NASMHPD

Vol. 6, No. 33 September 11, 2020

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

Adolescent Use of e-Cigarettes Declines Only Slightly, Despite Findings of a Significant Association between Smoking and the Severity of COVID-19 Symptoms

The Centers for Disease Control and Prevention (CDC) <u>reported</u> <u>September 9 in its *Mortality and Morbidity Weekly Report* that approximately one in five high school students and one in 20 middle school students used e-cigarettes in 2020.</u>

By comparison, in 2019, 27.5 percent of high school students (4.11 million) and 10.5 percent of middle school students (1.24 million) reported current e-cigarette use. Although the data reflect a decline in current e-cigarette use since 2019, 3.6 million U.S. youths still were currently using e-cigarettes in 2020, with more than eight in 10 of current users reporting the use of flavored e-cigarettes.

Prefilled pods or cartridges were the most commonly used device type in 2020. Among high school current e-cigarette users, the prefilled pods or cartridges were used by 48.5 percent, or 1.45 million, followed by disposables (26.5 percent, or 790,000), and tanks (14.8 percent, or 440,000). Among middle school current e-cigarette users, 41.3 percent, or 220,000, used prefilled pods or cartridges, followed by tanks (21.5 percent, or 110,000), and disposables (15.2 percent, or 80,000).

However, from 2019 to 2020, disposable e-cigarette use increased approximately 1,000 percent (from 2.4 percent to 26.5 percent) among high school current e-cigarette users and approximately 400 percent (from 3.0 percent to 15.2 percent) among middle school current e-cigarette users.

Among high school students currently using any type of flavored ecigarettes, the most commonly used flavor types were fruit (73.1 percent; 1.83 million); mint (55.8 percent; 1.39 million); menthol (37 percent; 920,000); and candy, desserts, or other sweets (36.4 percent; 910,000). Among middle school students who currently used any type of flavored e-cigarettes, the most commonly used flavor types were fruit (75.6 percent; 290,000); candy, desserts, or other sweets (47.2 percent; 180,000); mint (46.5 percent; 180,000); and menthol (23.5 percent; 90,000).

On June 30, the World Health Organization released a literature review tentatively suggesting a statistically significant association between smoking and the severity of COVID-19 outcome -i.e., death and hospitalization--among patients. Two months earlier, in April, Dr. Jonathan Winickoff, Director of Pediatric Research at the Tobacco Research and Treatment Center at Massachusetts General Hospital, in partnership with Massachusetts Attorney General Maura Healey, had issued an advisory in English and Spanish that warned:

- Smoking and vaping damage the lungs, allowing viruses to more easily attach to lung cells and enter the lungs.
- Smoking or vaping could put the smoker into a higher risk category, increasing the chances that a person will be infected by COVID-19 and need hospitalization and advanced life support to survive.
- Smoking or vaping could make COVID-19 infections worse.
- Flavored tobacco products could make lung infections like COVID-19 worse.
- Social sharing of smoking and vaping products could facilitate the spread of the virus.

An online national survey of 4,351 adolescents and young adults in the U.S., ages 13 to 24 years, conducted in May 2020 was reported August 11 in the *Journal of Adolescent Health*. The study of the <u>Association Between Youth Smoking, Electronic Cigarette</u> <u>Use, and Coronavirus Disease 2019</u> concludes that a COVID-19 diagnosis is five times more likely among ever-users of e-cigarettes only, seven times more likely among ever-dual-users, and 6.8 times more likely among past 30-day dual-users.

The authors suggest a number of potential reasons why both dual use and e-cigarette use are associated with getting infected with COVID-19. They note previous studies <u>showing heightened</u> exposure to nicotine and other chemicals in e-cigarettes adversely affects lung function, and a recent study showing that lung damage caused by e-cigarettes is comparable to combustible cigarettes. They also note that COVID-19 spreads through repeated touching of one's hands to the mouth and face, which is common among cigarette and e-cigarette users, and that sharing devices (although likely reduced while staying at home) is also a common practice among youth e-cigarette users.

Dr. Stephanie Lovinsky-Desir, a pediatric pulmonologist at Columbia University, emphasized the connection in <u>a New York</u> <u>Times article published September 4</u> that, "It is quite clear that smoking and vaping are bad for the lungs, and the predominant symptoms of COVID are respiratory. Those two things are going to be bad in combination."

The New York Times notes a study reported in the <u>June 15</u> <u>American Journal of Respiratory Critical Care Medicine</u> finding that

smoking appears to alter the surfaces of certain cells prompting them to coat themselves with more of the ACE-2 protein which the coronavirus uses to break into its targets.



