

National Association of State Mental Health Program Directors *Weekly Update*

Senate HEALS Act's 4.5 Billion for SAMHSA Includes \$2 Billion for the Mental Health Block Grant, \$50 Million for Suicide Prevention, \$250 Million for Emergency Grants to States

The \$1 trillion COVID response legislation released July 27 by the U.S. Senate includes \$4.5 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), 1½ times the \$3 billion included for SAMHSA in the House of Representatives' HEROES Act passed at the end of May.

The Senate's Health, Economic Assistance, Liability Protection, Schools (HEALS) Act, drafted by Senate Majority Leader Mitch McConnell (R-KY), faces opposition not only from Democrats in the House and Senate who oppose the bill's reduction in COVID-related unemployment insurance (UI) benefits from \$600 weekly to \$200 weekly, but also from conservative Republican Senators Mike Lee (R-UT) and Rand Paul (R-KY). The two conservative Republicans want to eliminate the UI benefits altogether, believing them to be a disincentive to returning to work.

The HEALS Act would allocate \$2 billion of the \$4.5 billion earmarked for SAMHSA to the Mental Health Block Grant but require that one-half of the \$2 billion be used for systems of care services provided in community mental health centers.

The Senate bill would also provide \$600 million for direct grants to Certified Community Behavioral Health Clinics and \$50 million—twice what the HEROES Act would provide—for suicide prevention. In addition, the HEALS Act would provide \$250 million for emergency grants for states, a little less than the \$265 million provided in the HEROES Act for the same purpose.

The HEALS Act matches the \$100 million provided in the HEROES Act for SAMHSA's Project Aware, but provides no money for the PATH program for the homeless, funded at \$100 million in the House bill or the National Child Traumatic Stress Network, funded by the House at \$10 million. Tribes and tribal organizations are provided \$15 million.

The Substance Use Prevention and Treatment Block Grant is provided \$1.5 billion under both bills.

The Senate bill also provides that, with respect to the amounts appropriated, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements, as deemed necessary to facilitate a grantee's response to coronavirus. In a like manner, a provision of the Senate package would mandate that the expansion of telehealth in Medicare made possible through waivers during the public health emergency be maintained through the latter of the duration of the public health emergency or December 31, 2021. The expansion of telehealth provided for Federally Qualified Health Centers and Rural Health

Centers would continue for five years beyond the end of the public health emergency.

The HEALS Act would require the Medicare Payment Advisory Committee (MedPAC) to report by July 1, 2021, on the impact of telehealth on access, quality, and cost. In addition, the Department of Health and Human Services would be required to post data on the use of telehealth throughout the pandemic.

The Senate measure does not include the temporary 12 percentage point enhancement in the Federal Medicaid match sought by the National Association of Medicaid Directors, NASMHPD, and other organizations. However, it does extend, from December 30, 2020 to 90 days after the end of the state or local government's fiscal year, the end date that Coronavirus Relief Fund (CRF) payments to state, local, and other governments can be used to pay costs incurred by those governments that are necessary expenditures attributable to the public health emergency and not accounted for in the governments' approved budgets prior to March 27.

The bill also expands the allowable uses of the relief payments to states and local and other governments to also include covering revenue shortfalls from taxes, fees, or other sources. To be able to use CRF funds to cover revenue shortfalls, a government would have to certify that it has distributed at least 25 percent of the CRF funds it received to downstream governments, without restrictions, conditions, or requirements. A government could use no more than 25 percent of its CRF funds to cover revenue shortfalls—language included to guard against a government forgoing uses of funds for COVID-19 expenditures in order to allocate funds to more fungible, possibly non-COVID-19 uses. In addition, the bill would continue CARES Act prohibitions against using CRF Funds for pensions or post-employment benefits or for replenishing state rainy day funds.

As noted above, the HEALS Act would reduce, from \$600 weekly to \$200 weekly, the supplemental UI benefits provided under the CARES Act, through September. Beginning in October, this payment would be replaced with a payment of not more than \$500 that, when combined with the state UI payment, would replace 70 percent of lost wages—either via a formula specified in the bill or by a state alternative method. If a state is unable to provide a second payment tied to lost wages by October 5, it could apply for a waiver from the U.S. Department of Labor to continue paying a fixed dollar amount for up to two additional months.

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[Zero Suicide International 5 Conference in Liverpool, England – POSTPONED TO EARLY FALL](#)

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Senate HEALS Act's 4.5 Billion for SAMHSA Includes \$2 Billion for the Mental Health Block Grant, \$50 Million for Suicide Prevention, \$250 Million for Emergency Grants to States

(continued from page 1) The additional \$200 payment would count as income when determining eligibility for federal low-income programs in the same way as wages and regular state unemployment insurance payments do. The CARES Act provided payment to states to reimburse nonprofits, government agencies, and Indian tribes for half of the costs they incurred through December 31 to pay unemployment benefits. A provision of the Senate bill increases that percentage from 50 to 75 percent of costs.

As under the CARES Act, all U.S. citizens and U.S. residents with adjusted gross incomes up to \$75,000 (\$150,000 married), who are not a dependent of another taxpayer and have a work eligible Social Security number, are eligible for a \$1,200 (\$2,400 married) income tax rebate. In addition, they would be eligible for an additional \$500 per dependent rebate. Unlike under the CARES Act where the additional \$500 was limited to taxpayers with a dependent child under 17, the additional \$500 would now be provided to taxpayers with dependents of any age. Even individuals who have no income, as well as those whose income comes entirely from non-taxable means-tested benefit programs, such as SSI benefits, would be eligible for the full rebate amount.

The amount of the rebate would phase out completely once the income of single filers exceeds \$99,000, the income of head of household filers with one child exceeds \$146,500, or the income of joint filers with no children exceeds \$198,000. For most Americans, no action would be required on their part to receive a rebate payment, as the Internal Revenue Service would use a taxpayer's 2019 tax return if filed, or the 2018 return as a secondary alternative.

The Senate bill provides \$75 million to the Administration for Community Living for Aging and Disability Services to prevent, prepare for, and respond to the corona virus. Of that total, \$58 million must be spent on programs authorized under the Older Americans Act, including \$3 million to implement a demonstration program to recruit and retain direct care workers, \$35 million for supportive services, \$20 million for supported services for family caregivers, \$10 million for protection and advocacy, and \$2 million for training, technical assistance, and resource centers for independent living centers.

The HEALS Act also provides \$5 billion to supplement and supplant state, territory, and tribal general revenue funds for child care assistance for low-income families within the United States (including territories) without regard to existing requirements under the Child Care and Development Block Grant Act. The moneys could be used to provide continued payments and assistance to child care providers in the case of decreased enrollment or closures related to the coronavirus, and to assure they are able to remain open or reopen as appropriate and applicable.

States, territories, and tribes would be encouraged to place conditions on payments to child care providers that ensure that they use a portion of the funds received to continue to pay the salaries and wages of staff laid off due to a shutdown order. States, territories, and tribes also would be authorized to use the funds appropriated to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to coronavirus by public officials, (Continued on page 11)

How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its [Crisis Now](#) partners—the [National Suicide Prevention Lifeline and Vibrant Emotional Health](#), the [National Action Alliance for Suicide Prevention](#), the [National Council for Behavioral Health](#), and [R.I. International](#)—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person's perspective, whether that's an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of [CrisisNow.com](#), a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit [www.CrisisNow.com/talk](#).

THIS WEEK: THE TREVOR PROJECT'S TIA DOLE TALKS ABOUT HOW LGBTQ YOUTH ARE RESPONDING TO THE PANDEMIC AND PROTESTS

Slow and steady. That's how Tia Dole, Ph.D., Chief Clinical Operations Officer at the-Trevor Project, describes the increase of calls they're receiving during the pandemic. The Trevor Project (TrevorLifeline: 1-866-488-7386, [TrevorChat](#), TrevorText: Text START to 678-678) is a crisis intervention and suicide prevention organization for young LGBTQ people up to the age of 24. While there is no caller too young, most are between the ages of 11 and 24 and prefer chat and text. In part, this is because young people live in a more digital world, but it's also because LGBTQ youth find it easier to talk about the challenges they face through chat and text. Generally speaking, notes Dr. Dole, young people reach out to the Trevor Project about their identity. "Most of our callers are not suicidal and are questioning their identity or sexuality. They reach out to us because they need an adult who they can talk to and work through things in a nonjudgmental way."

Though the increase in calls has been on a slow upward trajectory, that's not to say there haven't been recent spikes in calls. "Young people are very sensitive to events in the world. If something is happening, we're going to hear from them more." Recently though, marked call increases have occurred because of the pandemic, protests, and the historic U.S. Supreme Court decision in June finding that the 1964 Civil Rights Act prohibits sex discrimination against gay or transgender employees in the workplace. June was also Pride Month, which, says Dr. Dole, "is when young people reach out to us more than ever because they find out about us from Pride campaigns." Determining why calls are steadily rising is a bit more challenging to parse out. It could be, suggests Dr. Dole, because of visibility or circumstances, but "there are trends and themes in the data."

[LEARN MORE](#)

Crisis Now Partners:

The National Association of State Mental Health Program Directors (NASMHPD), founded in 1959 and based in Alexandria, VA, represents the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced "NASH-bid") is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for [www.CrisisNow.com](#).

The National Suicide Prevention Lifeline and Vibrant Emotional Health provides free and confidential emotional support and crisis counselling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. [www.suicidepreventionlifeline.org](#) [www.vibrant.org](#) [www.twitter.com/800273TALK](#)

The National Action Alliance for Suicide Prevention is the public-private partnership working with more than 250 national partners advancing the National Strategy for Suicide Prevention with the vision of a nation free from the tragic experience of suicide and a goal of reducing the annual suicide rate 20 percent by 2025. Administered by EDC, Inc., the Action Alliance was the catalyst for the Zero Suicide Healthcare and Crisis w: Transforming Services innovations. [www.theactionalliance.org](#) [www.edc.org](#) [www.twitter.com/ActionAlliance](#)

The National Council for Behavioral Health is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services. Together with their 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council introduced Mental Health First Aid USA and have trained more than 1.5 million Americans. [www.thenationalcouncil.org](#) [www.mentalhealthfirstaid.org](#) [www.twitter.com/NationalCouncil](#)

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what's strong, not what's wrong. More than 50% of employees report a lived experience with mental health, and the "Fusion Model" crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. [www.riinternational.com](#) [www.zerosuicide.org](#) [www.twitter.com/RIInternational](#)

Study Finds Naturally Occurring Lithium in Public Drinking Water May Combat Suicide

Naturally occurring lithium in public drinking water may have an anti-suicidal effect according to a new study from Brighton and Sussex Medical School (BSMS) and the Institute of Psychiatry, Psychology & Neuroscience at King's College London.

The study, published in the [British Journal of Psychiatry on July 27](#), found in a literature search of 15 ecological studies from around the world a consistent protective (or inverse) association between lithium levels/concentration in publicly available drinking water and total male and female suicide mortality rates.

Brighton and Sussex Medical School Chair of Epidemiology and Public Health Medicine Anjum Memon and his colleagues arrived at their tentative findings after searching the MEDLINE, Embase, Web of Science and PsycINFO databases to identify relevant ecological studies published between January 1, 1946 and September 10, 2018. Standardised regression coefficients for total (i.e. both genders combined), male and female suicide mortality rates were extracted and pooled using random-effects meta-analysis. Their literature search had initially identified 415 articles from which were pulled the 15 studies on which their synthesis was based.

The authors suggest that naturally occurring lithium in drinking water may help in mood stabilisation, particularly in populations with relatively high suicide rates and geographical areas with a greater range of lithium concentration in the drinking water. They say that randomised community trials of lithium supplementation of the water supply might be a means of testing the hypothesis, particularly in communities (or settings) with a demonstrated high prevalence of mental health conditions, violent criminal behaviour, chronic substance misuse and risk of suicide.

Professor Memon is quoted in the [July 27 Science News](#) saying

It is promising that higher levels of trace lithium in drinking water may exert an anti-suicidal effect and have the potential to improve community mental health. The prevalence of mental health conditions and national suicide rates are increasing in many countries. Worldwide, over 800,000 people die by suicide every year, and suicide is the leading cause of death among persons aged 15 to 24 years.

In these unprecedented times of COVID-19 pandemic and the consequent increase in the incidence of mental health conditions, accessing ways to improve community mental health and reduce the incidence of anxiety, depression and suicide is ever more important.

Professor Allan Young, Chair of Mood Disorders at King's College London, said: "This synthesis and analysis of all available evidence confirms previous findings of some individual studies and shows a significant relationship between higher lithium levels in drinking water and lower suicide rates in the community. The levels of lithium in drinking water are far lower than those recommended when lithium is used as medicine although the duration of exposure may be far longer, potentially starting at conception. These findings are also consistent with the finding in clinical trials that lithium reduces suicide and related behaviours in people with a mood disorder."

Recent studies have also linked lithium to a reduced incidence of Alzheimer's disease and other dementias.



