

National Association of State Mental Health Program Directors

Weekly Update

Mental Health Reform on House Calendar for July, CARA Passage Threatened by Administration Tactics to Win \$1.1 Billion Funding for Prescription Opioid Treatment

House Majority Leader Kevin McCarthy announced June 22 that Rep. Tim Murphy's (R-PA) [Helping Families in Mental Health Crisis Act, H.R. 2646](#) would reach the House floor for passage in July.

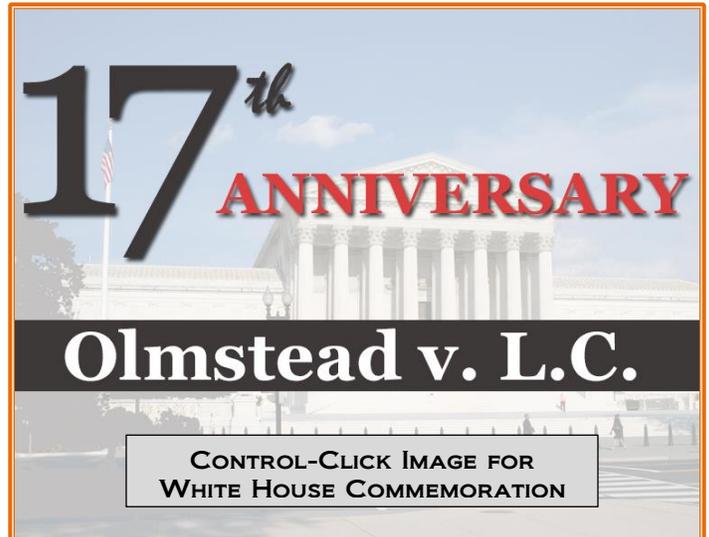
The vote in July will come as the Senate is also searching for a path forward on a similar mental health bill, voted out by the HELP Committee, from Senators Bill Cassidy (R-LA.) and Chris Murphy (D-CT). Senator Murphy has floated the idea of attaching the mental health reform provisions to the [Comprehensive Addiction and Recovery Act, S. 524](#), which is currently in conference committee. However, there are fears this could slow down the prescription opioid prevention and treatment bill, which is also facing a Democratic stall to leverage inclusion of \$1.1 billion in new funding over two years that was requested by the Obama Administration in its budget request.

The *Boston Globe* reported that White House officials met with a half-dozen Democratic members of Congress on June 21 to discuss strategy for gaining the requested funding. Cecilia Munoz, Domestic Policy Council director, Shaun Donovan, director of the Office of Management and Budget, Michael Botticelli, director of National Drug Control Policy, and Amy Rosenbaum, Obama Administration Legislative Affairs director, met with Senators Edward Markey (D-MA), Elizabeth Warren (D-MA), and Jeanne Shaheen (D-NH), and Representatives Ann McClane Kuster (D-NH), Katherine Clark (D-MA), Ben Ray Lujan (D-NM), and Michelle Lujan Grisham (D-NM).

Democrats pitched a number of approaches to gaining the funding, from Senator Markey's suggestion that they compare the opioid epidemic to a terrorist threat to holding televised high-profile press conferences with families suffering from the impacts of addiction.

Mr. Botticelli denies a report in the publication *The Hill* that the Administration officials urged the Congressional members to "slow down the [CARA] conference [committee] enough so that the White House, with your help, and the help of your colleagues, can bring [the funding issue] back to the American people." He has promised to correct any misunderstanding among Congressional members.

Mr. Botticelli and his staff have also been meeting with advocacy groups to discuss how Congress might be convinced to add the funding to FY 2017 authorizations. However, advocates have told him they are encountering opposition from Congressional members who resent the Administration categorizing the funding as "mandatory" and not subject to the Congressional annual discretionary appropriations process. Mr. Botticelli says the "mandatory" designation was necessary to provide the \$1.1 billion over two years rather than the traditional one year.



