

CMS Announces Multi-Pronged Medicaid Program Integrity Campaign Aimed at MCO Rates, State Eligibility Determinations and Performance, and Beneficiary Fraud

The Centers for Medicare and Medicaid Services (CMS) on June 26 [announced](#) a new multi-pronged campaign to ensure Medicaid program integrity.

CMS Administrator Seema Verma said in a press release, “The initiatives released today are essential to help strengthen and preserve the foundation of the program for the millions of Americans who depend on Medicaid’s safety net. With historic growth in Medicaid comes an urgent federal responsibility to ensure sound fiscal stewardship and oversight of the program.” These initiatives are the vital steps necessary to respond to Medicaid’s evolving landscape and fulfill our responsibility to beneficiaries and taxpayers.”

CMS said its new and enhanced initiatives would “create greater transparency in and accountability for Medicaid program integrity performance, enable increased data sharing and robust analytic tools, and seek to reduce Medicaid improper payments across states.” The initiatives announced include stronger audit functions, enhanced oversight of state contracts with private insurance companies, increased beneficiary eligibility oversight, and stricter enforcement of state compliance with federal rules.

Specifically, CMS says it will:

- **Strengthen the Program Integrity Focus of Audits of State Claiming for Federal Match Funds and Rate Setting** – CMS will begin targeted audits of some states’ managed care organization (MCO) financial reporting. Where plans have implemented risk mitigation strategies like Medical Loss Ratio, CMS will be checking to make sure claims experience actually matches what plans have been reporting. Audit activities will include review of high-risk vulnerabilities identified by the Government Accountability Office and Office of Inspector General (OIG), as well as “other behavior previously found detrimental to the Medicaid program.”
- **Conduct New Audits of State Beneficiary Eligibility Determinations** – CMS will initiate audits of state beneficiary eligibility determinations in states previously reviewed by OIG. These audits will include assessment of the impact of changes to state eligibility policy as a result of Medicaid expansion, with CMS reviewing whether beneficiaries were found eligible for the correct Medicaid eligibility category.
- **Optimize state-provided claims and provider data** - For the first time, all 50 states, D.C. and Puerto Rico will be submitting data on their programs to the Transformed

Medicaid Statistical Information System (TMSIS), and over the course of the coming months CMS will be validating the quality and completeness of the data. CMS says its ongoing goal is to use advanced analytics and other innovative solutions to both improve TMSIS data and maximize the potential for program integrity purposes. CMS says this will allow it to identify violations such as a beneficiary receiving more hours of treatment than hours in a day or other flags that necessitate further investigation.

- **Use Data Innovation to Empower States and Conduct Data Analytics Pilots**– CMS will share the knowledge it gains from processing and analyzing large, complex Medicare data sets to help states apply algorithms and insights to analyze Medicaid state claim data and identify potential areas to target for investigation.
- **Offer Provider Screening for States on an Opt-In Basis**– CMS will pilot a process to screen Medicaid providers on behalf of states. CMS says entrusting this process will improve efficiency and coordination across Medicare and Medicaid, reduce state and provider burden, and address one of the biggest sources of error as measured by the Payment Error Rate Measurement (PERM) program.
- **Enhanced Data Sharing and Collaboration between CMS and the States** -- CMS will work with States to enhance data sharing and collaboration to tackle program integrity efforts in both the Medicare and Medicaid programs. For example, CMS is making the Social Security Administration’s Death Master File available for States to support provider enrollment activities.
- **Publicly Report State Performance on the Medicaid Scorecard** – Future versions of the Medicaid Scorecard will include state program performance measures like PERM scores showing the Medicaid improper payment error rate.
- **Provide Medicaid Provider Education to Reduce Improper Payments** – CMS will strengthen efforts to provide effective Medicaid provider education to reduce aberrant billing, including education focused on comparative billing reports. CMS also will work with states on other provider facing tools and investments.

In addition, CMS will continue existing program integrity processes such as the review of managed care capitation rates and the Medicaid Eligibility Quality Control (MEQC) Program.

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Have a Safe & Happy 4th of July!

The NASMHPD Weekly Update is Taking a Holiday Break – We'll Be Back July 13

Study Finds Contacts with Mental Health Services Prior to Suicide are Increasing

Contact with mental health services prior to a suicide seems to be rising, based on new research published online in the April 16 issue of *Psychiatric Services*.

Researchers from Norway oversaw the first systematic review and meta-analysis of the prevalence of contact with mental health services preceding suicide. Fedrik Walby, PsyD, of the University of Oslo and his colleagues conducted a systematic search for articles in MEDLINE and PsychINFO published from January 1, 2000 to January 12, 2017. They used a random-effects meta-analysis with double arcsine transformations with meta-regression to explore heterogeneity.

The researchers identified 35 studies for the systematic review and 20 studies for the meta-analysis. They found that among suicide decedents in the studies, 3.7 percent were inpatients at the time of death. In the year before death, 18.3 percent of suicide decedents had contact with inpatient mental health services, 26.1 percent had contact with outpatient mental health

services, and 25.7 percent had contact with either inpatient or outpatient mental health services.

The meta-regression found that women had significantly higher levels of contact than men. The researchers concluded that the prevalence of contact with inpatient or outpatient services increased each sample year.

