



National Association of State Mental Health Program Directors

Weekly Update

HHS Approves New Model for Medicaid Expansion in “Healthy Louisiana”

The Department of Health and Human Services (HHS) has approved Louisiana to use information from the Supplemental Nutrition Assistance Program (SNAP) to enroll people in its expanded Medicaid program, “[Healthy Louisiana](#),” starting June 1 for coverage effective July 1.

Louisiana will be the first state to determine Medicaid eligibility using existing SNAP program information, HHS said May 31 in announcing their approval of the State Plan Amendment authorizing the enrollment process. It will allow Louisiana to expedite its enrollment of Medicaid recipients using income data it already has, rather than having to collect new income data from recipients. The food stamp numbers can also be used annually to reaffirm eligibility.

The state is the 31st state (in addition to the District of Columbia) to implement a Medicaid expansion program.

Louisiana has 204 Medicaid application “[sister sites](#)” where people can apply in person. There are two other ways to enroll: on the state’s website, or by calling a newly created call center at 1-888-342-6207.

The state estimates that 375,000 new adults will enroll in coverage under the expansion, with about 105,000 people already enrolled in SNAP identified as likely eligible for coverage with incomes below 138 percent of the Federal Poverty Level (FPL). The pre-expansion Louisiana Medicaid program for adults without disabilities was limited to parents at 19 percent of the FPL.

A recent survey by the Centers for Disease Control and Prevention found that Louisiana’s uninsured rate for residents ages 18-64 has fallen to 15.5 percent, a significant decline from the 2013 uninsured rate of 19.8 percent, but well below the average decline in uninsured rates in states that expanded Medicaid.

HHS says Louisiana’s uncompensated care costs could be \$200 million lower annually when expanded coverage is fully in effect. The agency also says decision to expand Medicaid will bring an estimated \$1.07 billion into the state annually.

Bipartisan Group of 22 Senators Urges HHS to Increase Cap on MAT Dispensing

A bipartisan group of 22 Senators on June 1 sent the Department of Health and Human Services a [letter](#) urging the agency to raise the patient limit on physician dispensing of a medication-assisted treatment (MAT) for opioid addiction to 500 patients.

The Senators were reacting to a March 30 [proposed rule](#) that would increase the highest limit on the number of patients that practitioners can treat with buprenorphine from 100 patients per practitioner to 200 patients.

The letter, signed by Sens. Orrin G. Hatch (R-UT), Edward J. Markey (D-MA), Kelly Ayotte (R-NH), Senators Richard Blumenthal (D-CT), Sherrod Brown (D-OH), Susan Collins (R-ME), Dick Durbin (D-IL), Al Franken (D-MN), Kirsten Gillibrand (D-NY), Mazie Hirono (D-HI), Mark Kirk (R-IL), Patrick Leahy (D-VT), Robert Menendez (D-NJ), Jeff Merkley (D-OR), Lisa Murkowski (R-AK), Christopher Murphy (D-CT), Patty Murray (D-WA), Rand Paul (R-KY), Bernie Sanders (I-VT), Brian Schatz (D-HI), Jeanne Shaheen (D-NH), and Elizabeth Warren (D-MA), stated:

“While the proposed rule ... takes steps to increase access to buprenorphine, raising the cap to only 200 will be unlikely to make the meaningful impact needed in the marketplace to make buprenorphine a viable treatment option for patients. ... [W]e strongly urge you to include a higher cap of 500 patients, consistent with the bipartisan compromise that emerged from the Senate Health, Education, Labor and Pensions (HELP) Committee last month with the advancement of S. 1455, the Recovery Enhancement for Addiction Treatment (TREAT) Act. This legislation also included provisions to allow nurse practitioners and physician assistants to provide MAT for opioid use disorders.

“We recognize addressing buprenorphine access needs while preventing inappropriate use is a complex calculation and balance. The Department’s actions should support our efforts with a patient cap that recognize the realities of how many patients it takes to have a viable provider practice, to invest in one’s patients with quality improvements, and actively ensure less diversion.”

NIH Funding Opportunity: Development of Technology to Support Zero Suicide

Title: [Products to Support Applied Research Towards Zero Suicide Healthcare Systems](#)

Open Date (Earliest Submission Date): August 5, 2016. **Due Date:** September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).