Work Days Left in the 114th Congressional Session (2015-2016) (as currently scheduled)

- 26 – House Work Days before Election Day**
- 16 – House Work Days after Election Day**
- 35 – Senate Work Days before Election Day**
- 20 – Senate work Days after Election Day**

NIMH Conference on Mental Health Services Research: Harnessing Science to Strengthen the Public Health Impact

August 1 and August 2, 2016

Bethesda Marriott Hotel
5151 Pooks Hill Road
Bethesda, Maryland 20814
Phone (301) 897-9400

REGISTER [HERE](#)

The National Institute of Mental Health's 23rd [Conference on Mental Health Services Research \(MHSR\): Harnessing Science to Strengthen the Public Health Impact](#) will highlight scientific investigative efforts to improve population mental health through high-impact mental health services research. This meeting will bring together leading mental health services researchers, as well as clinicians, mental health advocates, and federal and nonfederal partners. MHSR 2016 will highlight opportunities for the next generation of high-impact research to drive mental health care improvement.

Conference Events

The conference events are scheduled August 1 and 2 at the Bethesda Marriott Hotel, and will feature keynote talks and an array of plenary panels, scientific paper sessions, posters, and technology demonstrations.

MHSR 2016 is free to attend, and selected sessions will be viewable via webcast. Seating is limited.

Questions regarding meeting logistics or registration should be directed by email to [Dytrea Langon](#) by e-mail or by phone at 240-485-3288.

Questions about the conference program should be directed to [Ms. Janet Sorrells](#) by e-mail.

Webinar Opportunity: Consumer Advisory Committees: Recruiting, Training, and Retaining Members for Engagement

Wednesday June 29, 12 p.m. to 1:30 p.m.

REGISTER [HERE](#)

This webinar is intended for health plan representatives, consumers, and advocates seeking to ensure that the voices of older adults, persons with disabilities, and their caregivers are heard in the design, implementation, and oversight of health plans working to improve and integrate care for their enrollees. This webinar will focus on the best practices to recruit, train, and retain a diverse group of consumers and caregivers who have the capacity, skills, time and desire to regularly attend and meaningfully engage in a delivery system's consumer advisory committee. The webinar will outline how to create a training curriculum that on-boards consumers and caregivers – no matter what their abilities, disabilities, strengths or weaknesses – to work together and be effective. The webinar will also include a consumer who has been involved on an advisory committee to offer personal insights on how to motivate and support members.

This webinar will contain useful information for Medicaid Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans in meeting the Member Advisory Committee requirements of the Medicaid managed care rule, as well as for Medicare-Medicaid Plans in also meeting requirements in their three-way contracts.

SAMHSA Releases New Quality Measures for Mental Health, Substance Use Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) is issuing a new set of quality measures – in the form of a resource manual, technical specifications, and [data reporting templates](#) – all designed to help states and behavioral health clinics (BHCs) better assess and document their performance and effectiveness in providing treatment to people with mental and/or substance use disorders. The materials were developed in partnership with the Centers for Medicare & Medicaid Services (CMS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services.

The 32 measures contained in the new manual, [Metrics and Quality Measures for Behavioral Health Clinics: Technical Specifications and Resource Manual](#), examine a wide array of criteria that gauge the progress a BHC is achieving in important behavioral health objectives. The manual provides detailed guidance to help states and BHCs identify practices that are successful or that need improvement. The practices cover such areas as the quality, access, and the integration of health care and can also be used as the basis for accountability and value-based payments made by states or federal agencies.

Although many of the measures were originally developed to monitor care in large health plan systems, the manual is designed to allow uniform monitoring and assessment across states and a variety of BHCs at the BHC level. Some measures must be reported by the clinics, others by states.

The Data Reporting Templates for Behavioral Health Quality Measures complement the technical specifications manual. These templates are designed to provide a simple mechanism for BHCs to collect, record, and report data.

The manual and templates are on the SAMHSA website at: <http://samhsa.gov/section-223/quality-measures>. The new measures include, *inter alia*:

- Number of Suicide Attempts Requiring Medical Services by Patients Engaged in Behavioral Health (CCBHC) Treatment;
- Number of Suicide Deaths by Patients Engaged in Behavioral Health (CCBHC) Treatment;
- Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention;
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling;
- Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set);
- Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set);
- Adult major depressive disorder (MDD): Suicide risk assessment (using EHR Incentive Program measure);
- Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set);
- Depression Remission at 12 Months;
- Follow-Up After Discharge from the Emergency Department for Mental Illness;
- Follow-Up After Discharge from the Emergency Department for Alcohol or Other Dependence;
- Adherence to Mood Stabilizers for Individuals with Bipolar I disorder; and
- Adherence to Antipsychotics for Individuals with Schizophrenia.

