

National Association of State Mental Health Program Directors

Weekly Update

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Ways and Means Repeals Individual, Employer Mandates in Approving GOP' American Health Care Act

The House Ways and Means Committee voted 23-16, in the early morning hours of March 9, to approve the [Affordable Care Act \(ACA\) tax repeal provisions](#) contained in the Republican American Health Care Act.

The 4 a.m. Committee vote eliminated the ACA's individual and employer enrollment mandates and taxes on pharmaceutical companies, medical device manufacturers, health plans, and tanning services that were intended to help fund ACA mechanisms. The Congressional Budget Office had yet to provide, at the time of the vote, an estimate of costs to the Federal government—a "score"—of eliminating those taxes, a fact that frustrated Democrats on the Committee repeatedly noted. CBO has indicated scoring is unlikely to occur until next week.

The Ways and Means vote also included approval of repeal of the ACA's premium tax credit subsidies, which have averaged 85 percent of enrollee's premium costs, and their replacement, beginning January 1, 2020, with age- and income-banded refundable tax credits of \$2,000 to \$4,000 per person annually. The latter are limited to \$14,000 per family, and only the five oldest family members qualify for the credits. Adult children under age 27 are eligible for the credits on their parents' family income.

The refundable tax credits have come under attack from the 37 members of the conservative House Freedom Caucus and some of the 172 members of the Republican Study Committee conservative caucus, who have objected publicly to the Federal government subsidizing the cost of insurance premiums in any form. That level of disagreement from conservatives could endanger passage on the House floor, scheduled for the week of March 20.

The Ways and Means measure passed in Committee also includes an increase to \$10,000 of the maximum amount that can be deposited in a Health Savings Account (HSA), repeals an ACA prohibition against using HSAs and Medical Savings Accounts for over-the-counter drugs, and returns to the previous threshold of 7.5 percent of modified adjusted gross income for taking individual medical care tax deductions.

One provision passed which came under particular criticism from Democrats was the repeal of a \$500,000 limit on health insurer business tax deductions for insurance company executive compensation packages.

A concurrent markup of a [measure before the House Energy and Commerce Committee](#) changing the structure of the Medicaid program to a per capita cap block grant and ending the ACA's Medicaid expansion took 27 hours, with Democrats offering dozens of amendments and voicing complaints similar to those voiced in the Ways and Means Committee about voting prior to receiving a CBO score.

(Continued on page 2)

Repeal & Replace Measure Okayed by House Committees, Despite Conservatives' Reservations

(Continued from page 1) Under a per capita cap restructuring in the Energy and Commerce measure, funding for state Medicaid programs, beginning in FY 2020, would be based on 2016 expenditures (as reported on Form CMS-64) for five categories of enrollees in each state under a State Plan or a waiver. The per capita cap enrollee categories would be (1) individuals 65 and older, (2) blind and disabled, (3) children not in CHIP, (4) expansion enrollees, and (5) non-elderly, non-disabled, non-expansion adults.

The 2016 year expenditures would be adjusted each year of the per capita cap restructuring by the medical care component of the Consumer Price Index-Urban.

Expenditure calculations on which funding would be based would not include expenditures for:

- CHIP Medicaid expansion,
- DSH payments,
- Indian Health Service,
- Breast and Cervical Cancer Treatment Services, or
- payments for partial benefit enrollees, including Medicare cost-sharing for dual eligibles, premium assistance payments for Employer-Sponsored Insurance, and tuberculosis-related services.

To help improve state reporting prior to implementation of the caps, beginning on or after October 1, 2017, and before October 1, 2019:

- the administrative Federal match (FMAP) applied to the design, development, or installation of mechanized claims processing and information retrieval systems would be increased by 10 percentage points, to 100 percent;
- the administrative FMAP applied to the costs of operating systems would be increased by 25 percentage points, to 100 percent; and
- the Federal matching percentage applied to the administrative costs of nursing home surveys would be increased by 10 percentage points to 60 percent for amounts expended that are attributable to a State's additional administrative expenditures in reporting on expenditures.

