

## National Association of State Mental Health Program Directors

# Weekly Update

### Advocates, MACPAC Contemplate Extension of Funding for Children's Health Insurance (CHIP)

Children's health care advocates have begun to pressure Congress to start the CHIP funding reauthorization debate with current funding due to run out September 30, 2017, as a Congressional advisory Commission considers options.

First Focus and 50 other advocacy organizations sent a letter to the chairmen and ranking members of the Senate Finance and House Energy and Commerce Committee on October 14 noting that with "[m]ost state budgets tak[ing] effect in July and budget development for 2017 ...already well under way," states need "fiscal certainty" so that they do not "begin implementing procedures to disenroll children and place eligible children on waiting lists well in advance of anticipated funding shortfalls." The advocates say in their letter to Senators Orrin Hatch (R-UT) and Ron Wyden (D-OR) and Representatives Fred Upton (R-MI) and Frank Pallone (D-NJ) that "[w]ithout swift Congressional action to extend funding for CHIP that would give states fiscal certainty, millions of children and families could lose their coverage and the access to necessary health care services that CHIP coverage provides."

The letter goes on to say that "Thanks to the pediatric-appropriate benefits and strong cost-sharing protections in CHIP, our nation has developed a standard of comprehensive, affordable health coverage for children such that children would lose ground if funding for CHIP is not extended. CHIP also allows states flexibility in designing their programs and provides incentives for outreach and enrollment efforts that best meet the needs of their population, making CHIP a popular program among states."

Meanwhile, the Medicaid and CHIP Payment and Access Commission (MACPAC), charged with making recommendations to Congress on the continuation of the CHIP program and funding for that program, scheduled two sessions at its [October 27 monthly meeting](#) to discuss a CHIP funding extension. The discussions followed consideration of [draft staff recommendations](#) at its September meeting.

Among the issues considered in September, but still unresolved, were whether to recommend giving states the option of subsidizing CHIP enrollees in Affordable Care Act Marketplace plans, whether to permit the current maintenance of effort (MOE) requirement to expire in 2019 as scheduled, and whether to phase out a 23 percent enhanced CHIP Federal match (FMAP) differential. Those same issues were under discussion this month, along with consideration of whether to recommend creation of new statutory waiver authority allowing states to adopt "seamless" coverage through an innovation model.

Although a formal vote remains to be taken in December, Commission members seemed to support a proposal by Commissioner Penny Thompson of a two-phase, five-year extension of the current CHIP program, with states permitted to phase out the MOE protections in the second phase of the extension and the enhanced FMAP being reduced or completely eliminated during that second phase. After a long discussion, the Commission seemed less certain of what they might recommend in terms of a movement of CHIP enrollees into the Marketplace or new waiver authority.

### Six TTI Grants of \$220,000 to be Awarded for FY 2017; Applications Due at End of October

NASMHPD has received the good news that SAMHSA's Center for Mental Health Services will fund another year of the Transformation Transfer Initiative (TTI). Administered by NASMHPD, the TTI provides, on a competitive basis, flexible funding awards to states, D.C., and the U.S. territories to strengthen cutting-edge programs.

**For FY 2017, CMHS will award TTI grants of \$220,000 to six (6) states or territories for projects related to developing, strengthening, or sustaining innovative projects or programs focusing on co-occurring intellectual/developmental disabilities (IDD) and mental health.**

[Application proposals](#) must be submitted by October 31. If you have questions, please contact NASMHPD Project Director David Miller at [david.miller@nasmhpd.org](mailto:david.miller@nasmhpd.org) or 703-682-5194.

## New SAMHSA Grant Opportunities

### [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

**Length of Project:** Up to 3 years

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

**Number of Anticipated Awards:** 11

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).

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### [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

**Length of Project:** 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:** 1 to 5

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).

## Webinar Opportunities

### **Treatment Referral in an Opioid Crisis: Opportunities to Engage**

*Thursday, November 3, 1 p.m. to 2:30 p.m. Eastern Time*

This session will describe two successful state models which support engagement and referral to treatment for individuals with substance use disorders who present in the ER or in primary care settings. Kimberly Walsh, Deputy Commissioner for the Department of Behavioral Health and Health Facilities for the State of West Virginia, will outline the critical success factors of the West Virginia 24/7 substance use disorder referral hotline called HELP4WV including how the call line has impacted access and navigation of WV's service delivery system by those reaching out for assistance. Ken Martz, PsyD, MBA, Special Assistant to the Secretary of the Pennsylvania Department of Drug and Alcohol Programs, will address the importance of warm handoff coordination and how transitions from physical health to substance use disorder treatment referrals in Pennsylvania have improved as a result of the PA Warm Handoff Model.

