



National Association of State Mental Health Program Directors

Weekly Update

Senate HELP Committee Offers New Mental Health Reform Draft for Stakeholder Comment Prior to March 16 Committee Markup

The Senate Health Education Labor and Pensions Committee on March 8 posted new [draft mental health reform legislation](#), seeking stakeholder input, and scheduling the draft for a [March 16 Committee markup/vote](#).

The draft combines a number of concepts included in other mental health reform bills being considered by Congress that fall within and outside the HELP Committee's jurisdiction. However, elements touching on Medicaid coverage, including language that would eliminate the Medicaid coverage exclusion for care of adults within a psychiatric hospital or residential treatment facility (the so-called "IMD exclusion") were left out of the draft because they also fall within the jurisdiction of the Senate Finance Committee or because their fiscal impact likely totals billions of dollars.

HELP Chairman Lamar Alexander (R-TN) previously stated at the end of a January 20 hearing on mental health reform that it is his hope to eventually combine on the Senate floor mental health reform legislation passed by his own committee with legislation reported out by other Senate committees, including the Senate Finance and Judiciary committees.

The HELP draft seeks to improve coordination of mental health programs without creating a new assistant secretary for behavioral health within the Department of Health and Human Services (HHS) or eliminating SAMHSA entirely, as has been the case in other legislation being considered in the Senate and House. Instead, it gives the Assistant Secretary for Planning and Evaluation (ASPE) at HHS authority already assumed to exist to "ensure efficient and effective planning and evaluation of mental and substance use disorder programs and related activities" and make recommendations to the SAMHSA Administrator.

The draft also creates in statute the Office of Chief Medical Officer within SAMHSA and requires that the CMO have a doctoral degree in medicine or osteopathic medicine and experience in the provision of mental or substance use disorder services and working in mental health or substance use disorder programs. The draft reconfigures the SAMHSA

Advisory Councils to include the SAMHSA CMO and various NIH directors as members, and requires that not less than half of advisory council members specialize in the mental health field and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited graduate school or be a certified physician's assistant. The draft also creates in statute an Inter-departmental Serious Mental Illness Coordinating Committee similar to one already in existence.

The draft authorizes grants for programs integrating physical and mental health services, jail diversion programs, behavioral health workforce programs, and programs to treat, assist in recovery, and transition homeless individuals. The draft also for the first time codifies the National Suicide Prevention Lifeline. However, no money is specifically authorized for any of the grant programs created or for the Lifeline.

The draft measure does not include the more controversial provisions of Rep. Tim Murphy's (R-PA) [H.R. 2646](#), such as the financial incentives for states to adopt assisted outpatient treatment laws. And while Rep. Murphy's bill would modify health privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA) governing what information providers can share with caregivers about a person's treatment for mental illness, the HELP draft simply provides resources to help educate caregivers and providers on what can and cannot be legally shared under HIPAA.

Of some concern to NASMHPD are provisions of the HELP draft legislation that increase the amount of information that states would have to include in a State Plan to qualify for a block grant. The draft would newly require a Plan to include a description of legal services, law enforcement services, social services, and child welfare services, as well as a description of activities leading to reduction of hospitalization, arrest, incarceration, or suicide, a description of how the state integrates various services, *(cont'd on page 7)*

SAMHSA-Sponsored Webinar: Community Partnerships that Support the Behavioral Health of Service Members, Veterans, and their Families

Date: March 24, 2016

Time: 12:30 – 2:00 p.m. EST

[CLICK HERE TO REGISTER](#)

SAMHSA's Service Members, Veterans, and their Families (SMVF) Technical Assistance Center is hosting a webinar featuring three dynamic women leaders who are advancing efforts to establish the "best of the best" military and civilian partnerships. These partnerships are essential in helping to increase access to supports and best practices for SMVF at the federal, state, and local level.

