

National Association of State Mental Health Program Directors *Weekly Update*

COVID-19 Response *CARES Act* Includes \$425 Million to Boost Mental Health and Substance Use Disorder Care in the Communities, Alignment of 42 CFR Part 2 with HIPAA PHI Disclosure Limits

The Congressional stimulus [legislation](#) passed by the Senate March 25 by a vote of 96-0, designed to respond to the COVID-19 pandemic and stimulate the U.S. economy in the face of massive worker layoffs, includes \$425 million for the Substance Abuse and Mental Health Services Administration health surveillance and support, to prevent, prepare for, and respond to coronavirus, domestically or internationally.

Of that amount, \$100 million is appropriated in discretionary spending under § 501(o) of the Public Health Service Act for response to a mental health or substance use emergency, with not less than \$15 million designated for tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes.

The Assistant Secretary may use an amount not to exceed 2.5 percent of all amounts appropriated to SAMHSA for the current fiscal year to make noncompetitive grants, contracts or cooperative agreements with public entities to enable those entities to address emergency substance abuse or mental health needs in local communities. The \$100 million remains available through the end of the next fiscal year, under the statute. NASMHPD and the American Psychiatric Association will be seeking to have at least some of those moneys directed to crisis services.

Also within the \$425 million in discretionary funding appropriated to SAMHSA is \$250 million designated for the Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant program, originally scheduled to expire in mid-May under the FY2020 funding measure, and \$50 million for suicide prevention programs.

In a significant non-funding related measure, § 3221 of the legislation contains the language long-sought by NASMHPD and 50+ other health care advocacy organizations aligning the restrictions on the disclosure of personal health information (PHI) of individuals receiving treatment for substance use disorders with the regulations adopted under the Health Insurance Portability and Accountability Act (HIPAA).

The legislation would also provide:

- \$ 4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including for the purchase of personal protective equipment, laboratory testing to detect positive cases and infection control and mitigation at the local level to prevent the spread of the virus.
- \$200 million for CMS to assist nursing homes with infection control and support states' efforts to prevent the spread of coronavirus in nursing homes.

- \$125 million for five years for a reauthorized Healthy Start Program, the purpose of which is broadened to include the reduction of pre-term births and address social determinants of health, as well as addressing low birth weights, reducing the rate of infant mortality, and improving perinatal and infant health outcomes, with state substance use agencies now eligible for Healthy Start grants;
- \$100 billion in grants to hospitals to help fight the coronavirus and make up for dollars they have lost by delaying elective surgeries, plus a 20 percent bump in Medicare payments for treating coronavirus patients;
- \$40.7 million for grants to, and contracts, and cooperative agreements with health professional schools and programs to train health professionals in geriatrics, including: clinical training on providing integrated geriatrics and primary care delivery services; interprofessional training of practitioners from multiple disciplines and specialties; training-related community-based programs for older adults and caregivers to improve health outcomes for older adults; and education on Alzheimer's disease and related dementias for families and caregivers of older adults, direct care workers, and health professions students, faculty, and providers;
- \$1 billion for purchases under the Defense Reduction Act, \$1.5 billion to expand military hospitals and triple the available beds at military treatment facilities, and \$415 million for research and development of vaccines and anti-viral pharmaceuticals under the Defense Health Program;
- \$16 billion to replenish the Strategic National Stockpile supplies of pharmaceuticals, personal protective equipment, and other medical supplies distributed to State and local health agencies, hospitals and other healthcare entities facing shortages during emergencies; and
- \$350 billion for small business guaranteed paycheck protection loans between February 15 and June 30, 2020, not exceeding \$10 million, provided to self-employed individuals, independent contractors, sole proprietors, nonprofit organizations, veterans organizations, or tribal business concerns, presumed to be impacted by the COVID-19 pandemic, that have no more than 500 full-time and part-time employees, to cover payroll costs for employees not earning in excess of \$100,000 annually (including salaries, wages, commissions, cash tips, payment for leave, separation pay, costs of group health care benefits, retirement benefits, and state or local taxes assessed on employee compensation).