Suicide Prevention Resource Center On-Line Course: Locating and Understanding Data for Suicide Prevention

Effectively preventing suicide requires an understanding of who is attempting and dying by suicide, where the problem is most severe, and under what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and others? *Locating and Understanding Data for Suicide Prevention* presents a variety of data sources that are useful for finding information about suicide deaths, suicide attempts, and suicidal ideation. This course also explains key concepts that will help you better understand the data you find.

After completing this course, attendees will be able to:

- Define and understand the difference between suicide deaths, suicide attempts, suicide ideation, and risk and protective factors for suicide;
- Explain key terms essential to accurately interpreting data and making meaningful comparisons;
- Identify commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify alternative data sources that may be available in states and communities, the type of data available from these sources, and considerations when approaching organizations and agencies for these data.
- Think critically about the strengths and limitations of a given data source.

This course is open to anyone. We highly recommend it for any professional involved in national, state or community suicide prevention.

Course Length: This course can be completed in approximately two hours. You do not have to complete the course in one session. You can exit the course at any time and return later to the place where you left off.

Certificate of Completion: To receive a certificate of completion, you must do the following online: complete each lesson, pass the posttest (passing score is 80 percent or higher), and answer the feedback survey questions. You can earn a certificate of completion once per year for each course. We do not offer continuing education credits for any of our courses.

[ENROLL HERE](#)

National Institute of Drug Abuse Notice of Special Interest (NOSI) Utilizing Telemedicine or Other Remote-Based Platforms to Develop and Support Treatments for Substance Use Disorders (NOT-DA-20-058)

Release Date: June 29, 2020

First Available Due Date: October 5, 2020

Expiration Date: January 8, 2024

Related Announcements:

PA-20-185– NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)

PA-20-183- Research Project Grant (Parent R01 Clinical Trial Required)

PA-20-195 - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)

PA-20-194 - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)

There is an urgent need for remotely delivered Substance Use Disorder (SUD) treatments to reduce patient burden and for methods to conduct clinical trials remotely. The purpose of this NOSI is to stimulate research to evaluate the safety and efficacy of telemedicine or remotely provided treatments for SUD, and to develop tools for remote collection of data in clinical trials of treatments for SUD.

Background

Most mainstream treatments for SUD currently rely on in-person clinical visits as an essential setting for treatment delivery and outcomes monitoring. The advent of the COVID-19 pandemic has substantially disrupted in-person treatment delivery, demonstrating the limitations of relying on in-person approaches. Further, even during normal circumstances, in-person treatment delivery results in additional travel-related demands and schedule conflicts (e.g., work, childcare) that can be burdensome to patients. These issues may be addressed via remote treatment delivery and patient outcomes monitoring as exemplified by telemedicine. Few studies have demonstrated that remote delivery of SUD treatment is feasible, safe, and efficacious. These remote delivery methods are generally still in the early stages of development, and existing studies generally lack the scope required to inform dissemination into clinical practice. Therefore, there is a need to develop new remotely-delivered SUD treatments and expand the dissemination of those already evaluated.

Similarly, clinical trials of SUD interventions generally require frequent in-person contact to monitor tolerability, adherence, and efficacy outcomes. The COVID-19 pandemic halted most SUD clinical research, which is evidence that methods for conducting clinical trials remotely are needed to overcome these challenges when participants cannot attend in-person clinic visits. Thus, there is an urgent need of research to develop tools to reduce the frequency of in-person visits in SUD clinical trials.

We expect this NOSI to accelerate the development of (1) remotely-delivered SUD treatment interventions, and (2) remote methods for collecting outcome measures evaluating the safety or efficacy of SUD treatments. These advances will facilitate the delivery of effective treatments to those in need and permit the execution of clinical trials when physical access to clinical research sites is limited. Ultimately, both these advances will lead to improved treatment options for individuals with SUD.

Research Objectives

NIDA encourages the submission of applications that will rapidly improve the ability to: (1) offer remotely-delivered SUD treatments to patients, including efforts to bring access to difficult to reach populations, and (2) conduct clinical trials of novel treatments using remote patient safety and clinical outcomes monitoring to reduce the need for in-person clinical visits.

This NOSI encourages research among subgroups that have been disproportionately impacted by COVID-19 or have difficulty accessing SUD treatment/research programs, including racial/ethnic minorities, socioeconomically disadvantaged individuals, and rural populations. This NOSI will also prioritize applications that have an impact beyond the circumstances created by the COVID-19 pandemic, for example, applications that address more long-standing barriers to SUD treatments or tackle issues with predominately in-person clinical trials research.

Potential applicants seeking to develop technologies for remote monitoring or treatment delivery should have performed sufficient due diligence to ensure that the proposed technologies address an unmet need or substantially enhance existing capabilities.

Areas of interest include, but are not limited to:

- Development and evaluation of new or existing remote-delivery of treatments for SUD.
- Development and evaluation of new or existing remote-delivery interventions for SUD among patients with or at risk of limitations of mobility, such as:
 - Pregnant or recently postpartum women
 - Older adults
 - Low SES populations
 - Racial/Ethnic minority, or health disparity populations
 - Rural populations
 - Individuals living in Native-American nations
 - Comorbid medical or mental health conditions
- Development and evaluation of new or existing tools and methods for remote monitoring of SUD treatment recruitment, adherence, tolerability, and outcome measures.
- Development and evaluation of research designs that may enhance the implementation of clinical trials that can be conducted remotely, in full or partially, and reduce the number and frequency of in-person clinical visits. These may include recruitment from a larger geographical area, or of patients who live in more rural areas, have disabilities, or have other specific barriers/challenges regarding attending in-person clinical visits (e.g., work during clinic hours, lack childcare, etc.).

Scientific/Research Contact: Evan S. Hermann, PhD.National Institute on Drug Abuse (NIDA), Email: evan.herrmann@nih.gov



SAMHSA-SPONSORED WEBINARS

Increasing Access to Quality Care Through Supportive Housing

Thursday, August 6, 1:30 p.m. to 3:00 p.m. E.T.



Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by Mental Health America (MHA)

Housing programs offer supports to help people stay connected to the best mental health care they need to promote recovery. Since 1990, MHA of South Carolina and its affiliates have grown more than 600 housing units for communities across their state. Their housing models include residential care for individuals with serious mental health challenges and shelter plus care models. To meet the need, MHASC created Turnkey Housing Corp., an arm of the organization that develops housing, especially in rural areas. The webinar will explore:

- How MHASC's housing staff works with the local community to design housing that best fits the needs of consumers,
- How they use federal, state and private funding sources to develop projects, and
- Best practices in running housing models that increase access to quality care.

Presenters:

- Joy Jay: Executive Director of Mental Health America South Carolina
- Darlene Riggins: Housing Director of Mental Health America South Carolina

[REGISTER HERE](#)

A Whole Person Approach to Working with Individuals Who Are Living with Serious Mental Illness

Tuesday, August 11, 2:30 p.m. to 4:00 p.m..



Presented by the National Council for Behavioral Health

This webinar will discuss strategies for developing and implementing a whole person approach when serving individuals who are living with serious mental illness (SMI). Key considerations include access to basic needs and social determinants of health when treating and managing SMI; access to community-based supports to reduce barriers to resources; and access to peer support through Warm Lines and other crisis service systems.

Allie Franklin, CEO of Crisis Connections, will provide an overview of the whole person/integrated care approach to treating SMI and the types of crisis line services provided by Crisis Connections. She will also discuss best practices in leveraging technology to coordinate care and connect to resources in the community. Topher Jerome, Director of Lived Experience Integration at Jaspr Health, will focus on strategies for incorporating peer support services in crisis line systems. As a person with lived experience, he offers a unique perspective and expertise around the impact of peer support in behavioral health. Karis Grounds, Vice President of Health and Community Impact at 2-1-1 San Diego, will discuss how community information exchanges can leverage resource databases to improve referrals and care coordination with community services, as well as promote cross-sector collaboration to improve whole health.

Presenters

- Allie Franklin, LICSW, Chief Executive Officer of Crisis Connections
- Topher Jerome, Director of Lived Experience Integration at Jaspr Health
- Karis Grounds, MPH, Vice President of Health and Community Impact at 2-1-1 San Diego

[REGISTER HERE](#)

Closed-captioning is available for these webinars. We do not offer CEU credits. However letters of attendance are offered upon request.

If you have any questions please contact Kelle Masten via [email](#) or at 703-682-5187.



Mental Health America Virtual Summer RPC Meeting



**Wednesday, August 12,
11:00 a.m. to 4:00 p.m. E.T.**

[REGISTER HERE](#)

Mental Health America's 2020 Summer RPC meeting: Addressing Mental Health Impacts of COVID-19, Entrenched Inequities, and Policing Practices will be a completely virtual meeting, in a change from previous years, to accommodate physical distancing during the ongoing pandemic.

Registration for this meeting is now live and open to all affiliates and partners for free!

The Legislative Awards Ceremony honoring state legislators will begin at 11:00 a.m. E.T., followed by the policy meeting at 12:00 p.m. to 4:00 p.m. E.T. MHA affiliates, industry partners, and national experts and stakeholders will come together to explore: how MHA's screening data reflects a second national crisis during the pandemic; how criminalization and the health care system disproportionately harm people with mental health conditions and black and brown people; and which crisis models need more investment to scale broadly across states.

Policy content will be just as deep and engaging as always so you will not want to miss the line-up of luminaries, including Dr. Arthur Evans, CEO of American Psychological Association, speaking about inequities, reaching all community members, and the invaluable contributions of peers. Attendees will learn about policy conclusions in the Mind the Gap report on perinatal mental health and hear about how Minneapolis is leading policy reform from Willie Garrett, President of the Minnesota Association of Black Psychologists. Dr. Jennifer Wood, a leading researcher on the intersection of mental health and criminal justice, will discuss her study of Minor Charges with Major Impacts. And, participants will learn about several extraordinary crisis intervention models and criminal justice alternative programs from RI International, MHA of Nebraska, and MHA of Greater Dallas.

We are excited to bring to you an agenda that focuses on the most pressing mental health issues of the time as the effects of the COVID pandemic continue to evolve. We will:

- Highlight alarming trends in MHA's national screening data during COVID-19, one of the few real-time mental health data sources;
- Discuss how policy and practices disproportionately impact communities of color and people with mental health conditions; and
- Identify some of the best crisis intervention models, including peer-led programs.

Please note, this meeting will be held through a browser-based virtual platform which registrants will join through an emailed link. Participants must use the same email address as was registered to access the live event stream on August 12. Any non-registered email addresses will not have access to participate.

AGENDA

- 11:00 a.m. -- Pre-meeting Mental Health Champion Legislative Awards
- 12:00 p.m. -- Welcome and Introductions
- 12:05 p.m. -- Setting the Stage
- 12:15 p.m. -- Framing the Issues: What MHA Screening Shows
- 12:30 p.m. -- Keynote with Dr. Arthur Evans, CEO of American Psychological Association
- 1:15 p.m. -- Maternal Mental Health in the time of COVID: Mind the Gap Report
- 1:45 p.m. -- Minneapolis Leading Police Reform
- 2:15 p.m. -- Minor Charges with Major Impact
- 3:00 p.m. -- Panel: Crisis Stabilization Models with Outstanding Outcomes
- 3:50 p.m. -- Conclusion

Inquiries about participation in the RPC meeting may be made to MHA's Debbie Plotnick at dplotnick@mhanational.org or Caren Howard at choward@mhanational.org.



The Social and Behavioral Interventions for Vaccination Acceptance Small Grants Program aims to identify promising social and behavioral research projects and pilot interventions for increasing vaccine acceptance in low- and middle-income countries. This program will fund novel research projects that both explore the social and behavioral factors affecting vaccine acceptance and use research findings to pilot intervention programs. Sabin is committed to advancing research in this area by awarding grants of \$25,000 each to researchers in low- and middle-income countries who will combine rigorous research with robust intervention programs. In so doing, this program also fosters collaboration between academic researchers and national immunization program managers and health officials.

The goal of the Small Grants Program is to generate these relationships and establish an invaluable feedback loop between academic research and immunization programs. By fostering these on-the-ground relationships, research findings can be operationalized to reform immunization program strategies and community outreach tactics, with the ultimate goal of increasing immunization uptake and eradicating preventable diseases globally. Additionally, grantees will have the opportunity to build relationships and have impactful conversations about ways forward for immunization acceptance with the interdisciplinary Vaccine Acceptance Research Network comprised of social scientists and public health experts addressing vaccine acceptance and demand challenges.

The 2020 call for proposals is now open with a request for proposals that explicitly focus on research to improve our understanding of COVID-19 misinformation, generation of evidence about the impact misinformation may have upon acceptance of a future vaccine and/or demand for other vaccines and routine immunization, and in-country interventions that address misinformation. Research will be conducted over a 10-month period beginning in September 2020. Interested parties can learn more about eligibility criteria in the [Request for Proposal](#).

Timeline

The deadline for research proposal submissions is **11:59 PM EST on Friday, July 31, 2020**. Sabin will notify all applicants of a funding decision with respect to their proposal by close of business on **August 28, 2020**.

