New Administration Regulatory Policy Poses Challenges For 42 CFR Part 2 Final and Supplemental Regulations

A new Trump Administration regulatory policy imposed by Executive Order could pose difficulties both for the Substance Abuse and Mental Health Services Administration seeking to finalize the final 42 CFR Part 2 substance use treatment disclosure regulations adopted January 18 and for advocates seeking to change the regulations through Congressional modification to the underlying statute.

The regulations as finalized were scheduled to take effect February 17. However, a January 20 Memorandum for the Heads of Executive Departments and Agencies from Trump Chief of Staff Reince Priebus ordered that the effective date of all final regulations published in the Federal Register that had not yet taken effect be delayed for 60 days following issuance of the memorandum, or until the White House had a chance to review and approve them. That could delay the effective date of the regulations until mid-March.

The memorandum was followed by a January 30 Executive Order stating that, for every regulation adopted by an executive agency, two previously adopted regulations would have to be repealed. The Executive Order went on to state that, for Fiscal Year 2017, the total incremental cost of all new regulations, including repealed regulations, must be no greater than zero to be finalized, unless otherwise required by law or consistent with advice to be provided in writing by the Director of the Office of Management and Budget (OMB). The OMB Director is to provide agency heads with guidance on implementation of the Executive Order that addresses: processes for standardizing the measurement and estimates of regulatory costs; standards for determining what qualifies as new and offsetting regulations; standards for determining the costs of existing regulations considered for elimination; processes for accounting for costs in different fiscal years; and emergencies and other circumstances that might justify individual waivers of the requirements of the Executive Order.

In addition, beginning in FY 2018, an agency may not propose a regulation not included in its annual Regulatory Plan, unless approved in advance in writing by the OMB Director. It is not clear how all this would apply to regulations that Congress directs be adopted to implement a newly enacted law.

At present, it is not known whether the Administration will approve the final regulation for implementation, or order it withdrawn. If it is ordered withdrawn, the adoption of any amended version of the regulation will be subject to the mandate that two agency regulations be repealed and subject to the OMB guidance on zero-costs. It is also not known whether the supplemental regulations proposed concurrently with the final regulations on January 18 governing disclosures to, and re-disclosures by, Medicaid managed care plans and Medicaid contractors will be permitted to move forward and, if permitted, whether they can meet the as-yet undefined zero-cost standard and be offset by two repealed regulations.

The final regulations could also still be overridden under the Congressional Review Act affecting “midnight rules” adopted in the final 60 days of a previous Administration. Under that act, if regulations are overridden by Congress, a similar version cannot be proposed by an agency unless specifically authorized in statute by Congress.
Mood Disorders Associated with Higher Risk of Suicide after Hospital Discharge

A study published in the November 2016 *JAMA Psychiatry, Short-term Suicide Risk After Psychiatric Hospital Discharge*, confirms that psychiatric inpatients diagnosed with mood disorders have a much higher risk of suicide within 90 days of being discharged from a psychiatric hospital.

A 2011 study by Dutch researcher Annemiek Huisman and her colleagues had found that approximately one-third of all patient suicides occurred within 90 days of discharge from a psychiatric hospital. But until now, there was little research that examined the suicide risk among the most common psychiatric conditions or psychiatric comorbidity after hospital discharge.

In the more recent study, Dr. Mark Olfson and his colleagues from Columbia University’s New York State Psychiatric Institute examined whether specific psychiatric disorders—depressive disorder, bipolar disorder, schizophrenia, substance use disorder, and other mental disorders—were at a higher risk of suicide three months after a psychiatric hospital discharge in comparison to a diagnosis of non-mental health disorders and the general population. The study also examined whether inpatients who had zero contact with outpatient care six months prior to hospitalization were at an elevated suicide risk after discharge.

With Medicaid being the largest payer for inpatient mental health services, data was extracted from the Centers for Medicare and Medicaid Services (CMS) Medicaid Analytic eXtract (MAX) data site. The researchers examined a cohort of approximately 1.9 million Medicaid enrolled inpatient adults 18-64 of age with a hospital admission of 1 to 30 days in length of stay from January 1, 2001 through December 31, 2007.