More information can be obtained by calling 240-276-2130.

Webinar Opportunity: Providing Coordinated Specialty Care Services for First Episode Psychosis in Rural and Frontier Settings

Thursday, July 7, 2 p.m. to 3:30 p.m. ET

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)

REGISTER [HERE](#)

Description: Providing clinical services in sparsely-populated rural areas can present a variety of challenges. The presenters will discuss issues related to the treatment of first episode psychosis (FEP) in remote settings, covering topics including: community education and outreach; considerations for infrastructure development; delivering medical and psychosocial interventions over distances; workforce development issues; and strategies for setting up a telehealth system. Time will be provided for audience questions.

Presenters:

- Caroline Bonham, MD; Director of the Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences at the University of New Mexico Health Sciences
- Tonya Brown, LCSW, FEP Team Leader at the Carey Counseling Center, Inc. (Tennessee)

SAMHSA Blog: In Philadelphia, Behavioral Health Leads Trauma-Informed Community Changes through Porch Light Program of Public Art

By: Larke N. Huang, Ph.D., Director, SAMHSA Office of Behavioral Health Equity; Rebecca Flatow, Office of Policy, Planning, and Innovation; and Mary Blake, SAMHSA Center for Mental Health Services

For many years, the City of Philadelphia has been leading efforts to develop and integrate [trauma-informed approaches](#) in city-wide services.

One example is the [Porch Light Program](#), a unique collaboration among local artists, individuals experiencing behavioral health challenges, service providers, educators and city residents. Together they create public art in neighborhoods across the city to build connections, improve morale, and heal communities by exploring health issues. Since 2007, more than 20 murals have been created, focusing on issues like trauma, homelessness, immigration, substance use disorders, violence, and community tensions. Guided trolley tours of the murals, with tour guides and Behavioral Health Peer Specialists, provide the public an opportunity to learn about the artwork and the issues.

The Porch Light Program reduces isolation and invisibility and gives voice to groups who are often excluded. It exemplifies the power of engagement and involvement of all citizens – one of the “implementation domains” featured in [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#), which provides a framework for understanding trauma and describes 10 domains to consider when implementing a trauma-informed approach in organizations, systems, or communities.

Philadelphia faces many challenges, including high rates of poverty and unemployment and one of the highest homicide rates of the ten largest American cities. But the city also has many strengths and exemplifies another of SAMHSA implementation domain – cross-sector collaboration. Philadelphia has strong leadership that believes in trauma-informed approaches to public health. Innovative community partnerships bring together education about trauma with violence prevention and trauma-informed interventions. For example, efforts to address violence in the streets include community education and mobilization, such as:

- a 33-foot vehicle driving around the city with the message “Stop Shooting People!”;
- [CeaseFire](#), a youth leadership and peer mediation program to interrupt gang violence; and
- [Healing Hurt People](#), a hospital-based program that supports young men wounded in street violence and prevents retaliatory violence.

Another Philadelphia initiative [links faith communities and behavioral health](#) to reduce discrimination, expand access to treatment, and improve outcomes. [Forensic court diversion programs](#) use trauma-informed case management and treatment to help build resilience, heal the consequences of trauma, and prevent further justice involvement. One of Philadelphia’s most significant accomplishments has been the transformation of their behavioral health system from a traditional medical model of service delivery to a trauma-informed, recovery- and resilience-oriented system of care. The city hosts study tours for professionals who want to understand how the Philadelphia behavioral health system has embodied the principles of recovery, resilience and self-determination.

You can learn more about Philadelphia and other trauma-informed community efforts in the SAMHSA Spotlight Series. Other community initiatives include the [Trauma Matters KC](#) initiative in [Kansas City](#). If you are interested in doing something similar in your own community, contact [Ava Ashley](#), Trauma Unit Manager, Department of Behavioral Health and Intellectual disAbility Services. For more information about SAMHSA’s community trauma initiative, visit [SAMHSA’s Efforts to Address Trauma and Violence](#) webpage.

