Insurance Commissioner Survey Finds More Than Half of Insureds Under Age 30 Are Unsure of Insurance Coverage for COVID-19 Testing and Treatment

A June-July “knowledge survey” of 2,007 consumers by the National Association of Insurance Commissioners (NAIC) released October 6 reveals that 50.37 percent of consumers under age 30 are uncertain whether their insurance plans cover COVID-19 testing and treatment.

Older consumers were found by the survey to feel they were a little more knowledgeable, with seniors professing the most understanding. The survey found 49.3 percent of consumers ages 30 to 44, 48.25 percent of consumers ages 45 to 60, and 40.29 percent of consumers over age 60 saying they were uncertain about coverage.

Consumers between the ages of 30 and 44 were most likely to report in the NAIC survey that they had received a bill for a coronavirus test or treatment that they expected their insurance to cover, at 45.19 percent, with those under age 30 just slightly less surprised by billing at 44.74 percent. Less than one quarter of consumers ages 45 to 60, 24.3 percent, were surprised by coronavirus-related billing. Seniors were the least likely to be surprised at 17.14 percent of respondents in that age group.

More than 50 percent of consumers in each of the survey’s age groupings reported they had delayed doctors’ appointments or surgery because of the pandemic, with seniors the most likely to delay at 58.25 percent. But even 51.13 percent of consumers under age 30 had delayed medical appointments or surgery.

Seniors were least likely to have been tested for the coronavirus at 17 percent, while consumers under age 30 were most likely, at 28.25 percent. Only 24 percent of consumers ages 30 to 60 had been tested.

Almost one quarter of consumers under age 30, at 23 percent, had lost their workplace health insurance in the previous three months, while only about 12.59 percent of consumers ages 30 to 44 and 10.5 percent of consumers ages 45 to 60 were in the same circumstance. Of those who had lost their insurance, 73.4 percent of those in the youngest age group, 75.93 percent of consumers ages 30 to 44, and 68.18 percent attempted to find replacement coverage.

In a press release accompanying the release of the survey, NAIC said the survey highlighted shortcomings by insurance companies, insurance regulators, and health care providers in making cost information clear to consumers.

NAIC noted that the health insurance knowledge gap goes beyond the pandemic to understanding basic health insurance plan features. Nearly one-third (32 percent) of consumers surveyed did not know how much their health insurance deductibles were and 25 percent were unaware of their co-pay amounts. The knowledge gap was found to be widest among younger consumers: 45 percent under age 30 did not know their deductibles and 39 percent did not know their co-pays.

Over half (51 percent) of consumers surveyed under age 30 could not accurately define “deductible” and almost half (48 percent) could not correctly define “copay”.

Source: NAIC Knowledge Survey
## Table of Contents

**Insurance Commissioner Survey Finds More Than Half of Insureds Under Age 30 Are Unsure of Insurance Coverage for COVID-19 Testing and Treatment**

**My Mental Health Crisis Plan Psychiatric Advance Directive Mobile Application**  NEW

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

**Crisis Now Crisis Talk: CW Tillman on the ADA and the Invisibility of Mental Health**

**Ongoing Stressors Among Farmers, Ranchers Lead to Higher Suicide Rates**

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

**NASMHPD News Briefs**

**CMCS Webinar Series: Medicaid Home and Community-Based Services Quality Measure Implementation**

**Medicaid-Medicare Coordination Office (MMCO) November 10 Training Opportunity: Strategies for Non-Opioid Pain Management: A Panel Discussion**

