House Ups the Ante for Mental Health, Substance Use Disorders in Revised HEROES Act

In response to prolonged urging by moderate Democrats, House Speaker Nancy Pelosi and the House Appropriations Committee on September 28 released a revised HEROES Act providing $2.2 trillion in additional funding to address the COVID-19 pandemic.

Although the total cost of the revised legislation is less than the $3.4 trillion of the original HEROES Act, funding for the Substance Abuse and Mental Health Services Administration (SAMSHA) in the revision is $8.5 billion, $5.5 billion more than in the original.

As of noon on October 1, neither the White House or the Senate had agreed to the House bill or offered a compromise.

SAMHSA’s emergency funding would include:

- $3.5 billion for the Substance Abuse and Prevention Treatment Block Grant, $2 billion more than in the original HEROES Act and in the Senate legislation;
- $4 billion for the Mental Health Services Block Grant, $3 billion more than in the original (the Senate has proposed $2 billion);
- $600 million for Certified Community Behavioral Health Clinics, matching what the Senate set for this purpose (the original House bill was silent on CCBHC funding);
- $50 million for suicide prevention programs, an increase of $25 million over the original HEROES Act, but matching what the Senate has proposed;
- $100 million for Project AWARE to support school-based mental health for children (unchanged from the original HEROES Act and matching the Senate funding);
- $10 million for the National Child Traumatic Stress Network (unchanged from the original HEROES Act, while the Senate bill is silent); and
- $240 million for emergency grants to States, a reduction of $25 million from that provided in the original HEROES Act but the Senate bill is silent on state and local funding.

Not less than $150 million of funds provided to SAMHSA would have to be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs.

The $100 million in Funding for SAMHSA’s Projects for Assistance in Transition from Homelessness (PATH) program included in the original HEROES Act has been dropped from the revised legislation.

The bill would restore the $600 per week Federal Pandemic Unemployment Compensation (FPUC) supplement to all state and federal unemployment benefits starting the week of September 6 and ending January 31, 2021. For individuals receiving state unemployment benefits as of January 31, it would provide a transition rule (sometimes called a “soft cutoff”) to prevent the supplement from abruptly ending before March 31.

The Health Care Provider Relief Fund established for the purposes of reimbursing eligible health care providers for expenses related to preventing, preparing for, and responding to COVID-19, as well as lost revenues that have resulted from the COVID-19 pandemic would have an additional $50 billion added to it.

Aid to state and local governments would be reduced by roughly half of the $946 billion included in the original HEROES bill. The bill seeks $436 billion to help state, local, territorial and tribal governments avoid layoffs as they cope with budget shortfalls.

That’s down from nearly $916 billion requested in May. Republicans have resisted state and local “bailouts,” while proposing to let already appropriated money be used more flexibly to make up for revenue shortfalls. The bill would provide $3.7 billion for the Department of Labor for workforce training and worker protection, including:

- $2.1 billion to support worker training, including $1.6 billion in Workforce Innovation and Opportunity Act grants to States, $500 million for the Dislocated Worker National Reserve and $25 million for migrant and seasonal farmworkers, including emergency supportive services with the proviso that any funds for apprenticeship support Registered Apprenticeships;
- $500 million for the Employment Service, to help connect unemployment insurance claimants and other job seekers with employers looking to hire;
- $925 million in contingency funding to assist States process unemployment insurance claims;

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President Trump signed, early on the morning of October 1, H.R. 8337, a continuing resolution funding the government at current levels through December 11. The bill also extends funding for the CCBHC and Money Follows the Person Medicaid demonstrations through December 11 and delays the Affordable Care Act-mandated disproportionate share hospital (DSH) payments until December 12. The Federal Fiscal Year ended September 30. See also page 7 for an additional important provision.
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College for Behavioral Health Leadership 2020 UnSummit on Leadership
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Annual Conference on Advancing School Mental Health, October 29 to 31
2019 NASMHPD Technical Assistance Coalition Working Papers
Student Mental Health: Responding to the Crisis, October 6, London
Link to Center of Excellence for Protected Health Information Website
SAMHSA Mental Health Technology Transfer Center (MHTTC) Network Webinar Series and Newsletter
Mental Health & Developmental Disabilities National Training Center
Rural Health Information Hub – New 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
Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS)
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- $15 million for the Federal administration of unemployment insurance activities;
- $39 million for Unemployment Insurance national activities necessary to support the UI system;
- $100 million for the Occupational Safety and Health Administration for workplace protection and enforcement activities in response to coronavirus, including $25 million for Susan Harwood training grants that protect and educate workers and $70 million for compliance safety and health officers and safety standards enforcement;
- $6.5 million for the Wage and Hour Division to support enforcement and outreach activities for paid leave benefits; and
- $5 million for the Office of Inspector General for oversight.

