

National Association of State Mental Health Program Directors

Weekly Update

HHS Predicts 1 Million Enrollee Increase in 2017 ACA Plans, Despite Premium Increases, Exits

Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell [predicted](#) on October 19 that 13.8 million people will purchase or be automatically enrolled in health plans through the Affordable Care Act insurance marketplaces by the end of the 2017 Open Enrollment Period, an increase of 1.1 million over the 12.7 million enrolled during 2016 Open Enrollment.

Open Enrollment for 2017 begins November 1 and ends January 31, 2017.

As of mid-2016, 10.5 million enrollees had insurance in place, after 2.2 million dropped out or failed to pay premiums and were terminated over the course of the benefit year.

Secretary Burwell's optimism, based on projections developed by the HHS Assistant Secretary of Planning and Evaluation (ASPE), is at odds with estimates by analysts Goldman Sachs and Standard & Poors. Those analysts have suggested enrollment growth will slow or drop in 2017 because major health insurers United Healthcare and Aetna are withdrawing from marketplace participation in most or all states. The withdrawals will leave an estimated 20 percent of insureds with only one insurer operating in their market.

In addition, analysts such as [Charles Gaba](#) have noted that some state insurance regulators have approved premium increases [averaging 25 percent, but as high as 83 percent](#) for those insurers remaining in the marketplaces—sometimes higher than requested by the insurers. However, about 84 percent of enrollees receive subsidies and federal income tax credits that will offset those increases.

ASPE says 2017 enrollment will break down as follows:

- 9.2 million re-enrollees with 2016 marketplace coverage,
- 3.5 million currently uninsured individuals, and
- 1.1 million individuals with 2016 off-marketplace non-group coverage.

The 13.8 million does not include individuals enrolled in coverage through New York and Minnesota's Basic Health Programs, which together enroll about 650,000 people.

ASPE reports that, between 2011 and 2016, the number of people buying insurance in the individual market has grown by approximately 65 percent, from 11 million to 18 million.

Forty percent of those eligible for marketplace insurance but not availing themselves of the option are between the ages of 18 and 34, leading to risk pools less healthy than expected by insurers.

D.C. Work Days Left in the 114th Session of Congress (2015-2016)

- 0 – House Work Days before Election Day**
- 16 – House Work Days after Election Day**
- 0 – Senate Work Days before Election Day**
- 20 – Senate Work Days after Election Day**
- Both Chambers Return November 14**

Six TTI Grants of \$220,000 to be Awarded for FY 2017; Applications Due at End of October

NASMHPD has received the good news that SAMHSA's Center for Mental Health Services will fund another year of the Transformation Transfer Initiative (TTI). Administered by NASMHPD, the TTI provides, on a competitive basis, flexible funding awards to states, D.C., and the U.S. territories to strengthen cutting-edge programs.

For FY 2017, CMHS will award TTI grants of \$220,000 to six (6) states or territories for projects related to developing, strengthening, or sustaining innovative projects or programs focusing on co-occurring intellectual/developmental disabilities (IDD) and mental health.

[Application proposals](#) must be submitted by October 31. If you have questions, please contact NASMHPD Project Director David Miller at david.miller@nasmhpd.org or 703-682-5194.

New SAMHSA Grant Opportunities

[Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives \(AI/AN\) Communities](#)

Application Due Date: Tuesday, December 20, 2016

Length of Project: Up to 3 years

Anticipated Award Amount: Up to \$418,000 per year

Number of Anticipated Awards: 11

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

Eligible Applicants: Federally recognized tribes and tribal organizations (as defined by USC 25, Chapter 14, Subchapter II, Section 450b), Tribal Colleges and Universities (as identified by the American Indian Education Consortium), and Urban Indian Organizations (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts).

[Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances](#)

Application Due Date: Tuesday, January 3, 2017

Length of Project: 4 years

Anticipated Award Amount: Up to \$3 million per year for state applicants; up to \$1 million for political subdivisions of states, territories, or Indian or tribal organizations.

Number of Anticipated Awards: 1 to 5

CMHS is also accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the wide-scale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

Eligible Applicants: State and territorial governments, governmental units within political subdivisions of a state, such as a county, city or town; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; and Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act).

National Quality Forum Solicits Comment on Draft Paper on Principles and Approaches to Matching Provider Attribution to Outcome Measures in Value-Based Payment Models

The National Quality Forum (NQF) on October 7 released a [report](#) on targeting provider attribution for outcomes and cost-savings produced in value-based purchasing models. The report, out for [submission of public comment by November 7](#), was produced by a [25-member multi-stakeholder committee](#) charged with developing guiding principles, a set of recommendations, and an Attribution Model Selection Guide. The committee commissioned a separate research paper, attached as an appendix to the committee report, to help guide the committee's deliberations. The paper reviewed contextual factors and terms of attribution, did an environmental scan of attribution approaches and the strengths and weakness of those approaches, considered challenges related to attribution, and suggested approaches for improving attribution.

