

National Association of State Mental Health Program Directors

Weekly Update

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Congress Begins Considering ACA Replacement Measures

Key Congressional committees have begun holding hearings on approaches to replacing various elements of the Affordable Care Act (ACA), and the first major replacement measure has been filed by one of the co-sponsors of last year's mental health reform legislation.

On January 24, the House Budget Committee held a hearing on "[The Failures of Obamacare: Harmful Effects and Broken Promises](#)," while the Ways and Means Committee held a [hearing](#) on the ACA's individual mandate to buy insurance. The House Energy and Commerce (E&C) Oversight and Investigations Subcommittee has scheduled a January 31 hearing entitled "[Medicaid Oversight: Existing Problems and Ways to Strengthen the Program](#)" to begin considering alternative funding mechanisms for the Medicaid program. The E&C hearing will be [webcast](#).

Meanwhile, Republican Senators Bill Cassidy (LA), Susan Collins (ME), Shelly Moore Capito (WV), and Johnny Isakson (GA) were among the first, on January 24, to file a replacement measure, the [Patient Freedom Act](#).

The Cassidy-Collins measure would protect the ACA-mandated coverage for young adults to age 26 under their parents' insurance, continue to prohibit denials of coverage for pre-existing conditions and other discrimination, and continue to prohibit annual or life-time caps on coverage. In addition, it would require coverage of benefits for serious mental illness and serious emotional distress.

The measure would offer states three approaches going forward:

1. continue to operate ACA-type exchanges with ACA-type plans;
2. adopt a market-based health insurance system, administered by either the state or Federal government, that substitutes enrollee health savings accounts (HSAs) funded monthly through refundable tax credits for premium subsidies, and that may include coverage of Medicaid expansion enrollees; or
3. implement a state system without Federal funding.

The amount of the refundable tax credit paid into HSAs would be equal to 95 percent of the total projected ACA premium tax credits and cost-sharing subsidies previously received in the state under the ACA, divided by the number of HSA enrollees in the state. Tax credits would be adjusted for an enrollee's age, income, and geographic location. In states that did not expand Medicaid, the total available for the HSA tax credits would be increased to reflect federal expenditures that would have been made if the state had expanded Medicaid. Low-income enrollees with employer-sponsored coverage could receive partial tax credits, adjusted by the value of the tax benefit to the enrollee of the employer's contribution.

States would be permitted to auto-enroll uninsured residents in HSAs and plans, as long as residents who choose to opt-out could easily do so. To limit premium volatility, states could implement risk corridor, reinsurance, or other risk mitigation mechanisms with state-only funds.

(Continued on page 2)

Maryland Gears Up Efforts to Enroll Exiting Incarcerated Offenders in Medicaid

Maryland officials are working to enroll former inmates in Medicaid, with the Department of Public Safety and Correctional Services, which runs prisons, and Baltimore City's jail system, enrolling about 150 people a month.

Beginning in July, Maryland has the federal government's permission under its [HealthChoice Medicaid waiver](#) to assume everyone in the state correctional system is eligible for Medicaid and enroll them at the time they are released. Maryland joins a small number of states taking more aggressive steps to boost health insurance for ex-offenders, but is the only state to offer everyone presumptive eligibility for a couple of months while health care providers help patients pursue continuing enrollment.

Under a pilot program in Connecticut, officials worked with the Medicaid program to aggressively enroll pre-trial detainees. They found that many did see doctors, fill prescriptions, and obtain behavioral health care within one month of release.

Shannon McMahon, deputy secretary for health care financing at the Maryland Department of Health and Mental Hygiene told the [Baltimore Sun on January 25](#) that

Maryland's spiking rate of overdose from opioids, including prescription painkillers and heroin, spurred the state's health officials to seek Federal waiver approval to offer the blanket Medicaid eligibility.

Ex-offenders have disproportionately high rates of addiction but typically have no means to get treatment. A national survey of local jails conducted by the Bureau of Justice Statistics in 2002 found that 70 percent of jail inmates met the DSM criteria for substance dependence or abuse. Health and corrections officials say the ex-offender population is most vulnerable to overdose right after release from incarceration.

Maryland has added about 260,000 Marylanders to the Medicaid rolls under the Medicaid expansion provisions of the endangered Affordable Care Act (ACA), increasing the state program's enrollment to more than 1.2 million. More childless men in correctional facilities have qualified for Medicaid since passage of the ACA.

[The Government Accountability Office found in 2014](#) that 80 to 90 percent of ex-offenders qualified for Medicaid coverage in states like Maryland that expanded the program to childless males.

