



National Association of State Mental Health Program Directors

Weekly Update

House Passes Combined Mental Health Reform/Cures Legislation, 392-26; Trump Names Rep. Tom Price HHS Secretary, Seema Verma CMS Administrator

The House of Representatives on November 30 overwhelmingly passed, by a vote of 392-26, [legislation](#) combining Mental Health Reform with the 21st Century Cures [legislation](#) approved in July that increases funding for the National Institutes of Health (NIH) and expedites Food and Drug Administration (FDA) drug approval procedures.

The Senate will hold a cloture vote the evening of December 5, in expectation of holding a vote on the bill itself the following day.

The White House has already issued a [statement](#) “strongly supporting” the bill, [H.R. 34](#).

Two Republicans and six Democrats voted against the measure. Nine Republicans and eight Democrats abstained. The vote followed [80 minutes of mostly congratulatory and laudatory debate](#), with few dissenting voices. However, retiring Rep. Jim McDermott (D-WA), was vocal in expressing his displeasure about a reduction in the NIH funding increase from \$9.3 billion over five years to \$4.6 billion over 10 years, as well as provisions he said would eliminate controls designed to ensure drug and medical device patient safety.

The vote in the Senate may be much closer than in the House, with Democratic Senators Elizabeth Warren (D-MA), Jeff Merkley (D-OR), and Assistant Minority Leader Dick Durbin (D-IL) announcing their opposition to the measure. Senator Warren will vote “no” because of the reduced regulatory controls. Senator Durbin is unhappy with a \$3.5 billion reduction over 10 years in the Affordable Care Act’s (ACA’s) Prevention and Public Health Fund needed to pay for the bill, but has said he will likely vote for the measure.

Progressive advocacy groups supportive of Senator Warren are urging Senators to defeat the bill, but mental health advocacy organizations such as NASMHPD will be participating in a public event on Capitol Hill Monday afternoon to emphasize their support for the measure.

The changes in H.R. 34 from previous versions of the Senate and House mental health reform measures include:

- Elimination of the requirement in the earlier House version that the newly created SAMHSA Assistant Secretary have

a doctoral degree in medicine, osteopathic medicine, or psychology;

- A new provision allowing states the flexibility to average over two years the annual 10 percent Mental Health Block Grant set-aside for First Episode Psychosis interventions;
- Specific authorization amounts for various grant programs not specifically funded in an earlier Senate version, including \$7.2 million for the Suicide Prevention Lifeline;
- Authorization for the \$1 billion requested by President Obama to fund, over two years, state grants for programs intended to address the prescription opioid epidemic;
- Inclusion of the criminal justice diversion program provisions of Senator John Cornyn’s (D-TX) Mental Health and Safe Communities Act, [S. 2002](#); and
- Replacement of the statutory incorporation of the recent Centers for Medicare and Medicaid Services (CMS) Medicaid managed care regulatory revisions permitting limited capitated reimbursement to IMDs with a study of the impact of the regulatory change.

Efforts to include an expansion of the § 223 Excellence in Mental Health Act demonstration grant program to additional states, beyond the eight states currently authorized for participation, proved unsuccessful.

On November 29, President-Elect Donald Trump announced his picks to be responsible for implementing the changes and programs mandated under H.R. 34. As expected, Rep. Tom Price (R-GA), Chairman of the House Budget Committee, was named Secretary of Health and Human Services. Medicaid consultant Seema Verma, the prime architect of Vice President-Elect Mike Pence’s *Healthy Indiana Plan 2.0* alternative to Medicaid expansion, was named CMS Administrator.

