Trump Administration Announces White House Policy Team

(New York, NY) – The Trump-Pence Presidential Transition Team announced its White House policy team on January 10.

The White House Domestic Policy Council will oversee issue areas including judiciary, budget, public safety, education and immigration policy, and will focus its efforts around the goal of increasing economic prosperity and protecting and defending the American worker and wage earner, particularly those who have been underserved. The Domestic Policy Director and Council will report to the Senior Advisor to the President for Policy, Stephen Miller.

Staff will include:

Andrew Bremberg, Director of the White House Domestic Policy Council - Andrew Bremberg worked at the U.S. Department of Health and Human Services from 2001 to 2009, including serving as the Chief of Staff for the Office of Public Health and Science. He later served as Policy Advisor and Counsel on Nominations for Senator Mitch McConnell. He worked as the Policy Director for the 2016 Republican Party Platform. He now works in a lead policy and administrative role on the Presidential Transition Team. Mr. Bremberg received a J.D. from the Catholic University of America Columbus School of Law and a B.A. from the Franciscan University of Steubenville.

Paul Winfree, Deputy Director of the Domestic Policy Council and Director of Budget Policy - Paul Winfree was Director of the Thomas A. Roe Institute for Economic Policy Studies, the Center for Data Analysis and the Richard F. Aster Research Fellow, all at The Heritage Foundation. Prior to joining Heritage, Mr. Winfree was the Director of Income Security on the U.S. Senate Committee on the Budget. He has a Master of Science degree in economics and economic history from the London School of Economics and a Bachelor of Science degree in economics from George Mason University.

Katy Talento, Healthcare Policy - Katy Talento, an infectious disease epidemiologist with nearly 20 years of experience in public health and health policy, as well as government oversight and investigations and program evaluation, served on the campaign since July 2016. Ms. Talento has spent 12 years in the U.S. Senate, working for five Senators and two committees. A graduate of Harvard School of Public Health and the University of Virginia, she has also worked in the field on disease control programs in the U.S. and in Africa.

Peter J. White, Senior Policy Analyst - Peter White received his J.D. from American University's Washington College of Law and has worked at the Federal Trade Commission and the Federal Communications Commission. Most recently, Mr. White served as Legislative Counsel for Congressman Mo Brooks. Licensed to practice law in the District of Columbia, Mr. White is an active member of the Federalist Society and performs pro bono legal work for the Washington Legal Clinic for the Homeless.

(cont'd on page 2)
Trump Names Policy Team (cont’d)

(cont’d from page 1) The following individuals will serve in the Office of the Senior Advisor to the President for Policy:

Carlos Diaz-Rosillo, Director of Policy and Interagency Coordination - Carlos Diaz-Rosillo brings a wealth of experience on presidential power, administrative action, executive leadership and the policymaking and executive action process to this key role. Mr. Diaz-Rosillo has been serving on the President-elect’s Transition Team as Policy Implementation Executive Authority Advisor and White House Lead. He is fluent in Spanish, and graduated summa cum laude with degrees in International Relations (B.A.) and Civil Engineering (B.S.C.E) from Tufts University and Public Policy (M.P.P) and Government (A.M., PhD) from Harvard University, where he has been a member of the faculty of government for more than eight years.

Vince Haley, Advisor for Policy, Strategy and Speechwriting - Vince Haley is a longtime associate of former U.S. House Speaker Newt Gingrich. He served as policy director and later campaign manager of Gingrich’s 2012 presidential campaign. Mr. Haley holds an undergraduate degree from the College of William & Mary, a law and Master’s degree from the University of Virginia, and a Master’s of law from the College of Europe. During the President-elect’s successful campaign, Mr. Haley developed ethics reform policies.

Ross Worthington, Advisor for Policy, Strategy and Speechwriting - Ross Worthington was a longtime aide to former U.S. House Speaker Newt Gingrich. He served as research director for Gingrich, deputy communications director for Gingrich’s 2012 presidential campaign and later as Gingrich’s primary writer. He is a graduate of Brown University, where he concentrated in Political Theory. During the campaign, Mr. Worthington, together with Mr. Vince Haley, worked to formulate and communicate policies that advanced the Trump agenda.

Ryan Jarmula, Advisor for Policy Development and Speechwriting - Ryan Jarmula served as a member of Vice President-elect Mike Pence’s staff for a number of years. As a member of then-Congressman Pence’s Capitol Hill office, he handled a variety of issues including foreign affairs, and later served Pence in his capacity as Governor of the State of Indiana as Policy Director for Veterans Affairs and most recently as Speechwriter. During the campaign, Mr. Jarmula worked on Stephen Miller’s staff and had an active role in policy development. Mr. Jarmula is a graduate of Indiana University and completed his B.A while majoring in political science in 2007.

Robert Gabriel, Special Assistant to the Senior Advisor - Robert Gabriel served as policy advisor on the President-elect’s campaign and assisted the National Policy Director in policy development, speechwriting functions, and staff management. He received a B.A. in Economics with a concentration in Policy from New York University.

