Number of Taxpayers Reporting Minimum Essential Coverage Drops 6 Percent in 2017

Six percent fewer Americans have told the IRS they have minimal essential coverage in returns filed as of March 2, 2017, compared to 2016 and, as a result, IRS has collected 20 percent more in penalties.

Those numbers are reported in a mid-season report from the Treasury Inspector General for Tax Administration (TIGTA) released March 31.

Only 44.1 million have thus far reported minimal essential coverage for their family members in 2017, a drop from the 47 million who reported coverage in 2016. Six million people reported an exemption from essential coverage in 2016, 5.3 million—11.7 percent fewer—in 2017. Thirty-three percent fewer taxpayers had so far self-reported a penalty in 2017, compared to the 2.7 million who self-reported penalties in 2016.

The IRS had planned to start rejecting tax forms that failed to include coverage information this year, but reversed course after President Trump directed agencies to relieve consumer burden related to the Affordable Care Act (ACA). The IRS continues to accept electronic and paper returns for processing where a taxpayer doesn’t indicate coverage status. However, it says that it is enforcing the individual coverage mandate as it has in earlier years, despite the uncertain future status of the ACA.

As of March 2, 2017, the IRS had processed 1,668,270 tax returns reporting nearly $6.4 billion in premium tax credits either received in advance by insurers on behalf of the taxpayer or claimed at the time of filing. Advance premium tax credits paid in excess of those actually due totaled $829 million of $3.4 billion paid for 956,300 taxpayers.

Wisconsin § 1115 Waiver Request for Childless Adults to Include Premiums, Work Mandate, IMD Exclusion Waiver

Wisconsin Medicaid will submit an §1115 waiver application to the Centers for Medicare and Medicaid Services on May 26 to require, for childless adults in the BadgerCare Reform program, monthly premiums, health risk assessments, and a 48-month time limit on eligibility.

The state will also propose an exception to the IMD coverage exclusion for residential substance use disorder treatment. Under the proposal, Wisconsin would require individuals in both Medicaid and the BadgerCare Plus to complete a drug screening assessment and, if indicated, a drug test. Individuals who test positive for drug use would be referred to a SUD treatment program. A refusal to be screened would bar enrollment. A refusal to participate in treatment would result in the individual being barred from Medicaid.

The state would impose monthly premiums of $1 to $10 on households with incomes above 20 percent of the Federal Poverty Level. Beneficiaries would be able to cut their premiums in half if they pursue healthy lifestyles. People “engaged in behaviors that increase their health risk” would have to pay the full premium.
JOB ANNOUNCEMENT
Project Director, Training and Technical Assistance
National Association of State Mental Health Program Directors (NASMHPD)
Alexandria, VA

DUTIES AND RESPONSIBILITIES. Responsible for the day-to-day operation and management of all task order (TO) activities funded under the State Technical Assistance (TA) Contract (part of an umbrella project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).) Duties include: overseeing the planning, implementation, reporting, and evaluation phases of technical assistance and training events (TA/T); directing performance of TA/T programmatic work; recommending topics for national virtual training events and resource materials based on state and community needs; closely monitoring the budget and deliverables in compliance with contract specifications; working collaboratively with the prime vendor, federal funder, and other project partners/consultants; tracking milestones; participating in regular project management calls with prime vendor and federal funder; and producing regular programmatic reports for funding entities. The Project Director is also responsible for the overall coordination, writing, and submission of technical proposals in response to Requests for Task Order Proposals (RFTOPS) and Indefinite Delivery/Indefinite Quantity contracts (IDIQ). The Project Director manages the Early Intervention in Psychosis Virtual Resource Center and serves as an organizational point person on issues related to addressing early psychosis. The Project Director supervises the Sr. Public Health Advisor (PT), and the Training & Technical Assistance Advisor.

QUALIFICATIONS. Master’s Degree or related experience and at least five years of management experience in a State, local, or Federal Behavioral Health or related agency with a focus on disabilities and vulnerable populations; current knowledge and experience with the public behavioral health system (mental health and substance abuse prevention/treatment/recovery services) and familiarity with the operations and key policy issues, especially consumer issues, service delivery, cultural competency, and recovery-oriented care; and knowledge of practices that support the prevention of behavioral health problems and the fostering of resilience.

Preferred candidate will have a record of sound achievements working with SAMHSA and/or other Federal, state and local funders on projects that impact the lives of persons with or at risk for behavioral health disorders and their families and communities. Knowledge and experience coordinating efforts related to advancing programming to address the needs of persons experiencing a first episode of psychosis (FEP).