The draft committee report and the commissioned paper note that, with the advent of the Merit-Based Incentive Payment System and the Alternative Payment Models due to be implemented in Medicare under the just-released [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\) regulations](#), clinicians, provider organizations, and "larger constellations of aligned provider groups" will face unprecedented accountability for patient outcomes.

However, both the draft committee report paper and the paper suggest there is no single current attribution approach that best meets the needs of all accountability programs. The paper says that factors such as the interests of stakeholders, aims of the accountability program, and clinical circumstances influence the appropriateness of an attribution approach. However, the research paper does suggest ways to improve attribution models, including:

- Developing better data surrounding the relationship between patients and providers, eliminating proxies for identifying accountable providers such as the current use of tax identifiers;

- Standardizing at least some elements across all attribution models, such as in the way evaluation and management services are used to determine attribution; and
- Increasing the engagement of patients and providers, not only incorporating their perspectives in the selection of a method, but also informing them of the details involved in the chosen method, so that the accountability programs are better positioned to balance competing interests and increase responsiveness.

At a roll-out of the report for NQF members, commenters emphasized the need to involve the patient in any model, to ensure that care is patient-centered and that the patient feels responsible for outcomes, maintaining compliance with treatment regimens. Patient compliance was noted as one factor that poses a challenge for accountable clinicians.

NASMHPD noted at the roll-out that provider involvement is important to ensuring that the providers take ownership in the approach and, as a result, work as part of an accountable team. NASMHPD suggested that the failure to fully involve behavioral health providers in public program accountable care organization (ACO) programs may have led, at least in part, to the limited integration of behavioral health care under those models thus far.

The broader draft report sets out guiding principles considered in grounding the committee's recommendations, "given the complex, multi-dimensional challenges to implementing attribution models":

1. Attribution models should fairly and accurately assign accountability.
2. Attribution models are an essential part of measure development and implementation, and policy and program design. *(continued next page)*

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.

NQF Solicits Comment on Draft Paper on Provider Attribution in Value-Based Pay Models

(continued from previous page)

3. Considered choices among available data are fundamental in the design of an attribution model, as is leveraging the available data that is most reliable and valid for the intended use.
4. Attribution models should be regularly reviewed and updated.
5. Attribution models should be transparent and consistently applied.
6. Attribution models should align with the stated goals and purpose of the program.

The report offers an Attribution Model Section Guide for evaluating factors to consider in selecting an attribution model. It recommends that attribution models:

1. be tested;

2. ensure that accountable entities can exert meaningful influence on outcomes.
3. be subject to multi-stakeholder review;
4. attribute results to entities who can actually influence care and outcomes; and
5. if used in mandatory public reporting or payment programs, meet minimum criteria that include: (i) transparency, with clearly articulated methods that produce consistent and reproducible results; (ii) utilization of adequate sample sizes, outlier exclusion, and/or risk adjustment to fairly compare performance; (iii) sufficient testing with scientific rigor at the level of accountability being measured; (iv) sufficiently robust data sources; and (v) an open and transparent adjudication process that allows for timely and meaningful appeals by accountable entities.

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.



National Summit on Military and Veteran Peer Programs: Advancing Best Practices

*November 2-3, 2016
University of Michigan - Ann Arbor*

This two-day interdisciplinary forum will:

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan "Big House."

Registration will be limited. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event.

Please share this information with others who may be interested in attending.

Make it so

Lead the change you want: connecting leaders globally

The Use of Tasers on People with Mental Health Problems across International Initiative for Mental Health Leadership (IIMHL) Member Countries

"I have never felt anything like it in my life," he said.

"It's a thousand times worse than an electric shock. You feel it in your whole body; your arms, your legs and your brain".

"Having been Tasered (in the era when that was permitted as part of training), I am confident that even the most motivated individual would rethink their intentions once the Taser was in action," he said.

He described the sensation as like holding an electric fence where the kick was continuous rather than intermittent. *"It hurt, but there were no ill-effects"*ⁱⁱⁱ.

In all IIMHL countries, police use Tasers and mental health leaders are concerned about the use of Tasers on people with mental health problems. Such concern has led to the above linked report. This appears to be a very complex area with sometimes competing interests. During the gathering of this information, it was apparent to us that all of the stakeholders, people with lived experience, their families, police and justice, providers, clinicians and policy/funders are interested in working together on the issue of the use of Tasers on people in mental distress.