Marketplace Enrollment Hits 11.5M

As of December 24, 2016, more than 11.5 million individuals had signed up for 2017 coverage through the Marketplaces, an increase of 286,000 people compared to the comparable period last year.

That’s according to a December 10 Marketplace enrollment report, the latest released by the Centers for Medicare and Medicaid Services (CMS). The totals included 8.9 million returning consumers and 2.6 million new consumers to Marketplace plans. More than 8.7 million individuals had signed up for 2017 coverage through HealthCare.gov and 2.8 million enrollees had selected plans in the 12 states, including the District of Columbia, using their own Marketplace platforms.

Marketplace consumers included:
- 4.8 million female and 4.0 million male consumers;
- 3.9 million white, 584,000 African-American, 822,000 Hispanic, and 573,000 Asian consumers;
- 1.6 million rural Americans;
- 836,000 children;
- 2.3 million adults ages 18 to 34;
- 3.2 million adults ages 35 to 54; and
- 2.5 million Americans over age 55.

The share of consumers between the ages of 18 and 34 was 26 percent, the same as last year at this time.

CMS estimated that 82 percent of individuals (7.2 million) who have signed up for 2017 plans through the Marketplaces will receive an advance premium tax credit averaging $386 per person per month.

Nationwide, 56 percent of returning consumers actively selected a plan rather than being passively assigned to a plan, an increase from 51 percent in the comparable period last year. In states using the HealthCare.gov platform, 65 percent of returning consumers actively selected a plan, an increase from 60 percent at the same time last year.

According to new data from the Kaiser Family Foundation, of the 11.5 million Marketplace enrollees enrolled nationally in March 2016, 6.3 million lived in Republican Congressional districts and 5.2 million lived in Democratic Congressional districts. The 10 congressional districts with the highest number of Marketplace enrollees were all in Florida. The 17 congressional districts (8 Republican districts and 9 Democratic districts) with over 50,000 enrollees were located in Florida, North Carolina, Georgia, and Montana.

Marketplace enrollees per Republican district ranged from 10,200 enrollees in West Virginia’s District 3 to 96,300 enrollees in Florida’s District 27, with a median of 24,300 enrollees per district. Marketplace enrollees per Democratic district ranged from 5,200 enrollees in Hawaii’s District 1 to 94,100 enrollees in Florida’s District 10, with a median of 23,600 enrollees per district.
Utah’s SafeUT Smartphone App Helps Kids in Distress

Since its launch last January, Utah’s SafeUT Smartphone App, created by the University Neuropsychiatric Institute (UNI) at the University of Utah to address Utah’s rising youth suicide rate, has seen a steady increase in usage, receiving 1,000 text messages in the month of December.

Suicide is the second leading cause of death among Utah teens between the ages of 10 and 17, according to the Utah Department of Health. The annual number of youth suicides in 2014 (60 deaths by suicide) has more than doubled since 2008 (27 deaths). Two Utah youths receive medical treatment after attempting suicide every day.

The free app provides 24/7 crisis support services by call, chat, or text to licensed clinicians. App services include anonymous, confidential, and password-protected counseling services, suicide prevention services, and referrals to appropriate providers.

The app also features a confidential tip line where students can submit tips about bullying, threats of violence, relationship issues, and abuse for friends about whom they are concerned. Tips can also be submitted by photo or video. The tips are screened by UNI crisis counselors in case they indicate an emergency or are submitted after school hours, and are then conveyed to school administrators at 300 participating schools.

UNI is hoping to have all schools enrolled in the tip program by July, when it feels it can handle the call volume.

UNI Crisis Service Manager Barry Rose told the Salt Lake Tribune in December “The real goal of this [app] is to decrease the rate of … suicide in Utah. Crisis intervention is suicide prevention: It’s all about helping people get what they need when they need it.”

Senate HELP Chair Alexander Insists ACA Replacement Must Come First

Senate Health Education, Labor and Pensions (HELP) Committee Chair Lamar Alexander (R-TN) on January 10 likened the repeal and replacement of the Affordable Care Act (ACA) by Congress to the repair of a bridge, saying an ACA replacement must be in place before ACA repeal.

Chairman Alexander, one of four Committee chairs charged with developing plans for repealing the ACA under the FY 2017 budget, S. Con. Res. 3, said on the Senate floor and in a news release posted on his webpage that the last steps of repealing Obamacare would not occur until there are concrete reforms in place.

“If your local bridge were ‘very near collapse,’ the first thing you would do is send in a rescue crew to repair it temporarily so no one else is hurt. Then you would build a better bridge, or more accurately, many bridges... and as they are finished, you would close the old bridge.

“Obamacare should be repealed, finally, only when there are concrete practical reforms in place, that give every American access to truly affordable health care,” Alexander said.

He said the first step should be implementing a rescue plan that will enable the 11.5 million Marketplace plan enrollees to use their ACA subsidies purchase coverage in the general market. He said any replacement legislation will not be comprehensive, but rather enacted “step-by-step”.

With regard to Medicaid, Alexander said HHS under the Trump Administration will remove restrictions on § 1332 state innovation waivers to allow states more flexibility and provide authority to “build more modern health systems”. He also noted the need for greater state flexibility on essential health benefits, small group rules for small businesses, and age rating.

