

National Association of State Mental Health Program Directors

Weekly Update

Centers for Medicare and Medicaid Services Issues Request for Information Seeking Ways to Speed Transition of Medicaid Beneficiaries to Home- and Community-Based Settings

The Centers for Medicare and Medicaid Services published a [Request for Information](#) in the November 9 *Federal Register* seeking information and data on additional reforms and policy options the agency could consider in accelerating *Olmstead* compliance by increasing home and community-based services (HCBS) for Medicaid beneficiaries.

Comments are due to CMS on January 9. NASMHPD will be offering comments based on member suggestions.

The comments CMS seeks are intended to inform the agency's future decision-making in the following areas, within its existing statutory authority:

1. What are the additional reforms that CMS can take to achieve an appropriate balance of HCBS and institutional services in the Medicaid long-term services and supports (LTSS) system to meet the needs and preferences of beneficiaries?
2. What actions can CMS take, independently or in partnership with states and stakeholders, to ensure quality of HCBS in order to ensure beneficiary health and safety?
3. What program integrity safeguards should states have in place to ensure beneficiary safety and reduce fraud, waste, and abuse in HCBS?
4. What are specific steps CMS could take to strengthen

the HCBS home care workforce, including establishing requirements, standards, or procedures to ensure rates paid to home care providers are sufficient to attract enough providers to meet the service needs of beneficiaries and, in turn, that the wages paid to qualified home workers supported by those rates are sufficient to attract enough workers?

Among the specific issues on which CMS seeks comments is a potential re-interpretation of the statutory term "nursing facility" that would permit states to restrict offering the mandatory nursing facility benefit to only individuals eligible for nursing facility coverage whose assessed need cannot otherwise be met by HCBS.

CMS also asks: (1) Whether there are particular flexibilities around Medicaid requirements for LTSS that states could use § 1115 authority to support? (2) How could § 1115 authority be structured to streamline the provision of LTSS across authorities, while adhering to budget neutrality requirements? (3) What types of eligibility flexibility and controls, including level of care and utilization, could be used to encourage access to HCBS? (4) What types of benefit redesign (such as a package of benefits) would improve the provision of LTSS? and (5) What resource needs, including differences between urban and rural areas, and variations in providing services to different HCBS populations, would need to be taken into account?

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](#).

SAMHSA Fiscal Year 2017 Grant Opportunities

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all FOAs. All applicants must register with NIH's eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process six (6) weeks in advance of the application due date. When you are searching for a funding opportunity on Grants.gov, use SAMHSA's FOA number as the Funding Opportunity Number.

For information on SAMHSA's upcoming FOAs, review the [SAMHSA forecast \(PDF | 347 KB\)](#). The forecast includes SAMHSA's plans for release of FOAs, including brief program descriptions, eligibility information, award size, number of awards, and anticipated release date. Please note: This information reflects current planning and is subject to change.

[Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives \(AI/AN\) Communities](#)

Application Due Date: Tuesday, December 20, 2016

FOA: SM-17-002

Anticipated Award Amount: Up to \$418,000 per year

Number of Anticipated Awards: 11

Project Length: Up to 3 years

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (*Short Title: Circles of Care VII*) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

Eligible Applicants: Federally recognized tribes and tribal organizations (as defined by USC 25, Chapter 14, Subchapter II, Section 450b), Tribal Colleges and Universities (as identified by the American Indian Education Consortium), and Urban Indian Organizations (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts).

[Garrett Lee Smith \(GLS\) Campus Suicide Prevention Grant](#)

Application Due Date: Tuesday, December 7, 2016

FOA: SM-17-003

Total Amount Available: \$1,521,000

Number of Anticipated Awards: 15

Anticipated Award Amount: Up to \$102,000 per year

Project Length: Up to 3 years

The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

Eligible Applicants: Eligibility is limited to institutions of higher education that have not previously been awarded a GLS Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply.

Additional SAMHSA Fiscal Year 2017 Grant Opportunity

Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Application Due Date: Tuesday, January 3, 2017

FOA: SM-17-001

Project Length: 4 Years

Anticipated Award Amount: Up to \$3 million per year for state applicants; up to \$1 million for political subdivisions of states, territories, or Indian or tribal organizations.

Number of Anticipated Awards: 5 to 15

Total Amount Available: \$15,045,000

CMHS is also accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (*Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements*). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the wide-scale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

Eligible Applicants: State and territorial governments, governmental units within political subdivisions of a state, such as a county, city or town; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; and Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act).

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!!!

