

# National Association of State Mental Health Program Directors

## Weekly Update

### July 6 is Red Letter Day for Behavioral Health Issues in Congress

July 6 proved to be an historic day as Congress devoted unprecedented attention to behavioral health issues.

The day saw near-unanimous House passage of Rep. Tim Murphy's (R-PA) mental health reform package, [H.R. 2646](#), the Helping Families in Mental Health Crisis Act, a Conference Committee markup of [S. 524](#), the [Comprehensive Addiction and Recovery Act \(CARA\)](#), and release by the House Appropriations Labor-HHS Subcommittee of [a funding measure](#) that would appropriate a \$525 million increase for opioid and heroin addiction prevention, treatment, and enforcement services.

Rep. Murphy's legislation passed [422 to 2](#) late in the afternoon, following more than 40 minutes of "debate" consisting primarily of praise from both sides of the aisle for the Congressman's hard work and tenacity. The bill had been stalled since a combative November Energy and Commerce Health Subcommittee vote along party lines, but moved to the floor after lawmakers dropped or scaled back the bill's most controversial, sweeping measures in a unanimous, 53-0, full committee vote on June 15. The only negative remarks voiced during the discussion on the floor yesterday were concerns expressed by Democrats about a lack of new funding for the programs created under the measure.

Those funding concerns echoed comments expressed by Democrats earlier in the day during the Conference Committee "markup" (offering of amendments) to the CARA legislation. The 17 Democrats on the Conference Committee had sent a [letter](#) to Committee Chairman Fred Upton (R-MI) the previous day saying they would not sign a Conference Committee report without additional funding. Both House and Senate amendments were offered by, respectively, [Rep. Frank Pallone](#) (D-NJ) and [Sen. Patty Murray](#) (D-WA) during the markup to add \$920 million in funding for FY 2017 and 2018. In each case, the amendments were rejected along party lines, with Republican proxy votes cast by the Chairman ensuring defeat, 11-17, of the Pallone amendment. The push for additional funding was in support of a White House FY 2017 budget request for \$1.1 billion over two years for prescription opioid prevention and treatment programs.

Chairman Upton and other Republicans on the Committee insisted the appropriate vehicle for any additional funding should be the appropriation process, and noted that the House Labor-HHS funding measure released by the Appropriations subcommittee just prior to the Conference Committee markup included a \$525 million increase for opium and heroin abuse programs, for total funding of \$581 million. The funding was approved in subcommittee the following day.

Democrats responded that there was no guarantee that the Labor-HHS funding increase would get final approval from Congress, pointing to the failure by Congress to pass a stand-alone Labor-HHS funding measure since 2007.

The lack of funding seemed even more problematic with the passage of an amendment offered by Chairman Upton making four new grant programs created under S. 524 mandatory programs.

With Democrats vowing not to sign onto to the Conference Committee report, Chairman Upton said he would send the report to the House floor, for a likely July 8 vote, without the normally requisite Democratic signatures.

CARA funding has been an issue for Democrats since an amendment to add \$600 million in emergency funding by Sen. Jeanne Shaheen (D-NH) failed to receive the necessary 60 votes for passage on the floor of the Senate in early March. Five Republicans—Sens. Rob Portman (OH), Kelly Ayotte (NH), Lindsey Graham (SC), Susan Collins (ME) and Mark S. Kirk (IL) — *(cont'd on next page)*

### Work Days Left in the 114th Congressional Session (2015-2016) (as currently scheduled)

- 22 – House Work Days before Election Day**
- 16 – House Work Days after Election Day**
- 28 – Senate Work Days before Election Day**
- 20 – Senate Work Days after Election Day**

## Red Letter Day for Behavioral Health in Congress, But Funding in Question

(cont'd from previous page) had voted with Democrats to support the Shaheen proposal.

