SAMHSA, CDC Award $53 Million to 44 States, D.C. and 4 Tribes through Six Grant Programs to Address the Opioid Prescription Drug Abuse Epidemic

On August 30, the Department of Health and Human Services (HHS) announced $53 million in funding to 44 states, four tribes and the District of Columbia to improve access to treatment for opioid use disorders, reduce opioid related deaths, and strengthen drug misuse prevention efforts. In addition, funding will also support improved data collection and analysis around opioid misuse and overdose as well as better tracking of fatal and nonfatal opioid-involved overdoses.

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), the funding is being provided through six grant programs.

In announcing the awards, SAMHSA Acting Administrator Kana Enomoto said “These grants will help address the key elements of the opioid crisis by promoting effective prevention efforts, preventing overdose deaths and helping ensure that people with opioid use disorders are able to receive vital treatment and recovery support services.”

The Medication-Assisted Treatment Prescription Drug Opioid Addiction Grants will provide up to $11 million to 11 states to expand access to medication-assisted treatment (MAT) services for persons with opioid use disorder. This program targets states identified as having the highest rates of primary treatment admissions for heroin and prescription opioids per capita, and prioritizes those states with the most dramatic recent increases for heroin and opioids. Awardees are Alaska, Arizona, Colorado, Connecticut, Illinois, Louisiana, New Hampshire, North Carolina, Oklahoma, Oregon, and Rhode Island.

The Prescription Drug Opioid Overdose Prevention Grants will provide up to $11 million to 12 states to reduce opioid overdose-related deaths. Funding will support training on prevention of opioid overdose-related deaths as well as the purchase and distribution of naloxone to first responders. Awardees are Alaska, Arkansas, Illinois, Missouri, New Jersey, New Mexico, Oklahoma, South Carolina, Washington, West Virginia, Wisconsin, and Wyoming.

The Strategic Prevention Framework Partnerships for Prescription Drugs Grants provide up to $9 million to 21 states and four tribes to strengthen drug misuse prevention efforts. The grant program provides an opportunity for states, U.S. territories, Pacific jurisdictions, and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant to target the priority issue of prescription drug misuse. The program is designed to raise awareness about the dangers of sharing medications and work to address the risks of overprescribing. The program also seeks to raise community awareness and bring prescription drug misuse prevention activities and education to schools, communities, parents, prescribers, and their patients.

Awardees are Alabama, Connecticut, Delaware, Georgia, Iowa, Louisiana, Maine, Maryland, Michigan, Minnesota, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin as well as Little Traverse Bay Bands of Odawa Indians, Cherokee Nation, Southern Plains Tribal Health Board, and the Nooksack Indian Tribe.

The Prescription Drug Overdose: Prevention for States program provides up to $11.5 million in supplemental funding to 14 states. This supplemental funding will support the ongoing work of awardees, allowing awardees to address issues such as high overdose death rates in tribal communities and (continued on page 3)
Research on Autism Spectrum Disorders (R21) (PA-16-386)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R21 grant supports early-stage exploratory studies of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant scientific impact. Applications for R21 awards should describe projects distinct from those supported through the traditional R01 activity code. For example, long-term projects, or projects designed to increase knowledge in a well-established area, are not appropriate for R21 awards. Preliminary data are not required for R21 applications; however, they may be included if available.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 16, 2016
Expiration Date: September 8, 2019

The combined budget for direct costs for the two year project period may not exceed $275,000. No more than $200,000 may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R03) (PA-16-387)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R03 grant application may not contain extensive detail or discussion. R03 applications may include development of new research methodologies or technology, secondary analysis of existing data, and pilot or feasibility studies. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Expiration Date: September 8, 2019
Open Date (Earliest Submission Date): September 16, 2016

The combined budget for direct costs for the two year project period may not exceed $100,000. No more than $50,000 in direct costs may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R01) (PA-16-388)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD).

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 5, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 5, 2016
Expiration Date: September 8, 2019

The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but must reflect the actual needs of the proposed project. The total project period may not exceed 5 years.
Save the Date!
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.”

Mark your calendars for this seminal event! Registration will be limited. Please email PeerSummit@umich.edu to be added to the priority list serv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event. Please share this information with others who may be interested in attending.