To sweeten the pot for states, the measure also establishes a State Innovation Grants and Stability Program for the period January 1, 2018 through December 31, 2026. Program grants could be used for:

- Financial assistance for high-risk individuals who do not have access to health insurance coverage offered through an employer, in enrolling in health insurance coverage in the individual market in the State, as that market is defined by the state (whether through the establishment of a new mechanism or maintenance of an existing mechanism for that purpose);

- Providing incentives to appropriate entities to enter into arrangements with the state to help stabilize premiums for health insurance coverage in the individual market and small group market, as those markets are defined by the State, for 75 percent of insurance claims of \$50,000 to \$350,000;
- Reducing the cost for providing health insurance coverage in the individual market and small group market, as those markets are defined by the state, to individuals who have, or are projected to have, a high rate of utilization of health services (measured by cost);
- Promoting participation in the state health insurance market and increasing the insurance options available through that market;
- Promoting access to preventive services, dental services (whether preventive or medically necessary), vision care services (whether preventive or medically necessary), or any combination of such services;
- Providing payments, directly or indirectly, to health care providers for the provision of health care services specified by the Administrator of the Centers for Medicare and Medicaid Services (CMS); or
- Providing assistance to reduce out-of-pocket costs, such as copayments, coinsurance, premiums, and deductibles, of individuals enrolled in health insurance coverage in the state.

The program would be funded at \$15 billion each year in 2018 and 2019, and \$10 billion each year from 2020 through 2026.

All states would be eligible for grants, but they would have to submit a one-time application to the CMS Administrator not later than 45 days after enactment of the bill and, for subsequent years, before March 31 of the previous year for that year and all succeeding years. An application would be considered approved for that year and all subsequent years, unless the Administrator notifies the state within 60 days that the application has been disapproved.

State allocations for FY 2018 and FY 2019 would be calculated using a complicated two-tiered formula based on the state's relative incurred claims, the relative numbers of uninsureds with incomes below 100 percent FPL, and low plan participation in the state, as compared to the total of all states' claims, uninsured, and plan issuer participation.

Beginning in 2020, the CMS Administrator would set an alternative regulatory allocation methodology reflecting cost, risk, participation by low-income uninsureds, and issuer participation.

States who file applications to receive allocations would have to agree to provide state matches of: 7 percent in 2020, 14 percent in 2021, 21 percent in 2022, 28 percent in 2023, 35 percent in 2024, (Continued on page 3)

Repeal & Replace Measure Okayed by House Committees, Despite Conservatives' Reservations

(Continued from page 2) 42 percent in 2025, and 50 percent in 2026.

Other Medicaid-related provisions of the Energy and Commerce measure would:

- end hospital-based presumptive eligibility on January 1, 2020;
- end, on December 31, 2019, the maximum Medicaid eligibility level of 133% FPL for children ages 6 to 19, and returns that eligibility level to 100 percent;
- repeal, effective January 1, 2020, the 6 percent enhanced match for startup under the Community First Choice Option program of community-based attendant services and supports,;
- codify *NFIB v. Sebelius* by making Medicaid expansion optional for states, and repeal, effective January 1, 2020, authority for states to expand to non-pregnant, childless adults whose family income exceeds 133 percent of the Federal Poverty Level (FPL);
- repeal the enhanced Federal match (FMAP) for ACA-eligible adult expansion beneficiaries after December 31, 2019, except for expenditures for individuals already enrolled as of that date who do not have a break in continuous coverage of more than one month;
- limit the FMAP for newly eligible individuals, after January 1, 2020, to the pre-ACA match rate;
- repeal the requirement that state Medicaid managed care and alternative benefit plans have the same essential health benefits as are required of plans on the exchanges, allowing the states to define those benefits after December 31, 2019;
- repeal the ACA-mandated DSH cuts for non-expansion states in 2018 and for expansion states in 2020;
- limit retroactive Medicaid coverage to the month in which the applicant applied, instead of the third month prior to application, effective October 1, 2017;
- require states to re-determine eligibility for expansion enrollees every 6 months, beginning October 1, 2017, with states receiving a 5 percent enhanced administrative match until December 31, 2019 to put auditing mechanisms in place;
- require legal immigrants to provide documentation of citizenship or eligible status before receiving benefits;
- repeal the authority for states to elect to substitute a higher home equity limit for eligibility than is required under Federal law, effective 180 days after enactment (or after enactment of state legislation where necessary); and
- from January 1, 2018 through December 31, 2022, authorize separate payments to states that have not expanded as of July 1 of the preceding calendar year for "safety net funding" to adjust payment amounts for

Medicaid providers and receive an increased FMAP of 100 percent for CY 2018 through 2021 and 95 percent for CY 2022 for provider payments totaling more than \$2 million.