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[NIMH Funding Opportunity Announcements: \(1\) Enhancing Suicide Prevention in Emergency Care via Telehealth; \(2\) Addressing Suicide Research Gaps: Addressing Mortality Outcomes; \(3\) Addressing Suicide Research Gaps: Aggregating and Mining Existing Data Sets for Secondary Analyses](#)

[Crisis Now *CrisisTalk*: Amidst the Coronavirus Pandemic, States and Hospitals Turn to Telehealth](#)

[Federal Government COVID-19 Compliance Resource Links for Providers, Medicaid Administrators, and State Mental Health Agencies](#)

[Department of Justice Funding Opportunity Announcements \(2\)](#)

RESCHEDULED: [2020 Tuerk Conference on Mental Health and Addiction Treatment, in Baltimore, **SEPTEMBER 10**](#)

[Call for Proposals by the National Commission on Correctional Health Care \(NCCHC\) for its October 31 to November 4 National Conference on Correctional Health Care in Las Vegas](#)

[Health Services and Resources Administration \(HRSA\): National Health Services Corp NHSC Loan Repayment Programs: One Application, Three Programs](#)

[2019 NASMHPD Technical Assistance Coalition Working Papers](#)

RESCHEDULED: [Student Mental Health: Responding to the Crisis, **October 6**, London](#)

NOTICE PENDING: [APHSA 2020 National Conference, June 7 to 10, in Arlington, VA](#)

[SAMHSA Funding Opportunity Announcement: Grants to Implement Zero Suicide in Health Systems \(SM-20-15\)](#)

[World Health Organization Guidance on Mental Health Considerations During the COVID-19 Outbreak](#)

[NASHIA September 21 to 24 Annual Meeting in Minneapolis](#)

[Center for Disease Control Forecast Funding Opportunity Announcement: Preventing Adverse Childhood Experiences through Essentials for Childhood](#)

[SAMHSA Funding Opportunity Announcement: Services Grant Program for Residential Treatment for Pregnant and Postpartum Women \(TI-20-07\)](#)

[National Center for Civil and Human Rights April 2020 Health Summit: Addressing Mental Health Disparities](#)

[April 21 SAMHSA GAINS Center Webinar: The Critical Role of Mentors in Veterans Treatment Courts](#)

[SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants](#)

[Johns Hopkins Bloomberg School for Public Health On-Line Course: Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities](#)

State COVID-19 §1135 Medicaid Waiver Links

[Agency for Healthcare Research and Quality \(AHRQ\) is Seeking Nominations for New Members of the U.S. Preventive Services Task Force \(USPSTF\)](#)

[Link to Center of Excellence for Protected Health Information Website](#)

[SAMHSA Mental Health Technology Transfer Center Network Webinar Series and Newsletter](#)

[HRSA Notice of Funding Opportunity: Opioid Impacted-Family Support Program - Opioid Workforce Expansion Program-Paraprofessionals \(HRSA-20-014\)](#)

RESCHEDULED & NOW VIRTUAL - [American Association of Suicidology Crisis Services Continuum Virtual Conference, April 22-25](#)

[Department of Justice Funding Opportunity Notice: FY2020 Law Enforcement Mental Health and Wellness Act \(LEMHWA\)](#)

[SAVE THE DATES JULY 26 to 28 for the NASMHPD ANNUAL CONFERENCE \(COMMISSIONERS ONLY\) in Arlington, VA\)](#)

[SAMHSA Funding Opportunity Announcement: Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness \(SM-20-006\)](#)

[NIMH Funding Opportunity Announcement - Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes \(R34 Clinical Trial Required \) – RFA- MH-20-401](#)

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[Now Recruiting for CSC On Demand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care](#)

[Zero Suicide International 5 Conference in Liverpool, England – **POSTPONED TO EARLY FALL**](#)

[Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner](#)

[Call for Conference Presentations: 2020 Annual Conference on Advancing School Mental Health, October 29 to 31](#)

[SAMHSA Behavioral Health Treatment Services Locator](#)

[National Center of Excellence for Eating Disorders](#)

[Mental Health & Developmental Disabilities National Training Center](#)

[Upcoming Webinars from the National Center on Advancing Person-Centered Practices and Systems \(NCAPPS\)](#)

[Register Now for National Drug and Alcohol Facts Week® \(NDAFW\) in March](#)

[March 2020 SMI Adviser Webinars / Includes Resources on COVID-19](#)

RESCHEDULED - Register for the Patient Congress Patient Advocacy Summit, **July 29-30** in Philadelphia

[TA Network Webinars and Opportunities](#) [The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data](#)