Excellent writing skills, strong public speaking skills, and demonstrated knowledge and experience writing technical proposals in response to grant/contract funding announcements are all essential. The preferred candidate will have experience coordinating and writing responses to requests for proposals from Federal funders on behavioral health and related topics. Skills in planning and completing multiple complex tasks. Outstanding interpersonal skills, political acumen, and ability to work effectively as a team member essential. Thorough understanding of state behavioral health systems and the issues confronting these organizations at the national and state level.

Experience with quality assurance, fiscal monitoring, decision-making, addressing critical issues, monitoring progress, timeliness assurance, review of performance indicators, and planning in the development of TA/T mechanisms. Experience and knowledge of: effective technical assistance techniques used to foster quality-care in public behavioral health and related settings/systems (e.g., on-site consultation, training, development of training curricula, and virtual trainings via webinars or video conference); and an understanding of the comprehensive range of services and supports in the sectors of behavioral health, housing, employment, education, and other social service systems to address the needs of persons with or at risk for behavioral health disorders.

EQUAL OPPORTUNITY EMPLOYER. NASMHPD is an Equal Opportunity Employer. Minorities, women, persons with disabilities and veterans are encouraged to apply.

APPLICATION PROCESS. Interested applicants should submit a letter of interest indicating salary requirements and/or salary history and a resume to:

Kathy M. Parker, Director of Human Resources
National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
Email: kathy.parker@nasmhpd.org
Fax: (703) 548-9517
Trump Administration Awards $495 Million in Grants to States to Combat Opioid Crisis

Health and Human Services Secretary Tom Price, M.D. on April 19 announced that HHS will soon provide $485 million in grants to help the states and territories combat opioid addiction.

The funding, the first of two rounds provided for in the 21st Century Cures Act, will be provided through the State Targeted Response to the Opioid Crisis Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The funding will be issued to all 50 states, the District of Columbia, and six U.S. territories. It will support a comprehensive array of prevention, treatment, and recovery services reflecting the needs of recipients. States and territories were awarded funds based on rates of overdose deaths and unmet need for opioid addiction treatment. HHS has prioritized five specific strategies: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research.

Secretary Price sent a letter to governors whose states are receiving grants and outlined his and the administration’s firm commitment to address the opioid crisis as each state and territory works to address the significant health, social, and economic consequences of the crisis. In his letter to governors, Secretary Price wrote, in part:

As I begin my tenure as Secretary of the Department of Health and Human Services (HHS), I do so with a profound commitment to addressing this public health crisis as one of our top three Departmental priorities. Opioids were responsible for over 33,000 deaths in 2015; this alarming statistic is unacceptable to me. We cannot continue to lose our nation’s citizens to addiction. Through a sustained focus on people, patients, and partnerships, I am confident that together we can turn the tide on this public health crisis.

President Trump recently announced the President’s Commission on Combating Drug Addiction and the Opioid Crisis. This Commission is tasked with studying the scope and effectiveness of the federal response to this crisis and providing recommendations to the President for improving it. HHS is uniquely positioned to contribute in this important effort….

In the letter, Secretary Price committed to working with governors to combat the evolving opioid crisis and to ensure federal funding supports clinically sound, effective, and efficient programs.

In a separate Paperwork Reduction Act notice published by SAMHSA in the April 20 Federal Register, SAMHSA says states will be expected to report, at mid-year and at the conclusion of each grant award year: number of people who receive opioid abuse disorder (OUD) treatment, number of people who receive OUD recovery services, number of providers implementing medication-assisted treatment, and the number of OUD prevention and treatment providers trained, to include NPs, PAs, as well as physicians, nurses, counselors, social workers, and case managers.

