

## National Association of State Mental Health Program Directors

## Weekly Update

**Senate Passes Combined Mental Health Reform/Cures Legislation, 94-5**

The United States Senate on December 7 overwhelmingly passed, by a vote of 94 to 5, [H.R. 34](#), the legislation combining Mental Health Reform with the 21st Century Cures legislation. President Obama has promised his signature on the bill on December 13.

The Cures portion of the legislation, approved in July, increases funding for the National Institutes of Health (NIH) and expedites Food and Drug Administration (FDA) drug approval procedures. Voting against the bill were Senators Bernie Sanders (I-VT), Elizabeth Warren (D-MA), Mike Lee (R-Utah), Jeff Merkley (D-Ore.) and Ron Wyden (D-Ore.). Senators Sanders, Warren, and Merkley opposed the legislation because, they said, the expedited drug approval process included in the bill benefited pharmaceutical companies while weakening consumer protections.

The White House last week issued a [statement](#) “strongly supporting” the bill, H.R. 34, and the President devoted his Saturday [weekly radio address on December 3](#) to urging its passage. With that passage, the President issued a congratulatory statement saying, “We are now one step closer to ending cancer as we know it, unlocking cures for diseases like Alzheimer’s, and helping people seeking treatment for opioid addiction finally get the help they need. The bipartisan passage of the 21st Century Cures Act is an example of the progress we can make when people from both parties work together to improve the health of our families, friends and neighbors.

“This is a reminder of what we can do when we look out for one another. Like Joe Biden and so many other Americans, I’ve lost people I love deeply to cancer. I’ve heard often from those whose loved ones are suffering from Alzheimer’s, addiction, and other debilitating diseases. Their heartbreak is real, and so we have a responsibility to respond with real solutions. This bill will make a big difference, and I look forward to signing it as soon as it reaches my desk.”

**D.C. Work Days Left in the 114<sup>th</sup> Congress**

**House Has Adjourned Early**

**5 – Senate Work Days in Lame Duck**

**115<sup>th</sup> Congress Begins at Noon, January 3**

*Politico* [reported December 8](#) that the near unanimous vote “was due in no small part to Vice President Joe Biden’s relentless lobbying on the bill as it headed toward the Senate floor — he personally called or met with nearly 20 members of the Senate, including Republicans.”

*Politico* also reported that, in March, two months after the “Cancer Moonshot” initiative was announced following the death from cancer of the Vice President’s son, Beau, Vice President Biden held a meeting in the Executive Office Building with Energy and Commerce Committee chair Fred Upton (R-MI) and other members of the House and Senate’s health care committees from both parties.

Nevertheless, Energy and Commerce ranking member Rep. Diana DeGette (D-CO) told *Politico*, “Boy, we had to drag this bill out of the ditch so many times.’ She said she and Rep. Upton “spent the entire Thanksgiving week on the phone with ourselves, with our staff, White House, and the senators, making this happen.”

The Vice President presided over the Senate on December 5 when an 85-13 Senate vote, far more than the 60 votes need for cloture in the Senate, ended debate. Majority Leader Mitch McConnell (R-KY) recognized the Vice President’s leadership when, following the cloture vote, he introduced a separate resolution directing the Clerk of the House to rename the title of H.R. 34 authorizing new funding for NIH research on diseases such as cancer the “Beau Biden Cancer Moonshot and NIH Innovation Projects”.

***Senate Finance Workgroup on Chronic Disease Issues “Chronic Care Act”***

Senate Finance Committee Chair Oren Hatch (R-UT) and members of the Committee’s Workgroup on Chronic Care on December 6 issued the bi-partisan S. 3504, the [Creating High-Quality Results and Outcomes Necessary to Improve Chronic \(CHRONIC\) Care Act of 2016](#),

The bill, which will not be acted in this Session of Congress but will be re-introduced in January, is the final version of a draft released for comment in October. Its provisions include expansion of telehealth benefits for Medicare Advantage enrollees and permanent authorization for Medicare Special Needs Plans.

## Federal Government Funding at Risk over Senate Dispute Regarding Miners' Retirement Benefits

The House of Representatives on December 8 passed a second FY 2017 Continuing Resolution by a vote of 326 to 96. [H.R. 2028](#) must be passed by both chambers on December 9, when the earlier C.R. expires, or the Federal government is unfunded. Democratic coal state Senators Joe Manchin (D-WV), Sherrod Brown (OH), and Joe Donnelly (IN) are delaying passage there over miners' retirement benefits, potentially until Sunday.

## SAMHSA Fiscal Year 2017 Grant Opportunity

**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).

## 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](#).

## 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.

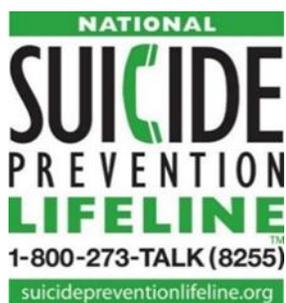
The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based 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).