They found that short-term suicide rates post hospital discharge was highest for depressive disorder (235.1 per 100,000), followed closely by bi-polar disorder (216.0 per 100,000), schizophrenia (168.3 per 100,000), and other mental health conditions (160.4 per 100,000) in contrast to non-mental health disorders (11.6 per 100,000) and the US general population (14.2 per 100,000). The substance use disorder cohort had the lowest short-term suicide rate (116.5 per 100,000) among the psychiatric disorders examined.

Psychiatric inpatients who had no contact with mental health services six months prior to hospital admission were found to have an elevated risk of suicide three months after discharge. In contrast, patients who had more than 31 visits during a six-month period prior to hospital admission were found to have an increased short-term risk for suicide. The researchers also concluded that intentional self-harm was associated with a short-term risk of suicide after hospital discharge, supporting earlier similar research findings by Dr. Keith Hawton of Oxford.

The authors conclude that patients with a depression diagnosis have the highest risk of suicide 90 days after psychiatric hospital discharge. The findings suggest that timely outpatient follow-up care should be explored for reducing the suicide rate after psychiatric discharge for those diagnosed with mood disorders.
SAMHSA-SPONSORED WEBINARS

Challenges and Solutions for Mental Health Caregivers
Presented by Mental Health America and the National Alliance on Mental Illness (NAMI)

Tuesday, February 14, 2 to 3:30 p.m. ET

An estimated 8.4 million Americans provide care to an adult living with a mental health condition. Their critical role as caregivers comes with insight into barriers to services, supports, and integration that keep their loved ones struggling and isolated from their communities. This webinar discusses the challenges faced by caregivers including structural issues that limit recovery from the caregiver perspective. Based on two reports with responses from over 2,000 caregivers, presenters will present compelling data, stories and solutions for families and leaders to empower caregivers and adults living with mental health conditions.

Presenters:

- Sita Diehl, MSSW, Director of Policy and State Outreach at NAMI
- Gail Hunt, President and CEO of the National Alliance for Caregiving
- Debbie Plotnick, MSS, MSLP, Vice President for Mental Health and Systems Advocacy at Mental Health America
- Rick Baron, MA, Research and Trainer in the Mental Health field at Temple University

Questions regarding this webinar should be addressed to Kelle Masten via email or at 703-682-5187.

Trauma History and Extensive Service Use: Strategies for Treatment and Prevention
Presented by NASMHPD’s State Technical Assistance Project

Wednesday, February 15, 2 to 3:30 p.m. ET

As part of an effort to understand the root causes of heavy service utilization and poor outcomes, Health Share of Oregon, one of the state’s coordinated care organizations, undertook a careful retrospective evaluation of the life course experiences of approximately 50 individuals with a pattern of heavy service use. They found that these individuals had extensive trauma histories throughout their life course. Oregon Health Share subsequently designed and implemented trauma informed approaches to more successfully engage and serve these individuals across settings. Additionally, they have launched community level interventions to reduce exposure to trauma and strengthen resilience for the Medicaid population they serve as an accountable care organization. There are now nearly 4,000 Medicaid members in the Life Course study. Our presenters will discuss this work and its application to a trauma-informed framework for prevention and treatment planning.

Presenters:

- David Labby, MD, PhD, Health Strategy Advisor
- Maggie Bennington-Davis, M.D., Chief Medical Officer, Oregon Health Share

Please feel free to forward this announcement to others who may have an interest in this topic.

Questions regarding this webinar should be addressed to Pat Shea via email or at 703-682-5191.
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 with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners’ and Divisions’ priorities and concerns.

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.

