

NASMHPD Meet-Me Call Webinar

August 17, 2023

Please use the chat box for any questions.



Meet Me Call

Facilitating Collaboration to Build Better Behavioral Health Crisis
Communication and Coordination:

Let the Discussions Begin

August 17, 2023

Speakers

Arlene Stephenson, NASMHPD

Ashley-Laren Smalls, Vibrant

April Heinze, NENA

NASMHPD

988 and 911 Interoperability:

Leveraging Strengths
and Opportunity



NEW

NASMHPD

PAPER



The First Step for Building Partnerships for 988 and 911 Collaboration



- Leadership of one system recognizes the need and **begins a conversation** with the other system leaders
- Currently **limited** on state and local levels
- **No discussions of 988 at work is troubling to 911 and EMS staff. They want to know what it means for them, and how 988 and 911 will work together**
- Interoperability may begin as simply a **collaboration**
- Also, this is an opportunity for redundancy which translates to **resilience** for the system

The Need to Plan



- Excellent 988 messaging does not mean callers will not continue to dial 911... it will be by habit and until they understand 988
- Sources of hesitancy on all stakeholders' parts in beginning 988/911 collaboration discussions:
 - Anticipation
 - Fear
 - In-house Issues
- **CHOICES - Beginning discussions vs. statutory mandate???** Pick one!

Where to Begin Joint Planning

- Decide - **Advisory** Committee? or **Planning** (decision-making) Committee? and name it
- Common approach – send invitations to organizations requesting appointment of a representative
 - **Avoid invitations to appoint – may result in opposition sending bullies**
- Instead look to the EMS Director for suggestion... WHY?
 - **EMS may be in your same agency; have same boss; both “speak health”; EMS knows PSAPs & LE**
- Schedule a 1-on-1 meeting – **Goal** of EMS as partner/advisor
- Request help to find “**reasonable**” people to serve on a planning committee
- Consider making **personal calls** to request individuals to serve; connect early
- Consider BH and EMS Directors as **co-chairs** – strong on health and enables speaking with one voice when necessary
- **Get the EMS Director on the same page –**
 - **Plan how to approach the issue**
 - **Forming a committee - select stakeholders (by name)**

Meeting 1 - Private Meeting with EMS Director

- Share the purpose of 988/911 collaboration - provide the right response at the right time.
(All decisions must support this bottom line)
- SUGGEST: Building a committee one layer at a time for the purpose of keeping it **manageable**, and for **PEACE** among stakeholders or, if layering is not possible, begin with subcommittees
- **Approaches to Planning: Plan early - Be strategic - Plan for building relationships and trust**



Meeting 2 - Private Meeting with EMS Director



- Purpose:
 - **Share research** collected and identify stakeholders by name/organization
 - Be sure you have **bonded** and are both **on the same page**
 - Member characteristics – Knowledgeable, open-minded, good listeners/sharers, well respected, community ties, represent or can speak for at-risk populations, big hearts, etc.
 - **Identify WINS** – What are the “wins” for each of the stakeholders – Keep wins in your pocket to use as needed.. What would each stakeholder benefit from.
 - **Create a list of topics to be covered during stakeholder meetings** – and put in a logical order rather than an open agenda that has potential for chaos.

Advisory/Planning Committee – 1st set of meetings

- **NOTE:** Start small and later add members related to new topics (remember to have the “WINS” in your pocket to use as needed)
- **Members:**
 - 988/EMS/911/PSAPs, individuals with lived experience
- **Possible topics:**
 - Bottom line – the RIGHT response at the RIGHT time
 - Data dictionary that facilitates communication among stakeholders
 - Safety in call processes/transfers
 - Call processes (for the diversity of calls received)
 - Pros and cons of 988 and 911 being separate access points or merged
 - Discussion of who else should be invited to the table

Advisory/Planning Committee – 2nd set of meetings

- **Members** to add to original list -- state chapters of NASEMO, AAP, NAPO, NASNA, state/local PSAPs, your AG, members of at-risk & marginalized populations
- **Possible topics:**
 - Building a **dictionary of terminology** to be defined/shared, difficult definitions, e.g., imminent risk
 - **Components of a response**
 - **Pluses and minuses of possible models** such as embedded clinicians or soft transfers, etc.
 - Discussion of **sharing of incident information/aggregated data** for QI/QA
 - Models for **mobile crisis teams**

Advisory/Planning Committee – 3rd set of meetings

- **Members** - add to list Fire Departments, Law Enforcement and CIT
- **Possible topics:**
 - Continue **discussion of models**
 - Where/**how fire, LE and CIT** fit
 - **Training, resource** needs
 - **Sustainable** financing

Advisory/Planning Meeting – 4th set and Future

- **Members** - add to list marginalized/at-risk populations, health care providers
- **Possible topics:**
 - Address **geographic gaps**
 - **Data issues** – collection, analysis, confidentiality, partners (**NEMESIS, NENA**, etc.)
 - **Cultural and linguistic competency**
 - **MOUs** (Oklahoma)
 - **Program evaluation**
 - **Best practices** for gaining and maintaining the trust of individuals with lived experience and marginalized/at-risk populations
 - **General marketing** and targeted marketing to at-risk/marginalized populations
 - Links to the **continuum of services** (EDs, crisis stabilization, community follow-up, etc.)
 - **Finalize policy decisions**



Major Factors in Building Trust Among Collaborators

- Factors shared by the states and associations interviewed:
 - Quality: Pursuing accreditation for contact centers
 - Knowing the Individuals Served: Taking a person-centered approach so systems are built with what works for the individuals, **not** only what works for the system.
 - Being Present and Sharing: Attending meetings; answering questions; admitting missteps, listening to issues and complaints, listening in on 911 calls; doing a ride along with police, and understanding and respecting the work they do can be extremely useful.