NASMHPD Links of Interest

[TIPS FOR SURVIVORS OF A DISASTER OR OTHER TRAUMATIC EVENT: MANAGING STRESS,](#)
SAMHSA PUBLICATION, JANUARY 2007

[CHILDHOOD TRAUMA PREDICTS ANTIDEPRESSANT RESPONSE IN ADULTS WITH MAJOR DEPRESSION,](#)
JOURNAL OF TRANSLATIONAL PSYCHIATRY, MAY 3, 2016

[RISKS OF OPIOID USE IN THE ELDERLY AND MEDICARE POPULATIONS,](#) PEW CHARITABLE TRUSTS

[FOLLOW-UP CARE AFTER OPIOID-RELATED HOSPITALIZATIONS,](#) SAMHSA BLog, CBHSQ

[PRENATAL NICOTINE EXPOSURE AND RISK OF SCHIZOPHRENIA AMONG OFFSPRING IN A NATIONAL BIRTH COHORT,](#) AMERICAN JOURNAL OF PSYCHIATRY, MAY 24, 2016

[ENHANCE YOUR STATE’S TOBACCO CESSATION EFFORTS AMONG THE BEHAVIORAL HEALTH POPULATION: A BEHAVIORAL HEALTH RESOURCE,](#) SAMHSA, APRIL 2016

[SMOKING CESSATION LEADERSHIP CENTER 100 PIONEERS LISTSERV](#)

[ASSOCIATION BETWEEN GUN LAW REFORMS AND INTENTIONAL FIREARM DEATHS IN AUSTRALIA, 1979-2013,](#) JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, JUNE 22, 2016

NIH Funding Opportunity: Development of Technology to Support Zero Suicide

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.



Colorado Governor Hickenlooper Signs Zero Suicide Model Legislation into Law

Colorado became the first state to formally enact implementation of the Zero Suicide model in behavioral and primary health care settings when, on June 10, Governor John Hickenlooper signed [Senate Bill 16-147](#).

The new law directs the Office of Suicide Prevention at the Colorado Department of Public Health and Environment and the state's Suicide Prevention Commission to partner with health and behavioral health care systems to reduce Colorado's suicide rate, which has been rising over the past decade. In 2014, there were 1,058 deaths by suicide in the state, ranking Colorado as having the seventh highest state suicide rate in the nation. The Suicide Prevention Commission's goal is to reduce Colorado's suicide rate by 20 percent by 2024.

Under the legislation, health care and mental and behavioral health systems and organizations across the state, including hospitals, state crisis services and regional health systems, community mental health centers, community health systems, health management organizations, and behavioral health organizations, including substance abuse treatment organizations, are encouraged to adopt the seven core tenets of the national zero suicide model.

"Having the support and encouragement of the Colorado Legislature will open doors and emphasize the importance of integrating suicide prevention strategies into health care systems, said Jarrod Hindman, Violence and Suicide Prevention Section Manager at the Colorado Department of Public Health and Environment. This integration will help reduce the high burden of suicide in the state and make Colorado a leader in addressing the problem of suicide.

"Organizations can start this program with very little cost," said Hindman, who manages the Office of Suicide Prevention. "One of its core tenets is training primary staff to provide better treatment and services, and leaders can accomplish much of that simply by changing philosophical approaches to the work."

Sarah Brummett, coordinator for the Suicide Prevention Commission, agreed that adopting Zero Suicide is within reach for primary and behavioral health care providers who are committed to ensuring everyone in a practice, from receptionist to physician, have the skills they need.

"In theory, if you had a two- or three-doctor shop, you could go a long way in adopting the framework by going online and following the blueprint step by step," she said. "But in reality, for Zero Suicide to be optimally successful, every level of staff should undergo thorough training."

Health care systems that have implemented the Zero Suicide approach have reported over 80 percent reduction in suicide rates for patients under their care. Colorado's partnering organizations hosted a Zero Suicide Academy™ on June 23 and 24 that trained senior leaders of health and behavioral health care organizations in adopting the Zero Suicide approach.

The Colorado Office of Suicide Prevention and Suicide Prevention Commission have also implemented the "Gun Shop" project. Gun shop and fire range owners are trained to avoid selling or renting a firearm to a potentially suicidal customer. Shops and gun ranges are encouraged to display suicide prevention materials, such as posters and cards displaying the National Suicide Prevention Lifeline number.

Zero Suicide: Seven essential elements

The seven core tenets of suicide care for health and behavioral health care systems to adopt

- 1. Lead:** Create a culture committed to dramatically reducing suicide among patients.
- 2. Train:** Develop a competent, confident and caring workforce.
- 3. Identify:** Systematically identify and assess suicide risk.
- 4. Engage:** Ensure every individual has a pathway to care that is both timely and adequate.
- 5. Treat:** Use effective, evidence-based treatments.
- 6. Transition:** Provide continuous contact and support.
- 7. Improve:** Apply a data-driven quality improvement approach to inform system changes.