[Social Marketing Assistance is Available](#) [2018 NASMHPD Technical Assistance Coalition “BEYOND BEDS” Working Papers](#)

[Resources at NASMHPD’s Early Intervention in Psychosis Resource Center](#)

[NASMHPD Links of Interest](#)

[NASMHPD Board & Staff](#)



NRI is Creating a 2020 State Mental Health Profile System – SMHA Information Sought

The NRI Board of Directors, primarily comprised of State Mental Health Agency (SMHA) Commissioners and their senior staff, has initiated a new State Profiles System (SPS) to provide SMHAs with up-to-date information about the financing and organization of state mental health systems. For over 20 years, NRI has been providing SMHAs information about the organization, funding, operation, services, policies, statutes, staffing, and clients of all SMHAs across the U.S. States, NASMHPD, and advocates use this information in budgeting, planning, and evaluating state mental health systems and in responding to requests from Governor's, Legislators, media, and advocates. The 2020 SPS Components were sent to all SMHAs on January 14, 2020 and responses are due from states by March 20, 2020. NRI will begin producing topical reports utilizing the Profiles data soon after state response are finalized.

The SPS components for 2020 were developed with guidance from an advisory group comprised of SMHA Commissioners, Planners, and program staff, as well as staff from NASMHPD and NRI. The 2020 SPS components build on prior years' components, but have been tailored to address new issues facing the states, and edited to ensure that only relevant information is included. Based on major policy topics raised by SMHA Commissioners and their senior staff, the 2020 SPS includes expanded components addressing Forensic Mental Health Services (including a focus on competency assessment and restoration activities in hospital and community settings), and a new Residential Continuum of Care component addressing housing options and supports provided by the SMHA for individuals with mental illness.

The updated 2020 SPS is a self-funded effort by the SMHAs that recognize the value in having access to an up-to-date, comprehensive database of comparable information about all SMHAs that states can use for budgeting, planning, and policymaking at the local, state, and national levels. Having access to this information will provide critical information to SMHA leadership and will reduce the burden on SMHAs of compiling information for decision makers, planners, researchers, and others through the availability of a centralized, standard compilation of information about the financing of SMHAs. To date, over half of the states have committed to helping fund this initiative.

Every state that completes the 2020 SPS Components will receive general reports showing state and national trends. However, states that financially support this initiative will also receive more expansive, customized state reports with additional details and trends. For more information about supporting this important initiative, please contact NRI's Executive Director/CEO, Tim Knettler at tknettler@nri-inc.org or 703-738-8160.

Suicide Attempt by Deep Wrist Injury More Likely to Lead to PTSD than Similar Accidental Injury

A new study published March 9 in [Suicide and Life-Threatening Behavior](#) indicates that suicide attempt survivors of deep wrist injuries are more likely to develop posttraumatic stress disorder (PTSD) following their attempt than individuals suffering accidental wrist injuries. Rates were two times higher for suicide attempt study participants with major depressive disorder than for accidental deep wrist injury patients.

Given the limited research on suicide attempt-related PTSD, Anna Westermair, M.D., of Universität zu Lübeck in Germany and her colleagues examined the impact of deep wrist injuries (DWI) on PTSD rates by comparing suicide attempt survivors with patients who sustained accidental injuries similar in mechanism, localization, and extent. The researchers collected data from patients admitted to the Clinic of Plastic Surgery, University Hospital of Schleswig-Holstein, for treatment of DWI from 2008 to 2016. They defined DWI as injury to at least one deeper anatomical structure.

Exclusions from the studied cohort included individuals with amputations, individuals younger than 18 years of age, those excluded for a lack of informed consent, and individuals not contacted in 10 unsuccessful attempts. Self-injury of the DWI was determined during the index hospitalization by psychiatric consultations, as well as for mental health diagnosis. To measure PTSD symptomatology, patients completed a questionnaire regarding their DWI.

A total of 51 (72.5 percent male, 92.2 percent Caucasian, response rate of 27.9 percent) out of 183 patients were followed up after their injury. In this cohort, 19.7 percent of the DWIs were associated with a suicide attempt stemming from a behavioral health condition--major depression (66.6 percent), substance use disorder (21.2 percent), and/or reaction to stress (15.2 percent). One suicide attempt participant had preexisting PTSD.

