Table of Contents
American Health Care Act Revival on Life Support
SAMHSA Announces Activities for World Mental Health Day, April 7
Center for Trauma-Informed Care Training for April
In Memoriam – Dennis Marion
Texas Legislature Considers Mental Health Bills
Two New Healthy Indiana Plan Reports on the Way
CDC Report Prioritizes Strengthening Economic Supports to Prevent Suicides
APHSA National Health and Human Services Summit, April 30 to May 3
Bazelon Center Seeks President/CEO
National Academy of Medicine Seeks Nominations for Sarnat International Prize in Mental Health
NIMH Workshop on Solving Global Health Challenges
3-Day NASMHPD Annual Meeting Set
SAMHSA Webinar: Evidence-Based Behavioral Health Services: Helping Children Succeed in Inclusive Schools
SAMHSA FOA: Promoting Integration of Primary and Behavioral Health Care Cooperative Agreements
Nominations for 2017 Voice Awards Are Due April 24
NIMH FOA: Intensive Longitudinal Analysis of Health Behaviors: Leveraging New Technologies to Understand Health Behaviors
SAMHSA FOA: Resilience in Communities after Stress and Trauma
OIC-LGBTQ2S Funding Opportunity
SAMHSA Seeking Applications for $47.5 Million in Grants to Help People Experiencing Homelessness
Webinar Series: Behavioral Health Workforce
Annapolis Coalition Webinars: State Workforce Solutions
SAMHSA-Sponsored Webinar Series: Helping Justice-Involved Individuals
Olympians Co-Chair May 4 National Children Mental Health Awareness Day
Schizophrenia Research Forum Webinar: Achieving Effective Treatment for Early Psychosis
SAMHSA TA Network Events
Brookdale Foundation Group Issues RFP
DOJ Grant Solicitations: Comprehensive Opioid Abuse Site-Based Grant Program (COAP) & Justice and Mental Health Collaboration Program
NASMHPD Early Intervention in Psychosis Resource Center
State Mental Health TA Project
TA on Preventing the Use of Restraints and Seclusion
NASMHPD Board & Staff
NASMHPD Links of Interest

American Health Care Act Revival on Life Support

After a flurry of activity earlier in the week indicating Republicans might be willing to bring the wounded American Health Care Act (AHCA) back to life and to the floor of the House of Representatives for a vote, White House Director of Legislative Affairs Marc Short told reporters on April 5 that the Trump Administration was not ready to release legislative text of an updated proposal.

Earlier in the week, members of the conservative House Freedom Caucus and centrist Tuesday Group had indicated revised legislation, being prepared by the House Energy and Commerce Committee, would be ready within days and could be voted by week’s end.

Short said reports that the Administration promised text to members were “erroneous” and that no deal imminent was imminent. He would not commit to a timetable, saying that talks were ongoing and that a consensus is developing “conceptually.”

House Speaker Paul Ryan echoed Short’s comments at a political event the same day, saying the House could keep working on health care for weeks, because there was no deadline for consensus. But the Speaker said negotiators were 90 percent on the way to agreement, and that they were “having a very productive conversation.”

Meanwhile, the conservative Club for Growth and Heritage Action organizations were blaming House moderates for the slowdown, saying the Tuesday Group caucus was refusing to sign off on allowing states the option of seeking waivers from the Department of Health and Human Services to drop essential health benefits and age-band restrictions on premium levels mandated under the Affordable Care Act (ACA).

The moderates were insisting that the dropping of age-band restrictions would essentially allow insurers to charge much higher premiums for individuals with pre-existing conditions, thereby nullifying an ACA protection that President Trump has promised to keep in place.

It is unclear whether provisions restructuring Medicaid into a per-capita cap/block grant program remain within the new draft, although at least one media outlet reported that the compromise includes an increase in the amount in the State Stability Fund intended to offset the impact on states of the Medicaid changes.

Nor is it known whether the Medicaid essential health benefit mandate for alternative benefit plans, initially repealed in the earlier AHCA draft but reinstated in House amendments, would survive in the new draft.

Meanwhile, the on-line news outlet AXIOS

(Continued on page 3)
In Memoriam - Dennis Marion - 1954 to 2017

Dennis Marion, the Pennsylvania Deputy Secretary for Mental Health and Substance Abuse Services since 2013, passed away unexpectedly March 29 at Holy Spirit Hospital in Camp Hill, Pennsylvania.

Prior to his state employment, Dennis served Cumberland County for 31 years in various positions including: Director of the Drug & Alcohol Commission, Director of the Office of Mental Health/Mental Retardation, Director of the Board of Elections and as County Administrator and Chief County Clerk. Dennis was committed to community service and served on many boards and committees. He also coached youth soccer for many years.