Forms and additional information: [2020 Request for Proposal](#) [2020 RFP Budget and Timeline Templates](#)

APPLY NOW

Any questions regarding proposal submission can be addressed to: smallgrants@sabin.org.

External Review Committee

An External Review Committee comprised of experts from a variety of disciplines will peer review eligible submissions and advise Sabin on the selection of grantees.

2019 Small Grants Program

For the 2019 grant cycle, Sabin received more than 50 proposals representing 32 countries. Sabin awarded grants of \$24,000 each to research teams from Uganda, India and Sierra Leone to research, design and pilot a research project and community-level intervention. Each research project contributed to our understanding of the social drivers of vaccine acceptance across country and local-level contexts, with a particular focus on low- and middle-income countries. The grantees' research findings, detailing what drives individuals to accept vaccines in specific contexts, move us toward a global future free from preventable disease.

[Learn more](#) about the grant recipients and their research projects.

Subscribe for Updates

Sign up to receive updates on future funding opportunities.

SIGN UP



National Federation of Families
for Children's Mental Health

An Important Grant Award Announcement

SAMHSA's First National Family Support Technical Assistance Center (NFSTAC)

A coalition led by the National Federation of Families for Children's Mental Health, in partnership with the Center on Addiction, C4 Innovations, SAFE Project, and Boston University has been awarded SAMHSA's first National Family Support Technical Assistance Center (NFSTAC). NFSTAC is committed to providing tiered training and technical assistance (TTA), using a lifespan approach, that focuses on supports for families caring for loved ones who experience serious emotional disturbances, serious mental illness, and substance use disorders. This approach is anchored by the underlying principles that families play a vital role in supporting their loved ones, are the experts regarding their family support needs, and can be productively engaged to play a central role in treatment and recovery services.

NFSTAC will deliver comprehensive TTA that:

- Advances partnerships between clinical and peer providers and family members of individuals experiencing SED/SMI/SUDs
- Promotes stronger and more sustainable recovery-oriented outcomes
- Focuses on adapting and implementing recovery-oriented services
- Targets emphasis on workforce capacity and competencies
- Trains and certifies family peer specialists
- Delivers field-requested and on-demand resources for families and the general public
- Offers a multimodal platform including virtual trainings, mobile apps and social media

The NFSTAC team is comprised primarily of family members with loved ones of varying ages who experience SED/SMI/SUDs as well as individuals in recovery. This lived experience, combined with collective decades of experience as researchers, practitioners, TTA providers, and leaders in family engagement, will inform every aspect of NFSTAC. The effect of entrusting this agenda to a family-run organization, in collaboration with local, state and national family-centered partners, and strong alignment with professionals who advance the importance of family engagement in their work, will be transformational in the delivery of TTA. It will also emphasize to all stakeholders that lived experience and authentic family voice are cornerstones of the NFSTAC approach.

For more information, please contact Lynda Gargan, Executive Director, at lgargan@nffcmh.org.



C4
Innovations



SAFEProject
The National Center for Safe and Effective Project



Senate HEALS Act's 4.5 Billion for SAMHSA Includes \$2 Billion for the Mental Health Block Grant, \$50 Million for Suicide Prevention, \$250 Million for Emergency Grants to States

(Continued from page 3) without regard to the income eligibility requirements of the Child Care and Development Block Grant Act.

The CARES Act provided an employee retention tax credit (ERTC) in the form of a refundable payroll tax credit equal to 50 percent of certain wages paid by employers to employees during the COVID-19 crisis. The Senate bill increases the applicable percentage of qualified wages reimbursed through the credit from 50 percent to 65 percent. Under the CARES Act, employers are eligible for the ERTC if their (1) operations were fully or partially suspended due to a COVID-19-related shutdown or (2) gross receipts declined by more than 50 percent when compared to the same quarter in the prior year. The HEALS Act would lower the amount of the reduction in gross receipts required to qualify as an eligible employer from a 50 percent decline to a 25-percent decline compared to the same calendar quarter in the previous year. For purposes of determining eligibility in the third quarter or fourth quarter of calendar year 2020, an employer could also satisfy the reduction-in-gross-receipts test if the preceding quarter's gross receipts declined by at least 25 percent when compared to the same calendar quarter in the previous year. In addition, the provision would modify the definition of gross receipts to include gross receipts of tax-exempt organizations.

The credit would be based on the amount of qualified wages paid by the employer. The CARES Act limited the amount of qualified wages taken into account per employee to \$10,000 for the year. The HEALS Act would increase the limitation on qualified wages taken into account per employee to \$10,000 per quarter or \$30,000 for the calendar year.

Under the CARES Act, for employers with more than 100 full-time employees, the credit is based only on the portion of an employee's wages that compensate the employee for not performing services. For employers with 100 full-time employees or fewer, the credit is based on all wages paid to an employee. The HEALS Act would increase the 100-employee threshold to 500 employees.

The HEALS Act would also establish a refundable payroll tax credit equal to 50 percent of an employer's "qualified employee protection expenses," such as testing for COVID-19, protective personal equipment, cleaning supplies, and "qualified workplace reconfiguration expenses," including modifications to workspaces for the purpose of protecting employees and customers from the spread of COVID-19, and "qualified workplace technology expenses," including contactless point-of-sale systems and other technology to track employee interactions with customers. Qualified workplace reconfiguration expenses and qualified workplace technology expenses would have to have a primary purpose of preventing the spread of COVID-19. An employer's qualified employee protection expenses, qualified workplace reconfiguration expenses, and qualified workplace technology expenses would be limited based on the employer's average number of employees. In each calendar quarter, qualified expenses could not exceed a cap based on the average number of employees equal to \$1,000 for each of the first 500 employees, plus \$750 for each employee between 500 and 1000, plus \$500 for each employee over 1,000. Self-employed individuals, including sole proprietors, independent contractors, and farmers, would be able to claim a refundable credit against income taxes for the same types of COVID-19 related expenses. Self-employed individuals would be treated as if they are an employer with a single employee for purposes of the credit. The credit would apply to amounts paid or incurred for qualified employee protection expenses after March 12, 2020 and before January 1, 2021.

The HEALS Act would protect Medicare beneficiaries from an expected spike in the Part B premium (and deductible) likely to result from economic conditions related to the COVID-19 public health emergency and Advance Payment program loans to providers made from the Supplemental Medical Insurance (SMI) Trust Fund. Specifically, it would hold the 2021 Part B monthly premium at the 2020 amount--\$144.90 for the standard premium (a higher amount for beneficiaries paying income-related premiums). It would require that most beneficiaries pay a \$3 surcharge on the monthly premium until the shortfall in the SMI Trust Fund from holding premiums constant in 2021 is recouped.

The HEALS Act would also delay the date on which hospitals and other providers must start to repay Medicare Accelerated and Advance payment loans made under the CARES Act until January 1, 2021, and provide additional time until these loans must be repaid in full before having to pay interest.

Despite opposition from the White House, the HEALS Act would provide the National Institutes of Health with \$16 billion for testing, contact tracing, and surveillance in states. This new funding, when combined with approximately \$9 billion that remains unallocated from the Paycheck Protection Program and Health Care Enhancement Act, would make \$25 billion available for these purposes.

The Senate bill would also provide \$3.4 billion to CDC, including \$1.5 billion to continue supporting state, local, and territorial public health needs and \$6 billion to develop and execute a new COVID-19 vaccination distribution campaign coordinated through CDC.

An additional \$25 billion would be added to the existing Provider Relief Fund created under the CARES Act to compensate for lost revenues and uncompensated care.

A provision of the Senate bill incorporating Senator John Cornyn's (R-TX) "[SAFE TO WORK Act](#)," [S. 4317](#), championed by Senator McConnell, but opposed by House and Senate Democrats, would create a temporary immunity, until the later of October 1, 2024 or the end of the pandemic-related public health emergency declaration, from civil liability for COVID-19-related claims brought by a person who suffered personal injury or who is at risk of suffering personal injury, or a representative of such a person, against an individual or entity engaged in business, services, activities, or accommodations alleging that an actual, alleged, feared, or potential for exposure to coronavirus occurring in the course of the business, services, activities, or accommodations caused personal injury or risk of personal injury.

The immunity would not apply to criminal, civil, or administrative enforcement actions brought by the Federal government or claims alleging intentional discrimination on the basis of race, color, national origin, religion, sex (including pregnancy), disability, genetic information, or age. Nor would state workers' compensation laws be preempted or superseded.

Individuals or entities protected by the immunity would include healthcare providers, for-profit and nonprofit businesses, and state and local governments, tribes and tribal organizations, and school districts..

The immunity from liability would not apply if the defendant (1) did not make reasonable efforts to comply with applicable government standards and guidance in effect at the time of the injury, and (2) engaged in gross negligence or willful misconduct causing an actual exposure to the coronavirus, with the actual exposure causing the plaintiff personal injury.



SAMHSA-SPONSORED WEBINARS

Establishing and Building Bed Registry Systems Highlighting the Success Outcomes of the 2019 Transformation Transfer Initiative (TTI) Projects

Wednesday, August 19, PART ONE – Understanding the Essential Elements of an Effective Statewide Bed Registry

Thursday, August 20, PART TWO – Establishing and Building Statewide Crisis Service/Bed Registries: Three Different Models for Success

In a continued effort to assist states in transforming their mental health systems of care the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides competitive funding awards to States, the District of Columbia, and the Territories to identify, adopt, and strengthen innovative initiatives.

TTI 2019 recipients used the funds to establish and expand comprehensive crisis psychiatric bed registry programs by tracking and monitoring the availability of psychiatric beds. Efforts also included tracking other crisis service supports such as crisis assessment centers, crisis residential programs, respites, mobile crisis teams, and centralized crisis call centers. Recipients used TTI funds to identify, adopt, and strengthen bed registry systems through either a new initiative or expansion of an existing one.

These two webinars will provide insight into how recipients created or expanded their bed registry systems in the hope that their experiences will offer guidance for other states and communities undertaking similar projects.

PART ONE – Understanding the Essential Elements of an Effective Statewide Bed Registry

In this webinar, 2019 TTI states Georgia and Delaware will illustrate the key components of a successful Crisis Services/Psychiatric bed registry and its role in improving crisis services in their states.

Through their experiences, speakers will demonstrate that to develop a successful registry, it is critically important to establish early and ongoing communication with all internal and external organizations and partners, as well as incorporate their input and feedback throughout the process.

States will also share information regarding choosing and adapting technology to meet the needs of partners and end-users, creating training and implementation strategies, and collecting data. Finally, speakers will share lessons learned, successes in sustainability, and forecasts for the future. Each state will offer concrete examples, specific information on their methodologies and technological strategies, and important insights to their process.

Presenters:

Delaware

- Lisa Johnson, Informatics Consultant, HEALThe Insights
- Kris Fraser, Manager, Research and Evaluation, Delaware Division of Substance Abuse and Mental Health

Georgia

- Debbie Atkins, LPC, Director, Office of Crisis Coordination, Georgia Department of Behavioral Health and Developmental Disabilities
- Jill Mays, LPC, Director, Office of Prevention & Federal Grants, Georgia Department of Behavioral Health and Developmental Disabilities

[REGISTER HERE FOR PART ONE](#)

(CONTINUED ON NEXT PAGE)

Closed-captioning is available for these webinars. We do not offer CEU credits. However letters of attendance are offered upon request. If you have any questions please contact Kelle Masten via [email](#) or at 703-682-5187.



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PART TWO – Establishing and Building Statewide Crisis Service/Bed Registries: Three Different Models for Success



In this webinar, 2019 TTI states Rhode Island, North Carolina, and New Mexico will showcase their bed registry efforts, each using a different model for success. The three models for bed registries used by TTI 2019 recipients are: 1) search engine system, 2) referral system, and 3) referral network.

Rhode Island will explain its use of the search engine system, in which a platform refines searches by different terms relevant to patient placement, allowing providers to call the appropriate center. North Carolina will discuss the referral system, in which professionals make an assessment and then refer the patient to a hospital or crisis center. Finally, New Mexico will describe the referral network system. This model operates as a bi-directional referral system that refers patients to hospitals and allows hospitals to refer patients to other treatment centers. Each state will discuss how their model works and highlight unique and helpful features.

Presenters:

Rhode Island

- Olivia King, Behavioral Health IT Coordinator, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

North Carolina

- Krista Ragan, MA, BH-CRSys Program Manager, North Carolina Division of Mental Health, Developmental Disabilities & Substance Abuse Services/North Carolina Department of Health and Human Services

New Mexico

- Tiffany Wynn, MA, LPCC, Acting Deputy Director, Treatment & Programs Bureau, BHSA
- Hazel Mella, PhD, Staff Manager and Project Director, New Mexico BH Referral Network, BHSA

[REGISTER HERE FOR PART TWO](#)

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OFFICE OF JUSTICE PROGRAMS SPONSORED WEBINARS

Webinar Series: Implementing the Principles of a Trauma Responsive Service System

[REGISTER FOR SERIES HERE](#)

The [SAMHSA Concept Paper on Implementing a Trauma Informed Approach](#) will provide the basis for this four-part series designed to create a values-based framework for moving from theory to practice. The six principles for creating a trauma responsive service delivery will be presented. Organizations that serve victims of crime and those that have used their services will lend their voices and their experiences to share how they used the principles in creating trauma responsive services. Discussions on the importance of recognizing and addressing unconscious or implicit bias and its impact on services will also be discussed. The principles serve as a non-prescriptive road map to assist with the implementation of trauma responsive services and creating an atmosphere where all victims of crime want to come for help/services.