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All-State State-Only Technical Assistance (SOTA) Call on Mental Health and Substance Use Disorder Parity Tools

Thursday, February 9, 1:30 p.m. ET

A national webinar will be delivered on February 9th at 1:30 pm ET to provide further details about the purpose and intended use of the Parity Compliance Toolkit and Implementation Roadmap. This webinar will also provide an overview of additional technical assistance that will be available to state Medicaid and CHIP agencies regarding implementation and compliance with federal parity requirements, and an opportunity for participants to ask questions. State Medicaid and CHIP officials with questions about the mental health and substance use disorder parity rule, the Parity Compliance Toolkit, or the Parity Implementation Roadmap can submit them to parity@cms.hhs.gov.

Call-in Option #1: 1-844-396-8222 ID: 905 358 656

Webinar Link and Call in Option #2: https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t260f1a798ff6fac3025eee81f0c75b0

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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.

February 2017 Trainings

Ohio
February 5 – Columbus - The Ohio State University Wexner Medical Center

Pennsylvania
February 6 & 7 - Flourtown – Carson Valley Children’s Aid

Virginia
February 10 - Fredericksburg – Lloyd F. Moss Free Clinic

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org
In 2016, an estimated 90,000 inmates did not stand trial because they were too mentally ill to understand the charges against them. The “forensic beds” used to restore them to competency are in critical supply, forcing mentally ill inmates to deteriorate further as they await treatment. A new Treatment Advocacy Center report proposes an evidence-based approach for reducing the crisis, using queueing theory to project how minor changes to mental health practices could reduce forensic bed waits. Join AEI to learn more about how small, cost-effective changes could reduce the criminalization of people with mental illness and how one Florida County is demonstrating this principle.

Watch Live Online

Registration is not required to watch on-line. For more information, please contact Clayton Hale via email or at 202.862.5920.

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.

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Nurses Association</td>
<td>4/30/16 - 4/30/17</td>
<td>Applications Open Until all vacancies filled</td>
<td>N/A</td>
</tr>
<tr>
<td>Council on Social Work Education</td>
<td>12/2016 – 2/28/17</td>
<td>Spring 2017</td>
<td>N/A</td>
</tr>
<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>9/30/2016 – 8/1/2017</td>
</tr>
</tbody>
</table>

Note: This application cycle will be an open "rolling application" period.

NASMHPD Weekly Update is now accepting letters and blogs. Please submit your contribution by noon Tuesday of the week you seek publication to stuart.gordon@nasmhpd.org.
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.

Justice and Mental Health Collaboration Program - FY 2017 Competitive Grant Announcement

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) on January 18 released a solicitation seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department’s mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, or federally recognized Indian tribal government. Under this solicitation, only one application by any particular applicant entity will be considered. Any others must be proposed as subrecipients (“subgrantees”). An entity may, however, be proposed as a subrecipient (subgrantee) in more than one application. The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire project.

Per Pub. L. 108-414, a “criminal or juvenile justice agency” is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A “mental health agency” is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders. BJA may elect to fund applications submitted under this FY 2017 solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Applicants must register with Grants.gov prior to submitting an application.

The application deadline is April 4, 2017.
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
  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators
- **Fact Sheet:** Supporting Student Success in Higher Education
- **Web Based Course:** A Family Primer on Psychosis
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine
- **Issue Brief:** What Comes After Early Intervention?
- **Issue Brief:** Age and Developmental Considerations in Early Psychosis
- **Information Guide:** Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
- **Information Guide:** Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.nasmhpd.org/content/information-providers. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.
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NASMHPD Links of Interest


**An Implementation Roadmap for State Policymakers Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children’s Health Insurance Programs**, Center for Medicaid and CHIP Services, January 18, 2017


**Realizing the Promise of Parity Legislation for Mental Health**, Richard G. Frank, *JAMA Psychiatry*, February 2017

**Smoking, Tobacco Use and Health Status In the Outcomes Measurement System**, Maryland Department of Health and Mental Hygiene Behavioral Health Administration, January 2017 *Data Shorts*


**Why the ACA’s Basic Health Benefits Matter**, Jeanne Lambrew, Century Foundation, January 31