Table of Contents

Adolescent Use of e-Cigarettes Declines Only Slightly, Despite Findings of a Significant Association between Smoking and the Severity of COVID-19 Symptoms

Additional NASMHPD Links of Interest

Availability of USCF Smoking Cessation Leadership Center Recorded Webinars on Smoking Cessation

Crisis Now Crisis Talk: The National Action for Suicide Prevention's Education Development Center Director Colleen Carr Says the COVID-19 Story is Still Being Written

Despite Prevailing Assumptions and CDC Findings that Pandemic Has Led to Increased Suicidal Ideation, Spanish Researchers Find Reduced Number of Suicide-Related Hospital ER Visits

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

NASMHPD News Briefs: Reps. Judy Chu, Adrian Smith to Introduce Legislation Covering Peers Under Medicare; CBPP Says Medicaid Enrollment Has Increased 8.4 Percent in the Pandemic

<u>In Memoriam – Jonas R. Rappeport, M.D.</u>

NFFCMH 2020 Virtual Mini-Conference on Equity in Access, Services, and Outcomes for Children, Youth, and Families During COVID-19, November 10 & 12

Network for Public Health Law Virtual Summit, September 16 & 17

National Coalition on Mental Health and Aging September 23 Webinar: Social Determinants of Mental Health for Older Adults: A New Perspective

Individual Placement and Support (IPS) Employment Center learning Resources Link

61st Annual National Dialogues on Behavioral Health Conference – NOW VIRTUAL

Ohio State University 2020 Suicide Prevention Conference, September 29

College for Behavioral Health Leadership 2020 UnSummit on Leadership

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

September 17 Community of Practice on Homelessness Webinar: Addressing Housing Inequities, Race and Health

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

Save the Dates for the 2020 HCBS Conference in December in Washington, DC, with a NEW VIRTUAL OPTION

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

Georgia Department of Behavioral Health and Developmental Disabilities and Department of Public Health 2x2 webinar Series: Self-Care Tips and Support for Managing Life

SAMHSA Behavioral Health Treatment Services Locater

The MHTTC Network – School Mental Health Initiative

Addiction Technology Transfer Center Network: Virtual Native Talking Circle, Bi-Weekly Mondays

Disaster Distress Helpline Information

National Institute on Drug Abuse Notice of Special Interest: Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

Georgia COVID-19 Emotional Support Line

SAMHSA GAINS Center Multi-Part Virtual Learning Community

Annual Conference on Advancing School Mental Health. October 29 to 31

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

2019 NASMHPD Technical Assistance Coalition Working Papers

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

Mental Health & Developmental Disabilities National Training Center

Continued on Next Page

Table of Contents (cont'd)

Rural Health Information Hub

Mental Health Wellness Guide for Public Interest Professionals

IIMHL & IIDL Leadership Exchange, February 28 to March 4, 2022, Christchurch, New Zealand

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 September 11 Webinar on DSM-5 Outline for Cultural Formulation and September 17 Webinar on Homelessness and Mental Illness; Resources on COVID-19

Early Serious Mental Illness Treatment Locator

Social Marketing Assistance is Available

Resources at NASMHPD's Early Intervention in Psychosis Resource Center

NASMHPD Links of Interest

NASMHPD Board & Staff

Additional NASMHPD Links of Interest

CHILDREN AND COVID-19: STATE-LEVEL DATA REPORT, AMERICAN ACADEMY OF PEDIATRICS, SEPTEMBER 3 MOST ADULTS WARY OF TAKING ANY VACCINE APPROVED BEFORE THE ELECTION, KAISER HEALTH NEWS, SEPTEMBER 10

NATIONAL COVERAGE DETERMINATION (NCD 30.3.3): ACUPUNCTURE FOR CHRONIC LOW BACK PAIN (cLBP) [EFFECTIVE FOR PAIN MANAGEMENT CLAIMS AFTER JANUARY 21, 2020], *MEDICARE LEARNING NETWORK,* CENTERS FOR MEDICARE AND MEDICAID SERVICES, AUGUST 27

Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States, June 2020, Czeisler M.E., *et al., Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, September 11

UCSF Smoking Cessation Leadership Center

Fall Back-to-School FREE CME/CEs Recorded Webinar Collections

WEBINARS

- Back-to-School with Free CME/CE Credit
- Individual
 Recordings
 Available for
 CME/CE Credit
- Webinar Archive

Thanks to our partners, at SAMHSA and at the California Tobacco Control Program, SCLC is able to offer FREE CME/CE credit to all eligible healthcare providers. *Please use the discount code SAMHSA23, and for California providers use the discount code CADPH23, to waive the \$65 fee.*

Collection A: This Collection of recorded webinars from SCLC includes six webinars, for a total of 7.0 CE credits. Topics include veterans and tobacco, cessation efforts in public housing and community health centers, systems change for tobacco cessation, vaping and e-cigarettes in the behavioral health population, FDA regulations in tobacco products and non-daily smokers. For more information and to register for this collection, <u>click here.</u>

Collection B: This Collection of recorded webinars from SCLC includes 10 webinars, for a total of 11.0 CE credits. Topics include update on cessation from the OSH, CDC, cessation for the Medicaid population, opioids and tobacco use, tobacco-free behavioral health settings, smoke-free public housing project, nicotine cessation across disciplines, improving cessation efforts by using data, race & structural racism in tobacco, using quitlines to reduce disparities among tobacco on American Indian, Alaska Native, and Asian populations, and the health effects of nicotine. For more information and to register for this collection, **click here.**







#CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its <u>Crisis Now</u> partners—the <u>National Suicide Prevention Lifeline</u> and <u>Vibrant Emotional Health</u>, the <u>National Action Alliance for Suicide Prevention</u>, the <u>National Council for Behavioral Health</u>, and <u>R.I. International</u> 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 <u>CrisisNow.com</u>, 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 <u>www.CrisisNow.com/talk</u>.