<table>
<thead>
<tr>
<th>21st Century Cures Grants by State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama $7,967,873</td>
</tr>
<tr>
<td>Alaska $2,000,000</td>
</tr>
<tr>
<td>Arizona $12,171,518</td>
</tr>
<tr>
<td>Arkansas $3,901,297</td>
</tr>
<tr>
<td>California $44,749,771</td>
</tr>
<tr>
<td>Colorado $7,869,651</td>
</tr>
<tr>
<td>Connecticut $5,500,157</td>
</tr>
<tr>
<td>Delaware $2,000,000</td>
</tr>
<tr>
<td>D.C. $2,000,000</td>
</tr>
<tr>
<td>Florida $27,150,403</td>
</tr>
<tr>
<td>Georgia $11,782,710</td>
</tr>
<tr>
<td>Hawaii $2,000,000</td>
</tr>
<tr>
<td>Idaho $2,000,000</td>
</tr>
<tr>
<td>American Samoa $250,000</td>
</tr>
<tr>
<td>Virgin Islands $250,000</td>
</tr>
</tbody>
</table>

| Rhode Island $2,167,007             |
| South Carolina $6,575,623          |
| South Dakota $2,000,000            |
| South Carolina $6,575,623          |
| Tennessee $13,815,132              |
| Texas $27,362,357                  |
| Utah $5,537,458                    |
| Vermont $2,000,000                 |
| Virginia $9,762,332                |
| Washington $11,790,256             |
| West Virginia $5,881,983           |
| Wisconsin $7,636,938               |
| Wyoming $2,000,000                 |
| Puerto Rico $4,811,962             |
Save-the-Dates

Webinar Series: Trauma-Informed Innovations in Crisis Services

April – September 2017 (4th Monday of each month) 3 p.m. to 4 p.m. E.T.

https://nasmhp.adobeconnect.com/crisisvln/

Telephone: 1-888-727-2247
Conference ID: 9452092#

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) is pleased to announce the opportunity to participate in an upcoming Webinar Series: “Trauma-Informed Innovations in Crisis Services.” The series will run from April – September 2017 on the 4th Monday of each month, from 3:00 to 4:00 p.m. Eastern Time. This webinar series will highlight the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar will focus on how an agency implements one of the principles from SAMHSA’s Concept and Guidance for a Trauma-Informed Approach: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. After the provider presentations, a moderated Q&A will follow. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA’s publication: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, “National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. The research base on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and insure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal of these services is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

In response to these trends and statistics, more and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA’s Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, mobile crisis outreach programs.

Webinar Series Schedule

Safety: Common Ground
Monday, April 24

This webinar will include a brief introduction by SAMHSA’s National Center for Trauma-Informed Care (NCTIC) staff to SAMHSA’s six principles of a trauma-informed approach. Following the introduction, staff from Common Ground, located in Oakland County, Michigan will present on how they promote safety in a crisis services setting. Common Ground provides a lifeline for individuals and families in crisis, victims of crime, persons with mental illness, people trying to cope with critical situations and runaway and homeless youths. It was intentionally designed as a trauma-informed crisis services program.

(Continued on next page)
Empowerment, Voice and Choice: Pierce County Recovery Response Center
Monday, May 22
Staff from the Pierce County Recovery Response Center, located in Washington State, will share how they create opportunities and environments that empower people to recover in a time of crisis. Their wellness-based approach is person centered and driven by the individual’s hopes and dreams. Their 16-bed facility hosts private rooms for individuals in need of support when faced with a mental health and or substance use crisis. The agency supports the “no-force-first” modality in their engagement opportunities that range from a 23-hours stay up to 14 days. Their support staff consists of a team of psychiatrists, nurses, mental health professionals, individuals that specialize in resources management and peer support specialists. For more information, visit: https://riinternational.com/our-services/washington/pierce-county-recovery-response-center/

Peer Support: Freise Hope House
Monday, June 26
Crestwood Behavioral Health’s Freise HOPE (Helping Others through Peer Empowerment) House is a short-term, voluntary, mental health Crisis Residential Treatment Program (CRT) in Bakersfield, CA that welcomes guests into a warm, homelike environment. In this program, guests are provided a short-term safe place to land for during a psychiatric crisis. Guests are also engaged using a variety of recovery-based tools such as Dialectical Behavior Therapy (DBT), Wellness Recovery Action Plans (WRAP) and trauma-informed approaches to help them to manage their symptoms and develop skills to live effectively in the community. The treatment team is comprised entirely of people with lived experience, who are trained and certified peer providers. For more information, visit: http://crestwoodbehavioralhealth.com/location/bakersfield-friese-hope-house/

Collaboration and Mutuality: Harbel Community Organization
Monday, July 24
Staff from the Harbel Community Services organization will discuss the essential roles they play in the community organization. Harbel provides recovery services, but what is unique about their approach is their use of collaborative relationships with a wide range of community partners. Harbel employs persons with lived experience in all aspects of service delivery. A critical role includes outreach and support to individuals struggling with opiate addiction. Peer workers are trained to carry and administer Naloxone to revive individuals who have overdosed and offer recovery, trauma informed services immediately, thus helping to address the opioid epidemic. For more information, visit: http://www.harbel.org