There was no significant difference in gender, ethnicity, educational attainment, or left- or right-handedness between the suicide attempt patients and the participants categorized as accidental. In contrast, suicide attempt patients were older than the accident patients (52.5 ± 15.2 years vs. 38.3 ± 16.8 years) and were less likely to be employed or self-employed at the time of the injury. All suicide attempts involved a cutting tool, whereas accident patients involved various tools.

For both the suicide attempt and accidental patients, the extent of injury was similar. However, the suicidal attempt cohort had DWIs localized to their non-dominant radial side and accidental DWIs were localized to the ulnar side. Further, suicide attempt DWIs had more damage to the median nerve.

For the suicide attempt participants with major depressive disorder, 56 percent (five out of nine) developed suicide attempt-related PTSD, while 25 percent (one in four) suicide attempt participants without major depressive disorder developed suicide attempt-related PTSD. For accidental patients, 5.4 percent developed PTSD symptomatology after their incident. The authors conclude that patients with DWIs associated with suicidal intent are more likely to develop PTSD. Suicide attempt patients with major depressive disorder at the time of the DWI were associated with twice the rate of suicide-related PTSD.

In addition to safety planning and mental health treatment, Dr. Westermair and her colleagues recommend that suicide attempt survivors be monitored for PTSD symptoms, especially patients with major depressive disorder.



Suicide Prevention Resource Center On-Line Course: Locating and Understanding Data for Suicide Prevention

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

After completing this course, attendees will be able to:

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

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

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

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

[ENROLL HERE](#)

How #CrisisTalk is Transforming Dialogue in Behavioral Health

The National Association of State Mental Health Program Directors (NASMHPD) and its [Crisis Now](#) partners—the [National Suicide Prevention Lifeline and Vibrant Emotional Health](#), the [National Action Alliance for Suicide Prevention](#), the [National Council for Behavioral Health](#), and [R.I. International](#)—have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person's perspective, whether that's an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student with suicidal ideation and his university choosing legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews reflect the perspectives of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some locations do not develop a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of [CrisisNow.com](#), a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match clinical needs to care. To learn more, visit [www.CrisisNow.com/talk](#).

THIS WEEK: Amidst the Coronavirus Pandemic, States and Hospitals Turn to Telehealth

Learning from China and Italy, US leadership Focuses on Telehealth as a Way to Address Mental Health and Combat COVID-19



On March 15th, Ohio Governor Mike DeWine filed emergency rules, providing complete coverage for mental health telehealth. During the coronavirus, as people navigate this new normal of physical distancing from one another and anxieties and stress mount, communities around the country are quickly supporting mental health initiatives. That's particularly true of telehealth. Gov. DeWine, who discontinued in-person visitation for the state's psychiatric hospitals and is working to ensure that there's video visitation, said the emergency rules allow patients to use "cell phones, FaceTime, etc.," to communicate with doctors and eliminates the requirement that the "first mental health appointment be conducted in person."

[LEARN MORE](#)

Crisis Now Partners:

The National Association of State Mental Health Program Directors (NASMHPD), founded in 1959 and based in Alexandria, VA, represents the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced "NASH-bid") is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for [www.CrisisNow.com](#).

The National Suicide Prevention Lifeline and Vibrant Emotional Health provides free and confidential emotional support and crisis counselling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. [www.suicidepreventionlifeline.org](#) [www.vibrant.org](#) [www.twitter.com/800273TALK](#)

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

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

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what's strong, not what's wrong. More than 50% of employees report a lived experience with mental health, and the "Fusion Model" crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. [www.riinternational.com](#) [www.zerosuicide.org](#) [www.twitter.com/RI_International](#)

Federal Government COVID-19 Compliance Resource Links for Providers, Medicaid Administrators, and State Mental Health Agencies

[STAFFORD DISASTER RELIEF AND EMERGENCY ASSISTANCE ACT, 42 U.S.C. §§ 5121 ET SEQ.](#) UPDATED JUNE 2019

[NATIONAL EMERGENCIES ACT, 50 U.S.C. § 1601](#)