Building Relationships and Trust Among At-Risk/Marginalized Populations

- Collaborate to assist them in communicating about 988, particularly the distinction between 988 and 911... and it is safe/OK to call 988
- Only 13% of U.S. adults have heard of 988, and after an explanation 40% remained concerned about LE, and 1 in 4 fear jail (recent Pew Trusts [article](#))
- The factors that play into mistrust carry from one institution (LE) to another (911)
- **Black and Latino** - mistrust in BH has roots in acculturation, religious beliefs, language barriers, lack of knowledge of services and of signs and symptoms of behavioral health conditions.
- **Asian** - believe a BH condition is punishment, tend to associate it with shame, keep BH issues private and in family
- **LGBTQ+** - mistrust has roots in being turned away from care or being judged during it

Restoring, Building and Maintaining Trust

- 5 dimensions of trust: **competency, caring, communication, comfort, cost**
- **Building basic goals and skills** for responders (EMS and MCTs) and 988 Lifeline Centers' staff through training for de-escalation, and diversion from the criminal and juvenile justice systems will assist with building trust
- **988/911 responders will need to do some introspection** - attitudes about race, sexuality, and gender-identity; increase their cultural/linguistic competence and social awareness – help to address personal bias issues
- **Racism and anti-LGBTQ+** sentiments affect the mental wellbeing of all people in lasting ways... to help stop it we might begin collaborations with uniform training guidelines and response protocols for all stakeholders

Models of Collaboration – 988/911

- SAMHSA’s Cooperative Agreements for States and Territories to Build Local 988 Capacity Grants
 - A requirement with the launch of 988 that all states and territories submit a plan that includes “state oversight of 988 and 911 coordination in collaboration with the state’s 911 administrator”.
- Example models of Collaboration
 - 911 Call Diversions
 - Referral Models: Triaging who Responds through Interoperable Systems