Cultural, Historical, and Gender Issues: The Ali Forney Center
Monday, August 28
This webinar will feature insights from staff at the Ali Forney Center (AFC) in New York, NY, the largest program dedicated to meeting the needs of LGBTQ homeless youth in the nation. AFC provides a comprehensive range of services to LGBTQ homeless and street-based youth, including a drop-in center, mobile outreach, and emergency housing. Their Peer Educator program was created based on the recognition that homeless youth are most likely to trust outreach workers who have been formerly homeless themselves. In addition, their community outreach program is designed to help mental health providers to serve LGBTQ youth in a more culturally-competent manner. For more information, visit: http://www.aliforneycenter.org

Trustworthiness and Transparency: Baltimore Police Department
Monday, September 25
Sergeant Azalee Johnson, Crisis Intervention Team Coordinator for the BPD, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Johnson and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services or immediate access to recovery support is necessary.
Many people who seek mental health care drop out. Seventy percent who drop out do so after their first or second visit. The first moments of interaction between a service provider and a person seeking care for a mental health condition can set the tone and course of treatment. This first interaction can start a journey to recovery and a satisfying life—or it can leave a person unsure or even hopeless about their future and unwilling to go back a second time. The same is true about interactions with others in the community; a person who has been told that people with mental illness are scary, weak or unable to care for themselves may not seek help or may avoid telling others the full extent of what they are experiencing. Effective engagement should be the foundation of mental health services, not merely an aspiration.

This webinar will explore NAMI’s listening session on engagement including the process that went into the project, the experience and outcomes of the listening session, and next steps towards promoting a culture of engagement.

Presenters:
- Darcy Gruttadaro, JD, NAMI Director of Advocacy
- Laura Usher, MA, NAMI Senior Manager of Criminal Justice and Advocacy
- Ann-Marie Louison, MSW, Co-Director Adult Behavioral Health Programs, CASES
- Bill Carruthers, Program Manager, Savannah Counseling Peer Program

Peer-Run Respites: Effective Alternatives to Hospitals

*Wednesday, April 26, 2 p.m. to 3:30 E.T.*

Under Contract with the Coalition for Mental Health Recovery

Leaders of Peer-run Respites from around the country will provide an overview of Peer-run Respites and how they voluntarily engage people and offer a continuity of care which is often unavailable with traditional care and hospitalization. Success stories will be shared, along with reports from the latest research on Peer-run Respite effectiveness.

Presenters
- Steve Miccio – Executive Director, Projects to Empower and Organize the Psychiatrically Labeled, Inc. (PEOPLE, Inc.)
- Bevin Croft, M.A., M.P.P., Human Services Research Institute
- Laysha Ostrow, Ph.D., M.P.P. – Live & Learn, Inc.
- Daniel B. Fisher, MD, Ph.D. – Chief Executive Officer, National Empowerment Center, Inc.
- Jayme Lynch – Director of First Peer Support and Wellness Center in Decatur, GA
- Camille Dennis – Program Coordinator, SHARE! (the Self-Help and Recovery Exchange)
- Val Neff, CPS - Certified Peer Specialist and works with NAMI Fox Valley as the House Manager at Iris Place Peer Run Respite
- Roslind Hayes – Statewide Coordinator of the Peer Support, Wellness and Respite Centers (PSWRC)

Moderator: Oryx Cohen

**Register HERE**

Closed Captioning is Available for Both of These Webinars

Contact Kelle Masten via email or at 703-682-5187 with any questions regarding either of these webinars.
Olympians Phelps, Schmitt, Chair
2017 National Children’s Mental Health Awareness Day

Olympic champions Michael Phelps, the world’s most decorated Olympian, and Allison Schmitt, an eight–time Olympic medalist, are partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) over the next year to focus attention on the needs of children, youth, and young adults who experience behavioral health disorders, such as mental illnesses and addictions.

Phelps and Schmitt will be Honorary Chairpersons of SAMHSA’s National Children’s Mental Health Awareness (Awareness Day) 2017 national event: “Partnering for Help and Hope” on Thursday, May 4.

Awareness Day 2017’s national focus is on the importance of integrating behavioral health and primary care for children, youth, and young adults with mental and/or substance use disorders.

