

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Advocacy and legal groups have filed a federal lawsuit against the state of Iowa for failure to offer mandated and appropriate mental health services to Medicaid-eligible children. The plaintiffs cite a litany of critical reports about the state's performance that they say have not led to meaningful efforts on behalf of children and families.

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Advocates sue Iowa officials over long-standing problems in child MH

Saying they have repeatedly seen damaging reports and poor national rankings lead to few meaningful steps toward reform, a group of advocacy organizations have filed a federal lawsuit against the state of Iowa over a lack of appropriate mental health services for Medicaid-eligible children.

Filed on Jan. 6 in the U.S. District Court for the Southern District of Iowa, the complaint alleges that Iowa is operating its publicly funded children's mental health system in violation of the Medicaid Act, the Rehabilitation Act and the Americans with Disabilities Act (ADA). The groups Disability Rights Iowa, Children's Rights, and nationally prominent legal experts are seeking class-action status for the case and

Bottom Line...

Plaintiffs in a lawsuit against the state of Iowa argue that the state's Medicaid-eligible children continue to be subjected to long waits for the required mental health services appropriate to their needs.

injunctive relief that would include requiring the state to offer intensive home- and community-based services for Medicaid-eligible children. The groups are not seeking monetary damages.

"The failures have been long understood and discussed," Catherine Johnson, executive director of Disability Rights Iowa, told *MHW*. "Many of our families have had to

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Ambitious state mental health plan in New York would boost CCBHCs' presence

New York state's mental health advocacy community is expressing cautious optimism over a comprehensive mental health reform plan announced this month in Gov. Kathy Hochul's State of the State address. Advocates will be closely watching for the specific budget proposals that will follow, mindful of financial shortcomings that they say have impeded the mental health field's progress.

Bottom Line...

State officials estimate that the broad-based mental health initiatives proposed by New York Gov. Kathy Hochul would amount to a \$1 billion investment.

The governor's plan, which the administration estimates as amounting to a \$1 billion investment in mental health over time, is generally being lauded for its broad-based approach. Among its highlights are a restoration of inpatient psychiatric bed capacity lost at the peak of the COVID-19 pandemic, the establishment of 3,500 new housing units for individuals with mental illness, and a significant expansion of outpatient care, including a proposed tripling of the number of Certified Community Behavioral Health Clinics (CCBHCs) in the state.

"The administration is taking a strong interest in firming up the continuum of care," Lauri Cole,

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wait years for what are essentially crisis services.”

The 54-page federal complaint cites numerous instances dating back to 2015 in which state advisory groups, advocates or families reported on shortcomings in Iowa’s child mental health services. A coalition examining system redesign stated in an October 2015 report that the state desperately needed to “build a state-wide children’s mental health system that includes an array of effective services,” the complaint states.

Six years later, Mental Health America’s 2021 report on states’ mental health services ranked Iowa as 41st worst in the nation for past-year depressive episodes among youths aged 12 to 17. “The time for dialogue has come and gone,” said Johnson.

State officials have not commented publicly on the complaint, which names state Department of Health and Human Services Director Kelly Garcia as the defendant.

Plight of families

The case has been filed on behalf of all Medicaid-eligible children under age 21 in Iowa who have a serious emotional disturbance and need intensive home- and community-based services to improve their condition. Both the ADA and the Rehabilitation Act require that children receive necessary mental health

services in the most integrated setting appropriate to their needs, but the lawsuit alleges that the state has continued to rely too heavily on institutional care and emergency response, with little or no community-based follow-up.

The plaintiffs, which include the National Health Law Program and the nationally prominent law firm of Ropes & Gray, have expressed particular concern about Iowa’s lack of mandated “intensive care coordination” services for Medicaid-eligible children. The suit describes these services as “case management and planning services to develop an individualized care plan together with the child, family and care team, and that coordinates care across multiple systems, assists the family in accessing and arranging for services, advocates for the child and family, monitors progress and ensures transition planning.”

Johnson remarked, “These services are complicated to coordinate. Families need to have an insider to help put the services together. Without that assistance, parents are struggling.”

Other child services for which plaintiffs claim the state is not meeting its statutory obligations include intensive in-home therapeutic services, which are tailored and frequent interventions designed to avert out-of-home placements, and crisis response services, including mobile

crisis care and crisis stabilization delivered in the home or community.