THIS WEEK: THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION'S EDUCATION DEVELOPMENT CENTER DIRECTOR COLLEEN CARR SAYS THE COVID-19 STORY IS STILL BEING WRITTEN

Colleen Carr, M.P.H., is the director of the National Action Alliance for Suicide Prevention at the Education Development Center. Even at the start of the COVID-19 pandemic, Carr noticed news media coverage quickly began discussing the potential impacts on mental health and suicide. The inclusion of mental health and suicide prevention in our vernacular during a collective tragedy is societal progress she and other experts have long worked toward but didn't necessarily anticipate. It was a refreshing and positive development. "It's not something we would have seen if facing a global pandemic 10 years ago, which speaks to cultural progress, but more work needs to be done to make sure mental health and physical health are treated equally."

Six months into the pandemic, there are lessons learned Carr hopes will be integrated into intervention and prevention—not just during the disaster, but long-term. She notes that because so many people within the U.S. and across the globe have felt the impact, the ongoing virus and corresponding physical distancing mandates have presented unique opportunities for compassion. "While the effects of the pandemic have varied geographically and socio-economically, there's a shared experience of feeling that day-to-day life has changed. We've witnessed how quickly life can alter, and the shoes that were someone else's can suddenly become our own."

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.vibrant.org www.vibrant.org

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. <u>www.riinternational.com</u> <u>www.twitter.com/RI_International</u>

Despite Prevailing Assumptions and CDC Findings that Pandemic Has Led to Increased Suicidal Ideation, Spanish Researchers Find Reduced Number of Suicide-Related Hospital ER Visits

Researchers in Spain report in the <u>September 1 Journal of</u> <u>Clinical Psychiatry</u> that, despite recent commonly held assumptions that the COVID-19 pandemic has been leading to increased suicidal ideation—due to associated increases in depression, anxiety, and acute stress disorder—weekly counts of suicide-related and all-cause psychiatric emergency department visits dropped at a major general hospital in Madrid between November 2018 and April 2020.

The authors of the study used triage data from the electronic health records of patients in the ED at the La Paz University hospital, conducting an interrupted time-series analysis and comparing trends before and after the day of the first confirmed COVID-19 case at the hospital's emergency room on January 20. That data revealed that, every week after the first confirmed case of COVID-19 on that date, there were fewer suiciderelated ED visits and fewer all-cause psychiatric ED visits.

The authors, led by Gonzalo Martínez-Alés, M.D., M.Sc., of the Columbia University Mailman School of Public Health in New York City theorize that two potential explanations should be considered: (1) There has been a real reduction in suicidal ideation and suicide attempts, or (2) suicidal ideation and suicide attempts have remained unchanged or increased, but patients were not presenting to the ED during suicidal crises. Given that all-cause psychiatric emergencies also decreased even though most scientific reports indicate that the burden of mental disorders is probably on the rise, Dr. Gonzalo Martinez-Alés and his colleagues suggest that the second possibility seems more likely to them.

The U.S. Centers for Disease Control and Prevention (CDC)

reported an increase in suicidal ideation during the pandemic in the agency's <u>August 14.*Morbidity and Mortality Weekly*</u> <u>Report</u>, In its third of a series of web-based surveys, the 9,896 participants solicited for response by the CDC included 3,683 (68.1 percent) first-time respondents and 1,729 (31.9 percent) respondents who had completed two earlier related surveys in April and May that found an increase in symptoms of anxiety disorder and depression disorder.

The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the CDC survey was 10.7 percent, with 25.5 percent of reporting millennials, 31 percent of reporting unpaid caregivers, and 22 percent of "essential workers" admitting suicidal thoughts.

The 2018 National Survey on Drug Use and Health found that, in non-pandemic times, 1.3 percent of adults ages 18 or older acknowledged that they had contemplated suicide in the past year, while 3.4 percent of millenials (ages 18 to 25) said they had considered taking their lives.

The Spanish researchers say that regardless of the specific reasons underlying patients' avoidance of the ED—fear of contagion, government-imposed lockdown measures, etc.— the phenomenon poses a major public health challenge, particularly since a large number of suicidal patients receive

preventive interventions only during ED visits. They suggest that psychiatry departments should place strong emphasis on monitoring patients' access to emergency care and implementing alternative outreach strategies.





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

NASMHPD News Briefs

Reps. Judy Chu, Adrian Smith to Introduce Legislation Covering Peers Under Medicare

Reps. Judy Chu (D-CA) and Adrian Smith (R-NE) plan to introduce legislation in the next few days—the *Promoting Effective and Empowering Recovery Services in Medicare Act of 2020* or the *PEERS Act of 2020*—designed to provide Medicare reimbursement for peer support services used in mental health and substance use disorder treatment.

The PEERS Act would permit coverage under the Medicare collaborative care model and other behavioral health integration HCSPCS codes which utilize a bundled payment approach for care coordinated by a primary care provider.

The legislation is strongly supported by NASMHPD, Mental Health America, the Depression and Bipolar Support Alliance (DBSA), the National Association of Peer Supporters (iNAPS), and the Association of Behavioral Health and Wellness (ABHW).

The approach taken under the bill is a compromise alternative to the direct Medicare coverage approach previously championed by the NASMHPD Older Persons Division but opposed by Congressional leadership, which prefers not to add additional providers to the statutory list of those eligible for Medicare reimbursement.

CBPP: Medicaid Enrollment Has Increased 8.4 Percent

The Center on Budget and Policy Priorities (CBPP) released <u>findings</u> September 9 revealing that data from 36 states showed that Medicaid enrollment between February and July 2020 had increased by 8.4 percent, attributing the increase to the loss of jobs resulting from the COVID-19 pandemic.