SAMHSA's Senior Lead for the SMVF Population Focus, Kathryn Power, will facilitate presentations and discussions with the Deputy Director of the White House Joining Forces Initiative, Rory Brosius, and the New York City Commissioner of Veterans Affairs, General Loree Sutton. Ms. Power will also review federal and state interagency efforts to improve access to mental health services for SMVF related to Executive Order 13625.

The Joining Forces Initiative, led by First Lady Michelle Obama and Dr. Jill Biden, is calling on communities to "do what you do best" to help address the needs of SMVF and is advancing efforts to create behavioral health awareness. Deputy Director Brosius will present on this nationwide initiative that works to bring communities together in support of SMVF. As a prime example of establishing effective community partnerships, General Sutton will present on New York City's ThriveNYC Initiative and their efforts to move frontline approaches from clinic to community. Also featured is SAMHSA's SMVF Interagency Leadership Initiative, which focuses on partnering with governors throughout the country and their SMVF policy makers to collaborate on addressing this population's behavioral health needs.

The presenters will provide new ideas and concrete examples of what can be done to help strengthen capacity in the community to address the needs of SMVF and ensure they receive the services and benefits they have earned.

Learning Objectives

- Identify new approaches to community partnerships that support the behavioral health of SMVF
- Provide examples of new collaborative federal, state, and community-based activities to inspire and energize commitment to action on meeting the behavioral health needs of SMVF
- Encourage joint efforts between government, nonprofit, and private sectors in the community to support the recovery and resiliency needs of SMVF
- Urge states and local communities to take a holistic approach to supporting SMVF services

Moderator

A. Kathryn Power, M.Ed. | Regional Administrator, Region I, Senior Lead for the SMVF Population Focus, SAMHSA

Presenters

- *Rory M. Brosius, M.S.W.* | Deputy Director, Joining Forces Initiative, Office of the First Lady, Executive Office of the President.
- *Brigadier General Loree K. Sutton, USA, Ret., M.D.* | Commissioner of Mayor's Office of Veterans' Affairs, New York City

Target Audience

Representatives serving SMVF from state, territory, and tribal behavioral health systems, workforce development and training staff, providers, mental health and addiction peers, military family coalitions, and advocates.

Please note:

Participants will only be able to hear the webinar through their computer via headphones or speakers.

Participants are asked to test their system before the broadcast.

The webinar archive will be made available to registrants after the webinar.

Continuing education units are not available for this webinar.

Applications Being Accepted for the FY 2016 Cooperative Agreements for System of Care Expansion and Sustainability

Short Title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements

FOA Number: SM-16-009

Posted on Grants.gov: Friday, February 12, 2016

Anticipated Total Available Funding: \$52,905,470

Anticipated Award Amount: Up to \$3,000,000 per year

Anticipated Number of Awards: Up to 53

Application Due Date: Monday, April 25, 2016

Length of Project: Up to 4 years

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for [FY 2016 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances](#).

The purpose of the program is to improve behavioral health outcomes for children and youth (birth to 21) with serious emotional disturbances (SED) and their families. This program will support the wide-scale operation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services 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 (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 Cooperative Agreements will build upon progress made in developing comprehensive SOCs 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.

Eligibility

Eligibility for this program is statutorily limited to public entities, such as: state governments; Indian or tribal organizations; governmental units within political subdivisions of a state, such as a county, city or town; the District of Columbia government; and the U.S. territories.

Proposed budgets cannot exceed \$3 million for state applicants and \$1 million for political subdivisions, tribes, tribal organizations, and territories in any year of the tribal

organizations, and territories in any year of the proposed project.

Cost-Sharing and Match Requirements

For the first, second, and third fiscal years of the cooperative agreement, participants must provide at least \$1 for each \$3 of Federal funds. In the fourth fiscal year, participants must provide at least \$1 for each \$1 of Federal funds. Matching resources may be in cash or in-kind, and must be derived from non-federal sources.