The bill would also extend the Pandemic Emergency Unemployment Compensation, which provides 13 additional weeks of federal unemployment benefits for workers who exhaust their state unemployment benefits before they are able to safely return to work, through January 31, 2021.

In addition, the revised HEROES Act creates Pandemic Emergency Unemployment Extension Compensation, which would provide up to 13 additional weeks of Federally-financed unemployment benefits to any individual who exhausts state or federal unemployment benefits before January 31, 2021, with all benefit and administrative costs paid by the federal government. No benefits would be paid after January 31, 2021, or in an case where the individual was entitled to other unemployment benefits or could safely return to work.

The bill would also reinstitute the provision in the Families First Coronavirus Response Act which provided temporary full federal financing of extended unemployment benefits for high-unemployment states which normally require a 50 percent state contribution, through June 30, 2021.

Finally, the bill would provide a federally-funded $125 per week additional benefit to individuals who have at least $5,000 a year in self-employment income but were disqualified from receiving Pandemic Unemployment Assistance because they were eligible for regular state unemployment benefits. For individuals who are currently receiving the state minimum benefit, the additional payment would provide a similar total unemployment benefit to the minimum benefit amount for Pandemic Unemployment Assitances. This provision would be effective for future unemployment benefit payments after a state made an agreement with the Department of Labor.

The bill continues the $1,200 refundable tax credit ($2,400 for joint filers) for each family member, paid out as advance payments. Unlike under the CARES Act, all dependents—including full-time students below age 24 and adult dependents—are eligible for the $500 dependent amount. The payments are exempt from reduction or offset with respect to past-due child support. Finally, payments of the credit are protected from any form of transfer, assignment, execution, levy, attachment, garnishment, legal process, bankruptcy or insolvency law, and any other means of capture prohibited for payments made under Title II of the Social Security Act.

The Department of Treasury would have to conduct outreach to non-filers to inform them of how to file for their payment.

Paycheck Protection Program

With regard to the Paycheck Protection program created under the CARES Act, the revised bill would:

1. create three distinct set-asides for targeted relief for the smallest businesses, struggling non-profits, and second loans to the hardest hit businesses:
   a. at least 10 percent of remaining and future funding for loans to businesses with 10 or fewer employees, sole proprietors and the self-employed, and for loans less than $250,000 to businesses located in LMI areas;
   b. up to 30 percent of remaining and future funding for non-profit organizations of all sizes and types, including housing cooperatives to be allowed to take first-time PPP loans, with strict limits on lobbying activity and a prohibition on using PPP proceeds to pay lobbyists; and
   c. up to 50 percent of remaining and future funding for the secondary PPP loan program that provides second loans to small businesses with less than 200 employees and a 25 percent reduction in revenue year-over-year due to the pandemic; (Continued on next page)
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2. create a set aside of 25 percent, up to $15 billion, of remaining funding for distribution by community lenders, specifically CDFIs, CDCs, MDIs, and microloan intermediaries;

3. clarify that the covered loan forgiveness period is defined by a period, selected by the borrower, between 8 and 24 weeks so that the forgiveness calculation that uses the term “covered period” aligns properly. Currently it is a hard 24 weeks and requires administrative guidance to calculate properly;

4. clarify that a borrower can apply for forgiveness as soon as the covered period is over, their loan has been spent, and they have the documents to substantiate they can comply with the requirements of the program; Creates a Prioritized PPP loan product to give second PPP loans of up to $2 million to businesses with less than 200 employees that have suffered demonstrably quarterly revenue losses of at least 25 percent and creates an application processing priority for those very small businesses;

5. exclude publicly traded entities from being eligible for the secondary loans and prohibit the loans being used to compensate registered lobbyists;

6. prevent eligible recipients with more than one location from receiving more than $10 million in total PPP loans across all of its locations;

7. expand the definition of nonprofits to include housing cooperatives and all nonprofits no matter their size or type of nonprofit, with a revenue reduction requirement for nonprofits larger than 500 employees;

8. create a revenue test for nonprofit entities with over 500 employees, similar to that in the secondary loan program;

9. expand PPP loans to destination marketing organizations (DMOs), small, local news broadcast entities; and certain quasi-public venues eligible; and

10. make critical access hospitals, regardless of bankruptcy status, eligible for a PPP loan.

