

FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS

MEMBERSHIP MEETING
NOVEMBER 13, 2024



**Forum on Mental Health and Substance Use Disorders
Membership Meeting**

November 13, 2024 | 1:30 - 3:30 PM ET

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MEMBERSHIP MEETING
NOVEMBER 13, 2024
12:00-2:00 PM ET

AGENDA

WELCOME MEMBER UPDATES

| | |
|---|--|
| 12:00 PM | Margarita Alegría, PhD, Co-chair Professor, Department of Psychiatry Harvard Medical School Chief, Disparities Research Massachusetts General Hospital |
| | Rosalie Liccardo Pacula, PhD, Co-chair Professor and Elizabeth Garrett Chair in Health Policy, Economics & Law Health Policy and Management Department, Sol Price School of Public Policy Research Fellow, Schaeffer Center for Health Policy & Economics Co-Director Institute for Addiction Sciences Policy Affinity Group University of Southern California |
| <i>Forum members and NASEM staff introduce themselves and announce any updates/highlights</i> | |
| 2025 TOPICS SDOH TO IMPROVE MENTAL HEALTH PRACTICE | |
| 12:15 PM | Discuss and confirm content areas <i>Forum members and invited guests</i> |
| 988: It is NOT just a number WEBINAR #4 | |
| 1:15 PM | Discuss developing plans for the 4th webinar <i>Forum members and invited guests</i> |
| 1:45 PM | FORUM UPDATES WRAP-UP & NEXT STEPS |
| 1:55 PM | <i>Margarita Alegría and Rosalie Liccardo Pacula</i> |
| 2:00 PM | MEETING ADJOURNS |

Hybrid Membership Meeting
Forum on Mental Health Substance Use Disorders
July 11, 2024

Meeting Recap

This meeting recap was prepared by National Academies staff as a record of issues discussed during an open meeting of the Forum on Mental Health and Substance Use Disorders held on July 11, 2024. This document was prepared for information purposes only. It has not been through the institution's external peer review and should not be cited or quoted, as the views expressed do not necessarily reflect the views of the National Academies of Sciences, Engineering, and Medicine or the Forum on Mental Health and Substance Use Disorders.

Attendees

Forum Co-chairs: Rosalie Pacula, Margarita Alegría

Members: Patricia Areán (NIMH), Kirsten Beronio (CMS), Carlos Blanco (NIDA), W. Perry Dickinson (University of Colorado), Richard Frank (Brookings Institution), Howard Goldman (University of Maryland), Ben Miller (Stanford), Kathy Pham (ACCP), Annie Peters (NAATP), Tisamarie Sherry (ASPE), Ruth Shim (UC, Davis), Deidra Roach (NIAAA), Barbara Roland (IHS), Halaevalu Vakalahi (Council on Social Work Education), Aaron Weiner (APA), Tara Andrews on behalf of Anita Everett (SAMHSA)

Invited Guests: Cheryl Boyce (NIH Common Fund), Joseph Liberto (VA), Julie Seibert (National Center for Quality Assurance, NCQA)

Forum Staff: Allie Andrada, Violet Bishop, Anesia Wilks, Sharyl Nass

WELCOME & INTRODUCTIONS

Introductions were made by those present in person and online, including an in-person welcome to Halaevalu Vakalahi, new ex officio member representing the Council on Social Work Education.

WORKSHOP REFLECTIONS

Allie Andrada began by sharing that there were over 800 online viewers for the workshop [Addressing Workforce Challenges Across the Behavioral Health Continuum of Care](#), held on July 10-11, and additional metrics will be shared when they are available. Halaevalu Vakalahi asked how impact is captured at the Academies. Allie noted webpage analytics (e.g., number of viewers or downloads), some demographics, and viewer satisfaction from response surveys. Additionally, staff values the expertise of members and volunteers and are always open to feedback and information about how the Forum's work is being used.

Halaevalu continued the discussion, noting the range of content provided during the workshop. She emphasized that the expansion of the workforce should focus on delivering

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quality care not quantity. She emphasized the challenge of data sharing in communities, noting that only privileged individuals and organizations may have access to data. She said that diversifying the workforce is also vital. The range of content for the workshop was discussed and the members considered whether a narrower scope would have been more effective. Planning committee co-chairs Patricia Areán and Perry Dickinson shared that the planning committee considered a more focused approach but after close review of the statement of task, the decision was made to organize an event that addressed workforce challenges across the behavioral health continuum of care. Pat found it allowed for dialogue among many different participants in the behavioral health workforce and Perry added that those with different skills were able to learn from each other, with the hope of producing a more integrated system.

Members discussed the recurring issue that was heard throughout the workshop about the fragmentation of the behavioral health care continuum, with components operating in silos. Ben Miller raised the challenge of having an actionable framework to convey these issues to policy makers. He also shared that a relevant NASEM consensus study, [Exploring Strategies to Improve Access to Behavioral Health Care Services Through Medicare and Medicaid](#), will be released in August. Kirsten Beronio mentioned that members of Congress are keen to explore solutions for workforce challenges and suggested to organize meetings with policymakers to address these urgent issues.