The measure would provide \$10 billion in funding over five years for the safety net funding, with each state's allotment determined by its percentage of non-expansion enrollees *vis a vis* all non-expansion states in 2015 (as determined by the American Community Survey estimates). If a non-expansion state expands during a Calendar Year, it would no longer be eligible for safety net funding during subsequent Calendar Years.

Also of particular note is that the measure would repeal, after FY 2019, the ACA-created Prevention and Public Health Fund. With the enrollment mandates gone, insurers would be required to impose a 30 percent premium surcharge on enrollees who do not maintain continuous coverage, with the surcharge lasting 12 months.

If the combined measures reach the House floor the week of March 20, they would be scheduled to move to the Senate for a floor vote, without benefit of a Committee markup, on March 27. Four Republican Senators from Medicaid expansion states—Rob Portman (OH), Shelly Moore Capito (WV), Cory Gardner (CO), and Lisa Murkowski (AK) [wrote Senate Majority Leader Mitch McConnell on March 6](#) to object to the repeal of Medicaid expansion. At same time, GOP Senators Ted Cruz (TX), Mike Lee (UT), and Rand Paul (KY) have echoed the concerns of their conservative House colleagues regarding the health insurance-related premium tax credit provisions.

With its narrow 52-48 majority in Senate, the GOP cannot afford to lose support of more than two members in a vote that Democrats are likely to oppose as a bloc.

2017 BRSS TACS Policy Academy Call for Applications

In 2011, SAMHSA launched the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions.

This theme of this year's BRSS TACS Policy Academy program is "Building a Strong Recovery-Oriented Workforce." It is open to all states, territories, and tribal entities (past participants are eligible to apply, but new applicants will be given preference). Applicants are required to include diverse stakeholders as part of their teams.

SAMHSA will select up to 10 teams to participate in the 2017 Policy Academy, which will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans.

The deadline for [applications](#) is April 7.

Questions may be directed to
policy.academy@center4si.com.



Facebook Live Adapts Facebook's Suicide Prevention Tools to Stem On-Line Suicides

Facebook announced on March 1 that it is stepping up suicide prevention initiatives in an effort to reduce the number of suicide attempts being broadcast on its *Facebook Live* streaming feature.



Facebook Live is a feature that allows its 1.8 billion users to connect in real time during exciting occasions such as birthday celebrations, anniversaries, and the many developmental milestones children go through. Since being launched almost a year ago, the live-streaming features have also captured some graphic tragedies, such as users in an active suicide attempt. Facebook reports that it is unsure how many suicide attempts have been broadcast through its live-streaming tool.

Facebook CEO Mark Zuckerberg wrote in a February 16 Facebook [manifesto](#), "There have been terrible tragic events—like suicides, some live-streamed—that perhaps could have been prevented if someone had realized what was happening and reported them sooner."

After consulting with the National Suicide Prevention Lifeline, [Save.org](#), and other suicide prevention experts, Facebook has adapted its existing suicide prevention interactive tools for both the *Facebook Live* streamer and Facebook users viewing the live stream. Facebook users can directly reach out to the person who is live-streaming and also report the video to Facebook. Facebook will provide a person reporting a stream with a pop-up list of

resources while the video is streaming, such as "Connect with a Friend," "Contact with the National Suicide Prevention Lifeline," "Crisis Text Line through Facebook Messenger," "Live Chat Support" or "See Suicide Prevention Tips".

Facebook's lead researcher for suicide prevention, Jennifer Guadagno commented to [USA Today](#) in a March 1 story, "Some people may say we should cut off the stream the moment there's a hint of somebody talking about suicide, but what we learned from the experts and what they emphasized to us is that cutting off the stream too early removes the chance of someone being able to reach out and provide help. In this way, *Live* becomes a lifeline. It opens up the opportunity for people to reach out for support and for people to give support at a time that's critically important." She further stated that Facebook's goal is to connect Facebook users in emotional distress with professionals who can help.