## Letter to the Editor

Dear Editor:

I noticed with interest your recent article about the research by Dr. Joseph Franklin (*see the December 2 NASMHPD Weekly Update, page 7, Turning to Artificial Intelligence to Predict Suicide Risk Factors When Traditional Approaches Seem to Fail*) showing that using traditional risk factors to predict suicide are no more effective than chance. The implication is that prediction is futile, and that "more research is needed." Dr Matt Nock at Harvard (another very smart guy working on the problem) has reached similar results.



However, for the many Commissioners working actively on suicide prevention, these conclusions are misleading and potentially dangerous.

The key issue is that in suicide prevention, especially for vulnerable people like those relying on the mental health safety net, the need is not to predict death, but to identify people who need the effective supports that have evidence. As those familiar with the Zero Suicide toolkit know, these approaches include Safety Planning with reduction of available lethal means, direct

treatment of suicidal thoughts and feelings, and supportive, non-demand contacts during high risk periods (*see [www.zerosuicide.com](http://www.zerosuicide.com)*).

The effective method of identifying who needs support was demonstrated in the *December 2013 Psychiatric Services paper by Greg Simon et al.* They examined suicide deaths among more than 84,000 people who had responded to the PHQ-9 health questionnaire, and found that endorsing responses to Question 9 (thoughts of suicide or self-harm) had a 6 to 10 times greater chance of dying.

In other words, the research-based way to find out if people are in a period of elevated risk is TO ASK THEM.

In providing care, we are not focused on the odds of someone dying at a particular time. We want to know if providing effective, focused treatment and support is a smart, cost-effective decision.

That, we know how to do.

Be Well,

Michael (Mike) Hogan  
Hogan Health Solutions

Mr. Hogan serves on the Executive Committee of the National Action Alliance for Suicide Prevention

## 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
<a href="#">American Association for Marriage and Family Therapy</a>	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
<a href="#">American Nurses Association</a>	4/30/16 - 4/30/17	Applications Open Until all vacancies filled	N/A
<a href="#">American Psychiatric Association</a>	10/31/2016- 1/30/2017	N/A	N/A
<a href="#">American Psychological Association</a>	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
<a href="#">Council on Social Work Education</a>	12/2016 – 2/28/17	Spring 2017	N/A
<a href="#">NAADAC: the Association for Addiction Professionals</a>	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](mailto: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.

# DoD Launches New Peer Support Center for Service Members and their Families



The Department of Defense (DoD) has launched a new peer support call and outreach

center solely dedicated to all active duty service members (including the National Guard and Reserves) and their direct family members. Opening on October 21, the new "BeThere" Peer Support Line provides 24/7 chat, e-mail, phone and text-messaging support.

The [BeThere](#) Peer Support Line is staffed by peer coaches who are veteran service members and spouses of prior service members. Their website notes that the Peer Support Line provide support to spouses and children over the age of 18; minors can call for support after a parent gives consent to the conversation. Conversations between the peer coaches and service members or family members are confidential.

By having peer coaches with lived experiences, the mission of the *BeThere* center is to provide a buddy-style system of support for day-to-day career and personal life challenges that is unique to the military infrastructure; the goal is to increase a service member's resiliency through this support system. The *BeThere* Peer Support Line motto—"We have been there, now we are here for you" provides an array of support services such as:

- Emotional support and counseling for service member being deployed, experiencing combat or living overseas;
- Coping skills for dealing with day-to-day stressors such as financial and legal problems, relationship and marital issues, and parenting support;
- Resources and referrals for military education, transition planning, victim advocate and family advocacy support;
- Crisis counseling for those experiencing thoughts of suicide or other mental health or substance use issues; and

- Follow-up communications from peer counselors to ensure that proper services were provided and if additional support or referral is needed.

In a DoD press release, Wendy Lakso, the Defense Suicide Prevention Office's Director for Outreach and Education, stated, "We are honored to support our service members and their families as they get connected to needed resources through the support of those who have also served our country. This new initiative recognizes the unique challenges faced within the military community, promotes awareness, reduces the stigma and provides solutions for breaking through barriers when it comes to seeking help."

The *BeThere* Peer Support Line can be accessed by calling 844-375-PEER (7337), texting 480-360-6188, or e-mailing and chatting by visiting the *BeThere* website at: <https://www.betherepeersupport.com/>.

## Webinar Opportunity: Innovations in Supportive Housing December 15, 2 p.m. to 3 p.m. ET

The presentation by the Technical Assistance Collaborative, at the request of NASMHPD's Housing Task Force, will discuss the work of several states on supportive housing, covering topics such as:

- Working with local Continuum of Cares (CoC's)
- Developing specialized supportive housing models
- Accessing Medicaid funds for housing services
- Using data to target recipients of supportive housing and state consumer-focused planning; and
- Efficient use of resources.