Rosalie Pacula reiterated that there is no one agency that can oversee a complex workforce system. Maggie Alegría concluded that once the proceedings are published, the Forum can discuss potential next steps to help move the field forward.

FORUM UPDATES

Allie provided the following updates:

- Selected planning committee members from the April workshop on [Essential Health Care Services Related to Anxiety and Mood Disorders in Women](#) are working on submitting papers to peer-reviewed journals. The proceedings of the workshop will be released in August.
- On October 18, NAM is hosting the annual [DC Public Health Case Challenge](#), focusing on mental health and substance use disorders.
- On March 17-18, 2025, the National Cancer Policy Forum is leading a workshop on [Addressing the Impact of Tobacco and Alcohol Use on Cancer-Related Health Outcomes](#).
- On March 24-25, 2025, the Forum on Neuroscience and Nervous System Disorders will be leading a workshop on [Applying Neurobiological Insights on Stress to Foster Resilience Across the Lifespan](#).

NCQA

Julie Seibert, Assistant Vice President, Behavioral Health at [NCQA](#), provided an overview of the center, including two programs focused on behavioral health: the [Managed Behavioral Health Organization \(MBHO\) Accreditation Program](#) and the [Person Centered Medical Home \(PCMH\) Behavioral Health Integration Distinction](#). Additionally, various NCQA-accredited health plans report [HEDIS](#) (Healthcare Effectiveness Data and Information Set) results, allowing for performance improvement in care across mental health and substance use disorders. NCQA is focusing on behavioral health care access by studying network adequacy, integrated behavioral health care, and virtual and digital care. NCQA is also examining measurement-based care, data quality, measures for special populations, and value-based care.

Julie discussed NCQA's future plans, including the creation of knowledge centers that will curate evidence for the development of new concepts for measures. These knowledge centers will focus on behavioral health, chronic conditions, health equity sciences, and population health. NCQA is also working to conduct behavioral health research to address access, quality, and cost. Members agreed there are many opportunities to collaborate and Maggie recommended also bringing someone from Google into these discussions, as they are creating products to improve digital wellbeing.

988 WEBINAR #4

The Forum discussed potential ideas for the fourth webinar in the series on *988: it is NOT just a number*. Maggie suggested that SAMHSA could conduct a secret shopper assessment of the training for crisis counselors. She noted how callers are being reverted to 911 because of the lack of knowledge on how to handle crises, in addition to the lack of support for non-English speakers. Ben noted that states are trying to restructure their financing for 988 services. Cheryl Boyce agreed and said that there doesn't seem to be a lot of support for some state jurisdictions. Kirsten echoed what Ben said—988 is still a work in progress and determining how to support states at the local level is an ongoing challenge. Tisamarie Sherry said that because 988 varies greatly across states and federal agencies tend to not work at the local level, a pulse check on the overall landscape would be helpful to identify remaining gaps, and hearing from states that are doing particularly well, or poor could be beneficial in the last webinar. Maggie reminded the group that this was the focus of the first webinar, in January 2023. Ben also noted that 911 has been around for 60 years, and while it's not perfect, it could be helpful to hear about lessons learned from the implementation and evolution of 911 over time. Tara Andrews shared the 2024 National Strategy for Suicide Prevention and noted that SAMHSA's vision is for 988 to operate very similarly to 911, with the capacity to address behavioral health issues as they arise. Joe Liberto mentioned it could be beneficial to hear from the VA about how they have approached 988 within the VHA system. Pat noted that NIMH recently awarded grants to study crisis response, which includes examining 988 in collaboration with SAMHSA.

2025 TOPIC DISCUSSION

Staff surveyed members to determine topics to consider in 2025. The most ranked topic was “social determinants of health (SDOH) to improve mental health practice.” Rosalie asked members to share what they thought of as they chose this topic, since it is so broad. Halaevalu said she considered the work she is doing and thought the workshop could examine structural- and injury-related challenges for communities that don’t have access to care due to SDOH. Pat said it is time to focus on what solutions to address SDOH can and should be integrated into the continuum of care.

Tisamarie agreed that focusing on interventions to address SDOH would help to move the field forward. Additionally, the intersection of SDOH and housing instability could be examined. Other topics Tisamarie offered include caregiver support, social isolation, and youth behavioral health conditions.

Ruth Shim shared that a workshop could examine how specific social determinants lead to different outcomes for different populations. The structural conditions that are at the root of social determinants could also be beneficial to discuss. Ruth noted that a lot of time is spent diagnosing the problem, but there has yet to be consensus about how to fix the issues.

WRAP UP & NEXT STEPS

Allie shared that 2025 activities will likely be virtual due to lack of Forum funds. Members should feel free to reach out to staff and connect them with any representatives of organizations that may be interested in joining the Forum and supporting this work. Information about the next membership meeting, the 2025 workshop, and the final 988 webinar will be forthcoming.