D.C. Work Days Left in the 114th Congress
8 – House Work Days in Lame Duck
10 – Senate Work Days in Lame Duck
115th Congress Begins at Noon, January 3

| Federal Marketplace Enrollment Snapshot | | |
|------------------------------------------------|---------------------------------------|-----------------------------------------|
| | Weeks 3 and 4 Nov. 13 - 26 | Cumulative Nov. 1 to Nov. 26 |
| Plan Selections (net) | 1,129,499 | 2,137,717 |
| <i>New Consumers</i> | 273,059 | 519,492 |
| <i>Consumers Renewing Coverage</i> | 856,440 | 1,618,225 |
| Consumers on Applications Submitted | 1,804,840 | 3,862,599 |
| Call Center Volume | 1,297,952 | 2,545,851 |
| Calls with Spanish Speaking Representative | 85,516 | 172,642 |
| HealthCare.gov Users | 4,226,761 | 8,040,513 |
| CuidadoDeSalud.gov Users | 137,566 | 253,634 |
| Window Shopping HealthCare.gov Users | 562,007 | 1,681,789 |
| Window Shopping CuidadoDeSalud.gov Users | 10,223 | 23,931 |

| Week 4 Cumulative Enrollment – November 1 to 26 | | Week 4 - Cumulative Enrollment - November 1 to 26 | |
|------------------------------------------------------------|---------|--------------------------------------------------------------|---------|
| Alabama | 48,509 | Nebraska | 23,096 |
| Alaska | 4,742 | Nevada | 19,899 |
| Arizona | 38,222 | New Hampshire | 10,554 |
| Arkansas | 13,826 | New Jersey | 65,215 |
| Delaware | 5,875 | New Mexico | 12,071 |
| Florida | 514,580 | North Carolina | 134,049 |
| Georgia | 106,905 | North Dakota | 4,635 |
| Hawaii | 4,726 | Ohio | 47,535 |
| Illinois | 68,192 | Oklahoma | 31,803 |
| Indiana | 33,707 | Oregon | 40,290 |
| Iowa | 12,099 | Pennsylvania | 102,110 |
| Kansas | 24,778 | South Carolina | 50,205 |
| Kentucky | 20,276 | South Dakota | 8,005 |
| Louisiana | 25,863 | Tennessee | 55,434 |
| Maine | 15,653 | Texas | 220,379 |
| Michigan | 66,100 | Utah | 46,652 |
| Mississippi | 18,493 | Virginia | 92,136 |
| Missouri | 61,615 | West Virginia | 7,876 |
| Montana | 12,395 | Wisconsin | 62,809 |
| | | Wyoming | 6,408 |

SAMHSA Fiscal Year 2017 Grant Opportunities

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all FOAs. All applicants must register with NIH's eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process six (6) weeks in advance of the application due date. When you are searching for a funding opportunity on Grants.gov, use SAMHSA's FOA number as the Funding Opportunity Number.

For information on SAMHSA's upcoming FOAs, review the [SAMHSA forecast \(PDF | 347 KB\)](#). The forecast includes SAMHSA's plans for release of FOAs, including brief program descriptions, eligibility information, award size, number of awards, and anticipated release date. Please note: This information reflects current planning and is subject to change.

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

Application Due Date: Tuesday, December 20, 2016

FOA: SM-17-002

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

Number of Anticipated Awards: 11

Project Length: Up to 3 years

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

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

[Garrett Lee Smith \(GLS\) Campus Suicide Prevention Grant](#)

Application Due Date: Tuesday, December 7, 2016

FOA: SM-17-003

Total Amount Available: \$1,521,000

Number of Anticipated Awards: 15

Anticipated Award Amount: Up to \$102,000 per year

Project Length: Up to 3 years

The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

Eligible Applicants: Eligibility is limited to institutions of higher education that have not previously been awarded a GLS Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply.

Additional SAMHSA Fiscal Year 2017 Grant Opportunity

Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Application Due Date: Tuesday, January 3, 2017

FOA: SM-17-001

Project Length: 4 Years

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

Number of Anticipated Awards: 5 to 15

Total Amount Available: \$15,045,000

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

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

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

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

Final Obama Administration *Making Health Care Better* Session Reviews Progress Made Over Last Eight Years in Preventing and Treating Substance Use Disorders

Panelists participating in the Obama Administration's last installment in its year-long *Making Health Care Better* series of public programs were unanimous on November 30 in their praise of the leadership of National Drug Control Policy Director Michael Botticelli in coordinating the Administration's multi-agency activities addressing the nation's prescription opioid crisis. That leadership was characterized as "herding cats" by National Institute of Drug Abuse (NIDA) Deputy Director Wilson Compton.

