House Appropriations Committee Slashes Mental Health Block Grant Funding by More than 25 Percent

Labor-HHS Subcommittee Ranking Member Rosa DeLauro (D-CT) opened the House Appropriations Committee July 19 markup of funding for the Department of Health and Human Services by remarking that the funding measure would “cut access” to mental health services as a result of a more than 25 percent reduction in the Mental Health Block Grant (MHBG). Representative Marcy Kaptur (D-OH) also argued for additional money for mental health during the markup, offering but withdrawing an amendment to increase funding for mental health workforce training.

If enacted by the full Congress, the proposed Fiscal Year 2018 funding level for the block grant would be reduced $141,532,000 to $421,039,000, leaving an amount less than the MHBG funding allocated among states in Fiscal Year 2012. Funding for the MHBG was $542.5 million last year.

Not reduced by the Committee is the 10 percent set-aside for “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders”. Over the past three years, the MHBG had been increased to cover the additional costs attributable to the First Episode Psychosis treatment set-aside, which began at 5 percent of the MHBG in FY 2014 and was raised to 10 percent in 2015.

The cut results in part from a reduction in overall funding for the Substance Abuse and Mental Health Services Administration of $306,086,000 below the FY 2017 funding level, resulting in an overall reduction in funding for mental health programs below FY 2017 funding of $231,330,000. However, within the Mental Health Programs of Regional and National Significance (PRNS), only the Minority AIDS program is not funded at the FY 2017 level; that program is reduced by more than 54 percent, from $9,224,000 to $4,206,000.

Two programs designated for elimination under the Administration’s proposed budget—Mental Health First Aid and Primary and Behavioral Health Care Integration—were instead maintained by the Committee at FY 2017 levels. However, the $49.8 million Project Aware State Grants, also designated by the White House for elimination, did not survive.

Children’s Mental Health is funded at the FY 2017 level of $119,026,000. However, the budget language sought by the Administration implementing a 10 percent set-aside for early intervention “prodromal” programs is not included.

Committee funding for the Substance Abuse Prevention and Treatment Block Grant is at the FY 2017 level of $1,858,079,000. Substance Use Treatment program funding is reduced by $1 million from FY 2017, although funded at $15,071,000 more than was requested in the Trump budget. Funding for Substance Use Prevention is reduced from FY 2017 by $57,846,000 to $165,373,000, still $15,670,000 more than sought by the Administration.

The $1 million Improving Access to Overdose Treatment program is zeroed out in light of the $500 million in funding for opioid treatment added under the Cures Act authorization. The Substance Use Prevention Minority AIDS program is reduced by $12.4 million. The Strategic Prevention Framework program under Substance Abuse Prevention is reduced by $45.5 million.
House Budget Resolution Would Cut $2 Trillion across Medicaid, Medicare

The House Budget Committee would balance the Federal budget by cutting nearly $2 trillion in future Medicare and Medicaid spending, under its Fiscal Year 2018 budget resolution released July 18. The budget resolution proposes cutting $1.5 trillion in Medicaid spending and $487 billion in Medicare spending over the next decade.

The resolution, a blueprint for future spending, assumes the House-passed American Health Care Act repealing the Affordable Care Act, and its $774 billion in Medicaid cuts over 10 years, becomes law. It also assumes a reshaping of a portion of the Medicare program to a premium-support model, under which enrollees would be given a flat amount to pay for medical services or purchase private insurance.

The resolution, which House Budget Committee Democrats rejected on July 18, is nonbinding but sets overall Republican spending goals. Click here to read a one-page summary.

International Association of Peer Supporters (iNAPS)
11th Annual Peer Support Conference
October 16 to 18, 2017
Phoenix, Arizona

Early Bird Registration Rate Extended to July 30
Register HERE

SAMHSA-SPONSORED WEBINAR
The Humane Imperative: Ending Solitary Confinement
Thursday, July 27, 3 p.m. to 4:15 p.m. ET

Developed under Contract by the National Alliance on Mental Illness (NAMI)

Studies show that prolonged solitary confinement or other types of segregation in correctional settings impacts in a profoundly negative way the mental health of inmates. Placement in solitary confinement lasts for weeks, months or even years at a time. In some states, it is reported that more than half of all inmates in facilities utilizing the most extreme forms of solitary confinement and social isolation are diagnosed with serious mental illnesses. For people with pre-existing mental illness, it is almost a surefire way to worsen symptoms and exacerbate suffering.

This webinar will focus on national efforts to reform the use of solitary confinement in jails and prisons and on alternative strategies that have emerged for addressing the mental health treatment needs of individuals who are incarcerated. Speakers will highlight the role of mental health providers and systems in helping people cope with the effects of solitary confinement and prolonged isolation during incarceration and upon reentry into communities.

