Ensuring Access through Comprehensive Services for Persons with Serious Mental Illness and Addiction Disorders

ACCOMPLISHMENTS

The National Council for Behavioral Health is a leading not-for-profit association representing more than 2,800 organizations that provide prevention treatment and recovery services to help people living with mental illnesses and substance use disorders. The National Council and its members bring real world experience, practical ideas, and innovation to today’s complex health policy challenges. With a commitment to a proactive public policy agenda, success in preserving and enhancing mental health and addictions funding, and support for critical treatment and support services, today’s community behavioral health care providers continue to build healthy minds and strong communities — giving people with mental illness and addictions a chance to recover and lead productive lives.

The Policy Action Center builds on the National Council’s proactive approach to systems change embodied in the notion that “the best way to handle change is to lead it.” The National Council has a long record of leading change, providing expert technical assistance, and creating valuable learning products. In 2015-2016, we continued these successes in the six realms of activities under the Policy Action Center:

- State-level Advocacy: Technical Assistance and Support
- Congressional Action, Outreach, and Education
- Regional and State Trainings, Technical Assistance
- Outreach and Education to Federal Agencies
- Communications and Dissemination of Resources
- National Coalition Building and Leadership

Our accomplishments for 2015-2016 include:

State-level Advocacy: Technical Assistance and Support

1. State Transitions to Medicaid Managed Care
   a. At the 2016 National Council annual conference offered a workshop entitled, “Payment Reform in Managed Medicaid Plans,” with presenters Deb Adler, Thomas Betlach, and Kelly Grayson.
b. At the 2016 National Council annual conference offered a workshop entitled, “Why Value Based Payments Could Be the Best Thing That Ever Happened to Community Behavioral Health Providers,” with presenter Joshua Rubin.

c. At the 2016 National Council annual conference offered a half-day preconference university entitled, “Positioning for the Future of Managed Care,” with presenter Richard Edley, PhD.


2. Access to Medications
   a. Led the Partnership for Part D Access, a coalition committed to maintaining beneficiary access to the full range of available medications under Medicare Part D. We continued to fight for proposed changes to Medicare that would strip anti-psychotics and anti-depressants of their protected status.

   b. Participated in the Essential Health Benefits Coalition, a group of patient and provider advocacy organizations and industry groups that hold meetings with key congressional staff and federal agency officials to raise awareness of formulary access issues in Qualified Health Plans (QHPs) sold on state and federal exchanges and build support for a legislative solution that would apply Medicare’s Six Protected Classes policy to QHPs.

   c. On March 25, 2016, sent a letter to Medicare Payment Advisory Commission, requesting that it reconsider their recommendations to Congress to remove antidepressants and immunosuppressants from the protected classes within Medicare Part D.

   d. On April 20, 2016 sent a letter of support to Congressmen Larry Bucshon and Paul Tonko voicing support for their bill, H.R. 4981, the Opioid Use Disorder Treatment Expansion and Modernization Act, which enables physician prescribers of buprenorphine to more than double their number of patients, while qualified prescribers such as physician assistants and nurse practitioners would be added to the types of prescribers who may use buprenorphine as part of their patients’ treatment regimen.

Congressional Action, Outreach, and Education

1. Congressional action as a result of National Council efforts:
   a. Expand Excellence in Mental Health Act (S.2525/H.R.4567), was introduced on February 9, 2016. The legislation would expand the demonstration program started by the Excellence in Mental Health Act to include all 24 states that applied to participate. The National Council has been engaged in the implementation process, providing guidance to states and clinics.

   b. The Comprehensive Addiction and Recovery Act (S.524/H.R.953), was signed into law on July 22, 2016. The legislation, introduced in the House by Representatives Tim Ryan and James Sensenbrenner, and in the Senate by Senators Rob Portman and Sheldon
Whitehouse, would adjust existing authorizations and programs to provide desperately needed funds to support community-based addiction treatment.

c. **The Mental Health First Aid Act of 2015 (S. 711/H.R. 1877),** added 31 House and 2 Senate bipartisan cosponsors since September 2015. The legislation, introduced in the House by Representatives Matsui and Jenkins, and in the Senate by Senators Blumenthal and Ayotte, would authorize funding to train Americans in Mental Health First Aid.