Letter of Intent: Due 30 days prior to the application due date.

Funding: \$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017

will depend on annual Congressional appropriations.

Award Project Period: Phase I—up to 2 years; Phase II—up to 3 years

Applicants are encouraged to contact [Adam Haim](#) by email or at 301-435-3593 for further guidance.



Texas County Launches Local Outreach to Suicide Survivors (LOSS) Initiative

The Texas Department of State Health Services estimates about eight suicides occur across the state each day. The Texas Tribune reported May 29 that the suicide rate in Texas is 15 percent higher in rural communities (defined as less than 20,000 residents) than in metropolitan counties.



Suicide researchers speculate that multiple factors contribute to the rising rate of suicides in rural Texas communities—access to guns, lack of economic resources, demographics comprised

of high risk populations (veterans, white males), the stigma associated with seeking mental health treatment, and limited access to mental health services. The Health Resources and Services Administration (HRSA) reports that roughly 200 of the state's 254 counties are deemed Mental Health Professional Shortage Areas—counties with a provider/patient ratio of more than 30,000 people per psychiatrist.

Nationwide, the Centers for Disease Control and Prevention (CDC) reports that the suicide rates in rural counties rose 20 percent between 2004 and 2013, in contrast to a rise of 7 percent in metropolitan counties during that time period. A [May 2015 study in JAMA Pediatrics](#) found that adolescents living in rural communities are twice as likely as their urban counterparts to die by suicide.

National data shows that the rate of suicide is twice as high for families of suicide victims than in the general population.

However, small Texas towns, such as those located in Denton County, where one person per week dies by suicide, are coming together in times of suicide loss to provide support and recovery. The small town community has created a group of trained volunteers who have been touched by suicide loss to form the Local Outreach to Suicide Survivors (LOSS) team. LOSS was started five

months ago by the Denton County mental health authority, in collaboration with the medical examiner's office, as a public health strategy to address the rising suicide rate in the county.

The LOSS team's mission is to connect suicide family survivors with resources such as the [National Suicide Prevention Lifeline](#), help them in their recovery process, and prevent them from taking their own lives. LOSS dispatches a trained volunteer to the scene of the tragedy to offer compassion to a survivor's family and loved ones. The volunteers offer immediate support to the affected family members, pulling from their own personal experiences of losing loved ones to suicide.

The Denton County LOSS program was modeled after a similar program in Tarrant County, Texas, formed in 2011. Tarrant County officials report that, since their program's inception, the stigma associated with discussing suicide and seeking mental health services has been reduced.

Thus far, Denton and Tarrant counties are the only Texas counties to have formed LOSS teams. However, there are also LOSS programs operating in such states as [Nebraska](#), [Ohio](#), and [South Dakota](#). The Texas Department of State Health Services is also researching strategies to reduce the suicide rates through the system's locally run safety-net mental health clinics.

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

38 – House Work Days before Election Day
16 – House Work Days after Election Day

50 – Senate Work Days before Election Day
20 – Senate work Days after Election Day

Optum Idaho Issues RFP to Support Clinical Training for Behavioral Health Providers

Optum Idaho, in collaboration with the State of Idaho Department of Health and Welfare, on May 24 issued an RFP for a Community Health Initiatives Grant to improve the health status of Idaho children and adolescents with serious emotional disturbances through behavioral health system enhancements.

The new Grant will fund a total of \$420,000 for provider engagement, training, and support on evidence-based clinical interventions such as Cognitive Behavioral Therapy (CBT), Parent-Child Interaction Therapy, and Functional Family Therapy. Specific funds have been allocated in the Grant to reimburse a select group of providers to receive training, case consultation, continued learning opportunities and access to provider collaboration during the duration of the project. The Grant will also build a training delivery platform for clinician training to support the ongoing needs of IBHP members.

One applicant will be selected by an independent committee composed of people across Idaho directly involved with the behavioral health care system by Monday, Sept. 26, 2016, and the award will be announced in October 2016.

The bid # is RFP 2016-0523. Applicants will need [to register](#) for a free BidSync account at [Bidsync's website](#) to submit a proposal. *No paper applications will be accepted.* BidSync is an electronic bidding notification and procurement system which will also support the Frequently Asked Question (FAQs) process throughout the three month open application period which closes at 4 p.m. MDT on August 22, 2016. Assistance with the BidSync registration and training process can be obtained from the BidSync support team at [1-800-990-9339](tel:1-800-990-9339).

