National Association of State Mental Health Program Directors
Weekly Update

NRI Finds COVID-19 Impacts Include Workforce Shortages in 68 Percent of States, Reduced Inpatient Admissions in 21 States, 88 Percent Fewer Community-Based Encounters

To understand and assess the magnitude of the COVID-19 impact on state mental health systems and how these systems have adapted to challenges presented by the pandemic, the NASMHPD Research Institute (NRI), in collaboration with the National Association of State Mental Health Program Directors (NASMHPD), surveyed the State Mental Health Agencies (SMHAs) during the summer, and the report of those findings was released October 20.

Supported through financial contributions of the SMHAs, NRI worked with a subcommittee of volunteers from five states and NASMHPD to identify issues related to COVID-19 on which to survey. Priority areas for surveying impact identified by the subcommittee included state psychiatric hospitals, community mental health systems and providers, mental health crisis services, the use of telehealth, and the use of behavioral health disaster preparedness plans during the pandemic.

The survey, to which 41 of 50 states responded, revealed that COVID-19 has affected all aspects of state behavioral health systems, including inpatient care in state hospitals, crisis services, community-based treatment services, and services to school-age children.

Specifically, COVID-19 has resulted in reductions in services as mental health providers implement infection control protocols and deal with COVID-19 infections and exposures of doctors, nurses, psychologists, social workers, and other key members of the behavioral health workforce. Conversely, the increase in stress and anxiety caused by the pandemic and pandemic containment measures has increased the number of individuals in need of treatment for mental health or substance use issues.

Eighty-five percent of the 41 responding states reported that COVID-19 had affected the number of clients they are serving at their state psychiatric hospitals. Over half of the states (21) reported reduced inpatient capacity caused by limitations on admissions, while 18 states (44 percent) reported reduced capacity due to social distancing requirements (such as reducing the number of patients in a room). Eleven states (27 percent) described other reasons for decreased capacity, including establishing special units for patients quarantining or isolating due to COVID-19 exposure or diagnosis.

Twenty-two percent of states (9 SMHAs) reported decreased demand for inpatient services as patients avoided state hospitals during the pandemic. However, seven states (18 percent) reported increased demand resulting from the closure of crisis beds and/or general psychiatric beds during the pandemic. One state reported a mixed response, with an increase in demand for beds for civil-status patients and a decrease in demand for forensic beds.

Other impacts on state hospitals identified by the survey included:

- The discharging and returning home of hospital patients who live in remote areas was impacted by airlines shutting down service to remote communities and tribal villages.

- States reported experiencing increased difficulty discharging patients from inpatient due to community programs to which they could be transitioned closing.

- Twenty-eight of 41 (68 percent) of SMHAs experienced workforce shortages due to the pandemic.

- SMHAs were able to obtain necessary Personal Protective Equipment (PPE), but acquisition strained budgets and required extra work by managers and administrators.

- The SMHAs reported three methods for acquiring PPE: purchasing PPE directly, working with the State Health Department, and working directly with the Federal Emergency Management Administration (FEMA).

- A few SMHAs described having to reuse PPE or use lower levels of PPE than preferred. SMHAs reported that shortages of PPE were most acute in the first 30 to 45 days of the COVID-19 crisis, but that since then, state hospitals have been more successful in obtaining needed PPE.

With regard to community providers:

- 88 percent (36) of the 41 responding SMHAs reported their community providers had experienced a reduction in person, face-to-face encounters, *(Continued on page 6)*

CLICK HERE

SMIAdviser
A Clinical Support System for Serious Mental Illness

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An Easy Way for Individuals to Create and Share a Psychiatric Advance Directive (PAD)

The My Mental Health Crisis Plan app empowers individuals who have serious mental illness (SMI) to help guide their treatment preferences during a mental health crisis.

UCSF Smoking Cessation Leadership Center

Fall Back-to-School FREE CME/CEs
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WEBINARS

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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, **click here.**

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

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change. #CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

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

THIS WEEK: DR. ROCHELLE HEAD-DUNHAM SAYS COVID-19 HAS MADE RACIAL DISPARITIES IMPOSSIBLE TO DENY

Dr. Rochelle Head-Dunham, executive and medical director for the Metropolitan Human Services District in New Orleans, says we've reached a point in American history where the collision of a viral pandemic and systemic racism has unveiled unequivocal racial disparities. Unlike COVID-19, racism, and how it infects all systems, is far from novel, she says, but Americans are finally acknowledging racial inequality in a way that translates to anti-racism.

"It's not enough to not be racist; that's a stagnant state that doesn't produce change," says Dr. Head-Dunham. "Contrarily, being declaratively antiracist propels action." The latter focuses on accountability and a conscious effort to dismantle racism.

Early on, the pandemic revealed that COVID-19 disproportionately affects communities of color. Newer information has solidified the finding, with Black, Latino, and American Indian people getting sick and dying at higher rates than their White peers.

Deaths and cases among these marginalized populations surpass the percentage they make up of the United States population. According to The COVID Tracking Project dashboard at The Atlantic—updated twice a week—Black and Latino people each make up 21% of COVID-19 deaths even though they're 12.3 percent and 17.8 percent of the population, respectively. They're dying at 2.3 and 1.5 times the rate of their White counterparts.

While the crisis has brought into stark relief the racial disparities in COVID-19 cases and deaths, Dr. Head-Dunham is careful to note they just don't exist in a medical healthcare silo. They are "in every system and aspect of life," whether political, economic, educational, or in mental healthcare. "At the core of racial disparity is racism and power differentials where one group exercises authority over another, handicapping the one that's disenfranchised."

-LEARN MORE

Crisis Now Partners:

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

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

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

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

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

President Trump Signs 988 into Law

President Trump signed the *National Suicide Hotline Designation Act of 2020* (S. 2661) legislation into law on October 17.

The bipartisan Act creates a new three-digit dialing code—988—for mental health and suicidal crisis. The current National Suicide Prevention Lifeline 10-digit number (1-800-273-TALK) will be replaced by 988 as an easy-to-remember three digit number for suicide prevention and mental health support services.

The National Suicide Prevention Lifeline is composed of about 170 local crisis call centers located across the nation. This national network ensures that calls to the Lifeline are routed to the closest local crisis call center in hopes of providing the best localized services to callers.

The Federal Communications Commission (FCC) designated 988 as the new crisis hotline number on July 16. The newly enacted law reinforces the FCC ruling, requiring that all telephone carriers implement the new 988 number by July 16, 2022.

Mental health advocacy experts think the new 988 number will make it easier for people in emotional distress to access mental health care while also reducing the stigma commonly associated with seeking mental health care.

Kimberly Williams, president and CEO of Vibrant Emotional Health, which manages the National Suicide Prevention Lifeline, told NPR on October 19 "A national three-digit number will make it easier for millions of Americans to reach out for help and get immediate connection to care when they're experiencing a mental health or suicidal crisis. Most importantly, 988 will help save lives."

The legislation allows a state, a political subdivision, an Indian Tribe, a village, or a regional corporation to collect a fee for 988-related services, similar to how many states fund their 911 call centers. The fee is intended to support the anticipated increased operational costs of local crisis call centers resulting from higher call volume once 988 is nationally marketed.

Vibrant Emotional Health reports that call volume has increased during the COVID-19 pandemic. The national network saw a 6 percent call volume increase in July compared to the same month last year.

The new law also directs the Assistant Secretary of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Secretary of Veterans Affairs to jointly submit a report that details the resources necessary to implement a robust 988 system.

SAMHSA is also required to submit a report outlining strategies to improve specialized services, such as providing technical assistance and/or training to increase competency in serving high-risk populations—LGBTQ youth, minorities, and individuals living in rural communities.

The legislation includes findings that LGTBQ youth are four times more likely to consider suicide than their peers; the American Indian and Alaska Native populations have a combined suicide rate over 3.5 times higher than the racial or ethnic group with the lowest rate; and the rate of death by suicide in rural counties between 2001 to 2015 was 17.32 per 100,000 individuals in comparison to medium/small metropolitan counties (14.86) and urban counties (11.92).

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.

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.

