FY 2017 Funding Overcomes Dispute over ACA Cost-Sharing Reduction Payments to Insurers

The Trump Administration promised Democrats in Congress on April 26 that the White House would continue to fund subsidies paid to insurers to keep premiums low under the Affordable Care Act (ACA). That promise came just hours after Speaker Paul Ryan (R-Wis.) rejected a Democratic push to include the subsidies in the language of a must-pass spending bill needed to avert a government shutdown at midnight on April 28. It was not clear how long the Administration would continue to fund the subsidies, known as cost-sharing reduction payments or CSRs.

Capitol Hill news sources had reported that Democratic negotiators had agreed to support $15 billion in additional military funding — half of President Trump’s $30 billion request — but only if Republicans agree to use the FY 2017 spending measure to fund the CSRs. However, Ryan and top White House officials argue that the CSRs, the subject of an ongoing Republican court challenge as unconstitutional spending by the Obama Administration, should be handled by the Trump Administration rather than as a bargaining chip in spending-bill negotiations. Democrats worry that leaving such decisions up to the Administration risks the cancellation of the payments as a means to undermine the ACA program.

The Kaiser Family Foundation had predicted on April 25 that, without the subsidies, premiums could rise as much as 20 percent. An independent actuarial consultant for the Covered California program, John Bertko, had predicted in an April 24 Commonwealth Fund presentation that subsidies could skyrocket as much as 30 percent. Molina Healthcare on April 27 warned Congress it would exit the ACA marketplace immediately if CSRs were not funded, leaving more than 1 million members without coverage.

Despite the agreement on CSRs, and the White House withdrawing its earlier insistence that the President’s proposed Mexican border wall be at least partially funded in the FY 2017 measure, additional issues were forcing the House leadership to propose an additional week-long continuing resolution. A CR filed late on April 26, which would end May 5, proposed to maintain current spending levels and assumed a $1.07 trillion total expenditure for the entire fiscal year.

House and Senate leadership expected to approve the new CR by the end of the day on April 28, after the House acceded to Democrats’ insistence that the American Health Care Act, H.R. 1628, not be brought to the floor on Friday or Saturday, before permanent funding for FY2017 can be enacted. (See page 6 for details on the AHCA)
Trump Appoints Former SAMHSA Medical Director McCance-Katz as Assistant Secretary

The Trump Administration announced April 21 that the President had appointed former SAMHSA Chief Medical Officer Elinore McCance-Katz to the newly-created position of Assistant Secretary for Substance Abuse and Mental Health Services (SAMHSA).

ON April 27, NASMHPD sent the Senate Health Education Labor and Pensions (HELP) Committee, which will consider Dr. McCance-Katz’s nomination, a letter of support for the nominee, saying her “extensive clinical medical experience should satisfy recent calls for more medical expertise in the leadership of SAMHSA.” NASMHPD noted that her experience in working with and for state behavioral health agencies in Rhode Island, California, Connecticut, and Virginia should serve her well in helping the three SAMHSA Centers implement the new mandates included in the behavioral health provisions of the 21st Century Cures Act for State Mental Health and Substance Use Disorder agencies.

NASMHPD also said “her extensive experience with medication-assisted treatment for substance use disorders and pain management in primary care settings should serve the Trump Administration well as it leads the Federal fight against the national opioid epidemic.”

Dr. McCance-Katz, a psychiatrist with 28 years of experience, who is Board-certified in General Psychiatry and Addiction Psychiatry, is currently serving as Chief Medical Officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. She won out over a number of other candidates under consideration, including forensic psychologist Michael Welner. Dr. Welner is known for developing and promoting a crowd-sourced “depravity standard” for determining the severity of punishments in capital offenses and for testifying on behalf of the prosecution in criminal trials involving defendants claiming mental illness as a defense.