Sessions	Dates	Speakers
Empowerment/Voice/Choice & Collaboration/Mutuality	August 11, 12:00 p.m. to 1:30 p.m. E.T.	William Kellibrew, Baltimore City Health Department; Devika Shankar, LA LGBT Center
<i>Lessons Learned: Increasing Access to Mental Health Services to Traditionally Underserved Victims of Crime</i> through implementation of trauma-responsive services. The purpose of addressing the trauma experienced by victims of crime is not always understood by their providers. By understanding the impact of trauma on victim survivors, responding in ways that enhances the realization that behavior is frequently an adaptation to trauma and that healing must be the focus of service and support is key to ensuring organizations create an atmosphere where all victims of crime want to come to you for help/services. Grantees will discuss challenges and how they applied a trauma-informed lens to successfully overcome obstacles	September 10, 12:00 p.m. to 1:30 p.m. E.T.	OVC Purpose Area 3b Grantees from Los Angeles LGBT Center, Clinical and Support Options, Inc (MA), and Center for Trauma & Resilience (CO)

[REGISTER HERE](#)

This product was supported by grant number 2017-VF-GX-K142, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Additional NASMHPD Links of Interest

[LEARNING FROM NEW STATE INITIATIVES IN FINANCING LONG-TERM SERVICES AND SUPPORTS](#), LEADING EDGE LTSS CENTER & CENTER FOR CONSUMER ENGAGEMENT IN HEALTH INNOVATION AT COMMUNITY CATALYST, JULY 2020

[MOST VOTERS SAY THEY'D RATHER WAIT FOR AN EFFECTIVE CORONAVIRUS VACCINE](#), ZACHARY BRENNAN, POLITICO/MORNING CONSULT, JULY 29

[C-TLC | BACK TO SCHOOL AFTER COVID-19: SUPPORTING STUDENT AND STAFF MENTAL HEALTH TOOLKIT](#), ASBY D., M.A., M.ED., ET AL., MENTAL HEALTH TECHNOLOGY TRANSFER CENTER NETWORK, NEW ENGLAND REGION, JULY 10

[GRIEF LEADERSHIP DURING COVID-19](#), CENTER FOR THE STUDY OF TRAUMATIC STRESS, UNIFORMED SERVICES UNIVERSITY

[GOOD GRIEF: FUNERALS IN THE TIME OF A PANDEMIC: A TOOLKIT FOR CHILDREN AND FAMILIES](#), GOOD-GRIEF.ORG, 2020

[APRIL 2020 MEDICAID AND CHIP ENROLLMENT REPORT](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JULY 23

[ESTIMATED COUNTY-LEVEL PREVALENCE OF SELECTED UNDERLYING MEDICAL CONDITIONS ASSOCIATED WITH INCREASED RISK FOR SEVERE COVID-19 ILLNESS — UNITED STATES, 2018](#), RAZZAGHI H., PH.D., ET AL., CENTERS FOR DISEASE CONTROL AND PREVENTION, MORBIDITY AND MORTALITY WEEKLY REPORT, JULY 24

Save the Date!

We Have Added a Virtual HCBS Conference Option - Registration Opens in August



HCBS
CONFERENCE
Home & Community-Based Services

Marriott Wardman Park
Washington, DC

HCBSconference.org



NEW DATES

ADvancing States Fall Member Meeting: December 7, 2020
HCBS Conference: December 8-11, 2020



Notice of Upcoming Targeted PCORI Funding Announcement Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020

Announcement Type: Research Award

Total Funds Available: \$30 Million

Maximum Project Period: 5 years

Applicant Town Hall Session: September 2020

Letter of Intent Deadline: September 29, 2020, 5 p.m. E.T.

Total Direct Costs: \$10 million

Earliest Start Date: November 2021

Application Deadline: January 12, 2021, 5 p.m. E.T.

This notice provides information about an upcoming Targeted Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement (PFA), which will be released by PCORI on September 1, 2020. Through this initiative, PCORI seeks to fund large randomized controlled trials (RCTs) and/or observational studies that compare the effect of brief interventions on acute suicide risk in youth ages 15 to 24.

Suicide rates in the US have increased by over 35 percent from 1999 to 2018. Of notable concern is the 46 percent increase in rates for youth ages 15 to 24 during this same time period (from 9.9 to 14.5 per 100,000). While suicide rates have risen across race/ethnicity, gender, and geographical groups, rates remain highest in boys/males, LGBTQ, rural, and American Indian/Alaska Native populations. Additionally, recent trends indicate an increasing suicide rate for Black and Latina adolescents.

Brief interventions (e.g., Teachable Moment Brief Intervention, Motivational Interviewing, Safety Planning) are often the first intervention patients presenting with suicidality receive. These interventions are designed to reduce acute suicide risk and direct patients to appropriate treatment, and can be delivered in a variety of settings (e.g., emergency departments, primary care, schools, mobile crisis units, community-based settings, home, inpatient care, juvenile detention centers) and by a range of healthcare professionals. The evidence base of brief interventions for suicidality comes primarily from studies done with adults. There is some evidence for youth, but which interventions work best for which populations of youth is not clear.

This Targeted PCORI Funding Announcement will solicit applications that respond to the following question:

What is the comparative effectiveness of different brief interventions to reduce suicidality and improve outcomes for youth ages 15 to 24?

PCORI is particularly interested in the comparative effectiveness of tailored approaches to brief interventions. Tailoring may include involvement of people with lived experience, telehealth (e.g., apps, text-based, web-based, phone calls, video calls), cultural factors (e.g., language, family involvement, rituals), and specific settings (e.g., primary care, school, home, community) or other cultural adaptations.

Applicants should consider the following outcomes: suicidal ideation, self-harm, engagement in mental health care, functional measures, school participation, employment, skills to manage suicidality, connectedness, quality of life, and healthcare utilization (hospital or ED use). Applications should include follow-up for up to one year.

Interventions must be evidence-based **and/or** in widespread use and reproducible. This Targeted PFA preannouncement is provided to allow potential applicants additional time to identify collaborators, obtain stakeholder input on potential studies, and develop responsive, high-quality proposals.



BE INFORMED



The Department of Behavioral Health and Developmental Disabilities and the Department of Public Health invite you to participate in our **2x2 Series: Self-Care Tips and Support for Managing Life**. These engaging and interactive sessions may be just the break you need from a challenging workday. They are designed to promote wellness and provide self-care tips and support for managing life during these unprecedented times. Each session offers mental health tips and information about reducing/managing stress, working through grief, improving work/life balance, enhancing personal and professional relationships, having fun, and other hot topics.

NOTE: The sessions use the WebEx webinar online conferencing system. WebEx allows participants to log on to a website from their computer and view the facilitator's information online, while listening to the facilitator through the use of a simultaneous telephone conference call.

The 2x2 Series is held LIVE twice weekly, on Tuesdays and Thursdays at 2:00 p.m. Below is the date, time, session title and registration link for this week's sessions (the password for each session is "2by2"):

All participants must use the links above to register for the 2x2 sessions. Additionally, please note that it is strongly encouraged that you join the webinar 10-15 minutes prior to the start time to ensure that you do not experience any connectivity issues. Although all attendees will be muted, the chat box will be functional, and all attendees are encouraged to ask questions and share thoughts through the interactive chat. The facilitator will allot time for Q&A at the end of the presentation.

Want to be a 2x2 Presenter? The 2x2 Planning Team is recruiting new presenters to share their knowledge and experience with our growing audience. If you are interested, please click on the following link, and complete the Speaker Application. A member of our team will contact you to begin the vetting process. https://www.surveymonkey.com/r/2x2_Series_Speaker_Application

If you cannot attend the live sessions, each one will be recorded and available for review on the DBHDD website: <https://dbhdd.georgia.gov/2x2-series>.

[Questions? Please email DBHDDLearning@dbhdd.ga.gov](mailto:DBHDDLearning@dbhdd.ga.gov)



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network – School Mental Health Initiative

[The Mental Health Technology Transfer Center \(MHTTC\) Network](#), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a collaborative Network that supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. The Network includes 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office.

The MHTTC Network has supplemental funding to focus on the need for further implementation of mental health services in school systems. The Regional and National Centers provide technical assistance and develop resources, trainings and events around various school mental health topic areas, including evidence-based identification, early intervention, and treatment practices, youth suicide prevention, school wellness, and trauma-informed practices in schools.

During the current COVID-19 public health crisis, the MHTTC Network remains open and available to assist the school mental health workforce. While in-person learning opportunities are postponed until further notice, the Network is working quickly to offer virtual learning opportunities in the interim.

To view a compilation of MHTTC resources specific to school mental health during the COVID-19 pandemic, please visit our [website](#). For access to all MHTTC trainings and resources, visit the Training and Events Calendar [here](#) and the Products and Resources Catalog [here](#).

STAY INFORMED! SUBSCRIBE TO MHTTC PATHWAYS [HERE](#)

MHTTC Pathways is a monthly eNewsletter that keeps you informed about what is happening within the MHTTC Network. It highlights events, training opportunities, resources, and the latest Network products. Special features help you stay updated on the latest on evidence-based practices, implementation science, and workforce development.





SAMHSA-SPONSORED WEBINAR

Improving Access to Care Through Creating Certified Family Peer Specialists Across the Lifespan

Wednesday, August 12, 2:00 p.m. to 3:30 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Federation of Families for Children's Mental Health

Family Peer Support services have been available in many states for several years. While this service began organically, it has matured and is now a recognized Medicaid-billable support for families. While Family Peer Support was originally developed as a support for families with school-aged children in child-serving systems, the service has evolved in response to reflect a more robust understanding of family dynamics and the cultural shift towards more children remaining with their families into adulthood.

This webinar will explore the dimensions of family support across the lifespan. Our presenters will speak from three unique perspectives. We will highlight the subtle differences in providing supports for families with very young children, those with school-aged children and youth, and those families caring for their adult children. Presenters will offer real-life examples and tools that should prove useful for participants. The challenges faced by families as they transition through the various service systems will be highlighted and the importance of family support throughout the lifespan will be described.

Presenters:

- Joy Hogge, Ph.D., Executive Director, Families as Allies, Mississippi
- Zira Franks, MSC, BHT, Program Director, Family Involvement Center, Arizona
- Cindy Seekins, CFPS, Executive Director G.E.A.R. Parent Network, Maine

Moderator:

- Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children's Mental Health

[REGISTER HERE](#)

Closed-captioning is available for these webinars. We do not offer CEU credits. However letters of attendance are offered upon request.

Virtual Training Program for Peers on Trauma Informed Peer Support

August 4 & 5, Full Day Training Noon to-6:00 p.m. E.T.

[Register for August 4 Class](#)

[Register for August 5 Class](#)

****Only need to register for 1 class. Attendees are encouraged to use web cam for this training****

This full day virtual training is designed for peers who will provide outreach and support to underserved victims and interested organizations. Peer trainers will train other peers using the Trauma Informed Peer Support (TIPS) curriculum. It will also include coaching and information sharing by peer trainers who have a variety of experiences having worked in multiple systems and settings. The training will accommodate 15 participants via zoom per session.

Learning Objectives

Upon completion of the training, participants will be able to:

- 1) Define "peer support" and describe three principles of peer support that differentiate it from traditional professional approaches to services.
- 2) Describe three characteristics of peer support that contribute to the development of healing relationships among trauma survivors. Including how peer support can be used in context of traditional victim service agencies and allied professions. (Domestic Violence, Rape Crisis, Human Trafficking, Substance Abuse and other Mental Health settings).
- 3) Describe three actions peer supporters can take within your organization to avoid "helping that hurts."
- 4) Understand what policies and procedures should be in place within an organization to successfully implement a "trauma-informed" peer support program or service.
- 5) Discuss how understanding trauma survivors' reactions as "coping strategies" rather than "symptoms" affects the healing potential of peer support relationships.
- 6) Explain how understanding that people have membership in multiple cultural groups can be helpful in establishing peer support relationships and supporting recovery.
- 7) Describe how trauma survivors' personal narratives can be used to explore the meaning survivors make of their trauma experience and how these narratives can be used for healing and growth.
- 8) List three possible social action activities that trauma survivors can take in your community to reclaim power in their lives.

Disaster Distress Helpline

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TEXT: "TalkWithUs" to 66746



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Text:
'TalkWithUs' to 66746



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<http://disasterdistress.samhsa.gov>



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<http://twitter.com/distressline>

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990
or text 'TalkWithUs' to 66746
to get help and support
for any distress that you or someone
you care about may be feeling
related to any disaster.

The **Helpline** and **Text Service** are:

- Available 24 hours a day,
7 days a week, year-round
- Free (standard data/text messaging
rates may apply for the texting service)
- Answered by trained crisis counselors.

