MassHealth Seeks Medicaid New Waiver Extension Using Three Types of ACOs

The Massachusetts Executive Office of Health and Human Services (EOHHS) announced July 22 it has submitted a request to the Centers for Medicare and Medicaid Services (CMS) to extend its existing § 1115 waiver, scheduled to expire June 30, 2019, using:

an ACO [accountable care organization] approach [that] places a significant focus on improving integration and delivery of care for members with behavioral health needs and those with dual diagnoses of substance abuse disorder; as well as integration of long term services and supports (LTSS) and health-related social services.

Under the proposal, eligible MassHealth members would be encouraged to enroll in a managed care organization (MCO) or ACO rather than the existing Primary Care Clinician (PCC) Plan by allowing members who choose to remain in the PCC Plan only limited access to covered benefits such as chiropractic services, eye glasses, and hearing aids. Members would be permitted to disenroll from the PCC Plan and enroll in an MCO or ACO at any time.

Participating ACOs would be required to maintain formal relationships with community-based behavioral health and LTSS providers certified by MassHealth as “community partners.” Providers would be offered the opportunity to participate in three different models of ACOs.

The “Model A ACO/MCO” would be an integrated partnership of a provider-led ACO with a health plan. Model A ACOs would serve as members’ health plans as well as their provider networks. Model As would be responsible both for administrative health plan functions (such as claims payment and network development), and for coordinated care delivery of the full range of MassHealth MCO covered services. Both MCOs and Model A ACOs would be paid prospective capitation rates and bear insurance risk for enrolled members’ costs of care.

“Model B ACOs” would be provider-led entities that contract directly with MassHealth, offering members preferred provider networks that deliver coordinated care and population health management. MassHealth’s entire directly-contracted provider network (and contracted managed behavioral health carve-out vendor) would be available to Model B members.

“Model C ACOs” would be provider-led ACOs that contract directly with MassHealth MCOs. Members would enroll in MCOs, and the MCOs would serve as their health plans, responsible for contracting provider networks and paying providers for MCO-covered services. MCO members would be attributed to Model C ACOs based on primary care relationships.

The waiver application says a major focus of the restructuring and an explicit goal of the waiver will be the integration of physical health and behavioral health for individuals with a range of behavioral health needs, as well as strengthened linkages to social services to meet members’ needs in a more comprehensive way.

Indian Health Service Launches Medicaid, Medicare Enrollment Demo

The Indian Health Service on July 20 announced it is working with the Centers for Medicare and Medicaid Services to launch a new initiative to increase Medicaid and Medicare enrollment of IHS patients at six health facilities in four states. The pilot targets American Indian and Alaska Native IHS patients eligible for Medicaid and Medicare in Arizona, Montana, North Dakota, and South Dakota who are not currently enrolled in those programs.

The agency said it is improving data systems and training staff at the Phoenix Indian Medical Center; Pine Ridge Hospital; Rosebud Hospital; Sioux San Hospital; Blackfeet Community Hospital; and Quentin N. Burdick Memorial Health Care Facility, as part of the project. IHS also said the pilot should increase resources the agency can use on patient care.

Specific enrollment event dates for August and September will be posted on the IHS calendar.

There will be no NASMHPD Weekly Update the week ending August 12. We will return August 19.
SAMHSA Issues Two Reports Promoting Care for Pregnant/Parenting Women with Opioid Use Disorder and their Infants, Seeks Comment on Clinical Guide

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued two reports on approaches for optimizing outcomes for pregnant and parenting women with opioid use disorders and their infants. Both reports are aimed at helping these women gain greater access to effective treatment and other important services.

The first report, Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and their Infants: A Foundation for Clinical Guidance, summarizes the evidence review and rating processes SAMHSA uses to establish appropriate interventions for the population. A steering committee consisting of 14 Federal agencies oversaw the process and an expert panel of clinicians and researchers rated the appropriateness of clinical treatments, which varied by the woman’s or infant’s medical history and current situation.

The report provides an approach for establishing a foundation for development of a clinical guide enabling more health care providers to offer specialized treatment to women with opioid use disorder and their opioid-exposed infants.

SAMHSA is seeking public comment on the clinical translation of the report to ensure it is of maximum utility. The report and the notice of public comment opportunity was published in the August 3 Federal Register. Comments will be accepted until September 3, at samhsa.ppdaoaram@samhsa.hhs.gov.