[COVID-19 EMERGENCY DECLARATION HEALTH CARE PROVIDERS FACT SHEET](#), MARCH 13

[FACT SHEET: COVERAGE AND BENEFITS RELATED TO COVID-19: MEDICAID AND CHIP](#), MARCH 5

[SECTION 1135 WAIVER FLEXIBILITIES - FLORIDA CORONAVIRUS DISEASE 2019](#), MARCH 16

[COVID-19 FAQs FOR STATE MEDICAID AND CHIP AGENCIES](#), UPDATED MARCH 18

[INVENTORY OF MEDICAID AND CHIP FLEXIBILITIES AND AUTHORITIES IN THE EVENT OF A DISASTER](#), AUGUST 20, 2018

[BULLETIN: HIPAA PRIVACY AND NOVEL CORONAVIRUS](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS: FEBRUARY 2020

[NOTIFICATION OF ENFORCEMENT DISCRETION FOR TELEHEALTH REMOTE COMMUNICATIONS DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY](#), MARCH 17 & [COVID-19 & HIPAA BULLETIN LIMITED WAIVER OF HIPAA SANCTIONS AND PENALTIES DURING A NATIONWIDE PUBLIC HEALTH EMERGENCY](#), MARCH 2020

[MEDICAID STATE PLAN FEE-FOR-SERVICE PAYMENTS FOR SERVICES DELIVERED VIA TELEHEALTH](#), UPDATED MARCH 12

[MEDICARE COVID-19 FAQs](#), MARCH 6

[MEDICARE TELEHEALTH FREQUENTLY ASKED QUESTIONS \(FAQs\) & FACT SHEET](#), MARCH 17

[STATE SURVEY AGENCY GUIDANCE FOR INFECTION CONTROL AND PREVENTION OF CORONAVIRUS DISEASE 2019 \(COVID-19\) IN NURSING HOMES](#), REVISED MARCH 13

[STATE SURVEY AGENCY GUIDANCE: INFORMATION FOR HEALTHCARE FACILITIES CONCERNING 2019 NOVEL CORONAVIRUS ILLNESS \(2019-nCoV\)](#), FEBRUARY 6

[INTERIM GUIDANCE FOR HEALTHCARE FACILITIES: PREPARING FOR COMMUNITY TRANSMISSION OF COVID-19 IN THE UNITED STATES](#), FEBRUARY 29

[COVERAGE AND PAYMENT RELATED TO COVID-19 IN MEDICARE](#), MARCH 5

[CMS MEMO TO ALL MEDICARE ADVANTAGE ORGANIZATIONS, PART D SPONSORS, AND MEDICARE-MEDICAID PLANS ON COVID-19](#), MARCH 10

[FAQs ON ESSENTIAL HEALTH BENEFIT COVERAGE AND THE CORONAVIRUS \(COVID-19\)](#), MARCH 12

[FAQs ON CATASTROPHIC PLAN COVERAGE AND THE CORONAVIRUS DISEASE 2019 \(COVID-19\)](#), MARCH 18

[STATE SURVEY AGENCY GUIDANCE ON EMERGENCY MEDICAL TREATMENT AND LABOR ACT \(EMTALA\) REQUIREMENTS AND IMPLICATIONS RELATED TO CORONAVIRUS DISEASE 2019 \(COVID-19\)](#), MARCH 9

[SAMHSA OPIOID TREATMENT PROGRAM GUIDANCE](#), MARCH 16

[DEA INFORMATION ON TELEMEDICINE](#), JANUARY 31

[INFORMATION FOR PACE ORGANIZATIONS REGARDING INFECTION CONTROL AND PREVENTION OF CORONAVIRUS DISEASE 2019 \(COVID-19\)](#), MARCH 17

[SAMHSA FACT SHEET: TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK](#), MARCH 16

[COVID-19 PUBLIC HEALTH EMERGENCY RESPONSE AND 42 CFR PART 2 GUIDANCE](#), SAMHSA, MARCH 19

[1115 WAIVER OPPORTUNITY AND APPLICATION CHECKLIST](#), CMS, MARCH 22

[1135 WAIVER CHECKLIST](#), CMS, MARCH 22

[1915\(c\) APPENDIX K TEMPLATE](#), CMS, MARCH 22

[MEDICAID DISASTER STATE PLAN AMENDMENT TEMPLATE](#), CMS, MARCH 22

[COVID-19 PROVIDER ENROLLMENT RELIEF FAQs](#), CMS, MARCH 22

[CMS ANNOUNCES RELIEF FOR CLINICIANS, PROVIDERS, HOSPITALS AND FACILITIES PARTICIPATING IN QUALITY REPORTING PROGRAMS IN RESPONSE TO COVID-19](#), CMS, MARCH 22