DRAFT Statement of Task:

Pathways to Health Equity: Addressing Social Determinants of Health (SDOH) in Mental Health and Substance Use Disorders: A Workshop

A National Academies of Sciences, Engineering, and Medicine planning committee will organize and host a virtual workshop to explore the influence of social determinants of health on mental health and substance use disorders, including structural- and injury-related challenges for communities that do not have access to care due to SDOH, and to consider strategies to mitigate the impact of these factors. The workshop may include presentations and discussions that will:

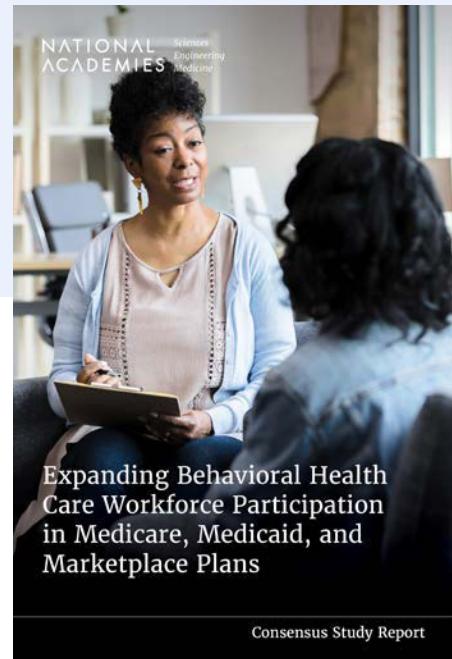
- Examine the structural conditions, such as systemic racism, poverty, and lack of healthcare infrastructure (e.g., inadequate trained personnel and referral resources, continuum of care), that prevent underserved populations from accessing adequate care, and ways to reduce these barriers.
- Explore and highlight unique structural conditions (e.g., criminal justice system) to populations suffering from SMI and substance use disorders.
- Explore practical strategies for incorporating SDOH considerations, such as actual linkages to realized services (i.e., referrals), economic stability, education, criminal justice implications (such as housing or employment if previously arrested), and family/household burdens in ensuring adequate healthcare to better address mental health and substance use disorders.
- Discuss how innovative interventions to address SDOH could improve prevention and treatment for mental health and substance use disorders and create more equitable outcomes.

The planning committee will develop the agenda for the workshop sessions, select and invite speakers, and moderate the discussions. A proceedings of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans

About 20 percent of all Americans live with a behavioral health condition such as a mental health or substance use disorder, but only half of this population receives treatment—with direct consequences that include poor physical health outcomes, increased health care costs, and reduced quality of life and life span. Barriers to obtaining behavioral health treatment include inadequate insurance coverage, fragmented health care delivery, and less qualified and diverse behavioral health care providers than are necessary, both overall and in certain geographic areas. These pervasive barriers to treatment are most evident in populations receiving Medicare, Medicaid, and Marketplace insurance plans. These populations are both disproportionately likely to suffer from behavioral health conditions and more likely to be older adults, adults with disabilities, low-income individuals, and racial and ethnic minorities. Workforce issues are a major barrier to treatment for these populations, in part because challenges around adequate and prompt payment and appropriate training present disincentives for clinicians to service them.

Therefore, the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) asked the National Academies of Sciences, Engineering, and Medicine to convene a committee to examine the current challenges in ensuring broad access to high-quality behavioral health care services through Medicare, Medicaid, and Marketplace programs and propose strategies to address those challenges. The National Academies appointed an interdisciplinary committee of experts to conduct this analysis, and the committee's report, *Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans*, presents its conclusions and recommendations.



Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans outlines nine recommendations to improve behavioral health care provider participation in these programs, but acknowledges throughout the report that America's behavioral health care system is not providing equitable, appropriate, or accessible care to those who need it, so systemic reforms—beyond the scope of this report, outside of the targeted populations, and including explicit integration of physical and behavioral health care—are needed. The report's recommendations fall under three overarching goals to expand behavioral health care provider participation in Medicare, Medicaid, and Marketplace plans and improve the behavioral health care system writ large: ease provider entry into these programs; make entry into these programs worthwhile for providers; and once providers are operating within the programs, support opportunities to provide better care and hold providers accountable for the care they provide. The report also emphasizes the pressing need to increase the diversity of the behavioral health workforce, as less than 25 percent of all behavioral health care provider types identify as racial or ethnic minorities. The report underscores that the goal should be for all behavioral health care providers to be culturally competent, and not rely on the racial and ethnic minority providers to solve the problem of health disparities.