The bill also expands the list of allowable uses for loan proceeds and forgiveness to include costs related to property damage from public disturbances, as in the Senate bill. However, the Paycheck Protection Program would forfeit $146 billion in previously appropriated money that went unspent. That money would be repurposed for other programs in the bill, such as the $50 billion in grants to small businesses.

Social Services Block Grant

The bill would increase the overall authorization level for the Social Services Block Grant (SSBG) to $11.325 billion for 2020, ensuring that it is available through the end of Fiscal Year 2021, and would directly appropriate $9.6 billion to SSBG for the sole purpose of providing emergency aid and services to disadvantaged children, families, and households. It would require the Department of Health and Human Services to distribute the funds to all 50 states, the District of Columbia, and all U.S. Territories within 45 days, and would require states and territories to obligate the funds within 120 days of receiving them and spend them no later than December 31, 2021.

States would be required to pass through at least 50 percent of the funds to county and local governments which administer federally-funded social services, or, if social services are administered at the state level, to local governments working in partnership with community-based organizations, or directly to community-based organizations with experience serving disadvantaged individuals or families. States are required to ensure that the pass-through funds are distributed to sub-state areas based on the area’s share of disadvantaged individuals.

Medicaid

Division K of the bill would increase Federal Medical Assistance Percentage (FMAP) payments to state Medicaid programs by a total of 14 percentage points starting October 1, 2020 through September 30, 2021. It also Increases the Federal payments to state Medicaid programs by an additional 10 percentage points starting October 1, 2020 through September 30, 2021 to support activities that strengthen their home- and community-based services (HCBS) benefit. Medicaid disproportionate share hospital (DSH) allotments would be increased by 2.5 percent.

Medicaid would also be restored for residents of the Freely Associated States, and states would be permitted to provide Medicaid coverage to incarcerated individuals 30 days prior to their release.

Medicare

Title II of Division K would require zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Parts A and B, Medicare Advantage, and Medicare Advantage Prescription Drug plans (MA-PDs) during the COVID-19 public health emergency.

Other Health Plans

Title III of Division K would require that group and individual health insurance plans cover items and services related to the treatment of COVID-19 and waive cost sharing requirements during the COVID-19 public health emergency.

Zero-cost-sharing coverage would also be mandated under Tricare, the Veterans Health Administration, and the Federal Employee Health Benefit Program (FEHBP).

Section 618 of the revised legislation would direct the National Institute of Mental Health to support research on the mental health consequences of COVID-19, including the impact on health care providers. Section 619 would Establishes a technical assistance center at the Substance Abuse and Mental Health Services Administration (SAMHSA) that will support public or nonprofit entities and public health professionals seeking to establish or expand access to mental health and substance use services associated with the COVID-19 public health emergency.
#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: LEORA WOLF PRUSAN, ED.D., ON SCHOOL MENTAL HEALTH CRISIS LEADERSHIP DURING DISASTERS

Can you hear that? There are helicopters above me. The background noise to my interview with Leora Wolf Prusan, Ed.D., was the whir of helicopters flying low to the ground in Los Angeles, their blades producing a constant chuff chuff sound. We proceeded the best we could as she talked about a newly released SAMSHA Pacific Southwest Mental Health Technology Transfer Center (MHTTC) guide on school mental health crisis leadership lessons. It’s a project she and her team had been working on before COVID-19, but the pandemic has made the need for guidance even more critical. Wolf Prusan wears many hats; not only is she the school mental health lead for the Pacific Southwest MHTTC, she’s also the project director for School Crisis Recovery & Renewal Project, a new national NCTSN TA Center, and is a trainer, facilitator, and more at the Center for Applied Research Solutions (CARS). When asked how, as an educator, she found herself focusing on school mental health crisis, she shared that it started with her graduate school thesis, examining the impact of student death on teachers. It was then that she realized, grief is the gateway conversation to crisis.

No, she corrects herself, it actually goes back a bit further. Wolf Prusan grew up in an enclosed, tight knit progressive Jewish community in San Francisco. She spent many hours with her father, a rabbi, meeting with people experiencing profound loss, crisis, and housing insecurity. Particularly formative childhood moments were the deaths of her best friend’s parents. Through his experiences, Wolf Prusan witnessed how schools can be the platform for trauma and community healing.