Facebook also says it is testing artificial intelligence to automatically identify users with suicidal ideation in Facebook posts and comments. A [March 1 Facebook press release](#) announced, "Based on feedback from experts, we are testing a streamlined reporting process using pattern recognition in posts previously reported for suicide. This artificial intelligence approach will make the option to report post about suicide or self-injury more prominent."

As previously reported in the *NASMHPD Weekly Update*, the social media company began developing suicide prevention tools and resources over a decade ago, following a cluster of suicides among high school students in Palo Alto, California—the former Facebook headquarters.



Achieving Effective Treatment for Early Psychosis in the United States

Join the Schizophrenia Research Forum on its **Wednesday, March 22, Webinar, from noon to 1:30 p.m. ET**, to discuss the paths and barriers to widespread effective care for people in the early stages of psychosis in the United States.

Lisa Dixon of Columbia University will lead the discussion, presenting ideas that she has laid out recently in an editorial in [JAMA Psychiatry](#). Ms. Dixon will be joined by a panel of experts including:

- **Rebecca Farley**, National Council on Behavioral Health;
- **Robert Heinssen**, National Institute for Mental Health;
- **Nev Jones**, Felton Institute;
- **David Shern**, National Association of State Mental Health Program Directors; and
- **Andrew Sperling**, National Alliance on Mental Illness.



Coordinated specialty care (CSC) for people in early psychosis has shown promise in other countries, and research such as the RAISE study has demonstrated the feasibility of establishing such programs in the United States. However, Ms. Dixon points out there are a number of barriers that need to be overcome to "get over the hump" and provide such services to everyone experiencing psychosis, and foremost among these obstacles is figuring out how to pay for CSC with a combination of public and private funds. Other hurdles include workforce development; getting the word out about early treatment; ensuring fidelity to proven methods and protocols; measuring outcomes; and getting young people, especially consumers, involved.

REGISTER [HERE](#)



Brain Injury Awareness Day on Capitol Hill

sponsored by:

Congressional Brain Injury Task Force

Wednesday, March 22nd, 2017

Brain Injury Awareness Fair

10:00 a.m. -- 2:00 p.m.

First Floor Foyer of the House Rayburn Office Building

Congressional Briefing

2:30 p.m. --4:00 p.m.

Rayburn Gold Room 2168

Faces of Brain Injury: The Invisible Disability Affecting Children and Adults

Panel:

William A.B. Ditto, MSW, NASHIA, Moderator

Grant Baldwin, PhD, MPH, Director of the Division of Unintentional Injury Prevention

Olivia Lang, Leesburg, VA

James David Toews, Acting Principal Deputy Administrator, Administration for Community Living

Navy Capt. (Dr.) Mike Colston, Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Anastasia B. Edmonston, MS CRC, Maryland Department of Health and Mental Hygiene

Congressional Reception

Celebrating Brain Injury Awareness Month

5:00 - 7:00 p.m.

B-339, Rayburn House Office Building

Co-sponsored by:

Friends of Model Systems





Kennedy Forum 3rd Annual State of the Union in Mental Health and Addiction

**Where Innovation Meets Action
for Children and Families**

**Monday, April 3, 2017 • 4:15 - 5:15 p.m. PT
Washington State Convention Center •
Seattle, WA**

Since 2015, The Kennedy Forum has hosted The State of the Union in Mental Health and Addiction to hold our leaders accountable for real results and shine the spotlight on promising mental health solutions from across the nation.

This year, the Kennedy Forum is joining forces with the National Council for Behavioral Health to focus attention on one pressing issue – the health of our nation's children. The Kennedy Forum's [State of the Union Thought Leader Session](#) will occur on Monday, April 3, 2017 at the [2017 NatCon Conference](#) in Seattle.