TTY for Deaf / Hearing Impaired:
1-800-846-8517

Spanish-speakers:
Text **"Hablanos"** to 66746



SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4772)

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Dept. of Health and Human Services (HHS).

Disasters have the potential to cause emotional distress. Some are more at risk than others:

- Survivors living or working in the impacted areas (youth & adults)
- Loved ones of victims
- First Responders, Rescue & Recovery Workers.

Stress, anxiety, and depression are common reactions after a disaster.

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Drinking alcohol, smoking or using tobacco more than usual;
- Using illegal drugs
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

Take care of yourself. Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

Reach out to friends and family. Talk to someone you trust about how you are doing.

Talk to your children. They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

Get enough 'good' sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed
- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

Take care of pets or get outside into nature when it's safe. Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



Know when to ask for help. Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...

**Call 1-800-985-5990 or
text 'TalkWithUs' to 66746.**

You Are Not Alone.

National Institutes of Health Funding Opportunity Announcements

Emergency Award: RADx-UP Coordination and Data Collection Center (CDCC) (U24 Clinical Trial) (RFA-OD-20-013)

Application Due Date: August 7, 2020

Letter of Intent Date: July 8, 2020

Earliest Estimated Award Date: September 2020

Estimated Total Funding: \$7.5 million

Expected Number of Awards: 1

Earliest Start Date: September 2020

UPDATE

NIH is issuing this FOA in response to the declared public health emergency issued by the Secretary, HHS, for 2019 Novel Coronavirus (COVID-19). This emergency cooperative agreement funding opportunity announcement (FOA) from the National Institutes of Health (NIH) provides an expedited funding mechanism as part of the Rapid Acceleration of Diagnostics-Underserved Populations (RADx-UP) initiative, a consortium of community-engaged research projects to understand factors that have led to disproportionate burden of the pandemic on the underserved and/or vulnerable populations so that interventions can be implemented to decrease these disparities. This FOA seeks to fund a single Coordination and Data Collection Center (CDCC) as an integral part of the consortium. The funding for this supplement is provided from the Paycheck Protection Program and Health Care Enhancement Act, 2020.

The CDCC will serve as a national resource, working with NIH scientific staff and consortium members to coordinate and facilitate research activities. The CDCC will also serve as a spoke in the larger NIH initiatives by providing de-identified individual data to an NIH-based data center. The RADx-UP CDCC will provide overarching support and guidance in the following four domains: (1) Administrative Operations and Logistics, (2) COVID-19 Testing Technology, (3) Community and Health System Engagement and (4) Data Collection, Integration and Sharing. The CDCC will facilitate RADx-UP collaborative research by providing organizational and analytical infrastructure and expertise, supporting data integration and analysis, and coordinating across RADx-UP projects and [the NIH-supported RADx initiatives](#) that are developing and validating new COVID-19 testing technologies.

This FOA is therefore released in parallel with three companion emergency Notices of Special Interest (NOSIs):

1. **Notice of Special Interest (NOT-OD-20-121):** Solicits emergency competitive revision applications to existing awards for large consortia, multi-site trials, centers and other current networks that have adequate capacity, infrastructure, and established community-engaged relationships to support large-scale COVID-19 testing interventions or have the capacity to ramp up quickly to reach underserved or vulnerable populations. The single submission date is August 7, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-121.html>
2. **Notice of Special Interest (NOT-OD-20-120):** A complementary emergency competitive revision opportunity that shifts eligibility to collaborative and individual research awards, generally focused on smaller underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-120.html>
3. **Notice of Special Interest (NOT-OD-20-199):** Solicits emergency competitive revisions for research to understand the social, ethical, and behavioral implications of COVID-19 testing in underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-119.html>

Researchers planning to apply are strongly encouraged to read all four of these interrelated funding opportunities.

Eligible Entities

Public/State Controlled Institution of Higher Education Private Institution of Higher Education
Nonprofit with and without 501(c)(3) IRS Status (Other than Institutions of Higher Education)
Small Businesses For-Profit Organization (Other than Small Businesses)
State Governments County governments City or township governments
Special district governments Independent school districts Public housing authorities/Indian housing authorities
Indian/Native American Tribally Designated Organization (Native American tribal organizations (other than Federally recognized tribal governments)
Indian/Native American Tribal Government (Federally Recognized)
U.S. Territories or Possessions Indian/Native American Tribal Government (Other than Federally Recognized)
Faith-Based or Community-Based Organizations Regional Organizations

Foreign Institutions

Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply.

Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply.

Foreign components, as [defined in the NIH Grants Policy Statement](#), are not allowed.

NIH will hold two pre-application webinars:

- **Friday, June 26, 2:00 p.m. to 4:00 p.m. E.T.,** an overview of the RADx-UP initiative, followed by presentations on each funding opportunity and question and answer sessions; and
- **Wednesday, July 1, 3:00 p.m. to 5 p.m. E.T.,** focusing on applications for the Coordinating and Data Collection Center

Registration is required. Register and learn more about these webinars at <https://www.nih.gov/research-training/medical-research-initiatives/radx/events>.

Questions can be pre-submitted for these sessions at RADxinfo@nih.gov by June 24 for the first session and June 29 for the latter session.

Contacts (All National Institute on Minority Health and Health Disparity (NIMHD))

Scientific/Research Contact: Dorothy Castille, 301-594-9411, dorothy.castille@nih.gov

Peer Review Contact: Maryline Laude-Sharp, 301.451.9536, maryline.laude-sharp@nih.gov

Financial/Grants Management Contact: Priscilla Grant, 301-594-8412, pg38h@nih.gov

Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

The purpose of this Notice is to encourage the submission of research project grant applications that address co-morbid substance use and/or substance use disorders, and other psychiatric disorders. Research in response to this NOSI may include etiologic investigations to inform prevention intervention, intervention development and testing, and research to address service delivery strategies to address co-morbid conditions. The intent is to encourage a broad portfolio of research, that enhances understanding of risk, etiology, prevention, treatment and service delivery related to co-occurring conditions.

Background:

The association between substance use, substance use disorders, and psychiatric disorders, including depression, anxiety, bipolar disorder, ADHD and other externalizing disorders, has been well established through population based epidemiologic surveys. Numerous developmentally focused theory-based approaches have been proposed, including shared underlying vulnerabilities or risk factors. From a disorder perspective, prevalence can be expressed as either the prevalence of other psychiatric disorders among substance using populations or the prevalence of substance use among individuals with other psychiatric disorders, leading to variability in rates. Mental illness is often characterized as a risk factor for substance use initiation and for transition from use to misuse and disorder, though the exact sequence and relationship between substance use, substance use disorders and psychiatric co-morbidity is unclear and may vary by disorder. For some substances and disorders, it may be the substance use that precedes the onset of other psychiatric symptoms. Additional research is needed to determine the various trajectories of substance use and psychiatric symptoms, as well as strategies for intervention to change trajectories.

Research Objectives:

The National Institute of Drug Abuse (NIDA) is interested in research project grant applications that would further our understanding of co-morbidity through studies that test etiological theories and interventions (treatment and prevention), across the lifespan.

NIDA interest includes, but is not limited to, applications in the following areas:

- Epidemiologic studies of the etiology of co-morbidity that directly lead to the development of targeted preventive intervention research projects; of priority are studies that include prevention scientists as part of the research team, to facilitate the application of findings into next phase prevention intervention development. These can include primary data collection or secondary data analyses.
- Studies of the trajectories of the development of co-morbid substance use, substance use disorders and psychiatric disorders and the ways in which their interactions influence the onset, course and recovery of both; of interest are studies which additionally identify potentially effective points and models of intervention.
- Intervention research to directly address common mechanisms/dimensions that may underlie both substance use disorders and other psychiatric disorders. Among treatment seeking populations, studies to determine whether or how the receipt of evidence-based treatments for psychiatric disorders impact substance use initiation/and or progression to misuse and disorder.
- Strategies for augmenting psychiatric care to prevent substance use initiation and/or progression from use to misuse or disorder. This could include research to test whether and how models of care delivery for mental illness (e.g., the collaborative care model, coordinated specialty care for first episode psychosis) could be leveraged for substance use prevention among at-risk individuals.
- Studies to further understand and prevent suicide and other adverse outcomes (morbidity and mortality) among individuals using illicit substances.
- Research that uses clinically validated digital therapeutics, including mobile applications and other platforms, virtual reality, wireless monitoring and biofeedback, imaging tools for biofeedback to develop, improve and systematically measure behavioral interventions for substance use and psychiatric conditions. Additionally, neuromodulation devices to augment behavior therapies.
- Studies to evaluate the use of medications to improve the efficacy of behavioral interventions for co-morbidities.
- Research to promote adherence to pharmacotherapies, such as buprenorphine, methadone, depot naltrexone, Lofexidine, naloxone, or HAART, in substance abuse treatment populations with comorbidities.
- Studies that develop safe and effective psychosocial interventions to improve the outcomes of pharmacotherapies for substance use disorders including opioid use disorder, overdose reversal, and preventive efforts for psychiatric and suicide risk.
- Research on tobacco harm reduction strategies such as switching from combustibles to e-cigarettes with special attention to individuals with severe mental illness (e.g., schizophrenia, bipolar depression).
- Services research to develop and test strategies to improve system- or provider- capacity for treating and managing co-occurring conditions.

(More on following page)

National Institute on Drug Abuse Notice of Special Interest (NOSI)

Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

(Continued from previous page)

Application and Submission Information

This notice applies to due dates on or after October 05, 2020 and subsequent receipt dates through May 8, 2023

Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcement through the expiration date of this notice.

- [PA-20-185](#): NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- [PA-20-183](#): NIH Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-184](#): Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required) Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-200](#): NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)
- [PA-20-196](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)
- [PA-20-195](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
- [PA-20-194](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)
- [PA-18-775](#): Pilot and Feasibility Studies in Preparation for Drug and Alcohol Abuse Prevention Trials (R34 Clinical Trial Optional) or any re-issuances

All instructions in the [SF424 \(R&R\) Application Guide](#) and the funding opportunity announcement used for submission must be followed, with the following additions:

- For funding consideration, applicants must include "NOT-DA-20-004" (without quotation marks) in the Agency Routing Identifier field (box 4B) of the SF424 R&R form. Applications without this information in box 4B will not be considered for this initiative.

Applications nonresponsive to terms of this NOSI will not be considered for the NOSI initiative.

Inquiries: Please direct all inquiries to the contacts in Section VII of the listed funding opportunity announcements with the following additions/substitutions:

Scientific/Research Contact: Amy B. Goldstein, Ph.D., National Institute on Drug Abuse (NIDA), 301-827-4124, amy.goldstein@nih.gov.



The Georgia COVID-19 Emotional Support Line provides free and confidential assistance to callers needing emotional support or resources information as a result of the COVID-19 pandemic. The Emotional Support Line is staffed by volunteers, including mental health professionals and others who have received training in crisis counseling. Hours of operation: 8 am - 11 pm. Call 866.399.8938

[GEORGIA EMOTIONAL SUPPORT RESOURCES](#)



**Let's Meet Virtually at the
Academy Health Annual Research Meeting (ARM)
July 28 to August 6, 2020**

The largest meeting of health services researchers, policymakers, and the broader health care community is going online in 2020.

**REGISTER
TODAY**

Registration includes access to all recorded live and on-demand sessions and post-ARM content for a full calendar year.



**KEYNOTE
Race, Research and the
Power and Peril of Big Data**

Ruha Benjamin, Ph.D.
Associate Professor of African American Studies
Princeton University

**Register Today and Receive
Dr. Ruha Benjamin's Latest Book**

The first 1,000 ARM registrants will receive an eBook copy of Dr. Benjamin's, [*Race After Technology*](#), for Amazon Kindle. Recipients will receive a link to download the eBook prior to the virtual ARM.

Same Great ARM, New Virtual Benefits

- **More than 70 hours of content!** Featuring 8 live presentations with real-time Q&A and 70+ on-demand panel sessions - based on 21 conference themes.
- **Control your learning experience.** Never miss a session and participate at your leisure with access to all recorded live and on-demand presentations for a full calendar year.
- **Explore the latest research on a diverse range of topics at the interactive poster hall.**
- **Browse valuable resources and information made available by participating organizations at the digital exhibit hall.**
- **Engage in unique group and/or one-to-one virtual networking opportunities.**



The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University.

Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities. Please visit their website at <https://mhddcenter.org/>

Now Virtual !!!

**32nd
Annual**

Tuerk Conference

on Mental Health & Addiction Treatment

UPDATE



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

2020 Vision Working Together

Sponsored by

The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland, School of Medicine, Department of Psychiatry
Division of Addiction Research and Treatment

Super Saver

\$165 includes
Lunch and
6 CEUs

We strongly encourage you to register online at our
website for the fastest and most efficient process.

SEPTEMBER 10, 2020

8:00 am – 5:00 pm

RECORDED PLENARIES AND WORKSHOPS: Available to
access online for two weeks after the conference, so you
can attend all in one day or spread it out over two weeks.

