Revised CBO AHCA Score Finds Higher Premiums, Loss of Coverage for Less Healthy Americans

A long-awaited Congressional Budget Office (CBO) assessment of the House version of the American Health Care Act, H.R. 1628, released on May 24, says the bill could lead to more less-healthy people becoming uninsured in some states.

The CBO says that, in states that receive waivers from the Affordable Care Act’s existing restrictions on premium limits and essential health benefit mandates, “people who are less healthy (including those with preexisting or newly acquired medical conditions) would ultimately be unable to purchase comprehensive non-group health insurance at premiums comparable to those under current law, if they could purchase it at all—despite the additional funding that would be available under H.R. 1628 to help reduce premiums.” The CBO also suggests that market instability could result beginning in 2020 in those states, impacting about one-sixth of Americans.

Otherwise, the CBO analysis differs little from in its estimates of the number of uninsured and health care cost savings from the previous analysis released March 23. The loss of Federal payments to the Medicaid program from restructuring that program into a per capita cap block grant program and eliminating Medicaid expansion would total $834 billion over 10 years, down from an earlier estimate of $839 billion. About 4 million Medicaid enrollees would lose coverage as early as 2018 (down from the previous estimate of 7 million) and 14 million by 2026.

Not counted by the CBO as insureds in its cost estimate are those who would use the refundable tax credits to purchase insurance that does not cover major medical risks. However, that is offset to some degree by the number of people who would purchase insurance with lower premiums attributable to coverage of a smaller proportion of health care costs when the repeal of the mandated coverage of essential health benefits takes effect in states with waivers.

The CBO continues to estimate that a total of 14 million would lose coverage across all markets, including Medicaid, in 2018, topping out at a total loss of coverage for 23 million people (1 million less than previously estimated) in 2026.

The Federal deficit reduction over 10 years from implementing H.R. 1628 would drop to about $119 billion from the $150 billion in the March 23 estimate. That $32 billion drop would be, in large part, due to the increased contributions to the Patient and State Stability Fund created under the bill. The largest portion of the savings, according to the CBO, would come from the restructuring of the Medicaid program and the elimination of Medicaid expansion.
Health Leaders Voice Concerns with the American Health Care Act Medicaid Provisions

State health care executives and health care trade associations alike are voicing their concerns about elements of the American Health Care Act (AHCA) that would convert Medicaid to a per capita cap block grant program and end Medicaid expansion, in a survey by the National Academy of State Health Policy (NASHP) and in letters to Senate Finance Chair Orrin Hatch (R-UT).

NASHP recently "took the pulse" of state health policy leaders, representing the geopolitical diversity of the states, to collect their thoughts about reform. Through a short survey, meetings, and a focus group of leaders representing insurance, Medicaid, governors’ offices, legislatures, and health insurance exchanges, the states identified both practical approaches and questions regarding the impact of the possible Congressional action on the AHCA.

A recent policy brief, NASHP Leaders Summit: Views on the Current Congressional Debate, reports that state leaders agreed that "Proposals to block grant or fund Medicaid using a per capita cap raised questions about whether that funding structure could adequately fund the program over time, particularly for those states that have expanded coverage, and result in cost shifts to states. Concerns were raised as well from non-expansion states who feared they could be penalized and receive less funding based on their decision not to expand eligibility.

"The implications of any proposed roll-back in Medicaid expansion would need to be carefully weighed both for its real impact on people who are at risk of losing coverage, the resulting cost shift to states and other payers, and for administrative impact. Notably, eligibility systems for Medicaid expansion populations would need to be retooled. A number of states that operate integrated eligibility systems for Medicaid and the tax subsidies through their state-based insurance exchanges would need to address the impact on exchange operations and budgets, if expansion is eliminated."

In a letter sent to Senator Hatch in response to his May 12 request to stakeholders for input, America’s Essential Hospitals (AEH) urged the Senate to start from scratch on the Medicaid provisions. AEH CEO Bruce Siegel asked that GOP leaders “reject arbitrary cuts to the Medicaid program,” and let states continue Medicaid expansion. If you choose to amend the Medicaid expansion option, we strongly urge you to ensure all those who will be affected can access affordable health care coverage from another source.”

National Rural Health Association (NRHA) CEO Alan Morgan wrote Hatch, “The American Health Care Act (AHCA) does nothing to address [rural health] problems, and will in fact, create a greater health care crisis in rural America." He did not ask the Senate to scrap the Medicaid per-capita cap provision but offered an amendment to soften the impact in rural areas which would give states the option of enhanced reimbursement through either the matching rate or a tweak to the per-capita cap formula.