Join us for this important conversation, beginning with the Thought Leader Session on Monday, and continuing across the three days in a series of workshops including:

- Where to Start: Best Practices in Early Detection, Prevention and Treatment for Youth Mental Health
- Supporting Mindful Educators
- Decoding Teenagers: Supporting Kids When and Where They Need It: Mental Health First Aid
- The Importance of Rapid Response: Developing Strong School Based Mental Health Programs
- Completing the Puzzle: An Integrated System of Care

For more information and to register for the conference and workshops, [click here](#). For those in the Pacific Northwest interested in attending the 2017 Mental Health State of the Union Thought Leader Session *only*, information about a special pass will be available soon

REGISTER [HERE](#)

**NATIONAL
COUNCIL**
FOR BEHAVIORAL HEALTH

THE KENNEDY
FORUM



THE ANNAPOLIS COALITION
ON THE BEHAVIORAL HEALTH WORKFORCE

Committed to Promoting the Development of the Behavioral Health Workforce



State Solutions Webinar Series Continues

The quarterly State Solutions in Workforce webinar series, which launched in Fall 2016, continues highlighting innovative practices by the states in developing the substance use and mental health workforce.

A recording of the first webinar, which took place in September and highlighted initiatives in Nebraska, is available [on-line](#).

January's webinar highlighted the workforce development effort in Connecticut under a SAMHSA Mental Health Transformation Grant. Presenters included Michael Hoge (Annapolis Coalition), Barbara Bugella (State of Connecticut), and Elisabeth Cannata (Wheeler Clinic). They discussed two key initiatives – one on curriculum reform related to evidence-based practices in higher education, the other on improving supervision. The recording for this webinar should be available on [SAMHSA's YouTube channel](#) in the coming weeks.

The series is the brainchild of the leadership of the Behavioral Health Education Center of Nebraska (BHECN), which is directed by Dr. Howard Liu. Other sponsors of the series include SAMHSA, NASADAD, NASMHPD, and the Annapolis Coalition on the Behavioral Health Workforce.

Mark your calendars for the next two webinars in this series:

Webinar #3: Growing Alaska's Future Behavioral Health Professionals
April 19, 2017 @ 2PM ET

Webinar #4: Massachusetts's Career of Substance Website
July 19, 2017 @ 2PM ET

To register or to be placed on the invitation list, email [Valerie Kolock](#) at SAMHSA.

Report Says Six Years of Bloodshed Has Spawned a Mental Health Crisis among Syrian Children

The children are psychologically crushed and tired. When we do activities like singing with them, they don't respond at all. They don't laugh like they would normally. They draw images of children being butchered in the war, or tanks, or the siege and the lack of food. ... Teacher in the besieged town of Madaya

A report issued March 2 by the international charity Save the Children finds six years of war have spawned a mental health crisis among Syria's children. The study, *Invisible Wounds*, draws from interviews conducted in seven provinces with more than 450 children, parents, teachers, and psychologists, mainly in rebel-held areas, including Aleppo. The group found the children interviewed exhibited severe emotional distress, suffering from such disorders as sleep deprivation, withdrawal, and self-harm and suicidality. Some children had lost the ability to speak. The study says their parents, themselves struggling to cope, could offer little in the way of psychological support.



Olympians Phelps, Schmitt, Chair 2017 National Children's Mental Health Awareness Day Activities

Olympic champions Michael Phelps, the world's most decorated Olympian, and Allison Schmitt, an eight-time Olympic medalist, are partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) over the next year to focus attention on the needs of children, youth, and young adults who experience behavioral health disorders, such as mental illnesses and addictions.

Phelps and Schmitt will be Honorary Chairpersons of SAMHSA's National Children's Mental Health Awareness (Awareness Day) 2017 national event: "Partnering for Help and Hope."

SAMHSA will webcast the event live on www.samhsa.gov/children, with NBC4 Washington and its sister stations throughout the country also live-streaming the event on their websites.

For more information, visit

<https://www.samhsa.gov/children/national-events>

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.

Find a Training Near You!

March Trainings

Michigan

March 16 & 17 - Team Wellness Center, Detroit

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

Funding Opportunity Brookdale Foundation Group Issues RFP for Seed Grants

Brookdale Relatives as Parents Program (RAPP) grants for supportive services to grandparents and other relatives raising children

The Brookdale Foundation Group has issued a request for proposals (RFP) for the creation or expansion of supportive services to grandparents and other relatives raising children.

Up to 15 programs will be selected to receive a seed grant of \$15,000 (\$10,000 and \$5,000 respectively) contingent upon progress made during year one with potential for continuity in the future. On-going technical assistance will also be provided.

