

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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IN THIS ISSUE...

The new assistant secretary of mental health and substance use at SAMHSA, Miriam Delphin-Rittmon, Ph.D., was a key presenter during a virtual conference last week hosted by NYAPRS. Delphin-Rittmon discussed various priorities and updates, including suicide prevention and addressing disparities, with attendees.

... See top story, this page

First national center in Georgia launches for trafficked youth

... See page 3

National Council receives technical assistance grant for CCBHCs

... See page 6

Deadline nears for comments about SAMHSA's revision to NOMs

... See page 6

Vermont State Police gets mental health programs director

... See page 8



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SAMHSA assistant secretary kicks off NYAPRS conference with BH priorities

COVID-19's impact on behavioral health, federal funding support for the field and information about the forthcoming 988 crisis system were among the key issues discussed by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) new assistant secretary for mental health and substance use and keynote presenter during last week's virtual conference hosted by the New York Association of Psychiatric Rehabilitation Services (NYAPRS).

Bottom Line...

Next year's establishment of the 988 crisis system will involve a number of key partnerships, among them peers and national organizations, said Miriam Delphin-Rittmon, Ph.D.

NYAPRS hosted its annual virtual conference with the theme "United in Hope, Together for Justice, Wellness for All" on Sept. 21 and 23. It will continue this week on Tuesday and Thursday.

Miriam Delphin-Rittmon, Ph.D., kickstarted the meeting discussing COVID-19 and "SAMHSA's response to the needs of our nation and mitigating the impact of mental health and substance use challenges."

Observing COVID-19's impact on behavioral health, Delphin-Rittmon noted that 41% of the public reported symptoms of at least one adverse behavioral health condition. According to stats Delphin-Rittmon presented, the Suicide Lifeline received between 6,000 and 7,000

See NYAPRS page 2

Michigan governor: Federal dollars offer chance to improve MH system

The administration of Michigan Gov. Gretchen Whitmer wants a portion of federal dollars from President Joe Biden's American Rescue Plan to help close gaps in the state's mental health system. Whitmer this month proposed a \$1.4 billion "MI Healthy Communities" package that includes numerous initiatives to expand the state's mental health infrastructure.

State officials say these initiatives, which are subject to state legislative approval, would address system shortcomings that have existed for some time but have worsened during the COVID-19 crisis. Whitmer's proposals include workforce development strategies, upgrades to aging state psychiatric facilities and a major infusion of funding to increase

Bottom Line...

The administration of Michigan Gov. Gretchen Whitmer sees dollars from the American Rescue Plan as offering a prime opportunity to improve the state's mental health service infrastructure.

capacity for community-based behavioral health treatment.

"The governor's proposal did a really excellent job of identifying the core issues we're facing," Allen Jansen, senior deputy director of the state's Behavioral Health and Developmental Disabilities Administration, told *MHW*.

Jansen agreed with the notion

See MICHIGAN page 4

NYAPRS from page 1

calls per day, representing a 10% to 30% increase in calls when compared to the same dates last year.

She pointed to layoffs of behavioral health staff/providers without financial reserves to survive long term and unable to generate enough revenue to survive. Emergency department visits in 2020 were higher for the period of mid-March through mid-October 2020 compared to the same period in 2019, she noted.

Priority updates

“We’ve updated our priorities given where we are in the pandemic,” Delphin-Rittmon told conference attendees. SAMHSA’s priorities include:

- enhancing access to suicide prevention and crisis care;
- integrating primary and behavioral health care;
- preventing overdoses; and
- using performance measures, data and evaluation.

Additionally, SAMHSA intends to help mitigate disparities as well, she said. Cross-cutting issues such as equity, workforce, finances and recovery undergird all of the aforementioned work, she noted. “I’m encouraged that many of our priorities align with the president’s vision,” Delphin-Rittmon said. President Joe Biden’s priorities include racial

equity, health care and the economy.

