NASMHPD

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National Association of State Mental Health Program Directors

Weekly Update

SAMHSA Issues Behavioral Health Barometer Report for 2015

The Substance Abuse and Mental Health Services Administration (SAMHSA) released its most recent national and state *Behavioral Health Barometer* reports (Barometer) this week.

The 2015 Barometer--a snapshot of America's behavioral health landscape—reports national and state-level data collected from the 2014 National Survey on Drug Use and Health (NSDUH) on the prevalence rates of youth and adult substance use, mental health, suicidal thoughts, and treatment.

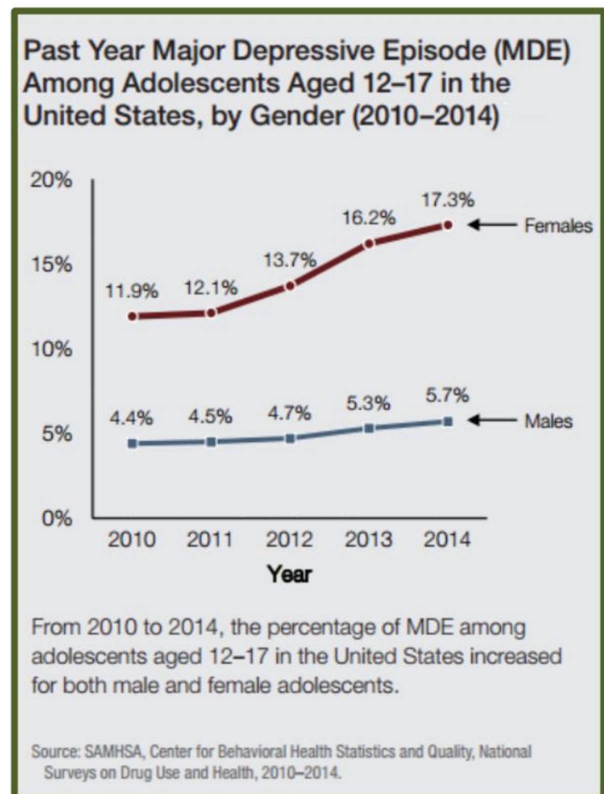
The 2015 national report shows a continual reduction, between 2010 and 2014, in cigarette smoking among adolescents, ages 12 to 17. In 2014, 4.9 percent (approximately 1.2 million) of adolescents reported the use of cigarettes in the month prior to being surveyed.

In addition, the Barometer notes a downward trend in binge drinking (2008 to 2014) and nonmedical use of pain relievers (2002 to 2014) among adolescents. The survey found that the majority of adolescents perceived no major risk to smoking marijuana monthly or weekly or from having five or more drinks one to two times a week.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Focusing on adolescent mental health, the national data reveals that 11.4 percent (approximately 2.8 million) of adolescents experienced at least one major depressive episode in the year prior to being surveyed. The incidence of major depressive episodes was three times higher for female teenagers (17.3 percent) than for their male counterparts (5.7 percent).

For adult mental health, 3.9 percent (approximately 9.4 million) were found to have serious thoughts of suicide in the year prior to being surveyed. Demographically, thoughts of suicide were found to be higher among whites than for Blacks, Asians, or Hispanics. Suicidal ideation was also highest among young adults, ages of 18 to 25, Adults 65 years of age and older had the fewest thoughts of suicide.



From 2010 to 2014, the percentage of MDE among adolescents aged 12–17 in the United States increased for both male and female adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

The national report notes that adults with health insurance are more likely to seek mental health treatment than those not insured or those with incomes less than 100 percent of the Federal Poverty Level.

Both the national and state-by-state Barometer reports are available on SAMHSA's website.

New Grant, Technical Assistance & Training Opportunities

February 19 SAMHSA Webinar Scheduled on Revised 42 CFR Part 2 Governing Disclosure of Alcohol and Drug Abuse Patient Records

February 19, 2016 -- 1 p.m. to 2 p.m. EST

On February 9, the Department of Health and Human Services (HHS) published in the *Federal Register* a proposed revision of the 42 CFR Part 2 regulations governing the disclosure and sharing of patient records of individuals with alcohol and substance use disorders, entitled *Confidentiality of Substance Use Disorder Patient Records*.

SAMHSA will hold a one-hour webinar this Friday afternoon at 1 p.m. EST to provide an overview of the 42 CFR Part 2 Notice of Proposed Rulemaking.

Registration is required for attendance.

SAMHSA says the goal of the proposed changes to the 42 CFR Part 2 regulations is to facilitate information exchange within new health care models while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder. The agency says the regulatory changes will ensure that patients with substance use disorders have the choice to participate in and benefit from new integrated health care models without fear of the risk of adverse consequences.