Any § 501(c)(3) or equivalent not-for-profit organization can apply. The RFP proposal and guidelines can be downloaded at www.brookdalefoundation.org.

Proposals are due Thursday, June 15, 2017

Selected applicants will be required to attend, as a guest of the Foundation, an Orientation and Training Conference to be held October 20-22, 2017 in Denver, Colorado.

For additional information, contact Melinda Perez-Porter, RAPP Director, at mpp@brookdalefoundation.org.

SAMHSA-SPONSORED WEBINARS

Serious Mental Illness and Opioid Use Disorders

Monday, March 13, 2:30 p.m. to 4 p.m. E.T.

Presented by the National Council for Behavioral Health

**Target Audience (primary care/behavioral health and skill/professional level):
State and Local Behavioral Health Systems**

Individuals with an opioid use disorder (OUD) frequently suffer from serious mental illness (SMI). Over half of patients with bipolar affective disorder and schizophrenia have a co-occurring SUD. Co-occurring disorders, however, can be difficult to manage in a fragmented treatment system. Care outcomes respond best to comprehensive treatment with culturally competent practices. Understanding why providers often underutilize medication assisted treatment (MAT) is important to overcoming provider bias, as well as the discriminatory bias and perceptions around substance use disorders mental illness. This webinar will discuss the evidence base for treating OUD and co-occurring disorders simultaneously, the benefits and advantages of utilizing MAT for individuals with SMI, and empower mental health providers to utilize and translate evidenced-based behavioral health skills to diagnose and manage SMI among patients with OUD.

REGISTER [HERE](#)

Questions about this webinar should be directed to NASMHPD's [Kelle Masten](#) by email or at 703-682-5187.

Epidemiology of First Episode Psychosis in Large Integrated Healthcare Systems

Thursday, March 16, 2 p.m. to 3:30 p.m. E.T.

Presented by NASMHPD

Accurate estimates of the incidence of First Episode Psychosis are the basis for evaluating the adequacy of early intervention programming. Typically these estimates have been based on persons who are treated in specialty settings – often inpatient programs. Such estimates, while valuable, miss individuals who are served outside of specialty settings.

In this webinar, Dr. Gregory E. Simon, M.D., M.P.H., Senior Investigator at the Group Health Research Institute in Seattle, Washington, will present F.E.P. estimates derived from the Mental Health Research Network, a National Institute of Mental Health (NIMH)-supported activity that has built a data system covering 13 integrated healthcare systems covering approximately 13 million members. The data includes information from the full range of primary and specialty care settings.

The incidence estimates from this comprehensive data set are substantially greater than most of those based on specialty utilization, especially among older cohorts. Dr. Simon will discuss the implications for service planning of these estimates in light of the anticipated rate of spontaneous remission.

Dr. Susan Azrin, Ph.D., Program Chief for Mental Health Service Research Grants at NIMH will also participate in the presentation.

REGISTER [HERE](#)



Upcoming Meeting Opportunities for System of Care Grantees

The TA Network recently announced a series of [learning opportunities](#) sponsored by SAMHSA for this fiscal year. We designed these meetings based upon grantee feedback on what is needed to support the work in your communities, states, tribes and territories. In each of these meetings, participants will have the opportunity to learn from peers as well as local and national experts on topics that are essential to system of care expansion. These meetings and learning opportunities all count towards the annual grantee training requirement.

There are several upcoming meetings. Some of these meetings have quickly approaching registration deadlines.

Grantee Meetings

Meeting: [Tribal System of Care Support Grantee Meeting](#)

Description: Annual training and peer-to-peer learning opportunity for tribal system of care communities and grantee graduation celebration. This meeting coincides with the [NICWA's 35th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect](#) taking place on April 2-5 in San Diego, CA.

Graduating grantees this year: Montana Office of Public Instruction, Yellowhawk Tribal Health, Cherokee Nation, and Detroit Wayne County Mental Health Authority.

