The U.S. Census Bureau released a report September 13 showing that the percentage of uninsured Americans has dropped to 9.1 percent, with 4 million citizens gaining coverage in 2015.

The gain reduces the number of uninsured to 29 million, with the portion of the U.S. population without health insurance falling 1.3 percentage points from 2014 to 2015. Both the uninsured rate and number of Americans without health coverage are the lowest recorded.

Vermont had the lowest state uninsured rate in 2015 at 3.8 percent, down from 7.2 percent in 2013. New York's uninsured rate was 7.1 percent in 2015, down from 10.7 percent in 2013. The states with the highest uninsured rates as of January 1, 2015 were Texas at 17.1 percent, Alaska at 14.9 percent and Oklahoma and Georgia at 13.9 percent each.

The Census figures follow a March report by the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services that estimated 20 million Americans gained health insurance coverage between 2010 and 2016 as a result of the Affordable Care Act. However, Census figures are considered the gold standard for determining the uninsured rate because the Bureau utilizes a larger sample of interviewees.

Most of the 23 states that hadn't expanded their Medicaid programs under the ACA by Jan. 1, 2015, saw smaller declines than those states that expanded Medicaid. The overall reduction in the uninsured rate of 2.4 percentage points in expansion states compared with 2.1 percentage points in non-expansion states.

The Census Bureau has collected data about the number of insured in the U.S. since 1987 but has changed how it collects the information, making it difficult to compare the new data with data before 2013. The Centers for Disease Control and Prevention have done surveys about insurance coverage since 1997, but the CDC data, with lower sample sizes, isn't considered as valid as the Census data. CDC data showed the national uninsured rate hovered around 16 percent from 1997 to 2011.

The 2015 report shows insurance gains across all income levels, ages and types of employment, although some groups do better than others. Young adults — specifically 26-year-olds no longer covered by their parents' insurance — remain the most likely to lack coverage.

The largest source of health insurance remains plans provided by employers. An estimated 177.5 million Americans had employment-based coverage in 2015, which was up more than 3 million from 2013.
Eight-Nation International CIty and Urban Regional CoLLaborativE (I-CIRCLE) Launches to Support Mental Health and Well-Being within Urban Settings

An initiative supported by the International Initiative for Mental Health Leadership (IIMHL) is being launched to bring cities and urban regions in eight countries together to problem-solve and share innovations that support mental health and well-being in urban settings and enable citizens to thrive.

The International CIty and Urban Regional CoLLaborativE (I-CIRCLE) will bring together leaders from Philadelphia, New York, Vancouver, West Midlands England, Dublin, Stockholm, Sydney, Auckland, and other US, Canadian, Scottish, and English cities.

The focus will be on building social capital to complement the formal mental health system by forming strategic local partnerships with groups and organizations in the local communities and taking a public and population health approach.

Participants will share innovations that include:

- taking protective action to prevent future problems (e.g. addressing the social determinants of health, ensuring a healthy start, building resilience and strengthening social connectedness);
- enhancing early recognition and effectively responding to emerging issues (e.g. through classes and training that enable people to take the necessary action to respond and heal themselves, their families and neighbors and others they encounter at work and in their wider lives); and
- ensuring a comprehensive range of behavioral health services that is appropriate for the population served.

The idea was conceived when Dr. Arthur Evans, Philadelphia’s Commissioner of Behavioral Health and disability Services, presented at the IIMHL Leadership Exchange in Vancouver in September 2015. Dr. Evans spoke on Philadelphia’s ten years of work with its communities and city government that was prompted by the recognition that the major issues for our urban communities (e.g. homelessness, education, employment, criminal justice) are intertwined with behavioral health and that effectively addressing those behavioral health issues helps people in other areas of their lives.

Philadelphia took a public health approach and engaged a wide range of people outside the mental health system in order to build resilience and self-determination, recognize and address emerging behavioral health issues, and ensure people with behavioral health challenges are able to access needed supports and employment, and can be independent and productive members of the community.

In addition to the city-wide innovation in Philadelphia, participating partners will learn about a wide range of other city and urban region innovations including:

- the Mental Health Atlas, a geo-mapping application developed by the University of Sydney of a region’s available services and social, cultural, economic, and health characteristics, which has been tested in several European countries and used to perform city comparisons;
- the City of Vancouver’s effort to eliminate homelessness;
- the Mental Health Commission of Canada (MHCC) National Workforce implemented by commercial companies such as Bell Canada;
- Headspace, an Australia innovation aimed at making it as easy as possible for a young person and his or her family to get the help they need for problems affecting their wellbeing;
- training first responders and law enforcement in crisis response; and
- population and public health approaches taken in England and Canada.

There are plans for Dr. Evans to host a Leadership Exchange in Philadelphia in May or June of 2017, and a webpage and listserv for the Collaborative is under development.