SAMHSA Announces Activities for World Health Day, April 7

The Substance Abuse and Mental Health Services Administration (SAMHSA) will be posting a blog by Center for Mental Health Services (CMHS) Director Paolo del Vecchio entitled "World Health Day Highlights a Yearlong Conversation About Depression". The blog explores the theme of this year's World Health Day, Depression: Let's Talk.

SAMHSA/CMHS is hosting a This is My Brave program featuring eight speakers with lived or personal family experience of depression who will use storytelling, poetry, and music to tell their stories of resilience and recovery. In addition, two community-based organizations will be speaking about the supports they provide to be shared, including the recently-released SAMHSA toolkit Depression for Mothers More than the Blues; Digital Storytelling Guide -Share Your Story. That toolkit is a how-to guide to digital storytelling and evidenced based guide to help people living with mental and/or substance use disorders tell their personal stories of recovery in digital format.

CMHS will also promote the Taking Action Guide – a mental health recovery self-help education program; Creating a Healthier Life – a step by step guide to Wellness and Journey To Hope and Health.

Mobilizing State and Local Activities

SAMHSA has sent e-mail blasts with World Health Organization (WHO) World Health Day information nationwide to encourage state and local activities. Those blasts have included links to toolkits and factsheets and related SAMHSA materials.

Twitter Chat

In order to keep the conversation going after World Health Day, SAMHSA will be participating in a Twitter Chat with the Depression and Bipolar Support Alliance and other organizations focused on mental health recovery – Nia Noir (focus on African American and Mental Health Recovery) and This is My Brave with a focus on Depression "Let’s Talk" and Keep on Talking. Date and time forthcoming.

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.

Find a Training Near You!

April Trainings

California

April 19 & -20 - City of San Jose, Mayor's Gang Prevention Task force

Louisiana

April 26 through 28 - Louisiana Association of Peer Support, Baton Rouge

Massachusetts

April 25 & 26 - American Training, Andover

Oregon

April 18 - Yamhill Community Care Organization, McMinville

Virginia

April 12 - Headquarters Marine Corps Sexual Assault Prevention and Response, Quantico

April 20 - Virginia Association of Community Psychiatric Nurses, Middleburg

For more information on these trainings, please contact jeremy.mcshan@nasmhpdp.org
Texas House Tentatively Approves Parity Bill Championed by Speaker Joe Strauss

The Texas House of Representatives on April 4 overwhelmingly gave preliminary approval, 130 to 12, to legislation requiring health insurers to offer the same coverage and benefits for mental health and substance abuse conditions as they do for medical and surgical care.

While House lawmakers debated the insurance bill, the Senate Committee on Business and Industry heard testimony on its Senate companion. In the afternoon, the House Public Health Committee heard testimony on bills addressing jail diversion programs, early education about mental health issues, and postpartum depression.

The insurance parity legislation — House Bill 10 — is one of four measures championed by House Speaker Joe Straus as necessary to fix the state's mental health care system. Under the bill, the Texas Insurance Commissioner would shoulder more enforcement authority for parity and designate an ombudsman for behavioral health access to care. The parity enforcement provisions, like the Federal parity law, would apply only to insurance providers already covering mental health and would not mandate coverage where it doesn't already exist.

The ombudsman would help consumers, including consumers who are uninsured or have public or private health benefit coverage, and behavioral health care providers, navigate and resolve issues related to consumer access to behavioral health care, including care for mental health conditions and substance use disorders. The individual could be an existing employee, and would also be responsible for processing concerns, complaints and potential violations of the parity law.

House Bill 10 also calls for establishing a "Mental Health Condition and Substance Abuse Disorder Parity Work Group" of doctors, hospitals and representatives from the state's insurance and Medicaid department. The group would make recommendations on how the state can increase its compliance with Federal and state parity laws.

During the Public Health Committee hearing on House Bill 12, which would create a grant program to help local entities keep individuals with mental health or substance use disorders out of prison, Rep. Price, the bill’s sponsor, told the committee he had decided to drop language that would have suspended, rather than terminated, Medicaid benefits for people in county jail. Committee member Garnet Coleman, who has his own bill on suspension of benefits, expressed dismay that Price was not seeking that legislative change. The two legislators agreed to confer on the best path forward.

Rep. Price also presented House Bill 11 to the committee, which would create awareness of mental health issues in public schools and encourage early identification of trauma or behavior health problems in students. It would direct the State Board of Education to draft a curriculum on mental health that would be part of standard health classes. The National Alliance on Mental Illness of Texas testified in support of the legislation.