Due to the underlying law's intent to target its population for specific protections, SAMHSA rejected calls from NASMHPD, the National Association of Medicaid Directors (NAMD), and others during the 2015 Listening Sessions for the revised Part 2 rules to more closely parallel privacy restrictions under the Health Insurance Portability and Accountability Act (HIPAA). SAMHSA states in the preamble to the revised regulations that the Part 2 rules were intended to provide more stringent federal protections than most other health privacy laws, including HIPAA.

The agency also has chosen not to accommodate e-prescribing and Prescription Drug Monitoring Program (PDMP) technologies within the revision because it said those technologies have not developed to a point where they are "ripe" yet for regulation.

Public comment on the proposed rule is due no later than 5 p.m. on April 11, 2016. NASMHPD will be filing comments on the regulations. NAMD's reaction is here.

2016 Center for Justice Reform Youth in Custody Certificate Program

The Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy is accepting applications now through March 18 for its 2016 Youth in Custody Certificate Program. The program invites leaders and participant teams from around the country to the Georgetown campus for a week of intensive study from May 9 through May 13.

The 2016 Youth in Custody Certificate Program involves comprehensive scholarship and exploration of current research and best practices to support youth in post-adjudication custody, and is conducted in part with support from the Office of Juvenile Justice and Delinquency Prevention's Center for Coordinated Assistance to States. Through targeted modules and expert instructors, the program shines a light on the high-risk juvenile offender population and helps leaders begin or accelerate systemic change to improve outcomes for youth in custody in their jurisdictions.

The program focuses on youth in post-adjudication custody and provides detailed instruction and discussion on "what works." Program modules review and integrate best practices such as: family engagement, trauma informed treatment and strengths-based approaches. The program, however, does not stop at the culmination of the onsite instruction. Participants continue their commitment to reform through the development and implementation of a grassroots Capstone Project, and induction into the prestigious CJJR Fellows Network.

Applicants are encouraged to consider passing along information about this opportunity to colleagues and partners. Visit the CJJR Youth in Custody Certificate Program website to find detailed information about the program, including:

- Application and guidelines
- Curriculum and instructors
- Tuition and available subsidies
- Selection criteria

Applications are due by March 18, 2016**.** Questions should be directed to jjreform@georgetown.edu or directly to Jill Adams at jill.adams@georgetown.edu.

February 24 Workshop on Integrating New Measures of Recovery from Substance Use Disorder or Mental Illness into SAMHSA Data Collection

February 24 -- 9 a.m. to 5:30 p.m. EST

Location: Webinar instructions for accessing the workshop will be sent after registration. Limited seating may also be available at:

National Academy of Sciences, Engineering, and Medicine
Keck Center, Room 101
500 Fifth Street, NW
Washington DC 20001

To Register: Send an email with your name and affiliation to **BHMSC@nas.edu** by February 19 indicating whether you would like to join by webinar or are interested in attending in person.

Agenda: For topics to be covered at the workshop, and for more information on the National Academies Standing Committee that is hosting this workshop, please follow this link:

http://sites.nationalacademies.org/DBASSE/CNSTAT/Behavioral_Health_Measures_Committee/index.htm.

Financing & Medicaid Division Links of Note

Medicaid Fraud Control Units Statistical Data for FY 2015

CMCS Informational Bulletin: USDA Demonstration Testing Using Medicaid Enrollment to Qualify Children for Free and Discounted School Lunches

Final List of Essential Community Providers (ECPs) for Inclusion in QHP Provider Networks in 2017

Grants Available to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

Short Title: SAMHSA Treatment Drug Courts

Funding Opportunity Announcement (FOA) Information (FOA) Number: TI-16-009

Posted on Grants.gov: Monday, February 1, 2016

Application Due Date: Monday, April 4, 2016

SAMHSA is accepting applications for as many as 50 FY 2016 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts. Grants will be for as much as $325,000 annually for up to 3 years.

The purpose of the program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders.

Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective substance use disorder treatment services. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts), as appropriate, and the number of applications received per model type.

Eligible applicants are tribal, state and local governments with direct involvement with the drug court/tribal healing to wellness court, such as the Tribal Court Administrator, the Administrative Office of the U.S. Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, and individual adult treatment drug courts.

This grant is not intended for Juvenile or Family Dependency Treatment Drug Courts. Applications received for Juvenile or Family Dependency Treatment Drug Courts will be screened out and will not be reviewed.