SAMHSA and the Administration on Children, Youth, and Families have also released A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare and Collaborating Service Providers. This report is a guide to promoting collaborative efforts among agencies and providers serving pregnant and post-partum women with opioid dependence, and their infants. It presents a coordinated, multi-systemic approach grounded in early identification and intervention to assist child welfare, medical, substance use disorder treatment, and other systems in developing approaches for supporting families.

The publication provides:
- An overview of the extent of opioid use by pregnant women and the effects on the infant;
- Evidence-based recommendations for treatment approaches;
- An in-depth case study;
- A guide for collaborative planning; and
- Tools to conduct a needs and gap analysis and to develop a collaborative action plan.

InterNational Association of Peer Supporters

Cultivating a Culture of Compassion

2016 Annual National Peer Supporter Conference

August 26 to 28, 2016

Sheraton Philadelphia Society Hill Inn

Theme: Collaborating for Unity
Save the Date!
National Summit on Military and Veteran Peer Programs:
Advancing Best Practices
November 2-3, 2016
University of Michigan - Ann Arbor

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

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

Mark your calendars for this seminal event! Registration will be limited and will open in July 2016. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event.
Please share this information with others who may be interested in attending.

SAMHSA-Sponsored Webinar Opportunity
Presented by NASMHPD and the National Council for Behavioral Health

State Best Practices in Developing and Implementing Integrated Health Care
Wednesday, August 24, 2 p.m. to 3:30 p.m. ET

Register HERE

This webinar on integrated health is intended to provide assistance to states working through challenges to better serve the holistic health needs of their mental health services consumers.

Laura Galbreath (Director of the SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions at the National Council for Behavioral Health) will be providing information on state legislation and regulatory changes that facilitate the integration of primary care and behavioral health services for individuals with Serious Mental Illness served by community mental health and addiction providers. Ms. Galbreath will highlight recent efforts in states and provide insights and resources that can be used to foster increased dialogue and policy changes in the states.

Debbie Herrmann (Deputy Director of the Division of Mental Health and Addiction in the Indiana Family and Social Services Administration, in charge of the DMHA Medicaid Initiatives) will provide information on Indiana’s efforts in building an integrated health initiative. This includes her work in developing a collaboration between the DMHA and the Indiana State Department of Health (ISDH) as part of a State Integration Team. Ms. Herrmann will discuss how Indiana brought together stakeholders across the state in subcommittees to build cohesion among the different entities involved. She will also illustrate how Indiana identified provider types and agencies across the state, and developed provider qualifications and guiding principles and core requirements for services.

Questions should be directed to Kelle Masten by email or at 703-682-5187.
Mental Health Disparities Research at NIMH:
Cross-Cutting Aspects of the NIMH Strategic Plan in 2016

Wednesday, August 31, 2 p.m. to 3 p.m. ET

Register HERE

Brian Ahmedani, M.D.
Director of Psychiatry Research, Behavioral Health Services
Research Scientist, Center for Health Policy & Health Services Research Henry Ford Health System

Olivia I. Okereke, M.S., M.D.
Associate Professor of Psychiatry, Harvard Medical School
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

ABOUT THE WEBINAR SERIES - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

WHO SHOULD ATTEND - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

REGISTER NOW: Space is limited. Don’t miss this valuable opportunity!

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.

NASMHPD Links of Interest

Medicaid Health Homes: Implementation Update, Center for Health Care Strategies, July 2016

The Effects of the Massachusetts Health Reform on Household Financial Distress, American Economic Journal, August 2016


A Phase II Study of Fornix Deep Brain Stimulation in Mild Alzheimer’s Disease, Journal of Alzheimer’s Disease, July 18, 2016

Amid Shortage of Psychiatric Beds, Mentally Ill Face Long Waits for Treatment, Stateline, Associated Press, August 2, 2016
German Study Finds Locked Inpatient Psychiatric Unit No Safer than Open Inpatient Psychiatric Unit

A July 28 online study published in the British journal *Lancet Psychiatry* concludes that locked inpatient units do not necessarily reduce the risk of suicide attempts or completions for people with a mental illness.

The 15-year observational study examined whether an inpatient locked unit or an unlocked unit have any impact on suicidal outcomes. The study examined approximately 349,574 admissions to 21 German inpatient psychiatric hospitals between the years 1988 to 2012. The hospital types studied included locked, partially locked, and opened hospitals, as well as day clinics. The researchers analyzed 145,738 cases of patients that attempted suicide, completed suicide, or absconded both with and without returning. The most common diagnoses included were dementia, substance use disorder, schizophrenia, affective disorder, stress-related disorder, and personality disorder.