CURRENT STATE AND CHALLENGES WITHIN THE AMERICAN BEHAVIORAL HEALTH CARE SYSTEM

The American behavioral health care system—encompassing care for both mental health and substance use disorders—was assembled in parallel with the physical health care system, and as such, the two systems have not realized the same efficiencies and reforms. Issues of fragmentation and inadequate reimbursement were partially addressed with health parity acts passed by Congress in 1996 and 2008, but enforcement and compliance remain challenging and result in additional barriers to treatment. These issues impact both patients—who may not be able to understand or access their insurance's behavioral health coverage or who must pay for treatment entirely out of pocket—and providers who receive significantly lower and delayed reimbursement rates from insurance versus out-of-

pocket payment. The behavioral health care system is especially challenging for children and adolescents and their families to access, as providers who specialize in youth are often geographically distant from those who need them, experience extremely high caseloads, or are hesitant to or restricted in accepting Medicaid, the largest insurer of children in the United States.

Even though a large portion of Americans who experience behavioral health challenges are insured by Medicare, Medicaid, or Marketplace plans, participating in those programs has historically been burdensome for behavioral health care providers—including issues like lower reimbursement, caring for more complex patients, and adhering to restrictive administrative guidelines. The report's recommendations aim to reduce those burdens and incentivize behavioral health care providers to provide high-quality and culturally appropriate behavioral health care to those who need it most.

GOAL 1: EASE PROVIDER ENTRY INTO MEDICARE, MEDICAID, AND MARKETPLACE PLANS

The committee recommends four areas of focus to ease provider entry into these programs:

- appropriately funding focused training to ensure that clinicians are prepared and incentivized to treat Medicare, Medicaid, and Marketplace populations (see **Recommendation 1** in the report),
- streamlining credentialing (see **Recommendation 2** in the report),
- leveraging existing telehealth approaches and adopting innovative methods of care without compromising quality, value, or equity (see **Recommendation 3** in the report), and
- promoting and easing approaches to obtaining multi-state licensure (see **Recommendation 4** in the report).

Appropriately Funded and Focused Training

CMS and SAMHSA provide dependable, ongoing funding to support behavioral health provider training. However,

there is currently no requirement that those benefiting from taxpayer-funded training treat those supported by taxpayer-funded insurance programs—and much of this funding supports delivery sites or institutions rather than individual members of the workforce.

The report recommends a restructuring of these training mechanisms and funding to incentivize career trajectories that serve Medicare, Medicaid, and Marketplace populations (see **Recommendation 1** in the report) and that these new mechanisms should be modeled on existing Health Resources and Services Administration programs that have shown to increase access to care for all Medicaid beneficiaries (see **Recommendation 1-1** in the report). The report also recommends that behavioral health trainees be able to bill for services under the supervision of a licensed care provider—advancing parity between physical and behavioral health providers, as this is already possible for physician trainees (see **Recommendation 1-3** in the report).

Streamlining Credentialing

Receiving the necessary licensure and credentialing to practice behavioral health is often a confusing and duplicative matrix of individual state and scope-of-practice laws and guidelines. Behavioral health care professionals often do not have the administrative support that physical health professionals do—especially those operating individual small clinics—so when coupled with lengthy and differing credentialing processes between insurance carriers and managed care companies, these requirements provide strong disincentives for providers to participate in public insurance plans.

The report recommends that CMS support and promote single state-wide platforms for credentialing and enrollment (see **Recommendation 2-1** in the report), allow for data sharing between state and federal licensing agencies (see **Recommendation 2-2** in the report), and allow enrollment in Medicare credentialing to carry over to Medicaid and vice versa (see **Recommendation 2-3** in the report).

GOAL 2: MAKE PROVIDER ENTRY INTO MEDICARE, MEDICAID, AND MARKETPLACE PLANS WORTHWHILE

Once providers are working within Medicare, Medicaid, and Marketplace plans, the committee believes that the following three priority areas will help ensure that they will find their work worthwhile:

- reforming prior authorization practices and reducing associated administrative burden (see **Recommendation 5** in the report),
- ensuring adequate and fair reimbursement (see **Recommendation 6** in the report), and
- ensuring prompt payment for services rendered (see **Recommendation 7** in the report).

Reforming Prior Authorization Practices and Reducing Administrative Burden

The need to lower costs and fund public insurance programs have driven the use of prior authorizations and other cost-containment tools, especially within managed care programs. However, data show that there are services and treatments for which the use of prior authorizations provides little cost savings. Broadly requiring prior authorizations places an undue administrative burden on behavioral health providers and may serve as a significant disincentive from participating in Medicare, Medicaid, and Marketplace plans.

Therefore, the report recommends that CMS monitor managed care plan access standards to reduce provider administrative burden (see **Recommendation 5** in the report) and identify and disallow low-value prior authorization processes, working with states to do the same (see **Recommendation 5-1** in the report).

GOAL 3: ONCE PROVIDERS ARE OPERATING IN MEDICARE, MEDICAID, AND MARKETPLACE PLANS, SUPPORT OPPORTUNITIES TO PROVIDE BETTER CARE AND HOLD PROVIDERS ACCOUNTABLE

Lastly, once providers are operating within these programs, it is vital to ensure the efficiency and effectiveness of managed care plans (see

Recommendation 8 in the report) and accountability for provider performance toward desired goals (see **Recommendation 9** in the report) so that once behavioral health care specialists are available, patients are receiving the care they need.