Cooperative Agreements to Benefit Homeless Individuals (CABHI)

Application Due Date: Tuesday, March 15, 2016 -- Anticipated Award Amount: Up to $1,500,000

FOA Number: SM-16-007 -- Posted on Grants.gov: Wednesday, January 13, 2016

Funding Mechanism: Cooperative Agreement -- Anticipated Total Available Funding: $19,576,000

Anticipated Number of Awards: Up to 30 awards -- Anticipated Award Amount: Up to $1,500,000

Length of Project: Up to 3 years – No Cost Sharing/Match Required

SAMHSA is accepting applications for FY 2016 Cooperative Agreements to Benefit Homeless Individuals (CABHI) grants. The purpose of this jointly funded program is to enhance and/or expand the infrastructure and mental health and substance use treatment services of states and territories (hereafter referred to as "states"), local governments, and other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations (hereafter referred to as "communities"). CABHI grants will increase capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services for:

- Individuals who experience chronic homelessness and have substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders (CODs); and/or
- Veterans who experience homelessness or chronic homelessness and have SUD, SMI, or COD; and/or
- Families who experience homelessness with one or more family members that have SUD, SMI, or COD; and/or
- Youth who experience homelessness and have SUD, SMI, SED, or COD.

Grantees are required to locate permanent housing for all individuals or families who experience chronic homelessness and veterans who experience homelessness or chronic homelessness served by the grant project. For families or youth experiencing homelessness, grantees are, at a minimum, required to link these populations to the U.S. Department of Housing and Urban Development (HUD) Coordinated Entry system, but are encouraged to permanently house these populations. Transitional housing is not permanent housing.

ELIGIBILITY

Eligible applicants are:

- States and territories; Eligible state applicants are either the State Mental Health Authority (SMHA) or the Single State Agency (SSA). However, SAMHSA's expectation is that both the SSA and the SMHA will work in partnership to fulfill the requirements of the grant. To demonstrate this collaboration, applicants must provide a letter of commitment from the partnering entity in Attachment 5 of the application. If the SMHA and the SSA are one entity, applicants must include a statement to that effect in Attachment 5.
- Local governments; and
- Communities, which includes other domestic public and private nonprofit entities (e.g. federally recognized AI/AN tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations).

Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

SAMHSA seeks to further expand the impact and geographical distribution of the CABHI-States program and the Grants to Benefit Homeless Individuals-Services in Supportive Housing (GBHI-SSH) program across the nation. **Therefore, grantees that received an FY 2014 (SM-14-010) or FY 2015 (TI-15-003) CABHI-States award or a GBHI-SSH award in FY 2014 or FY 2015 (TI-14-007) are not eligible to apply.**

Proposed budgets cannot exceed $1.5 million for states, $800,000 for local governments, and $400,000 for communities in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

For contact information and application materials, go to http://www.samhsa.gov/grants/grant-announcements/sm-16-007.

Applications Being Accepted for the FY 2016 Cooperative Agreements for System of Care Expansion and Sustainability Cooperative Agreements

Short Title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements

FOA Number: SM-16-009

Posted on Grants.gov: Friday, February 12, 2016

Anticipated Total Available Funding: $52,905,470

Anticipated Award Amount: Up to $3,000,000 per year

Anticipated Number of Awards: Up to 53

Application Due Date: Monday, April 25, 2016

Length of Project: Up to 4 years

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2016 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 to 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.

The goal is to continue CMHI efforts to ensure that its approach becomes the primary way in which mental health services for children and youth with SED are delivered throughout the nation.

Eligibility

Eligibility for this program is statutorily limited to public entities, such as: state governments; Indian or tribal organizations; governmental units within political subdivisions of a state, such as a county, city or town; the District of Columbia government; and the U.S. territories).

Proposed budgets cannot exceed $3 million for state applicants and $1 million for political subdivisions of states, tribes, tribal organizations, and territories in any year of the proposed project.

Cost-Sharing and Match Requirements

For the first, second, and third fiscal years of the cooperative agreement, participants must provide at least $1 for each $3 of Federal funds. For the fourth fiscal year of the cooperative agreement, participants must provide at least $1 for each $1 of Federal funds. Matching resources may be in cash or in-kind, including facilities, equipment, or services and must be derived from non-federal sources.

Application Materials

You must respond to the requirements in both the FOA PART I and PART II when preparing your application.

- FOA document Part I (PDF | 711.49 KB)
- FOA document Part I (DOC | 421 KB)
- FOA document Part II (PDF | 446.67 KB)
- FOA document Part II (DOC | 160.5 KB).