Application Materials

- [FOA document Part I \(PDF | 711.49 KB\)](#)
- [FOA document Part I \(DOC | 421 KB\)](#)
- [FOA document Part II \(PDF | 446.67 KB\)](#)
- [FOA document Part II \(DOC | 160.5 KB\)](#)

Note: Grantees that received funding under the SOC Cooperative Agreements in FYs 2013, 2014, and 2015 are NOT eligible to apply for this announcement. Nor may eligible state applicants for this grant choose local jurisdictions that have received an SOC Cooperative Agreement in FYs 2013, 2014, or 2015. Any grantees or communities who have questions about their eligibility for the RFA should contact Diane Sondheimer at SAMHSA, Diane.Sondheimer@samhsa.hhs.gov.

SAMHSA Webinar: Alignment of Delivery System Reform Initiatives

Thursday, March 17, 2016, 2 to 3:30 EDT

[CLICK HERE TO REGISTER](#)

New delivery system reform initiatives and payment systems can provide states with innovative models for increasing access to services and improving quality of care.

Join this webinar for an overview of Delivery System Reform (DSR) Initiatives to better understand how Accountable Care Organizations (ACOs), Medical Homes, Health Homes, and Certified Community Behavioral Health Clinics (CCBHCs) align with each other, particularly in the area of behavioral health. This webinar will explore the similarities and differences between the initiatives and identify resources for states interested in learning more about these initiatives.

Forward any questions regarding this webinar to Sarah Steverman, SAMHSA Public Health Analyst, at sarah.steverman@samhsa.hhs.gov.

New Zero Suicide Resources Launched



The Zero Suicide movement on March 4 launched a five-week campaign promoting two support documents aimed at transforming how leaders view suicide prevention and crisis services.

The first document, [*Crisis Now: Transforming Services is Within Our Reach*](#), provides a blueprint for

implementing an effective, modern, and comprehensive crisis care system. It concludes the core elements of crisis care are:

1. **Regional or Statewide Crisis Call Centers.** These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis that adheres to National Suicide Prevention Lifeline (NSPL) standards.
2. **Centrally Deployed Mobile Crisis on a 24/7 Basis.** Mobile crisis offers outreach and support where people in crisis are located, and should include contractually required response times and medical back-up.
3. **Residential Crisis Stabilization Programs.** These programs offer short-term “sub-acute” care for individuals who need support and observation, but not emergency department holds or medical inpatient stay, without the cost of hospital-based acute care.
4. **Essential Crisis Care Principles and Practices.** These must include a recovery orientation, trauma informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

The second document, [*Zero Suicide: An International Declaration for Better Healthcare \(March 2016\)*](#), is a call to action for international healthcare leaders to address the world suicide rates. The goal is to achieve the World Health Organization’s target of reducing the world suicide rate by 10% by 2020.

Leaders and subject matter experts from 13 countries (Australia, Canada, China, Denmark, French Polynesia, Hong Kong, Japan, Malaysia, Netherlands, New Zealand, Taiwan, the United Kingdom, and the U.S.) developed the report’s three core recommendations—leadership, continual improvement, and patient support. With around 20 percent of all suicide deaths occurring with people who have

come into contact with the healthcare system, the Declaration encourages world health leaders to implement the Zero Suicide initiative.

Utah Senate Approves Study of Gun-Related Suicides and Violent Deaths

The Utah Senate on March 9 approved bipartisan [legislation](#), 19 to 6, authorizing a study of the correlation between suicides and other violent deaths and the use of firearms in the state.

Sen. Curt Bramble (R-Provo), the bill's Senate sponsor, told the *Salt Lake Tribune* "The issue of suicides in Utah and suicides related to guns is pretty important, and so this bill should move the dial if we understand better what's happening."

The bill's House sponsor is Rep. Brian S. King (D-Salt Lake). It was approved in the House just two days earlier.