These findings illustrate the role of mental health services in relationship to suicide prevention strategy, particularly the need for follow-up services and monitoring after discharge. Dr. Walby and colleagues noted several limitations to their research, including that the majority of the studies were conducted in North American or Western European countries. The studies in their review mainly examined psychiatric hospital settings, and therefore included limited data on outpatient services.

The authors conclude that more data collection needs to be conducted across all mental health service settings to understand the prevalence of patients in contact with mental health services prior to their suicide.

Funding Outlook for Fiscal Year 2019 Mental Health Block Grant Appears Positive

With both the House and Senate Labor-HHS Appropriations measures for Fiscal Year (FY) 2019 now public, at least in part, it appears the Mental Health Block Grant will either be funded at the FY 2018 level or receive a \$25 million bump in the coming year.

The House Labor-HHS [Subcommittee report](#) posted on the subcommittee website proposes to fund the Mental Health Block Grant at the FY 2018 level of \$722,571,000, which is \$160 million above the request in the President's Budget for FY 2019. The Children's Mental Health Initiative is also funded at the FY 2018 level, \$125 million, which is \$5,974,000 above the President's FY 2019 budget request.

In both instances, the 10 percent set-asides for early intervention programs are maintained in FY 2019.

The Senate Appropriations Labor-HHS Subcommittee proposes to fund the Mental Health Block Grant at \$748 million, a \$25 million increase over FY 2018. It also increases the \$100 million appropriated for Certified Community Behavioral Health Centers in the FY 2018 budget to \$150 million.

The Senate provides \$1.9 billion for the Substance Abuse Prevention and Treatment Block Grant in FY 2019, while the House provides \$2,358,079,000, \$500 million more than FY 2018 and the President's FY 2019 budget request.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center Snapshot of State Plans for Using the Community Mental Health Block Grant 10 Percent Set-Aside to Address First Episode Psychosis

As a condition of receiving a Community Mental Health Services Block Grant (MHBG), states are required to ensure that 10% of their MHBG funding is set used to support programs for people with early serious mental illness, including first episodes of psychosis. The [Snapshot of State Plans](#) provides an overview of each state's funding, programs, implementation status, and outcomes measures under the set-aside.

To view the Snapshot or other new resources to support early intervention in psychosis, visit the What's New section of the NASMHPD website here: <https://www.nasmhpd.org/>.

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.

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

SAVE THE DATE: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING

Sunday, July 29 – Tuesday, July 31

Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year's meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year's concept of *Beyond Beds* and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration's 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

DISASTER HEALTH CORE CURRICULUM

The Uniformed Services University National Center for Disaster Medicine and Public Health is proud to announce a free, eight-hour, online [Disaster Health Core Curriculum for All Health Professionals](#) intended for a wide range of health care professionals.

The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more.

This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the [Core Competencies for Disaster Medicine and Public Health](#).

[Click Here to Access the Lessons](#)

EARLY BIRD REGISTRATION NOW OPEN!

UNIVERSITY OF MARYLAND, BALTIMORE TRAINING INSTITUTES

LEADING CHANGE – Integrating Systems and Improving Outcomes
in Behavioral Health for Children, Youth, Young Adults, and Their Families

JULY 25-28, 2018 | WASHINGTON, D.C.

HARRIOTT HARGREAVES
#LEADINGCHANGE

The Training Institutes offer an extensive array of sessions designed to provide practical, hands-on training and strategies that can be applied to the systems of care in states, tribes, territories, and communities. The Training Institutes is an opportunity for leaders in the field of children's services to share the latest research, policy, and practice information and resources and learn from one another.

PREREGISTRATION UNTIL JULY 23 - \$925; REGISTRATION AFTER JULY 23 - \$1,025

Sessions will focus on approaches that are relevant, adaptable and innovative within critical areas in children, youth, and young adult service systems. Presenters and attendees will include experts and leaders in the field of children's services, including state, county, tribal, and territorial children's system leadership, direct service providers, state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health, parents, youth, and young adults, policymakers, clinicians, researchers, and evaluators.

[REGISTER HERE](#)



The Spring 2018 Issue of Signs of the Alabama Department of Mental Health's Office of Deaf Services'



[Signs of Mental Health Is Out](#)

In This Issue (Vol 15, Number 2):



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- Thornsberry Honored for Service at ADARA Breakout Conference
- ODS Staff Haul Hardware from COSDA
- Major Awards Won by ODS Staff
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- On the ODS Bookshelf
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Find Out More [HERE](#)



REGISTER NOW

"There is increasing global recognition of the important role played by law enforcement agencies in protecting individual and public health, especially in diverse and vulnerable communities."

Mr. Aldo Lale-Demoz, Deputy Executive Director, UNODC

You are invited to join fellow practitioners, researchers and policy makers in this unique event. Share your skills and learnings or showcase your 'on the ground' experiences at this inter-sectoral conference exploring the complex intersection of law enforcement, especially police, and the many and varied components of the public health field.

Register at: leph2018toronto.com/registration/

Find out more at: leph2018toronto.com



Join GLEPHA and receive a discounted registration fee for the LEPH2018 conference. Go to gleopha.wildapricot.org and join others with an interest in the challenging intersection of law enforcement and public health.