##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 "NAS-bid") is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for www.CrisisNow.com.

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

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

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

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50 percent of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.riinternational.com | www.zerosuicide.org | www.twitter.com/RI_International
The Veterans Administration’s (VA’s) National Center for PTSD this week announced the availability of a new mobile application known as “Couples Coach,” has been created for partners who want to improve their relationship and explore new ways to connect. It also includes relationship information specific to couples living with PTSD.

Users of the Couples Coach app can use it to
- send notes, questions, stickers, or photos to a partner to share how the user is feeling;
- work through relationship-building missions;
- use tools on the app to help address relationship challenges and “favorite” the most useful tools;
- track progress toward becoming a stronger, healthier couple.

How to Use Couples Coach

Couples Coach works best when partners use the app together, although it can also be used by one partner alone. App users choose missions—small commitments to improve their relationship—to work through individually or with their partner. There are five levels of couples training with dozens of missions to choose from. Available skills to practice include:
- observing feelings and behaviors;
- increasing positive interactions;
- increasing positive communications;
- working through conflict; and
- connecting to the community.

There are quizzes the app user can take, and share results with your partner. You can also set reminders to check in regularly and mark favorite challenges and tools to return to quickly.

The VA notes that although Couples Coach can help improve communication and satisfaction in a relationship, it is not a replacement for face-to-face couples counseling. The app features a couples counseling locator for finding a professional counselor, along with several other local and national resources to learn more about how to find a good couples therapist and take a relationship to the next level.

The VA has created a YouTube video to explain how the application operates and how it can be used. A flyer is also available in PDF that can be shared by email with others who might benefit from use of the application.

The application can be downloaded at the links below.

**Downloads**
- iTunes (iOS)
- Google Play (Android)

The app is the first of its kind, and continued development is in progress. Suggested enhancements and issues encountered can be shared with the developers at mobilementalhealth@va.gov.

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**Suicide Prevention Resource Center On-Line Course:**

**Locating and Understanding Data for Suicide Prevention**

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

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

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

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

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

[ENROLL HERE](#)
NASMHPD News Briefs

FDA Requiring Labeling Changes for Benzodiazepines; Boxed Warning to Be Updated to Include Risks of Abuse, Addiction, Physical Dependence, and Withdrawal Reactions

The U.S. Food and Drug Administration announced September 23 in a Drug Safety Communication that it is requiring an update to the Boxed Warning, the agency’s most prominent safety warning, and requiring class-wide labeling changes for benzodiazepines to include the risks of abuse, misuse, addiction, physical dependence and withdrawal reactions to help improve their safe use.

Benzodiazepines are an approved treatment option for generalized anxiety disorder, insomnia, seizures, social phobia, and panic disorder. They are also used as premedication before some medical procedures. The dose, frequency and duration of treatment vary depending on the patient, the particular benzodiazepine being prescribed and the medical condition that the drug is being used to treat. Most benzodiazepines are recommended for use for periods of weeks or months.

In 2019, an estimated 92 million benzodiazepine prescriptions were dispensed from U.S. outpatient pharmacies, with alprazolam (38 percent) being the most common followed by clonazepam (24 percent) and lorazepam (20 percent). In 2018, an estimated 50 percent of patients dispensed oral benzodiazepines received them for two months or longer.

Physical dependence can occur when benzodiazepines are taken steadily for several days to weeks. Patients who have been taking a benzodiazepine for weeks or months can have withdrawal signs and symptoms when the medicine is discontinued abruptly or continued in lower doses to avoid withdrawal. Stopping benzodiazepines abruptly or reducing the dosage too quickly can result in acute withdrawal reactions, including seizures, which can be life-threatening. Prior to stopping benzodiazepines, patients should talk to their health care provider to develop a plan for slowly tapering the medication.

“While benzodiazepines are important therapies for many Americans, they are also commonly abused and misused, often together with opioid pain relievers and other medicines, alcohol and illicit drugs,” said FDA Commissioner Stephen M. Hahn, M.D.

In addition to requiring an update to the Boxed Warning, the FDA is requiring other changes to the Warnings and Precautions, Drug Abuse and Dependence and Patient Counseling Information sections of the prescribing information for all benzodiazepine products. The agency is also requiring revisions to the existing patient Medication Guides for these medicines to help educate patients and caregivers about these risks.