Under House Bill 440, the state suicide-prevention coordinator must conduct the study with the help of a state agency, private entity, or research institution that is objective. The study must include:

- the number of deaths in the state that involved a gun, including deaths from suicide, homicide (including gang-related violence), legal intervention, self-defense, and accidents;
- where and how a gun that was involved in a violent death was procured, and whether that procurement was legal;
- demographic information on the shooter and, where applicable, the victim, including gender, race, age, criminal history, and any gang affiliation;
- the total estimated number of gun owners in the state;
- information on the shooter, including whether the shooter has a history of mental illness or domestic violence; and
- whether gun deaths in the state occur on a seasonal basis.

A report must be submitted to the Utah legislature’s Health and Human Services Interim Committee by November 30, 2018.

H.B. 440 now goes to Governor Gary Herbert for his signature.



National Webinars under the SAMHSA State Technical Assistance Project

Upcoming SAMHSA-Sponsored Webinar:

Team-Based Treatment for First Episode Psychosis is Cost-Effective: Implications for Policy and Practice

Tuesday, March 22 from 2 p.m. to 3:30 p.m. EDT

Registration

Presenters: The webinar will feature the following speakers, and time will be provided for audience questions:

- Robert Rosenheck, M.D. Professor of Psychiatry, Yale University
- Howard Goldman, M.D., Ph.D. Professor of Psychiatry, University of Maryland

Dr. Rosenheck will discuss a recently published analysis of the NIMH-sponsored Recovery After an Initial Schizophrenia Episode (RAISE) Early Treatment Program (ETP) initiative that shows that “coordinated specialty care” (CSC) for young people with first episode psychosis is more cost-effective than typical community care. A series of multi-stage analyses were used to estimate the monetary value of these health benefits, which showed that the CSC treatment program is a better value than standard care. Since some of the medication used in the study to minimize metabolic effects will soon become generic, costs will soon be reduced further while benefits will be unchanged. Serving individuals earlier in their episode of illness further increased cost-effectiveness of the program. In this webinar, Dr. Rosenheck will review study methods and results and—along with discussant, Dr. Goldman—will consider their implications for policy and practice.

Recently Archived Webinar:

On February 23, Delbert Robinson, MD, Professor of Molecular Medicine & Psychiatry at Hofstra North Shore-LIJ School of Medicine conducted a webinar on [Working with Clients Experiencing a First Episode of Psychosis: Considerations for Prescribers.](#)

This archived session covered: the scientific background for first episode treatment; the framework for medication treatment; approaches to client engagement for this target population; strategies to treat the initial psychotic episode and keep people well; choosing the proper medications and their dose; applying research evidence into what is prescribed; and assessment and tools/supports for prescribers to make the best treatment decisions. Interested individuals who were unable to participate in the webinar can view the archived recording at the above link.

Center for Trauma-Informed Care: Upcoming Sessions

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC).

NCTIC offers consultation, technical assistance (TA), education, and 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.

Below is a listing of upcoming trainings.

District of Columbia **Washington – March 21 -** **DC Recovery Network**

Washington – March 31 - DC CARE

Illinois **Chicago – March 31 & April 1- Trilogy** **Behavioral Healthcare**

Maryland **Baltimore – March 22 -** **Baltimore City, Recreation and Parks** **Baltimore – March 29 & 30 -** **Multi Agencies for Baltimore City**

Rhode Island **Warwick – March 24 -** **Department of Behavioral Health and** **Hospitals**

West Virginia **Weston – March 16 -** **West Virginia Department of Health** **and Human Resources (WV DHHR)** **Huntington – March 17 - WV DHHR** **Charleston – March 18 - WV DHHR**

South Carolina Medicaid Limits Behavioral Health Providers

The South Carolina Department of Health and Human Services (DHHS) is attempting to rein in Medicaid spending after the state overspent nearly \$60 million last fiscal year on low-income patients with behavioral health problems, including thousands of children with attention deficit disorder. The agency says the excess spending was the result of fraudulent claims filed by Medicaid providers.

Rehabilitative behavioral health services (RBHS) are available to all Medicaid beneficiaries with a behavioral health or substance use disorder. According to a [Medicaid bulletin](#) published March 1 by DHHS, the RBHS Policy Manual is being amended to allow only three types of providers to offer those services after April 1:

- a qualified, licensed practitioner of the healing arts;
- a provider pursuing their independent license during a documented supervised period of clinical practice; or
- an employee of a governmental agency acting within an exemption under the applicable South Carolina practice act.

