

National Association of State Mental Health Program Directors

Weekly Update

Capitol Hill and Opposition Strategies on Affordable Care Act Repeal, Block-Granting of Medicaid Await Trump Administration Direction

Although it appears to be a foregone conclusion that the Trump Administration and the Republican members of Congress will act quickly to repeal—at least in part—the Affordable Care Act (ACA) and move early on to block-grant Medicaid with per capita caps, strategy on Capitol Hill and among advocates has been delayed in the absence of more specific signals of direction from the new Administration.

Vice President-Elect Mike Pence met with Republican Hill leaders on November 17 to discuss the Administration's agenda, but no specifics were provided. As late as the previous day, Congressional staffers were in the dark on the particulars of the proposed ACA repeal and Medicaid action.

What does seem undisputed is that, in order to avoid a Democratic filibuster, Republican lawmakers will—after Trump's inauguration—use the "budget reconciliation" process, under which only 51 affirmative votes are needed for passage, to repeal ACA provisions such as the individual mandate. That process, and the Byrd Rule which governs it, cannot include any provisions the chamber Parliamentarians determine would add or subtract from the Federal deficit or be extraneous to the current year's Budget Act.

Almost as inevitable is that any elimination of Marketplace coverage or subsidies enacted will be delayed or phased down until January 2019 so that the estimated 20 million individuals who gained health care coverage under the ACA will not be immediately left uninsured without an alternative coverage option. A two-year delay would also enable the insurance industry to restructure its products and premiums in a manner responsive to a changed individual health insurance coverage market and avoid a market collapse.

Some hint of what Congress might do under budget reconciliation, but far short of the "complete repeal" promised by the Trump Presidential campaign, can be found in [H.R. 3762, the Budget Reconciliation Act of 2015](#). That bill, passed in February by both houses of Congress but vetoed by the President, would have repealed provisions relating to the premium assistance tax credit, reduced cost-sharing, and eligibility determinations for the subsidies, as well as the penalties for individuals who do not maintain minimum essential health care coverage and large employers who do not make shared responsibility payments.

In addition, the annual fees on drug and medical device manufacturers and health insurers created under the ACA as funding mechanisms would have been eliminated.

With regard to Medicaid expansion, the 2015 Reconciliation Act would have eliminated the enhanced Federal match for expanding states and would have ended authority for Medicaid expansion completely in December 2017. Medicaid benchmark plans would no longer have been required to provide minimum essential benefits.

Democrats are saying they will hold Republicans' feet to the fire to quickly create a replacement for ACA Marketplace coverage so that currently-insured individuals are not left without insurance coverage and so that insurers can plan confidently for a changed market and marketplace rules. However, because of the Byrd Rule restrictions, it is unlikely that a true replacement for Marketplace coverage could be included in any budget reconciliation measure. The one potential loophole is that Congress has not passed a Budget Act in 2016, so that it could be argued that nothing could be extraneous to a non-existent Budget.

Options suggested by Republican members of Congress in the past—allowing the sales of insurance across state lines and increasing the availability and use of health savings accounts through higher tax deductions would not provide coverage for low-income individuals exempt from Federal taxes who are too poor to purchase any coverage without Federal assistance.

LATE BREAKING NEWS

Members of Congress on both sides of the aisle say attempts are being made to combine the [21st Century Cures legislation, H.R. 6](#), with [Mental Health Reform, S. 2680](#), for action in the Lame Duck Session, during December.

D.C. Work Days Left in the 114th Session of Congress (2015-2016)

12 – House Work Days in Lame Duck

15 – Senate Work Days in Lame Duck

115th Congress Begins at Noon, January 3

SAMHSA Begins Training Nurse Practitioners and Physician Assistants in Prescribing Buprenorphine

The Substance Abuse and Mental Health Services Administration (SAMHSA) has begun providing the 24 hours of training for nurse practitioners (NPs) and physician assistants (PAs) required to prescribe the opioid use disorder treatment buprenorphine.

NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017. Previously, only physicians could prescribe buprenorphine. Once NPs and PAs receive their waiver they can begin prescribing buprenorphine immediately.

“Today’s action will provide even more access to medication-assisted treatment,” said SAMHSA Principal Deputy Administrator Enomoto. “Allowing nurse practitioners and physician assistants to prescribe buprenorphine will greatly expand access to quality, evidence-based treatment methods for those most in need of assistance.”

The Department of Health and Human Services also has announced its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30-patient limit for one year to apply for a waiver to prescribe buprenorphine for as many as 100 patients.

SAMHSA is working quickly to adapt curricula and obtain continuing education credits for the training. Updates on training information and the waiver application will be available at <http://www.samhsa.gov/medication-assisted-treatment>.

All training will be available either at no cost through the SAMHSA-funded Provider’s Clinical Support System - Medication Assisted Treatment (MAT) program or through training programs that may be offered by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, and the American Academy of Physician Assistants.

SAMHSA [finalized a rule in July](#) that expanded access to medication-assisted treatment by allowing practitioners who had a waiver to prescribe buprenorphine for up to 100 patients for a year or more to now obtain a waiver to treat up to 275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule. Since the rule was finalized, 2,477 practitioners have applied for and been granted a waiver to prescribe buprenorphine at the increased limit.

President-Elect Trump Considering House Budget Chair Tom Price for HHS

Rep. Tom Price (R-GA) is reportedly at the top of President-Elect Donald Trump’s list to be nominated to the post of Secretary of Health and Human Services (HHS).

An early supporter of candidate Trump, Rep. Price was among the first Republicans to introduce legislation to repeal and replace the Affordable Care Act after offering an alternative when Democrats were debating reform in 2009 and 2010.

The Congressman, who worked in private practice as an orthopedic surgeon for nearly 20 years, chairs the House Budget Committee and sits on the House Ways and Means Committee, which has jurisdiction over healthcare policy.

Like President-Elect Trump, Rep. Price supports the use of health savings accounts as a way for consumers to pay for healthcare. He is also in favor of capping the tax break for employer-sponsored coverage and providing refundable tax credits adjusted by age, not income, to buy health insurance.

Rep. Price voted in favor of the Medicare Access and CHIP Reauthorization Act (MACRA) to replace the Sustainable Growth Rate procedure for setting Medicare provider fees, but has voiced growing concerns over the law.

Rep. Price was first elected to represent Georgia’s Sixth District, north of Atlanta, in November 2004. Prior to being elected to Congress, Rep. Price served four terms in the Georgia State Senate – two as Minority Whip. In 2002, when the Republican Georgia Republican party took control of the State Senate, Price became the first Republican Senate Majority Leader in the history of Georgia.

Florida Governor Rick Scott has also been mentioned as a potential candidate for the position, and met with the President-Elect on November 17. However, he told CNBC last week “I’ll do everything I can to help my good friend Donald Trump be successful, but I don’t plan on being a Cabinet member. ... I have like 789 days to go in this job. I’m going to finish this job. I love being governor. I want to make sure we’re the number one state for jobs. I’m going to keep this up.”

Other Republicans mentioned for the position of HHS Secretary have included former Louisiana Governor Bobby Jindal and former Utah Governor Mike Leavitt, who served as HHS Secretary under George W. Bush and has been a Trump campaign consultant on health care issues.

Former presidential candidate and surgeon Ben Carson and former House Speaker Newt Gingrich were each reportedly under consideration, but both have withdrawn their names from consideration.

Outgoing Congresswoman Renee Ellmers of North Carolina, a strong Trump supporter and adamant ACA opponent has publicly expressed an interest in the position. A registered nurse, she lost her 2016 primary.

SAMHSA Fiscal Year 2017 Grant Opportunities

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all FOAs. All applicants must register with NIH's eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process six (6) weeks in advance of the application due date. When you are searching for a funding opportunity on Grants.gov, use SAMHSA's FOA number as the Funding Opportunity Number.