There is no “silver bullet” to overcome these challenges—improving behavioral health care in America will require a coordinated, multi-faceted effort. This effort, however, is both overdue and necessary to provide effective, person-centered, and culturally competent

care to all, as well as to care for the clinicians who are providing much-needed treatment to their neighbors and members of their community. Ensuring that Medicare, Medicaid, and Marketplace programs sustain and support the clinicians who participate in them is one important component for reforming the behavioral health care system to one that serves patients and clinicians alike.

To learn more about this report, visit www.nationalacademies.org/expanding-behavioral-health-access.

COMMITTEE ON STRATEGIES TO IMPROVE ACCESS TO BEHAVIORAL HEALTH CARE SERVICES THROUGH MEDICARE AND MEDICAID

Daniel Polsky (Chair), Johns Hopkins University; **London Breedlove**, University of Washington; **Richard G. Frank**, Harvard Medical School and Brookings Institution; **Marie Ganim**, Brown University and Northeastern University; **Cynthia Gillespie**, Arkansas Department of Human Services (*former*); **Christina L. Goe**, Christina L. Goe, Attorney, PLLC; **Jennifer F. Kelly**, Atlanta Center for Behavioral Medicine; **Parinda Khatri**, Cherokee Health Systems; **Benjamin F. Miller**, Inseparable, Inc., and Mental Health Colorado; **Douglas P. Olson**, HAVEN and Association of Clinicians for the Underserved; **Sally Raphael**, *Archives Journal of Psychiatric Nursing*; **E. Clarke Ross**, American Association on Health and Disability; **Joshua Jacob Seidman**, Fountain House; **Marylou Sudders**, Health and Human Services of Massachusetts (*former*); **Rachel Talley**, University of Pennsylvania; **John Torous**, Beth Israel Deaconess Medical Center; and **Jane Zhu**, Oregon Health & Science University

CONSULTANT **Joe Alper**, Science Writer

STUDY STAFF **Udara Perera**, Study Director and Senior Program Officer; **Marc Meisnere**, Senior Program Officer; **Abigail Godwin**, Research Associate; **Elizabeth Ferre**, Research Associate (*from April 2024*); **Emma Rooney**, Research Assistant (*until December 2023*); **Joseph Goodman**, Senior Program Assistant; **Eliza Souser**, Senior Program Assistant (*January and February 2024*); **Victoria Brown**, Program Coordinator (*from April 2024*); and **Sharyl Nass**, Senior Director, Board on Health Care Services

FOR MORE INFORMATION

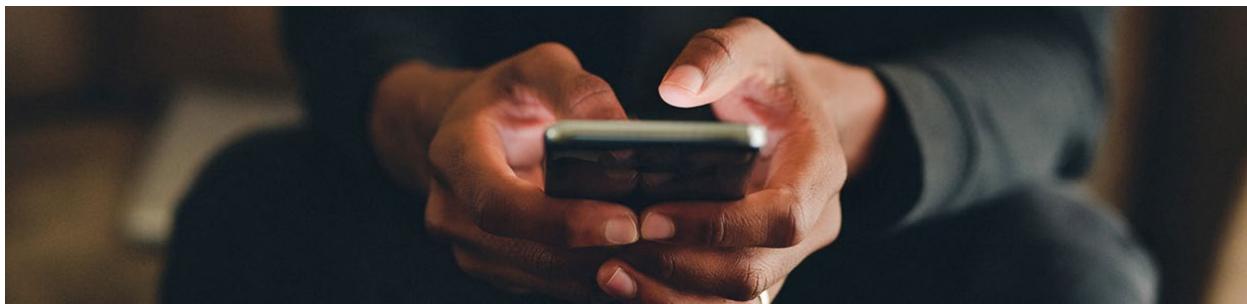
This Consensus Study Report Highlights was prepared by National Academies staff based on the Consensus Study Report *Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans* (2024).

The study was sponsored by Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242 or <https://www.nap.edu/catalog/27759>.

Health and Medicine Division

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NASEM Forum on Mental Health and Substance Use Disorders
988: *it is NOT just a number* Webinar Series

Rationale

The federally mandated crisis number, 9-8-8, launched on July 16, 2022. The easy-to-remember number aims to strengthen the nation's existing emergency response system to ensure appropriate assistance is available to all those in need of behavioral health crisis care and to reduce those in crisis from "needlessly cycling through emergency departments and the criminal justice system."¹

The NASEM Forum on Mental Health and Substance Use Disorders introduced the 988 framework in a virtual workshop on *Strategies and Interventions to Reduce Suicide* in July 2021. Right after its launch, the Forum held two closed meetings in September 2021 with major stakeholders and policy makers to discuss the future needs for the success of 988. After continued consultation with several experts in the field, it was determined that "much work remains to be done" and that the Forum could further contribute to supporting state and local implementation of the new 988 lifeline by holding post-launch webinars to focus on challenges and learning opportunities.