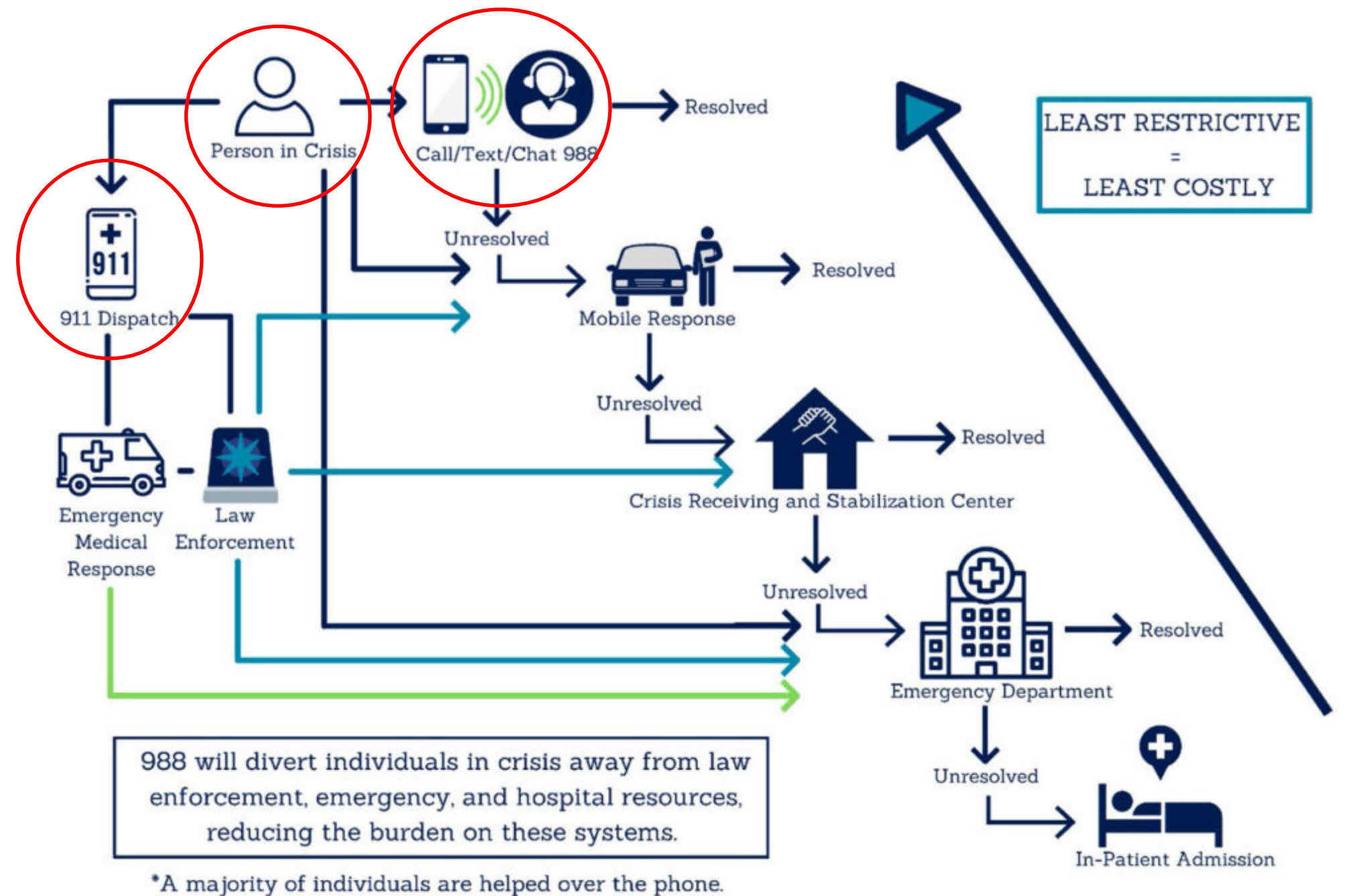


911 Call Diversion Models

911 Warm Transfers to 988

Example 988 Lifeline Center: Harris County, TX

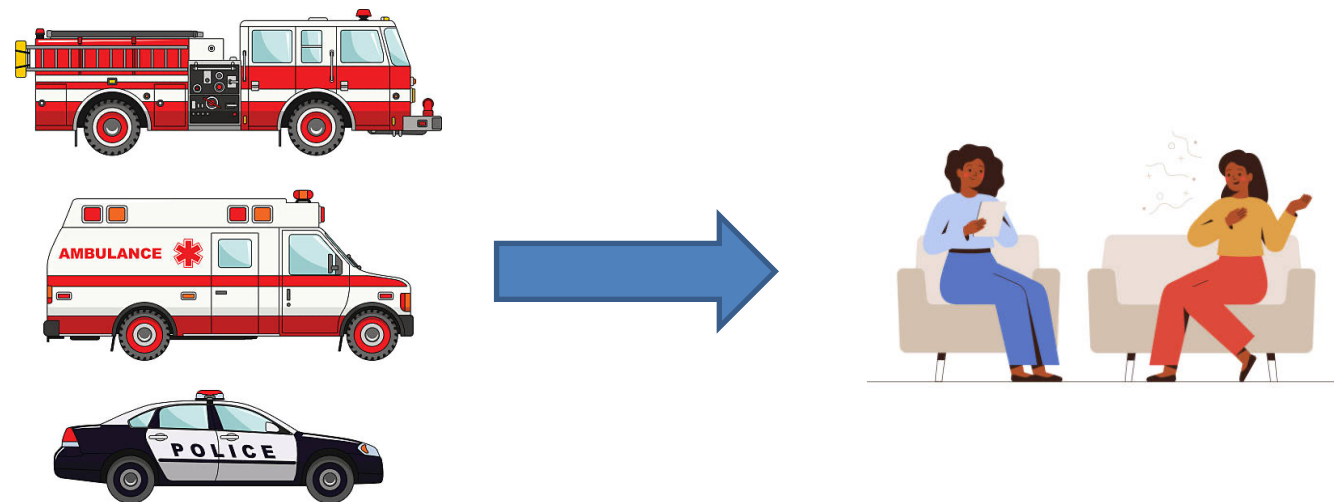
- 911 telecommunicators transfer appropriate mental health related calls to a 988 Lifeline Center.
- Considerations:
 - Existing technology, for both entities, must allow for reliable and seamless transfers to assist with liability concerns.
 - Utilizing computer-aided dispatch systems (CAD) or a “backdoor line” for PSAPs to contact directly.



Referral Models

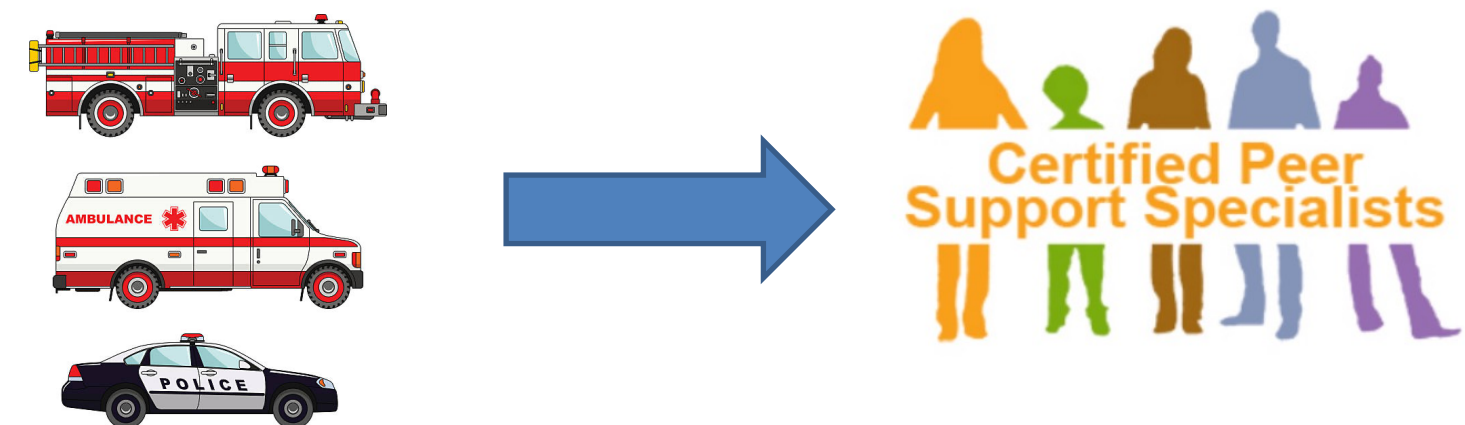
First Responders Call for Behavioral Health Clinical Support

- First Responders (EMS/Fire/LE), who respond on scene, notice there is a need for a behavioral health evaluation. From there, they will refer this individual to a mental health professional.



First Responders Calls for Non-Clinical Support

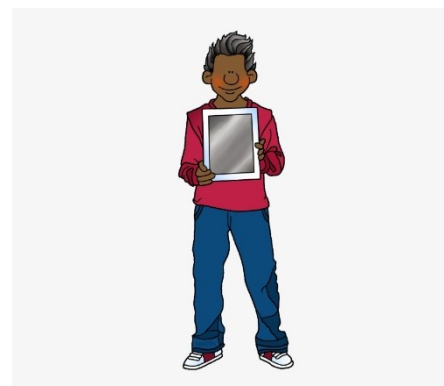
- First Responders (EMS/Fire/LE), who respond on scene, notice there is a need for behavioral health support. From there, they will refer this individual to a peer support specialist and/or other non-clinical professionals.