Panelists at the White House event, who included agency officials, stakeholders, and public health and public safety leaders, also praised the Administration's leadership in treating substance use disorders as a public health issue rather than a criminal justice or moral issue.

The Center for Disease Control and Prevention's (CDC's) recent guidance for providers on prescribing opioids safely was also affirmatively acknowledged.

Participants in all three panels on the program expressed

appreciation for the pending Congressional authorization of the \$1 billion requested by the Administration to fund state grants for prevention and treatment of prescription opioid abuse, included in the 21st Century Cures Act.

Panelists praised the Administration's initiative making Medication-Assisted Treatment more readily available and broadening the ability of providers to dispense buprenorphine, but all agreed additional access is still needed. Panelists such as Middlesex County, Massachusetts, Sheriff Peter Koutoujian emphasized the need for recovery supports to complement medication treatment, particularly housing and peer support. Others stressed the need for evidence-based, data-driven approaches, while others emphasized workforce needs.

Agriculture Secretary Tom Vilsack, who has spearheaded the Administration's initiative to address opioid dependence in rural settings, closed the session speaking movingly of his own experience with a mother who spent her final 14 years in recovery from addictions.

Webinar: Pre-Application Technical Assistance for Applicants for the BRAIN Initiative Fellowship Program (F32)

December 8, 2 p.m. to 3:30 p.m. ET

The NIH BRAIN Initiative will conduct a pre-application technical assistance webinar to provide an overview of, and answer questions about, [RFA-MH-17-250, BRAIN Initiative Fellows: Ruth L. Kirschstein National Research Service Award \(NRSA\) Individual Postdoctoral Fellowship \(F32\)](#) Program. The purpose of the Fellowship program is to enhance the research training of promising post-doctorates, early in their post-doctoral training period, who have the potential to become productive investigators in research areas that will advance the goals of the BRAIN Initiative. Participation in the webinar, although encouraged, is optional and is not required for application submission.

[REGISTER FOR THE WEBINAR HERE](#)

NOTE: Prospective applicants are encouraged to submit their questions or comments at least 48 hours prior to the scheduled webinar.

Visit the [webinar announcement page](#) for more information. Check out the Fellowship [application](#).

Medicaid Innovation Accelerator Program National Dissemination Webinar: Leveraging Managed Care Contract Language to Improve Substance Use Disorders Purchasing Strategies

December 7, 3:30 p.m. to 5 p.m. ET

In 2014, CMS launched a collaborative between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare & Medicaid Innovation (CMMI) called the Medicaid Innovation Accelerator Program (IAP). The goal of IAP is to improve the care and health for Medicaid beneficiaries and reduce costs by supporting states' ongoing payment and service delivery reforms through targeted technical support. As part of their efforts to roll out what they and the partner states have learned from the first year of the Reducing Substance Use Disorders program area, CMS invites you to join the final webinar in a four-part national dissemination webinar series, ***Leveraging Managed Care Contract Language to Improve SUD Purchasing Strategies***.

In this webinar, CMS will discuss key elements of managed care contracting that promote good stewardship in the purchasing of substance use disorder (SUD) services. Specifically, it will discuss core contract components where SUD service delivery may be strengthened, including benefit design, standards of care, network adequacy, quality metrics, and integration of SUD and physical health. There will be two featured state partners on the webinar panel to discuss their efforts to offer a comprehensive SUD treatment care continuum:

- Virginia Medicaid representatives will discuss how they are working with managed care entities to transform their SUD delivery system to provide the SUD care continuum, remove treatment gaps, and meet the American Society of Addiction Medicine (ASAM) Criteria standards of care.
- Massachusetts Medicaid officials will share how they expanded access to SUD care using consistent managed care contract language, and how they assigned regional network managers to monitor quality.

[REGISTER HERE](#)

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](#).

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

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

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

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 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.