**Link to Center of Excellence for Protected Health Information Website**

**NASMHA Webinars on Uncovering the Opioids Connection Through a Brain Injury Lens, October 28 & November 18**

**CDC Guidance on Holiday Celebrations**

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

**Additional NASMHPD Links of Interest**

**61st Annual National Dialogues on Behavioral Health Conference**

**Individual Placement and Support (IPS) Employment Center Learning Resources Link**

**2020 CSAVR Virtual Conference, November 2 through 13**

**College for Behavioral Health Leadership 2020 UnSummit on Leadership**

**November 12 & 13 American Psychological Association Virtual Technology, Mind and Society Showcase**

**SAMHSA’s National Family Support Technical Assistance Center (NFSTAC)**

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

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

**Georgia Department of Behavioral Health and Developmental Disabilities and Department of Public Health October 21 Webinar: Improving Care for Children with Chronic and Complex Needs – A Look at the National Care Coordination Standards for Children and Youth with Special Health Care Needs**

**SAMHSA Behavioral Health Treatment Services Locater**

**The MHTTC Network – School Mental Health Initiative**

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

**October 20 Launching of the Upswing Fund for Adolescent Mental Health**

**ABHW Payer’s Behavioral Health Management and Policy Webinars, October 20-21**

**Disaster Distress Helpline Information**

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

**Georgia COVID-19 Emotional Support Line**

**SAMHSA GAINS Center: October 29 Webinar: Ways to Support Employment after Incarceration**

**Annual Conference on Advancing School Mental Health, October 29 to 31**

**Mental Health Wellness Guide for Public Interest Professionals**

**2019 NASMHPD Technical Assistance Coalition Working Papers**

**SAMHSA Mental Health Technology Transfer Center (MHTTC) Network Webinar Series and Newsletter**

**Mental Health & Developmental Disabilities National Training Center**

**Rural Health Information Hub -- Rural Health Funding & Opportunities from the Past 30 Days**

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

**National Center of Excellence for Eating Disorders**

**Get the National Guidelines for Behavioral Health Crisis Care Toolkit**

*Continued on Next Page*
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.

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

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: CW TILLMAN ON THE ADA AND THE INVISIBILITY OF MENTAL HEALTH

CW Tillman has a 1 ½ inch semicolon tattooed on his wrist. Unless he wears a long sleeve shirt, it’s visible. People who’ve had a suicide attempt know what the symbol means—an attempt can be a pause in a person’s story, but it’s not the end of the sentence. He says it sparks dialogue and solidarity.

Tillman, who has worked in mental health and disability rights, says mental health advocacy lags decades behind. He points to the hiddenness of psychiatric challenges as to why because it makes protests less visually impactful and precludes adequate protection under the ADA. To get to this part of the conversation, he says, it’s important to first look back at the civil rights disability movement and how the ADA came to be.

In 1988, roughly 40 people in wheelchairs went to the Hollywood Walk of Fame in Los Angeles, California, with hand tools. Protestors chiseled away at the sidewalk to illustrate they needed curb cuts (also known as ramps). Without curb cuts, people in wheelchairs end up having to use the street, putting them at grave risk of injury or death, says Tillman. One demonstrator, Dianne Piastro, told the Los Angeles Daily News, “No one gives you rights. You have to demand them.”

The invisibility of mental illness, says Tillman, makes it harder to come up with visually impactful ways to protest. As a suicide prevention advocate, he’s thought long and hard about how to illustrate the staggering number of people who die each year of suicide in the United States. It’s like wiping out a small city every year. In 2018 alone, there were 48,344 reported suicides.

Tillman suggests advocates learn from Active Minds, a nonprofit supporting mental health awareness and suicide prevention among young adults. Founded by Alison Malmon in 2003, after her older brother died of suicide three years prior, the organization developed the traveling Send Silence Packing exhibit. The exhibit tours college campuses, using 1,000 backpacks to represent the number of college students who die by suicide each year. What if we did this on the capitol grounds in Washington, D.C. with 48,344 pairs of shoes? asks Tillman. This would show people the lives lost to suicide in a single year.

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 more info visit www.suicidepreventionlifeline.org, www.vibrant.org, twitter.com/900273TALK.