As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don't miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

- Professor Sir Michael Marmot deliver the 2018 LEPH Oration on '*Social Justice and Health Inequities*'.
- Major sessions on '*Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses*' or '*Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland*'
- Tom Stamatakis' timely paper addressing the '*The mental health of police personnel should be recognised as a 'mission critical' priority*'

Or participate in a session charged with '*Crossing the divide: searching for innovations in learning between criminal justice and public health*'.

And much more - see the **DRAFT PROGRAM** at www.leph2018toronto.com/program

REGISTER [HERE](#)

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our *Beyond Beds* series of 10 white papers highlighting the importance of providing a continuum of care.

Following are links to the reports in the *Beyond Beds* series.

[Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#)

[Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment](#)

[Older Adults Peer Support - Finding a Source for Funding Forensic Patients in State Psychiatric Hospitals: 1999-2016](#)

[The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders](#)

[Crisis Services' Role in Reducing Avoidable Hospitalization](#)

[Quantitative Benefits of Trauma-Informed Care](#)

[Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014](#)

[The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity](#)

[The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System](#)

[Forensic Patients in State Psychiatric Hospitals – 1999 to 2016](#)



31st Annual State Health Policy Conference NASHPCONF18 | August 15-17 | Jacksonville, FL |

Celebrate the National Association of State Health Policy's (NASHP's) 31st Annual State Health Policy Conference. Planned by state health policymakers, for state health policy makers, NASHP's annual event is a "must-attend" for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, our conference brings together the nation's leading experts to share, learn and discuss.

The Top Five Reasons to Attend #NASHPCONF18

- 1) Informative sessions cover the nation's most crucial health policy issues.** #NASHPCONF18 is designed by state health policy makers for state health policy makers to explore the most up-to-date health care developments and initiatives in the United States. With 25+ thoughtfully-crafted sessions addressing the issues most important to you, as well as full-day pre-conferences that offer a deep dive into targeted topics, you'll gain critical insights into the latest advances, changes, programs, and innovations in state health policy.
- 2) Outstanding networking opportunities.** Our conference offers non-stop opportunities to network with more than 800 state health policy leaders from across the country. Join conference roundtables to discuss best practices and solutions to pressing issues with a small group of your peers, attend the networking breakfast or Blueberry Break to socialize with colleagues, or mix business with pleasure at our two evening events!
- 3) They're not just speakers... They're industry thought leaders.** Our #NASHPCONF18 speakers are among the most distinguished and respected thought leaders in state health policy. Conference speakers will address a host of topics covering current and important issues, including health care costs, workforce, chronic care, stabilizing the individual market, social determinants of health and much more!
- 4) Exclusive access to the newest technology and business intelligence.** NASHP's exclusive exhibit hall offers a diverse group of exhibitors who are all eager to present you with the latest and greatest innovative ideas and smart solutions to help you achieve your goals.
- 5) Discover Jacksonville, Florida.** Named to Expedia's list of 21 Super Cool Cities in the U.S., Jacksonville is the perfect destination for both relaxation and adventure. With 22 miles of beaches, dining options that range from elegant bistros to local seafood shacks, more than 20 craft breweries, a sprawling arts district, wildlife sanctuary, and so much more, there is always something to do no matter what your mood. Enjoy the beautiful views of the St. Johns River while attending #NASHPCONF18 and experience all that this super cool city has to offer!

SAMHSA-Sponsored Webinar from the Center for Mental Health Services (CMHS) Addressing Trauma and PTSD in First Episode Psychosis Programs

July 25 – 12:30 p.m. to 2:00 p.m. E.T.



A significant percentage of clients with first episode psychosis (FEP) have experienced one or more traumatic events. Determining if and how those traumatic experiences are related to the client's first episode of psychosis is a critical part of the clinical formulation, and without effective trauma treatment, clients whose mental health has been affected by trauma may be hampered in their recovery. Addressing PTSD and other consequences of trauma in a FEP program require both a trauma-informed organizational culture and effective trauma-specific treatment. This webinar will support FEP providers and program leadership in thinking about how to introduce trauma-informed approaches and effective trauma-specific interventions in their programs.

Presenters:

- **Andrea Blanch, Ph.D.**, Senior Consultant, SAMHSA National Center on Trauma-Informed Care
- **Kate Hardy, Clin. Psych.D.**, Assistant Professor and Director of Inspire Clinic, Stanford University Department of Psychiatry and Behavioral Health
- **Rachel Loewy, Ph.D.**, Associate Professor, UC-San Francisco Department of Psychiatry
- **Tara Niendam, Ph.D.**, Associate Professor, UC-Davis and Executive Director, UC-Davis Early Psychosis Programs



[REGISTER HERE](#)



GLOBAL PEER SUPPORT CELEBRATION DAY (GPSCD)

4th Annual Celebration - Thursday, October 18



The idea for a 'national day' for peer supporters began to take shape at the 2014 Annual International Association of Peer Supporters (iNAPS) conference in Atlanta, Georgia. This day of celebration, recognition, and reflection began when, the then National Director of Peer Support Services with the Veteran's Administration, Dan O'Brien-Mazza discussed his idea at a membership meeting. His idea sparked enthusiasm from other iNAPS members.