Data and anecdotes about both the West Virginia Hotline and PA Warm Handoff Model will be shared for consideration by other states planning to launch a similar initiatives with the goal of improving outcomes.

**Presenters:**

[REGISTER HERE](#)

**Kimberly A. Walsh**, Deputy Commissioner of the West Virginia Bureau for Behavioral Health & Health Facilities

**Kenneth Martz**, PsyD, CAS, special assistant to the Secretary of Pennsylvania Department of Drug and Alcohol Programs.

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### **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.

**Presenters:**

[REGISTER HERE](#)

**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](#).

### **Justice and Mental Health Collaboration Program Grantees**

The Bureau of Justice Assistance has announced this year's Justice and Mental Health Collaboration Program Grantees. Following are the links to the awards.

[BJA FY 16 Justice and Mental Health Collaboration Program: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail](#)

**Total Amount Awarded to 6 Grantees: \$1,491,120.00**

[BJA FY 16 Justice and Mental Health Collaboration Program: Expansion](#)

**Total Amount Awarded to 9 Grantees: \$1,750,389.00**

[BJA FY 16 Justice and Mental Health Collaboration Program: Planning and Implementation](#)

**Total Amount Awarded to 16 Grantees: \$3,783,565.00**

## Accountable Health Communities Model Data System Information

Applications for Track 1 of the Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities program are due by 3 p.m. EST on November 3. Participants in Track 1 will be charged with increasing beneficiary **awareness** of available community services through information dissemination and referral. The AHC Model will require award recipients to establish an intervention that will screen, refer, and, in Tracks 2 (**assistance**) and 3 (**alignment**), navigate beneficiaries to community services.

To support these activities, CMS is building a data system accessible via a web-based platform to perform all core intervention components of the AHC model, including screening for health-related social needs, referral to community services, risk stratification, randomization, maintaining community resource inventories, navigation, viewing model data, and submitting data to CMS. Important facts about the AHC Model data system:

- Award recipients can use the system for free.
- Beneficiaries will be able to fill out the screening tool themselves or with the help of a screener.
- CMS will supply clear instructions and training.
- Award recipients will be able to “practice run” the system before they officially start to use it.
- Award recipients can log into a secure website to view up-to-date model data from participating clinical delivery sites.
- CMS will maintain, update and secure this system through our federal vendor.
- The system will meet § 508 accessibility standards.

Award recipients will be allowed to use a data system(s) of their choosing if they can confirm in writing that their system(s) will offer the same capabilities as the AHC Model data system and is able to submit model data to CMS.

The AHC Data System will be available to award recipients in all three AHC tracks, including Track 1.

CMS will award a total of 44 cooperative agreements ranging from \$1.17 million (per Track 1 site) to \$4.5 million (per Track 3 site) to successful applicants to implement the Accountable Health Communities model. Applicants will partner with state Medicaid agencies, clinical delivery sites, and community service providers and are responsible for coordinating community efforts to improve linkage between clinical care and community services.

For more information about the AHC Model or to access the application for the AHC Track 1 funding opportunity, please visit the website at <https://innovation.cms.gov/initiatives/ahcm>. For specific questions, please send an email to [AccountableHealthCommunities@cms.hhs.gov](mailto:AccountableHealthCommunities@cms.hhs.gov).



## National Summit on Military and Veteran Peer Programs: Advancing Best Practices

**November 2-3, 2016**  
**University of Michigan - Ann Arbor**

**This two-day interdisciplinary forum will:**

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan “Big House.”

Registration will be limited. Please email [PeerSummit@umich.edu](mailto:PeerSummit@umich.edu) to be added to the priority listserv to receive event-related announcements. For additional information, please visit [www.m-span.org](http://www.m-span.org).