Communities, national collaborating organizations, and federal programs across the country are busy planning local Awareness Day 2017 activities and events.

SAMHSA will webcast the event live on May 4 at 7 p.m. on www.samhsa.gov/children, with NBC4 Washington and its sister stations throughout the country also live-streaming the event on their websites.

For more information, visit https://www.samhsa.gov/children/national-events

Call for Applications for the 2018 American Psychiatric Association Psychiatric Services Achievement Awards

The Psychiatric Service Award is presented to innovative programs that deliver services to the mentally ill or disabled that have overcome obstacles, and that can serve as models for other programs.

Four awards are presented:

- Two Gold Awards - one to an institutional-based program and one to a community-based program.
- One Silver Award
- One Bronze Award

Each award recipient will be presented with a monetary award, a plaque, recognition at the 2018 Institute on Psychiatric Services, and coverage in two APA publications.

Deadline for 2018 Awards Nominations: June 1, 2017.

Additional information and the application can be found on the American Psychiatric Association’s Awards website.

A Spotlight on Older Adults and Behavioral Health

Thursday, May 18, 2 p.m. to 3 p.m.

Sponsored by the Center for Healthy Aging

One in four older Americans experience a behavioral health issue that is not a normal part of aging, yet they are less likely to receive treatment than younger individuals. Join this webinar for an update on behavioral health topics relevant to older adults from the Substance Abuse and Mental Health Services Administration (SAMHSA), including the latest national data on depression, suicide, and substance abuse or misuse. A description of the Mental Health Association of New York City’s (MHA-NYC) initiatives to improve access to behavioral health services for older adults will also be shared.

Presenters:

- Brian Altman, Director, Division of Policy Innovation, SAMHSA
- Eric Weakly, Chief, Center for Mental Health Services, SAMHSA
- Kim Williams, President, MHA-NYC

Register HERE
Webinar Series: Communities Addressing Trauma and Community Strife Through Trauma-Informed Approaches

Part One: Introduction of SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach to Healing Communities

Monday, April 24, 2017 | 1–2:30 p.m. Eastern Time

Join us for a monthly webinar series that will highlight communities working to improve member resiliency and responsiveness to community incidents. The series, sponsored by SAMHSA's National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint, will take place from April through September 2017 on the fourth Monday of each month from 1 p.m. to 2:30 p.m. Eastern Time.

Part one of the series will introduce SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach to Healing Communities. Maurissa Stone, from The Living Well, will discuss community-based, innovative healing opportunities in Baltimore, Maryland.

To participate in the webinar on April 24, please join us online at 1 p.m. by visiting: https://nasmhpd.adobeconnect.com/communityvln/

Then dial telephone number 1-888-727-2247 and enter the conference identification number 9452092, followed by #.

Mark Your Calendars:

Empowerment, Voice, and Choice | Monday, May 22 at 1 p.m. E.T. (Part 2 of 6)

Peer Support: Creative Approaches to Safe Streets and Developing Community Self-Determination | Monday, June 26 at 1 p.m. E.T. (Part 3 of 6)

Collaboration and Mutuality: San Jose, CA, Mayor's Office of Prevention of Gang Violence | Monday, July 24 at 1 p.m. E.T. (Part 4 of 6)

Massachusetts Seeks Aggressive Restructuring of Medicaid Program

Massachusetts Health and Human Services Secretary Mary Lou Sudders is seeking amendments to the state’s managed care waiver that would significantly restructure the Massachusetts Medicaid program, including an exemption from the statutory exclusion of IMD services from Federal Medicaid payments.

Ms. Sudders says the IMD restriction forces states to pay for treatment in costly acute care hospitals when alternative IMD settings are less costly, less restrictive, and meet clinical standards for high quality care.

In addition to the IMD exclusion exception, Ms. Sudders’ requests of the Centers for Medicare and Medicaid Services (CMS), listed in a March 22 letter to CMS Administrator Seema Verma, included the granting to the state of:

- the authority to define which Medicaid benefits should be delivered within the state’s accountable care organization system of Medicaid payment and delivery systems so that they look more like managed care plans in the private market;
- the authority to decide which prescription drugs should be covered by Medicaid; and
- responsibility to completely manage CMS’ capitated Medicare payments for the state’s dual-eligibles, and the ability to auto-enroll dual eligibles in the state’s dual eligibles financial alignment demonstration program.