The complaint outlines the case histories of three plaintiff youths who either have been unnecessarily institutionalized or are at risk of this for lack of appropriate community-based care:

- A 13-year-old from Polk County, identified in the complaint with the pronoun “they,” has had numerous admissions to inpatient facilities and is currently in residential treatment. They are diagnosed with major depression and several anxiety disorders, and experienced numerous suicide attempts in 2022. After one such attempt last March, they waited more than 24 hours in a hospital emergency room (around adult patients) because staff could not locate an open bed in any facility.
- A 15-year-old boy from northwest Iowa had been placed in foster care around age 4 and has been diagnosed with attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and other conditions. It took more than four years after a provider initially recommended that he receive community-based care that some limited skills training was made available. Limited care coordination services

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began last year, but as of this month, the teen has had three different coordinators in eight months. “In the absence of intensive home and community-based services to support him, [he] cannot be left unsupervised in the home,” the complaint states.

- A 14-year-old boy from Polk County who has multiple diagnoses that include ADHD and reactive attachment disorder has never received any intensive in-home therapeutic services, despite recommendations for these services from a provider in 2015. He has exhibited self-harm on numerous occasions. “What limited care coordination he has received has been provided

reports and comments from advocates that point to state officials’ long-standing knowledge of problems in the system. Beginning with the 2015 coalition report, these events also include:

- A 2017 presentation by the chair of the Children’s Mental Health Committee at the National Alliance on Mental Illness’ Iowa affiliate, decrying the lack of any point of accountability for children’s mental health services.
- A 2017 survey of Medicaid managed care enrollees, the majority of whom reported difficulty finding care providers who accepted Medicaid patients.
- Reports in 2018 from the state legislature’s Children’s Mental

state level also have slowed progress at various times. This was the case in 2019 when the state’s human services director resigned at a time when changes to the children’s mental health system were being implemented (see “Staff departures, program changes cause consternation for Iowa advocates,” *MHW*, July 1, 2019; <https://doi.org/10.1002/mhw.31963>).

State’s managed care history

Given that Iowa was one of the nation’s first states to initiate a state-wide Medicaid managed care experiment, the ongoing failures in child mental health care that are being documented by advocates appear all the more disappointing. The lawsuit points out that under the Medicaid Act, states that adopt a managed care system must ensure that managed care organizations have the capacity to offer a full range of services to beneficiaries.

“Always when there is a managed care overlay, there are extra concerns,” Johnson said. “Managed care doesn’t change the state’s obligations.”

Plaintiffs are seeking a class determination in the case, with advocates’ most conservative estimate placing the number of affected children at around 13,000. They are asking for permanent injunctive relief that would require the state to enact practices to ensure timely provision of intensive home- and community-based services and to establish policies to ensure nondiscrimination against children by ensuring that they receive care in the most integrated setting appropriate to their needs. •

“Families need to have an insider to help put the services together. Without that assistance, parents are struggling.”

Catherine Johnson

by a succession of four or five different care coordination providers who were serially provided to him,” according to the complaint. “His care coordination workers did not participate in any family team planning process to coordinate care plans, nor did he receive any intensive service planning, monitoring or follow-up.”

The complaint also suggests that the shortcomings in Iowa’s behavioral health system are disproportionately affecting youths from low-income families, LGBTQ+ youths and children of color.

“Anytime you have multiple marginalized youth, there will be additional barriers to receiving services,” Johnson said.

The lawsuit lists numerous

Health and Well-Being Committee, stating there is “no children’s mental health and well-being system in Iowa. Instead, children with mental health and other challenges have been served by cobbling together disconnected services, resources and knowledge.”

- A 2021 state health survey that found around one-third of school-age students had felt so sad or hopeless almost every day for at least two consecutive weeks that they stopped participating in some usual activities. Around one-fifth of students said they had past-year thoughts of suicide, and nearly half of those students had actually formulated a plan.

Administrative departures at the

Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the mental health field. Letters no longer than 350 words should be submitted to:

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Letters may be edited for space or style.

Telehealth momentum under Medicaid likely to continue

State governments are reporting that they likely will maintain expansions of telehealth services under Medicaid that were instituted in response to the COVID-19 pandemic. However, suggests a report released this month by Kaiser Family Foundation (KFF), some states are suggesting they may enact some limits on the flexibility they have afforded to providers of Medicaid behavioral health services.

In particular, some states are considering placing limits on coverage of audio-only behavioral health services under Medicaid, over concerns around the quality of audio-only telehealth.

Bottom Line...

In most cases, states appear inclined to continue offering the flexibility in telehealth service delivery for behavioral health that took effect during the height of the pandemic, a new survey suggests.

increases," *MHW*, Jan. 16, 2023; <https://doi.org/10.1002/mhw.33501>).

