

National Association of State Mental Health Program Directors

Weekly Update

CMS Announces Grants to State Insurance Commissioners to Enforce Compliance with Parity

The Centers for Medicare and Medicaid Services (CMS) announced October 31 that it would be awarding \$25.5 million to 22 states and D.C. to fund enforcement of insurer and plan compliance with key consumer protection elements of the Affordable Care Act, including parity in mental health and substance use disorder benefits.

The agency said close to \$21.6 million is being given to state departments of insurance for planning and implementing market reforms and consumer protections. The grants will be available for two years, from October 31 of this year to October 30, 2018. Other consumer protections targeted besides parity include essential health benefits, cost-free preventive services, appeals processes, and the medical loss ratio requirements designed to ensure premiums go primarily to pay the cost of benefits.

Each applicant awarded a grant will receive a minimum of \$476,998. Grants are being awarded to D.C., Alaska, California, Colorado, Hawaii, Illinois, Indiana, Kentucky, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, North Carolina, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, Utah and Washington.

In addition to the baseline compliance enforcement grant, states awarded a grant will also receive funding for workload. Workload allocations will be determined based on the population and number of health insurance issuers in the state and can be used towards other allowable expenses not directly related to planning or implementing a single market reform, but extend across all of the market reforms (such as travel, supplies and equipment, and indirect costs).

[State total awards range](#) from 1,844,585 for California to \$528,441 for the state of Washington. The money for the awards comes from unexpended grant moneys for insurance premium rate reviews by states. CMS says that, in 2015, rate reviews led to \$1.5 billion in savings for consumers.

However, one potential stumbling block to state parity enforcement will be the insistence by a few state attorneys general, such as in Texas, that states are not obligated to enforce ACA insurance market reforms, such as parity in

non-quantitative treatment limitations (NQTs), not mandated under state law.

Just four days previous to the announcement of the grants, the Obama Administration's Parity Task Force issued its [report](#) on how to implement parity mandates in the states and at the Federal level. Among the Task Force recommendations were:

- providing support for states to enforce parity through training, resources, and new implementation tools;
- ensuring parity compliance in state Essential Health Benefit (EHB) benchmark plans on which all other Medicaid and Marketplace plan benefits are based;
- eliminating the opt-out process authorized under HIPAA that allows self-insured states and local governments to avoid enforcement of parity compliance;
- developing additional examples of parity compliance best practices and warning signs of noncompliance;
- increasing the capacities of the departments of Health and Human Services, Labor, and Treasury to audit health plans for compliance;
- creating a one-stop consumer web portal to help consumers resolve coverage issues, file complaints, and submit appeals;
- providing simplified disclosure tools and templates for consumers, plans, and issuers;
- expanding consumer information about parity protections;
- updating guidance on the applicability of parity to opioid use disorder prevention and treatment services;

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**

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.

Webinar Opportunity

Health System-Wide Sustainable Peer Program Best Practice

Wednesday, November 9, 1 p.m. to 2:30 p.m. Eastern Time

Terry Horton and Mark Lanyon will describe how Project Engage began as a peer program for the emergency department at Christiana Care in Delaware and evolved into a financially sustainable hospital system-funded program with improved outcomes through long-term recovery.

[REGISTER HERE](#)

Presenters:

Terry L. Horton, MD, FACP, FASAM, Associate Physician Lead of the Behavioral Health Service Line at Christiana Care Health Services in Wilmington, Delaware.

Mark DeWitt Lanyon, Ph.D., ICADC, ICCDPD, LCDP, LPC, Clinical Program Manager of [Project Engage](#).

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](#).

Negative Final Program Evaluation Makes Extension of Money Follows the Person Program Unlikely

A negative final program evaluation report on the Medicaid Money Follows the Person (MFP) Rebalancing Demonstration Grant Program, which a member of the Medicaid and CHIP Payment and Access Commission (MACPAC) characterized as “problematic and challenging” during an [October 27 staff briefing](#), is leading advocacy organizations and MACPAC to suggest that continued Congressional funding for the program as currently structured is unlikely.

The program, created in 2005 and designed to facilitate transitions from institutional to home- and community-based care, expired September 30, although states may still claim unexpired grant moneys left available through 2020. The negative Mathematica Policy Research evaluation report is still undergoing final review by the Secretary of Health and Human Services before final publication. However, MACPAC was told that, although 43 states and the District of Columbia participated in the \$450 million-per-year MFP program, the evaluator found that just seven of those states—California, Connecticut, Maryland, Michigan, Ohio, Texas, and Washington—achieved more than half of the 63,337 transitions of beneficiaries back to the community. Mathematica found that 20 states spent below their targets in 2015, a fact that states attributed to a lack of affordable and accessible housing.