[REGISTER HERE](#)

## 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.

### December Trainings

Alabama

**Birmingham, Alabama, December 19<sup>th</sup> & 20<sup>th</sup> - Jefferson County Family Court**

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).

## 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  
**Vacant**, At-Large Member

## NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director  
[Brian.hepburn@nasmhpd.org](mailto:Brian.hepburn@nasmhpd.org)

Meighan Haupt, M.S., Chief of Staff  
[Meighan.haupt@nasmhpd.org](mailto:Meighan.haupt@nasmhpd.org)

Raul Almazar, RN, MA  
Senior Public Health Advisor (PT)  
[raul.almazar@nasmhpd.org](mailto:raul.almazar@nasmhpd.org)

Shina Animasahun, Network Manager  
[Shina.animasahun@nasmhpd.org](mailto:Shina.animasahun@nasmhpd.org)

Genna Bloomer, Communications and Program Specialist (PT)  
[Genna.bloomer@nasmhpd.org](mailto:Genna.bloomer@nasmhpd.org)

Cheryl Gibson, Senior Accounting Specialist  
[Cheryl.gibson@nasmhpd.org](mailto:Cheryl.gibson@nasmhpd.org)

Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches  
[Joan.gillece@nasmhpd.org](mailto:Joan.gillece@nasmhpd.org)

Leah Harris, Peer Integration Strategist  
[Leah.harris@nasmhpd.org](mailto:Leah.harris@nasmhpd.org)

Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor  
[Leah.homes-bonilla@nasmhpd.org](mailto:Leah.homes-bonilla@nasmhpd.org)

Christy Malik, M.S.W., Senior Policy Associate  
[Christy.malik@nasmhpd.org](mailto:Christy.malik@nasmhpd.org)

Kelle Masten, Senior Program Associate  
[Kelle.masten@nasmhpd.org](mailto:Kelle.masten@nasmhpd.org)

Stuart Gordon, J.D., Director of Policy & Communications  
[Stuart.gordon@nasmhpd.org](mailto:Stuart.gordon@nasmhpd.org)

Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches  
[Jeremy.mcshan@nasmhpd.org](mailto:Jeremy.mcshan@nasmhpd.org)

Jay Meek, C.P.A., M.B.A., Chief Financial Officer  
[Jay.meek@nasmhpd.org](mailto:Jay.meek@nasmhpd.org)

David Miller, MPAff, Project Director  
[David.miller@nasmhpd.org](mailto:David.miller@nasmhpd.org)

Kathy Parker, M.A., Director of Human Resource & Administration (PT)  
[Kathy.parker@nasmhpd.org](mailto:Kathy.parker@nasmhpd.org)

Brian R. Sims, M.D., Senior Medical Director/Behavioral Health  
[Brian.sims@nasmhpd.org](mailto:Brian.sims@nasmhpd.org)

Greg Schmidt, Contract Manager  
[Greg.schmidt@nasmhpd.org](mailto:Greg.schmidt@nasmhpd.org)

Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention  
[Pat.shea@nasmhpd.org](mailto:Pat.shea@nasmhpd.org)

David Shern, Ph.D., Senior Public Health Advisor (PT)  
[David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)

Timothy Tunner, M.S.W., Ph.D., Training and Technical Assistance Advisor  
[Timothy.tunner@nasmhpd.org](mailto:Timothy.tunner@nasmhpd.org)

Aaron J. Walker, M.P.A., Senior Policy Associate  
[Aaron.walker@nasmhpd.org](mailto:Aaron.walker@nasmhpd.org)

## NASMHPD LINKS OF INTEREST

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

**MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (MACPAC) RELEASES [2016 EDITION OF MACSTATS MEDICAID AND CHIP DATA BOOK](#), DECEMBER 8**

**[IMPLICATIONS OF PARTIAL REPEAL OF THE AFFORDABLE CARE ACT THROUGH RECONCILIATION](#), URBAN INSTITUTE, DECEMBER 6**

**[REGISTRATION TO PARTNER WITH THE NATIONAL INSTITUTE ON DRUG ABUSE \(NIDA\) AND THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM ON EVENTS FOR NATIONAL DRUG AND ALCOHOL FACTS WEEK, JANUARY 23–29, 2017](#)**. Receive support from NIDA staff to plan a successful activity and get your event nationally recognized on the official 2017 map of activities.

**SURGEON GENERAL REPORTS YOUTH AND YOUNG ADULT E-CIGARETTE USE POSES A PUBLIC HEALTH THREAT: [NEW INTERACTIVE WEBSITE FOR PARENTS](#)**

**[SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION \(SAMHSA\) ANNOUNCES NATIONAL TRIBAL HEALTH AGENDA](#), DECEMBER 6**