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NRI Finds COVID-19 Impacts Include Workforce Shortages in 68 Percent of States, Reduced Inpatient Admissions in 21 States, 88 Percent Fewer Community-Based Encounters

(Continued from page 1)

- 3 reported no reduction, and 2 had insufficient data on the number of visits to respond).
- 71 percent (29) of responding SMHAs reported the reduction in in-person visits had been significantly offset by an increase in telehealth visits, while 15 percent (6) reported that telehealth had not significantly replaced face-to-face visits.
- 73 percent (30) of 41 responding SMHAs reported that community providers had reduced staff or services and 20 percent of responding states (8) reported that some community mental health providers had closed.
- SMHAs reported that providers of residential treatment for substance use disorders (detox and residential treatment) had to reduce capacity to maintain safety protocols.

As community providers experienced a reduction in clients and a resulting reduction in revenues because of the pandemic and prevention measures, 71 percent of responding SMHAs (29) provided supportive funds to providers. Eleven SMHAs increased state funds to community providers. Six states increased Medicaid direct payments to providers. Twenty-three states provided other types of interim assistance to community providers, such as the discretion to bill more services to telehealth, SAMHSA grants, provision of PPE or funds to purchase PPE, and funds to purchase telehealth equipment.

Every responding SMHA found increased flexibility in rules governing the use of telehealth to provide behavioral health services during the pandemic to be helpful, and most SMHAs are requesting that Federal and state flexibilities be continued permanently. In addition, every SMHA found the ability to provide audio-only telehealth to be helpful, with 35 SMHAs are recommending this service be continued.

The expansion of available services and locations where telehealth can be provided, the removal of barriers for remote prescribing, the flexibility for providers to work across state lines, and the relaxation of federal privacy rules were all found to be beneficial. The relaxation of confidentiality standards by the Health and Human Services Office of the Inspector General was considered helpful by 33 of the 41 SMHAs responding; 23 hoped that change could be made permanent.

Several states remarked on the importance of paying for telehealth services at parity with payment for face-to-face encounters. One SMHA indicated that parity had allowed it to expand telehealth dramatically and have it embraced by the provider community.

Sixty-one percent of SMHAs (25) reported that community mental health providers did not have the necessary equipment to provide as much telehealth services as needed. In 11 states, the SMHAs helped support the acquisition of telehealth equipment by behavioral health community providers. Several states mentioned that SAMHSA's Mental Health Block Grant (MHBG) funds were used to pay for telehealth services, but said it would have been helpful if they were permitted to use MHBG funds to purchase telehealth equipment for providers.

Eighty-five percent of SMHAs reported that no-shows for appointments with community mental health providers had dropped significantly—as much as 50 percent—with the use of telehealth. The improvement was especially notable in rural and impoverished areas where transportation issues were resolved through telehealth.

At the same time, some providers reported difficulty in connecting with clients via telehealth due to their clients' difficulty in accessing and using the technology.

Impact on State Behavioral Health Crisis Systems

COVID-19 affected state behavioral health crisis systems at several levels. While many SMHAs reported an increase in calls to their Suicide and Crisis Hotlines, most SMHAs experienced a decrease in behavioral health clients going to crisis stabilization programs (a face-to-face service), and also realized a reduction in mobile crisis visits.

Thirty-one SMHAs (76 percent of responding states) said they have implemented a new hotline or warm-line system in response to COVID-19. These new hotlines are focused on either the general public with behavioral health concerns related to COVID-19, or on providing behavioral health supports to medical personnel and first responders working with potential COVID-19 patients. These hotlines were developed by the SMHAs in 19 states, and were jointly organized by the SMHA and another agency (*e.g.*, the Governor's Office or the Health Department) in 12 states.

Other crisis services reported by SMHAs as being impacted by the pandemic included peer-operated respite services, shut down due to staff being put medically at risk in the absence of enough PPE to ensure staff remained safe.

Finally, 13 states reported they had changed their licensure regulations during the pandemic to expand the use of advance practice nurses (APNs) or physician assistants (PAs). States also waived state scope-of-practice restrictions and state rules governing practice in state by out-of-state providers.

NASMHPD News Briefs

CDC Adds Caveat to Guidance on What Constitutes Problematic Exposure to COVID-19

In a *Morbidity and Mortality Weekly Report* article posted October 21, researchers at the Centers for Disease Control and Prevention (CDC) suggest that it may be necessary to consider cumulative durations of multiple brief exposures in assessing the risk of incurring an active case of COVID-19.

The article, entitled "COVID-19 in a Correctional Facility Employee Following Multiple Brief Exposures to Persons with COVID-19 — Vermont, July–August 2020," concludes that a cumulative duration exceeding 15 minutes of individual shorter exposures may involve as great a risk as one prolonged exposure to a symptomatic or asymptomatic patient exceeding 15 minutes.

The authors of the article note that the data available to precisely define "close contact" is limited, but 15 minutes of close exposure is used as an operational definition for contact tracing investigations in many settings. Additional factors to consider when defining close contact include proximity, the duration of exposure, whether the infected person has symptoms, whether the infected person was likely to generate respiratory aerosols, and environmental factors such as adequacy of ventilation and crowding.

The case leading to the revised assessment of risk involved a 20-year-old, male, Vermont correctional officer who had multiple brief encounters with six incarcerated or detained asymptomatic persons (IDPs) who later tested positive who were housed in a quarantine unit while their SARS-CoV-2 test results were pending. A review of video surveillance footage found that, although the correctional officer never spent 15 consecutive minutes within 6 feet of any one IDP with COVID-19, numerous brief (1-minute) encounters that cumulatively exceeded 15 minutes did occur.

During one 8-hour shift on July 28, the correctional officer was within 6 feet of an infectious IDP an estimated 22 times while the cell door was open, for an estimated 17 total minutes of cumulative exposure. IDPs wore microfiber cloth masks during most interactions with the correctional officer that occurred outside a cell, but not during encounters in a cell doorway or in the recreation room. During all interactions, the correctional officer wore a microfiber cloth mask, gown, and eye protection (goggles). The correctional officer wore gloves during most interactions.

At the end of his August 4 shift, the subject experienced loss of smell and taste, myalgia, runny nose, cough, shortness of breath, headache, loss of appetite, and gastrointestinal symptoms. An August 5 nasopharyngeal real-time test for SARS-CoV-2 at a commercial laboratory was found to be positive on August 1. He identified two contacts outside of work, neither of whom developed COVID-19.

Boeing, University of Arizona Test Efficacy of Aircraft Deep-Cleaning in Eliminating Viruses

Deep cleaning aircraft between flights is one of many tactics the airline industry is using to try to restore public confidence in flying during the pandemic. Boeing and researchers at the University of Arizona say their experiment with a live virus on an unoccupied airplane proves that the cleaning methods currently used by airlines are effective in destroying the virus that causes COVID-19. The researchers say their study proves there is virtually no risk of transmission from touching objects including armrests, tray tables, overhead bins or lavatory handles on a plane.

On October 6, the CDC updated its guidance to strongly recommend face masks on airplanes and all other forms of public transportation, as well as in stations and airports. The International Air Transport Association (IATA) says that some 1.2 billion passengers have traveled worldwide so far in 2020, and there have been just 44 cases of COVID-19 reported that were linked to a flight. one case for every 27 million travelers. IATA notes that most of those cases occurred before masks were required of passengers and crew.

The University of Arizona researchers applied MS2 — a virus deemed not harmful to humans but more difficult to kill than SARS-CoV-2 — throughout the cabin. Technicians disinfected about 230 "strategic high-touch points", including seat tray tables, armrests, seat cushions, storage bins, and inside the bathrooms and galley. Various products and technologies using both manual wiping methods and electrostatic spraying were utilized. The tests also measured the effectiveness of a Boeing ultraviolet wand and antimicrobial coatings.

The University of Arizona analyzed each area post-disinfection and found that all the recommended products, methods, and technologies successfully destroyed the MS2 virus, and the researchers say they could be expected to kill the coronavirus too. But they say they are continuing to test recommended cleaning methods in a lab against SARS-CoV-2 and other similar viruses to further validate their efficacy.

New York Times Reviews Impact of Quarantine, Social Separation on Pre-Teens

In an article published October 22 in print, "That's Okay, I'll Play Inside" and October 16 on-line, "Generation Agoraphobia", the New York Times explores the apparently widespread phenomenon of pre-teen children being reluctant to leave their homes as the pandemic rages.