**This is an open event.**

**Please share this information with others who may be interested in attending.**

## 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
<a href="#">American Association for Marriage and Family Therapy</a>	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
<a href="#">American Nurses Association</a>	4/30/16 4/30/17	Applications Open Until all vacancies filled	N/A
<a href="#">American Psychiatric Association</a>	10/31/2016- 1/30/2017	N/A	N/A
<a href="#">American Psychological Association</a>	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
<a href="#">Council on Social Work Education</a>	12/2016 – 2/28/17	Spring 2017	N/A
<a href="#">National Board for Certified Counselors and Affiliates</a>	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016	9/1/2016 – 10/31/2016
<a href="#">NAADAC: the Association for Addiction Professionals</a>	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](mailto: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.

## Suicide Prevention Resource Center Launches a New *SPARK Talks* Video— “Reaching Older Adults”

In the United States, individuals age 85 and older have the highest suicide rate of all adults. The Suicide Prevention Resource Center (SPRC) has launched a new *SPARK* (Short, Provocative, Action-oriented, Realistic, and Knowledgeable) *Talks* video on suicide prevention for older adults.



[Reaching Older Adults](#) features psychologist Jo Anne Sirey, professor at the Weil Cornell Medical College Department of Psychiatry. Dr. Sirey explains that depression is a primary factor, but that it often goes undetected. She says that it is a common misperception that

depression is a natural part of aging, so that caregivers and health providers often leave it untreated or even undiagnosed.

Other challenges for addressing late-life suicide include:

- Social, financial and cultural reasons that prevent older adults from seeking help.
- The misperception that older adults are losing their mental functioning due simply to aging.
- The challenge in detecting depression in older adults with physical health issues.
- Mental health services are rarely found in non-mental health settings such as senior communities.

Dr. Sirey stresses that organizations that serve older adults should have a vital role in promoting emotional health and strengthening protective factors to reduce the rate of late-life suicides. She suggests reaching older adults where they are by integrating mental health services into aging services, such as senior centers. Dr. Sirey says the goal should be “really getting services where older adults are being seen and helping them utilize the services in a way that they can be effective.”

### Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).

Dr. Sirey states that building relationships and true partnerships between aging services and mental health services raises awareness about depression and other mental health issues. She says the aim should be to bring a holistic approach to mental health because older adults better understand than do younger individuals the relationship between their mind and their body—“how their mind is affected by their body and their body is affected by their mind.”

Dr. Sirey has contracted with the New York City Department for the Aging to integrate mental health services in senior centers. She is a professor at the Weil Cornell Medical College, Department of Psychiatry, and conducts research in bringing mental health services to older adult community settings.



### 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.

[Find more information about, and register for, this event here.](#)

Contact [Anthony Janifer](#) with any questions.



# American Association for the Treatment of Opioid Dependence, Inc.

*Expanding Access to Quality Opioid Addiction Treatment Services Since 1984*

**2016 National Conference (October 29 to November 2)**

**2016 Awards Program**

*November 1, 2016*

*Baltimore Marriott Waterfront*

*Baltimore, MD*

**[REGISTER HERE](#)**

**The Friend of the Field Award:** [Michael Botticelli, MEd](#), Director, White House Office of National Drug Control Policy (ONDCP)

This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

**Nyswander/Dole "Marie" Award**

AATOD will be honoring 10 individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this award in 1983.

[Ray Caesar, LPC, Oklahoma](#)

[Spence Clark, MSW, North Carolina](#)

[Alice Gleghorn, PhD, California](#)

[Robert Kent, Esq., New York](#)

[Robert Lambert, MA, Connecticut](#)

[Richard Moldenhauer, MS, Minnesota](#)

[Kenneth Stoller, MD, Maryland](#)

[Trusandra Taylor, MD, Pennsylvania](#)

[Hoang Van Ke, MD, Vietnam](#)

[Einat Peles, PhD, Israel](#)

**The Richard Lane/Robert Holden Patient Advocacy Award:** [Brenda Davis, MSW](#)

This award honors the work of Richard Lane and Robert Holden. Both are recovering heroin-addicted individuals who changed their lives and the lives of many by establishing and managing Opioid Treatment Programs. Their work and commitment has shown that medication-assisted treatment does work. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

## **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](#).

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## NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director  
[Brian.hepburn@nasmhpd.org](mailto:Brian.hepburn@nasmhpd.org)