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, 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, 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.rininternational.com, www.zerosuicide.org, twitter.com/RI_Internation.
Ongoing Stressors Among Farmers, Ranchers Lead to Higher Suicide Rates

According to a January study by the Centers for Disease Control and Prevention (CDC), male farmers, ranchers, and other agricultural managers have higher rates of suicide compared to other occupations.

A cascade of stressors has plagued farmers and ranchers in recent years and may be contributing to the increase in suicides among the farm and ranch industry. Some of these stressors include a decline in net farm income, unpredictable weather, farm debt, the US-China trade war, COVID-19, and the isolating work of farm life. A USA Today March 9 article reported:

- Key commodity prices have plummeted by about 50 percent since 2012.
- Farm debt jumped by about a third since 2007, to levels last seen in the 1980s.
- Bad weather prevented farmers from planting nearly 20 million acres in 2019 alone.
- U.S. soybean exports to China dropped 75 percent from 2017 to 2018 amid festering trade tensions.

The American Farm Bureau Federation conducted a study in April 2019 to understand the current mental health aspects and the data you need to answer these questions and understand what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and understand what circumstances attempts and suicide deaths occur. But how do you find the data you need to answer these questions and understand what circumstances attempts and suicide deaths occur.

Oehlke’s point related to stigma is also illustrated in another finding from the American Farm Bureau Federation study—three in four rural adults reported that it is important to reduce stigma associated with mental health in the farming and agriculture industry. Oehlke believes that farming and agriculture communities can reduce the stigma commonly associated with reaching out for support by more farmers like himself sharing their personal stories of farm life stressors.

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.

ENROLL HERE
CDC Updates Its Interim Guidance for Testing for K-12 for Administrators and Public Health Officials to Caution Against Mandatory Coronavirus Testing

The Centers for Disease Control and Prevention (CDC) updated its Interim Guidance for Testing for K-12 Administrators and Public Health Officials on October 13 to caution against mandatory coronavirus testing in schools.

Whole endorsing voluntary surveillance testing, the agency warned “It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested.”

The agency also recommended against retesting people who have tested positive and do not have symptoms of coronavirus for up to three months after their last positive test.

The CDC said local officials may test students, teachers, and schools may temporarily close if there is a coronavirus outbreak.

The revision was apparently prompted by New York City’s Department of Education randomly testing 1,751 students and staff on October 9 under a plan to test between 10 and 20 percent of students and staff at each school. City officials said that parents would be required to provide their consent in order for doctors to administer the swab test to their kids in school buildings. Students whose parents did not consent to testing could be barred from in-school education and instead offered remote learning. New York Mayor de Blasio reported October 14 that there had been only one positive test result in the first day of testing among the students and teachers tested. Testing was performed at 24 schools in Brooklyn, 17 in the Bronx, 7 in Manhattan, and 1 on Staten Island. Testing 10 percent of the roughly 500,000 students city-wide registered for face-to-face classes would amount to 50,000 tests performed each month.

Additional testing will be required at the more than 300 schools in geographic zones around the periphery of the coronavirus clusters in Brooklyn and Queens. Schools in the center of hotspots are to be closed for quarantine for at least two weeks.

Small Business Administration Revises Loan Forgiveness and Loan Review Under the CARES Act Paycheck Protection Program

An interim final rule proposed by the Small Business Administration (SBA) on October 14 and scheduled to be published in the Federal Register on October 19 provides for an abbreviated loan forgiveness application form and loan review process for Paycheck Protection Program (PPP) loans of $50,000 or less. For PPP loans of all sizes, it reduces lender responsibilities regarding the review of borrower documentation of eligible costs for forgiveness and prohibits loan forgiveness in excess of the borrower’s PPP loan amount. The rule is effective October 14, with public comment due November 18.