NASMHPD sent its own letter to Senator Hatch, and signed on to a letter sent by the 70-member Mental Health Liaison Group. Both letters emphasized the negative impact of the Medicaid restructuring on access to mental health and substance use disorder prevention and treatment services. The letters noted that Medicaid is the major source of Federal funding in every state for mental health and substance use services and that expansion has been a significant driver in expanding access to substance use services to 2.8 million childless adults within Medicaid.

The Senate is expected to have a first staff draft ready for discussion when Congress returns June 5 from Memorial Day recess.

International Consortium of Universities on Drug Demand Reduction (ICUDDR)

2nd World Conference
Prague, Czech Republic

June 20 and 21, 2017, With Preconference Events & Workshops on Monday, June 19

The organizing theme for this year’s conference is University Education and Training programs for Substance Use Professionals: Emerging New Phenomena in a Changing Addiction World. The conference will include keynote presentations on developing sustainable education and training programs and on networking among universities and professional organizations throughout the world. Educational and scientific leaders from around the world will share their experiences in developing academic and other training curricula in addiction studies, and in conducting research related to prevention and treatment of substance use disorders. Sessions will address strategies to increase public knowledge about the consequences of drug use and, more importantly, to build a workforce that is educated and trained in evidence-based addiction prevention and treatment services. For more information, see www.icuddr.com

Supported by the U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs

Agenda HERE

Register HERE
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SAMHSA Funding Opportunity Announcement

Cooperative Agreements to Implement Zero Suicide in Health Systems (SM-17-006)

Application Due Date: Tuesday, July 18, 2017  
Length of Project: Up to 5 years

Anticipated Total Available Funding: $7.9 million ($2 million for tribes and tribal organizations)

Anticipated Number of Awards: Up to 13  
Anticipated Award Amount: Up to $700,000/year

Cost Sharing/Match Required? No

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements to Implement Zero Suicide in Health Systems (Short Title: Zero Suicide). The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs, for individuals who are 25 years of age or older, that are designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Grantees will implement the Zero Suicide model throughout their health system.

Health systems that do not provide direct care services may partner with agencies that can implement the Zero Suicide model. For communities without well-developed behavioral health care services, the Zero Suicide model may be implemented in Federally Qualified Health Centers or other primary care settings.

Eligibility - Eligible applicants are statutorily limited to:
- States, District of Columbia, and U.S. Territories health agencies with mental health and/or behavioral health functions;
- Indian tribe or tribal organization (the term 'Indian tribe' and 'tribal organization' are defined in § 4 of the Indian Self-Determination and Education Assistance Act.);
- Community-based primary care or behavioral health care organizations;
- Emergency departments; or
- Local public health agencies.

Contacts:
Program Issues: James Wright, LCPC, Suicide Prevention Branch, Center for Mental Health Services, by email or at 240-276-1854
Grants Management and Budget Issues: Gwendolyn Simpson, Office of Financial Resources, by email or at 240-276-1408

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.
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

SAMHSA-SPONSORED WEBINAR OPPORTUNITY

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, by email or at 703-682-5187.

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.

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
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
New SPRC Resource Focuses on Developing Linguistically and Culturally Competent Suicide Prevention Materials

The Suicide Prevention Resource Center (SPRC) has released a new resource for state and local leaders, Creating Linguistically and Culturally Competent Suicide Prevention Materials, to help tailor suicide prevention products and services to meet the cultural and linguistic needs of culturally diverse community members.

The guide was developed based on the experiences of the California Mental Health Services Authority (CalMHSA) in implementing their Know the Signs (KTS) suicide prevention campaign for linguistic and cultural groups that were non-English- or Spanish-speaking. The campaign was developed to educate Californians on how to recognize the warning signs of suicide, how to start the conversation with someone in suicidal crisis, and where to reach out for local and national resources, such as the National Suicide Prevention Lifeline. With over 200 languages spoken in California, the resource draws upon California’s experiences in developing and disseminating suicide prevention materials to meet the unique needs of different groups.

The guide identifies two key principles that should lead the adaptation of linguistic and culturally competent materials: (1) develop a communication strategy that has clear objectives and goals responsive to the target audience; and (2) involve the community in every stage of the process to ensure the suicide prevention materials are culturally and linguistically appropriate for the audience you are reaching.

The guide outlines a process, with illustrations, that offer examples of how and why materials were adapted in California to reach specific linguistic and cultural audiences. The process highlights eight steps to produce culturally and linguistically competent suicide prevention materials. Those steps include:

1. Choose a target population
2. Establish a work group
3. Understand the target population
4. Select appropriate messages, audiences, and formats
5. Adapt materials into other languages
6. Design the adapted materials
7. Plan outreach and dissemination strategies
8. Evaluate your materials and outcomes

The SPRC is the nation’s only federally funded center to support the National Strategy for Suicide Prevention.