Turning to Artificial Intelligence to Predict Suicide Risk Factors When Traditional Approaches Seem to Fail

A Florida State University researcher who asserts that, despite 50 years of research, science is still not very good at predicting who will kill themselves, is now testing a “machine-learning” method employing algorithms to identify risk factors for suicidal behavior.

In a [study published November 14 in the journal *Psychological Bulletin*](#), Dr. Joseph C. Franklin, an assistant professor of psychology at Florida State and his colleagues found traditional risk factors — such as depression, substance abuse, stress, or previous suicide attempts — are not good predictors of suicide. Dr. Franklin’s meta-analysis of 365 suicide studies over 50 years found past studies have typically focused on a single risk factor, such as depression or low serotonin levels in the brain, and then followed patients over a decade. He insists this long-term approach has not accurately identified who needed mental health assistance.

Dr. Franklin, told the on-line publication *Psych Central*, in an [article published November 21](#), that his research found that “guessing, or flipping a coin, is as good as the best suicide expert in the world who has all the information about a person’s life. That was pretty sobering for us and sobering for the field because it says all the stuff we’ve been doing for the past 50 years hasn’t produced any real progress in terms of prediction.”

Dr. Franklin and his colleagues — Drs. Jessica Ribeiro, faculty researcher in Florida State University’s department of psychology, and Colin Walsh, assistant professor at Vanderbilt University — want to change how someone is determined to be at risk for suicide. They think a shorter-term method, using artificial intelligence, will produce more accurate risk factors.

That’s why they are testing machine-learning. Dr. Franklin compares it to the Google search algorithm that combines

hundreds of factors based on a person’s search history to produce accurate results.

The machine-learning method combines hundreds of factors from a person’s health history to improve the accuracy of suicide prediction. He says this method can easily be implemented across large hospital networks with millions of patients.

“This work is still in progress, but it represents a huge advance in a short amount of time,” Dr. Franklin told *Psych Central*. “We believe this line of work will take us from ‘I have no idea’ to ‘I can tell you pretty strongly that this is going to happen.’” Once more accurate risk factors are identified, Dr. Franklin hopes to expand the use of new technology to battle suicide and mental illness on a large scale.

His team of researchers has already developed a free internet application that’s proven effective in trials at reducing suicidal behaviors. Dr. Franklin says the free app has reduced suicidal behaviors by about 50 percent over the course of a month in hundreds of people.

The app, called “Tec-Tec,” is available on iTunes and [Amazon](#) right now. Dr. Franklin told *Psych Central* he hopes millions of people will eventually use it.

As for current suicide risk factors, Dr. Franklin warned against discarding them completely. He recommended therapists continue using the guidelines

but said there’s an urgent need to re-evaluate them.



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@nasmhpd.org.

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NASMHPD LINKS OF INTEREST

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

[2017 HOUSE OF REPRESENTATIVES CALENDAR](#)

[NATIONAL SURVEY ON DRUG USE AND HEALTH \(NSDUH\) 2015 PUBLIC USE FILES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION \(SAMHSA\)](#)

[TENNESSEE HEALTH LINK](#) (The Tennessee Health Link is intended to coordinate services for TennCare members with the highest behavioral health needs. Health Link providers commit to providing comprehensive care management, care coordination, referrals to social supports, member and family support, transitional care, health promotion, and population health management. Participating providers receive training, technical assistance, quarterly reports of actionable data, and access to a care coordination tool, and are compensated with activity payments and annual outcome incentive payments.), **DECEMBER 1**

[DEPARTMENT OF LABOR FINAL RULES: IMPLEMENTATION OF THE NONDISCRIMINATION AND EQUAL OPPORTUNITY PROVISIONS OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, DECEMBER 2](#)

[MARYLAND RECOVERY NETWORK: SERVICES SUPPORTING RECOVERY FOR PEOPLE WITH SUBSTANCE RELATED DISORDERS, MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BEHAVIORAL HEALTH ADMINISTRATION DATA SHORT, NOVEMBER 2016](#)