Referral Models

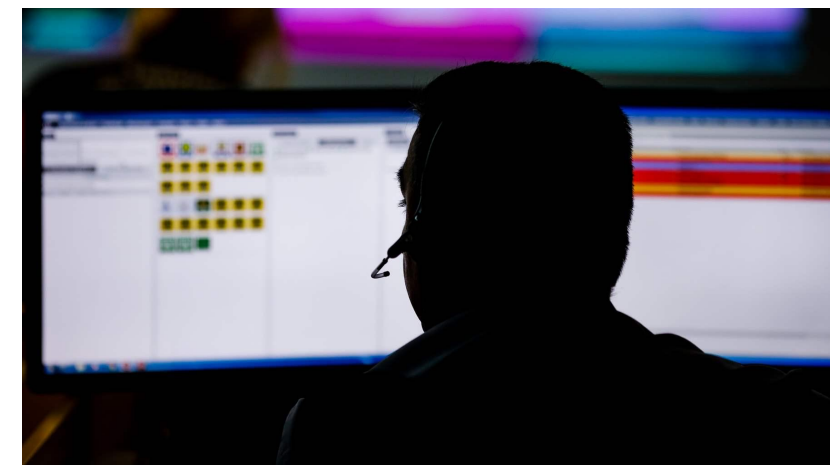
Teleconference and Virtual Technology

- First Responders (EMS/Fire/LE), who respond on scene, **refer provide iPads to the individual in crisis to connect with behavioral health specialists in real-time for assessments.** Emergency Departments also utilize this model.



Co-Location within Dispatch Centers

- Behavioral Health counselors/988 crisis counselors **refer embedded in the same center as 911 telecommunicators** as a means of triaging and coordinating mental health related calls.
- Examples: Austin, TX & Philadelphia, PA



Referral Models

Traditional Mobile Crisis Teams

- Teams consisting **entirely** of **behavioral health professionals** who respond to crisis calls **without police involvement**. If a safety concern arises, LE can be contacted to provide **backup only**.

Traditional Co-Response

- Typically staffed with **one mental health professional and a LE officer** arriving on scene as a mobile response. **EMS and Fire Departments**
- Some jurisdictions have utilized **EMS and Fire Departments** to respond with a mental health professional.

Referral Models

Peer Support Workers Join Law Enforcement

- In some models, trained or certified peers can be deployed with LE as responders.
- **End goal: Reduce emergency protective orders and involuntary treatment placement**

Multi-Professional Teams & Multidisciplinary Teams

- Teams comprised of multiple different professionals, **focused on intervening for specific concerns**
 - Substance use
 - Homelessness
- At least one behavioral health care professional and professionals
 - Nurses
 - Peer Supports
 - Social Workers



Vibrant Emotional Health's 988-911 Collaboration Community of Practice



Purpose

- Foster collaboration and identify promising practices between both entities' crisis response systems to improve the overall quality and accessibility of care for all individuals.

Working Groups

- **Trauma Informed Care**
 - Promote awareness, understanding, and adoption of trauma-informed care practices to ensure emergency responses and calls are equitable and reduce bias. This group will work on creating questions to ask and questions to avoid for 911 call diversion programs.
- **Shared Language**
 - Focuses on creating a document of shared/common language, within the crisis intervention sector, to promote effective communication and understanding.
- **Decision Tree Development**
 - Focuses on creating accurate, reliable, and easy-to-use decision tree models on the referral process (MCT/PSAP/EMS/FIRE/Lifeline Centers) in order to identify the appropriate crisis response.
- **911 Liability and Risk Management**
 - Analyze and discuss liability as it relates to a seamless transfer process and will develop clear and concise guidance documents to support centers and states that are interested in created a 911 Call Diversion program.

Building a foundation of trust



- 911 is a **local entity** and is under local control.
- There are approximately 5748 PSAPs across the country. **Every PSAP functions differently.**
- There are a lot of similarities, but **no two are exactly alike.**
- There is **no federal control** over 911, nor public safety in general.
- In general, there is **very little, if any state control** over 911, nor public safety.
- That means that **STANDARDS** are the only way to set a baseline for operations and technical requirements.

Creating a coalition of stakeholders

- In 2020, during the initial 988 State Planning Grants, Vibrant required state grantees to create a 988 Implementation Plan. One of the requirements of that plan was to build a “**coalition of key stakeholders**” that are essential to 988.
- **Those stakeholders included:**
 - Individuals with lived experience
 - Representatives from one or more Lifeline Crisis Centers receiving funding through the grant
 - State suicide prevention coordinators
 - County or regional mobile crisis service providers
 - Providers of crisis respite/stabilization services
 - **Law enforcement leaders**
 - **911/PSAP leaders**
 - Peer support providers
 - Major state/local mental health and suicide prevention advocacy groups (e.g. MHA, NAMI, AFSP, etc.)

From Coalition to Workgroup

- The states that have created the strongest partnerships between 988 and 911, created a **workgroup** from the **coalition** that initially focused on these two grant components:
 - 988 Center **relationships** with area 911 PSAPs and related law enforcement response
 - The **potential** for reciprocal warm **transfer** (and/or diversion) **capabilities** and relationships with 911 PSAPs

How to start the 988 / 911 Conversation

The strongest working relationships between 988 and 911 began with the state's Mental Health and Human Services Agency.

1. The first potential 911 partner within the state should be the person responsible for 911 at the state level. Every state has one!
 - National Association of State 911 Administrators (NASNA) is a great resource to identify that individual.
 - www.nasna911.org/contact-911
2. Other organizations that can assist include the state's NENA and APCO chapters.
 - www.nena.org/chapters
 - <https://www.apcointl.org/community/chapters/>

988/911 Interactions Standard

NENA is working on publishing the 988 / 911 Interactions Standard.

- The standard has participants from the 911 Community, Vibrant, SAMHSA, multiple behavioral health organizations, FBI, USDOT, DoD, EMD Protocol Providers, and countless 9-1-1 technology organizations.