Date(s): April 6, 2017

Location: San Diego, California

Other Info: Open to tribal grantees

Learning Opportunities

Meeting: [Mobile Response and Stabilization Services \(MRSS\) Peer Meeting](#)

Description: In this cooperative peer convening, participating states will gather in New Brunswick, New Jersey for two days of collaborative work with experts from Wraparound Milwaukee, Connecticut and New Jersey, focused on strategies for developing, implementing and sustaining mobile response and stabilization services for children, youth, and young adults in their states. There will also be an opportunity for 1-2 individuals from each state team to 'ride along' with a mobile response unit for 'hands-on' observation of New Jersey's model the day before the meeting begins.

Date(s): April 18-19, 2017

Location: New Brunswick, New Jersey

Other Info: Application due date is Monday, February 27, 2017

Meeting: [Family Acceptance Project Core Provider Training](#)

Description: Dr. Caitlin Ryan along with the Family Run Executive Director Leadership Association (FREDLA) will lead this 2-day training on a family-based approach to wellness, prevention and care for LGBTQ children, youth, and young adults will help providers and FREDLA (Family Run Executive Director Leadership Association) members learn about the Family Acceptance Project's family intervention and support model to prevent health risks and promote well-being for LGBTQ young people to enable them to increase family-oriented services and supports in their agencies and communities.

Date(s): April 25-26, 2017

Location: Detroit, Michigan

Other Info: Registration closing date is Saturday, March 25, 2017

This announcement is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Training and Technical Assistance Center for Child, Youth and Family Mental Health (NTTAC), operated by the National Technical Assistance Network for Children's Behavioral Health (TA Network).

NASMHPD MEMBERS: SAVE THE DATE!!

NASMHPD Annual 2017 Commissioners Meeting

The 2017 NASMHPD Annual Meeting will be held **Sunday, July 30 through Tuesday, August 1 in Arlington, Virginia**. The meeting will run three full days, in collaboration with the NASMHPD Research Institute (NRI), and include a day of meetings for the NASMHPD Division representatives.

The NASMHPD Divisions include the Children, Youth and Families Division; the Financing and Medicaid Division; Forensic Division; the Legal Division; the Medical Directors Council; the Older Persons Division; and the Offices of Consumer Affairs (National Association of Consumer/Survivor Mental Health Administrators – NAC/SMHA).

The meeting will include extended time for State Mental Health Commissioners and Divisions to meet together as well as separately. There will also be a day with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners' and Divisions' priorities and concerns.

Details regarding registration and hotel details will be mailed to Commissioners and Division representatives in the near future.

Contact [Brian Hepburn](#) or [Meighan Haupt](#) with any questions.

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](#).

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA's Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program
American Nurses Association	4/30/16 - 4/30/17	Applications Open Until all vacancies filled	N/A
NAADAC: the Association for Addiction Professionals	N/A	N/A	9/30/2016 – 8/1/2017 Note: This application cycle will be an open "rolling application" period.

Department of Justice Announces Two Grant Solicitations

Comprehensive Opioid Abuse Site-Based Grant Program (COAP)

The U.S. [Department of Justice \(DOJ\)](#), [Office of Justice Programs \(OJP\)](#) [Bureau of Justice Assistance \(BJA\)](#) on January 25 released a solicitation for the Comprehensive Opioid Abuse Site-Based Grant Program (COAP), funded through the Comprehensive Addiction and Recovery Act (CARA).

Applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found [here](#).

BJA's COAP site-based solicitation contains six categories of funding. The funding categories include:

- Category 1: Overdose Outreach Projects
- Category 2: Technology-assisted Treatment projects
- Category 3: System-level Diversion and Alternative to Incarceration Projects
- Category 4: Statewide Planning, Coordination, and Implementation Projects
- Category 5: Harold Rogers PDMP Implementation and Enhancement Projects
- Category 6: Data-driven Responses to Prescription Drug Misuse

To prepare for the CARA solicitation, potential applicants are encouraged to form multi-disciplinary teams, or leverage existing planning bodies, and identify comprehensive strategies to develop, implement, or expand treatment diversion and alternative to incarceration programs.

BJA anticipates up to 45 awards may be made under the COAP Grant Program.

The application deadline is April 25, 2017.

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located [here](#).