November Trainings

Idaho

Orofino – November 17 & 18 - State Hospital North

Massachusetts

Andover – November 15 & 16 - American Training

New Jersey

Ancora – November 29 to December 1 - Ancora Psychiatric Hospital

Texas

Dallas – November 15 to 17 – Department of Homeland Security, Immigration & Customs Enforcement, Enforcement and Removal Operations

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

Unexpected Election of Donald Trump Sends Congress, Behavioral Health Advocates Scrambling

The surprise election of Donald J. Trump as President on the night of November 8 has sent Congress scrambling to reconsider how it might proceed during the Lame Duck Session, which begins November 14 and 15.

The most significant change resulting from the election of Mr. Trump and the return of a Republican majority in the House and Senate appears to be a decision by Republican Congressional leaders to enact a new Continuing Resolution (CR) when current Federal funding ends under the existing CR enacted in September and scheduled to expire on December 9. The new CR would likely end in March, once the Trump Administration has settled in and established its priorities, so that funding for the remainder of FY 2017 could reflect those priorities.

Before Election Night, when political pundits and odds-makers were predicting a win by Democratic nominee Hillary Clinton and a potential return of the Senate to Democratic Party rule, the most likely option was to enact, by December 9, an omnibus funding measure for the remainder of the Fiscal Year.

With the apparent decision to enact a CR free of any substantive language or statutory changes, the opportunity

for behavioral health advocates, including NASMHPD, to use the FY 2017 funding measure as a vehicle for crucial legislative changes appears lost.

NASMHPD had hoped to use an omnibus funding measure to gain approval of an extension of the Medicaid Emergency Psychiatric Services (MEPD) IMD Demonstration, authorized under [S. 599 \(Pub. L. 114-97\)](#) but rejected by the Centers for Medicare and Medicaid Services. The funding measure was also considered a vehicle for authorizing the proposed Children's Mental Health Initiative 10 percent set-aside for funding prodromal services included in the Obama Administration's budget proposal to Congress, a proposal initially opposed but now supported by the National Institute of Mental Health (NIMH).

It is still unclear whether the Senate and then the House will take up the mental health reform bills, [H.R. 2646](#) and [S. 2680](#), currently in the Senate, during the Lame Duck. However, the Trump Administration's stated plans to seek a wide array of health-related legislative changes—including at least partial repeal of the Affordable Care Act and block granting of Medicaid funding—is leading members on both sides of the aisle to conclude a busy calendar may mean it is the Lame Duck or never for mental health reform.

New SAMHSA Center for Mental Health Services (CMHS)-Sponsored Webinar Opportunity

Resource Materials on Addressing First Episode Psychosis: Product Overview

Tuesday, November 15, 2 p.m. to 3:30 p.m. ET

Description: In an effort to assist states and communities as they continue to plan, implement, operate, and assess programs and practices to address the needs of persons experiencing a first episode of psychosis (FEP), SAMHSA/CMHS has been supporting the on-going development of user-friendly informational resources. A new batch of these materials has been released, including fact sheets, resource guides, issue briefs, toolkits, and a web-based curriculum.

This webinar will provide an overview of this latest set of FEP resources, highlighting content areas, ways in which audiences might use the materials, and information on how to access them.

Presenters: The webinar will feature the following speakers, and time will be provided for audience questions:

- Monique Browning, Public Health Advisor, Director of the Division of State and Community Systems Development, SAMHSA/CMHS
- David Shern, Senior Public Health Advisor, NASMHPD
- Pat Shea, Deputy Director for Technical Assistance and Prevention, NASMHPD
- Mihran Kazandjian, Research Associate, NASMHPD Research Institute (NRI)
- Kristin Neylon, Research Associate, NRI

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Please feel free to forward this announcement to others who may be interested in this presentation.

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 Association for Marriage and Family Therapy	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
American Nurses Association	4/30/16 - 4/30/17	Applications Open Until all vacancies filled	N/A
American Psychiatric Association	10/31/2016- 1/30/2017	N/A	N/A
American Psychological Association	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
Council on Social Work Education	12/2016 – 2/28/17	Spring 2017	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.

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 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.

SPRC Releases Recommendations for Preventing Suicide Among Middle-Aged Men

In response to the rising suicide rate among middle-aged men, the Suicide Prevention Resource Center (SPRC) has released a report, [Preventing Suicide Among Men in the Middle Years: Recommendations for Suicide Prevention Programs](#).



The report includes a literature review of recommendations that provide guidance for public health and mental health officials addressing suicides for this population and a list of programs and resources, such as [Man Therapy](#), [Counseling on Access to Lethal Means \(CALM\)](#), and [Gatekeepers of Middle Aged Men](#).