The Committee also reviewed Rep. Sarah Davis’ House Bill 2466, which would cover the screening of mothers for postpartum depression during their baby's visits to the pediatrician. In addition, the panel heard testimony on a bill that would extend how long, post-pregnancy, postpartum depression could be covered under Medicaid. The Committee did not vote on any of the three proposals.

Even with AHCA on Life Support, Medicaid Restructuring Could Live On

(Continued from page 1)

was reporting April 6 that both Senator Orrin Hatch (R-UT), chairman of the Senate Finance Committee, and Senator Pat Roberts (R-KS), a member of Finance and chairman of the Senate Agriculture Committee, acknowledged that a small group of leading Senators is discussing continuing with Medicaid restructuring in separate legislation even if the broader American Health Care Act fails to achieve passage.

Senator Roberts told AXIOS reporter Caitlin Owens that restructuring Medicaid would provide money to offset the cost of tax reform measures favored by Republicans.

“When you get more money to deal with [tax reform] with Medicaid reform, that's a lot of money,” Sen. Pat Roberts told AXIOS. “So it isn't like you’re taking from one pot and giving it to another, but it makes the whole scoring situation a lot easier with the budget savings that you could have more flexibility with tax reform.”

However, both Senator Hatch and Senator Roberts said they were having a difficult time envisioning Medicaid restructuring succeeding unless it is attached to broader health care reform. In any event, the Senate will take no action until it sees what the House does with the AHCA.

Indiana Plans New HIP 2.0 Evaluations

By the end of the month, Indiana officials will send CMS two more evaluations of how Indiana's alternative expansion model, HIP 2.0. One of the reports will generally evaluate the second year of the program and the second, the Health Savings Accounts which are a central feature of the program.

The upcoming reports for the state are being compiled by the Lewin Group, which completed the first full-year evaluation last year. That study was panned by advocates on left and National Public Radio, which found that the Lewin study was misleading on several accounts.

Democrats argue the program, which also includes additional out-of-pocket costs for enrollees and suspension for missing premium payments, creates barriers to access for low-income people.
CDC Report Prioritizes Strengthening Economic Supports to Prevent Suicides

The Centers for Disease Control and Prevention (CDC) Division of Violence Prevention released its newest technical package—*Preventing Suicide: A Technical Package of Policy, Programs, and Practices*. The technical package includes three components: strategies to prevent suicide; approaches to advance the strategy, such as policies and practices; and the latest research and evidence supporting that approach. The package is shaped to guide state and local communities in developing a comprehensive, multi-level suicide prevention plan.

CDC identified seven strategies for preventing suicide, illustrated in the graph below. The strategies and approaches identified are through a preventive lens with the goal of lessening the impact of suicide on a community. The strategies range from a whole population perspective (i.e., housing security, financial assistance) to strategies supporting people at high risk (i.e., means restriction).

Strengthening economic supports is identified as the primary strategy for reducing suicidal risk. The report referenced studies demonstrating an increase in suicide rates during economic recessions, particularly for adults 25 to 64 years old. Risk factors such as loss of employment, periods of extended unemployment, lost earnings, and difficulty covering living expenses (food, housing, medical, etc.) can elevate an adult’s risk of suicide. The report highlights evidence that demonstrates strengthening financial support can be a protective factor against suicide.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
</table>
| Strengthen economic supports | - Strengthen household financial security  
- Housing stabilization policies |
| Strengthen access and delivery of suicide care | - Coverage of mental health conditions in health insurance policies  
- Reduce provider shortages in underserved areas  
- Safer suicide care through systems change |
| Create protective environments | - Reduce access to lethal means among persons at risk of suicide  
- Organizational policies and culture  
- Community-based policies to reduce excessive alcohol use |
| Promote connectedness | - Peer norm programs  
- Community engagement activities |
| Teach coping and problem-solving skills | - Social-emotional learning programs  
- Parenting skill and family relationship programs |
| Identify and support people at risk | - Gatekeeper training  
- Crisis intervention  
- Treatment for people at risk of suicide  
- Treatment to prevent re-attempts |
| Lessen harms and prevent future risk | - Postvention  
- Safe reporting and messaging about suicide |

Two approaches identified to advance this strategy include: targeting household financial security and ensuring stable housing policies during economic recessions. States and local entities can strengthen household financial security by increasing unemployment benefits. States that offered higher than average unemployment benefits (mean level of $7,900 per person) and provided a longer duration of unemployment benefits had lower rates of suicides. Furthermore, the evidence suggest that as a state’s per capita spending on transfer payments associated with retirement and disability insurance, medical benefits and other forms of family assistance (i.e., TANF) increased, a state’s suicide rate decreased. The report cited Flavin and Radcliff’s study that estimated “3,000 fewer suicides would occur per year nationwide if every state increased its per capita spending on these types of assistance by $45 per year.”