Conference Sponsors

Premier

Ammon Analytical Laboratory

Platinum

Ashley Treatment Centers • Behavioral Health System Baltimore
Clinic Management and Development Services, Inc. (CMDS)
Delphi Behavioral Health Group • Gaudenzia, Inc.
Kolmac Outpatient Recovery Centers • Maryland Addiction Recovery Center
Maryland Center of Excellence on Problem Gambling • Medmark Treatment Centers
Mountain Manor Treatment Centers • Pathways / Anne Arundel Medical Center
Powell Recovery Center • Project Chesapeake • Recovery Centers of America
Recovery Network • Total Health Care • Tuerk House • Turning Point Clinic
University of Maryland, Drug Treatment Centers
University of Maryland Medical System, EAP
University of Maryland, Psychiatry, Division of Addiction Research and Treatment
Warwick Manor Behavioral Health

2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 and 2018 *Beyond Beds* series of papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2019 multiple-paper follow-up to the *Beyond Beds* series is now up on the [NASMHPD website](#). The 2019 papers take the *Beyond Beds* theme to look at additional innovative approaches offered in the community and factors impacting those services, covering such topics as early antipsychotic prescribing practices in nursing homes, developing a behavioral health workforce, a public health approach to trauma and addiction, addressing behavioral health in traumatic brain injury treatment, recovery-oriented cognitive therapy, integration of mental health and substance use services for those with co-occurring conditions, schools as part of the continuum of care for children and adolescents, and addressing social and mental health needs in transition-age homeless youth.

One of those papers, [*Lessons from the International Community to Improve Mental Health Outcomes*](#), authored by Deborah Pinals, M.D., chair of the NASMHPD Medical Directors Division and Medical Director, Behavioral Health and Forensic Programs in the Michigan Department of Health and Human Services, pivots from NASMHPD's previous work in this series to look beyond the borders of the United States to other countries for examples of successful and promising strategies across nine areas of focus. The paper's highlighted examples from the international community aim to further illuminate strategies and inspire ongoing crucial dialogue in an effort to improve mental health in the United States.

Following are links to the other reports in the 2019 Technical Assistance Coalition series.

[**Effects of CMS' Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns**](#)

[**Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders**](#)

[**A Public Health Approach to Trauma and Addiction**](#)

[**Traumatic Brain Injury and Behavioral Health Treatment**](#)

[**Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is Applicable across Mental Health Systems**](#)

[**Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What's Known, What's New, and What's Now?**](#)

[**Schools as a Vital Component of the Child and Adolescent Mental Health System**](#)

[**Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth**](#)

The NASMHPD Technical Assistance Coalition series will continue in 2020.



Student Mental Health: Responding to the Crisis

Mary Ward House Conference & Exhibition Centre, London

Tuesday, October 6, 2020

This conference will break-down the cultures, economic factors, social and institutional pressures contributing to dramatic rises in disclosures of mental health issues at universities and student suicides.

Delegates will explore why more students are turning to unconventional incomes like gambling and sex work during their studies, how the university experience can compound cultural and environmental conditions that lead students to access and supply drugs; and discussing how cross-institutional co-operation as well as legislative review of attitudes towards information sharing could prevent students reaching a point of crisis.

With just over two months to go to this expected sell out event places are now at a premium. However you can still...

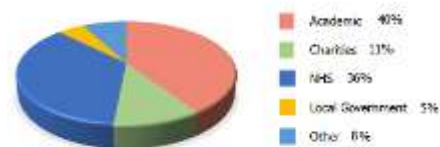
View Event	View Programme	Register Interest	Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social care and counselling services to develop pragmatic approaches to:

- Transitions of otherwise non-criminal student populations into drug use and supply created by financial instability, distance from guardians and the interconnected nature of student life.
- Preventing student suicides; developing best practices in data sharing between institutions and families – measuring the importance of student safety and public interest against data protection, as well as investing in welfare support services and advanced planning.
- Isolation and instability created by increases in students engaging with sex work and gambling as a means of meeting the cost of university life.
- Cultures of anxiety driven by transitions in curriculum and lifestyle, persecutory perfectionism, unrealistic expectations projected on new media platforms, institutional pressures and uncertainty around post-university employment opportunities.
- Normalization of competitive and insecure working cultures in the HE sector – how does this impact the human value of academic labor and the support available to young people struggling with their studies.

2020 Attendee Breakdown by Sector.

Curious about who else will be in attendance on the day?



WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

UPDATE

Altering Our Course: NASHIA's Virtual SOS Conference

Feature Event : Sept. 22 and 23, 2020
Workgroup Sessions : Sept. 24, 25, 28, & 29, 2020
Podcasts Available : Beginning Sept. 22, 2020
Post-Intensive Workshop : Sept. 29, 2020

FORMAT

THIS EVENT WILL INCLUDE A COMBINATION OF LIVE AND RECORDED SESSIONS IN A VARIETY OF FORMATS AND AN EXHIBIT HALL FOR EVENT SPONSORS AND ATTENDEES TO NETWORK AND COLLABORATE.

RATE (COVERS THE ENTIRE EVENT.)

\$250 FOR MEMBERS

\$300 FOR NON MEMBERS

CEUs APPLIED FOR APA, SW, AND CRC.

LOCATION

ALL EVENTS ARE VIRTUAL.

AGENDA

SPONSORSHIP OPPORTUNITIES

JOIN NASHIA FOR 2020

CONTACT US

FOR MORE INFORMATION,

CONTACT INFO@NASHIA.ORG.

**Feature Sessions. Workshops.
Podcasts. Virtual Exhibit Hall.
Regional Networking Suites.
Collaboration.**

**A premier event
with premier presenters
for premier leaders
(that's you).
Reserve your seat today!**

Register and Sponsor HERE

Multi-Part Virtual Learning Community Webinar Series

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation uses its Virtual Learning Community (VLC) model to deeply explore topics of interest to the field centered around a common theme. VLCs are composed of a series of webinars, small discussion groups, and webinar supporting materials. These communities are open to the field at no cost to the participant.

Each webinar provides an opportunity to hear from national experts and state representatives. The presenters offer guidance on best and promising practices as well as practical lessons learned from on-the-ground experience.

Selected webinars are followed by a small-group discussion, where audience members can engage directly with the presenters to learn more about the topics of discussion.

Transform to Teleservices: Innovative Approaches to Substance Use Disorder Treatment Happening Now in Drug Courts

Part I - Tuesday, August 11, 1:00-2:30 p.m. E.T.

As technological innovations in health care continue to emerge, and as research is confirming the effectiveness of these approaches that rely on both new and established technologies, drug courts across the country are starting to transform the way they work by implementing teleservices in order to improve access to medication-assisted treatment (MAT) as well as a range of evidence-based psychosocial supports for the treatment of substance use disorders (SUD). Part I of this Virtual Learning Community webinar series will provide an overview of the emerging teleservices landscape and the opportunities brought about by this shift in methodology, review the evidence base for SUD treatment services delivered via teleservices technologies, and share potential strategies for the implementation of SUD teleservices in drug courts, including a review of the types of SUD services that can be effectively leveraged via telehealth along with models of care that highlight the mechanisms of collaboration between drug courts and community-based treatment providers.

Additional topics to be addressed include rolling redesign pertaining to telehealth regulations, reimbursement, and confidentiality, focusing on emerging opportunities for the expansion of teleservices in drug courts.

PRESENTERS

- Michael Chaple, Ph.D., Assistant Professor of Clinical Psychiatry, New York State Psychiatric Institute, Columbia University Medical Center
- Maryellen Evers, LCSW, CAADC, Telebehavioral Health Trainer, Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno
- Nancy Roget, M.S., M.F.T., LADC, Executive Director, Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno

[REGISTER HERE FOR PART I](#)

Part II - Tuesday, August 18, 1:00-2:30 p.m. E.T.

Several drug courts across the country have successfully leveraged teleservices in order to increase client access to medication-assisted treatment as well as a range of evidence-based psychosocial supports for the treatment of substance use disorders (SUD). Part II of this Virtual Learning Community webinar series will feature presentations from drug court practitioners and substance use treatment providers who will outline the various approaches they have taken to integrate teleservices in drug court. Case examples will illustrate several unique models of implementation, including:

- development of a comprehensive teleservices track in drug court,
- drug court partnerships with distance-based SUD telemedicine providers,
- drug court partnerships with community-based SUD treatment providers who offer remote services, and
- the integration of virtual counseling platforms.

[REGISTER HERE FOR PART II](#)



Multi-Part Virtual Learning Community Webinar Series

Implementing A Peer Mentor Program: Strategies for Engaging Peer Recovery Support Specialists in Adult Treatment Courts

Monday, August 31, 12:30 p.m. to 2:00 p.m. E.T.

Learn how to engage Peer Recovery Support Specialists (PRSSs) in adult treatment courts to support people with substance use disorders and co-occurring mental disorders.

Peer Recovery Support Specialists (PRSSs) working in treatment courts are people with lived experience of behavioral health disorders and criminal justice involvement who are key members of the clinical team serving those participating in drug court and mental health court programs.

This webinar covers strategies for how to engage PRSSs in adult treatment courts to support people with substance use disorders and co-occurring mental disorders. Topics covered will include training peers to work in treatment courts, identifying key community partners for an effective peer mentoring program, defining core activities of peers working in treatment courts, the peer certification process, and oversight and management of peer programs. Real-life examples of successful implementation in the state of Oklahoma will be shared.

[**REGISTER HERE**](#)

Understanding and Addressing Criminal Thinking

Tuesday, September 1, 2:00 p.m. to 3:30 p.m. E.T.

Learn about the concept of criminal thinking as a means of describing, understanding, assessing, and changing criminal behavior

[**REGISTER HERE**](#)



Agency for Healthcare
Research and Quality

AHRQ Announces New Challenge Competition Focusing on Postpartum Mental Health Care for Rural Families

The Agency for Healthcare Research and Quality (AHRQ) has announced a challenge competition to highlight local innovations to improve postpartum mental health care for rural American families. The total prize pool for the competition is \$175,000.

The two-fold purpose of the challenge is to amplify innovative programs that rural communities already are implementing to address challenges to postpartum mental health diagnosis and treatment and elicit new solutions. AHRQ plans to share the information with rural communities, healthcare systems, healthcare professionals, local and state policy makers, federal partners, and the public. Rapid shifts in the healthcare landscape have highlighted the need to create solutions to support community-based, digital, and non-traditional solutions to provide services to mothers experiencing postpartum mental health issues in rural America.

One in seven mothers experiences a postpartum mental health condition, defined as the onset of depression or anxiety within one year of giving birth. Rural women and families face barriers to accessing adequate care for postpartum mental health problems. Such barriers may include limited availability of mental health care providers, and difficulties arranging for child care, transportation, and payment. The current COVID-19 pandemic, with its disruption of traditional employment and social supports, highlights the need for new solutions to a longstanding problem. Prior research suggests that higher levels of stressors during pregnancy and the delivery period are associated with greater prevalence of postpartum depression.

Through this new challenge, AHRQ is interested both in success stories that highlight community achievements and new program proposals that demonstrate innovative planning for community action to improve postpartum mental health. Organizations that serve rural communities, including health care providers, community-based organizations and clubs, faith-based groups, cooperative extension services, schools, hospitals, local health departments, and state, territorial, and tribal organizations are eligible to submit proposals that highlight successful or promising programmatic interventions to improve rural postpartum mental health.

AHRQ is hosting this challenge during Women's Health Month as a single-phase competition with two categories: success stories and proposals. Applicants may only submit proposals in one category. **Submissions are due in September**, and AHRQ plans to announce challenge winners during Rural Health Month (November).

There will be five winners in the Success Story Category, with each receiving \$15,000.

There will be two winners in the Program Proposal Category, with each receiving \$50,000.

For more information, visit the [AHRQ Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge](#) website.



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Training and Technical Assistance Related to COVID-19 Resources

<https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19>

Responding to COVID-19: highlight products and resources that can be useful when coping with the effects of widespread public health crises such as:

- Psychosocial Impacts of Disasters: Assisting Community Leaders
- Supportive Practices for Mental Health Professionals During Pandemic-Related Social Distancing

Recorded Webinars: • [Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat!](#)

ATTC Resources: OTP Questions Regarding Sustaining Operations During the Uncertain and Turbulent Times

AATOD, ATTCs, and AAAP are collecting questions from OTPs related to sustaining care, providing support and maintaining a safe work environment for staff during these turbulent and uncertain times. We will compile all questions, work with field experts to determine responses, and develop and disseminate a "FAQ" document.

<https://attcnetwork.org/centers/global-attc/otp-questions-during-challenging-times-form>

Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package -

This [5-part Curriculum Infusion Package \(CIP\)](#) on Compassion Fatigue and the Behavioral Health Workforce was developed in 2020 by the Pacific Southwest Addiction Technology Transfer Center (PSATTC). Part 1 provides a brief overview of the behavioral health workforce and associated shortages, and introduces the demands on the workforce. Part 2 focuses on compassion fatigue and secondary traumatic stress. Part 3 provides a brief overview of how organizations can help individuals avoid experiencing burnout. Part 4 focuses on actions that behavioral health professionals can take to prevent compassion fatigue. And Part 5 focuses on self-care as an ethical duty in order to manage compassion fatigue.