The article quotes Nina Kaiser, a San Francisco child psychologist whose team of nine therapists specialize in anxiety-related issues, saying "We've been hearing these concerns from families in our own practice, and done a ton of webinars with pediatric practices, and in every one there are questions about kids who are reluctant to leave the house and how to coax and cajole them….For months, our behavior has sent this message that the safest place to be was at home …so it's hardly shocking that we're seeing significant pushback from kids about leaving the safe zone." She added she is dealing with the same issues with her four-year-old son.

For younger kids, it's hard to do a risk analysis," Golda S. Ginsburg, a professor of psychiatry at the University of Connecticut, told the *Times.*. "They're just not cognitively mature enough. And children who struggle with anxiety can overestimate the risk and underestimate their own coping skills…. For some kids afraid of leaving the house, they are terrified there is nothing that they can do to be safe or reduce their anxiety — so they stay indoors."

The article notes that this fear does not fit the clinical DSM-5 definition of agoraphobia, which requires an intense fear of leaving the home or of crowded places where escape might be difficult. Mary Alvord, a psychologist in Chevy Chase, Maryland, is quoted by the *Times* as saying that true agoraphobia is more common in teens.

Webinar #2: Functional Assessment, Interoperability, and Quality Outcomes: What is New and Why It Is Important
Wednesday, October 28, 2:00 p.m. to 3:00 p.m. E.T.

The second webinar will review FASI - a set of standardized items that measure functional status and need for assistance with everyday activities among individuals applying for or receiving HCBS. FASI helps develop a person-centered service plan in HCBS programs.

Speakers will describe the structure and the value of using FASI, including FASI's role in facilitating interoperability across acute, post-acute, and HCBS. The webinar will feature a state approach from Colorado. These webinars kick-off a series of technical assistance events, including quarterly webinars, office hours, and respective communities of practice for HCBS CAHPS® and FASI, called Early Adoption Work Groups, that will launch in winter 2020. Please forward this announcement to others who may be interested in your state. If you have any questions, please email HCBSMeasures@lewin.com.

Register HERE

Training Opportunity: Strategies for Non-Opioid Pain Management: A Panel Discussion
Tuesday, November 10, 2:30 p.m. to 3:30 p.m. E.T.

Chronic pain is a common health concern in the United States, particularly among people dually eligible for Medicare and Medicaid. However, clinicians face challenges in treating pain in a manner that meets the needs and preferences of people experiencing pain. While opioids are commonly prescribed to treat acute and chronic pain, there are ongoing considerations surrounding their risks and benefits. Inappropriately treated pain may result in the increased use of illicit drugs and other substances to help relieve pain, substance use disorder, as well as increased suicide risk.

In treating chronic pain, it is important for providers and health plans to adopt pain management strategies that are person-centered, tailored to each individual, and that optimize health, function, and quality of life. This panel will discuss non-opioid pain management strategies for dually eligible individuals, including effective, person-centered pain management options; challenges health plans and clinicians face in providing effective chronic pain management support; and strategies for addressing pain needs during the COVID-19 pandemic.

Featured Speakers:

- Beth Darnall, PhD, Clinical Professor, Stanford University School of Medicine, Department of Anesthesiology, Perioperative and Pain Medicine
- Eve Gelb, Senior Vice President, Member and Community Health, SCAN Health Plan
- Donna Lynn Foster, Member/advocate, SCAN Health Plan

Intended Audience:

The target audience for this webinar includes providers and health care professionals serving people experiencing pain; and staff at health plans, including Medicare-Medicaid Plans (MMPs), Dual Eligible Special Needs Plans (D-SNPs), and managed LTSS plans

Register HERE

Uncovering the Opioids Connection
Through a Brain Injury Lens

NASHIA invites you to attend our upcoming two-part series on Opioids and Brain Injury. CE hours are approved for Social Work, Certified Rehabilitation Counselors, and general certificates of attendance (2.25 hours if both webinars are attended).

**Already committed for these dates? No problem.
Go ahead and register; you can watch both webinars once they are archived.**

Part 1: *The Relationship Between Opioids & Brain Injury and Harm Reduction Strategies*
October 28, Noon to 1:00 p.m. E.T.

Hear about lessons learned through Maryland's collaboration with state and local public health and prevention professionals as well as the brain injury community to increase your awareness of the link between brain injury and opioid use. Specific strategies for collaboration with public health, including Local Overdose Fatality Review Teams (LODFRTs) and brain injury professionals, advocates and individuals living with brain injury will be shared. Harm Reduction theory, application and interventions will be discussed.
Presenters: Anastasia Edmonston & Laura Bartolomei-Hill, Maryland Behavioral Health Administration

REGISTER NOW

Part 2: *Building and Leveraging Partnerships with Providers*
November 18, Noon to 1:15 E.T.

Learn how three states, Maine, Pennsylvania and Massachusetts have approached the opioids and brain injury issue and the various initiatives employed for creating and maintaining strong partnerships between the brain injury community and behavioral health providers. Awareness, training and customized interventions that have been developed with be shared. Strategies for creating partnerships with community providers and leveraging existing funding into new sources of combined revenue and support will also be discussed.

Presenters: Steve Wade, Brain Injury Association of New Hampshire,
Bradford Hartman, Pennsylvania Department of Health,
Gabriela Lawrence-Soto, Massachusetts Rehabilitation Commission

REGISTER NOW

**National Association of State
Head Injury Administrators**
training@nashia.org
205.600.3585 | www.nashia.org

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![PCORI - Patient-Centered Outcomes Research Institute logo]

NEW!

Peer Support Services for the Health and Wellness Needs of People with Mental Health Challenges

People with serious mental health challenges get sick and die 15 years earlier than same-aged peers. They show especially high rates of infectious disease and respiratory disorder such that health risks are further threatened by the COVID19 pandemic. One reason is a fragmented health system where limited resources are distributed across large geographic areas.

Peer support specialists are persons in recovery who use their lived experience to enhance health services. For instance, peer support specialists who have navigated through the healthcare system can assist people in the hands-on tasks of making and accompanying people to appointments, so they are better engaged in care. Limitations in cultural competence undermine engagement in physical health care as well. Mortality rates for people with serious mental illness is exacerbated when they are from racial minority or low-income groups. In addition to being people in recovery, peer support specialists can match the cultural and community preference of the service participants. Their shared experience bridges interpersonal and instrumental barriers to accomplishing the health and wellness goals of service participants.

This presentation was developed by a dissemination team of people in recovery and is supported through a grant awarded by Patient-Centered Outcomes Research Institute (PCORI). This presentation reviews:

1) health and wellness among people with mental health challenges;
2) the benefits of peer support services;
3) a summary of PCORI outcome research on peer services; and
4) approaches to implementing peer support services.

The presentation has been updated to consider the health challenges arising from the COVID19 pandemic. Session participants will benefit by receiving practical guidelines on setting up these programs (including service manuals) and learning ways to engage policymakers in supporting these kinds of services.

Links to Archived Videos: Long Version: https://youtu.be/1vMC7WYTVk4
Short Version: https://youtu.be/_BDevRAcLX4

Steps to Take When Trick or Treating from the Centers for Disease Control and Prevention

Traditional Halloween activities are fun, but some can increase the risk of getting or spreading COVID-19 or influenza. Plan alternate ways to participate in Halloween.

Make trick-or-treating safer
Avoid direct contact with trick-or-treaters.
Give out treats outdoors, if possible.
Set up a station with individually bagged treats for kids to take.
Wash hands before handling treats.
Wear a mask.

Wear a mask
Make your cloth mask part of your costume.
A costume mask is not a substitute for a cloth mask.
Do NOT wear a costume mask over a cloth mask. It can make breathing more difficult.
Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing.

Stay at least 6 feet from others with whom you don't live
Indoors and outdoors, you are more likely to get or spread COVID-19 when you are in close contact with others for a long time.

Wash your hands
Bring hand sanitizer with you and use it after touching objects or other people.
Use hand sanitizer with at least 60% alcohol.
Wash hands with soap and water for at least 20 seconds when you get home and before you eat any treats.

