

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

Despite Continuing Gaps and Limitations in the Collection of COVID-19 Data by Race and Ethnicity, Kaiser Family Foundation Finds People of Color Bear a Disproportionate Number of Cases, Deaths, and Hospitalizations

A Kaiser Family Foundation (KFF) [report on racial disparities](#) in treating COVID-19, published August 17, finds that, despite significant gaps and limitation in the collection of COVID-19 data by race and ethnicity, it is still clear that racial minorities are bearing a disproportionate number of cases, deaths, and hospitalizations from the coronavirus.

The report notes that, in the early days of the pandemic, data reporting by states was limited, with only a dozen states reporting COVID-19 cases and deaths by race or ethnicity as late as the first week of April. But, in early April, the [Centers for Disease Control and Prevention](#) (CDC) began reporting hospitalizations, cases, and deaths by race/ethnicity, and issued [guidance](#) to the states on reporting in mid-April. CDC now tracks data on cases, deaths, and hospitalizations through the [National Notifiable Diseases Surveillance System](#) on a daily basis, for posting weekly.

Data availability has increased over time, along with a growing body of analyses examining race-associated differences in the impacts of the virus. As of August 2020, nearly all states were reporting COVID-19 related cases and/or deaths by race and/or ethnicity. In addition, the Centers for Medicare and Medicaid Services ([Preliminary Medicare COVID-19 Data Snapshot](#)) and the Health Resources and Services Administration ([Health Center COVID-19 Survey](#)) began compiling data in April.

Dr. Ibram X. Kendi, director of the Boston University Center for Antiracist Research, wrote a [series of essays in *The Atlantic*](#) magazine published in early April about the urgent need to gather racial and ethnic demographic data to understand the outbreak and protect vulnerable communities. He launched the independent COVID Racial Data Tracker on April 15. Other private non-profits joined Dr. Kendi in tracking data, but not all have publicly reported the data they tracked.

KFF notes that gaps in data still remain today. For example, some states only report either cases or deaths, states use different race/ethnicity categories, states vary in which racial/ethnic groups for which they report data, and some states have high shares of cases with unknown race/ethnicity. The federally reported data provides more standardized race/ethnicity categorizations but still has limitations, including high shares of cases with unknown race/ethnicity as well as a lack of state-level data for some measures and inconsistencies that limit comparability of data across states.

Data on testing by race/ethnicity also still remains very limited, with only [six states](#) reporting testing by race/ethnicity. In addition, because people of color may be at greater risk for exposure due to their jobs or living circumstances, KFF says data on testing rates alone does not necessarily identify disparities. Data are available for [tests conducted at community health centers](#), which primarily serve low-income patients and communities of color, although the data are not representative of a state's population and are based on rapid response surveys.

KFF says that multiple analyses of available federal, state, and local data indicate that people of color are experiencing a disproportionate burden of COVID-19 cases and deaths, with particularly large disparities in cases and deaths for African American and American Indian and Alaska Native (AIAN) people and widespread disparities in cases among Hispanic people compared to their white counterparts.

KFF analyses of state-reported data show that, as of August 3, African American individuals accounted for more cases and deaths relative to their share of the population in 30 of the 49 states reporting cases and 34 of 44 states reporting deaths. Similarly, as of August 4, state-reported data reveals that the COVID-19-related death rate among African Americans is more than twice as high as the rate for white people, while the mortality rate for AIAN people is nearly two times that of white people. COVID-19-related deaths persist across age groups so that younger people of color experience more deaths than their white counterparts.

In addition, KFF says that data shows that African American, Hispanic, and AIAN people are at increased risk of hospitalization from COVID-19. Data from the [Coronavirus Disease 2019-Associated Hospitalization Surveillance Network \(COVID-NET\)](#) show that, from March through July 18, age-adjusted hospitalization rates due to COVID-19 for African American, Hispanic, and AIAN people were roughly five times higher than that for whites.

KFF says analyses also find racial/ethnic disparities in COVID-19 among Medicare beneficiaries, in nursing home facilities, and among pregnant women and children.



The Weekly Update will not publish next week. We will return September 11.