Upcoming Webinars

[Click here to view a full list of our MHTTC Training and Events Calendar and to Register](#)

Educator Wellness Webinars- (The Educator Wellness Webinar Series is part of The Well-Being Series - Connections During COVID-19: Mental Wellness Webinars for Families and Educator) - Hosted by Northwest MHTTC

[Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter](#)



Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit

[GET THE TOOLKIT HERE](#)



Rural Health Information Hub

[Mental Health in a Pandemic: Q&A](#) with Thomasine Heitkamp and Dennis Mohatt, Co-Project Directors of the [Mountain Plains Mental Health Technology Transfer Center](#) (MHTTC)

[Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America](#), a guide for screening alcohol and depression in farming populations

[SIGN UP TO RECEIVE THE RURAL MONITOR NEWSLETTER](#)



Mental Health & Wellness Guide for Public Service Professionals

Being able to make a positive impact is what makes working in a public service field so special. From the school social worker keeping a group of at-risk teens on track to graduate, to the rookie cop protecting the neighborhood she grew up in, to the critical care nurse pulling a double shift during a healthcare crisis, public service professionals represent the best in all of us. Yet this same capacity and desire to do good often comes at the cost of mental health and wellness. Being overworked, dealing with life-and-death situations, and concerns over funding are just a few of the triggers that can lead to serious issues like compassion fatigue, burnout, and traumatic stress. And when symptoms do arise, it can be hard to ask for help when you're the one who usually provides it.

This guide explores mental health issues that public service professionals are most at risk for, the common stressors that cause them, and solutions and resources to get well. While this guide is not meant to (and should not) replace professional medical advice, it can help serve as a starting point for understanding and dealing with the mental health challenges of being in a helping career.

[ACCESS THE GUIDE HERE](#)

IIMHL and IIDL Leadership Exchange

Valuing Inclusion, Resilience and Growth.

Kaingākau te whakawhāiti tāngata, te ngākau manawaroa, te puāwaitanga o te tangata.

**SAVE
THE
DATE**

**28 Feb to 4 Mar, 2022
Christchurch, New Zealand**

**Te Pou o te
Whakaaro Nui**



NIMH Funding Opportunity Announcement

Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required) – RFA- MH-20-401

Application Due Date: August 25, 2020, 5:00 p.m. Local Time of Applying Entity

This Funding Opportunity Announcement (FOA) supports pilot work for subsequent studies testing the effectiveness of strategies to deliver evidence-based mental health services, treatment interventions, and/or preventive interventions (EBPs) in low-resource mental health specialty and non-specialty settings within the United States. The FOA targets settings where EBPs are not currently delivered or delivered with fidelity, such that there are disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of comorbid substance use disorders, etc.) for the population(s) served. Implementation strategies should identify and use innovative approaches to remediate barriers to provision, receipt, and/or benefit from EBPs and generate new information about factors integral to achieving equity in mental health outcomes for underserved populations. Research generating new information about factors causing/reducing disparities is strongly encouraged, including due consideration for the needs of individuals across the life span. Applications proposing definitive tests of an implementation strategy should respond to the companion R01 announcement RFA-MH-20-400.

This initiative supports pilot work in support of subsequent studies testing the effectiveness of strategies to deliver EBPs in low-resource settings in the United States, in order to reduce disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of co-morbid substance use disorders, etc.) for the population(s) served. Of interest are settings where a significant number of children, youth, adults, or older adults with or at risk for mental illnesses can be found and evidence-based mental health treatments or services are not currently delivered. Applications focused on developmental work that would enhance the probability of success in subsequent larger scale projects are also encouraged.

Developmental work might include: refining details of the implementation approach; examining the feasibility of novel approaches and technologies; examining the feasibility of data collection including administration of instruments, obtaining administrative or other types of data, etc.; enhancing the protocol for the comparison group and randomization procedures (if appropriate); examining the feasibility of recruiting and retaining participants into the study condition(s); and developing and testing supportive materials such as training curricula. Therefore, collection of preliminary data regarding feasibility, acceptability and engagement of intervention targets is appropriate. However, given the intended pilot nature of the R34 activity code, conducting fully powered tests of outcomes or attempting to obtain an estimate of an effect size may not be feasible.

The goal of this FOA is to conduct pilot work in support of subsequent studies that develop test the effectiveness of scalable implementation strategies to achieve delivery of EBPs with high fidelity in low-resource settings and significantly improve clinical and functional outcomes toward greater equity with outcomes documented the general population studies.

Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

Nonprofits with and without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions Independent School Districts Public Housing Authorities Indian Housing Authorities

Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations Regional Organizations

NOT Eligible to Apply: Non-domestic (non-U.S.) Entities (Foreign Institutions). . Non-domestic (non-U.S.) components of U.S. Organizations. Foreign components, as defined in the NIH Grants Policy Statement.



NOW RECRUITING

CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care

Combining the strongest components of OnTrack and the evidence-based Individual Resilience Training (IRT) of NAVIGATE, C4 Innovations is offering a new training in coordinated specialty care.

This is an ideal opportunity for teams to receive new or refresher training in CSC. The tool will offer scalable, efficient professional development for CSC teams.

Now recruiting both new and already-established CSC teams interested in participating in a research study. Our goal is to **test our new training tool** with practitioners in the field. Your feedback will help us refine the tool, share what we learn, and **improve services for people experiencing first episode psychosis.**

What Can Teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- Teams will be randomized into two groups:
 - Group 1 teams will receive training on June 24 – June 26
 - Group 2 will receive training between July 8 – July 24
- Opportunity to provide critical feedback on a new CSC training tool

HOW CAN MY AGENCY TAKE PART?



Call our Research Coordinator, Effy: 347-762-9086
Or email: cscstudy@center4si.com



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

Dr. Bello is an Assistant Professor of Clinical Psychology in Psychiatry. She is also the Clinical Training Director of OnTrackNY at the Center for Practice Innovations within the Division of Behavioral Health Services and Policy Research at Columbia University. She graduated with her PhD in Clinical Psychology from the University of Hawaii- Honolulu.

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

A NYS certified peer specialist, Abaigael currently serves as a Recovery Specialist and Trainer for OnTrack NY. She has worked as a peer specialist in a variety of settings through the NYS Office of Mental Health, including clinics and as a member of an ACT team. She was based in the OMH NYC field office as an Advocacy Specialist in the Children's Services division.

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

Susan Gingerich has been closely involved with the NAVIGATE First Episode of Psychosis program since 2009, helping to develop all the manuals and providing consultation calls for the directors of 17 NAVIGATE programs during the research phase of The Recovery After An Initial Schizophrenia Episode (RAISE) initiative. She is currently the training coordinator for the NAVIGATE Program.

Thomas Jewell, PhD | Project Manager, Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research

Tom Jewell, PhD is on the staff of the CPI, Columbia University, New York State Psychiatric Institute and the Department of Psychiatry at the University of Rochester, School of Medicine and Dentistry. His specialty has been in evaluation and research into evidenced-based practices. He is a family intervention trainer with OnTrackNY, which deals with first episode psychosis.

Nev Jones, PhD | Assistant Professor, University of South Florida | Department of Mental Health Law & Policy | Louis de la Parte Florida Mental Health Institute

Dr. Jones received her Ph.D. from DePaul University, followed by a postdoctoral fellowship at Stanford University in medical anthropology and psychiatry. Dr. Jones has worked in leadership positions in both state government and nonprofit community mental health. Her research covers social, cultural and structural determinants of disability and recovery, youth and young adult behavioral health services, and peer and family support.

Piper Meyer-Kalos, PhD, LP | Director of Research and Evaluation, Minnesota Center for Chemical and Mental Health

Piper Meyer-Kalos, PhD, HCP-P, holds her doctoral degree in Clinical Rehabilitation Psychology from Indiana University – Purdue University, Indianapolis and specializes in psychiatric rehabilitation and treatment for FEP with interests in recovery, positive psychology, and psychosocial treatment for people with severe mental illness. Since 2009, Dr. Meyer-Kalos has been part of the psychosocial development team of RAISE project and has co-led the individual therapy component (IRT).

Ilana Nossel, MD | Medical Director, OnTrackNY | Assistant Professor, Columbia University Medical Center

Dr. Nossel practices general adult psychiatry, including consultation, psychotherapy and medication management. She currently serves as the Medical Director of OnTrack NY. She previously worked as Associate Director of the PI Residents Clinic and completed a pilot study adapting Critical Time Intervention (CTI) for frequent users of the psychiatric emergency room.

Gary Scannevin, Jr., M.P.S., CPRP | IPS Trainer Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research, New York State Psychiatric Institute

Gary has worked in the mental health sector of healthcare for 29 years. He is currently an IPS Trainer at the CPI at Columbia University Psychiatry, where his primary mission is training Supported Education and Employment Specialists (SEES) in both OnTrackNY and OnTrackUSA.

Delbert Robinson, MD | Associate Professor, The Center for Psychiatric Neuroscience, Feinstein Institutes for Medical Research

Dr. Robinson has led NIMH-funded studies focused upon first episode schizophrenia, tools to enhance antipsychotic medication adherence, and obsessive-compulsive disorder. For the RAISE-ETP study, he chaired the Psychopharmacological Treatment Committee. He was the primary developer of the Medications manual for RAISE-ETP and has provided training and consultation for NAVIGATE prescribers since 2009.

Zero Suicide International 5

May 10 to 12 **POSTPONED TO EARLY FALL, 2020, Anfield Stadium, Liverpool, UK**

in Partnership with Mersey Care NHS Foundation Trust



Leaders from countries around the world came together in Rotterdam, the Netherlands in September 2018 for **Zero Suicide International 4**. As a result, the [2018 International Declaration](#) was produced with a video complement, [The Zero Suicide Healthcare Call to Action](#).

During the fifth international summit, our goal is to identify the three next key steps through inspiration, ideation, and implementation.

Please note a key change for 2020: Prior ZSI events have been invitation only. Our first three events in 2014, 2015, and 2017 were all part of the International Initiative for Mental Health Leadership (IIMHL) events and followed their small match

meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convenings, we are working with the Flourishing Leadership Institute and their amazing team experienced in whole-system transformation. We'll be harnessing the complete power of the group's collective experience and imagination to drive forward the next successes in Zero Suicide Healthcare, and everyone who participates will be engaged.

Interested in becoming a sponsor? Contact karen.jones@riinternational at RI International or justine.maher@merseycare.nhs.uk at Mersey Care for details on available sponsorship packages. We're excited the American Foundation for Suicide Prevention has again committed their support and look forward to connecting with many others who will help us make this event and its outcomes a success.

Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner

This year's International Zero Suicide Summit will be bittersweet as our first without our beloved colleague Jan Mokkenstorm. During the Summit in Liverpool, the first annual Jan Mokkenstorm Zero Suicide Visionary Award will be presented in his honor. Below is information on the award and instructions for nominating someone. We look forward to seeing everyone in Liverpool and remembering Jan's contributions to making sure no one dies alone and in despair.

Dr. Jan Mokkenstorm played an integral part of the inaugural International Zero Suicide Summit with the International Initiative for Mental Health Leadership match in Oxford in 2014. In subsequent years, Dr. Mokkenstorm attended the International Zero Suicide Summits in Atlanta (2015), and Sydney (2017) in his continued commitment to the global Zero Suicide Movement. He provided vital participation in the collaborative development of the "International Declaration for Better Healthcare: Zero Suicide" in 2015. He also continued the push for the initiative to "move beyond the tipping point" by hosting the 4th international Zero Suicide Summit in Rotterdam in 2018.

Jan demonstrated his passionate commitment to reducing suicides through his tireless efforts to promote the belief that suicides should never be an event that occurs. Through visionary leadership he inspired countless others to join this cause themselves on an individual, organizational, and community level. He was instrumental in spreading the global adoption of the Zero Suicide mission as well as set the pace for innovation and substantial change in many countries across the globe. Simply put, Jan demonstrated exceptional service to the betterment of society through his work with Zero Suicide and suicide prevention.

Nomination Requirements

1. Must have shown national/international leadership in the area of suicide prevention
2. Must have participated in fostering substantial change and innovation in the area of suicide prevention
3. Must have challenged/helped shape government policies and supported a wider awareness and discussion around suicide prevention
4. Must be in attendance at the International Zero Suicide Summit when the award will be presented
5. Must have two (2) letters of recommendation from recognized suicide prevention leaders in one's home country

Judging

1. The announcement of nominations will be handled by the host nation in conjunction with other communications about the Zero Suicide Summit
2. The host nation will convene a Nomination Committee of three individuals who will review the nominations and award one winner

If you have nominations or would like to participate, please contact Becky Stoll, Vice President, Crisis and Disaster Management at becky.stoll@centerstone.org.

David W. Covington, LPC, MBA
CEO & President

RI International
(RIA for Recovery Innovations, Inc.)
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The National Center of Excellence for Eating Disorders (NCEED) was created to serve as *the* centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED's Website at <https://www.nceedus.org/>

NCEED is the nation's first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.



