



National Association of State Mental Health Program Directors

Weekly Update

House Energy and Commerce Unanimously Approves Mental Health Reform Bill

The House Energy and Commerce Committee on June 15 [approved](#), by a unanimous vote of 53-0, a [revised version](#) of Rep. Tim Murphy's (R-PA) Helping Families in Mental Health Crisis Act, H.R. 2646.

The Committee voted its approval in just two hours. It is expected to hit the House floor in September.

The new "Committee Substitute Amendment," which differs from the version voted out of the Committee's Health Subcommittee during a November 4, 10-hour long voting session, was offered by Chairman Fred Upton (R-MI) and Ranking Democratic Member Frank Pallone (D-NJ). Provisions of that November [version](#) were controversial among Democratic members of the Committee, who had offered their own [version](#) for consideration. The approved bill contains many of the provisions included in the Democrats' earlier draft.

The version approved this week makes the Mental Health Block Grant set-aside for First Episode Psychosis services permanent, and unlike a version circulated to stakeholders last week, sets the annual set-aside at 10 percent, rather than 5 percent. However, an earlier proposed provision is eliminated that would have permitted states to defer setting aside the 5 percent in one year, as long as the combined set-aside for two successive years is 10 percent.

The version approved by the Committee addresses the maintenance of effort (MOE) issue by authorizing SAMHSA to create by regulation an alternative sanction for MOE non-compliance less onerous than the current sanction of reduction of the state's block grant in the subsequent year.

As in the version previously circulated, the coverage for adult inpatient mental health services in an IMD has been modified in the new version to mirror the coverage included in the Medicaid managed care regulations adopted last month by the Centers for Medicare and Medicaid Services (CMS). Those regulations permit capitated payments to managed care organizations for IMD stays of 15 days or less in a month. The version of the legislation originally approved in subcommittee would have covered stays in IMDs, in both fee-for-service and managed care, for not more than 20 days in a month.

States participating in the just-extended Medicaid Emergency Psychiatric Demonstration would, under the bill, now be required to report on forensic bed utilization in psychiatric hospitals and general hospitals.

The final Committee version requires states to, effective January 1, 2019, provide the full-range of early and periodic screening, diagnostic, and treatment (EPSDT) services for children in IMDs whether or not such services are furnished by the provider of the inpatient psychiatric hospital services.

As did the version previously circulated, the version approved creates a new Assistant Secretary. However now the bill would eliminate the Administrator and shift all duties to the Assistant Secretary—essentially elevating the status of the position and thereby giving it more leverage with partner agencies headed by Secretary-level executives. The version approved also eliminates the audits and oversight of SAMHSA imposed in the previous version, to which NASMHPD objected strongly, but requires the Assistant Secretary of Planning and Evaluation (ASPE) to evaluate SAMHSA programs and continues to require consultation on some matters with the Director of the National Institute for Mental Health and the inclusion of the various directors of the National Institutes on Drug Abuse, Mental Health, and Alcohol Abuse and Alcoholism on the related SAMHSA advisory councils.

The Committee retained the provision *(cont'd on page 2)*

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

30 – House Work Days before Election Day
16 – House Work Days after Election Day

40 – Senate Work Days before Election Day
20 – Senate work Days after Election Day

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.



House Energy & Commerce Committee Approves New Version of H.R. 2646 Which Statutorily Authorizes and Funds the Suicide Prevention Lifeline

(cont'd from page 1) in the earlier version encouraging NIMH to “conduct or support research on the determinants of self-directed and other violence connected to mental illness,” rejecting a NASMHPD suggestion that data be included on violence against individuals with mental illness.

Of particular note is that the version approved by the Committee contains an entirely new Title 8 designed to strengthen compliance with mental health and substance use disorder treatment parity requirements. While the previously circulated version of the bill required only a GAO study, the new subtitle also requires: (1) an annual inter-agency analysis of serious violations of mental health parity compliance standards, summarizing the results of all closed federal investigations finalized in the 12 months preceding the report; (2) issuance of a detailed compliance guidance for plans by the three Federal agencies responsible for compliance, within one year of passage of the legislation, with examples and recommendations on how to avoid noncompliance; (3) mandatory audits of plans in violation five times or more; and (4) a public meeting with stakeholders, within 6 months of enactment, to produce an action plan for improved Federal and State coordination of parity enforcement.