SAMHSA, CDC Award $ 53 Million to 44 States, D.C. and 4 Tribes through six Programs to Address Opioid Abuse

(continued from page 1) improve toxicology and drug screening. States can use this funding to enhance prescription drug monitoring programs (PDMPs), further prevention efforts, and execute and evaluate strategies to improve safe prescribing practices.

Awardees are California, Colorado, Indiana, Kentucky, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, and Wisconsin.

The Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI) will award $6 million to 13 states and DC to advance and evaluate state-level prevention activities to address opioid misuse and overdose. That includes enhancing their ability to: improve data collection and analysis around opioid misuse and overdose; develop strategies that impact behaviors driving prescription opioid misuse and dependence; and work with communities to develop more comprehensive opioid overdose prevention programs.

Awardees are Alabama, Alaska, Arkansas, Georgia, Hawaii, Idaho, Kansas, Louisiana, Michigan, Minnesota, Montana, New Jersey, South Dakota, and Washington, D.C.

The Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program is awarding $4.27 million in funds to 12 states to better track fatal and nonfatal opioid-involved overdoses. States are to use the funding to: increase the timeliness of reporting nonfatal and fatal opioid overdose and associated risk factors; disseminate surveillance findings to key stakeholders working to prevent opioid-involved overdoses; and share data with CDC to support improved multi-state surveillance of and response to opioid-involved overdoses.

Awardees are Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, West Virginia, and Wisconsin.

The funding is part of the HHS Opioid Initiative, which was launched in March 2015 and is focused on improving opioid prescribing practices; expanding access to medication-assisted treatment (MAT) for opioid use disorder; and increasing the use of naloxone to reverse opioid overdoses. The initiative concentrates on evidence-based strategies that can have the most significant impact on the crisis. But additional funding is necessary to ensure that every American who wants to get treatment for opioid use disorder will have access. Under the President’s FY 2017 Budget proposal, states would be eligible for up to $920 million over two years to expand access to treatment. At this time, Congress has not funded the budget proposal.

See here for a state by state breakdown of the President’s budget and, if fully funded, the impact it would have on states’ ability to further expand access to treatment.
Destination Dignity Rally & March | October 10, 2016 | Washington, DC
Join the March for Dignity and Change for Mental Health!

TIME OF MARCH: 11 A.M. to 3 P.M.

STARTING POINT: Capitol Reflecting Pool / END POINT: Washington Monument

The march will begin at the corner of 3rd St NW & Pennsylvania Ave NW. It will then head NW on Pennsylvania Ave for approx. 6 blocks (Pennsylvania Ave briefly merges w/ Constitution Ave NW, then resumes as Pennsylvania). At the end of the six blocks, it will head south on 15th St NW for approx. 2.5 blocks (until just past Madison Drive NW).

Baltimore Health Commissioner Dr. Leana Wen says naloxone price hike hinders city drug efforts

Baltimore Health Commissioner Dr. Leana Wen says the skyrocketing price of naloxone is preventing her from equipping all of the city's first responders with naloxone and expanding the city's recent efforts to train residents to administer the drug. She fears that will leave areas in the city with not enough access to the life-saving medication.

Baltimore currently pays around $40 for a single dose of naloxone, compared to $20 a dose it was paying just six months ago. An analysis conducted by Truven Health Analytics found the price for the injectable version of naloxone rose from $0.92 a dose to more than $15 a dose over the last decade.

"It's very problematic for those of us in the front line," Dr. Wen told Modern Healthcare August 30. "We're being priced out of it." Renewed efforts at the local level to curb an opioid abuse crisis that's responsible for more than 14,000 overdose deaths in 2014, have increased the demand for the drug and the ability of drug makers to raise its cost.

In October 2015, Dr. Wen issued a citywide order to make naloxone available without a prescription and her department began training non-medical professionals on how to administer the injection. As many as 14,000 have been trained.

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.
SAMHSA-Sponsored Webinar Opportunity

Presented by the National Federation of Families and the National Association of State Mental Health Program Directors

Serving Youth with Co-Occurring Developmental and Behavioral Disorders
Tuesday, September 6, 2 p.m. to 3:30 p.m. Eastern Time

Public systems are challenged by obstacles when providing for children with co-occurring developmental and emotional and behavioral disorders.