The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (<https://www.nceedus.org/>) is designed to be user-friendly and easy to navigate for all users. The center's web platform is divided into four content areas based on the user's role. These content areas tailor the user's experience in searching for up-to-date, evidence-based trainings and resources.

Get information on mental health services and resources near you, searchable by state or zip code:

www.samhsa.gov/find-help





National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and

Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. [Visit the new NCAPPS website for more information.](#)

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

August 2020	Myths and Misperceptions about Financing Peer Support in Medicaid
September 2020	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
October 2020	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
November 2020	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
December 2020	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition

NCAPPS has posted on its website a **Health Care Person-Centered Profile** to assist people with disabilities, older adults, and others to communicate their needs and preferences with hospital and other health care staff. Depending on state and hospital policy, people with communication, comprehension, and behavioral challenges may face the possibility of a hospital visit without significant others or usual supporters present. To address the heightened challenges this poses, a group of experts in person-centered planning developed a tool that people and their families and caregivers can fill out and share with medical staff upon hospital intake or care site transfer.

The tool has two pages: a Health Care Information sheet for capturing brief and vital information about the person's health status and a Health Care Person-Centered Profile for describing who the person is, what is most important to the person, and how best to provide support—vital information that can help medical staff provide more tailored and person-centered care.

The Health Care Information Sheet also has a section for detailed contact information to help medical staff reach a person's emergency contact or legal representative. It contains a section for indicating whether advance directives are in place and where those documents can be found.

The Profile, instructions, and sample profiles are available at:
<https://ncapps.acl.gov/covid-19-resources.html>



Tips for Telehealth Billing During the COVID-19 Pandemic

Plan to get reimbursed for services you would typically provide in the office? Then use this primer to identify the various types of telehealth visits and associated billing codes.

Keep in mind that guidelines change often during the COVID-19 crisis.
Please reference the links below for the most current details.

1 TELEHEALTH VISITS THAT REPLACE OFFICE VISITS

This is a real-time video visit and is the most common type of mental health digital visit.

It has the same standards as an in-person visit and should be paid at the same rate. However, it is a good idea to review the settings on your billing software to make sure it is accurate.

+95

Real-time audio video modifier to add to the end of the billing code
During the COVID-19 crisis, use this for visits that you would typically have in your office.

You can use the same CPT codes you already use with the addition of a modifier – modifier 95 in most cases – that tells the payer that the visit was a telehealth visit and a place of service code (POS) that tells the payer the location of the clinician. Coverage policies may vary across payers, especially during the public health emergency. Before you bill, make sure to check and confirm that you can provide and bill the service by telehealth.

Information listed in italics are those services that can also be temporarily provided by telephone during the COVID-19 crisis.

Initial Psychiatric Evaluation

90791+95
90792+95

Evaluation and Management Outpatient

99204+95 99205+95 99212+95
99213+95 99214+95 99215+95

Evaluation and Management Plus Psychotherapy

30 (16-37*) minutes - E/M code [Audio only - use the appropriate 99441-99443 code] and 90833+95
45 (38-52*) minutes - E/M code [Audio only - use the appropriate 99441-99443 code] and 90836+95
60 (53+*) minutes - E/M code [Audio only - use the appropriate 99441-99443 code] and 90838+95

Psychotherapy Alone

90832+95 30 (16-37*) minutes
90834+95 45 (38-52*) minutes
90837+95 60 (53+*) minutes

Family Therapy

90846+95 Patient not present
90847+95 Patient present
90849+95 Group

Group Therapy

90853+95 *(Added temporarily to the Medicare Telehealth list for the period of the COVID-19 crisis)*

2 TELEPHONE VISITS

There are CPT codes that describe care provided via telephone alone. They are for medical discussions or assessment and management of a new (allowed during COVID-19 crisis) or established patient.



For physicians and others who can bill for E/M services:

99441 5-10 minutes
99442 11-20 minutes

For psychologists, social workers, and others who can bill for E/M services:

98966 5-10 minutes
98967 11-20 minutes
98968 21-30 minutes



Tips for Telehealth Billing During the COVID-19 Pandemic

3 VIRTUAL CHECK-IN (G2012)

Physicians and others who can bill E/M services can bill for time spent talking to a new or established patient on the telephone or via telephone and video. Generally, the physician is responding to a contact made by the patient. This code should not be billed if the patient has been seen in the 7 days prior to the call or within 24 hours or the soonest available appointment after the brief check-in. The goal of this visit is to see if a patient needs to be seen for further evaluation or if the problem can be resolved through this call.

4 E-VISIT

This type of visit is not real time or face-to-face. It is a digital communication that a patient must initiate. Often it is done through a portal or email. This visit requires a clinical decision that typically you would provide in an office. Time is cumulative during a 7-day period. You can use CPT codes for these visits based on time.



Those that bill evaluation and management services should use:

99421	5-10 minutes
99422	11-20 minutes
99423	21-30 minutes

Those that cannot bill evaluation and management services should use:

G2061	5-10 minutes
G2062	11-20 minutes
G2063	21-30 minutes



REMOTE PATIENT MONITORING

This involves the collection and interpretation of data that is digitally stored and transmitted by a patient to a clinician. An example is sleep tracking data from a wearable device. There are no specific billing codes in mental health for this type of visit.

STAY CURRENT

Guidelines for telehealth visits change fast. For up-to-date details on telehealth, you can use these resources.

[SMI Adviser](#)

[American Psychiatric Association](#)

[Center for Connected Health Policy](#)

[Centers for Medicare and Medicaid Services](#)

[Federation of State Medical Boards](#)



SMI Adviser Coronavirus Resources

Recorded Webinars

Managing the Mental Health Effects of COVID-19

Telepsychiatry in the Era of COVID-19

Physician Continuing Medical Education (CME) Credit

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this enduring activity for a maximum of 12.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologist Continuing Education (CE) Credit

The American Psychiatric Association is approved by the American Psychological Association to sponsor continuing education for psychologists. American Psychiatric Association maintains responsibility for this program and its content.

Nursing Continuing Professional Development (NCPD, formerly CNE) Credit

The American Psychiatric Nurses Association is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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New APA On-Line Learning Center

To meet your current and future learning needs, APA is launching a [new online Learning Center](#) with enhanced features and key improvements, including:

- ✓ A new modern design with simple navigation tools
- ✓ A streamlined, efficient checkout process to start learning right away
- ✓ Tailored activity recommendations based on your previous courses
- ✓ Mobile-responsive interface for on-the-go learning

Your login credentials will remain the same and your course history will be automatically transitioned into the new system. However, activity-level progress within courses cannot be transitioned. As such, we are encouraging Learning Center users to **complete any in-progress courses on the [current platform](#) by July 20, 2020.**

LEARN MORE

Thank you for using the APA Learning Center! If you have questions about this transition, please contact us at LearningCenter@psych.org.



SAMHSA's Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

YOU CAN ACCESS THE SMI TREATMENT LOCATOR [HERE](#)

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child's Mental Health Campaign team, which was a collaboration between NASMHPD, [Vanguard Communications](#) (link is external), [Youth MOVE National](#) (link is external), and the [Federation of Families for Children's Mental Health](#) (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the [University of Maryland's TA Network](#).

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you'd like to discuss your needs and/or have questions about how we can help, please contact [Leah Holmes-Bonilla](#). If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out [this application form](#).

Tip Sheets and Workbooks

Getting Started

- [Brand Development Worksheet](#)
- [Creating Your Social Marketing Plan](#)
- [Developing a Social Marketing Committee](#)
- [Social Marketing Needs Assessment](#)

Social Marketing Planning

- [Social Marketing Planning Workbook](#)
- [Social Marketing Sustainability Reflection](#)

Hiring a Social Marketer

- [Sample Social Marketer Job Description](#)
- [Sample Social Marketer Interview Questions](#)

Engaging Stakeholders

- [Involving Families in Social Marketing](#)
- [Social Marketing in Rural and Frontier Communities](#)
- [The Power of Partners](#)
- [Involving Youth in Social Marketing: Tips for System of Care Communities](#)
- [The Power of Telling Your Story](#)



2020 ANNUAL CONFERENCE ON ADVANCING SCHOOL MENTAL HEALTH OCTOBER 29 TO 31

The Annual Conference on Advancing School Mental Health brings together a diverse group including educators, providers, researchers, administrators, advocates, youth, caregivers, and national/state/local leaders to share the latest research and best practices. The 2020 conference will take place Oct. 29-31 in Baltimore.

REGISTER ON-SITE

FOR ADDITIONAL INFORMATION, CONTACT CHRISTINA WALKER, 443-790-4066

Visit the Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

These TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

[Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas](#) (Oscar Jimenez-Soloman, M.P.H., Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

Training Guides

Training Videos: Navigating Cultural Dilemmas About –

- 1. *Religion and Spirituality***
- 2. *Family Relationships***
- 3. *Masculinity and Gender Constructs***

[Transitioning Clients from Coordinated Specialty Care: A Guide for Clinicians](#) (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

[Best Practices in Continuing Care after Early Intervention for Psychosis](#) (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

Training Webinars for Receiving Clinicians in Community Mental Health Programs:

- 1. *Overview of Psychosis***
- 2. *Early Intervention and Transition***
- 3. *Recommendations for Continuing Care***

Addressing the Recognition and Treatment of Trauma in First Episode Programs (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

Trauma, PTSD and First Episode Psychosis

Addressing Trauma and PTSD in First Episode Psychosis Programs

Supporting Students Experiencing Early Psychosis in Schools (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

Engaging with Schools to Support Your Child with Psychosis

Supporting Students Experiencing Early Psychosis in Middle School and High School

Addressing Family Involvement in CSC Services (Laurie Flynn and David Shern, Ph.D.)

Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families

Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

Early Serious Mental Illness: Guide for Faith Communities (Mihran Kazandjian, M.A.)

Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model (Susan Essock, Ph.D. and Donald Addington, M.D.)

***For more information about early intervention in psychosis, please visit
<https://www.nasmhpd.org/content/early-intervention-psychosis-eip>***

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NASMHPD Links of Interest

[EDUCATION: FROM DISRUPTION TO RECOVERY: COVID-19 IMPACT ON EDUCATION](#), UNESCO, ON-GOING

[TECHNOLOGY DIVIDE BETWEEN SENIOR 'HAVES' AND 'HAVE-NOTS' ROILS PANDEMIC RESPONSE](#), JUDITH GRAHAM, KAISER HEALTH NEWS, JULY 24

[MINNESOTA LAUNCHES PIONEERING MEDICAID PROGRAM TO COMBAT HOMELESSNESS](#), CHRIS SERRES, STAR-TRIBUNE, JULY 24

[WHAT SHARE OF PEOPLE WHO HAVE DIED OF COVID-19 ARE 65 AND OLDER – AND HOW DOES IT VARY BY STATE?](#), MEREDITH FREED ET AL., KAISER FAMILY FOUNDATION, JULY 24

[DEATH BY OVERDOSE OR BY VENTILATOR? PEOPLE SEEKING RECOVERY FROM ADDICTION FACE SECOND EPIDEMIC](#), RYAN HAMPTON, MEDIUM, JULY 24

[A SPECIAL KIND OF STRESS IS TURNING YOUR HAIR GRAY](#), DEANNA PAI, MEDIUM, JULY 24 & [HYPER-ACTIVATION OF SYMPATHETIC NERVES DRIVES DEPLETION OF MELANOCYTE STEM CELLS](#), ZHANG B. ET AL., NATURE, JANUARY 22

[HOW COMMUNITIES CAN PREVENT PANIC IN UNCERTAIN TIMES](#), PUBLIC HEALTH DEGREES.ORG,

[CAN AMERICA BENEFIT FROM COVID? ASK 14TH-CENTURY FLORENCE](#), JACOB SOLL, POLITICO, JULY 25 & [HOW PANDEMICS WREAK HAVOC—AND OPEN MINDS](#), LAWRENCE WRIGHT, NEW YORKER, JULY 20

[AXIOS-IPSOS POLL: THE RISE OF CORONAVIRUS SOCIAL BUBBLES](#), DAVID NATHER, AXIOS, JULY 28

[PRELIMINARY MEDICARE COVID-19 DATA SNAPSHOT](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JULY 17

[ASPE ISSUE BRIEF: MEDICARE BENEFICIARY USE OF TELEHEALTH VISITS: EARLY DATA FROM THE START OF THE COVID-19 PANDEMIC](#), HHS ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, JULY 28

[CONCUSSION UPS ODDS FOR MANY BRAIN CONDITIONS](#), AMY NORTON, HEALTH DAY, JULY 28 & [ASSOCIATIONS BETWEEN CONCUSSION AND RISK OF DIAGNOSIS OF PSYCHOLOGICAL AND NEUROLOGICAL DISORDERS: A RETROSPECTIVE POPULATION-BASED COHORT STUDY](#), MORISSETTE M.P., ET AL., FAMILY MEDICINE AND COMMUNITY HEALTH, JULY 27

[THE MEDICAID VOTER](#), ASSOCIATION FOR COMMUNITY-AFFILIATED PLANS, JULY 30