For information on SAMHSA's upcoming FOAs, review the [SAMHSA forecast \(PDF | 347 KB\)](#). The forecast includes SAMHSA's plans for release of FOAs, including brief program descriptions, eligibility information, award size, number of awards, and anticipated release date. Please note: This information reflects current planning and is subject to change.

[Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives \(AI/AN\) Communities](#)

Application Due Date: Tuesday, December 20, 2016

FOA: SM-17-002

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

Number of Anticipated Awards: 11

Project Length: Up to 3 years

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (*Short Title: Circles of Care VII*) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

Eligible Applicants: Federally recognized tribes and tribal organizations (as defined by USC 25, Chapter 14, Subchapter II, Section 450b), Tribal Colleges and Universities (as identified by the American Indian Education Consortium), and Urban Indian Organizations (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts).

[Garrett Lee Smith \(GLS\) Campus Suicide Prevention Grant](#)

Application Due Date: Tuesday, December 7, 2016

FOA: SM-17-003

Total Amount Available: \$1,521,000

Number of Anticipated Awards: 15

Anticipated Award Amount: Up to \$102,000 per year

Project Length: Up to 3 years

The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

Eligible Applicants: Eligibility is limited to institutions of higher education that have not previously been awarded a GLS Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply.

Additional SAMHSA Fiscal Year 2017 Grant Opportunity

Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Application Due Date: Tuesday, January 3, 2017

FOA: SM-17-001

Project Length: 4 Years

Anticipated Award Amount: Up to \$3 million per year for state applicants; up to \$1 million for political subdivisions of states, territories, or Indian or tribal organizations.

Number of Anticipated Awards: 5 to 15

Total Amount Available: \$15,045,000

CMHS is also accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (*Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements*). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the wide-scale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

Eligible Applicants: State and territorial governments, governmental units within political subdivisions of a state, such as a county, city or town; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; and Indian or tribal organizations (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination and Education Assistance Act).

Center for Trauma-Informed Care

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

Find a Training Near You!!!

New Jersey

Ancora – November 29 to December 1 - Ancora Psychiatric Hospital

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



Happy Thanksgiving!

We'll be Back December 2

Webinar: Pre-Application Technical Assistance for Applicants for the BRAIN Initiative Fellowship Program (F32)

December 8, 2 p.m. to 3:30 p.m. ET

The NIH BRAIN Initiative will conduct a pre-application technical assistance webinar to provide an overview of, and answer questions about, [RFA-MH-17-250, BRAIN Initiative Fellows: Ruth L. Kirschstein National Research Service Award \(NRSA\) Individual Postdoctoral Fellowship \(F32\)](#) Program. The purpose of the Fellowship program is to enhance the research training of promising post-doctorates, early in their post-doctoral training period, who have the potential to become productive investigators in research areas that will advance the goals of the BRAIN Initiative. Participation in the webinar, although encouraged, is optional and is not required for application submission.

[REGISTER FOR THE WEBINAR HERE](#)

NOTE: Prospective applicants are encouraged to submit their questions or comments at least 48 hours prior to the scheduled webinar.

Visit the [webinar announcement page](#) for more information. Check out the Fellowship [application](#).

Medicaid Innovation Accelerator Program National Dissemination Webinar: Leveraging Managed Care Contract Language to Improve Substance Use Disorders Purchasing Strategies

December 7, 3:30 p.m. to 5 p.m. ET

In 2014, CMS launched a collaborative between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare & Medicaid Innovation (CMMI) called the Medicaid Innovation Accelerator Program (IAP). The goal of IAP is to improve the care and health for Medicaid beneficiaries and reduce costs by supporting states' ongoing payment and service delivery reforms through targeted technical support. As part of their efforts to roll out what they and the partner states have learned from the first year of the Reducing Substance Use Disorders program area, CMS invites you to join the final webinar in a four-part national dissemination webinar series, ***Leveraging Managed Care Contract Language to Improve SUD Purchasing Strategies***.