USDA Extends COVID-19 WIC Flexibilities for Duration of COVID-19 Public Health Emergency

The U.S. Department of Agriculture (USDA) on September 21 announced the extension of more than a dozen flexibilities ensuring participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) continue receiving the food and health support they need during the COVID-19 pandemic. USDA’s proactive extension of these waivers throughout the national public health emergency will ensure nutritionally at-risk mothers, babies, and children receive the critical nutrition benefits and services they count on in a safe manner while allowing the program to operate based on local conditions throughout the pandemic.

The WIC waivers being extended allow for:
- Participants to be approved for WIC without being physically present in a local office;
- Remote issuance of benefits to any participant;
- Flexibility in food package requirements, including dairy, grains, vegetables, and infant foods; and
- Additional options for pick-up of food packages.

More information on the WIC waivers extended today, along with those that have been approved since the start of COVID-19, is available at www.fns.usda.gov/coronavirus.

FY 2021 Continuing Resolution Corrects Unintended Consequence of Potentially Making Mandated Medication-Assisted Treatment for OUD Ineligible for Medicaid Rebates

H.R. 8337, the Continuing Appropriations Act, 2021 and Other Extensions Act, made a statutory change to § 1905(a)(29) and 1905(ee) of the SUPPORT Act of 2018 that clarifies that medication-assisted treatment (MAT) drugs used for treating opioid use disorder (OUD) and made a mandatory covered drug benefit under the SUPPORT Act are subject to Medicaid manufacturer rebates and drug utilization management mechanisms such as preferred drug lists and prior approval under § 1927 of the Social Security Act. The change in law is effective as of the date of enactment of the original SUPPORT Act, October 24, 2018.

The SUPPORT Act added the new mandatory MAT benefit, effective October 1, to increase access to all forms of drugs and biologicals that the Food and Drug Administration (FDA) has approved or licensed for MAT to treat OUD, including the seldom-covered methadone. But those drugs are physician-administered, for which manufacturer rebates are not paid unless they also qualify as an outpatient drug. Physician-administered drugs that are part of a bundled service are not generally considered outpatient drugs subject to rebate, and the SUPPORT Act had established such a bundled approach to OUT MAT drugs.
CDC Guidance on Holiday Celebrations

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

Virus spread risk at holiday celebrations

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

- **Community levels of COVID-19** – Higher levels of COVID-19 cases and community spread in the gathering location, as well as where attendees are coming from, increase the risk of infection and spread among attendees. Family and friends should consider the number and rate of COVID-19 cases in their community and in the community where they plan to celebrate when considering whether to host or attend a holiday celebration. Information on the number of cases in an area can be found on the area’s health department website.

- **The location of the gathering** – Indoor gatherings generally pose more risk than outdoor gatherings. Indoor gatherings with poor ventilation pose more risk than those with good ventilation, such as those with open windows or doors.

- **The duration of the gathering** – Gatherings that last longer pose more risk than shorter gatherings.

- **The number of people at the gathering** – Gatherings with more people pose more risk than gatherings with fewer people. CDC does not have a limit or recommend a specific number of attendees for gatherings. The size of a holiday gathering should be determined based on the ability to reduce or limit contact between attendees, the risk of spread between attendees, and state, local, territorial, or tribal health and safety laws, rules, and regulations.

- **The locations attendees are traveling from** – Gatherings with attendees who are traveling from different places pose a higher risk than gatherings with attendees who live in the same area. Higher levels of COVID-19 cases and community spread in the gathering location, or where attendees are coming from, increase the risk of infection and spread among attendees.

- **The behaviors of attendees prior to the gathering** – Gatherings with attendees who are not adhering to social distancing (staying at least 6 feet apart), mask wearing, hand washing, and other prevention behaviors pose more risk than gatherings with attendees who are engaging in these preventative behaviors.

- **The behaviors of attendees during the gathering** – Gatherings with more preventive measures, such as mask wearing, social distancing, and hand washing, in place pose less risk than gatherings where fewer or no preventive measures are being implemented.

People who should not attend in-person holiday celebrations

People with or exposed to COVID-19

Do not host or participate in any in-person festivities, if you or anyone in your household

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

People at increased risk for severe illness

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

- Avoid in-person gatherings with people who do not live in your household.
- Avoid larger gatherings and consider attending activities that pose lower risk (as described throughout this page) if you decide to attend an in-person gathering with people who do not live in your household.
Join the 6th Annual Global Peer Support Celebration Day!