SAMHSA received \$4.25 billion in COVID-19 funding support, she said. Of that funding, the Community Mental Health Services block grant and the Substance Abuse Prevention and Treatment block grant each received \$1,650,000. Emergency response received \$240,000,000.

‘I’m encouraged that many of our priorities align with the president’s vision.’

Miriam Delphin-Rittmon, Ph.D.

SAMHSA’s budget request for FY 2022 is \$9.7 billion. For mental health, the proposal includes \$2,936,528,000 for suicide prevention programs, Project AWARE, the mental health and substance use block grants, and the National Child Traumatic Stress Network.

Innovative work

Delphin-Rittmon spoke favorably about much of the innovative work she’s been seeing and learning about. She gave a “shoutout” to New

York, pointing to programs she called examples of innovative services, such as Assertive Community Treatment, and the state’s drug courts. She noted New York state’s early diversion programs to get people with mental illness out of the criminal justice system and into treatment.

Additionally recognized was programming to help people with substance use disorders return to the community from jail or prison. Delphin-Rittmon also extended a note of thanks to New York’s community providers.

An important area of SAMHSA’s work will be to address disparities across the nation through its funding streams, noted Delphin-Rittmon. The agency is interested in moving forward on the intersection of racism, crisis innovation and criminal justice reform, she said. “Working around the intersectionality of these issues is of interest to SAMHSA,” said Delphin-Rittmon. “We have a number of grants in place that address the components of this.”

A Minneapolis program designed to assist high-risk youth and families and promote resiliency and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention and community youth engagement programs was



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also part of Delphin-Rittmon's presentation. ReCAST also provides linkages to trauma-informed behavioral health services, she noted.

The program has created important partnerships in the community, she said. Program officials have trained 13,000 members of the mental health workforce, and 52,000 youth have been connected to trauma-informed care and services.

988: 'A game changer'

The new public health response to critical behavioral health system needs, 988, is expected to be a "game changer in how we think about crisis response," said Delphin-Rittmon. Anticipated to go live July 2022, this effort will be through an all-hands approach, she said.

The crisis system will connect people with supports when they need it and where they need it, Delphin-Rittmon stated. She pointed to statistics that call for the need for such a response: Nearly 45,000 suicides occurred in 2020, and among 51 million adults with any mental illness in 2019, 26% perceived an unmet need for services. For individuals with serious mental illness, nearly

48% perceived an unmet need for services.

"988 is a once-in-a-lifetime opportunity to strengthen crisis responsiveness," said Delphin-Rittmon. She noted the multiple components to the crisis system, such as the crisis line, mobile crisis teams, crisis facilities and postcrisis wraparound services.

SAMHSA, the Federal Communications Commission, and the Department of Veterans Affairs are among the key federal decision-makers for 988 development and implementation. Other partners will include people with lived experience, mental health and substance use nonprofits, like the National Alliance on Mental Illness, peer supporters, faith communities, educators and school administrators.

Other national associations will be the National Council for Behavioral Health, the National Association of State Mental Health Program Directors and the National Association of State Alcohol and Drug Abuse Directors.

The lifeline itself is an important part of the crisis continuum, she noted. The National Suicide Prevention Lifeline, funded and managed by

SAMHSA, has a network of more than 150 crisis centers nationwide.

Delphin-Rittmon also discussed the importance of recovery in SAMHSA's efforts. "It undergirds a lot of our work," she said. SAMHSA's working definition of recovery involves multiple layers: respect, holistic, peer support, culture, relational, strengths/responsibility, and person-driven. "Peer support services are a critical part of the recovery work culture," she said. Peers continue to play an important role during the pandemic, she said.

One of the attendees inquired about housing and its challenges for people with mental health and substance use issues. "If housing isn't in place, there isn't going to be the right ripple effects," said Delphin-Rittmon. SAMHSA continues to look at that issue, noting that block grants can also help support housing efforts. SAMHSA is open to different options; the topic is one that the field and SAMHSA should stay in communication about, she said. •

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First national center in Georgia launches for trafficked youth

Helping youth as young as 12 who have experienced commercial sexual exploitation and trafficking and who are known to have high rates of trauma and physical violence by traffickers is the impetus behind the launch of the first national center in Georgia to address this population's mental health needs.