Dr. McCance-Katz left her previous position as Chief Medical Office at SAMHSA in 2015, after two years in the position. In April 2016, the Psychiatric Times published a letter from her critical of SAMHSA priorities. In that letter, Dr. McCance-Katz said that SAMHSA was failing to address the treatment needs of individuals with serious mental illness, choosing instead to devote resources to programs such as Mental Health First Aid and suicide prevention hotlines. She said SAMHSA was unduly focused on the development of a peer workforce in its attention to workforce needs, and needed to address greater attention to encouraging assisted outpatient treatment and the creation of additional inpatient psychiatric beds.

Rep. Timothy Murphy (R-PA), chair of the Oversight and Investigations Subcommittee of the House Energy and Commerce Committee, had, according to the Wall Street Journal, been championing the appointment of Dr. Welner. He was publicly critical of the appointment of Dr. McCance-Katz, despite the alignment of her criticisms with some of the criticisms he himself has voiced in Congressional hearings. Dr. Murphy faulted the appointee for not raising her concerns earlier, while still at SAMHSA.

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 (FPNY), 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.
JOB ANNOUNCEMENT
Project Director, Training and Technical Assistance
National Association of State Mental Health Program Directors (NASMHPD)
Alexandria, VA

DUTIES AND RESPONSIBILITIES. Responsible for the day-to-day operation and management of all task order (TO) activities funded under the State Technical Assistance (TA) Contract (part of an umbrella project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).) Duties include: overseeing the planning, implementation, reporting, and evaluation phases of technical assistance and training events (TA/T); directing performance of TA/T programmatic work; recommending topics for national virtual training events and resource materials based on state and community needs; closely monitoring the budget and deliverables in compliance with contract specifications; working collaboratively with the prime vendor, federal funder, and other project partners/consultants; tracking milestones; participating in regular project management calls with prime vendor and federal funder; and producing regular programmatic reports for funding entities. The Project Director is also responsible for the overall coordination, writing, and submission of technical proposals in response to Requests for Task Order Proposals (RFTOPS) and Indefinite Delivery/Indefinite Quantity contracts (IDIQ). The Project Director manages the Early Intervention in Psychosis Virtual Resource Center and serves as an organizational point person on issues related to addressing early psychosis. The Project Director supervises the Sr. Public Health Advisor (PT), and the Training & Technical Assistance Advisor.

QUALIFICATIONS. Master’s Degree or related experience and at least five years of management experience in a State, local, or Federal Behavioral Health or related agency with a focus on disabilities and vulnerable populations; current knowledge and experience with the public behavioral health system (mental health and substance abuse prevention/treatment/recovery services) and familiarity with the operations and key policy issues, especially consumer issues, service delivery, cultural competency, and recovery-oriented care; and knowledge of practices that support the prevention of behavioral health problems and the fostering of resilience. Preferred candidate will have a record of sound achievements working with SAMHSA and/or other Federal, state and local funders on projects that impact the lives of persons with or at risk for behavioral health disorders and their families and communities. Knowledge and experience coordinating efforts related to advancing programming to address the needs of persons experiencing a first episode of psychosis (FEP).

Excellent writing skills, strong public speaking skills, and demonstrated knowledge and experience writing technical proposals in response to grant/contract funding announcements are all essential. The preferred candidate will have experience coordinating and writing responses to requests for proposals from Federal funders on behavioral health and related topics. Skills in planning and completing multiple complex tasks. Outstanding interpersonal skills, political acumen, and ability to work effectively as a team member essential. Thorough understanding of state behavioral health systems and the issues confronting these organizations at the national and state level.

Experience with quality assurance, fiscal monitoring, decision-making, addressing critical issues, monitoring progress, timeliness assurance, review of performance indicators, and planning in the development of TA/T mechanisms. Experience and knowledge of: effective technical assistance techniques used to foster quality-care in public behavioral health and related settings/systems (e.g., on-site consultation, training, development of training curricula, and virtual trainings via webinars or video conference); and an understanding of the comprehensive range of services and supports in the sectors of behavioral health, housing, employment, education, and other social service systems to address the needs of persons with or at risk for behavioral health disorders.