Additional NASMHPD Links of Interest

How an Ill-Fated Fishing Voyage Helped Us Understand Covid-19, Kim Tingley, *New York Times Magazine*, October 20 & Neutralizing Antibodies Correlate with Protection from SARS-CoV-2 in Humans During a Fishery Vessel Outbreak with High Attack Rate, Addetia A., *et al.*, *Journal of Clinical Microbiology*, August 21

5 Ways Families Can Prepare as Coronavirus Cases Surge, Christina Caron, *New York Times*, October 19

Some Signs of Recovery From Severe Covid Lung Damage, Lina Zeldovich, *New York Times*, October 18

When We Can Hug Again, Will We Remember How It Works?, A.C. Shelton, *New York Times*, October 16

Biologic Use for Arthritis Linked With Depression and Anxiety, Kate Kneisel, *MedPage Today*, October 19 & Introduction and Switching of Biologic Agents are Associated with Antidepressant and Anxiolytic Medication Use: Data on 42 815 Real-World Patients with Inflammatory Rheumatic Disease, Bournia V.-K., *et al.*, *Journal of Rheumatic and Musculoskeletal Diseases*, September 6

Risk for In-Hospital Complications Associated with COVID-19 and Influenza — Veterans Health Administration, United States, October 1, 2018–May 31, 2020, Cates J., Ph.D., *et al.*, *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, October 20

Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity — United States, January 26–October 3, 2020, Rossen L.M., Ph.D., *et al.*, *Morbidity and Mortality Weekly Report*, October 20

Mental Health and Psychosocial Characteristics Associated with COVID-19 in U.S. Adults, Tsai J., Ph.D., Huang M., M.S. & Elbogen E., Ph.D., *Psychiatric Services*, In Press August 19

Re-Designing Public Mental Health Systems Post-COVID-19, Smith T.E., M.D., Sullivan A-M. T., M.D. & Druss B.G., M.D., M.P.H., *Psychiatric Services*, In Press August 5

The Covid-19 Lockdown Will Have Consequences for Child Mental Health: Investing in School Mental Health Programs Can Help, Hamoda H.M., M.D., M.P.H., *et al.*, *Psychiatric Services*, In Press August 18

Connecticut Department of Mental Health and Addiction Services: Mental Health Bed Availability Website, Last Updated October 19

WEBINAR: Caregiving from a Distance: How to Support Someone Who Lives with Depression
Wednesday, November 18, 7:00 p.m. to 8:30 p.m. E.T.

Dr. Sandra Edmonds Crewe and Dr. JaNeen Cross will discuss how to be an effective caregiver for an adult with depression who does not live with you. This program is designed for caregivers, family members, and caring adults interested in caregiving from a distance. Learn how you can:

- Understand how signs and symptoms of depression may vary according to cultural context
- Help your loved one find and pay for treatment • Overcome communication challenges related to physical distance.

Presenters: Sandra Edmonds Crewe, M.S.W., Ph.D., A.C.S.W., is dean and professor of Social Work at Howard University. Dr. Crewe holds a Ph.D. in social work from Howard University. Dr. Crewe is an ethnogerontologist with a focus on caregiving across the life span; African American Caregivers: Seasons of Care Practice and Policy Perspectives for Social Workers and Human Service Professionals is among her numerous publications.

JaNeen Cross, M.S.W., D.S.W., M.B.A., L.C.S.W., L.C.S.W.-C., is an Assistant Professor at Howard University School of Social Work and a clinical social worker in private practice in Pennsylvania, Maryland, and the District of Columbia. Dr. Cross holds a B.S.W. and M.S.W. from Temple University, an M.B.A. with a graduate certificate in Health Care Administration from Rosemont College, and a Doctor of Clinical Social Work (D.S.W.)

After the webinar, the first 100 people to complete our online evaluation will receive a free copy of our **Helping Someone Living with Depression or Bipolar Disorder: A Handbook for Families and Caregivers**.

Register to join us for the live webinar!

Can't attend the live webinar? Register today to submit your questions and watch the recorded webinar after it airs.

WEBINAR: Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability :
Implications for Policy, Research, and Practice
Wednesday, October 28, 3:00 p.m. to 4:30 p.m. E.T.

People who abuse their partners often coerce them into using substances, including deliberately sabotaging their recovery attempts. This insidious form of power and control cuts across every facet of a survivor's life and has potentially lethal effects. Forcibly keeping a survivor reliant on substances can harm their mental and physical health, impact their relationship with and custody of their children, interfere with their housing and employment, and create other barriers to getting help.

During National Domestic Violence Awareness Month, we mourn those who have lost their lives to domestic violence and celebrate the resiliency of all survivors. We reflect on the progress we have made and connect with those engaged in this vital work. Join us as we share knowledge about substance use coercion and examine ways that we can all make a difference in the work we do.

Presenters will discuss the current state of research on substance use coercion; insights and recommendations from people with lived experience; and innovative responses to the intersecting issues of substance use, intimate partner violence, and substance use coercion. We will conclude with recommendations for addressing substance use coercion by federal agencies and by the domestic and sexual violence, substance use, and research. fields..

Register Now

This webinar is sponsored by the US Department of Health and Human Services (HHS), Administration for Children and Families, Family and Youth Services Bureau's (FYSB) Family Violence Prevention and Services (FVPSA) Program and the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH).

NCDVTMH is funded through a combination of unrestricted private funds and federal grants.

NCDVTMH also serves as one of four national Special Issue Resource Centers funded by the U.S. Department of Health and Human Services; Administration on Children, Youth and Families; Family Violence Prevention and Services Program.

NCDVTMH is a member of the **Domestic Violence Resource Network (DVRN)**.

MHDD MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES NATIONAL TRAINING CENTER

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

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

Please visit their website at **https://mhddcenter.org/**

CDC Guidance on Holiday Celebrations

As many people in the United States begin to plan for fall and winter holiday celebrations, CDC offers the following considerations to help protect individuals, their families, friends, and communities from COVID-19. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which holiday gatherings must comply. When planning to host a holiday celebration, you should assess current COVID-19 levels in your community to determine whether to postpone, cancel, or limit the number of attendees.

Virus spread risk at holiday celebrations

Celebrating virtually or with members of your own household pose low risk for spread. In-person gatherings pose varying levels of risk. Event organizers and attendees should consider the risk of virus spread based on event size and use of mitigation strategies, as outlined in the Considerations for Events and Gatherings. There are several factors that contribute to the risk of getting infected or infecting others with the virus that causes COVID-19 at a holiday celebration. In combination, these factors will create various amounts of risk, so it is important to consider them individually and together:

- **Community levels of COVID-19** – Higher levels of COVID-19 cases and community spread in the gathering location, as well as where attendees are coming from, increase the risk of infection and spread among attendees. Family and friends should consider the number and rate of COVID-19 cases in their community and in the community where they plan to celebrate when considering whether to host or attend a holiday celebration. Information on the number of cases in an area can be found on the area's health department website.
- **The location of the gathering** – Indoor gatherings generally pose more risk than outdoor gatherings. Indoor gatherings with poor ventilation pose more risk than those with good ventilation, such as those with open windows or doors.
- **The duration of the gathering** – Gatherings that last longer pose more risk than shorter gatherings.
- **The number of people at the gathering** – Gatherings with more people pose more risk than gatherings with fewer people. CDC does not have a limit or recommend a specific number of attendees for gatherings. The size of a holiday gathering should be determined based on the ability to reduce or limit contact between attendees, the risk of spread between attendees, and state, local, territorial, or tribal health and safety laws, rules, and regulations.
- **The locations attendees are traveling from** – Gatherings with attendees who are traveling from different places pose a higher risk than gatherings with attendees who live in the same area. Higher levels of COVID-19 cases and community spread in the gathering location, or where attendees are coming from, increase the risk of infection and spread among attendees.
- **The behaviors of attendees prior to the gathering** – Gatherings with attendees who are not adhering to social distancing (staying at least 6 feet apart), mask wearing, hand washing, and other prevention behaviors pose more risk than gatherings with attendees who are engaging in these preventative behaviors.
- **The behaviors of attendees during the gathering** – Gatherings with more preventive measures, such as mask wearing, social distancing, and hand washing, in place pose less risk than gatherings where fewer or no preventive measures are being implemented.