The second approach, ensuring stable housing policies, evaluated the *Neighborhood Stabilization Program*. The federal program attempts to reduce a community’s foreclosure, abandonment, and eviction rates—two risk factors associated with suicides. The evidence from a longitudinal study of suicide data and foreclosures found as foreclosed properties increased in the U.S., the rate of suicides increased, particularly for working-aged adults 25 to 64. In addition, data examined sixteen states participating in the *National Violent Death Reporting System* showed that “suicides precipitated by home foreclosures and evictions increased by more than 100% from 2005 to 2010,” with many of the suicides occurring before the loss of the individual’s home. A recommendation to prevent suicides during housing hardships is to incorporate suicide prevention resources into the housing and financial counseling services provided during a foreclosure or eviction move-out planning process.

To learn more about CDC’s new suicide prevention technical package, the National Action Alliance for Suicide Prevention will host a webinar highlighting this new resource. The webinar, *Community-Based Approaches to Suicide Prevention: New Resources and Future Directions*, will be held on Wednesday, April 12 from 3 p.m. to 4:30 p.m. ET. For more information or to register, click [here](#).
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](#).

Early Registration ends April 7.
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

---

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

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

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

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

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

**Nominate a friend or colleague through May 23.**

Support for this award is provided by the Robert Wood Johnson Foundation.
**Transformative Opportunities for Solving the Grand Challenges in Global Mental Health**

*Sponsored by the National Institute of Mental Health*

*May 8 & 9, 2017*

The Office for Research on Disparities and Global Mental Health in the Office of the Director of the United States National Institute of Mental Health and Grand Challenges Canada will co-convene a workshop entitled, Transformative Opportunities For Solving the Grand Challenges in Global Mental Health on May 8 and 9, at the National Institutes of Health campus, located in Bethesda, Maryland.

The workshop will bring together global mental health researchers, innovators, and other stakeholders to discuss exciting new research findings and strategic opportunities for addressing the six priority areas identified in the Grand Challenges in Global Mental Health initiative.

**Register Now** Please register early because space is limited and there is no onsite registration. After you register, you will receive a confirmation email from GlobalMentalHealthWorkshop@mail.nih.gov.

---

**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](#).

---

**Department of Justice Announces Two Grant Solicitations**

**Comprehensive Opioid Abuse Site-Based Grant Program (COAP)**

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 25 released a solicitation for the Comprehensive Opioid Abuse Site-Based Grant Program (COAP), funded through the Comprehensive Addiction and Recovery Act (CARA).

Applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found here.

BJA’s COAP site-based solicitation contains six categories of funding. The funding categories include:

- **Category 1:** Overdose Outreach Projects
- **Category 2:** Technology-assisted Treatment projects
- **Category 3:** System-level Diversion and Alternative to Incarceration Projects
- **Category 4:** Statewide Planning, Coordination, and Implementation Projects
- **Category 5:** Harold Rogers PDMP Implementation and Enhancement Projects
- **Category 6:** Data-driven Responses to Prescription Drug Misuse

To prepare for the CARA solicitation, potential applicants are encouraged to form multi-disciplinary teams, or leverage existing planning bodies, and identify comprehensive strategies to develop, implement, or expand treatment diversion and alternative to incarceration programs.

BJA anticipates up to 45 awards may be made under the COAP Grant Program.

**The application deadline is April 25, 2017.**

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located [here](#).
NASMHPD MEMBERS: SAVE THE DATE!!

NASMHPD Annual 2017 Commissioners Meeting

The 2017 NASMHPD Annual Meeting will be held **Sunday, July 30 through Tuesday, August 1 in Arlington, Virginia.** The 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 by 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.

Details regarding registration and hotel details will be mailed to Commissioners and Division representatives in the near future.

Contact Brian Hepburn or Meighan Haupt with any questions.