EQUAL OPPORTUNITY EMPLOYER. NASMHPD is an Equal Opportunity Employer. Minorities, women, persons with disabilities and veterans are encouraged to apply.

APPLICATION PROCESS. Interested applicants should submit a letter of interest indicating salary requirements and/or salary history and a resume to:

Kathy M. Parker, Director of Human Resources
National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
Email: kathy.parker@nasmhpd.org
Fax: (703) 548-9517
Telehealth sessions using the Project ECHO® model funded by the Agency for Healthcare Research and Quality (AHRQ) helped New York State primary care clinicians provide mental health treatment to elderly patients in rural areas of New York State.

Project ECHO, which stands for Extension for Community Healthcare Outcomes, is a telehealth distance-learning model that helps rural clinicians acquire new expertise and provide evidence-based health care to underserved patients by consulting with experts in major cities.

The Project ECHO initiative at the University of Rochester Medical Center (URMC) has reduced emergency department (ED) visits by 20 percent and has cut costs by 24 percent since 2014, according to Michael J. Hasselberg, Ph.D., assistant professor of psychiatry and clinical nursing at URMC and director of the Project ECHO Geriatric Mental Health model (GEMH).

Project ECHO GEMH focuses on patients with dementia or mental disorders living in remote or medically underserved areas of New York. The model connects rural clinicians to URMC specialist mentors via virtual clinics.

During 90-minute videoconferencing sessions held every other week, primary care clinicians from across New York present patient scenarios and seek advice about appropriate care. Members of URMC’s geriatric special team—which includes a geriatric psychiatrist, geriatrician, psychologist, psychiatric nurse practitioner, pharmacist, and social worker—answer questions, offer guidance, and ultimately provide treatment recommendations.

As of November 2016, more than 500 community-based clinicians across the state had received clinical guidance on treating patients, and the hospital’s geriatric care consultations have corresponded with the reduction in costs associated with ED use based on claims data.

Those results reported in a study conducted by Dr. Hasselberg and others, published online January 20, 2017, in the journal Population Health Management. The study reviewed 33 ECHO clinic sessions connecting a team of specialists to 54 primary care and case management spoke sites (approximately 154 participants) in 10 New York counties from late 2014 to early 2016. The curriculum consisted of case presentations and didactic lessons on best practices related to geriatric mental health care.

The ECHO model was created in 2003 by AHRQ grantee Sanjeev Arora, M.D., a professor of medicine at the University of New Mexico, where it was first used to help rural doctors and nurses improve care for rural patients with Hepatitis C. In 2006, the New Mexico project was expanded to mental health and substance use disorders, gestational diabetes, and rheumatologic diseases.

AHRQ Telehealth Project Helps Address Mental Health Needs for Elderly in Rural New York

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.
Data-Driven Quality Improvement in Zero Suicide

Tuesday, May 2, 3 p.m. to 4:30 p.m.

In a Zero Suicide approach, a data-driven quality improvement approach involves assessing two main categories: fidelity to the essential systems, policy, and patient-care components of the Zero Suicide model, and patient-care outcomes that should come about when the organization implements those essential components. Zero Suicide implementation teams should identify key clinical care outcomes that indicate systems-level and clinical practice changes are having an impact, and establish systems to collect these data regularly to monitor areas for change and continuous improvement. Reviewing the existing quality improvement measures in the behavioral health field may be informative for establishing systematic data collection in your organization. In addition to quantitative data, organizations can also consider collecting qualitative data that assesses individuals’ experience and satisfaction receiving care.

By the end of this webinar, participants will be able to (1) understand how data collection can be used to enhance the care that health and behavioral health care organizations provide to individuals at risk of suicide, (2) describe the current status of quality improvement measures in the suicide prevention field, and (3) describe how one organization used data to improve suicide risk assessment practices.