Ms. Sudders told Administrator Verma the granting of the authority to tailor benefits would enable Massachusetts to better focus program funding on mental health and opioid addiction treatment, because those conditions represent a disproportionate share of costs for Medicaid enrollees.

Ms. Sudders also requested the same authority over prescription drug choice that commercial plans have, including the power to negotiate lower prices and higher rebates for Medicaid-covered medications.

In addition, Ms. Sudders asked that U.S. Health and Human Services Secretary Tom Price and Administrator Verma, in conducting their promised review of the Medicaid managed care rules issued last July, review the rules for outpatient drug coverage, particularly dispensing fee requirements, which she called too costly.

Finally, Secretary Sudders asks CMS to address the restrictions imposed by 42 CFR Part 2 against allowing substance use disorder treatment providers and facilities disclosing treatment information to other patient providers. Ms. Sudders says the provision hinders accountable care organizations and other coordinated care systems in integrating treatment.
SAMHSA-SPONSORED WEBINARS

Building Relationships between Mental Health and Aging Services
(In recognition of Older Americans Month and Mental Health Awareness Month in May)

Wednesday, May 10, 2 p.m. to 3:30 p.m. E.T.

Under Contract with the National Association of State Mental Health Program Directors (NASMHPD)

The population 65 and older will dramatically increase in the upcoming years. The U.S. Census projects that adults 65 and over will represent 56.4 million of the nation’s population by 2020. With the mental health needs of many older adults often going undiagnosed and untreated, this webinar will focus on strategies to integrate mental health into aging service settings.

Kimberly Williams, President of the Mental Health Association of New York City will discuss New York’s statewide approach to engaging and building relationships between mental health and aging service agencies. Dr. Jo Anne Sirey of the Weil Cornell Medical College Department of Psychiatry will discuss evidence-based practices implemented in New York to screen and treat older adults with depression and other mental health disorders in non-traditional mental health settings for older adults. She will highlight lessons learned and recommendations for providing mental health services in these settings.

Presenters:
- Kimberly Williams, LMSW, President, Mental Health Association of New York City; and
- Jo Anne Sirey, PhD, Weil Cornell Medical College, Department of Psychiatry

Contact Christy Malik by email or at 703-682-5184 with questions or for additional information about the webinar.

Learning Exchange Webinar
Integrating Persons with Lived Experience as Part of First Episode Psychosis Programs

Thursday, April 27, 2 p.m. to 3 p.m.

Under Contract with the National Association of State Mental Health Program Directors (NASMHPD)

Meaningfully engaging persons who are experiencing a first episode of psychosis in care can be challenging for a number of reasons. Increasingly, teams are attempting to integrate persons with lived experience on their treatment teams to improve engagement and enrich the team’s perspective on issues in first episode psychosis. In this Learning Exchange we will address these issues through a moderated discussion with individuals who have successfully integrated persons with lived experience into their programs.

Sascha DuBrul from OnTrackNY, Chad Jones from the Viewpoint program in Georgia, along with a Georgia State Mental Health Agency representative will lead the discussion in what promises to be a vibrant exchange of ideas.

SMHA staff working on First Episode Psychosis (FEP) services, any community FEP providers in your state, or anyone else interested can participate. Please register prior to the call at the link that follows.

Contact David Shern by email or at 703-682-5188 with questions or for additional information about the webinar.
Now Accepting Nominations for the 2017 SAMHSA Voice Awards

Focused on America's Military and Veterans

SAMHSA's Voice Awards honor people in recovery and their family members who are community champions seeking to improve the lives of people with mental illnesses and addictions. The Voice Awards also recognize television and film productions that educate the public about behavioral health and showcase that recovery is real and possible.

The 2017 SAMHSA Voice Awards is putting the spotlight on individuals and entertainment productions that provide hope and support to past and present service members who have faced mental health and addiction challenges.

Nominations within the following categories are due April 24, 2017

**Television and Film Productions**

Eligible productions* should emphasize the positive journey of recovery from these conditions and must have aired in a public setting after April 15, 2016.

Special consideration will be given to television and film productions that portray personal stories of resilience and strength of America's service members, veterans, and their families.

Nominate a TV or Film Production

*Only productions that have been distributed in the United States are eligible

**Consumer, Peer, and Family Leaders**

This award recognizes individuals† who have:

- Personally demonstrated that recovery is real and possible
- Led efforts to reduce the negative public attitudes and misperceptions associated with mental illnesses and addictions
- Made a positive impact on communities, workplaces, or schools
- Promoted meaningful family involvement as an essential part of recovery

Special consideration will be given to consumer/peer/family leaders who are working to ensure that America's military and veteran communities have access to the mental health and substance use treatment and services they deserve.