The White House was critical of the Conference Committee's failure to include the additional funding. White House spokesman Josh Earnest said, at the daily press briefing following the Conference Committee session:

*... [T]he thing that I find at least somewhat surprising is the way that Republicans in Congress continue to abdicate their basic responsibility to address an emergency. Democrats and Republicans all around the country have identified the opioid epidemic in the United States as an emergency. Public health professionals have identified this as an emergency. Mayors and governors all across the country, Democrats and Republicans, have identified the opioid epidemic in America as an emergency. Republican presidential candidates have campaigned in states across the country earlier this year and talked about how the opioid epidemic in America required a robust response. Somehow, that message has not gotten through to Congressional Republicans.*

*The Administration has gone to great lengths to try to do what we can, using the President's executive authority, to try to enhance the fight against the opioid epidemic. Just yesterday, there was an announcement of a couple of steps that the Department of Health and Human Services was taking to give physicians the authority to offer*

*medication-assisted treatment (MAT) to more patients.*

The measure Earnest referenced was the final adoption of a Substance Abuse and Mental Health Services Administration (SAMHSA) [regulation, proposed March 30](#), which increases the limit on how many opioid-dependent patients a physician can treat at one time using buprenorphine (after an initial trial year of 30 patients). The original regulatory proposal would have increased the patient limit from 100 patients to 200 patients. As finalized, the regulations will set a maximum limit of 275 patients.

House Democrats and the Pew Charitable Trust had sought a limit of 500 patients in the House's original consideration of S. 525. Instead, the earlier version of the bill included a non-binding "Sense of Congress" suggesting SAMHSA raise the cap after the first year to 250 patients. The Conference Committee stripped all references to a buprenorphine patient limit, but created a 5-year, \$25 million/year grant program to facilitate access by state substance abuse agencies, units of local governments, nonprofit organizations, and Indian tribes and organizations to medication-assisted treatment.

A Medicare beneficiary pharmacy and prescriber lock-in provision passed by the Senate, but not the House, did make it into the Conference Committee version, expanded to apply to patient abuses of all "frequently abused" controlled substances, and not just opioids and heroin.

### **NIMH Conference on Mental Health Services Research: Harnessing Science to Strengthen the Public Health Impact**

**August 1 and August 2, 2016**

Bethesda Marriott Hotel  
5151 Pooks Hill Road  
Bethesda, Maryland 20814  
Phone (301) 897-9400

**REGISTER [HERE](#)**

The National Institute of Mental Health's 23rd [Conference on Mental Health Services Research \(MHSR\): Harnessing Science to Strengthen the Public Health Impact](#) will highlight scientific investigative efforts to improve population mental health through high-impact mental health services research. This meeting will bring together leading mental health services researchers, as well as clinicians, mental health advocates, and federal and nonfederal partners. MHSR 2016 will highlight opportunities for the next generation of high-impact research to drive mental health care improvement.

#### **Conference Events**

The conference events are scheduled August 1 and 2 at the Bethesda Marriott Hotel, and will feature keynote talks and an array of plenary panels, scientific paper sessions, posters, and technology demonstrations.

MHSR 2016 is free to attend, and selected sessions will be viewable via webcast. Seating is limited.

Questions regarding meeting logistics or registration should be directed by email to [Dytrea Langon](#) by e-mail or by phone at 240-485-3288.

Questions about the conference program should be directed to [Ms. Janet Sorrells](#) by e-mail.

# MENTAL HEALTH DISPARITIES RESEARCH AT THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



## **Mental Health Disparities Research at NIMH: Cross-Cutting Aspects of the NIMH Strategic Plan in 2016**

*Wednesday, August 31, 2 p.m. to 3:00 p.m. ET*

**REGISTER [HERE](#)**

### **Brian Ahmedani, M.D.**

Director of Psychiatry Research, Behavioral Health Services  
Research Scientist, Center for Health Policy & Health Services Research Henry Ford Health System

### **Olivia I. Okereke, M.S., M.D.**

Associate Professor of Psychiatry, Harvard Medical School  
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

**ABOUT THE WEBINAR SERIES** - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

**WHO SHOULD ATTEND** - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

**REGISTER NOW:** Space is limited. Don't miss this valuable opportunity!

## **Center for Trauma-Informed Care**

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, and 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.

### **July Trainings**

#### **District of Columbia**

D.C. Department of Corrections – July 11

#### **Maryland**

Bureau of Maternal and Child Health, Baltimore City Health Department—July 21

#### **Michigan**

Troy Community Programs, Inc. – July 13 and 14

#### **Pennsylvania**

Carson Valley Children's Aid, Flourtown – July 26 and 27

#### **Virginia**

Rappahannock Area Community Services Board, Fredericksburg, July 18 and 19  
Virginia Health Care Foundation, Richmond – July 20

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

# NIH Funding Opportunity: Development of Technology to Support Zero Suicide

**Title:** [Products to Support Applied Research Towards Zero Suicide Healthcare Systems](#)

**Open Date (Earliest Submission Date):** August 5, 2016. **Due Date:** September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

**Letter of Intent:** Due 30 days prior to the application due date.

**Funding:** \$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017

will depend on annual Congressional appropriations.