The first Treatment and Service Adaptation Center in the state of Georgia comes courtesy of a \$3 million, five-year grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's National Child Traumatic Stress Initiative will establish the National Center on Child Trafficking in the Mark Chaffin Center for Healthy Development at Georgia

Bottom Line...

Georgia State University received a \$3 million grant to launch the state's first national center to serve the mental health needs of youth who experience trafficking and trauma.

State University.

Youth who have experienced commercial sexual exploitation of children and trafficking, also known as CSEC/T, have high rates of trauma exposure, such as sexual abuse, family trauma and physical violence by traffickers, according to Georgia State University officials. The average age of victims who enter human trafficking, including CSEC/T and labor servitude, is 12 to 14 years old.

The impact of these experiences can lead to high rates of depression, anxiety and substance use in this population, they stated.

"We want to drive the development and dissemination of evidence-based practices for children and effectively serve families who are struggling and experiencing many challenges," Shannon Self-Brown, Ph.D., Georgia State University professor in the School of Public Health and chair of the Department of Health Policy and Behavioral Sciences, told *MHW*.

Self-Brown is the principal investigator of the project. For the past nine years, Self-Brown worked in partnership with Kelly Kinnish, Ph.D.,

Continues on next page

Continued from previous page

clinical director at the Georgia Center for Child Advocacy. The two applied for the SAMHSA grant.

The National Center on Child Trafficking will bring together a national network of experts in trauma, trafficking and implementation science to disseminate effective practices to improve outcomes for CSEC/T youth and their families. This includes training of mental health therapists and substance abuse professionals on evidence-based treatments to address these issues and improve trauma and trafficking awareness.

agencies and universities around the country that we will be able to connect with since we are also funded by them, and we hope to engage in training with those NCTSN partners who are interested in serving trafficked youth,” said Self-Brown.

Self-Brown noted that the two primary interventions that will be used for youth and families are trauma-focused cognitive behavioral therapy (typically 12–16 sessions) and risk-reduction family therapy (which is 16–20 sessions). The latter intervention is a rather unique one, she noted. It’s one of the few evidence-based interventions to ad-

responses for what it calls “secondary traumatic stress” — the emotional duress that results when an individual hears about the firsthand trauma experiences of another. For therapists, child welfare workers, case managers and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life, according to the NCTSN.

The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children, the NCTSN has stated, having developed a number of resources on secondary trauma stress to address it. “We are including [those resources] as a focus of our grant because of the gravity of serving these youth,” Self-Brown stated.

The provider training will commence in the first year of the grant, between Sept. 30, 2021, and Sept. 29, 2022, said Self-Brown. “Our goal is to train therapists in at least five of the SAMHSA regions,” she said. “That sets up a nice reach for the program.” •

‘Our goal is to train therapists in at least five of the SAMHSA regions.’

Shannon Self-Brown, Ph.D.

Overrepresented, underidentified

CSEC/T occurs in youth of all ages, genders and races, noted Self-Brown. Youth of color and LGBTQ youth are significantly overrepresented. “Trafficking is experienced by girls and boys,” she said. “Males are even more underidentified than females. We know less about what leads boys to trafficking and implications coming out of that life.”

Self-Brown pointed to her recent research, “Exploring the impact of trauma history on the mental health presentations of youth who have experienced commercial sexual exploitation and trafficking,” published in March in *Behavioral Medicine* that found that 37.5% of CSEC/T youth who are referred for mental health counseling meet full criteria for post-traumatic stress disorder (PTSD).

Funding by the National Child Traumatic Stress Initiative (NCTSN) will allow Self-Brown and Kinnish to have access to a network of trauma professionals from around the country lending their expertise to the new center. “The NCTSN funds

address co-occurring PTSD and substance abuse, she indicated.