Thursday, October 15, 2:00 p.m. to 3:30 p.m. E.T.

As peer support has become increasingly vital to the recovery and wellbeing of people around the world amidst the pandemic, Global Peer Support Celebration Day (GPSCD) 2020 appreciates and recognizes the outstanding efforts of peer supporters everywhere.

Led by N.A.P.S., GPSCD this year will feature a diverse panel of peer support voices, including peer support leaders and allies, as they speak on critical topics and advances in the field of peer support and recovery.

We invite you to join this virtual celebration on October 15, as we come together to celebrate peer support and peer supporters around the world.

Please register to join this worldwide celebration.

While you’re at it, let us know how you’re also celebrating GPSCD in your local communities! Share your celebration posts on social media with the hashtags #GPSCD2020 #GlobalPeerSupportCelebrationDay.

On behalf of the Board of N.A.P.S., we look forward to hosting you as we unite to celebrate peer supporters and the critical work. Stay tuned for more info on GPSCD and the N.A.P.S. Annual Meeting.

Thank you to our generous sponsor for supporting the 2020 GPSCD Webinar!

Third Annual Crisis Residential Conference
October 14 & 15

The third annual Crisis Residential Conference is taking place virtually October 14 & 15. Hosted by the Crisis Residential Association, this conference brings together the best ideas in residential alternatives to psychiatric hospitalization. Boasting a spectacular lineup of nationally recognized speakers and thought leaders, attendees will learn about innovations and best practices in the field of behavioral health crisis care.

You can see our agenda of keynotes, breakout sessions, TED Talks, and networking opportunities along with information and registration for the conference at https://www.crisisresidentialassociation.org/conference.html.

$225 for members $295 for non-members
$275 for non-members to attend conference AND become a member of CRA
2020 Virtual Mini-Conference
Equity in Access, Services, and Outcomes for Children, Youth, and Families
During COVID-19
November 10 & 12, 1:00 p.m. to 4:15 p.m. E.T.

Workshop Themes and Tracks:
- Tackling Mental Health Disparities for Children of Color
- Mental Health, Substance Use, & Family and Peer Virtual Support Services that Work

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

See the Schedule - The Full Agenda is Coming Soon!

Registration Fees:
- $50 per person
- $45 per person for groups of 10 or more

Register Here!

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

Smoking Cessation Leadership Center

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

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

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

Collection A: This Collection of recorded webinars from SCLC includes six webinars, for a total of 7.0 CE credits. Topics include veterans and tobacco, cessation efforts in public housing and community health centers, systems change for tobacco cessation, vaping and e-cigarettes in the behavioral health population, FDA regulations in tobacco products and non-daily smokers. For more information and to register for this collection, 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.
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
National Institute of Drug Abuse Notice of Special Interest (NOSI)
Utilizing Telemedicine or Other Remote-Based Platforms to Develop and Support Treatments for Substance Use Disorders (NOT-DA-20-058)

Release Date: June 29, 2020  First Available Due Date: October 5, 2020  Expiration Date: January 8, 2024

Related Announcements:
PA-20-185– NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
PA-20-183- Research Project Grant (Parent R01 Clinical Trial Required)
PA-20-195 - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
PA-20-194 - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)

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

Background

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

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

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

Research Objectives

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

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

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

Areas of interest include, but are not limited to:

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

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

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

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

For more information, please contact Lynda Gargan, Executive Director, at lgargan@nffcmh.org.
Notice of Upcoming Targeted PCORI Funding Announcement

Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020

Announcement Type: Research Award
Total Funds Available: $30 Million
Maximum Project Period: 5 years
Applicant Town Hall Session: September 2020

Letter of Intent Deadline: September 29, 2020, 5 p.m. E.T.
Total Direct Costs: $10 million
Earliest Start Date: November 2021
Application Deadline: January 12, 2021, 5 p.m. E.T.

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

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

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

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

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

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

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

Interventions must be evidence-based and/or in widespread use and reproducible. This Targeted PFA preannouncement is provided to allow potential applicants additional time to identify collaborators, obtain stakeholder input on potential studies, and develop responsive, high-quality proposals.
The Department of Behavioral Health and Developmental Disabilities and the Department of Public Health invite you to participate in our 2x2 Series: Self-Care Tips and Support for Managing Life. These engaging and interactive sessions may be just the break you need from a challenging workday. They are designed to promote wellness and provide self-care tips and support for managing life during these unprecedented times. Each session offers mental health tips and information about reducing/managing stress, working through grief, improving work/life balance, enhancing personal and professional relationships, having fun, and other hot topics.