As a result, in 2023, the Forum launched a public webinar series, *988: It is NOT just a number*. The first two webinars provided an overview of the implementation landscape and featured state and local lessons learned. Both webinars were well attended and feedback from attendees indicated the series fostered collaboration and resource sharing. Based on the significance and timeliness of 988, the Forum will continue hosting webinars monitoring the progress of implementation efforts while promoting the utility of the new lifeline to save lives. This is an opportunity to build a more robust behavioral health continuum by sharing information about what works and what does not work in different settings.

Webinar #1: Providing a Consistent, Systemic Framework for Crisis Response Services

January 20, 2023, 12:30 PM—2:30 PM ET

Viewers: 493 live attendees, 78 downloads

The first webinar presented an overview of the 988 implementation landscape and explored how mental health and crisis services need to be viewed as a public good for states to adopt and implement. Featured speakers discussed financing and sustainability issues; building cultural competency; and working with law enforcement.

The recording of the event and meeting materials are posted [here](#).

Webinar #2: State and Local Exemplars

¹ <https://bipartisanpolicy.org/report/988-answering-the-call/>

January 23, 2023, 12:30 PM—2:30 PM
Viewers: 345 live attendees, 97 downloads

The second webinar featured 988 implementation examples at the state and local level. Representatives from Virginia, Connecticut, and LA County, discussed challenges, best practices, and shared lessons learned while implementing the utility of 988. Other topics such as addressing rural challenges, serving diverse populations, and the effect of state insurance coverage were also discussed.

The recording of the event and meeting materials are posted [here](#).

Webinar #3: Data Collection and Developing Metrics

October 3, 2023, 2—4:30 PM ET
Viewers: 676 live attendees, 802 downloads

The third webinar highlighted data metrics used to the effectiveness of 988, and included discussions on the importance of data transparency, methods for data-sharing, and state differences. Crisis counselors from Arizona, Texas, Georgia, and Utah shared challenges and best practices for collecting, analyzing, and sharing data. Policy implications and approaches to sustaining the lifeline were also topics of discussion.

The recording of the event and meeting materials are posted [here](#).

***Effective Models to Address Mental Health and Substance Use Disorders:
Strategies for Successful and Equitable Abatement Using Opioid Settlement Dollars***

December 5, 2024

1pm—3:30pm ET

Rationale

The DSM-5 considers opioid use disorder (OUD) and other substance use disorders (SUDs) as mental health conditions that affect a person's brain and behavior. The neurological impacts on the brain make it difficult for some consumers to control their subsequent use of substances. OUD and SUDs are preventable and treatable conditions. However, increased prescription and availability of opioids in the 1990s triggered an opioid epidemic that has killed nearly one million Americans between 1999 through 2020 according to the CDC.

As a result of these deaths and the enormous societal costs imposed by the opioid epidemic, numerous local and state jurisdictions engaged in litigation against opioid manufacturers and distributors, resulting in two separate Master Settlement Agreements (one in 2021 and the other in 2022) totaling \$56 billion to be allocated to these participating jurisdictions for damages. The majority of the funds must be used for abatement of the opioid epidemic, addressing present and future harms from opioid misuse, including expanding the treatment infrastructure to address OUD.

While numerous guides have been produced providing evidence-based strategies by experts in the field, the question on how best to use these funds to set up and sustain evidence-based treatment models for addiction have not been carefully considered in many jurisdictions, nor has the importance of integrating this care with mental health needs. As the settlement dollars are beginning to flow to jurisdictions, there is an urgent need to discuss promising models of care and the infrastructure needed to support the delivery of these models of care.

Discussion topics may include:

- Policy implications of selected abatement interventions
- The importance of effective, affordable treatment for reducing future harms
- Effective care models for OUD/SUD
- How care models can integrate mental health services and social determinants of health, and improve outcomes
- Addressing equity issues in access to effective, affordable, and appropriate treatments
- Measuring performance for addiction treatment, inclusive of equity and mental health concerns

Effective Models to Address Mental Health and Substance Use Disorders: Strategies for Successful and Equitable Abatement Using Opioid Settlement Dollars

REGISTRATION PAGE: https://events.nationalacademies.org/43805_12-2024_effective-models-to-address-mental-health-and-substance-use-disorders

EVENT DATE: December 5, 2024

EVENT PAGE: https://www.nationalacademies.org/event/43805_12-2024_effective-models-to-address-mental-health-and-substance-use-disorders-strategies-for-successful-and-equitable-abatement-using-opioid-settlement-dollars

HASHTAGS TO USE: #MentalHealthForum #DrugPolicy #HarmReduction #HealthEquity



TWITTER: Join our #MentalHealthForum on December 5 for a public webinar on the use of opioid settlement dollars for the abatement of mental health and substance use disorders. [Learn more and register here](#) #DrugPolicy #HarmReduction #HealthEquity

LINKEDIN: Join our Forum on Mental Health and Substance Use Disorders on December 5 for a public webinar on the use of opioid settlement dollars for the abatement of mental health and substance use disorders. Effective MHSUD models in different settings, innovative state examples, and how to use these dollars effectively will be discussed. [Learn more and register here](#) #MentalHealthForum #DrugPolicy #HarmReduction #HealthEquity