Presenters:
- Ron Honberg, Senior Policy Advisor, NAMI (Moderator)
- Amy Fettig, Deputy Director, National Prison Project (NPP), ACLU

Closed captioning is available for this webinar.

Please contact kelle.masten@nasmhpdp.org via email or at 703-682-5187 with any questions.

HRSA Funding Opportunity Announcement

FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)
Supplemental Funding Opportunity Technical Assistance - HRSA-17-118

The purpose of the FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Health centers will enhance services by increasing personnel, leveraging health information technology (IT) and providing training to support the expansion of services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care. HRSA will award approximately $195 million in AIMS funding to eligible health centers.

Who May Apply - Organizations receiving Health Center Program operational grant funding at the time of the AIMS funding opportunity release are eligible to apply for AIMS funding. How to Apply - Applications must be submitted via HRSA's Electronic Handbook (EHB) application module.

Applications are due in EHB by 5 p.m. ET on July 26, 2017.
To combat the state’s rising suicide rate among working-age men, the Massachusetts Department of Public Health launched a new suicide prevention campaign, MassMen.org. According to the Centers for Disease Control and Prevention (CDC), 57 percent of the suicides in Massachusetts were of men between the ages of 25 and 64—a rate higher than the national average. Nationally, men in the middle years (35 to 64) account for 40 percent of the nation’s suicides.

The Massachusetts Department of Public Health partnered with the Massachusetts-based organization Screening for Mental Health to develop a statewide education and suicide prevention campaign for working-age men. The aim of the campaign is to: 1) increase awareness about suicide and mental health among men 25 to 64; and 2) provide resources for those seeking help.

The Department of Public Health convened a Men’s Suicide Prevention Advocacy Team composed of men in the target group and those that have lost a loved one. The goal of the Team was to assist in developing a framework, guidelines and recommendations for reaching the population. The Team derived the following strategies: reach men in a familiar environment; temper the use of mental health language; present ways for a person to help himself; and emphasize thinking and doing (instead of feeling and talking).

To incorporate these strategies into a suicide prevention resource, the Team developed the MassMen.org website to provide educational information on physical, mental, emotional and family/relationship health, a searchable database of state-based resources, personal stories from Massachusetts men experiencing suicide attempts and living with mental health conditions, and anonymous online screenings for mental health, substance use, PTSD, and eating disorders. Individuals screened are then provided appropriate information and local resources.

Massachusetts’ statewide effort to reduce the suicide rate among middle-age men is consistent with public health initiatives being implemented domestically and internationally. Colorado’s multi-agency effort to reduce suicides among men in the middle years led to the development of Man Therapy, and the CDC is currently funding a study addressing depression and suicide risk among Michigan working-age men. Internationally, England and Australia have launched national men’s mental health campaigns.

SAMHSA-SPONSORED WEBINAR
Crisis Now: Transforming Services is Within Our Reach
Wednesday, August 9, 2 p.m. to 3:30 p.m. ET

Support for this webinar is provided by the SAMHSA State TA Project

The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality reported in 2010 that there were 2.2 million hospitalizations and 5.3 million emergency department (ED) visits related to a mental health condition or co-existing substance use condition. A continuum of crisis services can divert individuals experiencing behavioral health crisis from unnecessary ED visits and hospitalizations while providing cost-effective, community-based treatment of care.

The webinar is designed to provide:

- An overview of the four key elements of the Crisis Now: Transforming Services is Within Our Reach report, including the framework for states/communities to develop a comprehensive statewide crisis care system and where your system fits into the Crisis Now framework.
- A state example (Arizona) of developing and implementing a statewide model of crisis care, including key steps and lessons learned, funding mechanisms to finance the crisis system, and the importance of data collection to shape policy decisions.
- A provider perspective in promoting a modern crisis care system, including the value of technology and data collection.

Presenters:
- Thomas Betlach, Director of the Arizona Health Care Cost Containment System (AHCCCS)
- David Covington, LPC, MBA, Chief Executive Officer, RI International

Registered HERE

Support for this webinar is provided by the SAMHSA State TA Project
SAMHSA-SPONSORED WEBINAR SERIES
A Historical Overview of the Origin, Purpose, and Impact of the Mental Health Block Grant (MHBG): A Two-Part Series

New to State Mental Health?
Do you work on your state’s Mental Health Block Grant Application?
Need a “refresher” on the history of our Mental Health System?
Want to know how the 2016 Cures Act has impacted the Block Grant?

Recently, the National Association of State Mental Health Program Directors (NASMHPD) has seen a rapid turnover of State Mental Health Authority (SMHA) staff who work on the MHBG, in particular state planners. This turnover has resulted in much of the institutional knowledge about the MHBG, and its role in helping states create robust mental health systems, disappearing from many state systems. This two-part webinar series will focus on the history and context of the MHBG to bring together the threads of psychiatric treatment over time, the development of the federal structure for mental health services, and the legislative and legal milestones in public mental health services. It will showcase how the 1982 block grant requirements were embedded in the prior history and context and continue to impact how our system operates today.