- 30-50% of children and adolescents with intellectual disability (ID) have co-occurring behavioral health (BH) disorders or challenging behavior (studies vary widely)
- 40-70% with autism spectrum disorders have co-occurring psychiatric disorders (anxiety, depression and others)

Among this very diverse group of children and youth, many encounter restricted access to essential supports. Their behavioral difficulties and distress are often misunderstood and sometimes ignored. Since our public and private systems and categorical funding are not structured to address their needs, these young people are at high risk of expensive and preventable out-of-home placements in foster care, juvenile detention, psychiatric institutions and developmental disabilities centers, as well as homelessness or incarceration as adults. Many individuals face a series of disrupted placements and long-term confinement. Children and youth with developmental disabilities experience serious trauma at rates far higher than their peers, including bullying, teasing, and physical, emotional and sexual abuse, that often do not receive needed attention. As a group, they may suffer from significant medical problems as well. Stress for parents can be severe and unrelenting, especially when their children are excluded from public programs or offered services that do not match their needs. In some states families find they are unable to obtain intensive services that their children need unless they relinquish custody to state authorities.

This webinar will look at how some states, in particular New Jersey, have developed ways to support broad inter-agency collaboration on behalf of this population. We will also look at the pivotal role of Families and Family Organizations in the successful outcomes in better serving this neglected population.

Moderator: Lynda Gargan, PhD, Executive Director, National Federation of Families for Children’s Mental Health.

Panelists:
Diane M. Jacobstein, PhD, Clinical Psychologist in the Georgetown University Center for Child and Human Development-UCEDD
Elizabeth Manley, LSW, Assistant Commissioner for New Jersey’s Children’s System of Care.

For attendees, this is a “listen only” webinar. Should you need to dial in, the instructions are on the note pad in the seminar room.

We highly recommend that you test your connection to Adobe Connect in advance of the webinar to ensure access. You may need to work with your state’s IT Department to resolve any firewall issues. To test your connection, please go to: http://nasmhpdp.adobeconnect.com/common/help/en/support/meeting_test.htm. You may be prompted to install ActiveX control, Adobe Flash Player, and Adobe Connect add-ins. If you encounter any difficulty testing your connection or logging into the webinar, please contact Technical Support by calling 1-800-459-5680.

Questions should be directed to Kelle Masten by email or at 703-682-5187.
A SAMHSA-Sponsored Webinar Opportunity
Part 2: Addressing Suicidal Ideation and Behaviors in Individuals with a First Episode of Psychosis

Wednesday, September 7, 2 p.m. to 3:30 p.m. Eastern Time

Individuals with schizophrenia and other psychoses are at heightened risk of suicide. According to the Centers for Disease Control, "Persons with schizophrenia pose a high risk for suicide. Approximately one-third will attempt suicide and, eventually, about 1 out of 10 will take their own lives." NIMH, in their White Paper on Coordinated Specialty Care (CSC) services for individuals experiencing a first episode of psychosis, recommends that: “… CSC staff members must understand common problems that cut across all service categories, such as difficulties in engaging the client and their family members, clients’ vulnerability for developing substance use problems, and heightened risk of suicide during the early years of treatment.” To assist States and block-grant funded First Episode Psychosis program providers in recognizing and addressing suicidal risks in their clients, SAMHSA/CMHS has sponsored two virtual sessions that address the issues of identifying and addressing suicidal ideation and behavior.

This second webinar of the two-part series shifts focus from identifying individuals at increased risk for suicide to addressing suicidal behavior in persons with FEP. The webinar will be a virtual learning forum to discuss the clinical and programmatic issues that FEP programs must address once suicidal ideation and behaviors have been identified. Experts on suicidality in schizophrenia will discuss their experiences in addressing suicide risks and behaviors within a CSC program. They will specifically focus on the value of continuous risk assessments for clients with FEP, the importance of safety planning, and the need for both proactive and reactive risk management. These valuable lessons will be presented through the lens of real-world cases, and will include attention to cultural issues.