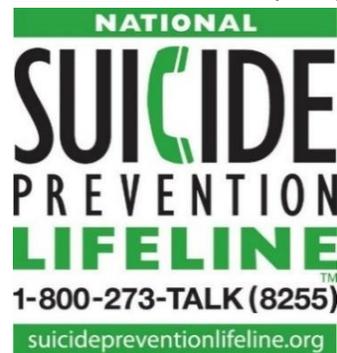
Title 8 also provides that the parity mandate applies to the treatment of eating disorders, and requires the Secretary of Health and Human Services to issue resource lists and fact sheets on eating disorders, advance public awareness, and identify programs for training health professionals and school personnel on how to identify individuals with eating disorders, provide early intervention services, or refer those individuals for appropriate treatment.

Despite the new parity compliance additions, Rep. Joe Kennedy (D-MA) offered an [amendment](#) that would have further strengthened parity compliance enforcement mechanisms, but withdrew it when Committee Chairman Upton agreed to hold a hearing on the issue in September.

Democrats offered 12 separate amendments during the voting session, including one from Rep. Tony Cardenas (D-CA) which would have returned to the Centers for Disease Control and Prevention (CDC) authority to study the causes, mechanisms, prevention, diagnosis, and treatment of gun

violence injuries. All but the Cardenas amendment were withdrawn by the sponsors. That amendment failed on a party-line vote.

The final Committee version continues to repeal various programs that have either expired or were never appropriated, including the repeal of a program that provides funding for community-based transition mental health services to previously incarcerated youth. An [amendment](#) offered by Rep. G.K Butterfield (D-NC) that



would have required the GAO to issue a report detailing state best practices of alternatives to incarceration for individuals with serious mental illness, serious emotional disturbances, or substance abuse disorders, -including jail diversion programs, mental health courts, and drug courts—was withdrawn after the Chairman offered to co-write a letter with Rep. Butterfield to the Department of Justice requesting such a report.

A number of suicide prevention-related programs were authorized or created under the bill, and funded, including:

- reauthorization of Garrett Lee Smith, with the Technical Assistance Center funded at \$5,988,000 for each of five years;
- authorization in statute for the first time of the Suicide Prevention Lifeline, with funding at \$7,198,000 for each of five years;
- grants for youth suicide early intervention and prevention strategies (no more than one grant per state), funded at \$35,427,000 per year for each of five years;
- creation of a new adult suicide prevention program, funded at a total of \$30 million over five years; and
- funding of campus mental health programs, which include a focus on suicide, at \$6,488,000 annually for five years.

(cont'd on page 3)

Webinar Opportunity

Part 1 of a 2-Part Series*: Recognizing Suicidal Ideation and Behavior in Individuals with First Episode Psychosis

Tuesday, June 28, 2 p.m. to 3:30 p.m. ET

[REGISTER HERE](#)

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA),
Center for Mental Health Services (CMHS)

Background: Individuals with schizophrenia and other psychoses are at heightened risk of suicide. According to the Centers for Disease Control, "Persons with schizophrenia pose a high risk for suicide. Approximately one-third will attempt suicide and, eventually, about 1 out of 10 will take their own lives." NIMH, in their White Paper on Coordinated Specialty Care (CSC) services for individuals experiencing a first episode of psychosis, recommends that: "... CSC staff members must understand common problems that cut across all service categories, such as difficulties in engaging the client and their family members, clients' vulnerability for developing substance use problems, and heightened risk of suicide during the early years of treatment." To assist States and block grant funded FEP providers in recognizing and addressing suicidal risks in their clients, SAMHSA/CMHS is sponsoring two virtual sessions that address the issues of identifying and addressing suicidal ideation and behavior.

Description: Part 1 of this two-part series will focus on the strategies and tools available to providers and public health authorities to identify and monitor suicidal ideation and behavior. Specific focus will be paid to addressing suicidality among individuals with schizophrenia, and how it is unique for individuals with a first episode of psychosis. The presenters have expertise in developing instruments to assess and identify suicidal ideation (specifically the Columbia Suicide Severity Rating Scale), and have experience implementing these tools in clinical settings for individuals with first episodes of psychosis (OnTrack and EDAPT).

Presenters:

- Barbara Stanley, Ph.D., Professor of Medical Psychology, Columbia University Medical Center
- Jill Harkavy-Friedman, Ph.D., Vice President of Research, American Foundation for Suicide Prevention, Suicide Risk Prevention in FEP
- Yael Holoshitz, M.D., Psychiatrist, Columbia University/New York State Psychiatric Institute
- Tara Niendam, Ph.D., Psychologist, Director of Operations, EDAPT and SacEDAPT Programs at UC Davis

**Part 2: Addressing Suicidal Ideation and Behaviors in First Episode Psychosis Programs will be a virtual learning forum to discuss the clinical and programmatic issues that FEP programs must address once suicidal ideation and behaviors have been identified. Speakers for Part 2 will include experts on suicidality in schizophrenia and representatives from CSC programs who will discuss their experiences in addressing suicide risks and behaviors within a CSC program. The date for Part 2 will be in late July or Early August, 2016 (final date TBD), so please stay tuned for an upcoming registration announcement for this event.*