Widespread flexibility

Even prior to the pandemic, states had broad authority to cover telehealth services under Medicaid without federal approval, and this practice was becoming more common for

Medicaid beneficiaries and care providers during the pandemic in order to improve access to behavioral health services.

As of last July, mental health and substance use services were reported as the most frequently covered categories for audio-only services, according to the report. However, a separate KFF budget survey for fiscal years 2022 and 2023 showed some concern over the quality of audio-only services, and this is an area for which some states are considering placing limits.

Utilization trends

The KFF report lists some noteworthy trends in utilization of telehealth services in behavioral health among some Medicaid population subgroups:

- As would be expected, states more frequently reported that telehealth utilization for behavioral health services was more common in rural areas than in urban communities.
- Several states reported greater use of telehealth among white individuals than among enrollees of color, while some states reported greater use of telehealth among younger beneficiaries compared to older individuals.
- A small number of states reported a greater tendency for women to access telehealth care for behavioral health. New York reported that women were more likely to receive psychiatric and psychological services via telehealth, while men were more likely to receive telehealth for a substance use disorder.
- Looking ahead to potential trends following the period of the COVID-19 public health emergency, South Carolina reported that children might utilize more telehealth services

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“As states emerge from the COVID-19 pandemic and grapple with behavioral health workforce shortages, the continuation of expanded telehealth policy — informed by data analysis and federal guidance — may be an important component of maintaining access to behavioral health care for enrollees.”

KFF report

The KFF report, “Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs,” is based on responses to a survey to which 43 states and the District of Columbia responded. Some of the findings offer results that run parallel to findings from the recently released RAND Corporation report that documented increased utilization of behavioral health services for some disorders via telehealth in the commercial insurance market (see “In-person MH service decline during pandemic offset by telehealth

some time. The KFF survey found that most states have continued to broaden telehealth access, such as by expanding allowable behavioral health services to include group therapy or medication-assisted treatment for substance use disorder.

Other strategies for expanding telehealth access have included adding more categories of professionals to the list of practitioners who can receive Medicaid reimbursement for telehealth, including marriage and family therapists and peer specialists. Washington state even reported providing technology directly to

Why was 2022 so successful? Bipartisanship.



By Chuck Ingolia

In 2022, our nation appropriated long-overdue federal support for substance use and mental health programs. It's important to understand why that happened.

Through the year-end funding package and the Bipartisan Safer Communities Act, lawmakers committed in a single year more federal funding in programs to help those with mental health and substance use challenges than we've seen in any session of Congress. That included \$4.2 billion to combat the opioid epidemic, \$1.01 billion for mental health block grants, \$2.34 billion for the National Institute of Mental Health, \$512 million for the Substance Abuse and Mental Health Services Administration's (SAMHSA's) suicide prevention activities, \$385 million for Certified Community Behavioral Health Clinics (CCBHCs) and more.

In addition to funding, legislation passed last year included expansion of the CCBHC demonstration program by allowing any state or territory the opportunity to apply to participate in the program, while allocating additional planning grant monies for states to develop proposals to participate. And it included passage of the Mental Health Access Improvement Act, the Mainstreaming Addiction Treatment (MAT) Act and the Medication Access and Training Expansion Act, all of which lawmakers tucked into the year-end spending package.

Those are monumental legislative accomplishments, and I'm confident we will look back on 2022 as a watershed moment for our field. But it wasn't a coincidence that we made historic progress. It wasn't luck.

Legislation that makes a lasting difference typically is the result of advocacy and bipartisanship. In other words, working tirelessly with people on both sides of the aisle produces results and has a lasting effect on the lives of people.

It's no secret that awareness of the urgent need to address mental health and substance use challenges, which worsened during the pandemic, helped our advocacy efforts and motivated our legislative allies. But there is no substitute for building bridges to help reach your goal. As a result of that bridge building, we have numerous allies in the House and Senate.

Sens. Chris Murphy (D-Conn.) and John Cornyn (R-Texas) introduced the Bipartisan Safer Communities Act. Sen. Mike Crapo (R-Idaho) has long demonstrated a commitment to expanding access to services through CCBHCs, expanding telehealth capabilities and promoting integrated physical and mental health care services in Idaho and across the country.