The webinar recording will be archived on http://www.zerosuicide.com.

Speaker Information

**Brian Ahmedani, PhD** is Director of Psychiatry Research and a Research Scientist at Henry Ford Health System in Detroit, MI. He is also a licensed clinical social worker. Dr. Ahmedani serves as investigator on several NIH-funded research studies in the area of suicide prevention, and has published numerous articles in the field. His duties also include collaboration with health system leadership to evaluate suicide prevention and other mental health initiatives.

**Richard McKeon PhD, MPH** is Chief of the Suicide Prevention Branch of the Substance Abuse and Mental Health Services Administration (SAMHSA), overseeing all suicide prevention activities, including the Garrett Lee Smith Youth Suicide Prevention Program and the National Suicide Prevention Lifeline. He served on the National Action Alliance for Suicide Prevention Task Force that revised the National Strategy for Suicide Prevention and also Co-Chairs the Federal Working Group on Suicide Prevention.

**Bradley Steinfeld, PhD** is the Assistant Director of Behavioral Health Services at Kaiser Permanente of Washington, an integrated delivery system serving over 600,000 people in Washington State. His focus is on implementation of mental health evidence based practices. Over the past 5 years he has led the Zero Suicide initiative at his organization as it progressed from behavioral health specialty care to urgent care settings and primary care.

[Register HERE]

Suicide Prevention Resource Center
Olympians Phelps, Schmitt, Chair 2017 D.C. Children’s Mental Health Awareness Day

Olympic champions Michael Phelps, the world’s most decorated Olympian, and Allison Schmitt, an eight–time Olympic medalist, are partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) over the next year to focus attention on the needs of children, youth, and young adults who experience behavioral health disorders, such as mental illnesses and addictions. Phelps and Schmitt will be Honorary Chairpersons of SAMHSA’s National Children’s Mental Health Awareness (Awareness Day) 2017 D.C. event: “Partnering for Help and Hope” on Thursday, May 4.

Awareness Day 2017’s national focus is on the importance of integrating behavioral health and primary care for children, youth, and young adults with mental and/or substance use disorders. Communities, national collaborating organizations, and federal programs across the country are busy planning local Awareness Day 2017 activities and events.

SAMHSA will webcast the event live on May 4 at 7 p.m. on www.samhsa.gov/children, with NBC4 Washington and its sister stations throughout the country also live-streaming the event on their websites.

For more information, visit https://www.samhsa.gov/children/national-events

House Delays Vote on Amended AHCA Until After FY 2017 is Fully Funded

House leadership agreed with Democrats late on April 27 not to bring an amended version of the American Health Care Act (AHCA), H.R. 1628, back for a floor vote before permanent funding for FY 2017 is enacted.

A floor vote on the AHCA became more likely this week with approval by the 30-plus members of the conservative House Freedom Caucus of amendments by Rep. Tom McArthur (R-NJ). Those amendments would permit states to seek waivers of the Affordable Care Act (ACA)-mandated essential health benefits and the ACA’s limits on age-banding of premiums for older insureds. The amendments would leave little discretion to the Secretary of Health and Human Services to not approve a waiver within 60 days. A state would need only state that the waiver sought would reduce average premiums, increase enrollment, stabilize the market for health insurance coverage, stabilize premiums for individuals with pre-existing conditions, or increase the choice of health plans.

House Majority Leader Kevin McCarthy announced the House would not vote on the bill on April 28 or April 29 as initially thought, when it remained unclear whether House GOP moderates would support passage. House Whip counts indicated on April 27 that there were at least 15 votes—or as many as 35 votes—opposed to passage. Democrats threatened to resist passage of a one-week FY 2017 continuing resolution so long as the House planned to move the bill to the floor after passage of the short-term CR, and that proved to be the final straw in delaying a vote.