d. **The Medicaid Coverage for Addiction Recovery Expansion Act (S.2605/H.R. 5287),** was introduced by in the Senate by Senators Richard Durbin and Angus King on February 29, 2016. Congressman Bill Foster then introduced it in the House of Representatives on May 19, 2016. The legislation would provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance use disorders through the Medicaid program.

e. **The Mental Health Access Improvement Act of 2015 (S. 1830/H.R. 2759),** added 52 House and 15 new bipartisan cosponsors. The legislation, introduced in the House by Representatives Mike Thompson and Christopher Gibson, and in the Senate by Senator John Barrasso, would allow marriage and family therapists and licensed mental health counselors to directly bill Medicare for their services.

f. **FY2016 Appropriations:** Maintain level funding of Primary and Behavioral Health Care Integration grant programs and Mental Health First Aid. There were also increases in funding to the CDC for expanding efforts for prescription drug abuse prevention and treatment services, the Substance Abuse Block Grant and criminal justice related activities.

2. Capitol Hill Briefings and Events

a. On July 13, 2016, the National Council participated in the Public Health Fair on Capitol Hill hosted by the Coalition for Health Funding. The National Council promoted the successes of Mental Health First Aid and the importance of training everyone from first responders to coworkers.

b. On June 21, 2016, the National Council hosted a congressional briefing on **Addictions and Vocational training.** Presenters included two CEO’s whose companies specialize in helping individuals recovering from addition find meaningful, permanent work, and two directors from the Department of Veterans Affairs.

c. On May 24, 2016, the National Council hosted a congressional briefing, sponsored by Representatives Lynn Jenkins, Doris Matsui, and Grace Napolitano on **Mental Health First Aid.** The briefing demonstrated the applicability and usefulness of Mental Health First Aid and promoting the Mental Health First Aid Act (S. 711/H.R.1877).

d. On October 6, 2015, the National Council co-sponsored a briefing on **curbing the opioid epidemic with Hazelden Betty Ford Institute for Recovery Advocacy.** The briefing covered physicians’ prescribing practices across the country and prevention and recovery efforts.
Regional and State Trainings, Technical Assistance

1. The National Council held a series of webinars designed to inform behavioral health providers, stakeholders, and administrators from around the country about important policy developments that could impact their daily work. Webinars provided information, resources, and technical assistance on how behavioral health organizations can prepare for changes ahead. Topics included:

a. Quality Reporting

   I. “PQRS & MIPS in the Real World: Three Organizations Share Their Experiences (MACRA Series)” Elizabeth Arend, Martha Ryan, Christina VanRegenmorter, Spencer Gear | August 16, 2016 | 259 attendees


b. CCBHC Implementation

   I. “Creating the Strategy, Structure & Process for CCBHC Quality Reporting” Jeff Capobianco, David Swann | July 29, 2016 | 175 attendees

   II. “Hot Topics in CCBHC Implementation: Cost Reporting, Clinic Licensure, State Financing and More” Susannah Vance Gopalan and Steve Rosenberg | March 28, 2016 | 216 attendees

   III. “Cultural and Linguistic Competence for CCBHCCs: Approaches to Meeting New Requirements” Suganya Sockalingam | March 17, 2016 | 194 attendees

   IV. “Part 1: Emerging Compliance Hotspots for CCBHCs: Establishing a Base Year Rate” Susannah Vance Gopalan | January 26, 2016 | 416 attendees

   V. “Part 2: Emerging Compliance Hotspots for CCBHCs: Billing Medicaid” Susannah Vance Gopalan and Adam Falcone | February 10, 2016 | 325 attendees

   VI. “Part 3: Emerging Compliance Hotspots for CCBHCs: Care Coordination and Arrangements with Designated Collaborating Organizations” Susannah Vance Gopalan and Elizabeth Karan | February 29, 2016 | 443 attendees
VII. “Applying for the CCBHC Demonstration Program: Application Overview and Strategies for Success” | Heidi Arthur | May 3, 2016 | 113 attendees

3. Organizational Practice Improvement

I. “Raising the Overtime Pay Threshold: An Overview of New Federal Requirements for Employers” Michael Glomb | August 9, 2016 | 756 attendees

II. “Adolescents & Marijuana: A Practical Implementation Guide” Arthur Schut, Carolyn Swenson | August 16, 2016 | 58 attendees