Justice and Mental Health Collaboration Program - FY 2017 Competitive Grant Announcement

The U.S. [Department of Justice \(DOJ\)](#), [Office of Justice Programs \(OJP\)](#) [Bureau of Justice Assistance \(BJA\)](#) on January 18 released a solicitation seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, or federally recognized Indian tribal government. Under this solicitation, only one application by any particular applicant entity will be considered. Any others must be proposed as subrecipients ("subgrantees"). An entity may, however, be proposed as a subrecipient (subgrantee) in more than one application. The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire project.

Per Pub. L. 108-414, a "criminal or juvenile justice agency" is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A "mental health agency" is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders. BJA may elect to fund applications submitted under this FY 2017 solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Applicants must register with [Grants.gov](#) prior to submitting an application.

The application deadline is April 4, 2017.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

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

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

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

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

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

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

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

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

> **Policy Brief: The Business Case for Coordinated Specialty Care for First Episode Psychosis**

> **Toolkits: Supporting Full Inclusion of Students with Early Psychosis in Higher Education**

- o *Back to School Toolkit for Students and Families*
- o *Back to School Toolkit for Campus Staff & Administrators*

> **Fact Sheet: Supporting Student Success in Higher Education**

> **Web Based Course: A Family Primer on Psychosis**

> Brochures: *Optimizing Medication Management for Persons who Experience a First Episode of Psychosis*

- o *Shared Decision Making for Antipsychotic Medications – Option Grid*
- o *Side Effect Profiles for Antipsychotic Medication*
- o *Some Basic Principles for Reducing Mental Health Medicine*

> **Issue Brief: What Comes After Early Intervention?**

> **Issue Brief: Age and Developmental Considerations in Early Psychosis**

> **Information Guide : Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)**

> **Information Guide: Use of Performance Measures in Early Intervention Programs**

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at <http://www.nasmhpdp.org/content/information-providers>. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhpdp.org) or David Shern (David.shern@nasmhpdp.org).

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, [Click Here](#):

We look forward to the opportunity to work together.

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NASMHPD LINKS OF INTEREST

[**ESTIMATED REVENUE EFFECTS OF BUDGET RECONCILIATION LEGISLATIVE RECOMMENDATIONS RELATING TO REPEAL AND REPLACE OF CERTAIN HEALTH-RELATED TAX POLICY PROVISIONS CONTAINED IN THE "AFFORDABLE CARE ACT \('ACA'\). SCHEDULED FOR MARKUP BY THE COMMITTEE ON WAYS AND MEANS ON MARCH 8, 2017, JOINT COMMITTEE ON TAXATION, MARCH 7**](#)

[**SUICIDE PREVENTION LIFELINE VIDEO**](#)

[**THE USE OF THE 1915\(i\) MEDICAID PLAN OPTION FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS**](#), TED LUTTERMAN, NRI; STAN DORN, REBECCA PETERS, AND MORGAN CHEEKS, URBAN INSTITUTE; AND PAT CASANOVA AND GINA ECKART, HEALTH MANAGEMENT ASSOCIATES, OFFICE OF THE HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE), NOVEMBER 30, 2016

[**RESOURCES WEBSITE FOR THOSE WHO HAVE SUFFERED MILITARY SEXUAL TRAUMA**](#), U.S. DEPARTMENT OF VETERANS AFFAIRS

[**NIH DIRECTOR'S BLOG: BRAIN SCANS SHOW EARLY SIGNS OF AUTISM SPECTRUM DISORDER**](#), DR. FRANCIS COLLINS, FEBRUARY 21

[**BURDEN AND MENTAL HEALTH AMONG CAREGIVERS OF VETERANS WITH TRAUMATIC BRAIN INJURY/POLYTRAUMA**](#), LEE J.M. ET AL., *AMERICAN JOURNAL OF ORTHOPSYCHIATRY*, MARCH 2017

[**How ACA REPEAL WOULD WORSEN THE OPIOID EPIDEMIC**](#), FRIEDMANN P.D., ANDREWS C.M., AND HUMPHREYS K., *NEW ENGLAND JOURNAL OF MEDICINE*, MARCH 9

[**EXPECT THE CBO TO ESTIMATE LARGE COVERAGE LOSSES FROM THE GOP HEALTH CARE PLAN**](#), LOREN ADLER AND MATTHEW FLEDLER, BROOKINGS INSTITUTION, MARCH 9