However, even with House passage, the consensus of Hill pundits is that Senate passage of the AHCA legislation—at least in its current form—is unlikely.

That is good news for those concerned about continued Medicaid coverage for mental health and substance use disorder treatment and prevention, because the amended bill retains provisions restructuring Medicaid into a per capita cap block grant program, a change the Congressional Budget Office says would reduce Federal program funding by $880 billion or 25 percent over 10 years.
McClellan to Receive First Annual NIAAA-NIDA Lifetime Science Award

Dr. A. Thomas McLellan, Ph.D., Founder and Board Chair of the Treatment Research Institute (TRI) in Philadelphia, will receive the first annual National Institute on Alcohol Abuse and Alcoholism-National Institute on Drug Abuse Lifetime Science Award for his outstanding contribution to the field of drug and alcohol research.

Dr. McClellan has more than 35 years of experience in addiction treatment research. From 2009 to 2010, Dr. McClellan was Science Advisor and Deputy Director of the White House Office of National Drug Control Policy (ONDCP). At ONDCP, Dr. McClellan worked on a broad range of drug issues, including formulation and implementation of the President’s National Drug Control Strategy and promotion of drug treatment through the broader revamping of the national health care system.

The presentation of the award is scheduled for 11:45 a.m. at the May 3 Joint CRAN Advisory Council Meeting in Rockville, MD. The presentation (and the meeting) are open to the public and will be webcast.

National Institute of Mental Health Funding Opportunity Announcement

Clinical Studies of Mental Illness Not Involving Clinical Trials
(Collaborative R01 – PAR 17-256)

The National Institute of Mental Health (NIMH) seeks to support collaborative clinical studies, not involving clinical trials particularly in the areas of mental health genetics, mental illness research and mental health of HIV/AIDS research.

This Funding Opportunity Announcement (FOA) should be used when two or more sites are needed to complete the study. Collaborative studies are appropriate to address research questions that are beyond the capacity of any single-site investigation. Considerations such as increased sample size, representation, and diversity may all support the need for multi-site studies, as do considerations of the need for collaboration between sites with diverse expertise, technologies, research capacities, and/or perspectives.

The collaborating studies share a specific protocol across the sites and are organized as such in order to increase sample size, accelerate recruitment, or increase sample diversity and representation. In studies with a large number of sites, it is expected that one site may be submitted as a coordinating site for data management and/or other centralized administration. For a linked set of collaborative R01s, each site has its own Program Director/Principal Investigator (PD/PI) and the program provides a mechanism for cross-site coordination, quality control, database management, statistical analysis, and reporting.

Clinical studies across all mental health research areas that address research objectives outlined in the NIMH Strategic Plan are encouraged, with the exception of clinical trials (which are supported under other funding opportunities. See http://www.nimh.nih.gov/fundingclinical-trials-for-researchers/index.shtml for further information on support of clinical trials at NIMH).

Potential applicants are encouraged to contact program staff as far in advance as possible to discuss the match between potential research interests and current NIMH priorities.

Earliest Submission Date: May 5, 2017
Expiration Date: May 8, 2020

Please contact us at The Institute with any questions or concerns.

Upcoming Conferences and Meetings

2018 National Training Institutes on Children’s Behavioral Health
July 24 to 29, 2018

The University of Maryland at Baltimore School of Social Work has agreed to continue the 20-year tradition of hosting the National Training Institutes on Children’s Behavioral Health. The Institute for Innovation and Implementation is planning to host the Training Institutes on July 24 to 29, 2018 in Washington, DC. It has heard from sites about recent challenges with travel and attending meetings.

Prior to finalizing the logistical details of the meeting The Institute seeks to gauge in attending the Training Institutes.

Are you interested in attending the Training Institutes?

Yes  No

Building Systems of Care Meeting
May 22 & 23, 2017

The TA Network now has the capacity to open its Building Systems of Care Meeting, in Rockville, MD, beyond system of care (SOC) grantees and to the public!