The report outlines recommendations for addressing suicides for men in the middle years:

- Apply cultural competence to suicide prevention for men;
- Develop or adapt psychotherapies for men;
- Use venues and modalities that appeal to men;
- Intervene earlier in men's lives;
- Regulate access to highly lethal means; and
- Address socioeconomic risk factors that contribute to suicide risk.

Middle-aged men (ages 35 to 64) experienced a 43 percent increase in suicide deaths from 1997 to 2014, with a continual sharp rise since 2005. Suicide rates among middle-aged men is four times higher than among females of the same age group.

The highest rates of suicide in the United States were in the 1930s during the Great Depression. Since 2005, even before the Great Recession was official, the then-worsening economy was tied to a rise, although less dramatic, in suicide rates.

In addition to economic depressions being a contributing factor to a rise in suicide rates, access to firearms plays a significant role in the suicide rate for men in the middle years. In 2014, the CDC reported that over half of suicides among middle-aged men involved access to more lethal means, such as firearms. In contrast, poison was the most common means for women of this age group.

D.C. Work Days Left in the 114th Session of Congress (2015-2016)

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

0 – Senate Work Days before Election Day
20 – Senate Work Days after Election Day

Both Chambers Return November 14

Thirty-two percent of women chose firearms.

A third leading contributing factor is the reluctance of men to seek and accept mental health and substance abuse treatment; the reluctance may stem from cultural expectations to being a male.

Other risk factors for this demographic include being a veteran; involvement with the criminal justice system; being gay, bisexual or transgender; financial or legal problems; and intimate partner problems or domestic violence.

Many men associate their work as to their identity and self-worth. Suicide Awareness Voices of Education (SAVE), which encourages employees to talk about suicide in their workplaces, is currently developing a workplace certification program in suicide prevention, intervention, and post-intervention.



Training the Future Child Health Care Workforce to Improve Behavioral Health Outcomes for Children, Youth and Families

November 29-30, 2016
National Academy of Sciences, Lecture Room
2101 Constitution Ave., NW, Washington, DC

The Forum on Promoting Children's Cognitive, Affective, and Behavioral Health at the National Academies of Sciences, Engineering, and Medicine will host a 2-day workshop on leading change and innovation in training the future child health care workforce to improve behavioral health outcomes for children, youth, and families.

A set of panel discussions will address the following topics:

- Improved content in training programs that incorporates the promotion of behavioral health and well-being; training for multi-generation surveillance, and intervention—including maternal health—and evidence-based practices.
- Goals and strategies for inter-professional training and integrated practice to meet current and future needs for the behavioral health of children and families.
- Attention to how funding and accreditation of training programs and certification of individuals may hinder but more importantly drive innovations in training an effective workforce.
- Training that affirms co-promotion of behavioral health with parents.
- Training for collaboration with professionals in community settings, including schools, child care facilities, and juvenile justice.
- Current and future directions for research that examine outcomes of different training models.
- Opportunities to leverage other regional and national change processes to improve training.

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NASMHPD LINKS OF INTEREST

(Inclusion on this list should not be read to imply NASMHPD support for the views expressed in the linked items.)

[SEXUAL ORIENTATION AND ESTIMATES OF ADULT SUBSTANCE USE AND MENTAL HEALTH: RESULTS FROM THE 2015 NATIONAL SURVEY ON DRUG USE AND HEALTH \(NSDUH\), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION \(SAMHSA\), OCTOBER 11, 2016](#)

[MEDICAID AND CHIP AUGUST 2016 ELIGIBILITY AND ENROLLMENT REPORT, CENTER FOR MEDICARE AND MEDICAID SERVICES](#)

[NATIONAL DISSEMINATION WEBINAR: LEVERAGING MANAGED CARE CONTRACT LANGUAGE TO IMPROVE SUBSTANCE USE DISORDERS PURCHASING STRATEGIES \(REGISTRATION\), DECEMBER 7, 3:30 P.M. TO 5 P.M. ET](#)

[MEDICAID INNOVATION ACCELERATOR PROGRAM WEBINAR: DATA ANALYTIC SUPPORT FOR STATE MEDICAID AGENCIES, \(REGISTRATION\), DECEMBER 8, 3 P.M. TO 4 P.M. ET](#)

[JOB ANNOUNCEMENT: CENTER FOR MENTAL HEALTH SERVICES AT SAMHSA SEEKING NEW DEPUTY DIRECTOR \(RECRUITMENT OPENED NOVEMBER 4, CLOSES DECEMBER 5\)](#)