Extrapolating the numbers nationwide, CBPP estimated 6 million more people are now on Medicaid than prior to the pandemic. It said that prior to the pandemic and recession, Medicaid enrollment had been flat or falling in most states.

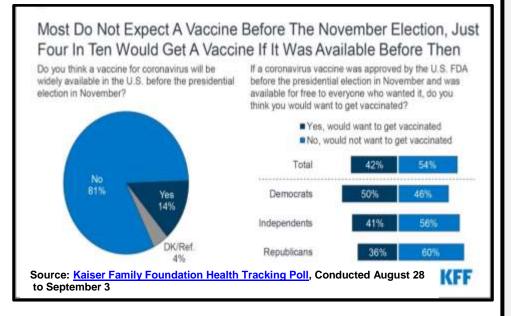
The National Governors Association told *Inside Health Policy* that enrollment in Medicaid and CHIP hit 73.5 million in May, or a 3.6 percent increase over two months. This week's CBPP report updates its July 22 analysis of Medicaid enrollment that found that across 22 states with data available through June, enrollment rose by 2.4 percent through April, 4.7 percent through May, and 6.6 percent through June.

CBPP says the enrollment increases include groups for whom enrollment is generally not responsive to economic conditions, such as elderly people and people with disabilities enrolled in both Medicare and Medicaid.

CBPP notes that other data confirm that Medicaid enrollment has grown sharply. Second-quarter financial statements from the major health insurance companies serving Medicaid enrollees — Aetna, Anthem, Centene, Molina, and UnitedHealthCare — all show significant increases in Medicaid enrollment, with most of those companies predicting additional Medicaid enrollment growth as the full impact of job losses takes hold.

CBPP notes that Medicaid enrollment typically lags behind growth in the receipt of unemployment insurance and food stamp benefits and suggests that, during the current crisis, Medicaid enrollment may lag even further as fear of contagion has persuaded people to defer non-urgent medical visits, which are often an impetus to enroll in coverage with the help of providers.

The states for which enrollment data has been available to CBPP are Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin.



In Memoriam – Jonas R. Rappeport

Dr. Jonas R. Rappeport, M.D., founder and first president of the American Academy of Psychiatry and Law, <u>died September 8</u> at the age of 95, at the Broadmead Continuing Care Retirement Community in Cockeysville, MD.

Dr. Rappeport, a psychiatrist and former Chief Medical Officer for the Circuit Court for Baltimore City, was integral to the development of forensic psychiatry in the U.S., serving as the first Court Psychiatrist in Baltimore County before becoming the First Medical Officer for the Baltimore City Circuit Court. He was a consultant in the cases of the attempted assassinations of Presidential candidate George Wallace and Presidents Gerald Ford and Ronald Reagan. He ran a Forensic Psychiatry training program, and taught at the University of Maryland Medical School and at Johns Hopkins School of Medicine.

He was predeceased in 2007 by his wife, Joan Gruenwald Rappeport, a psychiatric nurse.



2020 Virtual Mini-Conference Equity in Access, Services, and Outcomes for Children, Youth, and Families During COVID-19

November 10 & 12, 1:00 p.m. to 4:15 p.m. E.T.

Workshop Themes and Tracks:

- Tackling Mental Health Disparities for Children of Color
- Mental Health, Substance Use, and Family and Peer Virtual Support

Services that Work

Each workshop time period will feature workshops addressing the conference themes as well as topics such as peer support, family/youth leadership, co-occurring mental health/substance use disorders, trauma-informed services, etc

See the Schedule - The Full Agenda is Coming Soon!

Registration Fees:

- \$50 per person
- \$45 per person for groups of 10 or more

Call for Presentation Proposals:

- Deadline is September 11
- Click Submit a Proposal to

download the guidelines

Register Here!

Be a Sponsor:

Diamond Level - \$10,000 and up

- Acknowledgement during opening and closing remarks
- Ten (10) complimentary registrations
- Full-page advertisement in event program
- Logo on conference website
- Pre-conference e-blast
- Post-conference e-blast

Gold Level - \$5,000

- Acknowledgement during opening and closing remarks
- Six (6) complimentary registrations
- Half-page advertisement in event program
- Logo on conference website
- Pre-conference e-blast
- Post-conference e-blast

Silver Level - \$2,500

- Acknowledgement during opening remarks
- Four (4) complimentary registrations
- Half-page advertisement in event program
- Logo on conference website
- Pre-conference e-blast

Emerald Level - \$1,000

- Acknowledgement during opening remarks
- Two (2) complimentary registrations
- Quarter-page advertisement in event program

Supporter Level - \$500

- Two (2) complimentary registrations
- Logo in event program
- Pre-conference e-blast

Chapter Level (NFFCMH Chapters/Partners Only) - \$250

- One (1) complimentary registration
- Logo on conference website
- Logo in event program
- Pre-conference e-blast

Advertisements or Messages in Event Program

- Full page: \$300 (5.5"W x 8.5"H)
- Half page: \$200 (5.5"W x 4.24"H)
- Quarter page: \$100 (2.75"W x 4.25"H)
- Single Line: \$50 (text only, 30 words or less)
- Logo on conference website
- Pre-conference e-blast

Have questions about sponsorship or advertising? Inquire <u>here</u> to learn more.