While the presentations will be open to anyone, they will be targeted primarily to State personnel, especially new state planners. It is expected that a greater understanding of the block grant requirements will be achieved by knowing the broad-stroke history of mental illness treatment, the creation and history of the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS), the origin of the MHBG, and the respective roles of SAMHSA, the State Project Officers, the State Planner (including a few tips to help organize the process), and the Planning Council. Part Two will also highlight the recent statutory changes stemming from the 2016 Cures Act.

Monday, August 7, 2 p.m. to 3:30 p.m. ET – PART ONE
Part One will focus on the following areas BEFORE the 1982 Mental Health Block Grant:

- History of Psychiatric Treatment in the US
- Research, Legislative, and Legal Milestones
- Overview of the Mental Health Block Grant and its requirements
- Roles and Responsibilities of SAMHSA, State Project Officers, Block Grant Monitors, State Planner, and the State Planning Council

Register HERE for Part I of the Webinar Series

Friday, August 18, 2 p.m. to 3:30 p.m. ET – PART TWO
Part Two will focus on the following areas AFTER the 1982 Mental Health Block Grant:

- History of Psychiatric Treatment in the US
- Research, Legislative, and Legal Milestones
- Overview of the Mental Health Block Grant and its requirements
- Roles and Responsibilities of SAMHSA, State Project Officers, Block Grant Monitors, State Planner, and the State Planning Council

Register HERE for Part II of the Webinar Series

In consultation with SAMHSA, NASMHPD is excited to be working with Molly Brooms, a retired State Planner from Alabama, to develop and present these two webinars.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet “Nick,” a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick’s needs, and those of other individuals facing similar challenges.

**Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care**

**Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders**

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

**Course Objectives**

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.
2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.
3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

**Course Faculty**

Curley Bonds, M.D.  
Medical Director, Didi Hirsch Mental Health Services  
Wayne Centrone, N.M.D., M.P.H  
Senior Health Advisor, Center for Social Innovation  
Executive Director of Health Bridges International  
Chris Gordon, M.D.  
Medical Director and Senior Vice President for Clinical Services, Advocates, Inc.  
Associate Professor of Psychiatry, Harvard Medical School  
Jackie Pettis, M.S.N, R.N.  
Advisor and Trainer for Psychiatry to Practice Project  
Ken Minkoff, M.D.  
Senior System Consultant, ZiaPartners, Inc.  
Clinical Assistant Professor of Psychiatry, Harvard Medical School  
Kim Mueser, Ph.D.  
Executive Director, Center for Psychiatric Rehabilitation, Boston University  
Melody Riefer, M.S.W.  
Senior Program Manager, Advocates for Human Potential

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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.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Webinar Series: Communities Addressing Trauma and Community Strife through Trauma-Informed Approaches: Trustworthiness and Transparency in a Community Setting

Register [HERE](#)

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to present a 6-part series entitled “Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches.” SAMHSA/NCTIC is offering this virtual webinar series highlighting communities working to improve the resiliency of its members and responsiveness to community incidents. The series framework follows SAMHSA’s six principles of trauma-informed approaches, as described in SAMHSA’s Concept of Trauma and Guidance for Trauma-Informed Approaches.

SAMHSA’s NCTIC is tasked with the design and implementation of a technical assistance strategy to assist publicly funded systems, agencies, and organizations across the country in preventing the use of restraint, seclusion, and other forms of aversive practices through trauma-informed approaches. NCTIC supports SAMHSA’s Trauma and Justice Strategic Initiative goal of implementing trauma-informed approaches in health, behavioral health and related systems. Specifically, this series addresses SAMHSA’s objective to develop a framework for community and historical trauma and a trauma-informed approach for communities. The series is open to all interested in addressing community trauma and healing.

**Upcoming Webinar in the Series: Collaboration and Mutuality:**
**San Jose, CA Mayor's Office of Prevention of Gang Violence**
Monday, July 24, 1 p.m. to 2:30 p.m. ET

This successful collaborative model focuses on prevention of gang violence and facilitating community healing through effective collaborations with grassroots stakeholders, including the faith based community, gang members, community providers, etc. Mario Maciel, Division Manager of the Mayor's Gang Prevention Task Force Department of Parks, Recreation and Neighborhood Services will present.