Colleen Mullis, a DHHS spokeswoman told the Charleston, S.C. *Post and Courier* that the purpose of the provision is to more clearly require compliance with South Carolina health practice acts, ensure consumer protection, and improve quality of services.

Senate Passes Unfunded Legislation Creating HHS, DOJ Grants for Substance Use Disorder-Related Programs

The Senate on March 10 passed, by a 94 to 1 vote, S. 524, the [Comprehensive Addiction and Recovery Act \(CARA\)](#).

CARA would authorize \$77.9 million a year for Fiscal Years 2016 through 2020 for grants by the Health and Human Services (HHS) and Justice departments (DOJ) for treatment and recovery services, alternatives to prison for nonviolent offenders, law enforcement initiatives, and programs to prevent overdose deaths and improper prescriptions.

Entities eligible for grants would include state, local, and tribal governments, educational institutions, and nonprofit groups. Some programs would assist specific populations of opioid users such as prisoners, youth, and pregnant women.

The bill's provisions would direct HHS and DOJ to coordinate with each other on grant decisions, support evidence-based practices, provide technical assistance to grant recipients, and ensure an equitable geographic distribution of funds.

The Senate passage ended a week of floor debate which began when the Senate voted 89 to 0 to cut off debate on the underlying legislation on February 29, and moved on to a consideration of more than 120 amendments.

Democrats on March 2 dropped their opposition to passage absent the inclusion of \$600 million in emergency funding. A funding [amendment](#) offered by Sen. Jeanne Shaheen (D-NH) failed by a vote on a point of order, 48-47, on March 3.

The bill, which picked up four floor amendments along the way, sponsored by Sens. Joe [Manchin](#) (D-WV), Joe [Donnelly](#) (D-IN), Pat [Toomey](#) (R-PA), and Dianne [Feinstein](#) (D-CA), now moves to the House for consideration.

Funding Opportunity Announcement

National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers

FOA Number: SM-16-008

Posted on Grants.gov: Tuesday, March 8, 2016

Application Due Date: Wednesday, May 11, 2016

Length of Project: Up to 5 years

Proposed budgets cannot exceed \$600,000 in total costs (direct and indirect) in any year of the proposed project.

Anticipated Total Available Funding: \$15,000,000

Anticipated Number of Awards: Up to 25

Anticipated Award Amount: Up to \$600,000

Cost Sharing/Match Required? No

SAMHSA's Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2016 National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers grants. The purpose of the Category II, TSA Centers is to provide national expertise for specific types of traumatic events, population groups and service systems, and support the specialized adaptation of effective evidence-based treatment and service approaches for communities across the nation.

The Category II, TSA Centers program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging implementation of strategies to reduce the differences in access, service use, and outcomes among the racial and ethnic minority populations served. Children of deployed military personnel have more school, family, and peer-related emotional difficulties in comparison to national samples. Therefore, SAMHSA has identified military families as a priority population under this FOA.

Eligible applicants are domestic public and private nonprofit entities, including state and local governments; Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; Urban Indian organizations; public or private universities and colleges; and community- and faith-based organizations.

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Senate HELP Committee Offers New Mental Health Reform Draft Bill

(cont'd from page 1)

and a description of services designed to ensure care is person-centered by engaging individuals with serious mental illness in making health care decisions, including activities that enhance communication between individuals, families and treatment providers. NASMHPD has expressed concern to HELP Committee staff that the requirements would not only be administratively burdensome, but also not tailored to every state's unique use of its block grant funds. NASMHPD has also registered concern about draft language that would appear to limit SAMHSA's discretion in evaluating whether states meet statutory and regulatory maintenance of effort requirements for sustaining state funding while receiving block grants, requesting that the existing statutory standard, "maintaining material compliance" be retained.