Energy and Commerce Health Panel Approves Two Behavioral Health-Related Public Health Bills

The House Energy and Commerce Health Subcommittee on September 13 approved five public health bills that included two behavioral health-related measures.

One bill, the Protecting Patient Access to Emergency Medications Act (H.R. 4365) would amend the Controlled Substances Act to clarify that emergency medical service responders may administer Schedule II through V controlled substances. The legislation states that regulatory oversight to prevent diversion should not disrupt the delivery of medical care to individuals by emergency medical services practitioners under the supervision of a physician medical director. The measure would allow such supervision to be remote.

The Mental Health First Aid Act (H.R. 1877) would direct the Substance Abuse and Mental Health Services Administration (SAMSHA) to award $20 million in block grants annually to start and sustain training programs for specified categories of individuals in mental health first aid. Grants would have to be equitably distributed geographically, and with particular attention to the mental health training needs of rural areas. States and subdivisions would be among those entities eligible for grants.

The full Energy and Commerce Committee is scheduled to vote on the measures the week of September 19.
Six TTI Grants of $221,000 to be Awarded for FY 2017; Applications Due End of October

NASMHPD has received the good news that SAMHSA/CMHS plans to fund another year of the Transformation Transfer Initiative (TTI). Administered by NASMHPD, the TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen cutting-edge programs.

For FY 2017, CMHS will award TTI grants of $221,000 to six (6) states or territories for projects related to developing, strengthening, or sustaining innovative projects or programs focusing on co-occurring intellectual disabilities and mental health.

Dr. Hepburn will email the TTI application and details to all Commissioners by the end of September and application proposals will be due by the end of October. We wanted to alert you as soon as possible where you can start preparing.

In the meantime, if you have questions, feel free to contact David Miller at david.miller@nasmhpd.org.

SAMHSA to Hold Public Meeting October 1 on CARA’s PA and NP Rx Training Requirements

On July 22, the Comprehensive Addiction and Recovery Act (CARA) was signed into law by President Obama. The new law authorizes prescribing privileges of covered medications in office-based settings by nurse practitioners (NPs) and physician assistants (PAs) for five years (until October 1, 2021).

The Substance Abuse and Mental Health Services Administration (SAMHSA) will hold a public meeting on October 1 from 9 to 11 a.m. to review and then discuss the training requirements for NPs and PAs that have been stipulated in CARA. At this meeting, SAMHSA will be seeking input on how to best implement the requirements that all NPs and PAs must have 24 hours of training before obtaining a waiver to prescribe covered medications. Organizations listed in statute and the general public may attend. SAMHSA is seeking input on existing training programs that may meet the statutory requirements for training and, within the 24 hours of training, the number of hours that NPs and PAs should have to complete on each topic listed in the CARA Act.

The session will be held in Newark, NJ. at the Newark Liberty International Airport Marriott, 1 Hotel Rd. Newark, NJ 07114.

Participation by Phone: Phone Number: 888-942-9687; Passcode: 5093420.


SAMHSA will post additional logistical information on how to participate in person, by phone, or on the web at: http://caralisteningsession.eventbrite.com in advance of the listening session.

For further information concerning the meeting, please contact: Dr. Mitra Ahadpour, Director, Division of Pharmacological Therapies, Center for Substance Abuse Treatment, SAMHSA, (240) 276-2134 or mitra.ahadpour@samhsa.hhs.gov.

University of Nottingham Hosts On-Line Course on Human Trafficking

Starting in October, the University of Nottingham, along with anti-trafficking experts Kevin B. Bales and Zoe Trodd, will host a free four-week online course on human trafficking, Ending Slavery: Strategies for Contemporary Global Abolition.

The course is open to all and will provide a way for clinicians and lay people alike to expand their understanding of modern slavery.

Mr. Bales and Ms. Trodd will explain different forms of modern slavery, ground-breaking research on the extent of human trafficking worldwide, strategies for ending slavery at the local, national, and international levels, and the roles that governments, businesses, technology, legislation, and victims can play in combating modern slavery. Ms. Todd and Mr. Bales will also discuss the intersection between modern slavery and climate change, and how satellites can be used to find enslaved people. In addition, the course will include interviews with policy leaders and historians.

Participants will have access to cutting-edge research and be part of brainstorming on a new guide for ending slavery, ranging from what a single individual can do to fight modern slavery to what the United Nations and other world organizations might accomplish.

Kevin Bales is a co-founder and former president of Free the Slaves, the US sister organization of the world’s oldest human rights organization, Anti-Slavery International. He is currently based in Brighton, UK.

Zoe Trodd is founding co-Executive Director of the Center for Research in Race and Rights, and Co-Director of the University of Nottingham’s research priority area in Rights and Justice. Her focus is the history, literature, and visual culture of protest movements, especially anti-slavery movements.