More information about workshops, presenters, sponsors and more will be posted in the coming weeks.

We look forward to seeing you in November.





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 courselors about IPS and their role partnering with IPS programs.

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



The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

& The Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program

The National Association of State Mental Health Program Directors (NASMHPD)

The 61ST Annual Conference (1st Virtual Conference)

Implementing Behavioral Health Crisis Response at State and Local Levels: New Paradigms, Partnerships, and Innovative Approaches

One (1) Session, Six (6) Consecutive Weeks Each Thursday, September 17 to October 22, 2:00 p.m. to 4:30 p.m. E.T.

This year, the National Dialogues on Behavioral Health conference that is usually convened in New Orleans was going to focus on cutting edge and innovative approaches to behavioral health crisis response at both state and local levels. But then, another crisis came along almost to underline the importance and significance of the topic that we had selected.

The behavioral health world, including its crisis response systems, has been scrambling to adapt and adjust to the new realities of the COVID-19 Pandemic. We thought it was critical that we take these new realities into account, both in terms of conference content and conference format, to dialogue on this important topic. Join us for 6 consecutive weeks as we address the emerging issues and innovations related to behavioral health crisis response in this new environment.

CONFERENCE RATE: ONLY \$100.00 FOR <u>ALL SIX SESSIONS</u> OR ONLY \$25.00 FOR EACH INDIVIDUAL SESSION.

FOR MORE INFORMATION AND TO REGISTER FOR THE CONFERENCE, GO TO OUR WEBSITE: WWW.NATIONALDIALOGUESBH.ORG

CONTINUING EDUCATION CREDITS APPLIED FOR AND PENDING FOR SOCIAL WORKERS

Suggested Audience: Psychiatrists, Social Workers, Nurses, Psychologists, Counselors, Addiction Counselors, Case Managers, Administrators, Health Policy Makers, Behavioral Healthcare Providers, State/County Behavioral Healthcare Administrators, Peer Recovery Workforce, Judiciary Justice System Administrators, Law Enforcement/Justice System Stakeholders, Emergency/Disaster Response Professionals, Educators and School Based Counselors, Human Services and Child Welfare Administrators and Providers, and Academicians

Join Us for This Virtual Event

The Ohio State University Wexner Medical Center Department of Psychiatry and Behavioral Health Presents

2020 Suicide Prevention Conference

Innovations, Interventions and Specialized Populations

Tuesday, Sept. 29 8 a.m. – 4 p.m.



Join us for this virtual event where we will explore innovations, examine intervention models and discuss care for specialized populations for suicide prevention. This one-day virtual conference will also offer CCME, OPA-MCE and CPE credits.

This panel of experts will examine health care utilization before suicide; share research and knowledge about implementation strategies, measures and outcomes to the Zero Suicide Model; identify key assumptions of emergence and pathways to suicidal behavior; and discuss tools, resources and strategies needed for suicide prevention.

The Suicide Prevention Conference 2020 is proud to welcome these distinguished presenters:



Brian Ahmedani, PhD David Brent,

Don't miss these local experts in the panel discussion:

Mark Hurst, MD K. Luan Phan, MD



Cralg Bryan, PsyD, ABPP



Brian Mustanski, PhD



Kamesha Spates, PhD

To learn more and register, visit wexnermedical.osu.edu/SPC2020

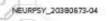
"The Ohio State University Center for Continuing Medical Education (CCME) designates this live activity for a maximum of 6 AMA PRA Category I Credit(s)". Physicians should only daim credit commensurate with the extent of their participation in the activity. The Ohio State University Department of Psychiatry ORA-MCE (Ohio Psychological Association-Mandatory Continuing Education) Approved Provider #316025986

The Ohio State University Department of Psychiatry is an approved provider of continuing professional education (CPE) for Counselors and Social Workers for the Ohio Counselor, Social Worker and Marriage and Family Therapist Board, Approved Provider #RCS090902 It is recommended to check with your respective boards on eligibility to use AMA PRA Category 1 Credit¹⁹⁴ toward recertification.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER





Partnering with Communities to Improve Health Outcomes

Leadership (and Partnership) Starts with You



Register Now for the 2020 UnSummit!

Special Team Pricing:

\$75 off per person for 3 or more attendees For every 5 registrations, get one free

Registration Rates:

CBHL Member: \$175 Non-Member: \$250 8.5 CEU/CMEs: \$75-\$100 Curious how we can 'move the needle' for improved health when working in diverse communities with different cultures, agendas and expectations for leadership? Want to explore your role as a leader? When to step up and when to step back while building authentic community partnerships?

Leadership within a partnership differs from leadership in a traditional, hierarchical organization. Join us for a dynamic, interactive and flexible 9-week UnSummit where together we will explore best practices for partnering with communities to improve health outcomes.

The 2020 Un-Summit: A Leadership Forum Weekly Live, Interactive & On-Demand Content September 24 - November 19, 2020

Why join yet another virtual event?

- Unique learning package delivered over 9-weeks
- Flexible with live, interactive and on-demand content
- Up to 8.5 CEUs available for physicians, psychologists & social workers
- A robust interactive event app
- Dynamic keynote speakers
- Engaging panel presentations paired with interactive follow up discussions
- Opportunities to network and build resilience with colleagues
- On-demand case study presentations to share innovative partnerships
- Opportunities to connect with thought leaders from around the country!