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

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

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

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

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

**Questions? Please email DBHDDLearning@dbhdd.ga.gov**
The MHTTC Network – School Mental Health Initiative

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

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

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

To view a compilation of MHTTC resources specific to school mental health during the COVID-19 pandemic, visit our website.

Virtual Native Talking Circle: Staying Connected in Challenging Times

Bi-Weekly, Mondays, 12:30 p.m. C.T.

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

September 7  October 19  September 21  November 2  October 5

Register HERE
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:**

1. **Oct. 13, 12:00 pm** — Spirituality and Post-Traumatic Growth: Spirituality as Catalyst for Resilience
2. **Oct. 27, 12:00 pm** — Spirituality and Severe Mental Illness: Questions of Recovery versus Purposeful Renewal
3. **Nov. 10, 12:00 pm** — Spirituality and the Life-time Course of Mental Illness: Support for Patients, Caregivers, and Family by the Faith Community
4. **Nov. 19, 12:00 pm** — Spirituality and Treatment: Contributions to Faith and Forgiveness in Recovery
5. **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.*
Prepare Your 2021 BH Strategy and Operations by Gaining Insight into Legislative, Regulatory, and Pandemic Response Efforts

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:

- 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

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

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

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

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

Get enough ‘good’ sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night. If you have trouble sleeping:

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

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

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

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

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

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

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

You Are Not Alone.
The National Institute of Drug Abuse (NIDA) is interested in research project grant applications that would further our understanding of co-morbidity through studies that test etiological theories and interventions (treatment and prevention), across the lifespan. NIDA interest includes, but is not limited to, applications in the following areas:

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

(More on following page)
National Institute on Drug Abuse
Notice of Special Interest (NOSI)
Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

(Continued from previous page)

Application and Submission Information
This notice applies to due dates on or after October 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.

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

**Georgia Emotional Support Resources**
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.
Student Mental Health: Responding to the Crisis

Mary Ward House Conference & Exhibition Centre, London

Tuesday, October 6, 2020

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

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

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

| View Event | View Programme | Register Interest | Book A Place |

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

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

2020 Attendee Breakdown by Sector.

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

WEB SITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

Fund ed by the Substance Abuse and Mental Health Services Administration (SAMHSA)
Multi-Part Virtual Learning Community Webinar Series

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

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

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

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

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

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

Additional NASMHPD Links of Interest

Affordability in the ACA Marketplace Under a Proposal Like Joe Biden’s Health Plan, Cynthia Cox et al., Kaiser Family Foundation, September 28


Youth With Social Anxiety, Exposure to Maternal MDD Have Higher Depression Risk, Psychiatry and Behavioral Health Learning Network, September 23 & Prospective Associations between Social Anxiety and Depression in Youth: The Moderating Role of Maternal Major Depressive Disorder, Kobezak H.M. & Gibb B.E., Journal of Adolescence, July 2020

Pain Management Across the Continuum of Care, Christopher Kurtz, M.D., MCG Health, September 2020

Tracking FY2019 Federal Funding to Combat the Opioid Crisis, Bi-Partisan Policy Center, September 2020

Federal Subsidies for Health Insurance Coverage for People Under 65: 2020 to 2030, Congressional Budget Office, September 2020

Severe Mental Illness Missed in a Quarter of General Hospital Admissions, Psychiatry and Behavioral Health Learning Network, September 28 & Severe Mental Illness Diagnosis in English General Hospitals 2006-2017: A Registry Linkage Study, Mansour H. et al., PLOS Medicine, September 17

Regeneron Antibody Cocktail Lowers Virus in Covid Patients, Robert Langreth, Bloomberg, September 29


This Overlooked Variable Is the Key to the Pandemic, Zeynep Tufekci, The Atlantic, September 30
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>
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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 R 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
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.