Details: zerosuicide.sprc.org

WEBINAR OPPORTUNITY

Employment and Young Adults with Serious Mental Health Conditions: Generating Well-Being and Career Options

Tuesday, June 28, 2 p.m. to 3:30 p.m. ET

Sponsored by SAMHSA and presented by the Technical Assistance Collaborative (TAC) and the National Association of State Mental Health Program Directors

Description Outline:

1. What's different about young adults with mental illness
2. Employment supports and young adults
3. The necessary and growing role of the employer
4. Special case- peer mentors

REGISTER [HERE](#)

Presenter Jonathan (Jon) Delman, Ph.D., JD, a Senior Researcher for the TAC, has extensive knowledge of research, program evaluation, project management, and group facilitation. Jon has worked with Medicaid managed care companies and state agencies for over 15 years on quality assurance and program development initiatives. He has focused most of his work in the areas of behavioral health, psychiatric rehabilitation, measurement development, and community and consumer involvement in research, evaluation and policy. Jon founded and directed, for 12 years, a nationally recognized consumer run and staffed research and evaluation organization, Consumer Quality Initiatives. Through his early work there he developed effective approaches for young adults with serious mental illness to actively participate in policy, research and service provision. As a result, in 2008 Jon was one of ten recipients nationally of the Robert Wood Johnson Community Health Leader award for "individuals who overcome daunting obstacles to improve health and health care in their communities."

Jon, himself a person with lived experience of mental illness, is a Research Assistant Professor at the University of Massachusetts Medical School, Department of Psychiatry. There he directs the Program for Recovery Research at the Systems and Psychosocial Advances Research Center (SPARC), and oversees technical assistance at the Transitions (to Adulthood) Research and Training Center.

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room."

Questions should be directed to kelle.masten@nasmhpd.org via email or at 703-682-5187.

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 Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

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](#).

Webinar Opportunity

Part 1 of a 2-Part Series*: Recognizing Suicidal Ideation and Behavior in Individuals with First Episode Psychosis

Tuesday, June 28, 2 p.m. to 3:30 p.m. ET

[REGISTER HERE](#)

*Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA),
Center for Mental Health Services (CMHS)*

Background: 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 FEP providers in recognizing and addressing suicidal risks in their clients, SAMHSA/CMHS is sponsoring two virtual sessions that address the issues of identifying and addressing suicidal ideation and behavior.

Description: Part 1 of this two-part series will focus on the strategies and tools available to providers and public health authorities to identify and monitor suicidal ideation and behavior. Specific focus will be paid to addressing suicidality among individuals with schizophrenia, and how it is unique for individuals with a first episode of psychosis. 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 clinical settings for individuals with first episodes of psychosis (OnTrack and EDAPT).

Presenters:

- Barbara Stanley, Ph.D., Professor of Medical Psychology, Columbia University Medical Center
- Jill Harkavy-Friedman, Ph.D., Vice President of Research, American Foundation for Suicide Prevention, Suicide Risk Prevention in FEP
- 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
- Richard McKeon, Ph.D., M.P.H., Chief, Division of State and Community Systems Development, SAMHSA/CMHS

**Part 2: Addressing Suicidal Ideation and Behaviors in First Episode Psychosis Programs 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. Speakers for Part 2 will include experts on suicidality in schizophrenia and representatives from CSC programs who will discuss their experiences in addressing suicide risks and behaviors within a CSC program. The date for Part 2 will be in late July or Early August, 2016 (final date TBD), so please stay tuned for an upcoming registration announcement for this event.*

House Republicans Issue Blueprint for Replacing the Affordable Care Act that Also Would Block Grant Medicaid and Privatize Medicare

House Republicans on June 22 laid out a [replacement for a repealed Affordable Care Act \(ACA\)](#) — a package of proposals they said would slow the growth of health spending and relax federal rules for health insurance—entitled *A Better Way to Fix Healthcare*. Speaker Paul D. Ryan (R-WI) and the Republican leadership did not provide legislative language, but did issue a 37-page plan with the most extensive description of their ACA replacement plan to date. Many of the ideas are familiar — health savings accounts, high-risk pools, and sales of insurance across state lines.