---

**SAMHSA-SPONSORED WEBINAR**

Evidence-Based Behavioral Health Services: Helping Children Succeed in Inclusive Schools

*Friday, April 14, 2 p.m. to 3:30 p.m. E.T.*

Developed under Contract with the Bazelon Center for Mental Health Law

Children with behavioral health disorders often experience challenges in general education settings, sometimes resulting in placement in alternative settings. After decades of research into how students with behavioral health disorders learn, including students with serious emotional disturbance (SED) and autism spectrum disorder (ASD), schools have developed and implemented successful approaches and evidence-based practices that are helping many children, even those with the most serious needs, learn and achieve academic proficiency in the general classroom. Some of these practices include: intervention plans, positive behavioral-support strategies, and individualized approaches to teaching and learning, among other innovations in teaching. This webinar will provide an in-depth overview of these services, discuss strategies for how these services can be utilized to create an inclusive school, and highlight the experiences of family members advocating for their children. The webinar will also briefly address relevant federal laws affecting a school’s responsibility to provide services and include students. Participants will gain a new perspective for what is possible for children with even the most serious behavioral health conditions, and potential strategies for bringing these practices to their own schools.

**Presenters**

- Thomas Hehir, Silvana and Christopher Pascucci Professor of Practice in Learning Differences and former director of the U.S. Department of Education’s Office of Special Education Programs
- Ethan d’Ablemont Burnes, Principal of the Manning School in the Jamaica Plain neighborhood of Boston for eight years, where he has focused on building an inclusion model for students with emotional impairments and increasing the academic challenge in the classroom
- Monica Causey, Family Member and Parent Advocate, Rutherford County, Tennessee
- Moderator: Lewis Bossing, Senior Staff Attorney of the Bazelon Center for Mental Health Law

[Register HERE](#)

Contact Kelle Masten via email or at 703-682-5187 with any questions.
SAMHSA Funding Opportunity Announcement
Promoting Integration of Primary and Behavioral Health Care (PIPBHC)
Cooperative Agreements
SM-17-008

The Substance Abuse and Mental Health Services Administration (SAMHSA) is soliciting applications for $22.6 million in FY 2017 cooperative agreements, authorized by the 21st Century Cures Act, aimed at Promoting Integration of Primary and Behavioral Health Care (PIPBHC).

Anticipated Total Available Funding: $22,612,000
Anticipated Number of Awards: 11
Amount of Awards: as much as $2 million annually
Length of Project: 5 years
Cost-Sharing/Match Required: No

SAMHSA specifically seeks to:

- promote full integration and collaboration in clinical practice between primary and behavioral healthcare;
- support the improvement of integrated care models for primary care and behavioral healthcare to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and
- promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

The agency has also identified several special populations to be served:

- adults with a mental illness who have co-occurring physical health conditions or chronic diseases;
- adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;
- children and adolescents with a serious emotional disturbance with co-occurring physical health conditions or chronic diseases; or
- individuals with a substance use disorder.

Eligible Applicants: Eligibility for this program is statutorily limited to a state or appropriate state agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the state Medicaid agency, or the state health department) in collaboration with one or more qualified community health programs, as described in § 1913(b)(1) of the Public Health Service Act (PHSA) as amended; or one or more community health centers as described in § 330 of the PHSA, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers).

Applications are due by May 17, 2017.

Apply HERE

Contacts: Program Issues: Tenly Pau Biggs, MSW, LGSW; Center for Mental Health Services, Community Support Programs Branch, SAMHSA, 240-276-2411, pbhci@samhsa.hhs.gov

Grants, Management, and Budget Issues: Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408, foacmhs@samhsa.hhs.gov
National Institute for Mental Health Funding Opportunity Announcement (FOA)

Intensive Longitudinal Analysis of Health Behaviors: Leveraging New Technologies to Understand Health Behaviors (U01) Research Grant/Cooperative Agreement (RFA-OD-17-004)

Posted Date: March 22, 2017  Open Date for Earliest Submission/Letter of Intent Due: September 5, 2017
Due Date: February 5, 2018  Scientific Review: February 2018  Earliest Start Date: July 2018

This (FOA) is intended to provide funding to encourage research projects that seek to explain underlying mechanisms and predict health behaviors within individuals over time utilizing intensive longitudinal, within-person protocols that leverage recent advances in mobile and wireless sensor technologies and big data analytics. The research projects will collect and analyze data, disseminate project findings, and work collaboratively with each other and the research coordinating center (supported under RFA-OD-17-005).

The purpose of the Longitudinal Health Behaviors initiative is to establish a cooperative agreement network of 5 U01 projects and 1 U24 Research Coordinating Center (RCC), to collaboratively study factors that influence key health behaviors in the dynamic environment of individuals, using intensive longitudinal data collection and analytic methods. The network will also assess how study results can be leveraged to introduce innovations into longstanding behavioral theories to advance the field of theory-driven behavior change interventions. The knowledge gained will inform the development of personalized prevention strategies and best implementation strategies for communities, including health disparity populations, towards the goal of reducing disease risk and maintaining ideal health.