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[Student Mental Health: Responding to the Crisis, October 6, London](#)

[Link to Center of Excellence for Protected Health Information Website](#)

[NASHIA September 22 through 29 State of the States Annual Meeting - **NOW VIRTUAL**](#)

[SAMHSA Mental Health Technology Transfer Center \(MHTTC\) Network Webinar Series and Newsletter](#)

[Rural Health Information Hub](#)

[Mental Health Wellness Guide for Public Interest Professionals](#)

[IIMHL & IIDL Leadership Exchange, Delayed to February 28 to March 4, 2022, Christchurch, New Zealand](#)

[Mental Health & Developmental Disabilities National Training Center](#)

[National Center of Excellence for Eating Disorders](#)

[**Get the National Guidelines for Behavioral Health Crisis Care Toolkit**](#)

[Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems \(NCAPPS\)](#)

[SMI Adviser: Clinician Tips for Telehealth Billing During the COVID-19 Pandemic](#)

[SMI Adviser Resources on COVID-19 and Webinar on SMI, Psychotropics, and Sexuality](#)

[Annual Conference on Advancing School Mental Health. October 29 to 31](#)

[Early Serious Mental Illness Treatment Locator](#)

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American Association of Anesthesiologists Issues Statement Opposing Non-Medical Use of Ketamine in Arrests of Suspects Evidencing Agitation

The American Society of Anesthesiologists (ASA) [on July 15 issued a public statement](#) firmly opposing the use of ketamine or any other sedative/hypnotic agent to chemically incapacitate someone for a law enforcement purpose and not for a legitimate medical reason.

In its statement, ASA notes that ketamine, recently authorized by the Food and Drug Administration for use in the form of a nasal spray in the treatment of major depressive disorder, is a potent analgesic, sedative, and general anesthetic agent. Its potential side effects include elevated blood pressure and heart rate, confusion, agitation, delirium, and hallucinations. ASA says these effects can end in death when administered in a non-health care setting without appropriately trained medical personnel and necessary equipment.

The issue has come to the forefront with the death of Elijah McCain on a street in suburban Denver in August 2019 after the 23-year-old black man wearing a ski mask and waving his arms was injected by paramedics with ketamine. It was intended as a means to reduce his agitation after the use of chokeholds and force by law enforcement officers failed to calm him.

The paramedics injecting Mr. McCain incorrectly estimated his weight, giving him more than 1.5 times the dosage recommended for his weight. Estimating his weight at 220 pounds, the responding paramedics injected him with 500 milligrams of the drug, but at just 140 pounds he should have received only 315 milligrams.

After McClain's death, Colorado's health department [opened an investigation into the growing use of ketamine](#), first approved for use by the state in 2013.

Paramedics commonly inject the drug as a sedative, often at the urging of police when the police believe a suspect is out of control. Officially, ketamine is used in emergencies when there's a safety concern for medical staff or the patient. But its use in arrests has led to it becoming part of the heightened debate over law enforcement policies and practices affecting people of color.

Police are not trained on diagnosing any medical conditions, and every police agency has different criteria for calling in paramedics, Jimmy Holderfield of the National Fraternal Order of Police told the [Denver Post](#) this week. Emergency medical personnel administer ketamine when they believe it's necessary, but there is growing concern over whether officers are too involved in the decision.

EMS clinicians in Maryland this week were urged to use the "utmost caution" in using the drug.

There are no federal standards for law enforcement or emergency medical personnel on the drug's use. State policies and reporting requirements vary, so it is not clear how regularly it is used or why. Most states and agencies say ketamine may be administered when someone exhibits "excited delirium"—a term considered by medical professionals a "wastebasket term" with no definition—or agitation. The term is often associated with chronic drug abuse or mental illness.

An analysis [reported by The Associated Press in the August 22 Denver Post](#) of policies on ketamine and cases where the drug has been used during police encounters has uncovered a lack of police training, conflicting medical standards, and nonexistent protocols that have resulted in hospitalizations and even deaths.