This two-day meeting is designed for state or local agency partners (e.g. Medicaid, child welfare, juvenile justice, education, mental health/behavioral health), staff, and partners, such as parents, youth and other family members, providers, legislators, and judges, who are less familiar with SOC practices, principles and strategic framework necessary for designing, implementing, sustaining and expanding effective SOC. This is a great opportunity for those who are critical to the development and expansion of SOC at state and local levels, who do not have a strong knowledge base about SOC, and who would benefit from a two-day intensive SOC immersion.

The registration fee of $100 provides for food and beverage on each day of the meeting—to include a light breakfast, lunch, and afternoon snack/coffee. Acceptable forms of payment are all major credit cards, checks and purchase orders. To pay by check or purchase order for registration(s), please use code UED56DQGV at checkout. Registration closes on May 8, 2017.

Please contact us at The Institute with any questions or concerns.

The Institute for Innovation & Implementation
**SAMHSA-SPONSORED WEBINARS**

**Building Relationships between Mental Health and Aging Services**
(In recognition of Older Americans Month and Mental Health Awareness Month in May)

*Wednesday, May 10, 2 p.m. to 3:30 p.m. E.T.*

Under Contract with the National Association of State Mental Health Program Directors (NASMHPD)

The population 65 and older will dramatically increase in the upcoming years. The U.S. Census projects that adults 65 and over will represent 56.4 million of the nation’s population by 2020. With the mental health needs of many older adults often going undiagnosed and untreated, this webinar will focus on strategies to integrate mental health into aging service settings.

Kimberly Williams, President of the Mental Health Association of New York City will discuss New York’s statewide approach to engaging and building relationships between mental health and aging service agencies. Dr. Jo Anne Sirey of the Weil Cornell Medical College Department of Psychiatry will discuss evidence-based practices implemented in New York to screen and treat older adults with depression and other mental health disorders in non-traditional mental health settings for older adults. She will highlight lessons learned and recommendations for providing mental health services in these settings.

**Presenters:**
- Kimberly Williams, LMSW, President, Mental Health Association of New York City; and
- Jo Anne Sirey, PhD, Weil Cornell Medical College, Department of Psychiatry

[Register HERE](#)

Contact [Christy Malik](#) by email or at 703-682-5184 with questions or for additional information about the webinar.

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**SAMHSA-SPONSORED WEBINAR**

**Helping Justice-Involved Individuals with Substance Use & Mental Health Disorders: Understanding How Laws, Regulations, & Policies Affect their Opportunities**

Most justice-involved individuals face obstacles that make it difficult to fully participate in society. Those with drug-related convictions confront a particularly high set of barriers to successful re-entry in their communities. Many laws and policies impede access to jobs, housing and education. However, other laws and policies can actually facilitate successful re-entry.

**What you will learn:** The free webinar, presented by the [Legal Action Center’s National HIRE Network](#), will provide an overview of federal and state-specific laws that hinder or help people with criminal records and substance use disorders as they strive to obtain employment, housing and education.

**The webinars are for:** Directly impacted individuals, re-entry service providers such as peer-support coaches, mentors, outreach workers and others who are dedicated to helping people with criminal records live healthy and successful lives.

**Registration Links (Space is Limited – Register NOW!)**

Utah: Tuesday, May 2, 1 p.m. – 2 p.m. M.T.

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**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](#).
Nomination Deadline Extended for the 2017 SAMHSA Voice Awards
Focused on America’s Military and Veterans

SAMHSA's Voice Awards honor people in recovery and their family members who are community champions seeking to improve the lives of people with mental illnesses and addictions. The Voice Awards also recognize television and film productions that educate the public about behavioral health and showcase that recovery is real and possible.

The 2017 SAMHSA Voice Awards is putting the spotlight on individuals and entertainment productions that provide hope and support to past and present service members who have faced mental health and addiction challenges.