In this webinar, CMS will discuss key elements of managed care contracting that promote good stewardship in the purchasing of substance use disorder (SUD) services. Specifically, it will discuss core contract components where SUD service delivery may be strengthened, including benefit design, standards of care, network adequacy, quality metrics, and integration of SUD and physical health. There will be two featured state partners on the webinar panel to discuss their efforts to offer a comprehensive SUD treatment care continuum:

- Virginia Medicaid representatives will discuss how they are working with managed care entities to transform their SUD delivery system to provide the SUD care continuum, remove treatment gaps, and meet the American Society of Addiction Medicine (ASAM) Criteria standards of care.
- Massachusetts Medicaid officials will share how they expanded access to SUD care using consistent managed care contract language, and how they assigned regional network managers to monitor quality.

[REGISTER HERE](#)

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](#).

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA's Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

Grantee Organization	Application Period for the MFP Traditional PhD Program	Application Period for the MFP- Masters Level Youth Focused Program	Application Period for the MFP- Masters Level Addictions Counseling Focused Program
American Association for Marriage and Family Therapy	11/7/2016 – 1/17/2017	11/7/2016 – 1/17/2017	N/A
American Nurses Association	4/30/16 - 4/30/17	Applications Open Until all vacancies filled	N/A
American Psychiatric Association	10/31/2016- 1/30/2017	N/A	N/A
American Psychological Association	10/3/2016 – 1/15/2017	10/3/2016-1/15/2017	N/A
Council on Social Work Education	12/2016 – 2/28/17	Spring 2017	N/A
NAADAC: the Association for Addiction Professionals	N/A	N/A	9/30/2016 – 8/1/2017 Note: This application cycle will be an open "rolling application" period.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: <http://tatracker.treatment.org/login.aspx>. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital- based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD's [Pat Shea](#) by email or at 703-682-5191.

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

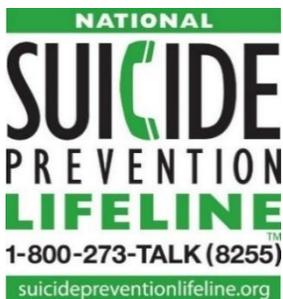
The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, [Click Here:](#)

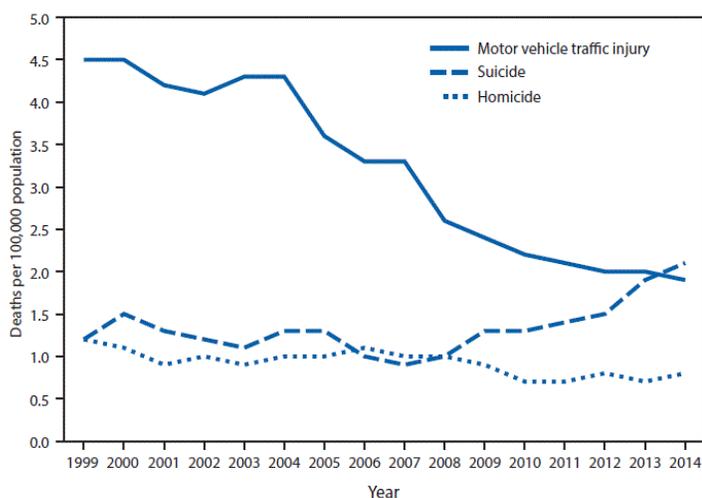
We look forward to the opportunity to work together.

CDC: 2014 Adolescent Suicide Rate Exceeded Adolescent Traffic Death Rate

A Centers for Disease Control and Prevention (CDC) report study released November 3 reports that, in 2014 the suicide rates among children aged 10 to 14 was higher than the rate of death by motor vehicle accidents. The suicide rate steadily rose from 2007 to 2014 among this age group.



According to the CDC report, the number of adolescent suicides doubled from 2007 to 2014, for the first time surpassing adolescent deaths by motor vehicle. During this seven-year span, youth suicides rose from an annual rate of 0.9 to 2.1 per 100,000 (approximately 425 youth suicides in 2014). In contrast, motor vehicle deaths among the same age group declined from 4.5 to 1.9 per 100,000 (384 youth deaths in 2014).