Visit Us On-Line

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:
 - o Pregnant or recently postpartum women
 - o Older adults
 - Low SES populations
 - o Racial/Ethnic minority, or health disparity populations
 - o Rural populations
 - Individuals living in Native-American nations
 - o 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: <u>evan.herrmann@nih.gov</u>.



Community of Practice on Homelessness Webinar: Addressing Housing Inequities, Race and Health *Thursday, September 17, 1:30 p.m. to 3:00 p.m. E.T.*

Community of Practice conversations are designed to equip local stakeholders with tools to address disparities exacerbated by the COVID-19 pandemic and build strategic alliances helpful in creating sustainable solutions for ending homelessness.

HOMELESS On September 17, please join panelists Baltimore City Council President Brandon Scott, Public Justice Center Attorney Charisse Lue and Health Officer and Director of The Baltimore County Department of Health Dr. Gregory William Branch (see bios below) to continue our series of conversations. Participants will include a cross-section of faith and

community-based, education, business, health care, government, law enforcement and philanthropic leaders.

The panel will be moderated by Kevin Lindamood, President and CEO of Health Care for the Homeless.

- This session will briefly assess and explain how housing inequities (stemming from structural racism) for distressed populations of color are exacerbated by COVID-19.
- We will explore how we can individually and collectively mitigate the negative consequences of evictions and dive into the connection between housing inequities and negative health outcomes.
- Panelists will discuss the need to abandon "status quo/business as usual" systems, policies and practices that
 perpetuate housing inequities.



Brandon Scott

Baltimore City Council President Brandon Scott is the 21st Council President of Baltimore City and the Democratic nominee for Baltimore Mayor. As the presiding officer and member of the Baltimore City Council, he has helped lead the fight for a livable minimum wage, reform the Baltimore City Police department, and launch initiatives to invest in and improve schools and recreational centers. From 2011 until taking office as Council President, he was the youngest elected Councilmember at age 27, representing the 2nd District. Scott is dedicated to making Baltimore a city where every Baltimorean can live, learn, earn and play no matter their zip code. A Baltimore native who was raised in Park Heights, Scott graduated from Mervo High School and earned his B.A. from St. Mary's College of Maryland.

REGISTER HERE



Charisse Lue Attorney with the Public Justice

Center Charisse Lue joined the Public

Charisse Lue joined the Public Justice Center in 2018. She serves as an attorney in the PJC's Human Right to Housing Project. She is also a member of the board of the Family Crisis Center of Baltimore County. Prior experience includes working as an advocate for the homeless and survivors of domestic violence, as well as for the Office of the Attorney General for the Red Line and Purple Line projects.



Dr. Gregory William Branch, M.D., MBA, CPE, FACP

Health Officer and Director, Baltimore **County Department of Health** Gregory William Branch, MD, MBA, CPE, FACP is the Health Officer and Director of The Baltimore County Department of Health. A native of New York City, he graduated Magna Cum Laude from SUNY at Buffalo School of Medicine and Biomedical Sciences and completed training at The Johns Hopkins Hospital in the William Osler Internal Medicine Residency Program. Dr. Branch also received his MBA from the UB Merrick School of Business. He has practiced medicine for 20+ years and held positions including Lead Physician and Medical Director of Laboratory Services at the Johns Hopkins Medical Services Corporation; Chief Medical Officer of Gerald Family Care-Washington, DC; Medical Director at Baltimore Medical System and Chief Medical Officer for Maryland Physicians Care (Medicaid) and the Maryland Health Insurance Program. He serves on the Faculty at The Johns Hopkins School of Medicine and School of Public Health and the University of Maryland Baltimore School of Public 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 familyrun 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 loaroan@ffcmh.org.









Notice of Upcoming Targeted PCORI Funding AnnouncementSuicide Prevention: Brief Interventions for Youth -- Cycle 3 2020Announcement Type: Research AwardLetter of Intent Deadline: September 29, 2020, 5 p.m. E.T.Total Funds Available: \$30 MillionTotal Direct Costs: \$10 millionMaximum Project Period: 5 yearsEarliest Start Date: November 2021Applicant Town Hall Session: September 2020Application Deadline: January 12, 2021, 5 p.m. E.T.

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

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

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

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

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

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

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

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



BE INFORMED



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

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

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

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

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

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

Questions? Please email DBHDDLearning@dbhdd.ga.gov





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

Addiction 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.



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 September 21 October 5 October 19 November 2 **REGISTER HERE**

Disaster Distress Helpline

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

Call us: 1-800-985-5990



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

Like us on <u>Facebook:</u> http://facebook.com/ distresshelpline

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



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

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

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

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

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Drinking alcohol, smoking or using tobacco more than usual;
- Using illegal drugs

- Feeling like you have to keep busy
- · Lack of energy or always feeling tired
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again

Disaster Distress Helpline

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

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

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

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

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

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

If you have trouble sleeping:

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

Take care of pets or get outside into

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



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

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

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

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

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

You Are Not Alone.



National Institute on Drug Abuse

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

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-morbia 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, 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 Augustment 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

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.

- <u>PA-20-185</u>: NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- <u>PA-20-183</u>: NIH Research Project Grant (Parent R01 Clinical Trial Required)
- <u>PA-20-184</u>: 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)
- <u>PA-20-196</u>: 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)
- <u>PA-20-194</u>: NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)
- <u>PA-18-775</u>: 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 <u>SF424 (R&R) Application Guide</u> 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, <u>amy.goldstein@nih.gov</u>.