Rep. Doris Matsui (D-Calif.) led the way in advancing

key policies that will have a lasting impact in our field — including the Excellence in Mental Health and Addiction Treatment Act of 2021 and critical efforts around 988 implementation, support for the behavioral health workforce and expansion of access to substance use disorder services — through her long-standing work on the House Energy and Commerce Committee. Matsui and Reps. Markwayne Mullin (R-Okla.), Angie Craig (D-Minn.), David McKinley (R-W.Va.), Paul Tonko (D-N.Y.) and Brian Fitzpatrick (R-Pa.) demonstrated their commitment to our field by introducing the Excellence Act in the House.

Sen. Debbie Stabenow (D-Mich.), recently retired Sen. Roy Blunt (R-Mo.) and Sens. Ron Wyden (D-Ore.), Steve Daines (R-Mont.), Catherine Cortez Masto (D-Nev.), Joni Ernst (R-Iowa), Tina Smith (D-Minn.) and Jon Tester (D-Mont.) introduced the Excellence Act in the Senate.

Stabenow, who recently announced she will retire when her term expires in 2025, is among our field's most important allies in the Senate. Her consistent support for mental health resources, primarily through investments in CCBHCs, has improved health outcomes for millions of people. Our 2022 CCBHC Impact Report (<https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report>) provides demonstrable proof of the program's value.

As Blunt said recently in a tweet, Stabenow "is an incredibly effective legislator and a really good friend. We have worked together for more than a decade in the effort to treat mental health like all other health and made great progress because of her determination and dedication." I'm equally enthusiastic about and inspired by Stabenow's contribution to our field, and not just because we're both from Michigan.

But we aren't done yet.

As SAMHSA pointed out in the recent National Survey on Drug Use and Health, about 1 in 4 adults had a mental illness in 2021, with younger people in that group reporting higher levels, at 1 in 3 for those aged 18 to 25.

So in the year ahead we will continue to work with lawmakers on both sides of the aisle to ensure substance use and mental health programs receive funding. We will continue our advocacy and bipartisanship to repair a crippling workforce shortage that complicates efforts to provide care. And we will do everything we can to make mental well-being, including recovery from substance use challenges, a reality for everyone.

Chuck Ingolia is president and CEO of the National Council for Mental Wellbeing.

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for behavioral health in the near future as a result of a push for more school-based mental health services.

The federal Centers for Medicare & Medicaid Services (CMS) has noted that despite dramatic increases in the use of telehealth services in behavioral health during the pandemic, the increase did not fully offset the decline in the rate of in-person use of outpatient mental health services during this period.

Studying telehealth's impact

Both the federal government and the states are likely to conduct

more comprehensive reviews of the impact of telehealth services in behavioral health in the coming months. Under the Bipartisan Safer Communities Act adopted last year, CMS is required to issue formal guidance on Medicaid and telehealth by the end of 2023. Congress's Government Accountability Office also has recommended that CMS collect data to evaluate the impact of telehealth on Medicaid quality of care.

Also, language in the federal appropriations bill that Congress passed last month asks CMS to issue guidance on the use of telehealth in crisis response, and mandates that

Medicaid provider directories include information on telehealth coverage.

"As states emerge from the COVID-19 pandemic and grapple with behavioral health workforce shortages, the continuation of expanded telehealth policy — informed by data analysis and federal guidance — may be an important component of maintaining access to behavioral health care for enrollees," the KFF report concludes. •

For more information on behavioral health issues, visit www.wiley.com

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executive director of the New York State Council for Community Behavioral Healthcare, told *MHW*. However, Cole said she believes the overall impact of this plan will be limited unless the forthcoming budget proposals to implement it address key areas of need, including lagging payment rates to providers.

Cole said her organization is "over the moon" about the administration's proposal to increase the number of CCBHCs in the state from the current 13 to 39. "As soon as [the Centers for Medicare & Medicaid Services] indicated to CCBHC demonstration states that it would allow expansion of the demonstration, we mobilized for a massive expansion, and in November we sent to the governor's office proposed language for expansion," she said.

Parallels with city?

Observers immediately began comparing the substance of Hochul's plan with details of New York City Mayor Eric Adams' approach to addressing the mental health crisis. Adams has come under severe criticism among mental health advocates for his directive to give first responders and outreach workers more leeway to initiate involuntary hospitalization of individuals with

mental illness (see "MH advocates denounce NYC mayor's plan to hospitalize homeless with SMI," *MHW*, Dec. 12, 2022; <https://doi.org/10.1002/mhw.33465>).

Writing this month in the *New York Post*, Manhattan Institute Senior Fellow Stephen Eide characterized the approach of Hochul's plan as beneficial to New Yorkers but "less gutsy" than Adams' emphasis on

"Providers have never been reimbursed at the actual cost of care."