NASMHPD Additional Links of Interest

[THE TRANSITION OF BEHAVIORAL HEALTH SERVICES INTO COMPREHENSIVE MEDICAID MANAGED CARE: A REVIEW OF SELECTED STATES](#), BARBARA COULTER EDWARDS, ALICIA D. SMITH & DAVID FREDERICK, NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, JUNE 2020 & [COMMENTARY BY DR. JOSEPH PARKS ON FINDINGS FROM THE TRANSITION OF BEHAVIORAL HEALTH SERVICES INTO COMPREHENSIVE MEDICAID MANAGED CARE: A REVIEW OF SELECTED STATES](#), NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, AUGUST 2020

[WE MUST CHANGE HOW OUR CRIMINAL JUSTICE SYSTEM TREATS PEOPLE WITH MENTAL ILLNESS](#), CHRISTINE MONTROSS, *TIME*, AUGUST 5

[PERSPECTIVE: INSURANCE COVERAGE AFTER JOB LOSS — THE IMPORTANCE OF THE ACA DURING THE COVID-ASSOCIATED RECESSION](#), SUMIT D. AGARWAL, M.D., M.P.H., AND BENJAMIN D. SOMMERS, M.D., PH.D., *NEW ENGLAND JOURNAL OF MEDICINE*, AUGUST 19

[WORKFORCE DRUG TESTING POSITIVITY CLIMBED TO HIGHEST RATE IN 16 YEARS](#), NEW QUEST DIAGNOSTICS DRUG TESTING INDEX™ ANALYSIS FINDS, QUEST DIAGNOSTICS PRESS RELEASE, AUGUST 25

[MODEL STATE LEGISLATION TO PROHIBIT UNWARRANTED FACILITY FEES REPORTING REQUIREMENTS](#), NATIONAL ACADEMY FOR STATE HEALTH POLICY, AUGUST 2020

[CORONAVIRUS GOT THROUGH AUSTRALIA'S HOTEL DEFENSE AND AUTHORITIES ARE SEEKING HOW](#), MIKE CHERNEY, *WALL STREET JOURNAL*, AUGUST 26

[PREVENTING AND MITIGATING SARS-CoV-2 TRANSMISSION — FOUR OVERNIGHT CAMPS, MAINE, JUNE–AUGUST 2020](#), BLAISDELL L.L., M.D., *ET AL.*, CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, AUGUST 26

[PRIMARY INDICATORS TO SYSTEMATICALLY MONITOR COVID-19 MITIGATION AND RESPONSE — KENTUCKY, MAY 19–JULY 15, 2020](#), VARELA K., D.V.M., *ET AL.*, CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, AUGUST 26

[LIMITED SECONDARY TRANSMISSION OF SARS-CoV-2 IN CHILD CARE PROGRAMS — RHODE ISLAND, JUNE 1–JULY 31, 2020](#), LINK-GELLES R., PH.D., *ET AL.*, CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, AUGUST 21

#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: BOB DRAKE SAYS EMPLOYMENT IS THE MOST CRITICAL INTERVENTION IN CRISIS PREVENTION AND RECOVERY

Health researcher Robert E. Drake, M.D., Ph.D., co-developed Individual Placement and Support, a supported employment model for people with serious mental illness. He says he began looking at employment methodology in the late '80s after the director of mental health in New Hampshire told him, "What clients say every year is that their first goal is to get a job, but we don't know how to help them do so." Dr. Drake didn't have high expectations but started examining various programs and conducting small studies and randomized trials. "The model that consistently did better than others was supported employment, which originated in the developmental disabilities field." He says the supported employment model was different in that the services avoided extensive pre-employment training, practice, and evaluation. Instead, the idea was simple and straightforward: helping clients find jobs they like and providing training and support as needed on the job. "It's a much more direct model in terms of criterion and outcome, and it's consistently more effective than skills training or sheltered workshops [also called work centers], which were popular at the time."

In the early '90s, Dr. Drake and employment researcher Deborah R. Becker, M.Ed., CRC, adapted supported employment for people with serious mental illness, calling it Individual Placement and Support (IPS). They conducted multiple small studies and two large randomized trials in New Hampshire and Washington D.C. Participants in the latter trial were experiencing homelessness, mental illness, and addiction. There's often a misconception that people can't obtain employment if they are homeless, but that's not true. What Becker and Dr. Drake discovered in the D.C. study is that IPS was successful even among this particularly marginalized population experiencing homelessness and co-existing mental illness and substance use disorder. "What we found is that we could get people jobs, and having an income helped them to get sustainable housing."