III. “Engage and Activate Your Clients With WHAM and MI!” Larry Fricks, Pam Pietruszewski | June 29, 2016 | 296 attendees

IV. “Go Big or Go Home: Scale Pathways to Organizational Impact & Sustainability” Heidi Arthur | June 13, 2016 | 246 attendees

V. “Medication Assisted Treatment for Opioid Use Disorders Questions for Comment” | Charles Ingoglia | April 29, 2016 | 15 Attendees

VI. “Preventing Disability: Examining Outcomes for New Youth Psychosis Treatments” John Kane, M.D. | December 15, 2015 | 311 attendees

VII. “MAT Roundtable: Lessons Learned from CBHOs Implementing MAT for Opioid Dependence” Lynn Fahey and Raymond Tamasi | November 17, 2015 | 322 attendees

VIII. “Growth Strategies for Your Organization: Grow Big, Grow Smart” Heidi Arthur | July 26, 2016 | 231 attendees

IX. “Right Supports, Right Time: Implementing a Coordinated Specialty Care Team and Program” Lisa Dixon, Rhonda Thissen, Kemi Sells, Tonya Brown | May 31, 2016 | 96 attendees

2. Published fact sheets, issue briefs, reports, blog posts, and other technical assistance materials, including:

   a. “Summary of SAMHSA’s Application of MHPAEA to Medicaid and CHIP” provides an overview of SAMHSA’s implementation of MHPAEA including general parity requirements and changes from the notice of proposed rulemaking.

   b. “SAMHSA Primary and Behavioral Health Care Integration Fact Sheet 2016” provides an overview of PBHCI and its successes through 2016.

   c. “Comprehensive Addiction and Recovery Act Fact Sheet” explains the need for CARA and the outcomes expected from its passage. Currently there are 38,000 deaths from...
drug overdoses, passing CARA would mean funding a broad array of entities that would help fight the epidemic.

d. “FY2016 Enacted Omnibus Budget Chart” outlines FY2015 enacted budget, FY2016 enacted budget and FY2017 President’s requested budget, which is currently level to FY2015 due to the fact that Congress has not passed a 2017 budget resolution.

e. “Affordable Care Act Section 1332: Understanding the Potential of State Innovation Waivers” explains what states can and cannot modify as part of a section 1332 “Innovation” waiver. Additionally, outlines the requirements to obtain a 1332 Waiver and steps states can pursue now to lay the groundwork to obtain a waiver.

f. Published more than 90 blog posts on the National Council’s Capitol Connector blog, which disseminates the latest health care policy information multiple times each week around federal policies, regulations, legislation, and health reform implementation. Major areas of focus in 2015-2016 included:

I. Federal Regulations, Reports, and Affordable Care Act (ACA) Implementation:
Blog posts examined federal actions around Medicaid eligibility, expansion and enrollment, the Food and Drug Administration’s (FDA) tobacco cessation efforts, Health Insurance Exchanges, and integrated care standards. Articles of particular interest include:


e. CMS Updates New Core Quality Measures for Medicaid, CHIP – Michael Petruzzelli, published December 30, 2015


II. The Excellence in Mental Health Act and CCBHC Implementation: Blog posts examined federal actions around CCBHC implementation and efforts Congress
has taken over the past year to expand the program through the Excellence in Mental Health Act. Articles of particular interest include:


b. **Excellence in Mental Health Act Expansion Legislation Introduced** – Rebecca Farley, published February 11, 2016

III. **Congressional Legislation and Appropriations:** blog posts detailed the legislative process of passing CARA (S. 524/H.R.953), the appropriations process, and the introduction of new legislation to help fight the opioid epidemic. Articles of particular interest include:

a. **As Shutdown Deadline Draws Near, Appropriators Continue Work on Funding Levels** – Michael Petruzzelli, published November 12, 2015

b. **Mental Health Awareness Trainings Included in House-Approved Education Bill** – Michael Petruzzelli, published December 3, 2015

c. **Senate Approves Bipartisan Criminal Justice, Mental Health Bill** – Michael Petruzzelli, published December 17, 2015

d. **Addiction and Mental Health Funding Increases Included in Omnibus Budget Deal** – Rebecca Farley, published December 17, 2015