Webinar Series: Trauma-Informed Innovations in Crisis Services

**Register [HERE](#)**

NCTIC is also pleased to announce the opportunity to participate in the webinar series Trauma-Informed Innovations in Crisis Services. This series highlights the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience, and peer support. Each 60-minute webinar focuses on how an agency implements the principles from SAMHSA’s Concept and Guidance for Trauma-Informed Approaches: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. A moderated Q&A session follows the presentation. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA’s publication: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, “National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. Research based on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and ensure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

More and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA’s Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, or mobile crisis outreach programs.

**Upcoming Webinar in the Series:**
**Collaboration and Mutuality: Harbel Community Organization**
Monday, July 24

Staff from the Harbel Community Services organization will discuss the essential roles they play in the community organization. Harbel provides recovery services, but what is unique about their approach is their use of collaborative relationships with a wide range of community partners. Harbel employs persons with lived experience in all aspects of service delivery. A critical role includes outreach and support to individuals struggling with opiate addiction. Peer workers are trained to carry and administer Naloxone to revive individuals who have overdosed and offer recovery, trauma informed services immediately, thus helping to address the opioid epidemic. For more information, visit [http://www.harbel.org](http://www.harbel.org).
Newest Versions of the GOP Legislation to Repeal and/or Replace the Affordable Care Act Fare No Better under Congressional Budget Office Scoring

The most recent versions of the Senate GOP’s legislation to do away with the Affordable Care Act (ACA) have fared no better under Congressional Budget Office (CBO) scoring than had the previous House and Senate versions.

With opposition seemingly insurmountable to bringing the Senate’s latest version of the Better Care Reconciliation Act, H.R. 1682 to the floor this week for a vote, Majority Leader Mitch McConnell proposed allowing the bill to be amended on the Senate floor to replace it with the budget reconciliation ACA repeal text, Restoring Americans’ Healthcare Freedom Reconciliation Act of 2017 (H.R. 3762), passed by both Houses but vetoed by President Obama in December 2015.

The earlier proposal to repeal the ACA without an immediate replacement, entitled in this iteration the ObamaCare Replacement Reconciliation Act of 2017 (ORRA), was posted July 19 with a CBO score posted shortly thereafter of the approach taken.

The CBO found the ORRA would increase the 22 million individuals left uninsured by the previous BCRA version to 32 million by 2026, with 17 million uninsured in 2018 and 27 million in 2020. Average premiums would increase 25 percent in the individual market in 2018, by 50 percent in 2019 before beginning to fall in 2020.

The increase in the total number of uninsured people under BCRA 2.0 would drop by 26 percent, or $756 billion, by 2026. About three-quarters of that reduction would result from scaling back the Medicaid expansion. Medicaid spending for the Medicaid expansion population would drop by 87 percent by 2026. CBO says all other Federal spending on Medicaid would be reduced by 9 percent by that year, from $490 billion to $447 billion.

The increase in the total number of uninsured people under BCRA 2.0 would reach 19 million in 2020 and 22 million in 2026. Average premiums would rise 20 percent in 2018 and 10 percent in 2019 before beginning to fall in 2020.

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.

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.
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 Case 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).
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**NASMHPD Links of Interest**

**A NATIONAL SURVEY OF MEDICAID BENEFICIARIES’ EXPENSES AND SATISFACTION WITH HEALTH CARE**, Barnett M.L., Sommers B.D., *JAMA Internal Medicine*, July 10

**OPIOIDS IN MEDICARE PART D: CONCERNS ABOUT EXTREME USE AND QUESTIONABLE PRESCRIBING**, Department of Health and Human Services Office of the Inspector General, July 7

**HEALTH CARE SPENDING TODAY AND IN THE FUTURE: IMPACTS ON FEDERAL DEFICITS AND DEBT – CONGRESSIONAL BUDGET OFFICE PRESENTATION TO A CONFERENCE ORGANIZED BY THE CENTER FOR SUSTAINABLE HEALTH SPENDING**, Washington, DC, July 18

**PTSD PSYCHOThERAPY OUTCOME PREDICTED BY BRAIN ACTIVATION DURING EMOTIONAL REACTIVITY AND REGULATION & SELECTIVE EFFECTS OF PSYCHOThERAPY ON FRONTOPOLAR CORtical FUNCTION IN PTSD**, Fonzo G.A. et al., *American Journal of Psychiatry*, July 18

**HOUSE OF REPRESENTATIVES FISCAL YEAR 2018 BUDGET BLUEPRINT: BUILDING A BETTER AMERICA: A PLAN FOR FISCAL RESPONSIBILITY**, July 18

**UNDERSTANDING ADOLESCENT INHALANT USE – SHORT REPORT**, Center for Behavioral Health Statistics and Quality, SAMSHA, June 12


**STATE TELEHEALTH LAWS AND REIMBURSEMENT POLICIES: A COMPREHENSIVE SCAN OF THE 50 STATES AND THE DISTRICT OF COLUMBIA**, Center for Connected Health Policy, April 2017