The study concludes that hospitals that had an open door policy were not associated with an increase in suicide attempts, suicide completions, or absconding with or without returning. In comparison, open door units showed both a reduced probability of suicide attempts, and absconding with or without returning. Completed suicides were neither more nor less common in unlocked units than in locked units.

The lead author, Dr. Christian G. Huber of the Universitäts Psychiatrische Kliniken Basel, in Basel Switzerland, concludes “These findings suggest that locked-door policies may not help to improve the safety of patients in psychiatric hospitals, and are not generally successful in preventing people from absconding. In fact, a locked-door policy probably imposes a more oppressive atmosphere, which could reduce the effectiveness of treatments, resulting in longer stays in hospital. The practice may even lend motivation for patients to abscond.”

Huber and colleagues note that “... locked wards might not adequately address this issue: about 13 to 33 percent of patients leave a locked unit without the permission of staff. Indeed, patients seem to wait until they have their first chance to leave as soon as coercive measures are ceased. Thus, the safety of locked wards for the prevention of suicide might be overestimated, and patients at high-risk might be lost from treatment.”

The researchers suggest that more studies need to be conducted to determine if their findings are applicable in other circumstances and in countries other than Germany. However, because the study included a large sample size over a 15-year period, and data from a large number of hospitals, the authors feel their findings can be generalized.

In an accompanying commentary in *Lancet Psychiatry*, Tom Burns of the University of Oxford’s psychiatry department, notes that, in developing countries, “compulsion and control” in inpatient psychiatric settings are more common, without any basis of patient safety. Burns suggests this trend implies “a neglect of attention to establishing trusting relationships” with patients with mental illness.

**Insurance Claims for Opioid Dependence Jumped 3200 Percent from 2007 to 2014**

Private insurance claims that included an ICD-9 diagnosis of opioid dependence increased by more than 3200 percent from 2007 to 2014, according to a report released August 2 by the nonprofit group FAIR Health.

Researchers found that adults between the ages of 19 and 35 accounted for 69 percent of claim lines for opioid dependence. Opioid dependence was more common in men—but the gap narrowed in the 46 to 55 age group. Claim lines with a pregnancy drug dependence diagnosis rose 511 percent from 2007 to 2014.

The 19 to 35 age group also composed 78 percent, of heroin overdoses. Heroin use among women grew by 100 percent over the time period, while its use among men grew by 50 percent. While the rate of death from opioid overdose is higher among men, women were more likely to experience an opioid overdose, according to the analysis.
2016 Voice Awards Event

The 2016 Voice Awards event will take place on August 10, 2016 at UCLA’s Royce Hall.

You’re Invited

Join SAMHSA and its program partners for the 2016 Voice Awards on August 10! Help us honor community leaders and entertainment professionals who are championing recovery and bringing mental health and addiction issues out of the shadows.

This year’s event will highlight the theme “Strengthening Families through Hope and Help.” Family/consumer/peer leaders who have embraced and promoted family support in all aspects of prevention, treatment, and recovery will be among those recognized with a Voice Award.

Television and film productions that portray the positive impact that family members can have on their loved one’s path to recovery also will be honored.

Register now to attend the 2016 Voice Awards event in-person at UCLA's Royce Hall on Wednesday, August 10, or to watch the live event webcast online.

Due to high demand, please reserve your seat (whether in-person or online) no later than Friday, August 5.

WHEN: Wednesday, August 10, 2016
WHERE: UCLA’s Royce Hall
ARRIVALS AND PRE-SHOW: 6 p.m., West Lobby and Ahmanson Terrace
AWARDS PROGRAM: 7:30 p.m., Royce Hall Theater

Use #VoiceAwards to join the behavioral health conversation.

See the 2016 Voice Awards Program Partners
Value-Based Purchasing: The Use of Evidence in Purchasing

Monday, August 8, 1:30 to 3:30 p.m. ET

Representatives from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the New York State Medicaid Agency will discuss the shift toward value- and performance-based contracting for behavioral health services.

Presenters will address the following topics to help states prepare for these significant changes:

- New York State's Medicaid Transformation
- Defining and rewarding "value" in behavioral health
- Engaging key partners and stakeholders in planning and implementation
- Strengthening system capacity to adopt changes
- Overview of the paradigm shift from "volume to value" in health and behavioral health services
- National trends and models for implementing value-based payment
- Using population health framework
- Measuring and tracking valued outcomes

Register Here

Presenters

Jason A. Helgerson is the Medicaid director for the State of New York. New York's Medicaid program has more than 5 million enrollees with an annual budget in excess of $54 billion. Mr. Helgerson also serves as the executive director for New York's Medicaid Redesign Team. In this capacity, he leads the state’s effort to fundamentally reshape its Medicaid program to both lower costs and improve health care quality. Prior to arriving in New York, Mr. Helgerson was Wisconsin’s Medicaid director.