We now have Global Peer Support Celebration Day (GPSCD), an annual celebration of peer supporters, peer support, and recognizing their work in helping their peers with mental health, addictions, and or trauma-related challenges move along the continuum of recovery and inclusion into communities of his/her choosing. This annual, worldwide event takes place annually on the third Thursday in October.

[Download a Global Peer Support Celebration Day Toolkit Here!](#)

ABOUT THIS TOOLKIT: The Global Peer Support Celebration Day (GPSCD) committee members developed this toolkit to assist peer supporters in crafting, creating, and developing a unique and personal event in his/her country, state, region, or city; however, peer supporters are welcome to develop his/her own materials. The information and examples contained in this Toolkit can be mixed and matched or customized to fit the look, feel, and needs of peer supporters, organizations, and the like.

THIS TOOLKIT CONTAINS THE FOLLOWING ITEMS • Information about press releases and proclamations; • A list of US and US Territory proclamation websites, information, and how to request a proclamation; • Examples of a proclamation and press release; • An example of a Request for a Proclamation letter and a 'thank you letter; and, • A flyer and 'Save-the Date' message.

Global Peer Support Proclamation

Whereas: Global Peer Supporter Celebration Day (GPSCD) occurs annually on the third Thursday in October peer workers (also known as peer providers) from across the globe reflect on and celebrate the important role he/she plays in helping those with mental health, addiction, and or traumatic challenges move along the continuum of recovery and inclusion into communities of his/her choosing; and

Whereas: Peer Supporters are trained providers who use his/her lived experience to encourage, engage with, and support others with mental health, addiction, and or trauma challenges, using the recovery model and the principals and values of peer support to provide hope, support, and be a role model of recovery; and

Whereas: The belief that recovery is possible for all who experience mental health, addition, and or traumatic challenges is fundamental to the practice of peer support. Peer Supporters use the working definition of recovery, the Guiding Principles of Recovery, and Core Values to empower and assist their peers live a life of his or her choosing, improving the likelihood of long-term recovery; and

Whereas: Peer support is an emerging best-practice, has proven to be a cost-effective treatment for mental health, addiction, and traumatic challenges, reduces inpatient hospital days, recidivism rates, and increases a patient's (also referred to as consumers) ability to access expensive and more restrictive community-based services; and

NOW THEREFORE: This year's Global Peer Support Celebration Day goal is to increase public awareness of peer supporters, the services they provide (or do not provide), how they are impacting the lives of countless adults, children, adolescents, and families within the health and human services industry, and how they are providing a shining example of recovery in the places where these services are delivered.



Funding Opportunity

Administration for Community Living Funding Opportunity: Innovations in Nutrition Programs and Services

ACL just released a [new funding opportunity](#) for the aging services network. This opportunity supports the testing and documentation of innovative and promising practices that enhance the quality, effectiveness, and proven outcomes of nutrition services programs.

Innovations could include a nutrition effort combined with addressing a local or national need such as: reducing falls; improving chronic conditions; improving oral health; increasing social connections; reaching OAA target populations; decreasing anxiety, depression, emotional disturbances or suicide; improving overall physical and mental health symptoms; and increasing activity involvement.

Approaches must have the potential for broad implementation throughout the network and demonstrated value. Examples of value could be cost savings or addressing a national need. Applicants must explain how they see their proposal as innovative, how broad implementation can be done, and the potential effect on the network.

ACL plans to award approximately four cooperative agreements to domestic public or private non-profit entities for a 24-month project period. Applicants may request a total maximum of \$250,000 for each of the two 12-month budget periods.

This Funding Opportunity closes on **July 17, 2018.**



VETERANS' ADMINISTRATION-SUPPORTED MINDFULNESS MEDITATION

Mindfulness Meditation is an evidenced-based, VA-supported mind-body technique that helps you face the challenges and stressors of everyday life.

Research has shown a connection between your mind and your body that can be used to improve health. When your mind is relaxed and focused on healing, your body can relax and focus on healing too. Meditation can be safely used in conjunction with other medical treatments such as prescribed medication or exercise.

Mindfulness Meditation teaches acceptance and awareness of what's going on around you as well as what's going on inside of you. It has been effective in treating health conditions such as insomnia, anxiety, high blood pressure, chronic pain and PTSD.

Mindfulness Meditation can be practiced sitting down, lying down, stretching, eating, even while walking the dog!

TWO MINDFUL MEDITATION CLASSES will be offered monthly to Veterans with a break in July; one topic the first two Fridays of each month. Take any or all classes! We encourage you to take as many as you can!