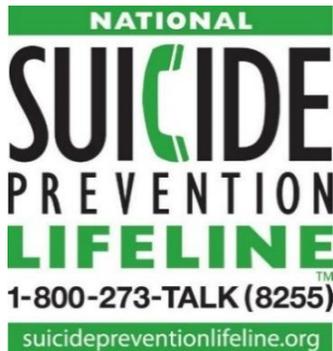
**Award Project Period:** Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact [Adam Haim](#) by email or at 301-435-3593 for further guidance.



## Facebook Launches Initiative to Prevent Suicides through On-Line User Tools, Resources

With more than 1.65 million Facebook users worldwide, and [more than 72 percent of Americans and 77 percent of American females on Facebook](#), the social media giant has stepped up its role in preventing suicides. Facebook is now offering help to users who are experiencing suicidal thoughts or self-harm, or users who are concerned about a friend or family member's recent posting indicating suicidal ideation.



Facebook has developed the new suicide prevention tools in partnership with several mental health organizations, including the [National Suicide Prevention Lifeline](#), Suicide Awareness Voices of Education ([SAVE](#)), and [Forefront](#)—and with input from people with lived experiences.

Dr. Jennifer Guadagno, a researcher who is the team leader of the suicide prevention project, told the *New York Times* in a [story published June 14](#) that because Facebook is the place for connection to friends and family, “it seemed like a natural fit.” A [recent study](#) conducted by Dr. Guadagno’s team found that about one-third of all posts include some form of negative feelings or thoughts. These negative postings receive longer, more compassionate comments from Facebook friends.

Launched on June 14, the new tools feature ways for users to report friends’ posts that raise concerns about suicidal thoughts or self-harm. The reports and posts are reviewed by a team at the social network given special training. The project has more than a dozen employees and researchers participating on the team.

A person reporting a suicide post is given a menu of support options. The reporting user can choose to send a Facebook message directly to the friend in distress or to a mutual friend seeking collaboration, contact a helpline, or get tips or support. Facebook suggests a text message to send.

The user whose post is reported receives a pop-up message that someone is concerned about their post, and

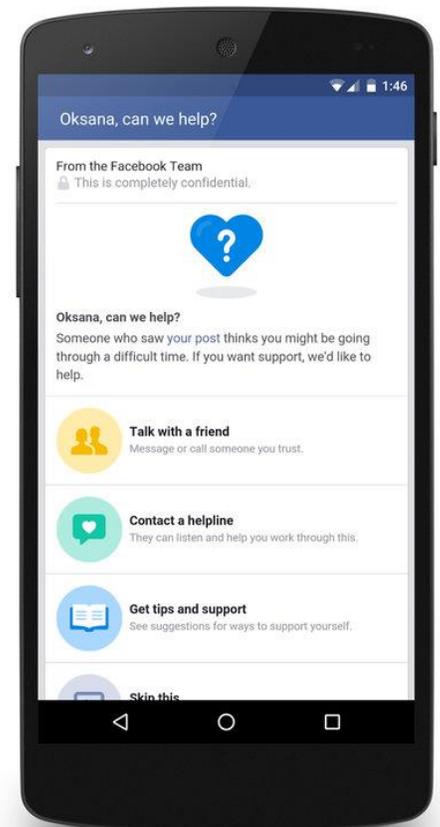
he or she is given the choice to see help options by continuing to the next screen.

If the recipient would rather skip this step, he or she can visit the support menu at a later time. If the recipient indicates he or she would like help, a menu of support options appears. The recipient can select the option best fitting his or her needs.

Among the list of resources made available to Facebook users is a link to the National Suicide Prevention Lifeline (1-800-273-TALK) and tips on how to respond to someone in suicidal crisis.

“People really want to help, but often they just don’t know what to say, what to do or how to help their friends,” Vanessa Callison-Burch, a Facebook product manager told the *New York Times* in the [June 14 story](#).

