprofit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible.

**HOW TO APPLY:** SAMHSA’s transition to NIH’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 carefully to understand the requirements for SAMHSA’s new grant system.

**APPLICATION DUE DATE:** July 3, 2017 at 11:59 p.m. Eastern Time. Applications must be received by the due date and time to be considered for review. Please see Part I, Section IV of the FOA for application and submission requirements.

**ADDITIONAL INFORMATION:** Applicants with questions about program issues should contact Matthew T. Clune at (240) 276-1619 or Matthew.clune@samhsa.hhs.gov. For questions on grants management issues, contact Eileen Bermudez at (240) 276-1408 or FOACSAT@samhsa.hhs.gov.
SAMHSA Funding Opportunity Announcement

**Comprehensive Addiction and Recovery Act: State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)**

*(FOA Number: TI-17-016)*

**Anticipated Total Available Funding:** $3,300,000 annually  
**Anticipated Award Amount:** Up to $1,100,000 annually  
**Anticipated Number of Awards:** 3  
**Length of Project:** Up to 3 years  
**Cost Sharing/Match Required?** No

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Comprehensive Addiction and Recovery Act: State Pilot Grant Program for Treatment for Pregnant and Postpartum Women totaling up to $9.9 million over the course of three years. The purpose of the program is to 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

SAMHSA seeks, through the program, to: 1) reduce the abuse of alcohol and other drugs; 2) increase engagement in treatment services; 3) increase retention in the appropriate level and duration of services; and 4) increase access to the use of medications approved by the Food and Drug Administration in combination with counseling for the treatment of drug addiction.

**WHO CAN APPLY:** Eligible applicants are single State Agencies (SSAs) for substance abuse.

**HOW TO APPLY:** SAMHSA’s transition to NIH’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 carefully to understand the requirements for SAMHSA’s new grant system.

**APPLICATION DUE DATE:** July 3, 2017 at 11:59 p.m. Eastern Time. Applications must be received by the due date and time to be considered for review. Please see Part I, Section IV of the FOA for application and submission requirements.

**ADDITIONAL INFORMATION:** Applicants with questions about program issues should contact Linda White-Young at (240) 276-1581 or linda.white-young@samhsa.hhs.gov. For questions on grants management issues, contact Eileen Bermudez at (240) 276-1412 or FOACSAT@samhsa.hhs.gov.

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**Webinar Opportunity**

**The Importance of Care Coordination: Real-World Considerations for Managing Individuals with Schizophrenia**

*Tuesday, May 30, 1:30 p.m. to 2:30 p.m. ET or Tuesday, June 27, 2:30 p.m. to 3:30 p.m. ET*

Presented by the National Council for Behavioral Health and funded by Alkermes, Inc.

Program speakers are under contract with Alkermes, Inc.

Schizophrenia is a complex condition associated with a vast array of distinct clinical profiles, co-morbidities and significant medical expenditures. In 2013, the economic burden for schizophrenia in the US was estimated at $155.7 billion. The rapidly evolving healthcare landscape has created new fee schedules and payment models that may require a changed approach to treatment and service delivery. How can payers address the complex challenges of expanding and improving services while simultaneously bending the cost curve? Join the National Council for Behavioral Health to learn about care coordination for people living with schizophrenia. By examining real-world pilot projects, you may be able to garner insights on models of care coordination that may be relevant to plan challenges for the management of people with schizophrenia.

[Click HERE to Register for the May 30 Webinar.](#)  
[Click HERE to Register for the June 27 Webinar.](#)
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 Heinssen 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 Heinssen, Chief, Division of Services and Intervention Research, NIMH

Register HERE

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.
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**

Maryland  
May 25 - Baltimore City Health Department

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org
Montana Governor Signs $1 Million Suicide Prevention Measure into Law

With Montana’s suicide rate double the national rate, Montana Governor Steve Bullock (D) on April 25 signed into law House Bill 118, a suicide prevention measure that designates $1 million for statewide suicide prevention efforts over the next two years.

The legislation allocates $500,000 for grants to community organizations for suicide prevention efforts, $250,000 for Native American youth suicide prevention activities, and $250,000 for suicide prevention programs in the state’s 841 schools.

The legislation aims to provide support services to youth, especially Native American youth, which the Montana Native Youth Suicide Reduction Strategic Plan says are at the highest risk for suicide among all population groups in Montana.