<table>
<thead>
<tr>
<th>October 2020</th>
<th>Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2020</td>
<td>Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations</td>
</tr>
<tr>
<td>December 2020</td>
<td>Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition</td>
</tr>
</tbody>
</table>

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

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

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

The Profile, instructions, and sample profiles are available at: https://ncapps.acl.gov/covid-19-resources.html.
# Tips for Telehealth Billing During the COVID-19 Pandemic

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

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

## 1. Telehealth Visits That Replace Office Visits

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

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

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

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

### Initial Psychiatric Evaluation
- 90791+95
- 90792+95

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

### Evaluation and Management Plus Psychotherapy
- 30 (16-37*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and 90832+95
- 45 (38-52*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and 90836+95
- 60 (53*) minutes - E/M code [Audio only – use the appropriate 99441-99443 code] and 90838+95

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

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

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

## 2. Telephone Visits

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

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

For psychologists, social workers, and others who can bill for E/M services:
- 98966 5-10 minutes
- 98967 11-20 minutes
- 98968 21-30 minutes
Tips for Telehealth Billing During the COVID-19 Pandemic

3 VIRTUAL CHECK-IN (G0212)
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>
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</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>
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</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
Self-Directed Care for Individuals with Serious Mental Illness

Friday, October 9, Noon to 1:00 p.m. E.T.

Underlying the goal of recovery for people with SMI, is the concept of self-determination. This is a process of taking back control of lives which have been overwhelmed by the debilitating nature of SMI and the loss of control resulting from reliance on a system that fosters dependence. Self-determination encompasses concepts such as free will, civil and human rights, freedom of choice, independence, self-direction, and individual responsibility. The challenge to the mental health system was to develop a philosophy that places the individual at the center of the system, and specific programs that deliver on it. Self-directed Care provides this, and enables individuals to assess their own needs, determine how and by whom these needs are met, and manage the funds to purchase the services. A support broker can help the individual develop their budget using their plan and a fiscal entity handles the payments. This webinar will take a comprehensive look at Self-Directed Care and its benefits for individuals with SMI.

Presenters: Patrick Hendry, Mental Health America
             David Sarchet & Megan Cobb, Florida Self-Directed Care (SDC)

Register HERE

Funded by

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

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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
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.

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
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](#)**

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**Social Marketing Assistance Available**

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

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

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

**Tip Sheets and Workbooks**

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

**Social Marketing Planning**
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

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

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

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

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

**Training Guides**

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

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

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

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

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

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

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

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

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

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

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

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

For more information about early intervention in psychosis, please visit [https://www.nasmhpd.org/content/early-intervention-psychosis-eip](https://www.nasmhpd.org/content/early-intervention-psychosis-eip)
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NASMHPD Links of Interest

THOUSANDS DRIVEN TO OBAMACARE [DURING PANDEMIC] COULDN’T PAY AND LOST COVERAGE, Sarah Hansard, Bloomberg Law, September 24

LOSING YOUR HAIR CAN BE ANOTHER CONSEQUENCE OF THE PANDEMIC, Pam Belluck, New York Times, Updated online September 25, September 28 in print

A THEORY ABOUT CONSPIRACY THEORIES, Benedict Carey, New York Times, September 28

AMERICA’S RACIAL RECKONING IS PUTTING A SPOTLIGHT ON BLACK MENTAL HEALTH, Doha Madani, NBC News, September 26

REPUBLICANS KILLED THE OBAMACARE MANDATE, NEW DATA SHOWS IT DIDN’T REALLY MATTER, Sarah Kliff, New York Times, September 18


HOW TO KEEP THE CORONAVIRUS AT BAY INDOORS, Apoorva Mandavilli, New York Times, September 27

IN ISOLATING TIMES, CAN ROBO-PETS PROVIDE COMFORT [TO SENIORS IN NURSING HOMES], Paula Span, New York Times, Updated September 27

DISASTER AND ITS IMPACT ON MENTAL HEALTH: A NARRATIVE REVIEW, Nikunj Makwana, Journal of Family Medicine Primary Care, October 2019

MENTAL HEALTH MILLION PROJECT, Sapien Labs

COVID-19 TRENDS AMONG SCHOOL-AGED CHILDREN — UNITED STATES, MARCH 1–SEPTEMBER 19, 2020, Leeb R.T., Ph.D. et al., Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, September 28

THE DRUG BECAME HIS FRIEND: PANDEMIC DRIVES HIKES IN OPIOID DEATHS, Hilary Swift and Abby Goodnough, New York Times, September 29

THE CORONAVIRUS’ ALARMING IMPACT ON THE BODY, Caitlin Owens, Axios Vitals, September 30