House Mental Health Reform Passes Committee 53-0, Heads to September Floor Vote

(cont'd from page 2) The National Child Traumatic Stress Initiative (NCTSI) is funded under the bill at \$46,887,000 over five years. The bill also creates grants to develop, maintain, or enhance mental health promotion, intervention, and treatment programs for infants and children not older than 5-years-old who are at risk for, show early signs of developing, or have been diagnosed with a mental disorder, including a serious emotional disturbance. The program is funded at \$20 million total over five years, and the moneys can be used to train mental health clinicians in evidence-based techniques. The accredited nonprofit institutions that are eligible for the grants must provide a 10 percent match.

The bill also creates Telehealth Child Psychiatry Access grants for states, political subdivisions, Indian tribes, and tribal organizations for the development or improvement of statewide online databases and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices in integrating pediatric primary care services with pediatric behavioral health services, and to provide rapid statewide clinical telephone or telehealth consultations between pediatric mental health teams and pediatric primary care providers. The \$9 million in program monies can also be used to electronically assist with referrals and to train providers. There is a 20 percent match requirement.

Also included in H.R. 2646's provisions are: (1) a \$9 million program of grants to provide specialized training to law enforcement officers, corrections officers, paramedics, emergency medical services workers, and other first responders in crisis intervention, funded at \$9 million total over five years; and (2) a \$5 million program of state grants to enhance crisis response systems or create develop, maintain, or enhance a database of beds at inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities.

WEBINAR OPPORTUNITY

Employment and Young Adults with SMHC: Generating Well-Being and Career Options

Tuesday, June 28 at 2 p.m. to 3:30 p.m. ET

Sponsored by SAMHSA and presented by the National Association of State Mental Health Program Directors and the Technical Assistance Collaborative (TAC)

Description Outline:

1. What's different about young adults with mental illness
2. Employment supports and young adults
3. The necessary and growing role of the employer
4. Special case- peer mentors

REGISTER [HERE](#)

Presenter Jonathan (Jon) Delman, Ph.D., JD, a Senior Researcher for the TAC, has extensive knowledge of research, program evaluation, project management, and group facilitation. Jon has worked with Medicaid managed care companies and state agencies for over 15 years on quality assurance and program development initiatives. He has focused most of his work in the areas of behavioral health, psychiatric rehabilitation, measurement development, and community and consumer involvement in research, evaluation and policy. Jon founded and directed, for 12 years, a nationally recognized consumer run and staffed research and evaluation organization, Consumer Quality Initiatives. Through his early work there he developed effective approaches for young adults with serious mental illness to actively participate in policy, research and service provision. As a result, in 2008 Jon was one of ten recipients nationally of the Robert Wood Johnson Community Health Leader award for "individuals who overcome daunting obstacles to improve health and health care in their communities."

Jon, himself a person with lived experience of mental illness, is a Research Assistant Professor at the University of Massachusetts Medical School, Department of Psychiatry. There he directs the Program for Recovery Research at the Systems and Psychosocial Advances Research Center (SPARC), and oversees technical assistance at the Transitions (to Adulthood) Research and Training Center.

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room."

Questions should be directed to kelle.masten@nasmhpd.org via email or at 703-682-5187.

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 Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

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, 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. The following training is scheduled this month:

June Trainings

Florida

Miami Shores – 28th-29th - Barry University

New York

New York – 24th – NDRI

Wisconsin

Milwaukee – 29th – Milwaukee Faith Based Coalition

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

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.

Webinar Opportunity: Technology in Recovery by Those Living with Schizophrenia

Tuesday, June 21 at 2 p.m. to 3:30 p.m. ET

Sponsored by SAMHSA and presented by Mental Health America and the National Alliance on Mental Illness

Technology has become increasingly important in the recovery process for those with mental health disorders. In particular, research is growing around programs focused on aspects of schizophrenia and related disorders that are not as well supported by traditional treatment, including cognitive skills, employment, and social skills. These evidence-based practices support individuals in developing meaningful roles in the community and in improving the management of physical and mental health. Panelists will discuss their programs, in addition to future development and expansion of the use of technology in the recovery process for individuals diagnosed with schizophrenia.

The panelists for this webinar:

- Ray Gonzales, LISW, Executive Director at the Center for Cognition and Recovery, LLC
- Ken Duckworth, M.D., Medical Director for NAMI, the National Alliance on Mental Illness
- Katrina Gay, National Director, Communications & Public Affairs for the National Alliance on Mental Illness

REGISTER HERE

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room."