The bill requires that grant-funded programs be evidence-based, backed by scientific peer-reviewed research, or supported by recommendations from the Montana Suicide Mortality Review Team. The bill also requires that the state suicide prevention officer oversee the coordination and management of all suicide prevention activities conducted by the Department of Public Health and other agencies, such as the Veterans Administration. The bill tasks the suicide prevention officer with creating a biennial statewide suicide reduction program, such as a public awareness campaign, that targets all ages, ethnic groups, and occupations.

The bill, which passed with overwhelming bipartisan support in both chambers of the legislature, is a hybrid of five suicide prevention bills introduced during the 2017 Legislative Session.

In an interview with the Independent Record, the bill’s primary sponsor, State Representative Jonathan Windy Boy, who lost his fourteen-year-old granddaughter to suicide in 2015, noted the bill’s personal significance. He said that normalizing the need for Montanans to address mental health problems is a key priority in reducing the state’s suicide rate.

Matt Kuntz, Executive Director of the Montana chapter of the National Alliance on Mental Illness, praised the bill, stating “The strength of this bill is grants going out to communities for [evidence-based] practices that have been proven to work. It’s a great mix of allowing communities to be innovative in addressing their needs while still requiring a basic standard of research base.”
Preventable harm in health care is one of the leading causes of death in the United States. Each year, millions of individuals suffer from medical errors and more than 200,000 Americans die from such errors. Examples include medication errors, missed and delayed diagnoses, health care associated infections, and avoidable delays in treatment or response to abnormal tests. Information technology (IT) plays a key role in preventing many of these errors by offering clinical decision support, alerts and reminders, and better communication between clinicians and patients. The use of IT is now widespread, with 96 percent of hospitals and 78 percent of physicians using a certified electronic health record. However, technological advances can introduce different types of risk, including those that stem from poor usability and lack of interoperability. Join us to explore actions needed to improve patient safety through the use of IT and hear about BPC’s recommendations in this area.

Register 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

Call for Nominations for Sarnat International Prize in Mental Health

Do you know someone who has significantly impacted or improved mental health? Each year, the National Academy of Medicine (NAM) presents The Rhoda and Bernard Sarnat International Prize in Mental Health, established in 1992, which recognizes individuals, groups, or organizations worldwide for outstanding achievement in improving the science base and delivery of mental health.

The Sarnat Prize is awarded to individuals, groups, or organizations demonstrating at least one of the following criteria:

- contributions to improve understanding of, or treatment for, mental disorders (basic biomedical or clinical research);
- innovations in mental health services (counseling, clinical care, prevention, amelioration of symptoms, or promotion of mental health); or
- accomplishments in public policy or public leadership that enhance public understanding of mental disorders, foster advances in science, improve access to or delivery of mental health services, or otherwise promote mental health.

To encourage a broad range of candidates, there are no constraints on the education, profession, or specific discipline of individuals, groups, or organizations. The Sarnat Prize may honor public figures, policy leaders, field leaders, patient advocates, health care professionals, treatment innovators, translational scientists, basic scientists, applied scientists, or any other individuals, groups or organizations with distinguished accomplishments in the field of mental health, and will be made without regard to nationality. For the purposes of the Sarnat Prize, the field of mental health is defined broadly and includes, but is not limited to, the neurosciences, psychology, social work, public health, nursing, psychiatry, economics, law, and other disciplines, as well as perspectives from those in non-profit organizations and foundations, among others.

This award includes a medal and $20,000. The 2017 Sarnat Prize will be presented during the NAM’s Annual Meeting in Washington, DC, on October 16, 2017.

Nominate a friend or colleague by May 23.

Support for this award is provided by the Robert Wood Johnson Foundation.
WEBINAR OPPORTUNITY

Accessing Behavioral Health Services: Can Peer Support Help?

Wednesday, May 24, 3 p.m.–4:30 p.m. E.T.
Presented by Mathematica Policy Research

In many places, a shortage of behavioral health professionals keeps people from getting help when they need it. To help solve this problem, more and more providers are integrating behavioral health services and primary care and hiring peer support specialists as important members of clinical teams. Since 2013, Mathematica has been evaluating the Health Care Innovation Awards (HCIA), a series of projects funded by the Centers for Medicare & Medicaid Services (CMS) to test the effects of innovative practices on key outcomes including Medicaid and Medicare spending, hospitalizations, and emergency room visits. Some projects used peer support to enhance people’s access to behavioral health services.