Congress Begins Considering ACA Replacement Measures

(Continued from page 1) The Cassidy-Collins measure would require states to provide a standard health plan that includes a Tier 1 pharmacy benefit. This standard health plan would have to meet network adequacy requirements consistent with Department of Health and Human Services guidelines, and cover childhood immunizations and other preventive measures without cost sharing.

The Cassidy-Collins measure received, at best, lukewarm responses from members such as Senate Minority Leader Charles Schumer (D-NY), who called it "a far cry from the full replacement plan Republicans have promised," and Kentucky Republican Senator Rand Paul, who, in unveiling his own replacement measure, [S. 222](#), on January 25, scoffed at the attempt to allow states to retain aspects of the ACA.

With regard to the Committee hearings, Grace-Marie Turner of the conservative Galen Institute [testified](#) during the Budget Committee hearing that young adults are choosing to pay the mandate penalty for failing to enroll rather than pay high premiums. She said that ACA age-banding that restricts premiums for older adults is resulting in premium increases of 75 percent for young adults, while only reducing premiums for older adults by 13 percent. Dr. Robert A. Book of the Health Systems Innovation Network, LLC of the American Action Forum [testified](#) before the Budget Committee that both premiums and deductibles had increased since implementation of the ACA, as had the administrative costs to plan issuers.

Thomas P. Miller of the conservative American Enterprise Institute suggested a number of alternatives to the individual mandate and related provisions of the ACA in his [testimony before the Ways and Means Committee](#). Those alternatives included:

- extension of "HIPAA-like protection" against health status risk-rating to individuals who maintain "continuous" qualified insurance coverage while switching between individual market health plans or between group-market and individual-market plans;
- imposing penalties in the form of higher insurance premium surcharges for each time that an individual fails to obtain or maintain minimum qualified coverage during annual open enrollment periods, similar to the delayed enrollment penalty for coverage under Medicare Parts B and D;
- default enrollment in minimum qualified coverage costing no more than the value of applicable federal taxpayer subsidies for insurance, provided that sufficient notice and simple mechanisms to "opt out" are ensured;
- providing more generous, but also more transparent, taxpayer subsidies for obtaining and maintaining qualified insurance coverage in the individual market; and
- enabling and incentivizing insurers to offer coverage less expensive and more attractive to uninsured customers.

Senate Hearings Prove Difficult for HHS Secretary-Nominee Price and His Questioners

President Donald Trump's nominee to be Secretary of Health and Human Services, Rep. Tom Price (R-GA), told members of the Senate Finance Committee at a January 24 hearing on his nomination that he believes mental health services parity should be a feature of any replacement for the soon-to-be-repealed Affordable Care Act (ACA).

The statement came in response to a question from Senator Debbie Stabenow (D-MI) whether Mr. Price believed that mental health services should be a "guaranteed benefit in all health insurance plans." The nominee responded—not quite on point—that he has been "a supporter of mental health parity inclusion" and that "mental health illnesses ought to be treated on the same model as other physical illnesses."

The statement was characteristic of Mr. Price's responses during the two Senate hearings on Mr. Price's nomination—a [January 18 hearing in the Senate Health Education Labor and Pensions \(HELP\) Committee](#) and a [January 24 hearing in the Senate Finance Committee](#). Both hearings proved difficult both for the nominee and for Democratic questioners on the two committees anxious to hear his thoughts on what might be included in the promised ACA replacement.

The Democratic questions asked in Senate Finance—the Committee with the jurisdiction to approve the nomination—were largely based on ACA repeal legislation Mr. Price had filed since before the ACA was enacted, and on the provisions of Budget Bills that had been voted out of the House Budget Committee under his chairmanship. Mr. Price attempted to distance himself from the contents of that prior legislation by insisting that, as HHS Secretary, his role would be that of an Administrator, legally bound to enforce the laws passed by Congress. He also seemed at times to be distancing himself from statements made about the ACA by his soon-to-be-boss.

But Democrats responded that they expected he would be making policy recommendations to the new President on what might be included in the ACA replacement legislation and on the reconfiguring of the Medicaid program into a block grant program, a change which Trump spokesman Kellyanne Conway had identified as an Administration goal on January 22 television talk shows.

At one point, Senator Bob Menendez (D-NJ) said to the nominee: "...[P]lease don't say to me that I am here just to do what Congress says. I respect that you will follow the law and do whatever Congress says, but you will have an enormous impact. And based upon your previous opinions as it relates to Medicaid, ultimately, block granting means a loss of a right."

In an exchange similar to that with Senator Stabenow, Senator Ben Cardin (D-MD) asked Rep. Price to "assure us that, as you look at what will be the health care system moving forward, that you're prepared to make sure that Americans have quality insurance coverage to deal with

issues such as preventive care, mental health services, addiction services, and pediatric dental [services]."