This free four-week online course starts on October 17. REGISTER HERE to learn more.
NIMH Research Funding Opportunities

Research on Autism Spectrum Disorders (R21) (PA-16-386)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R21 grant supports early-stage exploratory studies of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant scientific impact. Applications for R21 awards should describe projects distinct from those supported through the traditional R01 activity code. For example, long-term projects, or projects designed to increase knowledge in a well-established area, are not appropriate for R21 awards. Preliminary data are not required for R21 applications; however, they may be included if available.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 16, 2016

Expiration Date: September 8, 2019

The combined budget for direct costs for the two year project period may not exceed $275,000. No more than $200,000 may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R03) (PA-16-387)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R03 grant application may not contain extensive detail or discussion. R03 applications may include development of new research methodologies or technology, secondary analysis of existing data, and pilot or feasibility studies. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Expiration Date: September 8, 2019

Open Date (Earliest Submission Date): September 16, 2016

The combined budget for direct costs for the two year project period may not exceed $100,000. No more than $50,000 in direct costs may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R01) (PA-16-388)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD).

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 5, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 5, 2016

Expiration Date: September 8, 2019

The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but must reflect the actual needs of the proposed project. The total project period may not exceed 5 years.
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.

National Summit on Military and Veteran Peer Programs

Save the Date!
National Summit on Military and Veteran Peer Programs:
Advancing Best Practices

November 2-3, 2016
University of Michigan - Ann Arbor

This two-day interdisciplinary forum will:

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan “Big House.”

Mark your calendars for this seminal event! Registration will be limited. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event.
Please share this information with others who may be interested in attending.
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.
To commemorate National Suicide Prevention month and World Suicide Prevention Day, President Barack Obama issued a proclamation on September 9 declaring that “World Suicide Prevention Day is a time to join with neighbors across the globe to reaffirm our commitment to preventing suicide. On this day, we are reminded that help is available and that a brighter future lies ahead. Let us honor the souls we have lost too soon and vow to do everything in our power to prevent suicide.”

The International Association for Suicide Prevention and the World Health Organization (WHO), had designated September 10 as the day nations across the globe should come together to raise awareness that suicide can be prevented. ‘Connect, Communicate, and Care’ was the theme for 2016 World Suicide Prevention Day, with the message that those three words are the core of suicide prevention—encourage people to reach out to those who become disconnected, talk and listen in a non-judgmental way, and show people that you care by demonstrating compassion and empathy.

Here in the US, President Obama’s proclamation highlighted that lives have been saved through national public and private suicide prevention initiatives, such as crisis hotlines (i.e., the National Suicide Prevention Lifeline, 1-800-273-TALK), and dedication from clinicians, health professionals, teachers and loved ones to help people in crisis get the help they need.

President Obama noted that mental health stigma plays a critical role in preventing people from seeking help, stating “We must strive to build safe and supportive environments and eliminate the stigma surrounding mental health issues that too often prevents people from seeking the care they need.”

The President’s proclamation contended that his Administration has served as a champion in suicide prevention to break down the barriers associated with mental health stigma through the Affordable Care Act (ACA), which mandates that mental health coverage be on par with medical and surgical benefits, and prohibits insurers from discriminating against people with pre-existing health conditions, such as depression and schizophrenia. The proclamation said the ACA has helped many Americans gain access to affordable mental health coverage.

In the declaration, President Obama noted that each year suicide by firearm takes the lives of 200,000 Americans, and that we must ensure that “people who need help get it and improve gun safety technology that can help prevent suicides.”

He also noted that, in 2014, he had announced 19 Executive actions to improve mental health care for veterans, members of the Armed Forces, and their loved ones. He underscored how the Clay Hunt Suicide Prevention for American Veterans Act, signed by him in 2015, is providing peer support and outreach to service members transitioning from the military, making it easier for veterans—particularly those with post-traumatic disorders and traumatic brain injuries—to access the care they need.

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.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
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.
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NASMHPD Links of Interest

(Inclusion on this list should not be read to imply NASMHPD support for positions taken within the items linked.)

Evidence Is Mounting: The Affordable Care Act Has Worsened Medicaid’s Structural Problems, Brian Blase, Mercatus Center, George Mason, University, September 15, 2016

Bipartisan Policy Center and the Alliance for a Healthier Generation Announce Inaugural Innovation Award for Health Care Provider Training and Education

Medicaid: Key Policy and Data Considerations for Designing a Per Capita Cap on Federal Funding, Government Accountability Office (GAO), August 2016

Families Caring for an Aging America, National Academy of Sciences, Engineering, and Medicine, September 13, 2016

21 Democratic Senators Introduce Senate Resolution 561, Urging a Public Option Using § 1332 Waivers

Final HHS Regulations on Medicaid and Medicare Provider Emergency Preparedness