Lauri Cole

involuntary treatment. Eide said Hochul rejected the mayor's request that New York hospitals be required to evaluate all discharged patients for assisted outpatient mental health treatment authorized under the state's controversial Kendra's Law.

Hochul's plan does focus on hospital protocols in other ways. It addresses a loss of psychiatric hospital beds that was allowed during the

COVID-19 public health emergency (in order to free up beds for COVID patients) by requiring community hospitals immediately to bring 850 offline psychiatric beds back into use for mental health patients.

A summary of Hochul's overall proposal, from the governor's office, reads, "New legislation will allow the state Office of Mental Health to fine Article 28 community hospitals up to \$2,000 per violation per day for failing to comply with the number of psychiatric beds outlined in their operating certificate." The governor's plan also includes the opening of 150 new adult care beds in state-operated psychiatric hospitals, including 100 beds in New York City.

Hochul's plan also calls for a significant capital and operating investment that would allow for 3,500 new residential units for individuals with mental illness. Among these units would be 1,500 supportive housing units for individuals with serious mental illness, in a combination of rental units that could be available quickly and planned new construction or renovation, and 500 single-room occupancy units providing housing and intensive services to individuals with serious mental illness who are at high risk of homelessness.

Proposed outpatient care expansions in Hochul's plan include

the establishment of 42 new assertive community treatment teams to provide mobile services to at-risk New Yorkers and eight new “Safe Options Support” teams to serve individuals with behavioral health disorders who are experiencing homelessness.

But the outpatient care proposal with the greatest impact on the community mental health sector involves the tripling of the number of CCBHCs in the state. Cole said the prospective payment system rate available to CCBHCs constitutes the rate closest to meeting community-based programs’ costs.

“Providers have never been reimbursed at the actual cost of care,” she said, with Medicaid managed care rates not keeping up with rising costs and commercial insurance rates even lower.

A report commissioned by Cole’s association and released last month by consultant Health Management Associates concluded that New York counties already served by CCBHCs were experiencing greater-than-projected savings in inpatient and emergency care costs via the community clinics’ integrated-care approach. Original estimates called for up to 3.8% of individuals covered by

Medicaid to have access to CCBHC services in order to generate sufficient savings, but the actual penetration rate for CCBHCs in the Medicaid population has been over 10%.

The report stated that with the federal government’s go-ahead to expand the CCBHC program in demonstration states such as New York, “New York could realize significant cost savings if policy makers choose to broadly expand the demonstration and make CCBHC services available to more Medicaid recipients.”

Cole said it would be “a smart and pragmatic decision for New York state to expand [CCBHCs] as much as possible.”

Prioritizing the workforce

Cole said the community behavioral health sector’s top priority has to be shoring up the provider workforce. Only through regular cost-of-living adjustments or similar initiatives can the state realize its aims in expanding mental health services, she said.

Some strides were made last year, she said, including one-time bonuses for some community mental health staff, but providers remain strained by low reimbursement rates for care. “Little tiny increases for

outpatient clinics ... are not going to do it,” Cole said.

She said she also is pleased that state officials appear to be examining improvements to provider network adequacy standards that apply to Medicaid managed care organizations. Surveillance and enforcement of Medicaid managed care regulations in the state has been historically inadequate, she said.

Cole stands firmly with those who consider the perceived link between homelessness and public safety risk — as embodied in the New York City mayor’s recent policy direction — as exaggerated. “Any kind of coercion is deeply flawed and will not work,” she said.

It remains to be seen whether the initiatives of New York City’s mayor and New York state’s governor become intertwined to a great degree, and if progress on one ends up influencing the outcome of the other. Hochul clearly does cast some of the current mental health crisis in public safety terms, saying in introducing her plan, “We have underinvested in mental health care for so long and allowed the situation to become so dire that it has become a public safety crisis, as well.” •

Sheppard Pratt moves to free continuing education curriculum

Nationally renowned psychiatric hospital and community-based behavioral health provider Sheppard Pratt has embarked on a major investment to begin offering all of its continuing education resources free of charge. The Baltimore-based organization currently has more than 4,600 provider customers holding an account in its Center for Professional Education.

Sheppard Pratt on Dec. 14 announced it will respond to the growing need for continuing education

at a crisis point in mental health by offering all courses for free.