Deadline for Nominations within the following categories has been extended to May 12, 2017

Television and Film Productions

Eligible productions* should emphasize the positive journey of recovery from these conditions and must have aired in a public setting after April 15, 2016.

Special consideration will be given to television and film productions that portray personal stories of resilience and strength of America’s service members, veterans, and their families.

Nominate a TV or Film Production

*Only productions that have been distributed in the United States are eligible

Consumer, Peer, and Family Leaders

This award recognizes individuals† who have:

- Personally demonstrated that recovery is real and possible
- Led efforts to reduce the negative public attitudes and misperceptions associated with mental illnesses and addictions
- Made a positive impact on communities, workplaces, or schools
- Promoted meaningful family involvement as an essential part of recovery

Special consideration will be given to consumer/peer/family leaders who are working to ensure that America's military and veteran communities have access to the mental health and substance use treatment and services they deserve.

Nominate a Consumer, Peer, or Family Leader

†Only individuals who live and work in the United States are eligible.

There is no limit to the number of nominations an individual can submit, and self-nominations are welcome.

Job Announcement
President and CEO
Bazelon Center for Mental Health Law

Recognized as one of the most independent and consequential legal civil rights organizations in the nation, the Bazelon Center for Mental Health Law is offering the opportunity for a proven leader to take the helm of this organization facing critical fights for the rights of people with mental illness and disabilities.

Just as the staff use litigation and advocacy to change systems and impact thousands of lives, the President and CEO will have the opportunity and challenge to increase the awareness of Bazelon’s mission and influence. He/she will utilize the many avenues available to diversify funding and ensure the sustainability of the organization.

Organization Description

For 45 years, the Judge David L. Bazelon Center for Mental Health Law has worked to protect and advance the rights of adults and children who have mental disabilities. The Bazelon Center envisions an America where people who have mental illnesses or developmental disabilities exercise their own life choices and have access to the resources that enable them to participate fully in their communities.

Position Overview

Bazelon’s President and CEO leads a staff of 13, including 6 attorneys, a fellow, and support staff for external relations/development and operations. The position is responsible for fiscal management, overseeing the programs, personnel and the overall operations of the organization.

The President and CEO reports to the board and staffs the operations of the board of trustees.

The position is responsible for the development of resources to ensure there are adequate means to meet the mission and support the staff. The position represents the organization in the community and with funders and media. Substantive knowledge of mental health and the workings of DC preferable.

Requirements

Minimum MA degree in a human service field, or an MBA or JD. Minimum of 10 years’ experience in management positions of increasing levels of responsibility, supervisory and fundraising experience.

To Apply

Interested applicants should send a resume and cover letter to the Search Committee care of Interim CEO Janice Frey-Angel at janicefa@bazelon.org no later than April 30th. No phone calls please.

The Bazelon Center is an Equal Opportunity Employer
The 2017 APHSA National Health and Human Services Summit will be held in partnership with the Alliance for Strong Families and Communities, April 30 – May 3 at the Hyatt Regency Inner Harbor, Baltimore, Maryland.

H/HS Integration is at the forefront of human service delivery and the Summit agenda provides several sessions that focus on serving families holistically and strengthening their long-term health and well-being. The Summit will include seven General Sessions, 31 breakout sessions and 12 Ignite Presentations, along with a host of opportunities to network with like-minded peers and colleagues.

The educational content at the Summit is designed to act as a catalyst for change throughout the H/HS community and help to inform the new Congress and Administration about the innovative and modern approaches to human service delivery and how these approaches will help to build a strong, dynamic and healthy nation. Here is just an example of a few of the sessions focused on H/HS Integration issues:

**Thinking Outside the Box: Connecting Individuals and Programs to Impact Health and Well-Being Outcomes**

Health care alone is not enough to prevent poor health outcomes. Social determinants of health, including poor housing conditions, education and the presence of support systems, also affect health. States often have fragmented systems and no way to track or coordinate Medicaid beneficiaries’ overall health care, social and environmental needs. In this session, we will explore the following: The potential approaches to expanding the role of Enrollment Brokers to effectively engage beneficiaries in their care management, provided linkages to social services, and be the central point to coordinate and track Medicaid beneficiaries’ use of health care and social services; and, discuss how community health centers (CHCs) can integrate financial capability services into their services and highlight the connection between financial well-being and physical and mental health.