Meighan Haupt, M.S., Chief of Staff  
[Meighan.haupt@nasmhpd.org](mailto:Meighan.haupt@nasmhpd.org)

Shina Animasahun, Network Manager  
[Shina.animasahun@nasmhpd.org](mailto:Shina.animasahun@nasmhpd.org)

Genna Bloomer, Communications and Program Specialist (PT)  
[Genna.bloomer@nasmhpd.org](mailto:Genna.bloomer@nasmhpd.org)

Cheryl Gibson, Senior Accounting Specialist  
[Cheryl.gibson@nasmhpd.org](mailto:Cheryl.gibson@nasmhpd.org)

Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches  
[Joan.gillece@nasmhpd.org](mailto:Joan.gillece@nasmhpd.org)

Leah Harris, Peer Integration Strategist  
[Leah.harris@nasmhpd.org](mailto:Leah.harris@nasmhpd.org)

Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor  
[Leah.homes-bonilla@nasmhpd.org](mailto:Leah.homes-bonilla@nasmhpd.org)

Christy Malik, M.S.W., Senior Policy Associate  
[Christy.malik@nasmhpd.org](mailto:Christy.malik@nasmhpd.org)

Kelle Masten, Senior Program Associate  
[Kelle.masten@nasmhpd.org](mailto:Kelle.masten@nasmhpd.org)

Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches  
[Jeremy.mcshan@nasmhpd.org](mailto:Jeremy.mcshan@nasmhpd.org)

Stuart Gordon, J.D., Director of Policy & Communications  
[Stuart.gordon@nasmhpd.org](mailto:Stuart.gordon@nasmhpd.org)

Jay Meek, C.P.A., M.B.A., Chief Financial Officer  
[Jay.meek@nasmhpd.org](mailto:Jay.meek@nasmhpd.org)

David Miller, MPAff, Project Director  
[David.miller@nasmhpd.org](mailto:David.miller@nasmhpd.org)

Kathy Parker, M.A., Director of Human Resource & Administration (PT)  
[Kathy.parker@nasmhpd.org](mailto:Kathy.parker@nasmhpd.org)

Brian R. Sims, M.D., Senior Medical Director/Behavioral Health  
[Brian.sims@nasmhpd.org](mailto:Brian.sims@nasmhpd.org)

Greg Schmidt, Contract Manager  
[Greg.schmidt@nasmhpd.org](mailto:Greg.schmidt@nasmhpd.org)

Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention  
[Pat.shea@nasmhpd.org](mailto:Pat.shea@nasmhpd.org)

David Shern, Ph.D., Senior Public Health Advisor (PT)  
[David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)

Timothy Tunner, M.S.W., Ph.D., Training and Technical Assistance Advisor  
[Timothy.tunner@nasmhpd.org](mailto:Timothy.tunner@nasmhpd.org)

Aaron J. Walker, M.P.A., Senior Policy Associate  
[Aaron.walker@nasmhpd.org](mailto:Aaron.walker@nasmhpd.org)

## NASMHPD LINKS OF INTEREST

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

[REPORT OF THE PRESIDENTIAL TASK FORCE ON MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY, OCTOBER 27, 2016](#)

[INTRODUCING MATx: A MOBILE APP TO SUPPORT MEDICATION-ASSISTED TREATMENT OF OPIOID USE DISORDER, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION \(SAMHSA\)](#)

[MACSTATS: COMPARISON OF THE DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WITH MEDICAID AND CHIP. MEDICARE, PRIVATE COVERAGE, AND PEOPLE WITHOUT INSURANCE, MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION \(MACPAC\)](#)

[MACSTATS: MEDICAID AND CHIP ENROLLMENT TOTALS AND GROWTH TRENDS, 2014 TO 2016, MACPAC](#)

[FEDERAL REGISTER ANNOUNCEMENT OF NOVEMBER 14 LISTENING SESSION TO SOLICIT STAKEHOLDER INPUT ON IMPLEMENTATION OF § 704 OF CARA, WHICH PERMITS MEDICARE PART D PLAN SPONSORS TO LIMIT AT-RISK ENROLLEES' ACCESS TO FREQUENTLY ABUSED DRUGS AND CERTAIN PRESCRIBERS AND PHARMACIES](#)