National TA Network for Children’s Behavioral Health

Upcoming Webinars

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 peer support workers in the SOC with tips on how to work effectively with translators and interpreters.

Making the Most of Your Wraparound Fidelity Data: How to Interpret WFI-EZ Results & Put Them to Use
Wednesday, June 14, 2 p.m. to 3 p.m. ET
The Wraparound Fidelity Index, short form (WFI-EZ) is a brief survey of fidelity to the Wraparound care coordination model. With the WFI-EZ now used by a diverse community of over 40 state and local wraparound initiatives, there is a need for clarity on how to interpret results of the tool across its three domains of fidelity, satisfaction, and outcomes. In this webinar, WERT will provide guidance about both the interpretation and use of WFI-EZ results.

Early Childhood Evaluation: Improving Policy, Systems, and Services
Monday, June 19, 2:30 p.m. to 4 p.m. ET
Using data can be a powerful tool for advancing early childhood practice in SOCs. This LC session will focus on how to design an evaluation to improve early childhood SOC, and how to translate evaluation findings to effectively describe positive impacts and return on investment to policymakers and other partners. The session will address how data is important in moving the field forward; examples of evaluation approaches used for early childhood systems and services; how early childhood data have been used in the past; and how evaluation findings can be used to promote the benefits of their SOCs.

System of Care Expansion Leadership Learning Community: Governance Structures
Wednesday, June 21, 2:30 p.m. to 4 p.m. ET
SOC Expansion grantees are required to have interagency governance bodies that are responsible for policy-level decision-making. These bodies must represent the cultural and ethnic diversity of their communities and include family members, youth, and young adults. This month’s LC will feature state, tribal, and local grantees who will share their governance structures, roles, and responsibilities. They will also highlight lessons learned and successful uses of governance structures to advance expansion and sustainability efforts.
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. E.T. at https://nasmhpd.adobeconnect.com/communityvln_reg/event/event_info.html.

Mark Your Calendars:
Trustworthiness and Transparency in a Community Setting: Handle with Care
Monday, June 26 at 1 p.m. E.T.
(Part 3 of 6)

Collaboration and Mutuality: San Jose Mayor’s Office of Prevention of Gang Violence
Monday, July 24 at 1 p.m. E.T.
(Part 4 of 6)

Addiction Policy Forum Webinar Opportunity
Alternatives to Incarceration for Individuals with Substance Use Disorders
Friday, June 9, 2 p.m. to 3 p.m.

For at least the last decade, criminal justice policymakers and practitioners have been testing “Alternatives to Incarceration” as a way to ease jail overcrowding, meet the needs of people in a mental health crisis, provide access to services for a variety of behavioral health issues, and keep families intact while the accused is going through due process.

This webinar explores the evolution of these efforts, with a specific focus on the latest crisis facing our criminal justice and public health systems: The Opioid Overdose Crisis. We will look at several models of police and prosecutorial diversion/deflection that have proven to be effective.

The webinar will:
1) Review framing concepts of alternatives to incarceration and pre-arrest diversion
2) Present various ways law enforcement and prosecutors are responding to substance use disorders, particularly in the fact of the opioid crisis
3) Discuss benefits of such initiatives in reducing recidivism
4) Present a framework for creating a diversion program

Presenters:
• Phillip Barbour, Master Trainer, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC)
• Jac Charlier, National Director for Justice Initiatives, Center for Health and Justice at TASC

Register HERE
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
>   - 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).
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NASMHPD Links of Interest

CALL FOR NOMINATIONS OF THE 14 NON-FEDERAL PUBLIC MEMBERS ON THE INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS CoORDINATING COMMITtee (ISMICcC). Federal Register, May 24 (NomInations due June 2)

THE NIMH RESEARCH DOMAin CRITERIA (RDoC): NEW CONCEPTS FOR MENTAL DISORDERS. Psychiatric Times, May 17

How Arizona Medicaid Accelerated the Integration of Physical and Behavioral Health Services. Commonwealth Fund, May 19

House-Passed Bill Would Devastate Health Care in Rural America. Center on Budget and Policy Priorities, May 16

Braiding Funds to House Complex Medicaid Beneficiaries: Key Policy Lessons from Louisiana. Amy Clary and Tina Kartika, NASHP, May 2017

Protecting Our Infants Act: Report to Congress. Substance Abuse and Mental Health Services Administration (SAMHSA), May 25

2015 Annual Survey of State Government Finances. U.S. Census Bureau, May 15

A Day in the Life of Older Adults: Substance Use Facts. Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, May 11

2015 Report on Federal and State Medicaid Expenditures for Long-Term Services and Supports (LTSS). Centers for Medicare and Medicaid Services, April 14