f. **Behavioral Health: It’s Hot on the Hill** – Linda Rosenberg, published March 17, 2016

g. **CARA: What’s Next?** – Michael Petruzzelli, published March 17, 2016

h. **House GOP Budget Would Slash Spending, Block Grant Medicaid** – Michael Petruzzelli, published March 24, 2016

i. **What’s Next for CARA and Other Addiction Bills** – Rebecca Farley, published May 19, 2016
IV. **Substance Use Disorders, Epidemics, and Criminal Justice:** Blog posts focused the national opioid and heroin epidemic and the criminal justices systems’ interaction with the behavioral health care system. Articles of particular interest include:

a. **Health Panel Advises Depression Screenings During and After Pregnancy** – Michael Petruzzelli January 28, 2016

b. **HHS Announces Latest Actions to Address Opioid Abuse** - Michael Petruzzelli – July 7, 2016


d. **New Hampshire Study Finds Low Rate May Impede Access to Addiction Care** - Michael Petruzzelli – August 18, 2016

V. **Access to Medications and Services and Parity:** Blog posts detailed federal actions effecting access to medications and behavioral health services. Posts included information on the Medicare Part D Six Protected Classes proposed rule and parity implementation.


b. **Independent Commission Recommends Changes to Medicare Part D** - Michael Petruzzelli, published April 14, 216


VI. **Health Information Technology:** Blog posts disseminated information around privacy and information sharing regulations, and the intersections of health information technology within behavioral health agencies.

b. **New Bill Expands EHR Incentives to Behavioral Health Providers** - Michael Petruzzelli, published March 17, 2016

3. National Council staff traveled around the country to provide trainings and technical assistance on policy and practice issues of interest to the behavioral health community. In 2015-2016, these trainings included:

I. **National Policy Update** | Netsmart Connections | October 27, 2015 in Washington, D.C. | Linda Rosenberg

II. **National Council New England Regional Summit** | November 16, 2015 in Worcester, MA | Mohini Venkatesh

III. **Overview of CCBHC Program and Strategic Considerations** | November 17, 2015 in New York, NY | NYS Council for Community Behavioral Healthcare Annual Conference and Membership Meeting | Charles Ingoglia

IV. **CCBHCs 101: Opportunities & Strategic Decisions Ahead** | November 17, 2015 in Red Bank, NJ | Rebecca Farley

V. **Developing Effective Community and Emergency Room Partnerships** | December 3, 2015 in Las Vegas, NV | Charles Ingoglia

VI. **Prospective Payment System for CCBHCs: Policy and Operational Considerations** | December 14, 2015 in Sacramento, CA | Nina Marshal

VII. **Behavioral Health Policy & Practice Trends** | Relias Sales Kick Off | January 7, 2016 | Mohini Venkatesh

VIII. **The Vision: Certified Community Behavioral Health Clinics** | Mental Health Monday | February 8, 2016 in Washington, D.C. | Charles Ingoglia

IX. **National Council Town Hall Meeting** | NatCon 16 | March 7, 2016 in Las Vegas, NV | Charles Ingoglia and Linda Rosenberg


XI. **Mental Health Overview** | Residency Fellowship in Health Policy | March 16, 2016 in Washington, D.C. | Charles Ingoglia

XII. **Medicaid Expansion and the Affordable Care Act: A Fiscal Checkup** | Federal Reserve Bank of Chicago | April 4, 2016 in Chicago, IL | Charles Ingoglia

XIII. **CCBHC Readiness: Updates and Strategies to Prepare for Implementation** | New Jersey Association of Mental Health and Addiction Agencies | April 14, 2016 in Red Bank, NJ | Rebecca Farley

XIV. **Employee Assistance Roundtable National Council** | BH2? | April 21, 2016

XV. **CCBHC’s - What do they Mean for Foster Care Agencies** | Family Focused Treatment Association | May 2, 2016 in Washington, D.C. | Rebecca Farley

XVI. **Behavioral Health Policy Trending** | Qualifacts | May 4, 2016 in Nashville, TN | Mohini Venkatesh

XVII. **Update on National Trends in Behavioral Health Care** | IACP Annual Convention | May 4, 2016 in Ames, Iowa | Charles Ingoglia
Outreach and Education to Obama Administration and Federal Agencies

1. Comments to Federal Agencies

I. On September 2, 2015, submitted comments to the U.S. Department of Labor to the Wage and Hour Division regarding to the notice of proposed rulemaking to update and revise the exemption from minimum wage and overtime pay for executive, administrative, professional, outside sales, and computer employees. The comments submitted encouraged the DOL to consider the unique funding constraints on health care providers and regional variations in cost of living when raising the overtime threshold.