The ACA requirement that most Americans carry health insurance would be eliminated and replaced with a flat tax credit to each person or family in the individual insurance market, regardless of income or the premium for the specific policy.

The plan also would roll back the Affordable Care Act's expansion of Medicaid and instead give each state a fixed amount of money for each beneficiary or a lump sum of federal money for all of a state's Medicaid program. In addition, the plan would allow states to establish work requirements for able-bodied Medicaid adults. States could also "charge reasonable enforceable premiums or offer a limited benefit package and use "waiting lists and enrollment caps" for some Medicaid beneficiaries. The plan says reforming Medicaid's financing with a per-capita allotment would reduce federal spending, and give states more control over the program and more incentives to manage care and costs.

One of the most important provisions of the 2010 health care law stipulates that insurers cannot deny coverage or charge higher premiums because of a person's medical condition or history. Under the House Republican blueprint, the guaranteed protection against higher premiums would apply only to people who maintain "continuous coverage." If a consumer had a significant break in coverage, insurers could charge more than "standard rates" and take a person's health status into account in setting premiums.

With regard to the Medicare program, the Republican plan would gradually increase the eligibility age for Medicare, which is now 65, starting in 2020. The Medicare age would rise along with the eligibility age for full Social Security benefits, eventually reaching 67. And in accordance with Speaker Ryan's budget plans of recent years, the proposal would transform Medicare into "a fully competitive market-based model known as premium support." The traditional fee-for-service Medicare program would compete directly with private plans similar to the existing Medicare Advantage plans.



Substance Abuse and Mental Health Services Administration

presents

NATIONAL BLOCK GRANT CONFERENCE **Building and Sustaining State Behavioral Healthcare Systems**

8:30 a.m., Tuesday, August 9, 2016 through
12 noon, Thursday, August 11, 2016

Hyatt Regency Crystal City
2799 Jefferson Davis Highway
Arlington, VA 22202
(703) 418-1234

REGISTER BY FRIDAY, JULY 8, 2016

For more information or assistance, please contact Rachel Freeland at
(240) 645-4457 or samhsaconf16@jbsinternational.com

Request for Information (RFI): NIMH Request for Brief Perspectives on the State of Mental Illness Research

Notice Number: NOT-MH-16-015

Release Date: May 20, 2016

Response Date: June 30, 2016

Background: This Request for Information (RFI) invites brief perspectives on the state of mental illness research and the National Institute of Mental Health's role in the development of this research. In preparation for the next NIMH Director, NIMH is seeking external input to develop briefing materials that will represent the full diversity of perspectives on mental illness research. NIMH welcomes feedback from investigators, investigator-sponsors, clinicians, advocates, and any other stakeholders who participate in or are otherwise invested in mental illness research.

Information Requested: NIMH invites comments on the state of mental illness research and NIMH's role in the future development of this research. This RFI seeks input from stakeholders from the scientific research community and the general public. The NIMH seeks comments on any or all of, but not limited to, the following topics:

- basic neuroscience research
- translational research
- clinical research
- intervention research
- services research
- Research Domain Criteria initiative (RDoC)
- global mental health
- translational biomarkers
- diversity and training of the workforce
- advocacy and outreach efforts
- the Institute's intramural research efforts

Respondents should identify the category to which they are responding. Comments may focus on current efforts, research gaps, or suggested investments in the selected category and/or on the ways that NIMH may have a greater impact on this area.

NIMH requests that respondents take the current NIMH Strategic Plan for Research (<http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>) into consideration when providing comments on research directions and opportunities. The NIMH launched this plan in 2015 as a commitment to accelerate the pace of scientific progress by generating research over the subsequent 5 years.

How to Submit a Response: Comments should be concise and may not exceed 500 words per category. Multiple submissions on different topic areas from the same individual are acceptable. All responses must be submitted electronically by June 30, 2016 to: <https://nimhrfi.nimh.nih.gov/portal/>.

Please direct all inquiries to: [Marlene J Guzman](#), National Institute of Mental Health (NIMH).

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.

SAMHSA's 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.

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Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, and 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. The following training is scheduled this month:

June Trainings

Florida

Miami Shores – June 28 and 29 - Barry University

Wisconsin

Milwaukee – June 29 – Milwaukee Faith Based Coalition

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