[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/Action_Alliance](#)

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/RI_International](#)



Veterans' Administration's *Vantage Point* Publication Highlights the Uniting for Suicide Postvention (USPV) Program

The [August 18 issue of the Veterans Administration's *Vantage Point* publication](#) focuses on the VA's Uniting for Suicide Postvention (USPV) Program, established by the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC).

The USPV program is designed to provide suicide survivors with resources to help them work through the powerful and unique emotions specific to their grief, both immediately after the loss and in the months and years that follow. USPV resources are available to anyone who has been touched by suicide loss, regardless of their military, veteran, or military family status.

At the heart of the program is a [website](#) that features multimedia resources designed to promote open dialogue. The site is structured to meet the needs of community members, health care providers, and workplace colleagues. It offers videos, infographics and podcasts related to connecting and healing.

Experts consider exposure to suicide a risk factor for suicide. Survivors are at greater risk for substance use disorders and mental health issues than those who have not experienced such a loss. Those exposed to suicide in the workplace are 3.5 times more likely than others to take their own lives. In a military unit with five or more suicide attempts each year on average, the risk for

another attempt is double that of units that had no attempts. For every suicide, an estimated average of [135 people are affected](#).

Grief after loss can be so intense that it prevents survivors from seeking help at a critical crossroads. Suicide postvention fosters healing after a suicide, for those touched by the loss. Beyond the immediate circle of grieving family members and friends, those who regularly interacted with the person who died also can be affected. This includes coworkers, doctors, neighbors, or even the bus driver on the person's regular route to work or a regular waitress at a favorite restaurant.

By helping survivors heal after a suicide, postvention reduces the risk of additional suicides in the deceased person's circle. In that way, postvention healing is a vital component of prevention.

Quality postvention helps facilitate survivors' healing by enabling them to understand and address the complex thoughts and emotions that make coping after a suicide loss particularly challenging. USPV offers a safe space where loss survivors can explore painful and challenging emotions. It strives to create a community of shared healing by improving education about postvention and access to support and resources.



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](#)



Join us for a virtual two-day Summit examining key issues surfaced by the COVID-19 pandemic and paths forward to more effective and equitable response and recovery efforts. Twenty concurrent sessions will cover critical issues including health equity for marginalized communities; drug and vaccine development and access; federal, state and local emergency measures; voter safety and participation; and more.

[See the full session list and descriptions here.](#)

[REGISTER HERE](#)



National Coalition on Mental Health and Aging Webinar Series



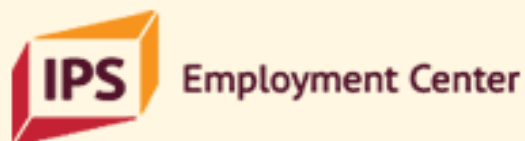
Social Determinants of Mental Health for Older Adults: A New Perspective

Wednesday, September 23, 2:00 p.m. to 3:00 p.m. E.T.

This webinar will identify those socio-economic conditions (with an emphasis on discrimination and racism) that have an impact on the mental health of older adults, and actions that can be taken to address these conditions.

Presenter: Joel E. Miller, Executive Director and CEO, American Mental Health Counselors Association and Chair of the National Coalition on Mental Health and Aging

[REGISTER HERE](#)



The IPS Employment Center offers several self-paced online courses, which include reading material, videos, homework assignments based on routine work responsibilities, and interactive feedback with instructors. The 12-week online IPS Practitioners course (available in English and Spanish) focuses on the evidence-practice of supported employment and supported education. The 10-week online IPS supervisors course helps supervisors to develop skills to improve program performance and outcomes. The 5-week Vocational Rehabilitation course teaches Vocational Rehabilitation counselors about IPS and their role partnering with IPS programs.

For more information, <https://ipsworks.org/index.php/training-courses/>

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.



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.



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
<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.

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,

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.

Save the Date!

We Have Added a Virtual HCBS Conference Option
Sign Up [Here](#) to be Notified When Registration Opens!



HCBS CONFERENCE

Home & Community-Based Services

Marriott Wardman Park
Washington, DC

HCBSconference.org

Early Bird rates for the 2020 HCBS Conference: \$625 for ADvancing States members, nonprofits, government attendees, and speakers; \$1050 for corporate attendees.

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.