FACEBOOK: Join our Forum on Mental Health and Substance Use Disorders on December 5 for a public webinar on the use of opioid settlement dollars for the abatement of mental health and substance use disorders. Effective MHSUD models in different settings, innovative state examples, and how to use these dollars effectively will be discussed. [Learn more and register here](#)

Addressing the Impact of Tobacco and Alcohol Use on Cancer-Related Health Outcomes: A Workshop

March 17-18, 2025

Current Working Group: Roy Herbst, Gail Eckhardt, Gwen Darien, Scarlett Lin Gomez, Chanita Hughes-Halbert, Roy Jensen, Elena Martinez, Lisa Richardson, Katrina Trivers

Statement of Task:

A National Academies of Sciences, Engineering, and Medicine planning committee will organize and host a 1.5-day public workshop that will explore strategies to reduce tobacco and alcohol use to lower cancer risk and improve health outcomes. The workshop will feature invited presentations and panel discussions on topics that may include:

- The effects of tobacco and alcohol use--including synergistic effects--on cancer incidence and outcomes.
- Risk factors for tobacco and alcohol use and their influence on disparities in outcomes.
- Clinical practice guidelines, including in the context of cancer treatment, for tobacco cessation and interventions to help patients reduce alcohol use.
- Strategies for data collection and research to address evidence gaps.
- Lessons from tobacco control that could be applied to encourage reduction in alcohol use.
- Impact of recent tobacco policy changes and ways to further advance progress in tobacco control.

The planning committee will develop the agenda for the workshop sessions, select and invite speakers and discussants, and moderate the discussions. A proceedings of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

Policy Context:

The U.S. Surgeon General's 1964 landmark report explained how smoking tobacco led to an increased risk for lung cancer and chronic illness (Hall, 2022). Since then, more refined data on the impact of tobacco product use has accumulated, and many public health and regulatory policies have been implemented to reduce tobacco use. Ninety percent of lung cancer deaths are caused by tobacco use or exposure to secondhand smoke, and one out of every three cancer deaths in the U.S. is related to cigarette smoking (CDC, 2022a). Tobacco use increases risk of death generally, including from cardiovascular and lung disease, and increases the risk for at least 12 types of cancer in addition to lung cancer, as well as increasing the risk of cancer recurrence and complications during cancer treatment (CDC, 2021 & CDC, 2022a). The social determinants of health also play a large role in cancer, and known disparities exist in both smoking prevalence and cancer outcomes. Specifically, racial and ethnic minority populations and those who have low socioeconomic status are more likely to use tobacco, experience worse outcomes related to tobacco use, and experience worse cancer outcomes. These disparities are due to a complex set of factors, including historical aggressive marketing of tobacco products to these communities by tobacco companies and barriers to equitable health care (ACS, 2023).

Federal and state policy efforts aimed at reducing the public health burden from tobacco use have included regulation and taxation, such as the Family Smoking Prevention and Tobacco Control Act of 2004, the Food and Drug Administration's 2010 final rule restricting marketing and promotion of cigarettes and smokeless tobacco products, and raising of the minimum age to purchase tobacco products to 21 with the federal Tobacco 21 initiative of 2019 (IOM, 1994; Library of Congress, 2023). Research has shown that these policies have led to improvements in environmental health, changed societal norms around the acceptability of smoking, and have helped prevent smoking initiation in populations, while also reducing negative health outcomes and consequences (IOM, 1994; Cummings and Proctor, 2014; CDC, 2021; CDC, 2022b). The Biden

Administration's current Cancer Moonshot Initiative affirms tobacco's role in cancer incidence and prevalence and highlights the importance of tobacco control and regulation policy efforts (The White House, 2023). This initiative provides new opportunities to revise or expand these policy efforts based on current knowledge.

Interest in better understanding how alcohol affects cancer incidence and outcomes has also increased in recent years. Research has shown that alcohol consumption accounts for approximately 4 percent of cancer deaths in the United States and worldwide (ACS, 2020; Goding Sauer et al., 2021; Rumgay et al., 2021). Moderate to heavy alcohol consumption increases the risk for head and neck cancer, liver cancer, breast cancer, and colorectal cancer; alcohol consumption has also been associated with increased risk of esophageal cancer (ACS, 2020; NCI, 2021). Research has also investigated the genetic and biologic mechanisms whereby alcohol consumption increases cancer risk (NCI, 2021). As the evidence base continues to grow on the association between alcohol consumption and cancer risk and outcomes, both public and private organizations have started to emphasize the negative health consequences of alcohol consumption (ACS, 2020; NCI, 2021), and the potential opportunities to reduce the cancer burden through improved education of the general public on the link between alcohol consumption and cancer risk and outcomes (Rumgay et al., 2021).