The information in the report linked above was obtained through IIMHL contacts, and mainly through a brief website search. This search assumes that all websites are up-to-date. To keep it manageable, most of the information was centered on 2014 to 2016, except where a major policy document or report was found at an earlier date. This report is made up of direct quotes and individual opinions from people in working in mental health, law enforcement, and other agencies.

Usually IIMHL *Make it so's* do not include media reporting, however some information about this topic is contained within media reports, although this may not be the "gold standard" in terms of accuracy. Please note it is not a definitive literature search, but rather a very quick snapshot of some national or state reports and media activities across the eight IIMHL countries. If a paragraph is in italics, it is quoted from the website or article. As noted below, there is a need for quality research in this area. If there is a major policy document missing, the authors are happy to include it.

IIMHL hopes you find it helpful.

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA's Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program
American Association for Marriage and Family Therapy	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
American Nurses Association	4/30/16 4/30/17	Applications Open Until all vacancies filled	N/A
American Psychiatric Association	10/31/2016- 1/30/2017	N/A	N/A
American Psychological Association	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
Council on Social Work Education	12/2016 – 2/28/17	Spring 2017	N/A
National Board for Certified Counselors and Affiliates	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016
NAADAC: the Association for Addiction Professionals	N/A	N/A	9/30/2016 – 8/1/2017 Note: This application cycle will be an open "rolling application" period.

Delaware Governor Markell Creates Task Force to Reduce Firearm Suicides

Delaware Governor Jack Markell on September 23 signed an [Executive Order](#) creating a Firearm Suicide Prevention Task Force that will bring together a group of stakeholders to raise public awareness of, and increase public education on how to prevent suicide by firearm.



In the preamble to the Executive Order, Governor Markell acknowledges he is following a similar [initiative](#) (House Bill 2793) enacted by the Washington State legislature and signed by

Governor Jay Inslee in March of this year.

An average of more than two Delawareans take their lives by suicide each week. The Center for Disease Control and Prevention says that nationwide, approximately 49.9 percent of all suicides are by firearms, and death by firearm is the second leading cause among individuals aged 15 to 24.

In a press release issued at the time of the signing of the Executive Order, Governor Markell said, "Suicide tragically cuts short lives, while devastating families and having long-lasting effects on communities. ... While we have increased awareness and expanded suicide-prevention resources, we can do more. I'm particularly concerned by the number of these acts that involve the use of firearms and we have the opportunity to engage a wide range of advocates to find solutions that reduce the number of these tragedies. Together, I know that we can more effectively reach out to people in crisis to give them hope—and help—to overcome their feelings of despair."

In building on the state's current suicide prevention efforts, which began with the creation of the [Delaware Suicide Prevention Coalition](#) in 2004, the Executive Order

directs the Firearm Suicide Prevention Task Force to:

- examine current outreach, education and training about suicide to firearm owners;
- research data and lessons learned from other states and local governments that have conducted outreach on suicide prevention among firearm owners;
- engage firearm advocates, dealers and ranges in education and outreach;
- review ways to connect mental health resources with at-risk populations.; and
- develop a set of recommendations to reduce suicides by firearms.

Members of the Firearm Suicide Prevention Task Force will include representation from the General Assembly, the Commission of Veterans Affairs, the Delaware Sportsman Association, gun dealers, organizations supporting suicide prevention, the public, and staff from Delaware's Health and Social Services, Kids, and Natural Resources and Environmental Control agencies. The Task Force is to report back to the General Assembly and the Delaware Suicide Prevention Coalition by January 1.

The state's past gun safety efforts have included: (i) closing a loophole that allowed people to purchase a firearm without a background check, (ii) expanding background checks for private gun sales, (iii) mandating the reporting of lost or stolen guns, and (iv) improving the state's process of reporting to the National Instant Criminal Background Check System.



The broader Suicide Prevention Coalition was made permanent in [Senate Bill 281](#) passed by the Delaware legislature on July 1 of this year and signed by Governor Markell September 6.

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.

October Trainings

Delaware

State of Delaware – October 28

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



American Association for the Treatment of Opioid Dependence, Inc.

Expanding Access to Quality Opioid Addiction Treatment Services Since 1984

2016 National Conference (October 29 to November 2)

2016 Awards Program

November 1, 2016

**Baltimore Marriott Waterfront
Baltimore, MD**

[REGISTER HERE](#)

The Friend of the Field Award: [Michael Botticelli, MEd](#), Director, White House Office of National Drug Control Policy (ONDCP)

This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

Nyswander/Dole "Marie" Award

AATOD will be honoring 10 individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this award in 1983.