Facebook first became engaged in suicide prevention efforts almost 10 years ago, when there were a number of suicides in Palo Alto, California, the former location of its headquarters and the current residence of its CEO. The two public high schools in Palo Alto have reported suicide rates that are four to five times higher than the national average.



## 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.

SAMHSA's 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.

## 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](#).

## 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 Pat Shea at NASMHPD at 703-682-5191 or [pat.shea@nasmhpd.org](mailto:pat.shea@nasmhpd.org).

## Commission on Care Recommends Complete Overhaul of the VA Health System

The Commission on Care, created by Congress under the [2014 Veterans Access, Choice and Accountability Act](#) to provide recommendations for reforming the Veterans Health Administration (VHA) system, issued a [final report](#) July 6 calling for a “transformational” reform of the VHA.

The Commission’s proposed new VHA would be made up of government-owned, VHA, and Defense Department facilities, as well as “VHA-credentialed community providers” who are “fully credentialed with appropriate education, training and experience, provide veteran access that meets VHA standards, demonstrate high-quality clinical and utilization outcomes, demonstrate military cultural competency, and have capability for interoperable data exchange.”

The Commission said the problems in the Veterans Administration (VA) health system are too deeply embedded for cosmetic fixes, calling the existing system antiquated and disjointed, and mired in rigid policies: “The recommendations in this report acknowledge that although VHA provides health care that is in many ways comparable or better in clinical quality to that generally available in the private sector, it is inconsistent from facility to facility, and can be substantially compromised by problems with access, service, and poorly functioning operational systems and processes.”

The Commission proposes that the new healthcare system be phased in throughout the country. “The commission does

not intend for these recommendations to be piecemeal fixes to everyday problems,” it wrote. “Instead, they are presented as the foundation for far-reaching organizational transformation that adheres to a systems approach.”

The report says the new healthcare system should use “contemporary payment approaches” to reimburse private clinicians, and that the distance and wait-time criteria for accessing outside care established by the Veterans Choice Act should be eliminated, with service-connected disabled veterans receiving top appointment priority. It also recommends that former military personnel with “other than honorable discharges” be allowed to use VA health care facilities if they served considerable time honorably.

Under the Commission’s recommendations, a new, 11-member board of directors would supervise the VA healthcare system and set long-term strategy. The directors would be nominated by the system CEO and confirmed by the President for five-year terms.

The Commission said that Congress and the VA should craft the new structure in consultation with unions, employees and managers.

President Obama said he would review the commission’s report “over the coming weeks.” Rep. Jeff Miller (R-FL), Chairman of the House Veterans’ Affairs Committee and co-author of the Veterans’ Choice Act, said he would hold a hearing on the proposals in September.



### Substance Abuse and Mental Health Services Administration

presents the

## NATIONAL BLOCK GRANT CONFERENCE

### Building and Sustaining State Behavioral Healthcare Systems

8:30 a.m., Tuesday, August 9, 2016 through

12 noon, Thursday, August 11, 2016

Hyatt Regency Crystal City  
2799 Jefferson Davis Highway  
Arlington, VA 22202  
(703) 418-1234

**LAST DAY FOR REGISTRATION!!! - REGISTER BY FRIDAY, JULY 8, 2016**

For more information or assistance, please contact Rachel Freeland at  
(240) 645-4457 or [samhsaconf16@jbsinternational.com](mailto:samhsaconf16@jbsinternational.com)

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## NASMHPD Links of Interest

[INTEGRATING MEDICAL AND SOCIAL SERVICES: A PRESSING PRIORITY FOR HEALTH SYSTEMS AND PAYERS \(HEALTH AFFAIRS BLOG\)](#) BY MELINDA K. ADAMS AND DONALD MOULDS, COMMONWEALTH FUND

[REGISTRATION FOR AUGUST 10 VOICE AWARDS IN LOS ANGELES](#)

[REGISTRATION FOR SEPTEMBER 15-17 PUBLIC HEALTH LAW CONFERENCE IN D.C.](#)

[WEBINAR REGISTRATION: EXPLORING SOCIAL DETERMINANTS OF HEALTH THROUGH A PUBLIC HEALTH LAW LENS, JULY 14, 1 P.M. TO 2:30 P.M.](#)