Behavioral science places strong emphasis on theoretical models to systematically explain and predict behaviors and events influencing health outcomes. Although these theories are useful frameworks for developing behavioral change interventions, their ability to explain and predict behavior has been only modestly successful.

The research funded by this initiative will examine theoretical constructs and health behaviors from a different scientific perspective and approach than has been traditionally used and is critical for moving health behavior science towards more effective health behavior interventions for reducing disease. Health behavior theories have developed and been evaluated primarily from a between-person perspective, attempting to explain why some people engage in health behaviors while others do not. While such questions remain important, this between-person focus has contributed to theoretical research that is predominately cross-sectional in nature and that emphasizes dispositional variables such as attitudes and normative beliefs which are relatively static over time and more trait-like in nature.

In contrast, a within-person approach to health behavior theory research seeks to explain why a given individual engages in healthy or risky behaviors at one time versus another. Within-person analysis of intensive longitudinal data is likely to provide insight into the dynamic factors in the physical, social, and/or built environment that facilitate or hinder engaging in certain behaviors at specific points in time, in addition to the interaction between factors.

This initiative will leverage advances in sensing, EMA and modeling to improve current models of behavior and behavioral change. This initiative will encourage measurement methods that reduce respondent reporting burden, which has constrained most studies to a few data points per day to measure only a few factors influencing behavior.

NIMH is interested in supporting research that posts and tests fundamental theoretical constructs and models of behavior that are parameterized. The long-term goals of this behavioral research should be to identify quantifiable and predictable points at which interventions might be most effective and to facilitate future investigations linking these change points to neurobiological and/or neurodevelopmental processes. NIMH will prioritize research in the following specific content areas:

- Studies utilizing sensor technology in real world settings to identify imminent risk for suicidal (ideation or attempt) or self-injurious behavior. Applicants are encouraged to refer to “A Prioritized Research Agenda for Suicide Prevention” and Short-term Research Objective 2C (http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agenda.pdf)

- Incorporation of wearable sensors into studies of eating disorders to identify factors that predict variation in clinical symptoms and/or relapse following treatment (e.g., binge eating, purging, and social withdrawal).

- Technology that can identify, with a high degree of probability, environmental, behavioral, and biological triggers of psychotic or manic episodes.

- Use of sensor technology to measure trajectories of irritability and emotional dysregulation in youth and that can be used for early prediction of psychopathology.

- EMA assessments that measure real-time fluctuation (episodic) and intensity of emotional states in children.

Eligible Organizations: public and private Institutions of Higher Education; other 501(c)(3) nonprofits; for-profit organizations; state, territorial, county, and city or township governments; Indian/Native American tribal governments and organizations; public housing authorities; faith-based or community-based organizations; regional organizations; and independent school districts.

Apply On-Line by January 8, 2018
Funding Opportunity Announcement

Application materials are available to become a Local Implementation Site as part of the National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S).

The QIC-LGBTQ2S will work to develop, integrate, and sustain best practices and programs that improve outcomes for children and youth in foster care with diverse sexual orientations and gender identities and expression (SOGIE). The QIC-LGBTQ2S is led by the Institute for Innovation & Implementation at the University of Maryland School of Social Work in Baltimore, along with participating core partners: Human Service Collaborative, National Indian Child Welfare Association, Ruth Ellis Center, Tufts University, and Youth M.O.V.E. National.

A description of the program is available at www.qiclgbtq2s.org. The linked documents below are also available at that site.

- Overview of the QIC-LGBTQ2S
- Application Form
- FAQs about the Application Process
- Literature Review
- University of Maryland Sample Contract Template

Eligibility is limited to state governments, county governments, and Native American tribal governments (federally recognized) that are responsible for administering the child welfare/foster care program in their jurisdiction.

All applications must be received by 11:59 p.m., April 28.

Applicants should email questions and applications to QICLGBTQ@ssw.umaryland.edu.

Now Accepting Nominations 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.

Nominations within the following categories are due April 24, 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.

“Recovery is Possible . . . Hollywood Beauty Salon is Proof!” ... Dr. Arthur Evans, former commissioner, Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services

A terrific mental health film about hope, recovery and hair! Hollywood Beauty Salon, winner of the SAMHSA Voice Award for best documentary in 2016. Since its release, Hollywood Beauty Salon has enjoyed screenings in theaters, schools, community centers, shelters and even beauty salons!