Information about the grant can be obtained at www.OptumIdaho.com under the [News and Events tab](#).

UPCOMING WEBINARS

Medicaid IAP Targeted Learning Opportunity - CDC Guideline for Prescribing Opioids for Chronic Pain

Monday, June 13 -- 3:30 p.m. to 5 p.m. ET

REGISTER [HERE](#)

The next TLO session for the Medicaid Innovation Accelerator Program will focus on disseminating key points and recommendations from the recently published CDC [opioid prescribing guideline](#) for primary care providers who are treating adult patients for chronic pain in outpatient settings. The goal of the guideline is to help providers and patients—together—assess the benefits and risks of opioid use. It encourages providers to consider the unique needs of each patient in order to provide safer, more effective pain treatment while reducing risks of addiction and overdose. The webinar will highlight how different state Medicaid agencies are implementing strategies to reduce opioid prescribing while meeting the clinical needs of their beneficiaries.

Ensuring Stakeholder and Family Engagement in Organizational Oversight of Community Behavioral Health Services

Monday June 13 – 2 p.m. to 3:30 p.m. ET

REGISTER [HERE](#)

Sponsored by SAMHSA and presented by the National Council for Behavioral Health, National Federation of Families for Children's Mental Health and the National Alliance on Mental Illness

Adults, youth and children with lived experience and families of those affected by mental illness and behavioral health challenges have emerged as some of the leading voices in the modern day development of comprehensive resilience and recovery services. Some behavioral health payers in today's health care arena are requiring states and organizations to diversify the stakeholder groups that contribute to and govern overall program development and implementation. This webinar will explore how organizations can incorporate consumer, family and community perspectives in organizational decision-making, and how states can encourage behavioral health organizations to include consumers, families and community partners perspectives' in governance and decision making through formal and informal mechanisms. Learn strategies you can use to engage families, consumers, and other community-based stakeholder voices in the development of behavioral health programs. The panel of experts:

- Sita Diehl, Director of Policy and State Outreach, National Alliance on Mental Illness
- Dr. Lynda Gargan, Executive Director, National Federation of Families for Children's Mental Health
- Larry Fricks, Director, Appalachian Consulting Group; Deputy Director, SAMHSA-HRSA Center for Integrated Health Solutions

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

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. Recent examples include the following:

Idaho, New Jersey, and Iowa: Experts from the Appalachian Consulting group provided on-site training on the supervision of certified peer specialists (CPS) in each of these three states. The training is designed to help managers better understand the work of peer specialists and how to apply the principles of effective supervision to individuals in that role. Additionally, it focuses on strategies to incorporate peers within the local program workforce, while also building a recovery-oriented culture which respects, supports and values the unique role of CPS's.

Texas: Judith A. Cook, PhD (Director of the Center on Mental Health Services Research and Policy at the University of Illinois at Chicago) provided on-site guidance to officials in Texas on a Self-Directed Care Pilot in Travis that is designed to allow eligible individuals with severe mental illness to direct a flexible budget for outpatient mental health services with the assistance of an advisor.

Connecticut: Consultants Suganya Sockalingam, PhD and Elizabeth Waetzig, JD of Change Matrix, LLC conducted on-site training on increasing cultural competency and reducing health disparities for state officials and representatives from Connecticut's Behavioral Health Home (BHH) initiative.

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

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

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

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

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

SAMHSA Funding Opportunity Announcement (FOA) Information
Resiliency in Communities after Stress and Trauma (ReCAST)

FOA Number: SM-16-012

Posted on Grants.gov: Friday, April 8, 2016

Application Due: June 7, 2016

Funding Mechanism: Grant

Anticipated Total Available Funding: \$10,000,000

Anticipated Number of Awards: Up to 11

Anticipated Award Amount: Up to \$1,000,000

Length of Project: 5 years

Cost Sharing/Match Required? No

Description: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2016 Resiliency in Communities After Stress and Trauma (ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Eligibility: Eligible applicants are local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months. For the purposes of this FOA, "civil unrest" is defined as demonstrations of mass protest and mobilization, civil disobedience, community harm, and disruption through violence often connected with law enforcement issues. Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project.