II. On September 8, 2015, submitted comments to the Centers for Medicare & Medicaid Services on the Notice of Proposed Rulemaking: CY 2016 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B (CMS-1631-P). The comments submitted recommended coverage begin immediately whether or not cost sharing is required or specific consent is required due to the need to improve the delivery of care for the majority of the population with behavioral disorders who receive all of their
treatment in primary care, especially regarding the implementation of the rule as it applies to the CMMI demonstration.

III. On October 8, 2015, submitted comments to the Centers for Medicare & Medicaid Services on the cost reporting instructions for Certified Community Behavioral Health Clinics (CCBHC’s) participating in the Section 223 demonstration program. The comments submitted encouraged clarity on multiple sections of the rules including, “Section 2: The Provider Information Tab,” “Section 5: The Trial Balance Tab,” “Section 8: The Allocation Description Tab,” “Section 9: The Indirect Cost Allocation Plan,” “Section 12: The Monthly Visits Tab,” and the Application to Use Burden/Hours from Generic PRA Clearance: Medicaid and CHIP State Plan, Waiver, and Program Submissions.


V. On December 9, 2015, submitted comments with the Texas Council of Community Centers and Optum to the Department of Justice, Drug Enforcement Administration regarding the Ryan Haight Online Pharmacy Consumer Protection Act’s telemedicine provisions. The comments submitted recommended that the DEA establish a new registration process for facilities that are not currently DEA-registered but with nonetheless serve patients who need to be treated by DEA-registered provider via telemedicine (including specialty tele-psychiatry).

VI. On December 16, 2015, submitted comments to the Internal Revenue Service, Office of Associate Chief Council for Income Tax and Accounting regarding the proposed regulations implementing an exception to the “contemporaneous written acknowledgement” requirement for substantiating charitable deductions, published for comment in the Federal Register on September 17, 2015. We requested that the IRS and the Treasury re-examine the proposed reporting system, taking into account the unique pressures on charitable giving to community health organizations.

VII. On December 21, 2015, submitted comments to the US Department of Health and Human Services regarding the Notice of Benefit and Payment Parameters for 2017. We shared areas of concern that we would like to be included in the Notice of Benefit and Payment Parameters for 2017 prior to the finalization of the Nondiscrimination final rule. Areas of concern included, increased transparency, non-discrimination of pre-existing conditions, and utilization management practices, particularly including step therapy and prior authorizations.
VIII. On January 13, 2016, submitted comments to the Centers for Disease Control and Prevention department of the National Center for Injury Prevention and Control regarding the Proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain. We highlighted a few areas that could bolster the proposed guidelines, including recommending the CDC highlight non-opioid approaches to pain control and that providers should incorporate the potential of opioid use into the management plan strategies to mitigate patient risk.

IX. On January 19, 2016, submitted comments to the Department of Housing and Urban Development Office of Public and Indian Housing on the proposed rule, Instituting Smoke Free Public Housing. The comments submitted encouraged HUD to implement the rule and should also prohibit waterpipe tobacco smoking within public housing units.

X. On May 9, 2016, submitted comments to the Centers for Medicare & Medicaid Services, Department of Health and Human Services regarding the Medicare Program: Part B Drug Payment Model. The comments submitted encouraged CMS to add long-acting injectable medications for the treatment of mental illness and addiction to the list of drugs to be exempted from the Part B payment demonstration.

XI. On May 26, 2016, submitted comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the proposed rule to increase access to opioid use disorder treatment while reducing the opportunity for medication diversion, entitled Medication Assisted Treatment for Opioid Use Disorders. The comments submitted supported SAMHSA’s proposal to increase the patient limit to 200 patients for certain practitioners and requested additional barriers be lifted as the patient limit was increased to 200 patients.