Source: [CDC/NCHS, National Vital Statistics System, Mortality Data.](#)

Observers note that a decline in vehicle deaths, evident in all age groups, can be attributed to improved vehicle safety under federal and state regulations and improved mechanical safety features.

The CDC data reveals that more boys took their lives than girls—275 boys and 150 girls—which is consistent with the gender suicide rates in adults. But, the increase in suicides among girls rose sharply between 2007 and 2014.

No single factor causes suicides, but some speculate that social media tends to exacerbate the challenges that many youth face. The rise of popularity in social networking sites, such as Facebook and Instagram, in the past decade may be a contributing factor.

“It’s clear to me that the question of suicidal thoughts and behavior in this age group has certainly come up far more frequently in the last decade than it had in the previous decade,” Dr. Marsha Levy-Warren, a clinical psychologist in New York who works with adolescents, told the *New York Times* on November 3.

“If something gets said that’s hurtful or humiliating, it’s not just the kid who said it who knows, it’s the entire school or class. She added, “There’s this collision of emotional need, social circumstances, and a sense of needing an immediate answer.”

These factors heighten a young person’s risk of suicidal behaviors. The study [Trends in Emergency Department Visits for Nonfatal Violence-Related Injuries Among Adolescents in the United States, 2009](#), published this year in the *Journal of Adolescent Health*, found that rates of self-harm (ex. cutting, self-poisoning) had more than tripled among 10- to 14-year-old females between 2009 and 2013. That report’s findings are of particular concern, as often self-injury is a predictor of more life-threatening behaviors, such as a suicide attempt.

Training the Future Child Health Care Workforce to Improve Behavioral Health Outcomes for Children, Youth and Families

November 29-30, 2016

National Academy of Sciences, Lecture Room, 2101 Constitution Ave., NW, Washington, DC

The Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health at the National Academies of Sciences, Engineering, and Medicine will host a 2-day workshop on leading change and innovation in training the future child health care workforce to improve behavioral health outcomes for children, youth, and families. Panel discussions will address:

- Improved content in training programs that incorporates the promotion of behavioral health and well-being; training for multi-generation surveillance, and intervention—including maternal health—and evidence-based practices.
- Goals and strategies for inter-professional training and integrated practice to meet current and future needs for the behavioral health of children and families.
- Attention to how funding and accreditation of training programs and certification of individuals may hinder but more importantly drive innovations in training an effective workforce.
- Training that affirms co-promotion of behavioral health with parents.
- Training for collaboration with professionals in community settings, including schools, child care facilities, and juvenile justice.

[REGISTER HERE](#)

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NASMHPD LINKS OF INTEREST

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

[HAVING A CONVERSATION ABOUT DRUGS AND ALCOHOL](#), SAMHSA BLOG, SAMHSA CHIEF OF STAFF TOM CODERRE, NOVEMBER 15

[FACING ADDICTION IN AMERICA: THE SURGEON GENERAL'S REPORT ON ALCOHOL, DRUGS, AND HEALTH](#), VIDEO FROM THE SURGEON GENERAL; "FACING ADDICTION" FACEBOOK PAGE, NOVEMBER 17

[OUT-OF-NETWORK, OUT-OF-POCKET, OUT-OF-OPTIONS: THE UNFULFILLED PROMISE OF MENTAL HEALTH PARITY](#), NATIONAL ALLIANCE ON MENTAL ILLNESS, NOVEMBER 15

[HOUSING, NOT HANDCUFFS: ENDING THE CRIMINALIZATION OF HOMELESSNESS IN U.S. CITIES](#), NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY, NOVEMBER 15

[VIOLENCE AGAINST WOMEN AND MENTAL HEALTH](#), *THE LANCET PSYCHIATRY*, ORAM S., KALIFAH H., AND HOWARD, L.M., NOVEMBER 14

[MEDICARE DRUG SPENDING DASHBOARD 2015](#) (INCLUDES SPENDING ON 40 PART D DRUGS AND 40 PART B DRUGS), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), SEPTEMBER 2016