JUNE – OCTOBER 2018 DATES: *11 a.m. to Noon E.T. ALL DATES*

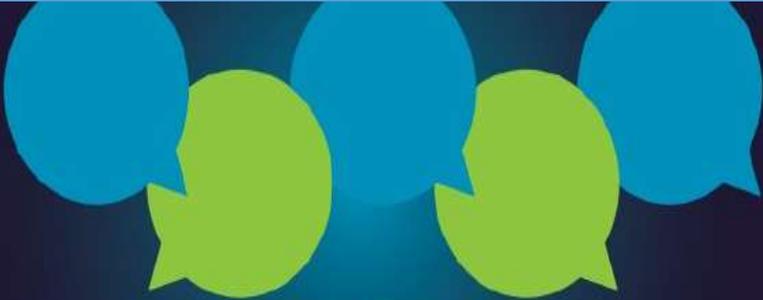
June 1 & 8 - Mindful Movement

August 3 & 10 - Mindful Breathing

September 7 & 14 - Mindful Body Scan

October 5 & 12 - Mindful Movement

This class will be offered via telephone using a toll free number: [1-800-767-1750](tel:1-800-767-1750) with Access Code 54220#. No registration is required. **FOR MORE INFORMATION:** Call Debbie Skeete-Bernard, RN, MSN at 1-973-676-1000, extension 2714.



29th Annual Federation of Families for Children's Mental Health Conference

Houston, Texas
November 1st-3rd, 2018

CALL FOR PRESENTATIONS

The National Federation's Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children's mental health, from the perspective of a family-driven and youth-guided approach.

Join hundreds of mental health advocates and professionals from across the nation to share your expertise in: Family and Caregiver Support, [Supports for Special Populations](#), Collaboration and Integration of Services Across Multiple Systems, [Trauma Informed Care](#), Research to Practice, [Engaging Youth and Young Adults](#), Organizational Development and Sustainability, [Evidence Based Practices](#), Parent Peer Support Today or [Providing Services and Outreach in the Digital Age](#).

Early Bird registration rates apply for presenters! There is also still time to be a conference exhibitor or sponsor. Learn more [here](#).

Submit Your Presentation [HERE](#)



National Federation of Families
for Children's Mental Health

SEPT
9-13

2019

CAPITAL
HILTON
WASHINGTON
D.C., USA



SAVE ~~the~~ DATE

Leading the Way Forward:
Access, Accountability and Action

International Initiative for Mental Health
Leadership (IIMHL) and International Initiative
for Disability Leadership (IIDL)
Leadership Exchange

NASMHPD



SAMHSA
Substance Abuse and Mental Health
Services Administration

June 28 SAMHSA Opportunity for Public Comment - U.S. Department of Transportation
Advance Notice of Proposed Rulemaking
- [Traveling by Air with Service Animals](#) (Docket Number DOT-OST-2018-0068)
Comment Deadline via [Regulations.gov](#): July 9, 2018

The U.S. Department of Transportation (DOT or Department) is seeking comment on amending its Air Carrier Access Act (ACAA) regulation on transportation of service animals. The Department has heard from the transportation industry, as well as individuals with disabilities, that the current ACAA regulation could be improved to ensure nondiscriminatory access for individuals with disabilities, while simultaneously preventing instances of fraud and ensuring consistency with other Federal regulations. The Department recognizes the integral role that service animals play in the lives of many individuals with disabilities and wants to ensure that individuals with disabilities can continue using their service animals while also helping to ensure that the fraudulent use of other animals not qualified as service animals is deterred and that animals not trained to behave properly in public are not accepted for transport as service animals.

DOT considers a service animal to be any animal that is individually trained to assist to a qualified person with a disability or any animal necessary for the emotional well-being of a passenger. U.S. airlines must transport all service animals regardless of species with a few narrow exceptions, such as snakes, reptiles, ferrets, rodents, and spiders. Under DOT's current rule, airlines may also refuse to carry other animals if the airline determines:

- (1) there are factors precluding the animal from traveling in the cabin of the aircraft, such as the size or weight of the animal;
- (2) the animal would pose a direct threat to the health or safety of others; or
- (3) it would cause a significant disruption of cabin service; or (4) the law of a foreign country that is the destination of the flight would prohibit entry of the animal.

Under DOT rules, a U.S. carrier is held responsible if a passenger traveling under the U.S. carrier's code is not allowed to travel with another type of service animal (e.g., cat) on a flight operated by its foreign code share partner. Regarding emotional support animals (ESA) and psychiatric service animals (PSA), DOT requires airlines to recognize these animals as service animals, but allows airlines to require that ESA and PSA users provide a letter from a licensed mental health professional of the passenger's need for the animal. To enable airlines sufficient time to assess the passenger's documentation, DOT permits airlines to require 48 hours' advance notice. PSAs, like other traditional service animals, are trained to perform a specific task for a passenger with a disability. In contrast, ESAs provide emotional support for a passenger with a mental/emotional disability but are not trained to perform specific tasks. However, DOT expects that all service animals are trained to behave properly in a public setting.

Under the existing service animal regulations, it is generally not permissible to insist on written credentials or documentation for an animal as a condition for treating it as a service animal, except for an ESA or PSA. DOT requires airlines to accept animals as service animals based on the "credible verbal assurances" of the passengers. Airlines also may not charge for the transport of service animals.

DOT's disability rule permits airlines not to transport service animals that pose a direct threat to the health or safety of others or would cause a significant disruption of cabin service. In guidance, DOT has advised airlines to observe the behavior of the service animal to determine if it is a properly trained animal as such an animal will calmly remain by its owner.