People who should not attend in-person holiday celebrations

People with or exposed to COVID-19
Do not host or participate in any in-person festivities, if you or anyone in your household

- Has been diagnosed with COVID-19 and has not met the criteria for when it is safe to be around others
- Has symptoms of COVID-19
- Is waiting for COVID-19 viral test results
- May have been exposed to someone with COVID-19 in the last 14 days
- Is at increased risk of severe illness from COVID-19

People at increased risk for severe illness
If you are at increased risk of severe illness from COVID-19, or live or work with someone at increased risk of severe illness, you should

- Avoid in-person gatherings with people who do not live in your household.
- Avoid larger gatherings and consider attending activities that pose lower risk (as described throughout this page) if you decide to attend an in-person gathering with people who do not live in your household.

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.

UPDATE

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. Learn more about attending, presenting, sponsoring and advertising in the event program below. See the full line up of workshops below!

Tuesday, November 10

**Opening Statements & Welcome
1:00 to 1:15 p.m. E.T.**

Plenary Panel featuring State and Local Chapters on the Conference Themes – 1:15 to 2:15 p.m. E.T.

Conference Logistics – 2:15 to 2:30 p.m. E.T.

Break – 2:30 to 2:45 p.m. E.T.

Workshops – 2:45 to 4:15

Parenting and Family Support
1. Positive Solutions for Families of Young Children: Denise Bouyer, SPAN Parent Advocacy Network (New Jersey)
2. Adversity is NOT Destiny: Intergenerational Grandfamily Peer Support: Glenda Clare, Fragile Families Network (North Carolina)
3. Shadows & Light: Untold Stories - Addressing Trauma: Paula Ray & Sandy Thompson, Families Inspiring Families (Nebraska)

Youth Peer Support
1. Christine Marie Frey, Brain XP Project, Teens Helping Teens: Brain XP's System of H.O.P.E. (California)

Equity
1. Getting Rid of Mental Health Stigma in the Caribbean Community: Samantha Samuels & Olinda Richard-Hodge, Young Dreamers International (Georgia)
2. A Collaborative Approach to Cultural and Linguistic Appropriateness in Evaluating Children's Mental Health Programs: Allison Stevens, PEP; Lexie Beck, Youth MOVE and Alejandra Ruiz, Division of Youth & Family Services (Nevada)

Technology/Virtual Support
1. Supporting Hispanic Families During COVID-19: Frances Vega Pietri, ASK Family Services (Michigan)
2. Flexibility and Creativity: Using Technology to Support Families: Maria Silva, Allegheny Family Network (Pennsylvania)

Substance Use
1. Mental Health Interventions and Treatment Approaches for Substance Dependent Pregnant and Parenting Women and Their Young Children: B. Fellows, University of MD School of Medicine Psychiatry & Jessica Lertora, Zero to Three (Maryland)

Thursday, November 12

Workshops – 1:00 to 2:30 p.m. E.T.

Parenting and Family Support
1. Why Will No One Play With Me? The Play Better Plan Parent Training and Your Social Skills Curriculum: Carolyn Maguire, NE Coaching (Massachusetts)
2. When Worrying Takes Over: Helping Kids with ADHD and their Parents Overcome Anxiety and Build Resilience: Sharon Saline, Clinical Psychologist (Massachusetts)

Youth Peer Support
1. Youth Advocacy/Engagement During COVID-19: Christina Smith, Calling All Youth MOVE (Michigan)

Equity
1. Level the Playing Field- Social Support and Social Capital for Improved Mental Health Outcomes with Black and Brown Families: Ronik Radlauer Group (Florida)
2. Children's Mental Health Justice 101: Navigating Fractured Systems and Advocating for Justice: Dionne Bensonsmith, Dr. Tammy Nyden, Angela Riccio, Mothers on the Frontline (California)

Technology/Virtual Support
1. Technology to Reach and Serve Latinx Families: Brenda Figueroa & Fanny Ochoa, SPAN Parent Advocacy Network (New Jersey)

Substance Use
1. Opioid Crisis Methamphetamine Surge Awareness & Combat: Vicki Hill, The Struggle WithIN (Nevada)
2. Creating Safety: Being a Supportive Adult: Working with Youth Who Have Experienced Trauma: Angie Geren, Arizona Recovers (Arizona)

Break – 2:30 to 2:45 p.m. E.T.

**Keynote Presentation & Discussion –
2:45 to 4:15 p.m. E.T.**

Register Here!

Sign Up to Sponsor and/or Advertise

We look forward to seeing you in November

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Let's Move Forward in Our Journey

Virtual Fall 2020 CSAVR Conference integrating live and recorded sessions led by highly respected leaders in our field and some amazing special guests.

SCHEDULE

CSAVR Leadership Forum
- Monday, November. 2, 1:00 p.m. to 4:00 p.m. E.T.
- Wednesday, November. 4, 1:00 p.m. to 4:00 p.m. E.T.

Directors Forum
- Thursday November 5, 1:00 p.m. to 4:00 p.m. E.T.

2020 Fall Virtual Conference
- Monday, November. 9, 1:00 p.m. to 4:15 p.m. E.T.
- Tuesday, November 10, 1:00 p.m. to 4:00 p.m. E.T.
- Wednesday, November 11, 1:00 p.m. to 4:00 p.m. E.T.
- Thursday November 12, 1:00 p.m. to 4:00 p.m. E.T.
- Friday November 13, 1:00 p.m. to 4:30 p.m. E.T.

Download Full Agenda (PDF)

CSAVR FALL 2020 CONFERENCE
November 2 through 13

Celebrating 100 Years of Investing in America

REGISTER HERE

2020 CSAVR Conference
Keynote Speakers

Darrell "Coach D" Andrews
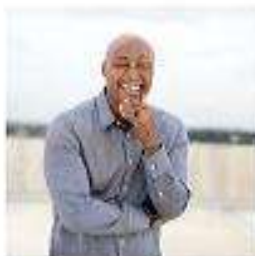
J.R. Martinez

Victor Armstrong

Cindy L. Otis | Vice President, Analysis

Cindy L. Otis, Vice President, Analysis, Alethea Group

The College for Behavioral Health Leadership

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

16

American Psychological Association

NOVEMBER 12-13
TECHNOLOGY, MIND & SOCIETY
SHOWCASE
A VIRTUAL EVENT
REGISTER FOR FREE

The Technology, Mind and Society Showcase is coming soon—are you registered?

Join thousands of your peers virtually this fall as APA brings together scientists, applied practitioners, IT executives, students, policymakers and industry leaders for great new content, in a safe, convenient and more compact format. TMS 2020 will examine how psychological science can inform the development and adaptive use of new technologies that affect people's lives. Registration is FREE.

We are honored to announce the following keynote speakers for this premier interdisciplinary showcase for emerging research and innovation:

- Jeremy Bailenson, Stanford University
- Lisa Feldman Barrett, Northeastern University
- Maja Matarić, University of Southern California
- Rosalind Picard, Massachusetts Institute of Technology

REGISTER FOR FREE

- **Get the latest research and cutting-edge practices in this rapidly evolving field**
- **Hear thought-provoking discussions with globally recognized experts**
- **Engage with vendors through virtual exhibits**
- **Submit your questions during live access and open dialogue**

Reserve your place now and discover the role psychological science plays in human and technology interaction.

 In cooperation with

AAAI
Association for the Advancement
of Artificial Intelligence

An Important Grant Award Announcement

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

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

NFSTAC will deliver comprehensive TTA that:

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

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

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

The Home and Community-Based Services (HCBS) Conference is ADvancing States' national conference that annually brings together state, federal, and local policymakers as well as leaders who administer, manage, and deliver waiver and other HCBS programs. The purpose of the HCBS Conference is to share practices and policies that improve state systems delivering long-term services and supports (LTSS) for all ages and abilities.

This year, the HCBS Conference will be a virtual experience spaced over two weeks: The ADvancing States Fall Member meeting occurs on December 1, while general attendees have an Explore on Your Own Day; then the HCBS Conference begins in full on December 2-3 and December 8-10, 2020.

This year will be two weeks of learning and inspiration like never before.

Sign up to Receive News and Alerts
About the HCBS Conference

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

Announcement Type: Research Award

Total Funds Available: $30 Million	**Total Direct Costs: $10 million**
Maximum Project Period: 5 years	**Earliest Start Date: November 2021**
Applicant Town Hall Session: September 2020	**Application Deadline: January 12, 2021, 5 p.m. E.T.**

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

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

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

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

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

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

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

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

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.