Note: *Grantees that received funding under the Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances in FY 2013, FY 2014, and FY 2015, are NOT eligible to apply for this announcement. A list of current grantees ineligible to apply can be found in Appendix III of the FOA.*

Nor may eligible state applicants for this grant choose local jurisdictions that have received a Cooperative Agreement for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances in FY 2013, FY 2014, or FY 2015. If a state applicant submits an application with a local jurisdiction that is a current grantee, the application will be screened out and will not be reviewed.

If a state applicant identifies a local jurisdiction that has submitted a separate application, SAMHSA will review and score both applications. If both applications are in the fundable range, the application with the highest priority score will be funded.

Network of Care Creates "Foster Health Link" Electronic Health Application for Foster Parents and Other Care Managers

The Network of Care internet site managed by Trilogy Integrated Resources, LLC has developed a new application to significantly improve care management for foster children, a breakthrough process of electronic care management through use of a Personal Health Record called the Foster Health Link.

Piloted in Ventura County, Calif., the Foster Health Link enables foster parents and other care managers to easily access medical records and other critical information about the foster child directly on their cell phones or computers. The Foster Health Link resides within a fully secure online environment, with access controlled by the county. That means the Foster Health Link can serve as a virtual-care management tool that transcends both agency boundaries and geography.

"This is an electronic health application to equip caregivers with knowledge and information around a child that is placed in their homes so they can best care for that child," says Barry Zimmerman, director of the Ventura County Human Services Agency.

Mr. Zimmerman says, "We have separated systems now between the child welfare system and the healthcare system. This technology now puts in the palm of the hand of a caregiver those two systems, with all the information.

"The ability to bring diverse information systems together into one simple and easy tool is wonderful and so beneficial to foster parents and, ultimately, for the care of foster children," according to Zimmerman. "Additionally, to equip the tool with a knowledge bank and Service Directory through the Network of Care enriches the tool beyond making it meaningful and practical."

Ventura County foster parent Anthony Brennan calls the tool "a little miracle". Says Mr Brennan: "It's great. It's fabulous. Best thing that's ever happened to foster families."

With the Ventura County Network of Care for Foster Care successfully launched in California, it is ready to be replicated to any jurisdiction in the country.

Individuals with questions or who would like an in-depth demonstration of how the Network of Care works, should contact Trilogy President and Network of Care founder Bruce Bronzan at Bruce@trilogyir.com or (415) 458-5900. There is also an on-line demonstration video on You Tube.

An on-line televised report by KABC-TV reporter Mayde Gomez also features the new Web app.

Minnesota Health Care Home Initiative Saves Medicaid, Medicare $1 Billion

A University of Minnesota evaluation report released this week found that Minnesota's Health Care Home initiative saved Medicaid and Medicare approximately $1 billion over a five-year period. At the same time, clinics participating in a health care home outperformed non-participating clinics on quality measures.

The Health Care Homes program—the product of 2008 state legislation—is an effort to transform primary care. Health care homes certified by the state use a team approach that gives patients and caregivers access to health care services and support.

MDH has certified 361 clinics or 54 percent of all primary care clinics in Minnesota. To be certified, clinics must meet a rigorous set of requirements related to their ability to provide care that is coordinated, patient-centered, and team-based. About 3.6 million Minnesotans receive care in clinics certified as health care homes.

According to the evaluation report:

- Medical costs for enrollees who could be attributed to a health care home clinic were 9 percent lower than for enrollees who did not have a health care home as their primary care clinic;
- Health care homes cost 12 percent less for Medicaid and 3 percent less for Dual Eligible enrollees, but were cost-neutral for Medicare enrollees.
- Health care homes were less expensive in four categories of healthcare spending: inpatient hospital admissions, hospital outpatient visits, skilled nursing facilities, and pharmacy.
- Racial disparities were significantly lower for Medicaid, Medicare, and Dual Eligible beneficiaries served by health care homes.
- On a broad range of clinical quality measures, health care home clinics outperformed non-health care home clinics. Full-year certified clinics were associated with higher quality of care for diabetes, vascular, asthma (for children and adults), depression follow-up, depression remission, and colorectal cancer screening than non-health care home clinics.

Additionally, over half of all health care home clinics had at least 60 percent of their patients report a positive score for shared decision-making.

The Minnesota Department of Health funded the evaluation in collaboration with the Minnesota Department of Human Services (DHS). The study was led by Douglas Wholey, Ph.D., professor of health policy and management from the University of Minnesota School of Public Health Division of Health Policy & Management.

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Older Persons' Division Links of Note

"Dying on the Streets: As the Homeless Age, a Health Care System Leaves Them Behind" (STAT)

Medical Directors Council Link of Note

USPSTF Passes on Recommending Screening for Autism Spectrum Disorder