More than 80% of youth who have been trafficked have foster care history, she said. Besides foster care, they may have come from a disrupted family or been in a residential setting. It may be difficult to engage them, she said. “Rapport building can be challenging,” said Self-Brown. “They often come from an unstable environment.” Self-Brown said she hopes the youth program participants will stay engaged with the program and continue making progress.

Provider burnout, turnover

Self-Brown noted that the national center will be of benefit and support also for mental health professionals who serve youths who themselves are victims of trauma and trafficking. Burnout and turnover experienced by mental health professionals in this field has become more recognized in the field over the last decade, including the NCTSN, she said.

The NCTSN has been responsive and has developed a number of

MICHIGAN from page 1

that American Rescue Plan dollars offer the state an unprecedented opportunity to have an impact on addressing needs even beyond the scope of the current public health crisis.

Positive reaction from providers

Robert Sheehan, CEO of the Community Mental Health Association of Michigan, said in comments emailed to *MHW* that the mental health components of MI Healthy Communities are “well-timed and well-focused.”

Sheehan said that “especially encouraging for and relevant to Michigan’s public mental health system and the 300,000 Michiganders served by this system are the \$300

million designed to increase capacity for community-based behavioral health and substance use disorder services.” These include crisis response services, residential and community-based care for children and families, and respite support for family members caring for an individual with mental health needs.

The Whitmer administration believes the state has underinvested in mental health for a long time and wants more than \$300 million in grants to support increased access to mental health services and supports statewide. The respite care services would amount to \$20 million to relieve families providing continuous care that typically would be delivered by a paid caregiver. Another \$20 million would establish and equip sites from which telehealth services could be delivered; these sites could include homeless shelters and state Department of Health and Human Services offices.

Jansen on more than one occasion cited workforce enhancement initiatives as a particularly compelling and impactful element of the governor’s proposal. The administration is proposing \$77 million toward efforts to retain direct-care workers, through strategies such as offering bonus payments, improved training and enhanced employment support. Sheehan said these initiatives would in turn allow more Michiganders with mental health needs to thrive in their home communities.

Physical infrastructure also is addressed in the administration’s proposal. The proposal includes plans to replace the state’s aging Hawthorn Center and Walter Reuther Psychiatric Hospital with more modern facilities. Jansen said the existing hospital sites are not sufficiently equipped to help patients navigate a rapid and safe return to their home community.

Sheehan offered a summation of

life.... Yet, over half of Michiganders with a behavioral health diagnosis and nearly 70% with a substance use disorder do not receive treatment.”

Broader system reform discussion

It remains to be seen whether the possible infusion of millions of federal dollars into the state’s existing mental health system will influence a broader system reform debate that has been raging in the state for some time. This discussion has included some calls for a greater role for private managed care in overseeing public mental health services.

A report in July from the Bridge Michigan news service (which is owned by a nonprofit policy analysis group in the state) outlined two state legislative proposals that would eliminate the state’s network of prepaid inpatient health plans that currently contract with local community mental health agencies. One of the proposals would define a central role for commercial insurers, while the other would replace the prepaid health plan network with a public or nonprofit administrative services organization (ASO) structure.

Both the private managed care and ASO proposals have come under criticism from some advocates. Sheehan’s community mental health provider association has opposed past efforts at full privatization. He was quoted in the Bridge Michigan article saying, “Insurance companies’ motivation, of course, is by law, they have to increase value for their shareholders, for the owners. So, their motivation is to spend as least as possible on care; that allows them to walk away with a larger dollar amount.”

At this point, it appears that the discussions of a cash infusion to the existing system and a possible restructuring of the system are taking place separately from each other. But it could be suggested that improvements to the existing infrastructure would ultimately influence leaders’ thinking on the urgency of broader system change. •

‘While many of these proposals represent one-time investments in Michigan’s mental health system, they are a start and hold great potential to becoming a permanent part of the state’s public mental health landscape.’