Rep. Price responded "What I can commit to you, Senator, is that we will do all that we can within the department with the incredible knowledge and expertise that is there, to define whether or not the program is actually working as intended or not. If coverage equals care, in many instances I would suggest that folks -- many individuals right now have -- coverage; they have a card, but don't have any care because they can't afford the deductible that allows them to get the care. So we're committed to making certain the system works, not just for government, not just for the insurance companies, but for the patients."

Rep. Price did commit to Senator Rob Portman (R-OH) that he would be willing to review the Medicaid IMD law that limits inpatient stays for mental illness and substance use disorders to 16 days for non-senior adults.

The nominee also committed to "carrying out" the Comprehensive Addiction and Recovery Act enacted last year, which Senator Portman had strongly championed. The Senator asked the nominee "What should be done to ensure access to addiction treatment for those individuals currently getting insurance coverage through the exchanges or Medicaid expansion? And do you commit to us today to fully implement and implement promptly the new legislation?"

Rep. Price responded "Yeah, without a doubt. As you know, Senator, this is a scourge that has gone all across the country and it's in communities large and small; destroying lives, destroying families, harming communities. And it's growing. And so what we must do is -- absolutely, we commit to carrying out the law as it was passed. But also, as I talked about with some other challenges, making certain that we've got the right metrics in place. Are we actually helping with what we're doing?"

However, Rep. Price was less unambiguous in response to a question from Senator Portman on whether "during this replacement time we should be covering people under Medicaid expansion." The nominee responded "I think there have to be better ways to provide care to the Medicaid population because there are huge challenges right now, as I mentioned before. And the people that we need to be listening to are the governors and the state insurance commissioners and the folks on the ground actually providing the care. And if we listen to them, I think they will guide us in the right direction in terms of policy."

Rep. Price was more expansive and clear in his response to a question from Senator Sherrod Brown of Ohio whether funding for the Children's Health Insurance Program (CHIP)—due to expire this September 30—should be extended for five years, as [recommended](#) by the Medicaid and CHIP Payment and Access Commission (MACPAC) earlier this month. To that question, Rep. Price responded "if we could extend it for eight [years], probably be better than five."

Rhode Island Launches Police Training in Mental Health First Aid for Public Safety

In August 2016, Rhode Island Governor Gina Raimondo signed [Senate Bill 2401](#) (Ch.93), mandating that law enforcement officers attend Mental Health First Aid training, making Rhode Island the first state to enact such training requirements.



The act directs the Police Office Commission to: provide training for new police recruits and in-service trainees to more accurately identify and interact when responding to calls related to mental health and substance

abuse emergencies; connect the person to resources and services; and to develop law enforcement practices that safely de-escalate the behavioral health crisis.

Governor Raimondo and the bill's co-sponsors, Representative K. Joseph Shekarchi and State Senator Stephen R. Archambault, say they hope the new training will divert more people from the criminal justice system and into community services when appropriate.

In an August 2016 article published in [Psychiatric Services](#), *Contact Between Police and People with Mental Disorders: A Review of Rates*, Dr. James D. Livingston reported that

- 21 studies found that 1 in 4 people with a mental illness have police arrest histories;
- 48 studies reported that 1 in 10 people with a mental illness have police involvement when connecting to mental health services; and
- 13 studies indicated that 1 in 100 police dispatches and encounters involve people with a mental illness.

Rhode Island's Public Radio station, RINPR, [reported](#) November 10 that Retired Captain Joseph Coffey, who co-facilitates the Mental Health First Aid for Public Safety, informs his trainees of similar statistics. He tells them that 7 to 15 percent of a police officer's time involves people experiencing a mental health crisis—ranging from someone in an active suicide attempt to having hallucinations—with law enforcement typically being the first to respond to the crisis situation. Coffey told RINPR that the goals of the training program are “How to identify mental illnesses or people in crisis. How to understand it. And, most importantly how you can help....connect them to the proper care and services.”

Patricia Brouwer, a licensed mental health and chemical dependency counselor for Gateway Healthcare, a local mental health center that partners with local authorities in responding to mental health emergencies, co-facilitates the training with Captain Coffey. She says Mental Health First Aid for Public Safety is equivalent to CPR in its ability to save lives. Brouwer expresses the hope that training law enforcement in how to respond to crisis situations will result in fewer police arrests and greater access to mental health services.

The Suicide Prevention Resource Center provides a list of [resources](#) on suicide prevention and law enforcement.