William Hudock is a senior public health advisor within SAMHSA's Center for Mental Health Services. In this capacity, he provides technical assistance to state behavioral health agencies regarding the impact of the Patient Protection and Affordable Care Act (ACA), Mental Health Parity and Addiction Equity Act (MHPAEA) on access to behavioral health treatment, and system capacity issues. Before joining SAMHSA, he worked for many years in the insurance industry and spent 8 years leading consulting services for behavioral health providers.
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.

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.

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.
The Friend of the Field Award: Michael Botticelli, MEd, Director, White House Office of National Drug Control Policy (ONDCP)
This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

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

Ray Caesar, LPC, Oklahoma
Spence Clark, MSW, North Carolina
Alice Gleghorn, PhD, California
Robert Kent Esq., New York
Robert Lambert, MA, Connecticut
Richard Moldenhauer, MS, Minnesota
Kenneth Stoller, MD, Maryland
Trusandra Taylor, MD, Pennsylvania
Hoang Van Ke, MD, Vietnam
Einat Peles, PhD, Israel

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

Conference Registration

What If You Held A Listening Session and Nobody Came?
The Substance Abuse and Mental Health Services Administration was confronted August 2 with the question of how to handle a two-hour scheduled Listening Session during which fewer than a dozen stakeholders opted to comment.

The Listening Session was scheduled to hear feedback on reporting requirements for practitioners certified to dispense buprenorphine under the final Medication Assisted Treatment regulations published in the July 8 Federal Register. However, only two organizations appeared at SAMHSA headquarters to comment. Although there were about 155 callers by phone to the session, stakeholder comments—limited to two minutes—were completed after 25 minutes, despite encouragement from session coordinator, Office of Policy Planning and Innovation Director Monica Feit, to step forward.

Commenters complimented the balance in the regulations between the burden to report and the need to ensure dispensing providers are adequately monitored. Some commenters sought more information on how the reported data would be used.

Written comments will be accepted by SAMHSA until August 8. Most commenters promised they would follow up in writing.
The reality is that many minority individuals and families in America currently struggle with mental illness. One in five children and adults suffer from a mental disorder and one in ten has a severe illness, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). The Office of Minority Health provides the following statistics concerning mental health in minority communities:

- These concerning statistics are why African Americans are 20% more likely to report having serious psychological distress than non-Hispanic Whites.
- Older Asian American women have the highest suicide rate of all women over age 65 in the United States.
- The death rate from suicide for Hispanic men is almost five times the rate for Hispanic women, in 2009.

These findings underscore why faith and community leaders can play a powerful role in addressing minority mental health in their congregations and communities. Faith and community leaders serve as trusted messengers. They can provide hopeful guidance and awareness to individuals and families seeking assistance on mental health disorders.

This guidance is important because while people in minority communities are just as likely to struggle with mental health issues as the general population, they are less likely to seek help, according to Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. The report also concludes that individuals in minority communities are less likely to be diagnosed and treated for their mental health condition; have less access to mental health services; and often receive poor quality mental health care.

These findings underscore why trusted messengers in the minority communities—like faith and community leaders — can assist in reducing these negative perceptions. Being open and honest about these struggles is hard for anyone to disclose, however, those conversations are helped when communities have the proper information and the awareness about mental illness.

The Affordable Care Act is another way that faith and community leaders can educate individuals, families, and youth about their mental health and recovery.

The Affordable Care Act is helping our nation to advance health equity and expand mental health coverage. Insurance companies offering new plans now have to include certain preventive services like screenings for alcohol abuse and depression, and behavioral assessments for children, at no extra cost.

And every plan purchased through the Health Insurance Marketplace covers mental health and substance use services and supports that promote recovery.

By raising awareness on these issues and the resources that are available, faith and community leaders can assist individuals and families in congregations and communities across the country to get the help they need and start them on the road to recovery.

There is still much work we can do. We must all work together to make mental health a priority. That important work begins, however, with increased awareness and an honest conversation.
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Additional NASMHPD Links of Interest

Substance Abuse and Mental Health Services Administration, Behavioral Health Spending and Use Accounts, 1986-2014, SAMHSA, July 15, 2016
Advisory: Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update, SAMHSA, February 2016
Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States, National Governors Association, July 2016
Video: Coping With Familial Mental Illness in Stressful Times, NIMH, July 28, 2016
Technology and the Future of Mental Health Treatment, NIMH, May 2016