Questions? Please email 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, visit our [website](#).



ATTC

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



Virtual Native Talking Circle:
Staying Connected in Challenging Times



Virtual Native Talking Circle: Staying Connected in Challenging Times *Bi-Weekly, Mondays, 12:30 p.m. C.T.*



Talking circles are based on the tradition of sharing circles. Please join us together for our virtual talking circle. This event is held bi-weekly. This group will be facilitated by a Native guest and will focus on concerns about yourself, your family, your work, and/or your tribal community that you may be experiencing during these uncertain times. There is no fee or expectation to participate in this event. This is a respectful meeting space. Come share your concerns, offer support, and respect the group's privacy.

September 7

October 19

September 21

November 2

October 5

[REGISTER HERE](#)

Disaster Distress Helpline

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



Call us:
1-800-985-5990



Text:
'TalkWithUs' to 66746



Visit:
<http://disasterdistress.samhsa.gov>



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Follow us on
Twitter (@distressline):
<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 (1-877-726-4787)

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.

Research on Co-Morbid Substance Use, Substance Use Disorders, and 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 be 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](#)

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...

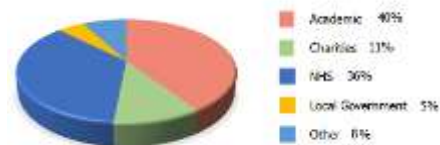
View Event	View Programme	Register Interest	Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social care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

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**](#)

Competence to Stand Trial/Competence Restoration Community of Practice Virtual Meeting

Thursday, September 3, 1:00 p.m. to 4:00 p.m. E.T.



As part of this Community of Practice (CoP), nine participating states have made remarkable progress over the last two years through a series of 32 interactive workshops and intensive technical assistance. It is particularly timely work, given Assistant Secretary Elinore McCance-Katz's letter to State Mental Health Commissioners allowing use of MHBG funds for Competency evaluations and restoration.

Some of the state accomplishments include:

- Legislation passed in three states related to Competence Evaluation/Restoration (CE/CR);
- Developed standards for competency restoration;
- Shortened waiting lists for CE/CR;
- Expanded/enhanced restoration services; and
- Development of early diversion programs.

Ongoing TA Topics from the GAINS Center include: community-based competency restoration; funding restoration services; clinical challenges; collaboration with justice partners; community readiness for diversion; building collaborations with leadership (legislative, judicial, mental health); data sharing; and data-informed decision-making. State teams on the CoP include judges, forensic directors, mental health commissioners, attorneys general, state health authorities, sheriffs, and other key stakeholders.

Please join us on September 3 to hear of the challenges in the competency system, state solutions, presentations from subject matter experts, forecasting future trends, and brief reports on lessons learned from the nine participating states. A link to this virtual meeting will be posted in late August.

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 AAP 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

For access to all MHTTC trainings and resources, visit the Training and Events Calendar [here](#) and the Products and Resources Catalog [here](#).



Upcoming webinars:

- August 25 - Strategies of Support for Mental Health Providers #19 - <https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/event/strategies-support-mental-health-17>
- August 27 - How Implicit Bias Affects Our Work: Engagement with Communities - <https://mhttcnetwork.org/centers/pacific-southwest-mhttc/event/how-implicit-bias-affects-our-workengagement-communities>
- August 27 - Mental Health and Faith – Coping with Unhealthy Relationships - <https://mhttcnetwork.org/centers/central-east-mhttc/event/mental-health-and-faith-coping-unhealthyrelationships>
- August 27 - Special Weekly Series for Tribal Schools as they Reopen Amidst COVID-19 - <https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/event/special-weeklyseries-tribal-1>
- August 27 - Let's Talk About Resilience: Supporting the Mental Health of Latinx Youth and Young Adults - <https://mhttcnetwork.org/centers/new-england-mhttc/event/lets-talk-about-resilience-supporting-mentalhealth-latinx-youth>
- August 28 - Sharing our Wisdom: Peer Support and Essential Workers during COVID-19 - <https://mhttcnetwork.org/centers/new-england-mhttc/event/sharing-our-wisdom-peer-support-and-essentialworkers-during-covid>

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**

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.