Contacts: Program Issues: Melodye Watson, Center for Mental Health Services, SAMHSA, 5600 Fishers Lane, Room 14E77B, Rockville, MD 20857, 240-276-1748; recast@samhsa.hhs.gov. **Grants Management and Budget Issues:** Gwendolyn Simpson, Office of Financial Resources, Division of Grants Management, SAMHSA, 5600 Fishers Lane, Room 17E15D, Rockville, MD 20857, 240-276-1408, foacmhs@samhsa.hhs.gov.

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

[FOA document Part I \(PDF | 535.74 KB\)](#)

[FOA document Part I \(DOC | 297.5 KB\)](#)

[FOA document Part II \(PDF | 448.41 KB\)](#)

[FOA document Part II \(DOC | 167.5 KB\)](#)



Substance Abuse and Mental Health Services Administration
presents

NATIONAL BLOCK GRANT CONFERENCE

Building and Sustaining State Behavioral Healthcare Systems

8:30 a.m., Tuesday, August 9, 2016 through

12 noon, Thursday, August 11, 2016

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

REGISTER BY FRIDAY, JULY 8, 2016

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

[FOA: Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness](#)

FOA Number: SM-16-011 **Posted on Grants.gov:** Monday, April 18, 2016 **Application Due Date:** June 16, 2016
Anticipated Total Available Funding: \$13,250,000 **Anticipated Number of Awards:** Up to 15 awards
Anticipated Award Amount: Up to \$1 million/year **Length of Project:** Up to 4 years
Cost Sharing/Match: No

Description: The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness. This 4-year pilot program, established by § 224 of the [Protecting Access to Medicare Act of 2014 \(PAMA\)](#), enacted April 1, 2014, is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). AOT is defined under PAMA as "medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment." AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI who are under court order as authorized by state mental health statute.

Grants will only be awarded to applicants that have not previously implemented an AOT program. "Not previously implemented" means that, even though the state may have an AOT law, the eligible applicant has not fully implemented AOT approaches through the courts within the jurisdiction. In addition, grants will only be awarded to applicants operating in jurisdictions that have in place an existing, sufficient array of services for individuals with SMI such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma-informed care. A portion of the grant funding may be used to enhance the array of services. Service delivery should begin by the 4th month of the project at the latest.

Eligibility: Eligible applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant grantee is located to implement, monitor, and oversee AOT programs. Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for people with SMI such as those mentioned in the previous paragraph.

Proposed budgets may not exceed the amount listed in the tier chart in the FOA in total costs (direct and indirect) in any year of the proposed project. The amount of each grant will be based on the population of the area, including the estimated number of individuals to be served under the grant. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions.

Contacts: **Program Issues:** [Mariam Chase](#), Community Support Programs Branch, Center for Mental Health Services, SAMHSA, 240-276-1904. **Grants Management and Budget Issues:** [Gwendolyn Simpson](#), Office of Financial Resources, Division of Grants Management, SAMHSA, 240-276-1408

Application Materials: You must respond to the requirements in both the FOA PART I and PART II.

[FOA document Part I \(PDF | 515.5 KB\)](#)

[FOA document Part I \(DOC | 317 KB\)](#)

[FOA document Part II \(PDF | 433.03 KB\)](#)

[FOA document Part II \(DOC | 156.5 KB\)](#)

Technical Assistance on Preventing the Use of Restraints and Seclusion

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

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

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

We look forward to the opportunity to work together.

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

Notice Number: NOT-MH-16-015

Release Date: May 20, 2016

Response Date: June 30, 2016

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

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

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

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

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

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

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

Webinar Opportunity

Suicide Postvention in Schools: Responding Effectively! Preventing Contagion

Tuesday, June 14, 1 p.m. to 1:45 p.m. ET

Suicide is the second leading cause of death for youth between the ages of 15 to 24. Frequently communities and school systems are unprepared when a suicide occurs. In this 45-minute webinar, internationally recognized expert, Scott Poland, Ed.D., will offer postvention strategies, recommendations and resources for school personnel and community leaders. Dr. Poland, Professor at the College of Psychology and the Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University in Fort Lauderdale, is an internationally recognized expert on school crisis and youth suicide and has authored or co-authored five books and numerous chapters on the subject. He previously directed psychological services for a large Texas school system for 24 years and is a past President of the National Association of School Psychologists and a Past Prevention Director for the American Association of Suicidology. He has testified about the needs of children before the U.S. Congress on four occasions. He has also been involved as an expert witness in numerous legal cases where schools were sued following a suicide.