Sheppard Pratt’s free resources also will continue to include a Wednesday speaker series that has been renamed Sheppard Pratt Grand Rounds (formerly called the Wednesday Lecture Series). Upcoming topics in Grand Rounds include clinical guidelines for suicide prevention, supporting the mental health of LGBTQ+ young people, essential elements of violence risk management, and challenges around the late identification of attention deficit hyperactivity disorder. On April 5, Admiral Rachel L. Levine, M.D., assistant secretary for health in the U.S. Department of Health and Human Services,

will deliver in Grand Rounds the Harry Stack Sullivan Award Lecture on challenges and opportunities in adolescent health.

“The overarching goal of Sheppard Pratt’s Center for Professional Education is to serve as a means to give a broad audience of clinicians access to high-quality, high-fidelity lectures,” Sheppard Pratt Vice President and Chief Medical Officer Todd Peters, M.D., told *MHW*. “With our new visioning, we are now able to do this at no cost to the participants.”

Enrollment in the Center for Professional Education currently spans 48 U.S. states and 19 countries. Information about Sheppard

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Pratt's continuing education opportunities is available at www.sheppardpratt.org/training-education/continuing-education.

Recent growth

Peters said the historically steady growth of Sheppard Pratt's educational offerings for behavioral health clinicians accelerated substantially during the COVID-19 pandemic. "We have transformed what was once an in-person educational series into a more virtual/hybrid approach that allows experts throughout our health system and throughout the globe to provide cutting-edge updates on behavioral health research and mental health care initiatives from around the world," he said.

The Center for Professional Education's courses include stand-alone talks and a series of presentations that follow a specific theme or diagnosis. The center's global portal offers access to both live and on-demand lectures. "What unites them all is our ability to provide free continuing education credit for participants, which distinguishes us from what others are doing in the field," Peters said.

He also pointed out, "Participants in our Center for Professional Education come from a wide variety of lived experiences and can access our live and on-demand courses

Coming up...

The **National Council for Mental Wellbeing** will hold NatCon23 **May 1–3 in Los Angeles**. For more information, visit <https://eventscribe.net/2023/NatCon23>.

Mental Health America is holding its annual conference, "Next Gen Prevention," **June 6–10 in Washington, D.C.** Visit www.mhanational.org/annual-conference for more information.

across a spectrum of topics, diagnoses and themes."

The center's provider audience includes physicians, nurses, psychologists, social workers and counselors. Offerings that are currently featured prominently on the center's web page include a lecture series on obsessive-compulsive disorder and other anxiety disorders.

Sheppard Pratt uses the paperless ETHOS online management system, which allows field professionals to register for courses, complete pre- and post-tests and manage their continuing education credits.

"This work helps us to serve our mission to work with the population and patients most in need while giving back to the larger behavioral health community," Peters said.

Subject areas that are explored in Sheppard Pratt's virtual trainings and workshops include evidence-based diagnostic and treatment practices, translational research, public health developments and public policy topics.

"Already utilized by thousands of

health care providers from across the globe, we are making a bold investment to benefit our community and to achieve mental health equity," Sheppard Pratt President and CEO Harsh K. Trivedi, M.D., said in the December news release announcing the move to free continuing education. "We firmly believe in the importance of sharing best practices and expanding medical knowledge broadly to lead the field in addressing the mental health crisis our nation is facing."

Asked to quantify Sheppard Pratt's financial commitment to continuing education, a company spokesperson replied that the organization simply wants to address a growing need regardless of cost.

Sheppard Pratt was founded in 1853 and has consistently been listed as a top national psychiatric hospital in the often-referenced *U.S. News & World Report* rankings. •

In case you haven't heard...

Members of the often-beleaguered nursing profession, psychiatric nurses included, have reason to feel a little more appreciated as the new year opens. The largest union of registered nurses, National Nurses United, reminded its members that nursing once again ranked atop the list of professions for honesty and ethics in an annual Gallup public survey. Since nurses became part of the survey in 1999, they have ranked first among professions every year except 2001, when firefighters were included on a one-time basis and took the top spot in the aftermath of the Sept. 11 attacks. Also this month, the union congratulated more than 7,000 New York City nurses for gains made as a result of a three-day strike. Union president Deborah Burger, R.N., recently remarked, "As we move into the fourth year of the COVID-19 pandemic, we are renewing our fight against a money-driven health care system that refuses to adequately prepare for and protect against public health crises."

Mental Health Weekly

welcomes From the Field submissions from its readers on any topic in the mental health field. Submissions are preferred to be no longer than 700 words, and should be submitted to: Valerie A. Canady, Publishing Editor Mental Health Weekly
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