Last Session: November 2

Register HERE

SPIRITUALITY *and* **MENTAL HEALTH** *Series*

- REFERRALS
- POST-TRAUMATIC GROWTH
- SEVERE MENTAL ILLNESS
- LIFE-TIME COURSE OF MENTAL ILLNESS
- TREATMENT
- COMMUNITY-WIDE CRISIS

The Partnership Center
Center for Faith and Opportunity Initiatives
U.S. Dept. of Health and Human Services

Registration is Now Open!

Research shows that spirituality *positively* impacts health and wellness – including for individuals living with mental illness, and for their families. Understanding the critical intersections of spirituality and mental health can *increase the overall effectiveness and quality of treatment* across an individual's continuum of care.

Faith leaders and mental health practitioners are working together, developing strong and successful examples of what can be *replicated* around the nation. This webinar series seeks to share:

- **Research** demonstrating the outcomes possible when considering spirituality and mental health *together*, rather than as separate areas of study.
- **Testimonies** of personal and lived experiences, highlighting what can be achieved, and engaging diverse communities.
- **Examples** of spirituality and mental health being addressed *together* to improve the health and wellness outcomes for clients and their families.

REGISTER FOR THE ENTIRE SERIES

WEBINAR SCHEDULE:

Oct. 27, 12:00 pm — **Spirituality and Severe Mental Illness:** Questions of Recovery versus Purposeful Renewal

Nov. 10, 12:00 pm — **Spirituality and the Life-time Course of Mental Illness:** Support for Patients, Caregivers, and Family by the Faith Community

Nov. 19, 12:00 pm — **Spirituality and Treatment:** Contributions to Faith and Forgiveness in Recovery

Dec. 8, 12:00 pm — **Spirituality and Community-wide Crisis:** Building Systems to Support Connection and Recovery

If you have any questions about this new series, please email us at partnerships@hhs.gov.

5 Action Steps for Helping Someone in Emotional Pain

ASK
"Are you thinking about killing yourself?"

KEEP THEM SAFE
Reduce access to lethal items or places.

BE THERE
Listen carefully and acknowledge their feelings.

HELP THEM CONNECT
Save the National Suicide Prevention Lifeline number 1-800-273-8255.

STAY CONNECTED
Follow up and stay in touch after a crisis.

www.nimh.nih.gov/suicideprevention

Connecting Communities of Care: How North Dakota Addressed Barriers to Care within Its Communities

Virtual care has been more frequently used as a form of care delivery throughout the past several years. However, with the COVID-19 pandemic, many provider organizations were suddenly forced to take their services online. Telehealth and video calling quickly became the trusted source of care delivery, especially for behavioral health providers, as the demand for mental health services rose.

In July, 53 percent of U.S. adults reported their mental health has been negatively impacted by worry and stress over COVID-19. To address the increased demand for mental health services and abide by social distancing measures, Federal and state governments relaxed regulations and licensing requirements, and increased revenue sources for telehealth services. This gave healthcare providers the opportunity to meet the needs of their communities while abiding by new COVID-19 policies. Seemingly overnight, telehealth took center stage in the world of behavioral health care delivery. Reports show there here were more telehealth visits in two months of 2020 than there were all of 2019, with 10 times the number of average daily visits compared to the same time in 2019.

Among those swiftly adjusting to a virtual market was the North Dakota Department of Human Services, which has more than 10 human service agencies and 15,000 employees across the state, including the regional Human Service Centers and the North Dakota State Hospital and Life Skills and Transition Center. Being a predominately rural state, there was already a driving need for telehealth in North Dakota, and the state was providing telehealth services in some areas. However, it was not until the Netsmart Annual Consumer Conference in 2019 that several North Dakota representatives were introduced to a telehealth platform that could be embedded within the Netsmart electronic health record (EHR). They found the Netsmart Telehealth Solution virtual waiting room and clients' ability to connect from their own devices would be beneficial features for their agencies.

While nearly 95 percent of North Dakota residents have access to wired broadband services, 33,000 residents remain unconnected. Social determinants of health such as housing, finances, and employment can often also affect access to services. "We also wanted clients to have the ability to access services from their own community if they are unable to travel to a regional human services center," Elsie Motter MBA/LPCC/LAC, North Dakota EHR Business Lead says.

The pandemic prohibited travel, in-person office visits and face-to-face interactions. After going live with the Netsmart myAvatar EHR and embedded telehealth solution in 2019-2020, North Dakota had more than 1,200 clinical EHR users and hundreds of remote consumers accessing care, utilizing Netsmart's telehealth solution as a means to provide continuity of care to their consumers. "The impact of COVID changed our direction dramatically and quickly," Motter says. Prescribers, nurses, clinicians and skills integration/skills training staff were set up to deliver telehealth services.

The implementation came in two phases. Phase 1 included an initial group of 11 clinicians providing Hub and Spoke services. These staff were made available to clients for assessment with no or minimal wait time. The second phase occurred later in the week with the remaining 300 staff. "We were no longer just including the pilot group," Motter said. "We went into full implementation mode. Our needs seemed to change daily, and I was in constant contact with our [Netsmart] Client Alignment Executive (client advocate)."

As the reality of the pandemic began to unfold, they realized staff may be working remotely for an indefinite period of time. North Dakota relied on virtual trainings to ease implementation and ensure all users were proficient with the solution before seeing clients.

With the assistance of Netsmart, a client liaison was established at each agency, responsible for contacting clients with upcoming telehealth appointments to ensure they were registered and able to successfully log on prior to their appointment. "We felt that with this role it was easier to be proactive than reactive," Motter notes. "It helped prevent our clinical staff from having to act as IT support to our clients. We added Netsmart to a North Dakota team in our telehealth provider group, making us all one team," Motter said. "We were able to resolve staff inquiries as they occurred. Having Netsmart available to collaborate and troubleshoot was really critical to the process."

To make it simple for staff, all of the telehealth services are delivered through the myAvatar HER, using the same service codes the staff were familiar with, unlike operations using other EHRs which often require duplicate service codes to control location of service, causing longer learning curves and potential billing errors.

North Dakota plans to continue leveraging telehealth services throughout their agencies, even as staff begin to return to the workplace. In contracted facilities where full-time staff may not be available, they intend to use telehealth to help North Dakota staff conduct assessments virtually. They are also discovering how they can use telehealth in other parts of their business in collaboration with other technologies. With the success of the initial implementation, North Dakota will expand telehealth efforts to work with correctional and group home facilities state-wide.

Disaster Distress Helpline

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

☎ **Call us:**
1-800-985-5990

📱 **Text:**
'TalkWithUs' to 66746

🖱 **Visit:**
http://disasterdistress.samhsa.gov

Like us on Facebook:
http://facebook.com/distresshelpline

Follow us on Twitter (@distressline):
http://twitter.com/distressline

**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

XSAMHSA

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

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

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

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

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

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

If you have trouble sleeping:

- Only go to bed when you are ready to sleep

- Don't watch TV or use your cell phone or laptop computer while you're in bed

- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed

- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

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

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

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

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

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

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

You Are Not Alone.

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

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

Background:

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

Research Objectives:

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

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

- Epidemiologic studies of the etiology of co-morbidity that directly lead to the development of targeted preventive intervention research projects; of priority are studies that include prevention scientists as part of the research team, to facilitate the application of findings into next phase prevention intervention development. These can include primary data collection or secondary data analyses.

- Studies of the trajectories of the development of co-morbid substance use, substance use disorders and psychiatric disorders and the ways in which their interactions influence the onset, course and recovery of both; of interest are studies which additionally identify potentially effective points and models of intervention.

- Intervention research to directly address common mechanisms/dimensions that may underlie both substance use disorders and other psychiatric disorders. Among treatment seeking populations, studies to determine whether or how the receipt of evidence-based treatments for psychiatric disorders impact substance use initiation/and or progression to misuse and disorder.

- Strategies for Augmenting psychiatric care to prevent substance use initiation and/or progression from use to misuse or disorder. This could include research to test whether and how models of care delivery for mental illness (e.g., the collaborative care model, coordinated specialty care for first episode psychosis) could be leveraged for substance use prevention among at-risk individuals.

- Studies to further understand and prevent suicide and other adverse outcomes (morbidity and mortality) among individuals using illicit substances.