Robert Sheehan

Sheehan, whose association co-authored a recent report emphasizing the pivotal role of telehealth in expanding access to mental health treatment, commented that the full impact of telehealth “has been constrained by insufficient broadband and related infrastructure support in many parts of the state. The governor’s proposal to invest \$20 million to expand Michigan’s telehealth infrastructure will begin to close that gap and support the greatly expanded and wise use of telehealth approaches for the provision of mental health services.”

In an interview with *MHW*,

the potential impact of MI Healthy Communities on mental health by saying, “While many of these proposals represent one-time investments in Michigan’s mental health system, they are a start and hold great potential to becoming a permanent part of the state’s public mental health landscape.”

Michigan Department of Health and Human Services Director Elizabeth Hertel commented earlier this month, “It is just as important that we find these meaningful ways to address behavioral health as it is to address physical health at any stage of

National Council receives technical assistance grant for CCBHCs

In a move being hailed as “significant” by the mental health and substance use provider community, the Substance Abuse and Mental Health Services Administration (SAMHSA) last week awarded the National Council for Mental Wellbeing a five-year grant to operate a national center for technical assistance for Certified Community Behavioral Health Clinic (CCBHC) grantees.

The new grant will help support clinics that received CCBHC grants to support their requirements to be the best organizations they can be and to transform care in their community, Chuck Ingoglia, president and CEO of the National Council for Mental Wellbeing, told *MHW*.

The grant becomes effective Sept. 30, he said. “There’s an initiation program where we will have to work with the government to submit a work plan,” Ingoglia said. Once that plan is approved in a few months, they could get going on the operation of the technical center, he noted. “Our hope is to be able to provide services as quickly as we can,” said Ingoglia.

The Technical Assistance Center will work with the more than 400 CCBHCs around the country in 40 states and one territory to help

strengthen their operations and care delivery, he noted. “The overarching goal of the Technical Assistance Center is to make sure the CCBHCs are successful — that this model continues to grow,” said Ingoglia.

Closing treatment gap

A recent CCBHC impact report released by the National Council revealed that CCBHCs are closing the treatment gap that leaves millions of Americans with unmet mental health and substance use needs, bringing thousands of new clients into care.

‘This is a significant grant. The fact that SAMHSA is providing the funding is a great vote of confidence for CCBHC.’

Chuck Ingoglia

CCBHCs are, on average, serving 17% more people than prior to CCBHC implementation, the report stated. Additionally, CCBHCs have improved access to treatment by sharply reducing wait times for services, which reach an average of 48 days nationwide. The report found that 93% of CCBHCs see clients within 10 days.

The CCBHC model was established in 2014 to give states and clinics the resources and flexibility to better address the rising demand for mental health care and substance use treatment, according to the National Council. CCBHCs must meet defined federal and state criteria aimed at expanding access to services, including 24-hour crisis care and comprehensive outpatient mental health and substance use care.

Enhancing BH capacity

Most organizations have many components they have to think about, Ingoglia said. They have to think about how they will enhance mental health capacity and how they will enhance substance use treatment capacity, he said.

The CCBHCs provide support for consumers with mental health and substance use conditions and help them quickly access care, said Ingoglia. There are many different components to CCBHCs, he said. For example, clinics may have to provide medication-assisted treatment, be trauma-informed and have peers as key parts of their staff. “Having a consumer voice is attached to this endeavor,” he said.

Added Ingoglia: “This is a significant grant. The fact that SAMHSA is providing the funding is a great vote of confidence for CCBHCs. We’re very grateful for their leadership and we look forward to working closely with them to make CCBHCs a success.” •

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Deadline nears for comments about SAMHSA’s revision to NOMs

As the Substance Abuse and Mental Health Services Administration (SAMHSA) continues to solicit comments to revise the National Outcome Measures (NOMs) Mental Health/Client Participant Outcome measures, a national health care consulting firm and its provider clients are preparing to share their

strong opinion about the proposal.

The proposed revisions, posted in the *Federal Register*, are due Oct. 1.