Joint Economic Committee Concludes the Effects of the Pandemic are Likely to Have a Lasting Impact on American’s Mental Health, Requiring an Expansion of Investment

A report issued October 15 by the Joint Economic Committee of Congress (JEC), led by Vice chair Rep. Don Beyer (D-VA), COVID-19, Economic Press and Americans’ Mental Health, concludes that the coronavirus pandemic will have a lasting impact on Americans’ mental health, and particularly for children. Sixty-five percent of Americans surveyed by the U.S. Census report that they fear that they or their loves ones will contract the coronavirus and 70 percent surveyed report that they fear that the coronavirus will negatively impact their household income. The JEC calls for the Federal government’s future pandemic relief efforts to include the investment of significant resources toward mental health care, particularly in the communities that need them the most. It says efforts should include expanding access to mental health screenings, crisis/grief counseling, and evidence-based crisis response services. It adds that, “Given the elevated rates of reported mental illness among people of color and young adults, resources should target those communities,” with special focus also given to essential workers and caregivers, whom surveys have indicated are experiencing higher rates of mental illness.

Commonwealth Fund Study: Outpatient Care Visits Return to Pre-Pandemic Levels, but Not for Behavioral Health Providers and Patients

A Commonwealth Fund study released October 15 finds that visits for outpatient care, which had fallen nearly 60 percent in April at the beginning of the pandemic lockdowns, have returned in the past month to the levels existing prior to the COVID-19 pandemic for many providers and patients in many areas of the country, but not for behavioral health providers and patients.

The study, authored by Medicare Payment Advisory Commission (MedPAC) Chair Michael Chernew and former Clinton and Obama Administrations advisor David Cutler and their associates, finds that weekly visits to dermatologists, urologists, and adult primary care physicians, among other specialists, are now exceeding the pre-pandemic baseline (the week of March 1 through 7), but weekly visits to other specialists, including pulmonologists and behavioral health providers, remain substantially below their baseline. Visits to behavioral health providers were 14 percent below baseline for the week beginning October 4. The decline in visits is reflective of all visit types — in-person and telemedicine. Visits from nurse practitioners and physician assistants are not included in the data.

While visits generally have returned to levels prior to the pandemic, they vary by several factors, including age group. For example, visits for younger children remain substantially below the pre-pandemic baseline. The rebound in outpatient visits also varies according to what type of insurance people have; visits by Medicare patients, for instance, now exceed the number during the week before the pandemic began. Initially, as in-person visits dropped, telemedicine visits rose rapidly, but since the peak in mid-April, telemedicine use has slowly but steadily declined.
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 will 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.


Register Now

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

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
The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) & The Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program
The National Association of State Mental Health Program Directors (NASMHPD)

**The 61st Annual Conference (1st Virtual Conference)**

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

*One (1) Session, Six (6) Consecutive Weeks*

*Each Thursday, September 17 to October 22, 2:00 p.m. to 4:30 p.m. E.T.*

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

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

**CONFERENCE RATE: ONLY $100.00 FOR ALL SIX SESSIONS OR ONLY $25.00 FOR EACH INDIVIDUAL SESSION.**

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

CONTINUING EDUCATION CREDITS APPLIED FOR AND PENDING FOR SOCIAL WORKERS


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

For more information, https://ipsworks.org/index.php/training-courses/
Let’s Move Forward in Our Journey

We are excited to present our first 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)
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
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.

Center on Addiction | C4 Innovations | SAFE Project | BOSTON UNIVERSITY | SAMHSA
Notice of Upcoming Targeted PCORI Funding Announcement
Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020

Announcement Type: Research Award
Total Funds Available: $30 Million
Maximum Project Period: 5 years
Total Direct Costs: $10 million
Earliest Start Date: November 2021
Applicant Town Hall Session: September 2020

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.
Webinar: Improving Care for Children with Chronic and Complex Needs –
A Look at the National Care Coordination Standards for Children and Youth with
Special Health Care Needs

Wednesday, October 21, 2:00 p.m. to 3:00 p.m. E.T.