[Ray Caesar, LPC, Oklahoma](#)
[Spence Clark, MSW, North Carolina](#)
[Alice Gleghorn, PhD, California](#)
[Robert Kent, Esq., New York](#)
[Robert Lambert, MA, Connecticut](#)

[Richard Moldenhauer, MS, Minnesota](#)
[Kenneth Stoller, MD, Maryland](#)
[Trusandra Taylor, MD, Pennsylvania](#)
[Hoang Van Ke, MD, Vietnam](#)
[Einat Peles, PhD, Israel](#)

The Richard Lane/Robert Holden Patient Advocacy Award: [Brenda Davis, MSW](#)

This award honors the work of Richard Lane and Robert Holden. Both are recovering heroin-addicted individuals who changed their lives and the lives of many by establishing and managing Opioid Treatment Programs. Their work and commitment has shown that medication-assisted treatment does work. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

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NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Brian.hepburn@nasmhpd.org

Meighan Haupt, M.S., Chief of Staff
Meighan.haupt@nasmhpd.org

Shina Animasahun, Network Manager
Shina.animasahun@nasmhpd.org

Genna Bloomer, Communications and Program Specialist (PT)
Genna.bloomer@nasmhpd.org

Cheryl Gibson, Accounting Specialist
Cheryl.gibson@nasmhpd.org

Joan Gillece, Ph.D., Project Manager
Joan.gillece@nasmhpd.org

Leah Harris, Trauma Informed Peer Specialist/Coordinator of Consumer Affairs (PT)
Leah.harris@nasmhpd.org

Leah Holmes-Bonilla, M.A.
Senior Training and Technical Assistance Advisor
Leah.homes-bonilla@nasmhpd.org

Christy Malik, M.S.W., Senior Policy Associate
Christy.malik@nasmhpd.org

Kelle Masten, Program Associate
Kelle.masten@nasmhpd.org

Jeremy McShan, Technical Assistance and Data Management Specialist
Jeremy.mcshan@nasmhpd.org

Stuart Gordon, J.D., Director of Policy & Communications
Stuart.gordon@nasmhpd.org

Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Jay.meek@nasmhpd.org

David Miller, MPAff, Project Director
David.miller@nasmhpd.org

Kathy Parker, M.A., Director of Human Resource & Administration (PT)
Kathy.parker@nasmhpd.org

Brian R. Sims, M.D., Senior Medical Director/Behavioral Health
Brian.sims@nasmhpd.org

Greg Schmidt, Contract Manager
Greg.schmidt@nasmhpd.org

Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention
Pat.shea@nasmhpd.org

David Shern, Ph.D., Senior Public Health Advisor (PT)
David.shern@nasmhpd.org

Timothy Tunner, M.S.W., Ph.D., Technical Assistance Project Coordinator
Timothy.tunner@nasmhpd.org

Aaron J. Walker, M.P.A., Policy Analyst/Product Development
Aaron.walker@nasmhpd.org

NASMHPD LINKS OF INTEREST

(Inclusion on this list should not be read to imply NASMHPD support for the items linked.)

[POLICE-MENTAL HEALTH COLLABORATION \(PMHC\) TOOLKIT](#), U.S.D.O.J BUREAU OF JUSTICE ASSISTANCE, OCTOBER 2016

***HEALTH AFFAIRS* BLOG: [MACRA FINAL RULE: CMS STRIKES A BALANCE: WILL DOCS HANG ON?](#) (SUMMARY OF FINAL MACRA RULE), BILLY WYNNE, J.D., OCTOBER 17, 2016**

[MENTAL HEALTH EMERGENCY DEPARTMENT VISITS: 24 HOURS AND COUNTING. CHARACTERISTICS ASSOCIATED WITH PROLONGED LENGTH OF STAY](#), *ANNALS OF EMERGENCY MEDICINE*, OCTOBER 2016

[WAITING FOR CARE: DIFFERENCES IN EMERGENCY DEPARTMENT LENGTH OF STAY AND DISPOSITION BETWEEN MEDICAL AND PSYCHIATRIC PATIENTS](#), *ANNALS OF EMERGENCY MEDICINE*, OCTOBER 2016

[A RETROSPECTIVE REVIEW OF ANTIPSYCHOTIC MEDICATIONS ADMINISTERED TO PSYCHIATRIC PATIENTS IN A TERTIARY CARE PEDIATRIC EMERGENCY DEPARTMENT](#), *ANNALS OF EMERGENCY MEDICINE*, OCTOBER 2016