The Psychiatric Service Dog Society (PSDS), an advocacy group representing users of psychiatric service dogs, petitioned the Department in 2009 to eliminate a provision in DOT's Air Carrier Access Act regulation that permitted airlines to require documentation and 48 hours' advance notice for users of psychiatric service animals. PSDS emphasized that DOT should not equate psychiatric service animals to emotional support animals. It noted that PSAs differ significantly from ESAs in that PSAs are trained to behave properly in public settings and to mitigate the effects of a mental health-related disability. PSDS also asserted DOT is discriminating against and stigmatizing individuals with mental health-related disabilities who use PSAs by imposing additional procedural requirements on users of PSAs that are not imposed on service animals used by individuals with physical disabilities. PSDS further raised practical concerns with the current documentation requirement (e.g., financial hardship on PSA users without health insurance) and advance notice requirement). The Department is granting the petition by issuing this advance notice of proposed rulemaking.

DOT seeks comments on:

1. treating psychiatric service animals similar to other service animals;
2. distinguishing between emotional support animals and other service animals;
3. requiring emotional support animals to travel in pet carriers for the duration of the flight;
4. limiting the species of service animals and emotional support animals that airlines are required to transport;
5. limiting the number of service animals/emotional support animals required to be transported per passenger;
6. requiring service animal and emotional support animal users to confirm their animal has been trained to behave in a public setting;
7. requiring service animals and emotional support animals have a harness, leash, or other tether with narrow exceptions;
8. limiting the size of emotional support animals or other service animals that travel in the cabin and the potential impact of such a limitation;
9. prohibiting airlines from requiring a veterinary health form or immunization record from service animal users without an individualized assessment that the animal would pose a direct threat to the health or safety of others or would cause a significant disruption in the aircraft cabin; and
10. no longer holding U.S. airlines responsible if a passenger traveling under the U.S. carrier's code is only allowed to travel with a service dog on a flight operated by its foreign code share partner.



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

State Opioid Response Grants

(FOA TI-18-015)

Funding Mechanism: Grant
Anticipated Award Amount: At least \$4M for states; at least \$250,000 for territories
Length of Project: 2 years
No Cost-Sharing/Match Required

Anticipated Number of Awards: 59
Anticipated Total Available Funding: \$930,000,000 (This includes a 15 percent set-aside for the 10 states hardest hit by the opioid abuse crisis.)
Applications Due: August 13, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 State Opioid Response Grants (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). These grants will be awarded to states and territories via formula. The program also includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.

Grantees will be required to do the following: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths.

The program supplements activities pertaining to opioids currently undertaken by the state agency and will support a comprehensive response to the opioid epidemic. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities as well as community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services. Grantees will also be required to describe how they will advance substance misuse prevention in coordination with other federal efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

State allocations for the Opioid SOR grants are calculated by a formula based on the equal weighting of two elements: the state's proportion of people with abuse or dependence on opioids (prescription opioids and/or heroin) who need but do not receive treatment (NSDUH, 2015-2016) and the state's proportion of drug poisoning (overdose) deaths (CDC National Vital Statistics System, 2016). Each State, as well as the District of Columbia, will receive not less than \$4,000,000. Each territory will receive not less than \$250,000. **See below (from Appendix K of the Announcement.)** In addition to this base distribution, \$142.5 million in funding is being distributed to the ten states with the highest mortality rates due to drug poisoning deaths. This set-aside takes into account the state's ordinal ranking in the top ten; it is not distributed equally among 10 states.

State/Territory	Annual Award Amount	State/Territory	Annual Award Amount	State/Territory	Annual Award Amount	State/Territory	Annual Award Amount
Alabama	\$13,544,925	Indiana	\$17,884,203	Nevada	\$7,114,956	South Dakota	\$4,000,000
Alaska	\$4,000,000	Iowa	\$4,353,990	New Hampshire	\$22,897,347	Tennessee	\$18,274,333
American Samoa	\$250,000	Kansas	\$4,000,000	New Jersey	\$21,253,470	Texas	\$45,559,037
Arizona	\$19,975,519	Kentucky	\$31,207,494	New Mexico	\$5,230,352	Utah	\$7,843,277
Arkansas	\$5,096,423	Louisiana	\$11,569,750	New York	\$36,297,994	Vermont	\$4,000,000
California	\$68,829,190	Maine	\$4,358,694	North Carolina	\$22,699,479	Virginia	\$15,580,846
Colorado	\$14,874,393	Marshall Islands	\$250,000	North Dakota	\$4,000,000	Virgin Islands	\$250,000
Connecticut	\$10,968,403	Maryland	\$32,874,550	Ohio	\$55,229,855	Washington	\$21,260,403
Delaware	\$12,550,000	Massachusetts	\$35,545,545	Oklahoma	\$7,539,438	West Virginia	\$27,910,443
D.C.	\$21,100,000	Michigan	\$27,510,053	Oregon	\$7,758,010	Wisconsin	\$11,805,710
Florida	\$49,331,356	Micronesia	\$250,000	Northern Marianas	\$250,000	Wyoming	\$4,000,000
Georgia	\$19,593,569	Minnesota	\$8,742,332	Palau	\$250,000		
Guam	\$250,000	Mississippi	\$7,524,503	Pennsylvania	\$55,345,338		
Hawaii	\$4,000,000	Missouri	\$18,097,871	Puerto Rico	\$7,896,701		
Idaho	\$4,053,321	Montana	\$4,000,000	Rhode Island	\$12,550,000		
Illinois	\$28,569,209	Nebraska	\$4,000,000	South Carolina	14,047,719		

Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

ELIGIBILITY: Eligible applicants are the Single State Agencies (SSAs) and territories. Please note that Tribes will be eligible to apply for opioid response funding under a separate announcement.