Questions should be addressed to NASMHPD's kelle.masten@nasmhpd.org via email or at 703-682-5187.



Substance Abuse and Mental Health Services Administration
presents

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

REGISTER BY FRIDAY, JULY 8, 2016

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

Request for Information (RFI): NIMH Request for Brief Perspectives on the State of Mental Illness Research

Notice Number: NOT-MH-16-015

Release Date: May 20, 2016

Response Date: June 30, 2016

Background: This Request for Information (RFI) invites brief perspectives on the state of mental illness research and the National Institute of Mental Health's role in the development of this research. In preparation for the next NIMH Director, NIMH is seeking external input to develop briefing materials that will represent the full diversity of perspectives on mental illness research. NIMH welcomes feedback from investigators, investigator-sponsors, clinicians, advocates, and any other stakeholders who participate in or are otherwise invested in mental illness research.

Information Requested: NIMH invites comments on the state of mental illness research and NIMH's role in the future development of this research. This RFI seeks input from stakeholders from the scientific research community and the general public. The NIMH seeks comments on any or all of, but not limited to, the following topics:

- basic neuroscience research
- translational research
- clinical research
- intervention research
- services research
- Research Domain Criteria initiative (RDoC)
- global mental health
- translational biomarkers
- diversity and training of the workforce
- advocacy and outreach efforts
- the Institute's intramural research efforts

Respondents should identify the category to which they are responding. Comments may focus on current efforts, research gaps, or suggested investments in the selected category and/or on the ways that NIMH may have a greater impact on this area.

NIMH requests that respondents take the current NIMH Strategic Plan for Research (<http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>) into consideration when providing comments on research directions and opportunities. The NIMH launched this plan in 2015 as a commitment to accelerate the pace of scientific progress by generating research over the subsequent 5 years.

How to Submit a Response: Comments should be concise and may not exceed 500 words per category. Multiple submissions on different topic areas from the same individual are acceptable. All responses must be submitted electronically by June 30, 2016 to: <https://nimhrfi.nimh.nih.gov/portal/>.

Please direct all inquiries to: [Marlene J Guzman](#), National Institute of Mental Health (NIMH).

New AMA Opioid Policies Address Opioid Abuse, Gun Violence Research

The American Medical Association (AMA) [adopted new opioid policies this week](#) at its annual meeting that: (1) encourage physicians to co-prescribe naloxone to patients at risk of an overdose of opioids; (2) promote access to non-opioid and non-pharmacologic treatments for pain; and (3) support efforts to de-link payments to health care facilities from patient satisfaction scores relating to the evaluation and management of pain.

It also vowed to lobby Congress to lift the ban on gun violence research by the Centers for Disease Control and Prevention.

The new opioid policies encourage private and public payers to include all forms of naloxone on their preferred drug lists and formularies with little or no cost-sharing. They support liability protections for physicians and other health care professionals to prescribe, dispense and administer naloxone. In addition, convention delegates called for law enforcement agencies to be permitted to carry and administer naloxone, and for naloxone to be made available to community-based organizations, correctional settings, and schools. Delegates also voted to support efforts to encourage individuals who are authorized to administer naloxone to receive education to enable them to do so effectively.

The AMA also called for "collaborative practice agreements" with pharmacists, as well as standing orders with pharmacies, where allowed by law. The AMA said it will study pathways for physicians to report possible fraudulent use of their prescriptions.

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NASMHPD LINKS OF INTEREST

A Kaiser Family Foundation [ANALYSIS OF 2017 PREMIUM CHANGES AND INSURER PARTICIPATION IN THE AFFORDABLE CARE ACT'S HEALTH INSURANCE MARKETPLACES](#) finds that premiums for the lowest and second lowest-cost benchmark silver plans are projected to increase on average by 10 percent in 2017 across 14 major metropolitan areas, in 13 states and D.C. The 10 percent average increase in benchmark plans, weighted by 2016 state marketplace enrollment, is double last year's average increase of 5 percent. The highest rate increases among the 14 jurisdictions are in Oregon, D.C., and New York. Benchmark premiums vary widely from market to market, ranging from a decrease of 13 percent in Providence, Rhode Island to an increase of 18 percent in Portland, Oregon.

Massachusetts Medicaid is submitting a [§ 1115 DELIVERY SYSTEM REFORM INCENTIVE PROGRAM \(DSRIP\) MEDICAID WAIVER REQUEST](#) that would improve integration among physical health, behavioral health, long-term services and supports, and health-related social services, as well as expand access to a broad spectrum of recovery-oriented substance use disorder services.

[LOOKING AT THE NEW MEDICAID/CHIP MANAGED CARE RULES THROUGH A CHILDREN'S LENS.](#)