This webinar will discuss the need for and core elements of the new National Care Coordination Standards for Children and Youth with Special Health Care Needs (CYSHCN). Informed by a group of national experts, including state Medicaid agency officials, health services researchers, families of CYSHCN and more, the Care Coordination Standards feature the structures and processes needed to deliver high-quality, family-centered, and equitable care for CYSHCN.

State health officials from the national work group will highlight their experiences in implementing care coordination programs and how states can use or adapt the National Care Coordination Standards for CYSHCN to improve care coordination for children with chronic and complex conditions. Speakers will include:

- **David Bergman, M.D.**, Emeritus Faculty, General Pediatrics, Stanford University School of Medicine
- **Cara Coleman, J.D.**, Program Manager, Family Voices
- **Jeffrey Brosco, M.D.**, State Title V CYSHCN Director, Florida Department of Health, Professor of Clinical Pediatrics, University of Miami
- **Wendy Tiegreen, M.S.W.**, Director, Office of Medicaid Coordination & Health System Innovation, Georgia Department of Behavioral Health and Developmental Disabilities

[Register HERE](www.samhsa.gov/find_help)
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.

Register HERE

October 19

November 2
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.*
The COVID-19 pandemic has had a devastating impact on youth and adolescents across the country, especially for adolescents who are of color and/or LGBTQ+.

The Upswing Fund for Adolescent Mental Health is a collaborative fund focusing on the mental health and well-being of adolescents, especially those who are of color and/or LGBTQ+ in the United States. The Fund will help increase capacity for mental health providers, enable the procurement of innovative digital technology solutions, and support system-enabling organizations. Tune in to learn more about our approach, hear from stakeholders on the need and solutions, and learn how to get involved.

Speakers

**Solomé Tibebu**  
Director of The Upswing Fund

**Gabrielle Fitzgerald**  
Founder and CEO of Panorama Global

**Dr. Renee Wittemyer**  
Director of Program Strategy and Investment at Pivotal Ventures

**Amora Campbell**  
Adolescent Student with Lived Experience

Panelists

**Dr. Alfiee M. Breland-Noble**  
The AAKOMA Project

**Dr. Ben Miller**  
Well Being Trust

**Dr. Anne Marie Albano**  
Columbia University Irving Medical Center

**Dr. Jack Turban**  
Stanford University School of Medicine

**Register TODAY**

The Upswing Fund for Adolescent Mental Health is seeded by Pivotal Ventures, an investment and incubation company created by Melinda Gates to advance social progress in the United States. It is led by Fund Director Solomé Tibebu and advised by a renowned set of mental health experts with deep clinical and research expertise and a passion to support youth and communities. The Fund is powered by Panorama, a global action tank committed to solving pressing global problems through strategic partnerships, collaborative funds, and scalable solutions.
As the presidential election nears, pandemic response continues, and the need for increased access and coverage of behavioral health services is necessary to meet a growing demand, World Congress in collaboration with the Association for Behavioral Health and Wellness, is pleased to host a series of free informational webinars as our annual Payers’ Behavioral Health Management and Policy programming. Health Plans, Managed Behavioral Healthcare Organizations (MBHOs), and Government representatives headline the speaking faculty to share their insights, experiences, and expertise on the policy, operations, and management of behavioral health. Learn about their efforts to advance the coordination, integration, and payment of behavioral health care services to increase access and ensure those with mental health and substance use disorders are identified and receive the care they need.

Join your peers to shape the future of behavioral health and learn about payers’ COVID response, implications of the upcoming election, telebehavioral health, and continued efforts around parity, integrated care delivery, and value-based payments to understand the impact to your organization’s BH strategy and operations in 2021.