The movie’s makers are now moving forward with the BIG dream -- screenings around the country. New crowd-sourcing technology, TUGG, makes it possible for anyone to host a screening anywhere, to share the film’s message of hope, compassion and recovery with their community.

Contact Amber Frost, Community Outreach and Social Media Assistant for the Film

Like Hollywood Beauty Salon on Facebook
Follow Hollywood Beauty Salon on Twitter & Instagram
SAMHSA Seeking Applications for $47.5 Million in Grants to Help People Experiencing Homelessness

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2017 Grants for the Benefit of Homeless Individuals (GBHI) totaling up to $47.5 million over the course of five years.

The GBHI program’s purpose is to support the development and/or expansion of community infrastructures that integrate behavioral health treatment and services for substance use, co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

SAMHSA expects to fund as many as 24 grantees for as much as $400,000 per year for as long as five years. The actual award amounts may vary, depending on the availability of funds.

WHO CAN APPLY: Eligible applicants are domestic public and private nonprofit entities. For example:
- Local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIO), and consortia of tribes or tribal organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

See Section III of the Funding Opportunity Announcement (FOA) TI-17-009, PART I, for complete eligibility information.

HOW TO APPLY: SAMHSA’s transition to the National Institute of Health’s eRA grants system (eRA Commons) has changed the application registration, submission, and formatting requirements for FOAs. In order to submit an application, you must register in NIH’s eRA (electronic Research Administration) Commons in addition to the System for Award Management (SAM) and Grants.gov. Please reference PART II very carefully to understand the requirements for applying to SAMHSA grants.

APPLICATION DUE DATE: April 25, 2017 by 11:59 p.m. (Eastern Time). Applications must be received by the due date and time to be considered for review. Please review carefully Section IV of PART I of the FOA for submission requirements.

ADDITIONAL INFORMATION: Applicants with questions about program issues should contact Valerie Tarantino at (240) 276-1745 or valerie.tarantino@samhsa.hhs.gov. For questions on grants management and budget issues contact Eileen Bermudez at (240) 276-1412 or FOACSAT@samhsa.hhs.gov.

New SAMHSA Funding Opportunity Announcement

Resiliency in Communities after Stress and Trauma (RECAST) – SM 17-009

SAMHSA is accepting applications for Resiliency in Communities after Stress and Trauma (RECAST) grants totaling up to $10 million to all awardees over the course of 5 years.

This program seeks to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest.

The grants will support implementation of evidence-based, violence-prevention programs and community youth-engagement programs. The grants will also help promote access to trauma-informed behavioral health services. SAMHSA expects to award as many as two grantees as much as $1 million each annually for 5 years.

Eligible applicants are municipalities, including counties, cities, and other local governments, in partnership with community-based organizations in communities that have faced civil unrest in the past 24 months.

Applications are due by May 17, 2018.

Apply HERE
State Solutions Webinar Series Continues

The quarterly State Solutions in Workforce webinar series, which launched in Fall 2016, continues highlighting innovative practices by the states in developing a behavioral health workforce.

A recording of the first webinar, which took place in September and highlighted initiatives in Nebraska, is available on-line.

January’s webinar highlighted a Connecticut workforce development effort under a SAMHSA Mental Health Transformation Grant. Presenters included Michael Hoge (Annapolis Coalition), Barbara Bugella (State of Connecticut), and Elisabeth Cannata (Wheeler Clinic). They discussed two key initiatives – (1) curriculum reform in higher education related to evidence-based practices, and (2) improving supervision. The recording for this webinar should be available on SAMHSA’s YouTube channel in the coming weeks.

The series is the brainchild of the leadership of the Behavioral Health Education Center of Nebraska (BHECN), which is directed by Dr. Howard Liu. Other sponsors of the series include SAMHSA, NASADAD, NASMHPD, and the Annapolis Coalition on the Behavioral Health Workforce.

The next two webinars in this series:

Webinar #3: Growing Alaska’s Future Behavioral Health Professionals
April 19, 2017 at 2 p.m. E.T.

Webinar #4: Massachusetts’s Career of Substance Website
July 19, 2017 at 2 p.m. E.T.

To register or to be placed on the invitation list, email Valerie Kolock at SAMHSA.

Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma-Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

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

Olympians Phelps, Schmitt, Chair 2017 National 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 national event: “Partnering for Help and Hope.”

SAMHSA will webcast the event live 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
SAMHSA-SPONSORED WEBINAR SERIES
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 webinars, 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!)