- Research that uses clinically validated digital therapeutics, including mobile applications and other platforms, virtual reality, wireless monitoring and biofeedback, imaging tools for biofeedback to develop, improve and systematically measure behavioral interventions for substance use and psychiatric conditions. Additionally, neuromodulation devices to 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
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 5, 2020 and subsequent receipt dates through May 8, 2023

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

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

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

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

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

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

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

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

Georgia Emotional Support Resources

2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

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

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

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

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

Effects of CMS' Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns

Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders

A Public Health Approach to Trauma and Addiction

Traumatic Brain Injury and Behavioral Health Treatment

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

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

Schools as a Vital Component of the Child and Adolescent Mental Health System

Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth

The NASMHPD Technical Assistance Coalition series will continue in 2021.

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.

Webinar: Ways to Support Employment after Incarceration
Thursday, October 29, 12:30 p.m. to 2:00 p.m. E.T.

This webinar presents three perspectives on employment as a necessary component of successful transition back into the community.

[Register HERE](#)

Solicitation to Train Local Trainers for the *How Being Trauma-Informed Improves Criminal Justice System Responses* Training Program

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is soliciting applications from communities interested in developing a capacity to provide trauma-informed training. The GAINS Center is offering a series of Train-The-Trainer (TTT) events to train local trainers to deliver its *How Being Trauma-Informed Improves Criminal Justice System Responses* training program.

The target audiences for this training program are primarily community-based criminal justice system professionals, including law enforcement, community corrections (probation, parole, and pre-trial services), court personnel, re-entry staff, as well as human service providers that serve adult justice-involved populations.

To find out more about *How Being Trauma-Informed Improves Criminal Justice System Responses*, please visit [SAMHSA's GAINS Center](#).

The GAINS Center will offer TTT events free of charge to selected communities between January and July 2021. Since the purpose of this training initiative is to offer targeted technical assistance and training to prepared communities in the field, there are no fees for registration, tuition, or materials associated with these trainings. While not a requirement to apply to this opportunity, there will be special consideration given to applications that demonstrate inclusion of trainers who train drug court and/or re-entry program staff.

If a TTT event is of interest to your community, please review the solicitation and submit your completed application form to the GAINS Center no later than **November 13, 2020**.

[Access the TTT Solicitation](#)

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

Money Follows the Person - Tribal Initiative, Part 3
Wednesday, October 28, 2:00 p.m. E.T.

For the October LTSS webinar, hear from tribal nations in Wisconsin on the Money Follows the Person Tribal Initiative (MFP-TI).

Panelists will review MFP-TI and their efforts to expand the availability of home-and community-based services in tribal communities. Additionally, the panelists will include information about health equity, tribal sovereignty, and the importance of establishing government-to-government relations.

By the end of the webinar, participants will be able to:

- describe the goals and purpose of the MFP-TI
- discuss the importance of culturally specific services and tribal sovereignty
- summarize at least 3 successful strategies and challenges when establishing long-term services and supports in Indian Country

Panelists & Facilitator

Ericka Kowalkowski
Aging and Long-Term Care Director
Menominee Nation (Wisconsin)

Dawn Klaeser
Aging and Long-Term Care Director
Menominee Nation (Wisconsin)

David Larson
Continuum Care Director
Oneida Nation (Wisconsin)

Russell Coker
MFP/Living Choice Project Director
Oklahoma Health Care Authority,
Seminole Nation (Oklahoma)

REGISTER AND JOIN

Review the recordings from the last two installments of the MFP-TI series:
- MFP-TI, Part 1 ◆ Tribes in Washington
- MFP-TI, Part 2 ◆ Tribes in North Dakota & South Dakota

Have questions for our presenters? Let us know before the webinar by emailing ltssinfo@kauffmaninc.com.

Steps
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

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.

Training and Technical Assistance Related to COVID-19 Resources

New TTC Program Products

TTC	Resource Type	Title	Link
New England MHTTC	Multimedia (Video, Webinar Recording, Podcast)	C-TLC | School and Community-based Trauma-skilled Practices Supporting Youth Virtual Workshop (Afternoon Session)	https://mhttcnetwork.org/centers/new-england-mhttc/product/c-tlc-school-and-community-based-trauma-skilled-practices-0
Northwest MHTTC	Multimedia (Video, Webinar Recording, Podcast)	Part 2: Anxiety in the Classroom - Managing Anxiety During COVID	https://mhttcnetwork.org/centers/northwest-mhttc/product/part-2-anxiety-classroom-managing-anxiety-during-covid
Mountain Plains ATTC	Multimedia (Video, Webinar Recording, Podcast)	Best Practices in Supporting Recovery During a Pandemic	https://attcnetwork.org/centers/mountain-plains-attc/product/best-practices-supporting-recovery-during-pandemic
Northwest MHTTC	Multimedia (Video, Webinar Recording, Podcast)	Town Hall On Leading Our School Systems & Communities Through and After Wildfire	https://mhttcnetwork.org/centers/northwest-mhttc/product/town-hall-leading-our-school-systems-communities-through-and-after
National American Indian and Alaska Native MHTTC	Print Media (Brochure, Monograph, Report, Poster)	Leadership Academy update during COVID	https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/product/leadership-academy-update-during
National American Indian and Alaska Native MHTTC	Print Media (Brochure, Monograph, Report, Poster)	K-12 COVID Weekly Series flyer	https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/product/k-12-covid-weekly-series-flyer
National American Indian and Alaska Native MHTTC	Print Media (Brochure, Monograph, Report, Poster)	K-12 COVID best practices poster	https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/product/k-12-covid-best-practices-poster

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](#)

[COVID-19 Rural Healthcare Surge Readiness](#)

Up-to-date and critical resources for rural healthcare systems preparing for and responding to a COVID-19 surge.

New Rural Health Funding & Opportunities from the Past 30 Days

[Site Selection for Rural Home Hospital Randomized Controlled Trial](#)

A request for proposals from rural hospitals to launch and evaluate a home-based acute care intervention, called Rural Home Hospital, which is an adaptation of the Home Hospital Model for rural communities.
Geographic coverage: Nationwide
Application Deadline: Nov 16, 2020
Sponsors: Ariadne Labs, Brigham and Women's Hospital, Harvard T.H. Chan School of Public Health

[Community Connect Broadband Grant Program](#)

Grants for communities without broadband access to provide residential and business broadband service and connect facilities such as police and fire stations, healthcare, libraries, and schools.
Geographic coverage: Nationwide and U.S. Territories
Application Deadline: Dec 23, 2020
Sponsors: U.S. Department of Agriculture, USDA Rural Development, USDA Rural Utilities Service

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**

ẊSAMHSA

Knowledge Informing Transformation

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

GET THE TOOLKIT HERE

National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. Visit the new NCAPPS website for more information.

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

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

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

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

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

Tuesday, October 27 3:30 p.m. to 5:00 p.m. E.T.	**Student-Directed Individualized Education Plan (IEP): Bringing Person-Centered Practices to Schools and Beyond** The Individualized Education Program (IEP) is a cornerstone in the planning and delivery of educational supports for students who are eligible for special education services. How can systems ensure that the IEP is truly person-centered? Making sure the student plays a central role in forming and implementing an IEP is a first step as the student develops their strengths and receives appropriate support. In this webinar, a panel — featuring an educational consultant, a disability rights advocate, a student, and a parent — will discuss strategies to make IEPs more person-centered and empowering for students and their families. **REGISTER HERE**.
Thursday, October 29 2:30 p.m. to 4:00 p.m. E.T.	**Facilitation for Choice and Control: Person-Centered Planning's Best Kept Secret** Person-centered planning facilitation can help to create a robust person-centered whole-life plan incorporating all resources that can be mobilized to support a person—not just paid services and supports. In this webinar, people with disabilities and their facilitators will share experiences with person-centered planning facilitation services. They will be joined by a national expert in disability services who will describe how person-centered planning facilitation services can be incorporated to enhance person-centered systems. This webinar complements a new report from NCAPPS – developed as part of our technical assistance work – that provides an overview of person-centered plan facilitation services in five states. **REGISTER HERE**.
Monday, November 30 2:00 p.m. to 3:30 p.m.	**Person-Centered Supports for People with Dementia Living in the Community** Panelists will discuss their personal and professional experiences with dementia, along with individual, community, and system level approaches to make supports for people with dementia more person centered. **REGISTER HERE**.