[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

[Rural Healthcare Surge Readiness: Behavioral Health](#)

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



Student Training & Education
in Public Service

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](#)

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

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28 Feb to 4 Mar, 2022

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Te Pou o te
Whakaaro Nui





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.

NCEED has gathered information to help support the community as the COVID-19 crises evolve. Resources were created to provide guidance on how to support yourself, your loved ones and your patients: <https://www.nceedus.org/covid/>

- Eating Disorders and COVID-19: What Healthcare Providers Need to Know - <https://www.nceedus.org/wpcontent/uploads/2020/06/COVID-ED-for-Healthcare-Providers.pdf>
- Eating Disorders and COVID-19: What Individuals and Families/Caregivers Need to Know - <https://www.nceedus.org/wp-content/uploads/2020/06/COVID-ED-for-Individuals-and-Families.pdf>



Knowledge Informing Transformation

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

[GET THE TOOLKIT HERE](#)



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](#)

[Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group Homes, and Supportive Housing](#)

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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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 to 31 in Baltimore.

REGISTER ON-SITE



The MHDD-NTC is a collaboration between the University Centers 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/>



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](#)

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

[LONG-HAULERS ARE REDEFINING COVID-19](#), ED YONG, *THE ATLANTIC*, AUGUST 19

[HOW OUR BRAINS NUMB US TO COVID-19'S RISKS — AND WHAT WE CAN DO ABOUT IT](#), ELIZABETH SVOBODA, *WASHINGTON POST*, AUGUST 22

[AMERICANS WANT HIGH-RISK PEOPLE TO GET A CORONAVIRUS VACCINE FIRST](#), SAM BAKER, *AXIOS/HARRIS POLL*, AUGUST 24

[BETTER TESTING CAN FIGHT MORE THAN THE PANDEMIC](#), BRYAN WALSH, *AXIOS FUTURE*, AUGUST 22

[HOW DOES CORONAVIRUS SPREAD AT A CONCERT? GERMANS DO A TEST](#), *ASSOCIATED PRESS*, AUGUST 22,

[NURSING HOME STRATEGIES FOR COVID-19 ONLY ISOLATION OF COVID-19 RESIDENTS](#), ANNE MARIE COSTELLO, CENTER FOR MEDICAID AND CHIP SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES, AUGUST 24

[HOW TO HANDLE SEPARATION ANXIETY MELTDOWNS IN KIDS \[DURING THE PANDEMIC\]](#), CHRISTINA COUCH, *NEW YORK TIMES*, AUGUST 20

[IS RESILIENCE OVERRATED?](#), JAMI ATTENBERG, *NEW YORK TIMES*, AUGUST 19

[FIRST CASE OF COVID-19 REINFECTION CONFIRMED](#), MOLLY WALKER, *MEDPAGE TODAY*, AUGUST 24

[BEYOND A PERFECT STORM: HOW RACISM, COVID-19, AND ECONOMIC MELTDOWN IMPERIL OUR MENTAL HEALTH](#), JOEL E. MILLER, M.S.ED., *ET AL.*, AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION, AUGUST 24

[EMPLOYERS' OBLIGATION TO EXERCISE REASONABLE DILIGENCE IN TRACKING TELEWORKING EMPLOYEES' HOURS OF WORK](#), CHERYL M. STANTON, ADMINISTRATOR, WAGE HOUR DIVISION, U.S. DEPARTMENT OF LABOR, AUGUST 24.

[YOUNG ADULTS' PANDEMIC MENTAL HEALTH RISKS](#), PERRI KLASS, M.D., *NEW YORK TIMES*, AUGUST 24

[UNFRIENDLY SKIES: COVID-19 TRANSMISSION ON A PLANE](#), MOLLY WALKER, *MEDPAGE TODAY*, AUGUST 25 & [RESEARCH LETTER: ASSESSMENT OF SARS-CoV-2 TRANSMISSION ON AN INTERNATIONAL FLIGHT AND AMONG A TOURIST GROUP](#), HOEHL S., M.D., *ET AL.*, *JAMA NETWORK OPEN*, AUGUST 18

[COVID-19 CASES IN STATE PRISONS GREW BY 12 PERCENT EVERY WEEK LAST MONTH \[JULY 2020\]](#), ANGELA GUNTER & HANNAH SOSLAND COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER, AUGUST 5