Mathematica will host this webinar to discuss the findings from an evaluation of HCIA-funded projects that focused on mental health services. Representatives from two of the projects will offer their perspectives on the peer role in their innovative service models and address the challenges, successful strategies, and benefits associated with incorporating peers into the workforce. The two HCIA sites represented in our discussion are the Center for Health Care Services (CHCS)—which provides integrated services to people who are homeless in San Antonio, Texas—and the Fund for Public Health in New York (FPHNY), which implemented crisis respite services that led to lower Medicaid costs and fewer hospitalizations.

Presenters:
- Vetisha McClair, Center for Medicaid Services
- Crystal Blyler, Mathematica Policy Research
- Jamie Neckles, Fund for Public Health in New York
- Kimberly Goodwin, Center for Health Care Services

Learn more about this event.

Register HERE

National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Webinar Series: Trauma-Informed Innovations in Crisis Services
April – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.

https://nasmhpdp.adobeconnect.com/crisisvln/
Telephone: 1-888-727-2247
Conference ID: 9452092#

Implementing the Trauma-Informed Principle of Peer Support in a Crisis Service Setting: Freise Hope House

Monday, May 22

Rebecca Ollivier and Ronald Cordy will present Crestwood Behavioral Health’s Freise HOPE (Helping Others through Peer Empowerment) House approach to crisis services. Freise Hope House is a short-term, voluntary, mental health Crisis Residential Treatment Program (CRT) in Bakersfield, CA that welcomes guests into a warm, homelike environment. Guests are provided a short-term safe place to land during a psychiatric crisis. Guests are also engaged using a variety of recovery-based tools such as Dialectical Behavior Therapy (DBT), Wellness Recovery Action Plans (WRAP) and trauma-informed approaches to help them manage their symptoms and develop skills to live effectively in the community. The treatment team is comprised entirely of people with lived experience, who are trained and certified peer providers. For more information, visit:
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.

Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination
Monday, May 22 at 1 p.m. E.T. (Part 2 of 6)

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

Mark Your Calendars:

Empowerment, Voice, and Choice
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. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

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

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

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

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

> Policy Brief: The Business Case for Coordinated Specialty Care for First Episode Psychosis

> Toolkits: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
  o Back to School Toolkit for Students and Families
  o Back to School Toolkit for Campus Staff & Administrators

> Fact Sheet: Supporting Student Success in Higher Education

> Web Based Course: A Family Primer on Psychosis

> Brochures: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
  o Shared Decision Making for Antipsychotic Medications – Option Grid
  o Side Effect Profiles for Antipsychotic Medication
  o Some Basic Principles for Reducing Mental Health Medicine

> Issue Brief: What Comes After Early Intervention?

> Issue Brief: Age and Developmental Considerations in Early Psychosis

> Information Guide: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)

> Information Guide: Use of Performance Measures in Early Intervention Programs

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

Checklist for § 1332 State Innovation Waiver Applications, U.S. Departments of Treasury and Health and Human Services, May 11

CMCS Informational Bulletin: Basic Health Program: Federal Funding Methodology for Program Year 2018, May 17

What Characterizes the Marketplaces with One or Two Insurers?, Robert Wood Johnson and Urban Institute, May 2017

The Impact of Medicaid Capped Funding on Children, Avalere Health for the Children’s Hospital Association, May 18

Mitochondrial Clues to Bipolar Disorders, Psychiatric Times, May 11

Healthy Indiana Plan 2.0: POWER Account Contribution Assessment, The Lewin Group for the Indiana Family and Social Services Administration, March 31

The ‘Medicaidization’ of the Health Insurance Marketplaces: A Necessary Trend, Health Affairs Blog, Margaret A. Murray (CEO of Association for Community-Affiliated Plans) & Mike Adelberg (Senior Director at FaegreBD Consulting), May 8

Health Insurance Coverage: Early Release Of Estimates From The National Health Interview Survey, 2016, National Center for Health Statistics, Center for Disease Control and Prevention, May 16

Government Accountability Office (GAO) – Medicaid Demonstrations: Federal Action Needed to Improve Oversight of Spending, May 3

GAO - DOD Health: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations, May 16