Tips for Telehealth Billing During the COVID-19 Pandemic

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

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

1 TELEHEALTH VISITS THAT REPLACE OFFICE VISITS

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

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

+95 Real-time audio video modifier to add to the end of the billing code During the COVID-19 crisis, use this for visits that you would typically have in your office.

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

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

Initial Psychiatric Evaluation
90791+95
90792+95

Evaluation and Management Outpatient
99204+95   99205+95   99212+95
99213+95   99214+95   99215+95

Evaluation and Management Plus Psychotherapy
30 (16-37*) minutes - E/M code [Audio only - use the appropriate 99441-99443 code] and *90833+95*

45 (38-52*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and *90836+95*

60 (53+*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and *90838+95*

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

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

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

2 TELEPHONE VISITS

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

For physicians and others who can bill for E/M services:
99441   5-10 minutes
99442   11-20 minutes

For psychologists, social workers, and others who can bill for E/M services:
98966   5-10 minutes
98967   11-20 minutes
98968   21-30 minutes

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Tips for Telehealth Billing During the COVID-19 Pandemic

3 **VIRTUAL CHECK-IN (G2012)**

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

4 **E-VISIT**

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

Those that bill evaluation and management services should use:

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

Those that cannot bill evaluation and management services should use:

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

REMOTE PATIENT MONITORING

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

STAY CURRENT

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

- ↗ SMI Adviser
- ↗ American Psychiatric Association
- ↗ Center for Connected Health Policy
- ↗ Centers for Medicare and Medicaid Services
- ↗ Federation of State Medical Boards

UPDATE ON CATATONIA
Thursday, November 5, 3:00 p.m. to 4:00 p.m. E.T.

Catatonia is a distinct neuropsychiatric syndrome that is becoming more recognized clinically and in ongoing research. It occurs in association with psychiatric, metabolic, or neurologic conditions. It may occur in many forms, including neuroleptic malignant syndrome. It has been studies in several populations including general adult patients, geriatric patients, and children and adolescents with neurodevelopment disorders. Treatment with certain benzodiazepines or electroconvulsive therapy leads to a dramatic and rapid response, although systematic, randomized trials are lacking. An important unresolved clinical question is the role of antipsychotic agents in treatment and their potential adverse effects.

Presenter: Andrew Francis, M.D., Ph.D., Penn State School of Medicine, Hershey Medical Center.

Register HERE

Third National Conference on Advancing Early Psychosis Care in the United States
Addressing Inequities - Race, Culture, and COVID
A Live FREE Virtual Conference | November 12 & 13

The American Psychiatric Association and SMI Adviser are proud to present The Third National Conference on Advancing Early Psychosis Care in the United States: Addressing Inequities - Race, Culture, and COVID.

Your FREE registration offers access to:

• 20 sessions in four concurrent tracks designed for the entire interprofessional mental health care team.

• Sessions that are certified for CME, psychology CE, and social work CE. Earn up to 8 AMA PRA Category 1 Credits™, 1.0 CE credits for psychology per eligible session, and 1.0 CE credits for social work per eligible session.

• Featured faculty that include Maxie L. Gordon, M.D.; Mario Alvarez-Jimenez, Ph.D., D.Clin..Psy.; Jessica Monahan Pollard, Ph.D.; Dost Öngür, M.D., Ph.D.; and many more.

This virtual event is funded by a grant from the Substance Abuse and Mental Health Services Administration, with expert consultation from the Psychosis-Risk and Early Psychosis Program Network (PEPPNET) and the National Institute of Mental Health (NIMH).

See the Full Agenda and Register HERE

SMI Adviser Coronavirus Resources

Recorded Webinars   **Managing the Mental Health Effects of COVID-19**

Telepsychiatry in the Era of COVID-19

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

13TH ANNUAL CONFERENCE ON THE SCIENCE OF DISSEMINATION AND IMPLEMENTATION IN HEALTH

December 15-17, 2020 | A Virtual Event

AcademyHealth | NIH National Institutes of Health

REGISTER FOR THE ONLINE CONFERENCE

Dissemination and implementation science in a dynamic, diverse, and interconnected world:
Meeting the urgent challenges of our time.

As the global health workforce continues to respond to the COVID-19 pandemic, the dissemination and implementation (D&I) science community can respond by bridging the gap between research, practice, and policy.

Attend the AcademyHealth-sponsored virtual Science of D&I Conference in December and join a growing, vibrant community using evidence to inform decisions that will improve the health of individuals and communities – setting the field up for a strong future.

Join us Online to:

- Learn about the latest innovations in the science of D&I;
- Explore new research findings and contribute to the next set of research priorities;
- Identify and understand challenges facing D&I research; and
- Engage in unique virtual networking opportunities with leading experts in the field.

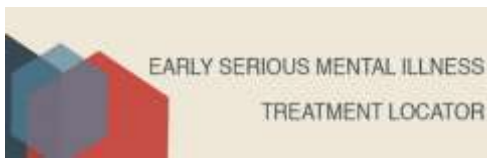AHRQ | pcori | Robert Wood Johnson Foundation | VA U.S. Department of Veterans Affairs

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Get information on mental health services and resources near you, searchable by state or zip code: **www.samhsa.gov/find-help**

SAMHSA

HHS.gov

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

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

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

You Can Access the SMI Treatment Locator HERE

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

Getting Started
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment
  Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story

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

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

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

Training Guides
Training Videos: Navigating Cultural Dilemmas About –
1. *Religion and Spirituality*
2. *Family Relationships*
3. *Masculinity and Gender Constructs*

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

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

Training Webinars for Receiving Clinicians in Community Mental Health Programs:
1. *Overview of Psychosis*
2. *Early Intervention and Transition*
3. *Recommendations for Continuing Care*

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

Trauma, PTSD and First Episode Psychosis
Addressing Trauma and PTSD in First Episode Psychosis Programs

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

Engaging with Schools to Support Your Child with Psychosis
Supporting Students Experiencing Early Psychosis in Middle School and High School

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

Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families
Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

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

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

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

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NASMHPD Links of Interest

Video: Envisioning a Comprehensive Behavioral Health Crisis Response System, Association of State and Territorial Health Officers (ASTHO) (YouTube Video), September 29

Sleepless Nights, Hair Loss and Cracked Teeth: Pandemic Stress Takes Its Toll, Aneri Pattani, Kaiser Health News, October 15

An Open Letter from Pfizer Chairman and CEO Pfizer Pharmaceuticals, Albert Bourla, October 16

Centers for Medicare and Medicaid Services Approval Letter to Frank Berry, Commissioner of the Georgia Department of Community Health, on §1115 Medicaid Waiver for Partial Medicaid Expansion, Work Requirement, October 15

KFF Health Tracking Poll – October 2020: The Future of the ACA and Biden's Advantage On Health Care, Ashley Kirzinger, Lunna Lopes, Audrey Kearney & Mollyann Brodie, Kaiser Family Foundation, October 16

The Potential Effects of a Supreme Court Decision to Overturn the Affordable Care Act: Updated Estimates, Linda J. Blumberg, Michael Simpson, Matthew Buettgens, Jessica Banthin & John Holahan, Urban Institute & Robert Wood Johnson, October 15

Paid Sick Leave Significantly Reduces COVID-19 Cases, Study Finds, Emily Peck, HuffPost, October 16

Fewer ADHD Symptoms Seen in Girls Active in Youth Sports, Psychiatry and Behavioral Health Learning Network, October 14 & Childhood Exercise as Medicine: Extracurricular Sport Diminishes Subsequent ADHD Symptoms, Pagani L.S., Ph.D., Et al., Preventive Medicine, September 28

Trump Administration Partners with CVS and Walgreens to Provide COVID-19 Vaccine to Protect Vulnerable Americans in Long-Term Care Facilities Nationwide, Centers for Medicare and Medicaid Services, October 16

Unsubsidized Enrollment on the Individual Market Dropped 45 Percent from 2016 to 2019, Centers for Medicare and Medicaid Services, October 9

Inclusion of Telemedicine in Behavioral Health Quality Measures, Liu J., M.S.W., Ph.D., et al., Psychiatric Services, October 20

The Early Impact of the COVID-19 Pandemic on Acute Care Mental Health Services, Abbas M.J., M.R.C.Psych., M.B.Ch.B., et al., .Psychiatric Services, October 20