MACPAC staff said that Mathematica had concluded it was unclear that those who transitioned could not have done so absent the services purchased with the enhanced Federal match made available under the MFP program. In addition, Mathematica found that states might not continue to provide transition services in the absence of the enhanced Federal moneys because the services provided were not highly utilized or beneficiaries did not find them helpful. States predicted they would be limited by budget pressures from continuing to fund a program with so little obvious return on investment.

MACPAC Commissioner [Brian Burwell](#), of Truven, who offered the negative characterization of the program during the staff presentation, noted there had been \$4 billion expended in the demonstration, but that the enhanced funding for people who had transitioned totaled closer to \$220 million. He suggested that meant there was “\$3.8 billion not accounted for.” He said he would like to see a fairly detailed accounting of where the MFP funding was actually spent over the course of the demonstration.

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
National Board for Certified Counselors and Affiliates	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016
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.

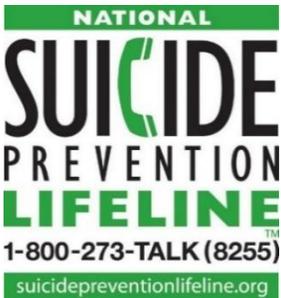
The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public 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.

Instagram, Following the Lead of Facebook, Offers New Self-Harm Safety Tools

Following in the footsteps of its parent company, Facebook, [Instagram](#) has launched new resources to help social network users who appear to evidence signs of suicidal ideation, eating disorders, or other forms of self-harm. Using these tools, a user who is concerned about a fellow user's post on the social media app can anonymously report that post to an Instagram team.



The new tools are in step with the company's aim of providing a safe community for its social media network. Instagram wants to establish a community where users feel comfortable to share, but have tools to moderate for any potential problems, such as a user posting a consideration of self-harm or a user posting hurtful comments directed at someone else.

If a team of experts agrees that an Instagram user's post might indicate a threat of suicide or self-injury, the user who posted the image will receive a note stating, "Can we help?" followed by "Someone saw one of your posts and thinks you might be going through a difficult time. If you need support, we'd like to help." The message offers three options: (1) Talk to a Friend, (2) Contact a Helpline, and (3) Get Tips and Support

Instagram developed the three options based on its consultation and partnership with over 40 different organizations across the world that specialize in the prevention of self-harm. Within the U.S., those organizations included the National Suicide Prevention Lifeline, the National Eating Disorders Association, Save.org, and Forefront (University of Washington). In addition, Instagram consulted people with lived experiences of eating disorders, self-injury, or suicide.

Instagram users can also filter comments using customizable block lists that enable them to block other

Federal Government Boosts Parity Enforcement

(continued from page 1)

- implementing the Medicaid and CHIP parity rule in a timely manner, providing technical assistance to Medicaid;
- conducting a thorough review of how parity principles apply to Medicare and continuing to request that Congress eliminate the 190-day lifetime limit on inpatient coverage under Medicare Part A;
- expanding access to mental health and substance use disorder services under TRICARE; and
- reviewing substance use disorder benefits and NQTLs under the Federal Employee Health Benefits Plan (FEHBP).

users from posting certain explicit words or bullying terms in their Instagram comments.

Instagram spokesperson Maria Tomljanovic says, "We listen to mental health experts when they tell us that outreach from a loved one can make a real difference for those who may be in distress. At the same time, we understand friends and family often want to offer support, but don't know how best to reach out."

The new safety tools were launched this fall in partnership with the #PerfectlyMe campaign in recognition of National Body Confidence Day. The [Body Confidence Day Campaign](#) highlighted young adults showing their self-confidence and embracing their own uniqueness.



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.)

[INCREASE IN US SUICIDE RATES AND THE CRITICAL DECLINE IN PSYCHIATRIC BEDS](#), JAMA VIEWPOINT BY BASTIAMPILLAIL T., SHARFSTEIN S., ALLISON S., POSTED NOVEMBER 3, 2016

[WHERE DO THE CANDIDATES STAND ON THE OPIOID EPIDEMIC AND ADDICTION?](#) ADDICTION POLICY FORUM, NOVEMBER 3, 2016

[MEDICAID LONG-TERM SERVICES AND SUPPORTS BENEFICIARIES 2012](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) & TRUVEN, SEPTEMBER 16, 2016

[MEDICAID 1915\(C\) WAIVER DATA BASED ON THE CMS 372 REPORT, 2012 – 2013](#), CMS & TRUVEN, SEPTEMBER 23, 2016

[SEIZING NEW POLICY OPPORTUNITIES TO HELP LOW-INCOME MOTHERS WITH DEPRESSION: CURRENT LANDSCAPE, INNOVATIONS, AND NEXT STEPS](#), CENTER FOR LAW AND SOCIAL POLICY, JUNE 2016

[STATES SEE PEER RECOVERY COACHES AS A WAY TO BREAK THE ADDICTION EPIDEMIC](#), KAISER HEALTH NEWS, OCTOBER 26, 2016