Presenters:
Federal Welcome: Monique Browning, Public Health Advisor, SAMHSA/CMHS Division of State and Community Systems Development
Yael Holoshitz, M.D., Psychiatrist, Columbia University/New York State Psychiatric Institute
Tara Niendam, Ph.D., Psychologist, Director of Operations, EDAPT and SacEDAPT Programs at UC Davis
James Wright, LCPC, Public Health Advisor in SAMHSA/CMHS Suicide Prevention Branch

Register for Part 2 of this Webinar Series HERE

The first session of this two-part series on recognizing and addressing suicidal ideation and behavior in individuals with a first episode of psychosis, Recognizing Suicidal Ideation and Behaviors in Individuals with a First Episode Psychosis, was held on June 28, 2016. It focused on the strategies and tools available to providers and public health authorities to identify and monitor suicidal ideation and behavior. Specific focus was paid to addressing suicidality among individuals with schizophrenia, and the unique challenges for individuals with FEP. The presenters have expertise in developing instruments to assess and identify suicidal ideation (specifically the Columbia Suicide Severity Rating Scale), and have experience implementing these tools in FEP clinical settings (OnTrack and EDAPT).

A recording of the webinar is available at: http://www.nasmhpdp.org/content/part-i-recognizing-suicidal-ideation-and-behavior-individuals-first-episode-psychosis.
Virginia Department of Behavioral Health and Developmental Services Issues Annual Refugee Healing Partnership Report from Refugee Mental Health Council Summit

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has issued the Third Annual Statewide Refugee Mental Health Summit Summary Report.

This year’s report, Social Determinants of Mental Health, was the product of a July 7 gathering in Richmond of Virginia agency executives, behavioral health providers, direct service workers (nurses, case managers, social workers, etc.), community support representatives, and refugee community leaders in Virginia. The focal point of every summit is collaboration, the sharing of best practices, and recommendations for policy and program improvements.

The top issues identified at the summit were mental health prevention and education, overcoming cultural and linguistic barriers, improving the delivery and access to mental health care, managing trauma, and adjustment and adaptation.

The recommendations for what DBHDS might do in the short term to overcome social and cultural challenges, in order to reduce mental health risk, included: becoming “Community Champions” by liaising and leading support groups with the immigrant and refugee population as advisors, educating providers on how to “deal effectively” with refugees, and increasing provider availability and addressing issues at the policy level.

The Summit report also recommends, regarding community-based interventions, that DBHDS: (1) support local community-based mental health initiatives that are culturally sensitive, (2) train local leaders (refugees, volunteers, etc.) to provide more information about the new culture (American) to refugee communities, (3) involve refugees in planning activities, programs, and initiatives that are meant for their communities, (4) eliminate language barriers that create isolation, marginalization, and ill-health, and (5) develop trauma interventions to address fears of law enforcement; stigma, and underemployment.

The Summit participants also recommended initiatives in the area of information dissemination: (1) ensuring information is culturally appropriate and updated; (2) better promotion of DBHDS partnerships with government and local business; (3) promoting greater awareness of available Federal and state services and resources; (4) making training available to refugees and immigrants for professional advancement, community interventions, and workforce development, (5) creating on-line networking and collaboration sites, and (6) using social media and cell phones as a platform for mental health care.

A SAMHSA-Sponsored Technical Assistance Opportunity

Building Behavioral Health Services for Older Adults

Tuesday, September 6, 12 p.m. to 1:30 p.m. Eastern Time

Presenters from the states of Iowa and Massachusetts, along with a representative from the University of Pennsylvania, will give an overview of older persons' mental health issues, workforce considerations, and evidence-based treatments.

Register HERE

Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
stateta@ahpnet.com

The NASMHPD Weekly Update will not be published on September 9. We will return on September 16.

Have a Happy and Safe Labor Day Weekend
NIH Funding Opportunity: Development of Technology to Support Zero Suicide Healthcare Systems

Title: Products to Support Applied Research Towards Zero Suicide Healthcare Systems

Open Date (Earliest Submission Date): August 5, 2016. Due Date: September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

Letter of Intent: Due 30 days prior to the application due date.

Funding: $1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017 will depend on annual Congressional appropriations.

Award Project Period: Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact Adam Haim by email or at 301-435-3593 for further guidance.