Tuerk Conference
on Mental Health & Addiction Treatment

Many Paths to Recovery

Wednesday, April 19, 2017
Baltimore Convention Center
[CLICK HERE FOR ONLINE REGISTRATION](#)

Jointly provided by:
The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland Department of Psychiatry,
Division of Alcohol and Drug Abuse
[Click Here for Full Brochure](#)

NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org

NCADD-MD, National Council on Alcoholism and Drug Dependence, 28 East Ostend Street, 3rd Floor, Baltimore, MD 21230



Department of Justice Announces Two Grant Solicitations 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](#).

Justice and Mental Health Collaboration Program - FY 2017 Competitive Grant Announcement

The U.S. [Department of Justice \(DOJ\)](#), [Office of Justice Programs \(OJP\)](#) [Bureau of Justice Assistance \(BJA\)](#) on January 18 released a solicitation seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior). BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, or federally recognized Indian tribal government. Under this solicitation, only one application by any particular applicant entity will be considered. Any others must be proposed as subrecipients ("subgrantees"). An entity may, however, be proposed as a subrecipient (subgrantee) in more than one application. The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire project.

Per Pub. L. 108-414, a "criminal or juvenile justice agency" is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A "mental health agency" is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders. BJA may elect to fund applications submitted under this FY 2017 solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and on the availability of appropriations.

Applicants must register with [Grants.gov](#) prior to submitting an application.

The application deadline is April 4, 2017.

Support National Drug & Alcohol Facts Week



National Drug & Alcohol Facts WeekSM is a week-long health observance where communities around the country organize events and activities to get teens involved in learning about the science behind the effects of drug and alcohol abuse and addiction on their brain, body, and behavior.



In Memoriam

The Global Alliance for Behavioral Health and Social Justice (formerly the American Orthopsychiatric Association) mourns the loss of **Milton F. Shore**, who served as editor of the American Journal of Orthopsychiatry (AJO) in 1989–1993 and president of the American Orthopsychiatric Association in 1980–1981. Milt's contributions to the association cannot be overstated. During the years when the association did not have an active presence in Washington, Milt was there as a volunteer participant in coalitions for children's mental health. After the association began a Washington Fellowship program, Milt was a frequent source of advice and support. Gary Melton, a fellow past president of the organization and former journal editor, wrote a tribute to Milt in 2014 in which he described him as "one of Ortho's most dedicated members."

In 1980, Assistant Surgeon General Bertram Brown described then incoming Ortho President Shore as follows:

... a dramatic prototype of the compleat professional. He works well with and understands psychiatry. He is a skilled researcher and an experienced clinician. He cares deeply about youth, with a concern that extends far beyond clinical settings. At a time when so many in the mental health field advocate a constriction of efforts, Milt remains unabashedly attentive to such broader issues as the implications of poor employment opportunities for inner-city youngsters, and the quality of school systems.

In a 1993 editorial in AJO, Milt wrote, "Despite the now widely accepted understanding of the close ties between mental health and social issues, we still have a long way to go." That statement is as true today as it was 24 years ago. In Milt's honor, may we follow his advice "to keep in the forefront of our scholarly work the ways in which our findings and experiences can be useful in social planning and social change."

Thank you, Milt, for your tireless advocacy and commitment. You will be greatly missed.

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](#).

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.

January 2017 Trainings

Rhode Island

Department of Behavioral Health and Hospitals, Cranston – January 30 and 31

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

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 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
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.

NASMHPD Weekly Update is now accepting letters and blogs. Please submit your contribution by noon Tuesday of the week you seek publication to stuart.gordon@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](mailto:Pat.Shea@nasmhpd.org) 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*
 - o *Back to School Toolkit for Students and Families*
 - o *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*
 - o *Shared Decision Making for Antipsychotic Medications – Option Grid*
 - o *Side Effect Profiles for Antipsychotic Medication*
 - o *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.

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NASMHPD LINKS OF INTEREST

[CONGRESSIONAL BUDGET OFFICE BUDGET AND ECONOMIC OUTLOOK: 2017 TO 2027](#), JANUARY 24

[MEDICAID AND CHIP: STRENGTHENING COVERAGE, IMPROVING HEALTH](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JANUARY 2017

[HHS MEMO TO DIVISION HEADS ORDERING HOLDS ON REGULATORY ACTIONS](#), JANUARY 20

[THE MOST IMPORTANT THING I DIDN'T LEARN ABOUT IN MEDICAL SCHOOL: ADVERSE CHILDHOOD EXPERIENCES](#), ON-LINE BLOG BY DR. NANCY HARDT, *ACEs TOO HIGH WEBSITE*, JANUARY 23

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