Register NOW  See the Agenda  Meet the Faculty
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;
- 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 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 Augmentment 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)
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.
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](#)

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**2020 Annual Conference on Advancing School Mental Health October 29 to 31**

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

[Register On-Site](#)

**For Additional Information, Contact Christina Walker, 443-790-4066**

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**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

<table>
<thead>
<tr>
<th>TTC</th>
<th>Resource Type</th>
<th>Title</th>
<th>Link</th>
</tr>
</thead>
</table>

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/](https://mhddcenter.org/)
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

Sign Up to Receive the Rural Monitor Newsletter

IIMHL and IIDL Leadership Exchange
Valuing Inclusion, Resilience and Growth.
Kaingākautia te whakawāhi tāngata, te ngākau manawaroa, te puāwaitanga o te tangata.

SAVE THE DATE
28 Feb to 4 Mar, 2022
Christchurch, New Zealand

Te Pou e Whakaaro Nui
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/

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.

### Webinar Schedule

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday, October 27</strong></td>
<td><strong>Student-Directed Individualized Education Plan (IEP): Bringing Person-Centered Practices to Schools and Beyond</strong>&lt;br&gt;3:30 p.m. to 5:00 p.m. E.T. &lt;br&gt;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.</td>
</tr>
<tr>
<td><strong>Thursday, October 29</strong></td>
<td><strong>Facilitation for Choice and Control: Person-Centered Planning's Best Kept Secret</strong>&lt;br&gt;2:30 p.m. to 4:00 p.m. E.T. &lt;br&gt;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.</td>
</tr>
<tr>
<td><strong>Monday, November 30</strong></td>
<td><strong>Person-Centered Supports for People with Dementia Living in the Community</strong>&lt;br&gt;2:00 p.m. to 3:30 p.m. &lt;br&gt;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.</td>
</tr>
</tbody>
</table>
**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.

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.

<table>
<thead>
<tr>
<th>Initial Psychiatric Evaluation</th>
<th>Evaluation and Management Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>90792+95</td>
<td>99204+95</td>
</tr>
<tr>
<td>90792+95</td>
<td>99261+95</td>
</tr>
<tr>
<td>Evaluation and Management Plus Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>30 (16-37*) minutes - E/M code [Audio only - use the appropriate 99441-99443 code] and 90833+95</td>
<td></td>
</tr>
<tr>
<td>45 (38-52*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and 90836+95</td>
<td></td>
</tr>
<tr>
<td>60 (53*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and 90838+95</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy Alone</td>
<td></td>
</tr>
<tr>
<td>90832+95</td>
<td>30 (16-37*) minutes</td>
</tr>
<tr>
<td>90834+95</td>
<td>45 (38-52*) minutes</td>
</tr>
<tr>
<td>90837+95</td>
<td>60 (53*) minutes</td>
</tr>
<tr>
<td>Family Therapy</td>
<td></td>
</tr>
<tr>
<td>90846+95</td>
<td>Patient not present</td>
</tr>
<tr>
<td>90847+95</td>
<td>Patient present</td>
</tr>
<tr>
<td>90849+95</td>
<td>Group</td>
</tr>
<tr>
<td>Group Therapy</td>
<td></td>
</tr>
<tr>
<td>90853+95 (Added temporarily to the Medicare Telehealth list for the period of the COVID-19 crisis)</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>5-10 minutes</td>
<td></td>
</tr>
<tr>
<td>99442</td>
<td>11-20 minutes</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>5-10 minutes</td>
<td></td>
</tr>
<tr>
<td>98967</td>
<td>11-20 minutes</td>
<td></td>
</tr>
<tr>
<td>98968</td>
<td>21-30 minutes</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Those that bill evaluation and management services should use:</th>
<th>Those that cannot bill evaluation and management services should use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421 5-10 minutes</td>
<td>G2061 5-10 minutes</td>
</tr>
<tr>
<td>99422 11-20 minutes</td>
<td>G2062 11-20 minutes</td>
</tr>
<tr>
<td>99423 21-30 minutes</td>
<td>G2063 21-30 minutes</td>
</tr>
</tbody>
</table>