The standard will include:



Roles and Expectations of 988 and 911



Legislation

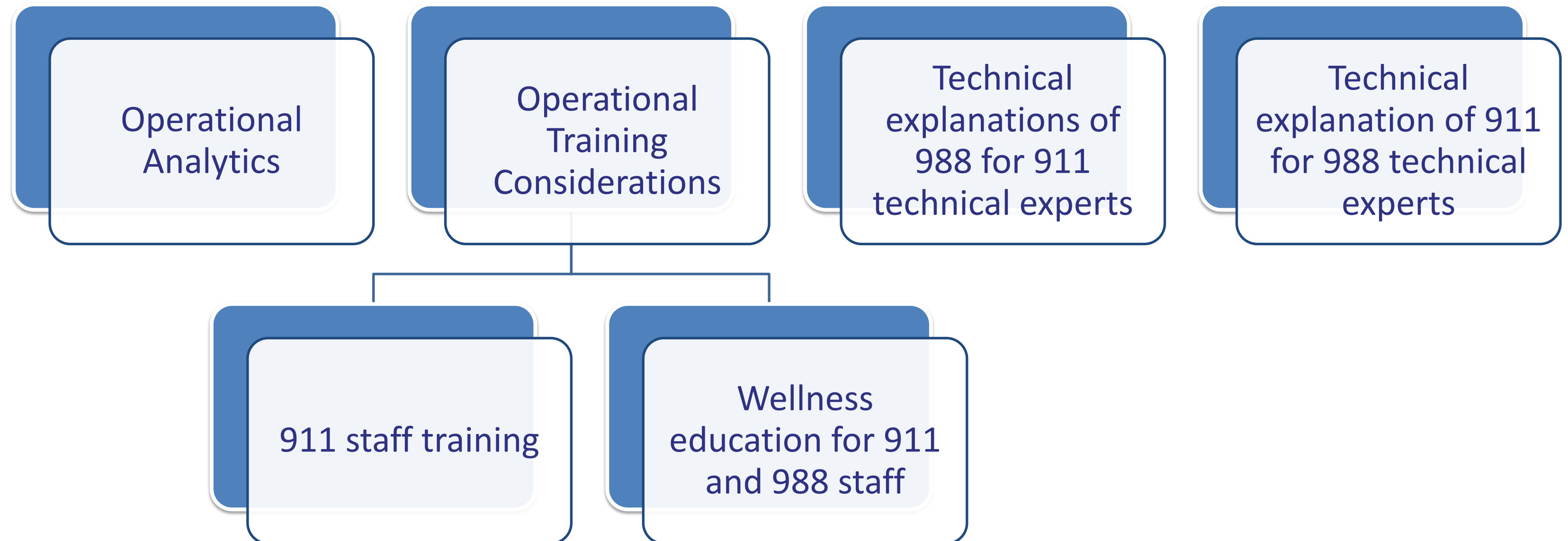


Funding



Guidelines for referral, transfer, and sharing of information

The standard will include:



The standard will include:



Appendix A

Memorandum of Understanding (MOU)

Agreement for information sharing

911 ECC/PSAP
Standard Operating Procedure (SOP)

Decision Tree for
ECC/PSAP Operations



Appendix B

Special Needs
Communities



Appendix C

SOP Checklist
Policy and Procedure
Staff Training



Appendix D

211 Community
Services
Announcement

911 and 988 Interactions Standard – Progress

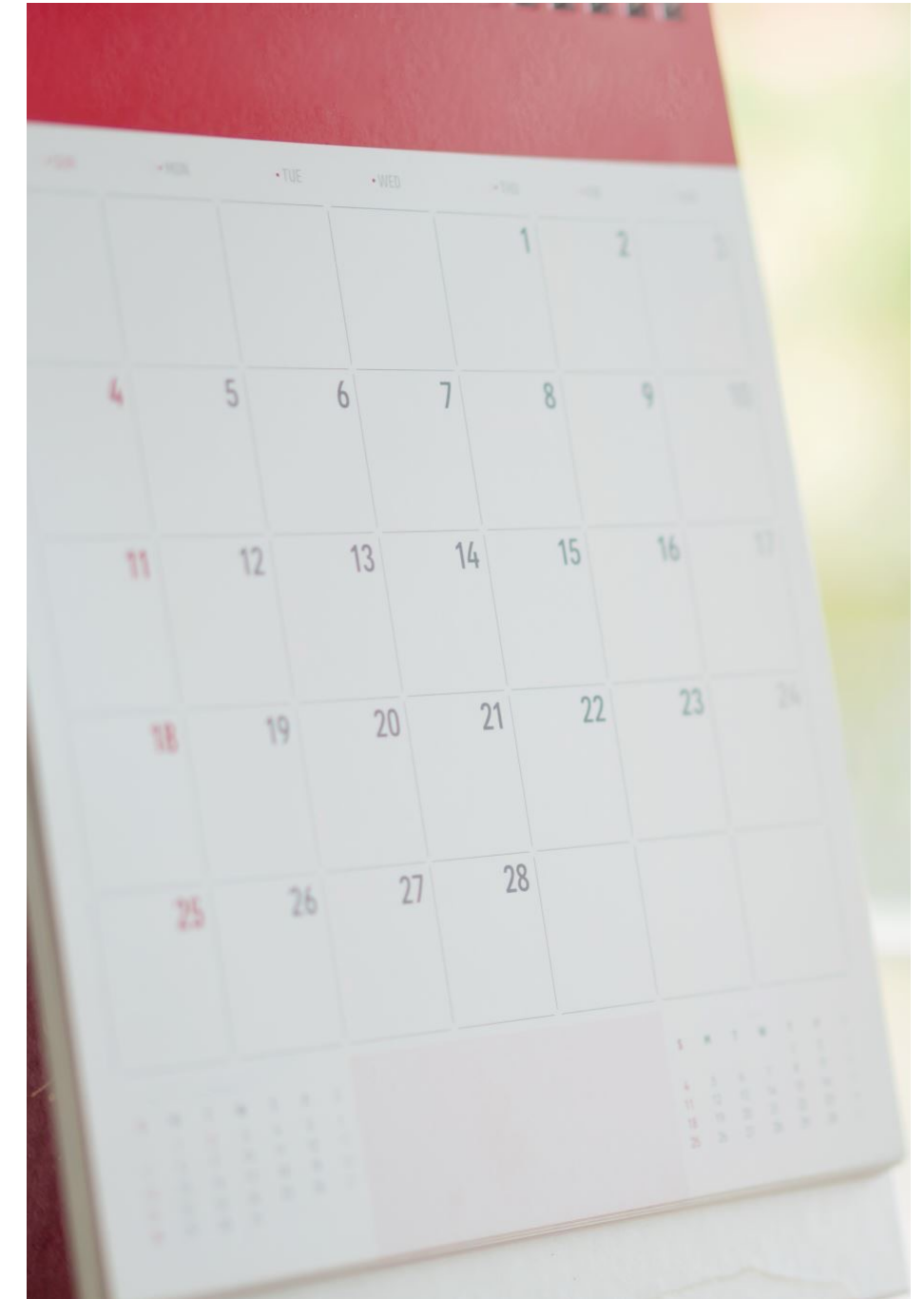


Currently:

- Public Review
- Standard published by 4th quarter 2023

v2 is on the horizon

- Work on the v2 will start immediately upon publication of v1...your input is valuable, please consider volunteering!



Closing 8 Recommendations

- **Carefully** choose your stakeholders with input from trusted sources
- **Plan early** in order to set the agenda and deal with the difficult issues
- **Identify gaps** in and needs for services, data, liability issues, and financing sustainability – if possible, recreate vs. starting from zero
- **Assess existing gaps** - services, data requirements, liability considerations, and financing
- **Learn about data and transferring capabilities** from the NEMESIS, NENA 911 standards, CAD Systems before committing to a new data system
- **Examine all 988/911 interoperability models** to find the best options
- With input from all stakeholders and representatives of the at-risk/marginalized populations, **develop a marketing plan** that includes feedback about clarity and effectiveness
- **Establish a process for developing procedures and protocols** for 988/911 that are effective for individuals, workable for stakeholders, and that can stand up to legal challenges

Meet Me Call

Washington Update August 17, 2023



Aaron J. Walker, M.P.A.
Policy Director

CMS Approves California & Kentucky Requests to Provide Essential Behavioral Health Services Through Mobile Crisis Intervention Teams

- ▶ On July 20th, the Centers for Medicare & Medicaid Services (CMS) approved proposals from California and Kentucky for community-based mobile crisis intervention teams to provide Medicaid crisis services.
- ▶ This marks six states that have expanded access to community-based mental health and substance use crisis care through the American Rescue Plan.
- ▶ California and Kentucky will be able to provide Medicaid services through mobile crisis teams by connecting eligible individuals in crisis to a behavioral health provider 24 hours per day, 365 days a year.
- ▶ [CMS Approves California & Kentucky Requests to Provide Essential Behavioral Health Services Through Mobile Crisis Intervention Teams | HHS.gov](#)

FDA Approves First Oral Treatment for Postpartum Depression

- ▶ On August 4th, the U.S. Food and Drug Administration approved [Zurzuvae](#) (zuranolone), the first oral medication indicated to treat postpartum depression (PPD) in adults.
- ▶ PPD is a major depressive episode that typically occurs after childbirth but can also begin during the later stages of pregnancy.
- ▶ Until now, treatment for PPD was only available as an IV injection given by a health care provider in certain health care facilities.
- ▶ The efficacy of Zurzuvae for the treatment of PPD in adults was demonstrated in two randomized, double-blind, placebo-controlled, multicenter studies.
- ▶ The trial participants were women with PPD who met the Diagnostic and Statistical Manual of Mental Disorders criteria for a major depressive episode and whose symptoms began in the third trimester or within four weeks of delivery.
- ▶ [FDA Approves First Oral Treatment for Postpartum Depression | FDA](#)

HHS Distributes \$47.8 Million in Grant Funding for Programs Expanding Access to Medications for Opioid Use Disorder, Addressing Other Facets of Overdose and Substance Use

- ▶ The Department of Health and Human Services (HHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), is announcing awards in five grant programs devoted to combating multiple facets of substance misuse and the nation's overdose epidemic.
- ▶ The grant awards total up to \$47.8 million.
- ▶ The grant awards facilitate ongoing efforts throughout the nation in prevention, treatment, recovery support and harm reduction – the pillars of the HHS [Overdose Prevention Strategy](#).
- ▶ The Overdose Prevention Strategy helps advance the Administration's [National Drug Control Strategy](#), which delivers on the call to action in the Administration's Unity Agenda for a whole-of-government approach to beat the overdose epidemic.
- ▶ [HHS Distributes \\$47.8 Million in Grant Funding for Programs Expanding Access to Medications for Opioid Use Disorder, Addressing Other Facets of Overdose and Substance Use | HHS.gov](#)

The Biden-Harris Administration Awards More Than \$88 Million in Grants that Safeguard Youth Mental Health and Expand Access to Treatment for Substance Use Disorders

- ▶ On August 11th, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), has recently awarded more than \$88 million in its continuing effort to safeguard the nation's behavioral health.
- ▶ The grant programs serve a wide array of needs – ranging from efforts to develop and support school-based mental health programs and services, to multiple grant programs that expand access to substance use disorder (SUD) treatments.
- ▶ The awards include \$42.2 million for Project Advancing Wellness and Resiliency in Education, known as Project AWARE, to help develop and support school-based mental health programs and services. Additional grant awards fund efforts throughout the nation to provide people with evidence-based SUD treatment – one of the pillars of the HHS [Overdose Prevention Strategy](#).
- ▶ [The Biden-Harris Administration Awards More Than \\$88 Million in Grants that Safeguard Youth Mental Health and Expand Access to Treatment for Substance Use Disorders | HHS.gov](#)

Biden-Harris Administration Hosts Inaugural Asian American, Native Hawaiian, and Pacific Islander Mental Health Summit