Scott Lloyd, president of MTM Services, released a statement to providers about the looming deadline and reminding them about the many conversations he has had with them over the years about NOMs

and what it takes to comply with SAMHSA’s reporting requirements.

NOMs has a 34-question survey, which Lloyd says takes a significant time to complete. “When NOMs is completed, you can’t fast-track the information,” he told *MHW*. “The challenge is that the NOMs data cannot be extracted and electronically

transferred from an electronic medical record /existing database to SAMHSA.”

Lloyd explained that this process is known as batch transferring data, which means that you can send months or even years of data at one time, which you can do with the DLA 20 [Daily Living Activities] and other assessments. “This limitation of not being able to batch transfer the data electronically, is the reason why teams are having to hire staff to manually input each individual NOMs assessment that is completed,” he stated.

Lloyd compared NOMs to the DLA Scale, a 20-item functional assessment measure for adults with severe mental disorders. The interrater reliability of DLA is 97 to 98%. It can be completed and viewed in about 10 minutes, he said. Interrater reliability, he explained, is the likelihood that multiple staff members would give the same clinical rating of a consumer when utilizing the outcome measurement tool. For example, GAF [Global Assessment of Functioning], an old standard scale, has an interrater reliability of only 47%, which is why they did away with it, he said.

Lloyd added, “The DLA is definitely the gold standard, as it quickly gives a very accurate picture of true functionality impairment.”

Expressing concerns

Lloyd said he is working on an official letter to SAMHSA outlining concerns regarding NOMs, most

notably that the data-collection instrument is burdensome and time-consuming. “In the SAMHSA letter we want to get across what a large burden the NOMs is for teams,” he said.

“We are seeing teams moving to the CCBHC model who are having to hire multiple traditionally support level or data entry staff, just for them to

expense and capacity that could be used elsewhere to benefit consumers and the system of care. “The challenge also exists beyond CCBHC, for others receiving grants that have the NOMs survey as a requirement,” he noted.

The NOMs tool is sizeable, Lloyd stated. “NOMs added over 200 additional questions,” he said. “That

‘When looking at any measurement tool, the question is “Does it give you data that’s accurate and actionable?”’

Scott Lloyd

manually enter each one of the NOMs survey into the data entry website,” said Lloyd. The need for the staff will go away once the grant funding for their CCBHC effort is no longer needed, which means that NOMs would no longer be utilized, but it is a lot of

gives you an idea of the burden. The biggest thing for me is whether you change it or do away with it.”

Lloyd added, “When looking at any measurement tool, the question is ‘Does it give you data that’s accurate and actionable?’” •

For more information about “Project: Revision of Mental Health Client/Participant Outcome Measures and Infrastructure, Prevention and Mental Health Promotion Indicators,” visit <https://www.federalregister.gov/documents/2021/08/02/2021-16406/agency-information-collection-activities-submission-for-omb-review-comment-request>.

BRIEFLY NOTED

Biden administration awards \$15 million for mobile crisis intervention

The Centers for Medicare & Medicaid Services awarded \$15 million in planning grants to 20 states to support expanding community-based mobile crisis intervention services for Medicaid beneficiaries, according to a Sept. 20 CMS news release. By connecting people who are experiencing a mental health or substance use disorder crisis to a behavioral health specialist or critical treatment, these services — which will be provided by funding from the American Rescue Plan (ARP) and will be available 24 hours per day, every day of the year — can help save lives. Importantly,

these services can also help to reduce the reliance on law enforcement when people are experiencing a behavioral health crisis and, in turn, may help to prevent the unnecessary incarceration of people with serious mental illness or substance use disorders. The planning grants — funded by the ARP — provide financial resources for state Medicaid agencies to assess community needs and develop programs to bring crisis intervention services directly to individuals who are experiencing a substance use-related or mental health crisis outside a hospital or facility setting. These grants will help states integrate community-based mobile crisis intervention services into their Medicaid programs,

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a critical component of establishing a sustainable and public health-focused crisis support network.