CMS Approves Washington State § 1115 “Medicaid Transformation” Waiver

The Centers for Medicare and Medicaid Services (CMS) on January 9 approved a § 1115 “Medicaid Transformation” waiver proposal by Washington State which will utilize regional Accountable Communities of Health (ACHs), composed of managed care, providers, and other community organizations, to improve health care delivery for the populations that live within the region based on a regional needs assessment.

Among the “transformations” contemplated under the Delivery System Reform Incentive Payments (DSRIP) waiver will be the use of coalitions of behavioral health and other health care and community providers, working collaboratively through each ACH, to develop a sustainable integrated behavioral and physical health care delivery system intended to improve access to and quality of behavioral health services.
The old saying “sticks and stones may break my bones, but words will never hurt me” has been chanted for years from one kid to another when harsh words are spoken. But, in reality, words can hurt more than sticks and stones. SAMHSA’s Center for Substance Abuse Treatment is producing a webcast series, The Power of Language and Portrayals: What We Hear, What We See, to help change the way we talk about and portray substance use in news and entertainment.

With support from the Entertainment Industries Council, Inc., a new series of webcasts will educate television and radio producers, screenwriters, entertainment journalists and authors as well as the public on the best possible language to use when discussing substance use disorders. The webcasts will also discuss how to improve the portrayal of characters with these conditions and promote a healthier presentation of these topics, free of biased and discriminatory overtones.

The webcast series will feature experts from the field on substance use disorders, treatment and recovery services available to individuals and families in their communities. Professionals from the entertainment community will participate in the discussion as well as individuals in recovery from substance use disorders.

The series begins in February 2017 and topics include:

- **Trauma and Peer Engagement** – airs February 9, 2017
- **Treatment & Recovery – Research to Practice** – airs March 23, 2017
- **Inside Treatment and Recovery – a Look at the Transition** – airs April 27, 2017
- **Substance Use Disorders and other Health Related Issues in Primary Care** – airs June 8, 2017

Some most compelling stories we hear in life and in fiction are of people who are facing serious issues. Stories of how families deal with the disease of addiction are certainly worth telling. It takes courage to find hope, health and happiness in a life of recovery. Through the accurate depiction of these issues, we can change the culture and embrace those who need services as well as those living in long term recovery.

For more information and to see the webcast program abstracts, visit the [Power of Language and Portrayals webcast website](#).
Support National Drug & Alcohol Facts Week

National Drug & Alcohol Facts Week℠ is a week-long health observance where communities around the country organize events and activities to get teens involved in learning about the science behind the effects of drug and alcohol abuse and addiction on their brain, body, and behavior.

Planning your event is simple. Once you register on the National Institute on Drug Abuse website, you can receive suggestions and free resources about making your event successful.

Register Now!

Can’t host an event but want to help? Become a social media partner and spread the word about #NDAFW.
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.

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.

January 2017 Trainings

Idaho
State Hospital South, Blackfoot – January 17 through 19

Rhode Island
Department of Behavioral Health and Hospitals, Cranston – January 30 and 31

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

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 Association for Marriage and Family Therapy</td>
<td>11/7/2016 – 1/17/2017</td>
<td>11/7/2016 – 1/17/2017</td>
<td>N/A</td>
</tr>
<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>
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<tr>
<td>American Psychiatric Association</td>
<td>10/31/2016 – 1/30/2017</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>American Psychological Association</td>
<td>10/3/2016 – 1/15/2017</td>
<td>10/3/2016-1/15/2017</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 Note: This application cycle will be an open “rolling application” period.</td>
</tr>
</tbody>
</table>
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD’s Pat Shea by email or at 703-682-5191.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

> **Policy Brief**: The Business Care for Coordinated Specialty Care for First Episode Psychosis
> **Toolkits**: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
> o Back to School Toolkit for Students and Families
> o Back to School Toolkit for Campus Staff & Administrators
> **Fact Sheet**: Supporting Student Success in Higher Education
> **Web Based Course**: A Family Primer on Psychosis
> **Brochures**: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
> o Shared Decision Making for Antipsychotic Medications – Option Grid
> o Side Effect Profiles for Antipsychotic Medication
> o Some Basic Principles for Reducing Mental Health Medicine
> **Issue Brief**: What Comes After Early Intervention?
> **Issue Brief**: Age and Developmental Considerations in Early Psychosis
> **Information Guide**: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
> **Information Guide**: Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.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

Report to Congress: Social Risk Factors and Performance under Medicare’s Value-Based Purchasing Programs, Health and Human Services Assistant Secretary for Planning and Evaluation (ASPE), December 21, 2016

Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act, ASPE, January 5, 2017

Status of State Efforts to Integrate Health and Human Services Systems and Data: 2016, ASPE, January 5, 2017


Interactive Maps: Estimates of Enrollment in ACA Marketplaces and Medicaid Expansion, January 2017, Kaiser Family Foundation

Using Text and Automated Messaging to Improve Client Outcomes, National Frontier and Rural Addiction Technology Transfer Center (ATTC) Video

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