- ▶ On July 20th, the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS) hosted an in-person summit focused on improving equity and access to behavioral health care for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities.
- ▶ Held in recognition of National Minority Mental Health Awareness Month, the historic event featured officials from key federal agencies, mental health professionals, researchers, federal policymakers, community organizations, and Biden-Harris Administration leaders -- including members of President Biden's Cabinet.
- ▶ Through five issue-specific conversations, attendees worked to identify innovative federal and local solutions for the unique behavioral health challenges AA and NHPIs face.
- ▶ [Biden-Harris Administration Hosts Inaugural Asian American, Native Hawaiian, and Pacific Islander Mental Health Summit | HHS.gov](#)

Coordinated Specialty Care for First Episode Psychosis: Costs and Financing Strategies

- ▶ This SAMHSA report includes:
 - ▶ Data on the cost of Coordinated Specialty Care (CSC) programs;
 - ▶ How it is financed;
 - ▶ Case studies of cost reimbursement methodologies;
 - ▶ Funding options; trends in costs and financing for CSCs; and
 - ▶ Data evaluation of Medicaid and private insurance coverage and barriers.
- ▶ [Coordinated Specialty Care for First Episode Psychosis: Costs and Financing Strategies | SAMHSA Publications and Digital Products](#)

SAMHSA 988: The First Year and Beyond

- ▶ SAMHSA has released the brief, *988 Suicide & Crisis Lifeline: The First Year and Beyond*, which highlights milestones in the first year of implementation.
- ▶ This includes a focus on the entire continuum of care that encompasses a full range of services.
- ▶ It can support the needs of an individual with a mental and/or substance use disorder with preventive and early intervention care, recovery support services, crisis care, and more intensive outpatient or inpatient treatment and recovery, if needed.
- ▶ The brief also provides funding levels in FY22 Cooperative Agreements for States and Territories to Build Local 988 Capacity Funding Stream: American Rescue Plan (ARP); Supplement: Bipartisan Safer Communities Act (BSCA)
- ▶ The funding that was awarded in FY22 to states and territories was based upon 988 Lifeline routed call volume from FY21.
- ▶ [988 One Year Anniversary Issue Brief \(samhsa.gov\)](https://www.samhsa.gov/988-one-year-anniversary-issue-brief)

Departments of Labor, Health and Human Services, Treasury Announce Proposed Rules to Strengthen Mental Health Parity and Addiction Equity Act

- ▶ *2023 comparative analysis report to Congress published alongside proposed rulemaking*
- ▶ [MHPAEA Comparative Analysis Report to Congress: July 2023 \(dol.gov\)](#)
- ▶ On July 25th, The departments of Labor, Health and Human Services, and the Treasury announced an important step in addressing the nation's mental health crisis by proposing rules to better ensure that people seeking coverage for mental health and substance use disorder care can access treatment as easily as people seeking coverage for medical treatments.
- ▶ [Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act | HHS.gov](#)
- ▶ [Federal Register :: Requirements Related to the Mental Health Parity and Addiction Equity Act](#)
- ▶ [FACT SHEET: Biden-Harris Administration Takes Action to Make it Easier to Access In-Network Mental Health Care | The White House](#)

The Link Center: Steering Committee Members Named

- ▶ The Link Center: Bridging I/DD and Mental Health Systems, is pleased to announce the members of its inaugural steering committee.
- ▶ Funded by the Administration for Community Living (ACL), the mission of this national resource center is to improve the quality of life for people with intellectual and/or developmental disabilities (I/DD) and mental health conditions by supporting state agencies with policy development, service design, and service coordination resources, and sharing resources with individuals, families, direct support professionals, clinicians, and other policymakers.
- ▶ Through a five-year cooperative agreement with ACL, The Link Center is led by three national associations whose state and professional members are essential to systems change in this arena – the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the National Association of State Mental Health Program Directors (NASMHPD), and the National Association for the Dually Diagnosed (NADD).
- ▶ Announcement: [TheLinkCenter_SteeringCommitteeRelease071223_cmm.pdf \(nasddds.org\)](#)

Rathskin and Cardenas Lead Introduction of Bipartisan 988 Implementation Act

- ▶ On July 25th, Congressman Jamie Raskin (MD-08) and Congressman Tony Cárdenas (CA-29) reintroduced the *988 Implementation Act* with Congressmembers Brian Fitzpatrick (PA-01), Lisa Blunt Rochester (DE), Doris Matsui (CA-07), Seth Moulton (MA-06), Grace Napolitano (CA-31), Don Beyer (VA-08).
- ▶ This comprehensive legislation will provide federal resources for states to implement their crisis response infrastructure one year after the launch of 988, the Suicide and Crisis Lifeline.
- ▶ The 988 Implementation Act:
 - Solidifies funding for 988 regional and local call centers to ensure a timely 24/7 response to callers anywhere in the country.
 - Provides funding for **community-based crisis response**, including **mobile crisis teams** and **crisis centers**.
 - Supports **crisis workforce development** with increased funding for training and scholarship opportunities.
 - Increases access to care by **requiring that all health insurance plans cover crisis services**.
 - Implements a **national suicide prevention awareness campaign** in partnership with a wide array of stakeholders.
- ▶ Announcement: [Raskin, Cárdenas Leads Introduction of Bipartisan 988 Implementation Act | Press Releases | Congressman Jamie Raskin \(house.gov\)](#)

CMS for Medicaid and Children's Health Insurance Program (CHIP) Renewals webinars

- ▶ **JOIN** HHS and CMS for Medicaid and Children's Health Insurance Program (CHIP) Renewals webinars focused on special populations. This webinar series will provide partners with strategies to reach out to diverse communities and audiences to share information about Medicaid and CHIP renewals. Each webinar will also include a **“train-the-trainer”** presentation, during which CMS will walk-through a set of downloadable slides that partners can use to educate others in their communities about Medicaid and CHIP renewals. **We encourage you to share this invitation among your network and help us educate organizations and the populations they serve about Medicaid and CHIP renewals.** Upcoming webinars are:
 - **Tuesday, August 8th: Reaching Hispanic and Latino Populations**
 - **Thursday, August 10th: Reaching Black American Populations**
 - **Thursday, August 17th: Reaching Aging and Disability Populations**
 - **Thursday, August 24th: Reaching Rural Populations**
- ▶ **Time: 3:00-4:00 PM ET**
- ▶ **Completed webinar(s): Thursday, August 3rd: Reaching Asian American, Native Hawaiian and Pacific Islander (AANHPI) Populations**