Oregon: Tuesday, April 11, 1 p.m. – 2 p.m. P.T.
Ohio: Tuesday, April 25, 1 p.m. – 2 p.m. C.T.
Utah: Tuesday, May 2, 1 p.m. – 2 p.m. M.T.

Upcoming Meeting Opportunities for System of Care Grantees

There are several upcoming meetings. Some of these meetings have quickly approaching registration deadlines.

Webinar: SOC Leadership Expansion Learning Community: Preparing to Develop a Financing Plan
Date(s): Wednesday, April 19, 2017, 2:30 p.m. to 4 p.m.

This month’s Learning Community meeting will focus on creating a financing plan for expanding the system of care approach. SAMHSA grantees are required to develop financing plans in Year 2 of expansion and sustainability grants and to implement these plans by Year 3. This learning community meeting will provide information on what should be included in financing plans, how to prepare, and how to conduct the initial steps of financial planning. In addition to providing information, the meeting will provide an opportunity for questions and dialogue about financing that are important to system of care grantees and to states, communities, territories and tribes without grants.

Funding Opportunity

Brookdale Foundation Group Issues RFP for Seed Grants

Brookdale Relatives as Parents Program (RAPP) grants for supportive services to grandparents and other relatives raising children

The Brookdale Foundation Group has issued a request for proposals (RFP) for the creation or expansion of supportive services to grandparents and other relatives raising children.

Up to 15 programs will be selected to receive a seed grant of $15,000 ($10,000 and $5,000 respectively) contingent upon progress made during year one with potential for continuity in the future. On-going technical assistance will also be provided.

Any § 501(c)(3) or equivalent not-for-profit organization can apply. The RFP proposal and guidelines can be downloaded at www.brookdalefoundation.org.

Proposals are due Thursday, June 15, 2017

Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.
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 Care 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.nasmhpdp.org/content/information-providers. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhdp.org) or David Shern (David.shern@nasmhdp.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.
**NASMHPD Board of Directors**

Tracy Plouck (OH), NASMHPD President  
Valerie Mielke (NJ), Secretary  
Vacant, Past President  
Thomas Betlach (AZ), Western Regional Representative  
John Bryant (FL), Southern Regional Representative  
Wayne Lindstrom, Ph.D. (NM), At-Large Member  
Lynda Zeller (MI), Vice President  
Terri White, M.S.W. (OK), Treasurer  
Sheri Dawson (NE), Mid-Western Regional Representative  
Miriam Delphin-Rittmon, Ph.D. (CT), Northeastern Regional Representative  
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

**NASMHPD Staff**

Brian M. Hepburn, M.D., Executive Director  
brian.hepburn@nasmhpd.org  
Meighan Haupt, M.S., Chief of Staff  
meighan.haupt@nasmhpd.org  
Raul Almazar, RN, MA  
Senior Public Health Advisor (PT)  
raul.almazar@nasmhpd.org  
Shina Animasahun, Network Manager  
shina.animasahun@nasmhpd.org  
Genna Bloomer, Communications and Program Specialist (PT)  
genna.bloomer@nasmhpd.org  
Cheryl Gibson, Senior Accounting Specialist  
cheryl.gibson@nasmhpd.org  
Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches  
joan.gillece@nasmhpd.org  
Leah Harris, Peer Integration Strategist  
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, Senior Program Associate  
kelle.masten@nasmhpd.org  
Stuart Gordon, J.D., Director of Policy & Communications  
stuart.gordon@nasmhpd.org  
Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches  
jeremy.mcshan@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, Human Resources & 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., Training and Technical Assistance Advisor  
timothy.tunner@nasmhpd.org  
Aaron J. Walker, M.P.A., Senior Policy Associate  
aaron.walker@nasmhpd.org

**NASMHPD Links of Interest**

**National Public Health Week**  
Addressing Public Health Crises: Suicide and Opioid Addiction are Preventable, Department Health and Human Services Blog, April 3

**Autism Awareness Month**  
Genes and Development in Autism Spectrum Disorder, NIMH Director Joshua A. Gordon Blog, April 4

**Contributing Factors and Mental Health Outcomes of First Suicide Attempt during Childhood and Adolescence: Results From a Nationally Representative Study**, Journal of Clinical Psychiatry, April 4

**What Now? A Four-Step Plan for Bipartisan Reform**, Health Affairs Blog, Billy Wynne, April 4

**CBO Provides a Roadmap for Improving AHCA**, Health Affairs Blog, Joseph Antos and James Capretta, April 4

**If I Ran the Zoo: 20 Repairs/Improvements for Obamacare 2.0**, ACAsignups.net, Charles Gaba Blog, April 4