XII. On June 2, 2016, submitted comments to the Centers for Medicare and Medicaid Services Department of Health and Human Services, regarding the proposed Inpatient Psychiatric Facility Quality Measures. The comments submitted identified specific areas of concern and requested further clarification of definitions used throughout the proposed rule as well as the addition of quality measures in specific subsections.

XIII. On June 8, 2016, submitted comments to the House Energy and Commerce Committee requesting line Edits and Comments on the Draft of The Helping Families in Mental Health Crisis Act of 2016. The comments submitted requested the inclusion of provisions in the Mental Health First Aid Act, the Expand Excellence in Mental Health Act and suggested a few line edits to the draft as it was written.

XIV. On June 27, 2016, submitted comments to the Centers for Medicare & Medicaid Services Department of Health and Human Services regarding the Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-
Focused Payment Models Proposed Rule. The comment submitted urged CMS to consider in its implementation and policies the unique situation of specialty behavioral health organizations, which have not benefited from either federal and state investments in health information technology incentives nor national agreement on standardized quality and utilization measures.

XV. On August 5, 2016, submitted comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the Final Rule for Medication Assisted Treatment for Opioid Use Disorders Reporting Requirements. The comments submitted suggested that SAMHSA’s data collection requirements be parsimonious, and focused on data that will be important for high quality clinical practice.

Communications and Dissemination of Resources

1. Electronic Newsletters: Disseminated newly released resources through our weekly Capitol Connector policy update electronic newsletter (readership: 45,100+), our biweekly Behavioral Health Hive (BHive) electronic newsletter (readership: 45,450+), our monthly Addictions News Now electronic newsletter (readership: 43,100+); our bi-monthly Compliance Watch newsletter (readership: 70+); our monthly exclusive National Council Ambassadors Brief (readership: 290+); and our monthly Ambassador Talking Points: A Toolkit for Meeting with Your Elected Officials (readership: 290+).

2. Listserves: Disseminated news, policy updates, helpful tips, federal regulatory information, and resources through our member listserv (open to employees of all National Council member organizations) and our Association Executives listserv (open to the executives of the state-level behavioral health associations that are National Council members).

3. Digital and Social Media: Expanded our use of Twitter, Facebook, Instagram, LinkedIn, and YouTube for disseminating resources and energizing followers about our policy initiatives. Among our successes were several live-streamed presentations, TEDTalks, and over 87 million Twitter impressions during the National Council’s 2016 annual conference (doubling last year’s impressions), allowing us to expand the reach of our high-quality programming to make it more accessible to our entire membership database.

National Coalition Building and Leadership

1. Founding member of the Partnership for Part D Access, a coalition of health care stakeholders, including patient groups, advocacy organizations and allied members of industry, devoted to maintaining beneficiary access to the full range of available medications under Medicare Part D.

2. Chair of the Steering Committee for the Mental Health Liaison Group, a coalition of national mental health and addiction organizations representing consumer, family members, advocates, professionals and providers.
4. Engaged in various coalitions, including the Essential Health Benefits Coalition, Addiction Leadership Group, Facing Addiction, Enroll America, and Whole Health Campaign, to promote inclusion of addiction prevention, treatment, and recovery services in various provisions of the Affordable Care Act such as the essential health benefits, Medicaid expansion, marketplace provider networks, and state eligibility and enrollment activities.

5. Member of the Coalition for Health Funding, a nonprofit alliance working to preserve and strengthen public health investments in the best interest of all Americans. The Coalition’s member organizations together represent more than 100 million patients, health care providers, public health professionals, and scientists.

7. Member of the Behavioral Health Information Technology Coalition, a group of national organizations dedicated to raising awareness of the need for health IT in behavioral health settings and advocating for federal funding to support behavioral health IT.

6. Member of the Partnership for Medicaid, a nonpartisan coalition dedicated to preserving and improving the Medicaid program. The coalition is made up of organizations representing doctors, health care providers, safety net health plans, counties and labor. The National Council is the only voice for behavioral health in the Partnership.

7. Member of the Consortium for Citizens with Disabilities, a coalition of 100 national disability organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

10. Member of the Veterans’ Stakeholders Group, a group of key mental health and veterans services organizations that meets quarterly for a dialogue with Veterans Administration (VA) staff to discuss treatment and practice changes within the VA system, dissemination of resources for veterans’ health, and opportunities for collaboration with communities.