Centers for Medicare & Medicaid Services (CMS) released the Medicaid and CHIP Mental Health (MH) and Substance Use Disorder (SUD) Action Plan

- ▶ On July 27th, the Centers for Medicare & Medicaid Services (CMS) released the Medicaid and CHIP Mental Health (MH) and Substance Use Disorder (SUD) Action Plan [Overview](#) and [Guide](#), which outlines the agency's strategies for improving treatment and support for enrollees with these conditions.
- ▶ Areas of focus include improving coverage and integration to increase access to prevention and treatment services, encouraging engagement in care through increased availability of home and community-based services and coverage of non-traditional services and settings, and improving quality of care for MH conditions and SUDs.
- ▶ Additionally, the [Behavioral Health Cross Cutting Fact Sheet](#) was updated to include recent CMS accomplishments and proposals.

CMS Highlights Important Changes to Improve Access to Behavioral Health

- ▶ On July 14th, CMS published a [blog](#) highlighting essential changes to improve access to behavioral health in Medicare as we emerge from the COVID-19 public health emergency through proposals in the Calendar Year 2024 Physician Fee Schedule and Outpatient Prospective Payment System Proposed Rules.
- ▶ The blog discusses CMS' proposals to:
 - Expand the behavioral health workforce
 - Cover gaps in access to behavior health services
 - Pay more accurately for services

CMS Releases First Round of Medicaid and CHIP Renewals Data

- ▶ On July 28th, the Centers for Medicare & Medicaid Services (CMS) released its first monthly data report on Medicaid and Children's Health Insurance Program (CHIP) eligibility renewals. These data will inform the Biden-Harris Administration's critical work to help ensure eligible people stay covered, and to help ensure people no longer eligible for Medicaid or CHIP to transition to a range of other coverage options, including affordable health insurance through HealthCare.gov and state Marketplaces.
- ▶ The data detail updates from the 18 states that had completed at least one cohort of renewals by April 30, 2023, highlighting how many people kept their Medicaid and CHIP coverage, as well as the number of people who were disenrolled from coverage. CMS is also releasing data on state Medicaid call centers, including average wait times and the number of people who disconnected before speaking to a customer service representative. In addition, CMS is releasing HealthCare.gov Marketplace data on consumers who were previously enrolled in Medicaid or CHIP that came to the HealthCare.gov and applied for coverage and State-based Marketplaces (SBM) data on consumers who transitioned to SBM coverage following a Medicaid or CHIP redetermination. See a [national summary of the data at a glance](#), or read more about the data at [Medicaid.gov/unwinding-data](https://www.Medicaid.gov/unwinding-data).
- ▶ [CMS Releases First Round of Medicaid and CHIP Renewals Data \(govdelivery.com\)](https://www.govdelivery.com)

CMS Releases New Guidance to Ensure Continuity of Key Flexibilities Implemented During the COVID-19 Public Health Emergency

- ▶ On August 2nd, the Center for Medicaid and CHIP Services (CMCS) released a State Medicaid Director Letter to facilitate the continuation of home and community-based services (HCBS) waiver flexibilities requested by states during the COVID-19 Public Health Emergency (PHE).
- ▶ The letter automatically amends the expiration date of approved Appendix K provisions to be the later of November 11, 2023 or the effective date of amendments to underlying 1915(c) waivers to incorporate relevant PHE flexibilities.
- ▶ This ensures states, providers, and beneficiaries that there will be no disruption to the HCBS delivery system for PHE flexibilities the state requests to incorporate into ongoing HCBS waiver programs. No state action is required.
- ▶ Read the [full letter](#) for more information.
- ▶ [CMS Releases New Guidance to Ensure Continuity of Key Flexibilities Implemented During the COVID-19 Public Health Emergency \(govdelivery.com\)](#)

TA Coalition Webinar - Trends in Psychiatric Beds Capacity

- ▶ Wednesday, August 16th from 1:30-3:00PM ET
- ▶ This is a SAMHSA sponsored that will be recorded with live closed-captioners and ASL interpreters will be available.
- ▶ This webinar will review the trend in psychiatric inpatient and mental health residential treatment capacity from the 1970s to 2020.
- ▶ The webinar will review data sources available to states to identify state-level data on both public and private intensive behavioral health services and the trends in their utilization over time.
- ▶ The webinar will explore how the types of individuals being served in state psychiatric hospitals has changed dramatically over time and that many of the individuals who were in state hospitals years ago would no longer be served in a state psychiatric hospital.
- ▶ Finally, the webinar will discuss some new models for estimating how many psychiatric beds are needed as behavioral health systems implement crisis services (including 988, mobile crisis teams, and crisis receiving and stabilization facilities) and evidence-based community-based services (such as Assertive Community Treatment and Coordinated Specialty Care) that can impact the number of psychiatric beds needed.
- ▶ If you have any questions, please contact me at kelle.masten@nasmhpd.org or Paige Thomas at paige.thomas@nasmhpd.org.
- ▶ Registration: https://us06web.zoom.us/meeting/register/tZAqde2gqzgiG9w1W_pkLMxeJlr1vmKKpAeV

Thank You!

▶ Let us know if you have any questions.

▶ Aaron J. Walker, Policy Manager

▶ aaron.walker@nasmhpd.org

Thank you!!

Scheduled Meet-Me Call Webinar Dates

- **September 21, 2023**
- **October 19, 2023**
- **November 16, 2023**



**Please mark your calendar for these dates at
12 Noon Eastern Time**

Thank you!!

Scheduled Meet-Me Call Webinar Dates

- **September 21, 2023**
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