Nominate a Consumer, Peer, or Family Leader

†Only individuals who live and work in the United States are eligible.

---

Department of Justice Announces Grant Solicitation
Comprehensive Opioid Abuse Site-Based Grant Program (COAP)

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) on January 25 released a solicitation for the Comprehensive Opioid Abuse Site-Based Grant Program (COAP), funded through the Comprehensive Addiction and Recovery Act (CARA).

Applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found here.

BJA’s COAP site-based solicitation contains six categories of funding. The funding categories include:

- Category 1: Overdose Outreach Projects
- Category 2: Technology-assisted Treatment projects
- Category 3: System-level Diversion and Alternative to Incarceration Projects
- Category 4: Statewide Planning, Coordination, and Implementation Projects
- Category 5: Harold Rogers PDMP Implementation and Enhancement Projects
- Category 6: Data-driven Responses to Prescription Drug Misuse

To prepare for the CARA solicitation, potential applicants are encouraged to form multi-disciplinary teams, or leverage existing planning bodies, and identify comprehensive strategies to develop, implement, or expand treatment diversion and alternative to incarceration programs.

BJA anticipates up to 45 awards may be made under the COAP Grant Program.

The application deadline is April 25, 2017.

The official BJA document on the Comprehensive Opioid Abuse Site-Based Grant program can be located [here](#).
SAMHSA Seeking Applications for $47.5 Million in Grants to Help People Experiencing Homelessness

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2017 Grants for the Benefit of Homeless Individuals (GBHI) totaling up to $47.5 million over the course of five years.

The GBHI program’s purpose is to support the development and/or expansion of community infrastructures that integrate behavioral health treatment and services for substance use, co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

SAMHSA expects to fund as many as 24 grantees for as much as $400,000 per year for as long as five years. The actual award amounts may vary, depending on the availability of funds.

WHO CAN APPLY: Eligible applicants are domestic public and private nonprofit entities. For example:

- Local governments;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations (UIO), and consortia of tribes or tribal organizations;
- Public or private universities and colleges; and
- Community- and faith-based organizations.

See Section III-1 of Funding Opportunity Announcement (FOA) TI-17-009, PART I, for complete eligibility information.

HOW TO APPLY: SAMHSA’s transition to the National Institute of Health’s eRA grants system (eRA Commons) has changed the application registration, submission, and formatting requirements for FOAs. In order to submit an application, you must register in NIH’s eRA (electronic Research Administration) Commons in addition to the System for Award Management (SAM) and Grants.gov. Please reference PART II very carefully to understand the requirements for applying to SAMHSA grants.

APPLICATION DUE DATE: April 25, 2017 by 11:59 p.m. (Eastern Time). Applications must be received by the due date and time to be considered for review. Please review carefully Section IV-2 of PART I of the FOA for submission requirements.

ADDITIONAL INFORMATION: Applicants with questions about program issues should contact Valerie Tarantino at (240) 276-1745 or valerie.tarantino@samhsa.hhs.gov. For questions on grants management and budget issues contact Eileen Bermudez at (240) 276-1412 or FOACSAT@samhsa.hhs.gov.

SAMHSA-SPONSORED WEBINAR SERIES
Helping Justice-Involved Individuals with Substance Use & Mental Health Disorders: Understanding How Laws, Regulations, & Policies Affect their Opportunities

Most justice-involved individuals face obstacles that make it difficult to fully participate in society. Those with drug-related convictions confront a particularly high set of barriers to successful re-entry in their communities. Many laws and policies impede access to jobs, housing and education. However, other laws and policies can actually facilitate successful re-entry.

What you will learn: The free webinars, presented by the Legal Action Center’s National HIRE Network, will provide an overview of federal and state-specific laws that hinder or help people with criminal records and substance use disorders as they strive to obtain employment, housing and education.

The webinars are for: Directly impacted individuals, re-entry service providers such as peer-support coaches, mentors, outreach workers and others who are dedicated to helping people with criminal records live healthy and successful lives.

Registration Links (Space is Limited – Register NOW!)

Ohio: Tuesday, April 25, 1 p.m. – 2 p.m. C.T. Utah: Tuesday, May 2, 1 p.m. – 2 p.m. M.T.
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.