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

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

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

Recorded Webinars
- Managing the Mental Health Effects of COVID-19
- Telepsychiatry in the Era of COVID-19
- Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group Homes, and Supportive Housing

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

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Additional NASMHPD Links of Interest

A Dose of Optimism, as the Pandemic Rages On, Donald G. McNeil Jr., New York Times, October 12 online, October 13 in print

In Terms of Child Mortality, It’s a Good Time for Public Health, Perri Klass, M.D., New York Times, October 12

WHO Chief Says Herd Immunity Approach to Pandemic ‘Unethical’, The Guardian, October 12

The 5 Stages of COVID-19 Vaccine Development: What You Need to Know About How a Clinical Trial Works, Hallie Levine, Johnson & Johnson, September 23

Health Insurer Financial Performance Amid the Coronavirus Pandemic, Cynthia Cox, Daniel McDermott, Tricia Neuman & Jeannie Fuglesten Biniek, Kaiser Family Foundation, October 12


The Unexpected Side-Effect of COVID-19: Collaboration, Mandy Roth, Health Leaders Media, October 12


How Amy Coney Barrett Could Affect the Future of the Affordable Care Act, Isaac Chotiner, The New Yorker, October 14

Which States Had the Best Pandemic Response, Tucker Doherty, Victoria Guida, Bianca Quilantan & Gabrielle Wanneh, Politico, October 14

How a Conservative Supreme Court Could Save the ACA, Sam Baker, Axios, October 15

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.

CMS Extends Comment Period Deadline for the Request for Information (RFI) on a Recommended Measure Set for Medicaid-Funded Home and Community-Based Services

The Centers for Medicare & Medicaid Services (CMS) announced October 14 that it is extending the public comment period for the RFI: Recommended Measure Set for Medicaid-Funded Home and Community-Based Services (HCBS). The RFI seeks feedback on potential benefits of and challenges that could result from a nationally available set of recommended quality measures for voluntary use by states, managed care organizations, and other entities engaged in the administration and/or delivery of Medicaid-funded HCBS.

The new due date for comments is November 18.

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

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

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

**You Can Access the SMI Treatment Locator HERE**

### Social Marketing Assistance Available

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

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

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

### Tip Sheets and Workbooks

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

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

**Engaging Stakeholders**
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
Visit the Resources at NASMHPD’s Early Intervention in Psychosis (EIP) Virtual Resource Center

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


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

GLOBAL INITIATIVE SEeks to RAISE $10bn FOR MENTAL HEALTH RESEARCH, Clive Cookson, Financial Times, October 10

COVID-19 DATA-SHARING SUPPORTS LOCAL COMMUNITY DECISION-MAKING, Anthem BCBS, September 25

340B Hospitals Support Mental Health Challenges No Matter the Circumstances, 340B Health, October 9


The Role of 340B Hospitals in Serving Medicaid and Low-income Medicare Patients, Allen Dobson, Ph.D., Kennan Murray, M.P.H. & Joan DaVanzo, Ph.D., M.S.W., Dobson DaVanzo for 340B Health, UPDATED September 30 as Attachment to Comment Letter to CMS on Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, September 30

A Growing Concern: Stress and Suicide on the Family Farm, David Kidd, Governing, October 7


'I Feel Like I Have Dementia': Brain Fog Plagues Covid Survivors, Pam Belluck, New York Times, October 12

Children’s Uninsured Rate Rises by Largest Annual Jump in More Than a Decade, Joan Alker & Alexandra Corcoran, Georgetown University Health Policy Center for Children and Families, October 8

Improving Pandemic Preparedness: Lessons From COVID-19, Thomas J. Bollyky & Stewart M. Patrick, Council on Foreign Relations, Updated October 2020

Genomic Evidence for Reinfection with SARS-CoV-2: A Case Study, Tillett R.L., Ph.D. et al., The Lancet – Infectious Diseases, October 12