REGISTER [HERE](#)

Contact [Karen Carlucci](#) at Kognito for any questions about the webinar.



CMS Continues Progress Toward a Safer Health Care System through Integrated Efforts to Improve Patient Safety and Reduce Hospital Readmissions

Blog by: Patrick Conway, MD, MSc, CMS Acting Principal Deputy Administrator and Chief Medical Officer

We know that it is possible to improve national patient safety performance resulting in millions of people avoiding infections and adverse health events. A [report](#) released by the Agency for Healthcare Research and Quality back in December showed an unprecedented 39 percent reduction in preventable patient harm in U.S. hospitals compared to the 2010 baseline. This has resulted in 2.1 million fewer patients harmed, 87,000 lives saved, and nearly \$20 billion in cost-savings from 2010 to 2014. The nation has also made substantial progress in reducing 30-day hospital readmissions.

I have been working in the field of quality improvement for 20 years, and I have never before seen results such as these. This work, though, is far from done, and it is imperative that we sustain and strengthen efforts to address patient safety problems, such as central line infections and hospital readmissions. On May 26, we at CMS were excited to continue progress toward a safer health care system by releasing a Request for Proposal (RFP) for Hospital Improvement and Innovation Networks (HIINs).

The HIINs, which will be part of the Quality Improvement Organization (QIO) initiative, will continue the good work started by the Hospital Engagement Networks (HENs) under the Partnership for Patients initiative. These organizations will tap into the deep experience, capabilities and impact of QIOs, hospital associations, hospital systems, and national hospital affinity organizations with extensive experience in hospital quality improvement. The HIINs will engage and support the nation's hospitals, patients, and their caregivers in work to implement and spread well-tested, evidence-based best practices.

QIOs that have developed strong relationship with HENs under the Partnership for Patients initiative have decades of experience with quality improvement and are currently supporting more than 250 communities nationally in work to improve care transitions and reduce adverse drug events across a wide variety of health care and community-based organizations. HENs involved in supporting the Partnership for Patients initiative have established relationships and trusted partnerships with over 3,700 acute care hospitals. These efforts involve approximately 80 percent of all people discharged from hospitals across the nation.

The further integration of work across these influential networks will permit the continued and increased systematic use of proven practices to improve patient safety and reduce readmissions, at a national scale in all U.S. hospitals. Through 2019, the new HIINs will commit to and pursue bold new national aims to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline, thereby bolstering the impact of both the QIO program and the Partnership for Patients.

The procurement for the HIINs will be a full and open competition, and CMS encourages all interested parties to submit a proposal that will continue to build on the successes achieved so far. Organizations who were a HEN in the first and second rounds of the Partnership for Patients or QIOs and other organizations that meet the RFP criteria are welcome to submit a proposal for the HIIN opportunity, but will compete for selection against all other organizations submitting proposals.

More information about the May 26 RFP may be found at FedBizOpps.gov.

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NASMHPD LINKS OF INTEREST

[DO THE ROOTS OF MENTAL HEALTH ISSUES LIE IN EARLY CHILDHOOD?](#)

[FEELING 'INVISIBLE' — HOW MENTAL ILLNESS OFTEN GOES UNNOTICED IN THE CLASSROOM](#)

[HOW SPECIALIZED PROGRAMS CAN GET KIDS WITH ANXIETY BACK IN THE CLASSROOM](#)

[FOR FAMILIES TOUCHED BY TEEN SUICIDE, REGRETS AND CALLS FOR GREATER OUTREACH](#)

-- ALL WAMU (AMERICAN UNIVERSITY) RADIO – 88.5 FM/NPR

[A STRONGER TREATMENT FOR OPIOID USE DISORDERS, JAMA, MARCH 24-31.](#) This opinion piece by Dr. Joshua Sharfstein and Brendan Saloner, PhD., both of the Johns Hopkins Bloomberg School of Public Health in Baltimore, suggests various approaches to combatting the nation's opioid prescription drug epidemic. It emphasizes the need for additional public funding and creating a sustained, stronger, and more coordinated treatment system for opioid use disorders.