NASMHPD Joins National Suicide Prevention Messaging Campaign: #BeThe1To; IASP Prepares for Fourth Annual Suicide Prevention Day “Cycle Around the Globe”

As reported in last week’s newsletter, NASMHPD has partnered with the National Suicide Prevention Lifeline to bring awareness to September being National Suicide Prevention Month. This year’s suicide prevention messaging campaign focuses on five action steps—#BeThe1To: Ask, Keep Them Safe, Be There, Help Them Connect, and Follow Up. Lifeline’s #BeThe1To message kit and graphics (including a graphic for each of the five action steps as illustrated below) can be downloaded at http://bit.ly/2bQakud.

Lifeline will also be hosting a Twitter chat on Friday, September 9 in honor of World Suicide Prevention Day (Saturday, September 10). To join the #BeThe1To campaign, contact communications@mhaofnyc.org.

World Suicide Prevention Day (WSPD)

National and international organizations, such as the International Association for Suicide Prevention (IASP) and the World Health Organization, are coming together on September 10 for World Suicide Prevention Day with the message and common goal that suicide can be prevented.

Dovetailing with a similar message of #BeThe1To campaign, this year’s World Suicide Prevention Day (#WSPD16) theme is “connect, communicate and care”. Stakeholders are encouraged to show their support by joining the International Association for Suicide Prevention’s Cycle Around the Globe, which encourages people on every continent to come together to raise awareness of suicide through individual and group cycle events. This annual event spreads the message that suicide is preventable.

This is the fourth annual event for IASP. Banners and “Light a Candle” postcards are available in different languages on the IASP website, as well as research, infographics, and a toolkit. All items can be printed and handed out. There are also links to WSPD YouTube videos.
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.

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.

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.
Chicago’s Advocate Health Care Center to Pay Largest-Ever HIPAA Settlement

The Department of Health and Human Services’ Office for Civil Rights (OCR) announced August 4 that the 250-center Advocate Health Care Network in Illinois has agreed to pay $5.55 million to settle multiple violations of the Health Insurance Portability and Accountability Act (HIPAA).

OCR says the size of the settlement, the largest ever, is due to the extent and duration of alleged violations dating back, in some cases, to the inception of the HIPAA Security Rule, the Illinois Attorney General’s parallel investigation, and the large number of individuals whose information was affected.

An investigation begun by OCR in 2013, after Advocate’s own reports of a data breach, found it failed to: conduct an accurate and thorough assessment of the potential risks and vulnerabilities to all its electronic personal health data (ePHI); implement policies, procedures, and facility access controls to limit physical access to electronic information systems housed in its data support center; obtain satisfactory written assurances from business associates they would safeguard ePHI; and safeguard an unencrypted laptop left in an unlocked vehicle.

Congressional Briefing Scheduled on Statute Underlying 42 CFR Part 2

A briefing of Congressional staff on the barriers to integrating care caused by the statute underlying 42 CFR Part 2 has been scheduled for the morning of September 20 by the 25-member Partnership to Amend 42 CFR Part 2.

The panel of four physicians presenting during the briefing will include Missouri Medicaid and former Mental Health Director Dr. Joseph Parks, Dr. Alisa Busch, Chief Medical Information Officer and Director of Clinical Performance Measurement and Health Services Research at McLean Hospital, Dr. Doug Nemecek, Chief Medical Officer at Cigna Behavioral Health, and Dr. Corey Waller, Senior Medical Director for Education & Policy for the Camden Coalition of Healthcare Providers.

The briefing, scheduled for 9 a.m. to 11:30 a.m., in Room G50 of the Dirksen Senate Office Building, is being sponsored by the West Virginia Senators.

The revision of the 42 CFR regulations published February 9 is due to be finalized in October.
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NASMHPD Links of Interest

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

Issue Brief: Comparing Section 1332 and Section 1115 Waiver Authorities, Medicaid and CHIP Payment and Access Commission (MACPAC) (August 2016)

Infographic: Things Adults Say That Hurt Instead of Help, Mental Health America

Coordinating Access to Services for Justice-Involved Populations, Center for Health Care Strategies and the Milbank Memorial Fund

State Medicaid Director Letter: Mandated Use of Modularity in State Mechanized Claims Process and Information Retrieval (August 16, 2016)

Scientific American Guest Blog: When Police Deal with People Who Have Mental Health Issues, Michael D. Thompson, Council of State Governments Justice Center (August 28, 2016)