NASMHPD Annual 2017 Meeting

Sunday, July 30 through Tuesday, August 1

Renaissance Capitol View Hotel, 2800 S. Potomac Avenue, Arlington, Virginia

(Rooms Available at Government Rate at the Renaissance Capitol View)

The 2017 NASMHPD Annual Meeting will run three full days, in collaboration with the NASMHPD Research Institute (NRI), and include a day of meetings for the NASMHPD Division representatives.

The NASMHPD Divisions include the Children, Youth and Families Division; the Financing and Medicaid Division; Forensic Division; the Legal Division; the Medical Directors Council; the Older Persons Division; and the Offices of Consumer Affairs (National Association of Consumer/Survivor Mental Health Administrators – NAC/SMHA).

The meeting will include extended time for State Mental Health Commissioners and Divisions to meet together as well as separately. There will also be a day with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners’ and Divisions’ priorities and concerns.

Registration for State Mental Health Commissioners: $600
Registration for Additional State and/or Division Representatives: $400

Contact Yaryna Onufrey with any questions.

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!

April Trainings

**Louisiana**
April 26 through 28 - Louisiana Association of Peer Support, Baton Rouge

**Massachusetts**
April 25 & 26 - American Training, Andover

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org
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 Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

> **Policy Brief**: The Business Case for Coordinated Specialty Care for First Episode Psychosis
> **Toolkits**: Supporting Full Inclusion of Students with Early Psychosis in Higher Education
> - Back to School Toolkit for Students and Families
> - Back to School Toolkit for Campus Staff & Administrators
> **Fact Sheet**: Supporting Student Success in Higher Education
> **Web Based Course**: A Family Primer on Psychosis
> **Brochures**: Optimizing Medication Management for Persons who Experience a First Episode of Psychosis
> - Shared Decision Making for Antipsychotic Medications – Option Grid
> - Side Effect Profiles for Antipsychotic Medication
> - Some Basic Principles for Reducing Mental Health Medicine
> **Issue Brief**: What Comes After Early Intervention?
> **Issue Brief**: Age and Developmental Considerations in Early Psychosis
> **Information Guide**: Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)
> **Information Guide**: Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.nasmhpd.org/content/information-providers. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).

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 Board of Directors

Tracy Plouck (OH), NASMHPD President
Valerie Mielke (NJ), Secretary
Vacant, Past President
Thomas Betlach (AZ), Western Regional Representative
John Bryant (FL), Southern Regional Representative
Wayne Lindstrom, Ph.D. (NM), At-Large Member

Lynda Zeller (MI), Vice President
Terri White, M.S.W. (OK), Treasurer
Sheri Dawson (NE), Mid-Western Regional Representative
Miriam Delphin-Rittmon, Ph.D. (CT), Northeastern Regional Representative
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Meighan Haupt, M.S., Chief of Staff
Raul Almazar, RN, M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Genna Bloomer, Communications and Program Specialist (PT)
Cheryl Gibson, Senior Accounting Specialist
Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches
Leah Harris, Peer Integration Strategist
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
Christy Malik, M.S.W., Senior Policy Associate
Kelle Masten, Senior Program Associate
Stuart Gordon, J.D., Director of Policy & Communications
Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Brian R. Sims, M.D., Sr. Medical Director/Behavioral Health
Greg Schmidt, Contract Manager
Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Training and Technical Assistance Advisor
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

Learn the Facts of Homelessness in the United States with These Data Visualizations, Fast Company, April 20, and Understanding Homelessness Website

Nationwide Study Reveals Just How Broken the US Mental Health System Is, Science Alert and the study itself, Disparities in Health Care Utilization and Functional Limitations Among Adults with Serious Psychological Distress, 2006–2014, Psychiatric Services (requires purchase), April 17

Rep. Tom MacArthur (R-NJ) Amendment to the American Health Care Act, Politico, April 13 (Reported as under consideration by Speaker Ryan)

State Insurance Commissioners (NAIC) Urge Congress to Fund Marketplace Subsidies in FY 2017 & FY 2018, April 19

How States Exercise Flexibility in their Medicaid Programs, Medicaid and CHIP Payment and Access Commission (MACPAC), March 2017

The Mechanics of Setting Per Capita Caps, MACPAC, March 2017, and Key Design Elements of Per Capita Caps and Block Grants, MACPAC, June 2016

Delegation of Authority to SAMHSA Assistant Secretary to Distribute Opioid Grants, April 13