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

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 <u>NASMHPD website</u>. 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, <u>Lessons from the International Community to Improve Mental Health Outcomes</u>, 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

<u>Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative</u> <u>Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is</u> <u>Applicable across Mental Health Systems</u>

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...

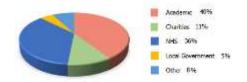
View	View	Register	Book
Event	Programme	Interest	A Place

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)



National Association of State Head Injury Administrators

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.

<u>Agenda</u>

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.



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

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



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 <u>AHRQ Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge</u> website.

Training and Technical Assistance Related to COVID-19 Resources

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

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

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

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

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

AATOD, ATTCs, and AAAP are collecting questions from OTPs related to sustaining care, providing support and maintaining a safe work environment for staff during these turbulent and uncertain times. We will compile all questions, work with field experts to determine responses, and develop and disseminate a "FAQ" document. https://attcnetwork.org/centers/globalattc/otp-questions-during-challenging-times-form

Compassion Fatique Behavioral Workforce and the Health 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.

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.



The MHDD-NTC is a collaboration between the University Centers DEVELOPMENTAL DISABILITIES Kentucky, University of Alaska Anchorage, and Utah State

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/



Rural Health Information Hub

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

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

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

IIMHL and IIDL Leadership Exchange

Valuing Inclusion, Resilience and Growth.

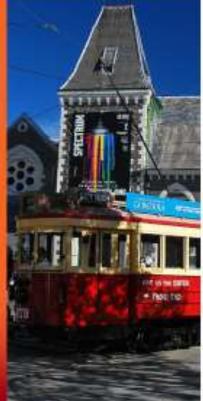
Te Pou o te

Whakaaro Nu

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

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

HEALTH







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. <u>Visit the new NCAPPS website for more information</u>.

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to personcentered 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.

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 <u>Health Care Person-Centered Profile</u> 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



An APA and SAMHSA Initiative

SAMHSA





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.

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.

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 99204195 99205+95 99213+95 99214+95

99212+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 99442-99443 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 90834+95 90837+95

30 (16-37*) minutes 45 (38-52*) minutes 60 (53+*) minutes

Family Therapy 90846+95 90847+95 90849+95

Patient not present Patient present Group

Group Therapy

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

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: 5-10 minutes 99441 11-20 minutes 99442

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



An APA and SAMHSA Initiative AMERICAN SAMHSA



Tips for Telehealth Billing During the COVID-19 Pandemic

PSYCHIATRIC

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.



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:

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

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

Centers for Medicare and Medicaid Services

American Psychiatric Association

- Federation of State Medical Boards
- Center for Connected Health Policy



An APA and SAMHSA Initiative







Webinar: DSM-5 Outline for Cultural Formulation and Cultural Formulation Interview: Tools for Culturally Competent Care *Friday, September 11, Noon to 1:00 p.m. E.T.*

The definition and rationale for cultural competence will be presented. Rationales include 1) improved quality of care focusing on patientcentered care and equitable care, 2) ACGME accreditation standards for psychiatry residency training programs. Next, a road map to cultural issues in DSM-5 will be provided in all 3 sections and appendix of DSM-5. Finally, two tools for culturally competent care in DSM-5 will be presented: 1) Outline for Cultural Formulation and 2) Cultural Formulation Interview. It consists of patient and informant versions and 12 Supplemental Modules. These materials are relevant to the care of SMI patients, who are disproportionately from minority racial/ethnic groups. Every SMI patient has a cultural identity which interacts with the cultural identity of the clinician, so the cultural features of their relationship needs to be understood and utilized to provide optimal clinical care. Understanding the cultural concepts of distress as well as the cultural stressors and supports are needed for optimal differential diagnosis and treatment planning.

Presenter: Francis Lu, MD, University of California, Davis

REGISTER HERE



Supported Housing for Homeless Adults with Serious Mental Illness: How Does It Work? *Thursday, September 17, 3:00 p.m. to 4:00 p.m. E.T.*

The presented at this even will describe the concept, process, and research outcomes of Supported Housing for homeless adults with serious mental illness, as developed over the past 20 years. The model includes a housing subsidy and intensive case management within a larger administrative superstructure of government and non-government agencies. The presentation will include a current discussion of how social distancing required by the COVID-19 pandemic may require changes in this approach.

Presenter: Robert Rosenheck, MD, Yale Medical School

REGISTER HERE

SMI Adviser Coronavirus Resources

Recorded Webinars

Managing the Mental Health Effects of COVID-19

Telepsychiatry in the Era of COVID-19

<u>Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group</u> <u>Homes, and Supportive Housing</u>

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.



Administered by



Grant Statement

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S.

EARLY SERIOUS MENTAL ILLNESS TREATMENT LOCATOR 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, <u>Vanguard Communications</u> (link is external), <u>Youth MOVE National</u> (link is external), and the <u>Federation of Families for Children's Mental Health</u> (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 <u>University of Maryland's TA Network</u>.

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 <u>Leah Holmes-Bonilla</u>. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out <u>this application form</u>.