STATE NEWS

Vermont State Police gets mental health programs director

The Vermont State Police has its first director of mental health programs to help coordinate and oversee the delivery of mental health services to people who come into contact with state police, The Associated Press reported Sept. 20. Mourning Fox, who was deputy commissioner of the Vermont Department of Mental Health for the last four years and has more than 25 years of experience in the field, was named to the position, the Department of Public Safety and the Vermont State Police announced last week. Fox, who joined the department on Aug. 30, will work with the state police's 10 barracks and the Department of Mental Health to complete hiring. He will also ensure each field station has at least one embedded mental health crisis specialist and that training is consistent, officials said. In the long term, he will help the Department of Public Safety reimagine how police provide services to people who may be experiencing a mental health or substance use disorder crisis, or who have other unmet social service needs, officials said. "There are many models of alternative response to these types of issues under development around the nation and the world, and each model has its own usefulness," Fox wrote in a statement.

Oklahoma police would benefit from MH professionals on calls

A bipartisan study held Sept. 13 by Oklahoma's House Public Safety Committee affirmed that law enforcement would benefit from enhanced participation by mental health professionals on crisis calls, the *Oklaboman* reported Sept. 22. Rep. Randy Randleman, R-Eufaula,

Coming up...

The **New York Association of Psychiatric Rehabilitation Services Inc.** is holding its 39th annual conference, "United in Hope, Together for Justice, Wellness for All," virtually **Sept. 28 and 30**. Visit <https://www.eventbrite.com/e/united-in-hope-together-for-justice-and-wellness-for-all-tickets-163080673685> for more information.

The **National Association for Behavioral Health** is holding its 2021 annual meeting, "Expanding Access: Right Care. Right Setting. Right Time," **Oct. 6–8** in **Washington, D.C.** Visit <https://www.nabh.org/2021-annual-meeting> for more information.

The **New Jersey Association of Addiction and Mental Health and Addiction Agencies Inc.** is holding its 2021 fall conference, "No Going Back: Moving Forward in a New Paradigm," virtually **Oct. 13**. Visit <https://www.njamhaa.org> for more information.

The **American Academy of Child & Adolescent Psychiatry** is holding its 68th annual meeting (and second virtual meeting) **Oct. 18–30**. For more information, visit <https://aacap.confex.com/aacap/2021/meetinginfo.cgi>.

The **National Federation of Families** is holding its 2021 Virtual NFF Conference **Nov. 4–6**. For more information, visit <https://www.ffcmh.org/conference>.

and Rep. Collin Walke, D-Oklahoma City, requested the study to establish the need for more mental health crisis units and help the police identify mental health crises more accurately, according to a news release from the Oklahoma State House of Representatives. Dr. David J. Thomas, a policing expert and a professor at Florida Gulf Coast University, said he's seen two successful models: One model, CAHOOTS, is used in Oregon and uses the police dispatch person to

assess a situation and send an appropriate team of mental and physical health care providers, only dispatching police officers when absolutely necessary. The other version is a co-responder program being used in Gainesville, Fla. this approach involves a designated car on each shift which pairs a specially trained officer and a mental health professional. When a mental health call comes in, that car is dispatched first as long as it is available.

In case you haven't heard...

In an effort to address gaps in maternal mental health care, Senators Maggie Hassan (D-N.H.) and Thom Tillis (R-N.C.) introduced the Taskforce Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health (TRIUMPH) for New Moms Act of 2021, according to a Sept. 21 news release from 2020 Mom. The bill will create a federal task force and national strategy to coordinate government resources, improve program efficiency and work strategically with governors to increase mental health prevention and treatment services for moms across the United States. The TRIUMPH Act will coalesce key agencies within the U.S. Department of Health and Human Services, other federal departments and other stakeholders to: (1) review existing federal programs that address maternal mental health and better coordinate those programs; (2) identify and report on best practices related to prevention, screening, early intervention, referral to care and treatment for mothers with mental health issues; (3) develop a national strategy for maternal mental health; and (4) work with governors to disseminate the strategy and implement best practices in the states.