**Bringing Together Innovative Care and Prescriptive Analytics**

FD CARES is dedicated to transforming fire department healthcare services by providing care coordination and in-home clinical services to stabilize patients at home or direct 911 callers to the most appropriate care. To evaluate the benefits of these services and identify future improvements, FD CARES uses innovative analytics to prescribe improvements in delivery effectiveness and to reduce costs of care. This Ignite Session will describe: Data collected and mapped to analyze the resource use, care utilization and interactions across an “episode of care”; Data-driven, constraint-based “intelligent model” designed of the most important patient flows for a non-emergent 911 response; and, Optimization and prescriptive analytics performed.

**Maximizing Partnerships Across State Agencies - Medicaid & Public Health Resources**

Partnerships between Medicaid and public health agencies have successfully demonstrated cost containment and improved health outcomes. However, while these proven, evidence-based examples exist, there are no mechanisms for the diffusion of these innovations nationally and technical assistance is not available to help other interested states implement similar activities. As such, the Association of State and Territorial Health Officials, de Beaumont Foundation, and National Association of Medicaid Directors developed an initiative to promote collaboration between Medicaid and public health agencies by identifying specific opportunities, challenges, and solutions. Furthermore, these materials, in particular the learning tools, can be used by those in human services agencies to help understand the work and roles of colleagues in public health and Medicaid and also to support collaboration between health and human services, which can reduce costs and improve health outcomes across states and nationwide.

To find out more about these and other sessions [click here](#) for full descriptions.

Do not miss this opportunity to impact state, local, and national policy; inspire the new administration and Congress to embrace our shared vision that the nation’s HHS system is a cornerstone to building a strong, dynamic, and healthy nation; and champion innovations that create strong, vibrant communities.

For the full agenda and event details, please visit the [Summit website](#).

[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
  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
  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).

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.
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NASMHPD Links of Interest

6 Steps to Creating a Culture of Person and Family Engagement in Health Care, Patient-Centered Primary Care Collaborative, April 2017

Improving Care for High-Cost, High-Need Medicare Patients, Bipartisan Policy Center, April 2017

Proposed Amendments by Rep. Tom MacArthur (R-NJ) to the American Health Care Act, H.R. 1628, April 24, & The MacArthur Amendment Language, Race In The Federal Exchange, And Risk Adjustment Coefficients, Timothy Jost Blog, Health Affairs, April 25

Federal Funding Insulated State Budgets from Increased Spending Related To Medicaid Expansion, Sommers B. and Gruber J., Health Affairs, April 12

What Is Next for the Affordable Care Act’s Cost-Sharing Reductions? Understanding the Impact on Consumers and Insurance Markets, Commonwealth Fund Presentations, April 24 & The Effects of Ending the Affordable Care Act’s Cost-Sharing Reduction Payments, Kaiser Family Foundation, April 25

Poll: Majority Opposes Hard-Ball Negotiating Tactics to Replace the Affordable Care Act, but Republicans Support It, Kaiser Family Foundation, April 26

Race, Ethnicity, and Language Preference in the Health Insurance Marketplaces 2017 Open Enrollment Period, Centers for Medicare and Medicaid Services, April 25

Side Effects to Antidepressant Treatment in Patients with Depression and Comorbid Panic Disorder, Shankman SA et al, Journal of Clinical Psychiatry, April 2017

Systems of Care Grantees Tap Faith-Based Community Organizations to Help Young People, SAMHSA News, April 17