Tip Sheets and Workbooks

Getting Started

- Brand Development Worksheet
- <u>Creating Your Social Marketing Plan</u>
- Developing a Social Marketing Committee
- <u>Social Marketing Needs Assessment</u>
 Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer

- <u>Sample Social Marketer Job Description</u>
- Sample Social Marketer Interview Questions

Engaging Stakeholders

- Involving Families in Social Marketing
- <u>Social Marketing in Rural and Frontier</u> <u>Communities</u>
- 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

NASMHPD Board of Directors

Valerie Mielke, M.S.W. (NJ), President Sheri Dawson, R.N. (NE), Vice President Doug Thomas, M.S.W., L.C.S.W (UT), Secretary Stephanie Woodward, Psy.D. (NV), Treasurer Marie Williams, L.C.S.W. (TN), Past President Keri Waterland, Psy.D. (WA), Western Regional Representative Wendy Morris (KY), Southern Regional Representative
Barbara Bazron, Ph.D. (DC), Northeast Regional Representative
Gertrude Matemba-Mutasa (MN), Mid-Western Regional Representative
Tiffany Wolfgang, (SD), At-Large Member
Kody Kinsley, M.P.P. (NC), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director	Stuart Yael Gordon, J.D., Senior Director of Policy and Communications			
Jay Meek, C.P.A., M.B.A., Chief Financial Officer	Kelle Masten, Senior Project Associate			
Meighan Haupt, M.S., Chief of Staff	Anthony McRae, M.A. Program Specialist			
Kathy Parker, M.A., Director, Human Resources & Administration (PT)	Jeremy McShan, Program Manager, Center for Innovation in			
Raul Almazar, R.N., M.A., Senior Public Health Advisior (PT)	Behavioral Health Policy and Practice			
Shina Animasahun, Network Manager	 <u>David Miller, MPAff</u>, Project Director <u>Genna Schofield, M.P.H.</u>, Senior Technical Assistance Research Associate <u>Brian R. Sims, M.D.</u>, Senior Medical Advisor (PT) 			
Cyntrice Bellamy, M.S. M.Ed., Senior Development Advisor (PT)				
<u>Nili Ezekiel</u> , Program Specialist				
Cheryl Gibson, Senior Accounting Specialist				
Joan Gillece, Ph.D., Director, Center for Innovation in Behavioral	Greg Schmidt, Contract Manager			
Health Policy and Practice	David Shern, Ph.D., Senior Public Health Advisor (PT)			
eah Holmes-Bonilla, M.A., Senior Training and Technical Assistance	Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical			
Adviser	Assistance Advisor			
Christy Malik, M.S.W., Senior Policy Associate	Aaron J. Walker, M.P.A., Senior Policy Associate			

NASMHPD Links of Interest

How to Cope When Everything Keeps Changing, Cindy Lamothe, New York Times, September 7

THE STRANGE GRIEF OF LOSING MY SENSE OF TASTE, KRISTA DIAMOND, NEW YORK TIMES, SEPTEMBER 6

THE IMPACT OF CAREGIVING ON MENTAL AND PHYSICAL HEALTH, BLUE CROSS/BLUE SHIELD, SEPTEMBER 9

EARLY VOTING BY STATE, VOTE.ORG

ADHD APPEARS GENETICALLY RELATED TO NARCOLEPSY, PSYCHIATRY & BEHAVIORAL HEALTH LEARNING NETWORK, SEPTEMBER 1 & POLYGENIC RISK SCORE ANALYSIS REVEALED SHARED GENETIC BACKGROUND IN ATTENTION DEFICIT HYPERACTIVITY DISORDER AND NARCOLEPSY, TAKAHASHI N. ET AL., TRANSLATIONAL PSYCHIATRY, AUGUST 17

Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic, Ettman C.K., B.A., *et al., JAMA Network Open*, September 2

How "COVID Fatigue" Clouds Judgment and Endangers Public Health, Eileen Drage O'Reilly, Axios, September 3

DAILY SOCIAL MEDIA USE DOES NOT RAISE DEPRESSION RISK IN TEENS, PSYCHIATRY AND BEHAVIORAL HEALTH LEARNING NETWORK, SEPTEMBER 1 & SOCIAL MEDIA USE AND DEPRESSIVE SYMPTOMS AMONG UNITED STATES ADOLESCENTS, KRESKI N., M.P.H., ET AL, JOURNAL OF ADOLESCENT HEALTH, AUGUST 11

Helping Children with Pandemic Grief / Talking to Children about Death, Perri Klass, M.D., New York Times, August 31 on-line and September 8 in print

How the Aging Immune System Makes Older People Vulnerable to Covid-19 / Why Older Adults are Vulnerable to Coronavirus Effects, Veronique Greenwood, *New York Times*, September 8 on-Line and in print

TELEMEDICINE AND HEALTHCARE DISPARITIES: A COHORT STUDY IN A LARGE HEALTHCARE SYSTEM IN NEW YORK CITY DURING COVID-19, CHUNARA R., PH.D., ET AL., JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION, AUGUST 31

<u>'Really Diabolical': Inside the Coronavirus That Outsmarted Science</u>, Robert Lee Hotz & Natasha Kahn, *Wall Street Journal*, September 7

GUIDANCE FOR LICENSED PHARMACISTS AND PHARMACY INTERNS REGARDING COVID-19 VACCINES AND IMMUNITY UNDER THE PREP ACT, DEPARTMENT OF HEALTH AND HUMAN SERVICES, SEPTEMBER 3