Currently, more people recognize the potentially harmful effects of tobacco usage on cancer outcomes compared to the risks of alcohol consumption, so increasing awareness could help reduce cancer burden (AICR, 2017; Seidenberg et al., 2023). Data also show that individuals who smoke are much more likely to consume alcohol, and vice versa (van Amsterdam and van den Brink, 2023). Use of both alcohol and tobacco has synergistic health effects and is associated with worse health outcomes than either tobacco or alcohol use alone (NCI, 2021), including an increased risk for complications among patients undergoing active treatment for cancer (CDC, 2021). While tobacco cessation, control, and education are considered standard practice in oncology care (CDC, 2021), alcohol cessation, control, and education in oncology practice is not as prevalent or standardized (Henley et al., 2014). Thus, there is a clear need to better understand dual use on cancer incidence and outcomes, to improve public education, and to develop oncology clinical practice guidelines for patients who use alcohol and tobacco.

Policy strategies have the potential to reduce cancer morbidity and mortality associated with alcohol and tobacco use. More recently implemented or proposed tobacco policy strategies include restricting and banning sales of menthol-flavored cigarettes, regulation and reduction of nicotine levels in cigarettes to combat addiction, and increased attention on mitigating harms related to vaping in youth populations through regulatory means and through strategic health communication campaigns and messaging (ACS, 2023; FDA, 2022). Evidence-based policy interventions to reduce alcohol consumption that have been proposed by global health organizations generally include increasing alcohol taxes, tighter restrictions surrounding the advertising of alcohol, reducing alcohol availability (especially to youth populations), and increasing consumer information and knowledge on the negative impacts of alcohol through labeling (Gapstur et al., 2022).

The National Cancer Policy Forum will convene a public workshop to explore strategies to reduce tobacco and alcohol use to lower cancer risk and improve health outcomes. The workshop, planned for the spring of 2025, will build upon a consensus study to Review the Evidence on Alcohol and Health (scheduled for release in early December of 2024), which aims to review, evaluate, and report on the most recent scientific evidence of the relationship between alcohol consumption and health outcomes, including the specific relationship to cancer.

Applying Neurobiological Insights on Stress to Foster Resilience Across the Lifespan: A Workshop

March 24-25, 2025

Forum on Neuroscience and Nervous System Disorders
Forum on Mental Health and Substance Use Disorders

Statement of Task: A planning committee of the National Academies of Sciences, Engineering, and Medicine will host a 1.5-day public workshop that brings together leaders and experts across sectors and disciplines (e.g., neuroscience, psychology, neurodevelopment, public health, medicine, and education) to explore the application of neurobiological insights on stress for building resilience.

Invited presentations and discussions may:

- Review scientific evidence on the global rise of stress, disparities among populations, and the relationship between stress and development of related psychiatric and neurological disorders.
- Examine recent discoveries illuminating the neurobiological mechanisms of stress and resilience.
- Consider the role of both childhood neurodevelopment and neuroplasticity across a lifetime in building resilience and discuss effective approaches for optimizing resilience during critical periods of neurodevelopment.
- Explore how these findings could inform public health programs and education to promote resilience.
- Discuss research gaps and opportunities for studying stress and resilience across research, clinical, and public settings.

A planning committee will develop the agenda for the workshop, select and invite speakers and discussants, and moderate the discussions. Following the workshop, proceedings of the presentations and discussions will be prepared by a designated rapporteur in accordance with institutional guidelines.

Innovations in Pharmacy Training and Practice to Advance Patient Care

March 26-27, 2025

Global Forum on Innovation in Health Professional Education
Forum on Drug Discovery, Development, and Translation
Roundtable on Quality Care for People with Serious Illness

Statement of Task:

A planning committee of the National Academies of Sciences, Engineering, and Medicine will organize a public workshop that will examine recent trends in the field of pharmacy and consider strategies for enhancing the pharmacy workforce and training to advance patient care and outcomes. The workshop will feature invited presentations and panel discussions on topics that may include:

- Ways to diversify the pharmacy workforce, eliminate pharmacy deserts, and reduce health disparities in rural, suburban, and urban areas, such as:
 - pathway programs that recruit students from underserved regions and populations to pharmacy schools
 - internship programs
 - partnership programs with institutions that serve minority communities (e.g., historically black colleges and universities)
 - holistic and equitable pharmacy school admissions and retention processes
- Strategies to create collaborative care environments that reduce clinician burnout and enable pharmacists to train and work in a safe and supportive environment
- Model programs in which pharmacists have expanded roles in health care delivery, such as:
 - management and treatment of substance use disorders
 - provision of reproductive health services
 - medication management for cancer, cardiovascular disease, and other chronic diseases
 - precision pharmacotherapy
 - interdisciplinary palliative care teams
- Next generation training programs that could prepare pharmacists for expanded roles beyond direct patient care, such as:
 - research and development in the biopharmaceutical industry
 - drug distribution and manufacturing
 - policy and regulation
 - health economics and health services research
 - public health

The planning committee will organize the workshop, develop the agenda, select and invite speakers and discussants, and moderate or identify moderators for the discussions. A proceedings of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.