CONTACTS: Program Issues & Grants Management Issues: Email OPIOIDSOR@samhsa.hhs.gov.



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT Tribal Opioid Response Grants (FOA TI-18-016)

Funding Mechanism: Grant
Anticipated Total Available Funding: \$50 million
Length of Project: 2 years

Anticipated Number of Awards: 263
No Cost-Sharing/Match Required
Applications Due: August 20, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

ELIGIBILITY:

An applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization. These entities are defined as follows:

Indian Tribe, as defined at 25 U.S.C. § 1603(14) is any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal Organization, as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

Urban Indian Organization, as defined at 25 U.S.C. § 1603(29), operating pursuant to a contract or grant with the Indian Health Service is a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [25 U.S.C § 1653(a)].

A consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

CONTACTS:

Program Issues & Grants Management Issues: Email OPIOIDTOR@samhsa.hhs.gov.



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

FY 2018 Certified Community Behavioral Health Clinic Expansion Grants

(FOA SM-18-019)

Funding Mechanism: Grant

Anticipated Award Amount: Up to \$2M/Year

Length of Project: 2 years

Anticipated Number of Awards: Up to 25

Anticipated Total Available Funding: \$47,951,359

No Cost-Sharing/Match Required

Applications Due: July 9, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants (Short Title: CCBHC Expansion Grants). The purpose of this program is to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs provide person- and family-centered services and are available in the 24 states that participated in the FY 2016 Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001). The CCBHC Expansion grant program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring disorders (COD). SAMHSA expects that this program will improve the behavioral health of individuals across the nation by providing comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advance the integration of behavioral health with physical health care; assimilate and utilize evidence-based practices on a more consistent basis, and promote improved access to high quality care.

CCBHCs provide a comprehensive collection of services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. CCBHCs provide services to any individual, regardless of their ability to pay or their place of residence.

The 21st Century Cures Act established the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). In December 2017, the ISMICC issued a Report to Congress¹ that outlined five major areas of focus and recommendations intended to support a mental health system that successfully addresses the needs of all individuals with SMI or SED and their families and caregivers. Certified Community Behavioral Health Clinics Expansion Grants align with the following recommendations:

- 2.1. Establish standardized assessments for level of care and monitoring of consumer progress.
- 2.7. Use telehealth and other technologies to increase access to care.
- 2.8. Maximize the capacity of the behavioral health workforce.
- 3.1. Provide a comprehensive continuum of care for people with SMI and SED.
- 3.9. Make integrated services readily available to people with co-occurring mental illnesses and substance use disorders, including medication-assisted treatment (MAT) for opioid use disorders and other substance use disorders.
- 3.10. Develop national and state capacity to disseminate and support implementation of the national standards for a comprehensive continuum of effective care for people with SMI and SED.
- 5.2. Adequately fund the full range of services needed by people with SMI and SED.
- 5.8. Expand the Certified Community Behavioral Health Clinic (CCBHC) program

States were funded to develop CCBHCs in FY2016 through Planning Grants for Certified Community Behavioral Health Clinics (SM-16-001) This CCBHC expansion announcement creates opportunities to support the expansion of the CCBHC model in those states which participated in the 2016 Planning Grant program.

ELIGIBILITY: Eligibility is limited to certified community behavioral health clinics or community-based behavioral health clinics who may not yet be certified but meet the certification criteria and can be certified within 4 months of award in the following states: AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, RI, TX, and VA.

CONTACTS: Program Issues: Joy Mobley, Psy.D. Community Support Programs Branch, CMHS via [email](#) or at (240) 276-2823.

Grants Management and Budget Issues: Gwendolyn Simpson via [email](#) or at (240) 276-1408.

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.

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant. Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.
- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.
- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.
- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA's online TA Tracker at <http://tatracker.treatment.org/login.aspx>. If you've forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or by phone at (703) 682-7558. We're happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

CCF Annual Conference

July 24-26, 2018

Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children's advocacy organizations.



Recovery to Practice
Resources for Behavioral Health Professionals



New On-Demand Continuing Medical Education (CME) Course: **Clozapine as a Tool in Mental Health Recovery**

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a "virtual grand rounds," this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you'll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

REGISTER [HERE!](#)

Course Objectives

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)



NADD Award Nominations Sought By August 31

NADD presents five awards annually, at the NADD Annual Conference, which this year will be in Seattle, Washington, October 31 to November 2. The deadline for submitting nominations for these awards is August 31.

[Frank J. Menolascino Award for Excellence](#) - This prestigious award is given annually in the memory of Dr. Frank J. Menolascino to an individual who has demonstrated long standing excellence in the field of dual diagnosis.

[Earl L. Loschen Award for Clinical Practice](#) - This award is given to a person whose contribution in the area of clinical practice has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities as well as mental health needs.

[NADD "Member of the Year" Award](#) - This award is given to a person who has supported the mission of NADD through various activities that have resulted in a positive impact on NADD.

[NADD DSP Award for Excellence](#) - This Award is given annually to acknowledge a Direct Support Professional (DSP) whose contribution to supporting people who live in our communities has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities and mental health needs.

[NADD Research Award](#) - This award is given to recognize research that improves our understanding of mental health issues in people with intellectual and other developmental disabilities.

[Click here](#) for details.



Recovery to Practice (RTP) Initiative invites you to attend. ..

Recovery-Oriented Use of Medications: A Two-Part Series

Wednesdays, 1:00 p.m. to 2:00 p.m. E.T.



This final series for Recovery to Practice will look at the role medication can play in an individuals' recovery from serious mental illness, and how programs and providers can support overall health, health literacy, and choice when prescribing and managing medication. Medication is an important tool for someone seeking recovery and is most effective when combined with other tools such as therapeutic interventions, community and family supports, and other recovery approaches.

July 11, 2018: [A Psychiatrist's View: The Role of Medication in a Recovery-oriented Framework for Care](#)

Lisa Dixon, MD, MPH, a professor of Psychiatry at Columbia University Medical Center and the director of the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute will discuss the importance of including prescribers in decisions about person-centered approaches, understanding how individuals may view the role of medication in their lives, and integrating medication recommendations with holistic healthcare.

Archived: [What Non-Prescribing Team Members Need to Know About Medication as a Tool for Recovery](#)

Kim T. Mueser, PhD, a clinical psychologist and Professor at the Center for Psychiatric Rehabilitation at Boston University and Melody Riefer, MSW, a Senior Program Manager at Advocates for Human Potential will address what non-prescribing team members need to know about person-centered pharmacology, psychotropic medication as a tool for recovery, engaging individuals in decisions about medications, and ways practitioners can help ensure medications help individuals meet personal goals.

Click on the Name of Each Session Above to Register

You may *attend one or both* the webinars in this series. Registration will be necessary for **each** session. A one-hour continuing education credit, through NAADAC, is available for each session after completion of a brief quiz. Each session will be recorded and archived for future viewing.

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NASMHPD Links of Interest

[NMDAR-INDEPENDENT, cAMP-DEPENDENT ANTIDEPRESSANT ACTIONS OF KETAMINE](#), WRAY N.H. *ET AL.*, *MOLECULAR PSYCHIATRY*, JUNE 12

[REHAB USA - HOW SHOULD AMERICA TREAT ITS OPIOID VICTIMS](#), DAVID CROW, *FINANCIAL TIMES*, JUNE 20

[DECLINING MENTAL HEALTH AMONG DISADVANTAGED AMERICANS](#), NOREEN GOLDMAN, DANA A. GLEI, & MAXINE WEINSTEIN, PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA, JUNE 18

[DEVELOPING A HEALTH SERVICES RESEARCH AGENDA TO COMBAT THE OPIOID CRISIS](#), AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) CHIEF MEDICAL OFFICER DAVID MEYERS, M.D., JUNE 25

[THE FUTURE OF HSR: BEGINNING A DIALOG WITH THE FIELD](#), AHRQ DIRECTOR GOPAL KHANNA, M.B.A., JUNE 21

[UNLOCKED AND LOADED: FAMILIES CONFRONT DEMENTIA AND GUNS](#), JO NEL ALECCIA & MELISSA BAILEY, *PBS NEWS HOUR* AND KAISER HEALTH NETWORK, JUNE 25

[POLL: TWO-THIRDS OF VOTERS SAY A CANDIDATE'S POSITION ON PRE-EXISTING CONDITIONS IS IMPORTANT TO THEIR VOTE. MORE THAN SAY THE SAME ABOUT DRUG COSTS. ACA REPEAL OR MEDICARE-FOR-ALL](#), HENRY J. KAISER FAMILY FOUNDATION, JUNE 27

[SKY-HIGH DEDUCTIBLES BROKE THE U.S. HEALTH INSURANCE SYSTEM](#), JOHN DOZZI & ZACHARY TRACER, BLOOMBERG NEWS, JUNE 26

[CMS TO INCREASE OVERSIGHT OF MEDICAID ENROLLMENT, MANAGED-CARE PLANS](#), VIRGIL DICKSON, *MODERN HEALTHCARE*, JUNE 26

[THE CHILDREN OF CENTRAL CITY. THE STORY BEHIND THE CHILDREN OF CENTRAL CITY. HOW EXPOSURE TO VIOLENCE CAN BE TOXIC TO A CHILD'S BRAIN AND BODY](#), JONATHAN BULLINGTON & RICHARD ARTHUR WEBSTER, USC ANNENBERG CENTER FOR HEALTH JOURNALISM, *NOLA.COM* & *THE NEW ORLEANS TIMES-PICAYUNE*, JUNE 12 & 13

[BRIDGING THE ADDICTION TREATMENT GAP: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS](#), NATIONAL COUNCIL ON BEHAVIORAL HEALTH

[INTEGRATED \(ONE-STOP SHOP\) YOUTH HEALTH CARE: BEST AVAILABLE EVIDENCE AND FUTURE DIRECTIONS](#), HETRICK S.E. *ET AL.*, *MEDICAL JOURNAL OF AUSTRALIA*, NOVEMBER 20, 2017