[OIG POLICY STATEMENT REGARDING PHYSICIANS AND OTHER PRACTITIONERS THAT REDUCE OR WAIVE AMOUNTS OWED BY FEDERAL HEALTH CARE PROGRAM BENEFICIARIES FOR TELEHEALTH SERVICES DURING THE 2019 NOVEL CORONAVIRUS \(COVID-19\) OUTBREAK](#), HHS OFFICE OF THE INSPECTOR GENERAL, MARCH 17

[DRUG ENFORCEMENT ADMINISTRATION LETTER TO SAMHSA ON PERMITTED DOORSTEP DELIVERIES OF TAKE-HOME MEDICATIONS BY NARCOTICS TREATMENT PROGRAMS TO QUARANTINED PATIENTS](#), MARCH 16

[COMMUNICATING IN A CRISIS: RISK COMMUNICATION GUIDELINES FOR PUBLIC OFFICIALS](#), SAMHSA, OCTOBER 2019

[CENTERS FOR DISEASE CONTROL AND PREVENTION \(CDC\): INTERIM GUIDANCE FOR RESPONDING TO CORONAVIRUS DISEASE 2019 \(COVID-19\) AMONG PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS](#), MARCH 22

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Federal Government COVID-19 Compliance Resource Links for Providers, Medicaid Administrators, and State Mental Health Agencies (cont'd)

[CDC: INTERIM GUIDANCE FOR HOMELESS SERVICE PROVIDERS TO PLAN AND RESPOND TO CORONAVIRUS DISEASE 2019 \(COVID-19\)](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, MARCH 22

[DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT \(HUD\) EXCHANGE WEBINAR: INFECTIOUS DISEASE PREPAREDNESS FOR HOMELESS ASSISTANCE PROVIDERS AND THEIR PARTNERS](#), MARCH 10

EACH OF THE FOLLOWING MARCH 2020 TOOLKITS WAS PREPARED BY THE CLOUDBURST GROUP FOR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT: INFECTIOUS DISEASE TOOLKITS FOR CONTINUUM OF CARE:

- [PREVENTING & MANAGING THE SPREAD OF INFECTIOUS DISEASE FOR PEOPLE EXPERIENCING HOMELESSNESS](#)
- [PREVENTING & MANAGING THE SPREAD OF INFECTIOUS DISEASE WITHIN SHELTERS](#)
- [PREVENTING & MANAGING THE SPREAD OF INFECTIOUS DISEASE WITHIN ENCAMPMENTS](#)

[FAMILIES FIRST CORONAVIRUS RESPONSE ACT – INCREASED FMAP FAQs](#), CMS, MARCH 24

[NOTICE OF DESIGNATION OF SCARCE MATERIALS OR THREATENED MATERIALS SUBJECT TO COVID-19 HOARDING PREVENTION MEASURES UNDER EXECUTIVE ORDER 13910 AND SECTION 102 OF THE DEFENSE PRODUCTION ACT OF 1950](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARCH 26

[DRUG ENFORCEMENT ADMINISTRATION REGISTRANT GUIDANCE ON EARLY REFILLS OF CONTROLLED DANGEROUS SUBSTANCES IN THE COVID-19 EMERGENCY](#), MARCH 2020

COVID-19 Response CARES Act Includes \$425 Million to Boost Mental Health and Substance Use Disorder Care in the Communities, Alignment of 42 CFR Part 2 with HIPAA PHI Disclosure Limits

(Continued from page 1) The bill encourages the Small Business Administration to issue guidance to lenders and agents to prioritize paycheck loans to small business concerns and entities in underserved and rural markets, including veterans and members of the military community, small business concerns owned and controlled by socially and economically disadvantaged individuals, women, and businesses in operation for less than two years.

The bill also:

- includes those promised taxpayer rebate checks of \$1,200 (\$2,400 for couples) plus \$600 per child for households with adjusted gross incomes of \$75,000 (\$150,000 for married couples);
- authorizes up to 39 weeks of extended Pandemic Unemployment Assistance benefits through December 31, 2020 for individuals who have exhausted regular or state extended unemployment benefits and those not traditionally eligible for unemployment benefits (the self-employed, independent contractors, individuals with limited work history) who are unable to work because the individual has been diagnosed with COVID-19, is a member of a household where another household member has been so diagnosed, is providing care for a family member or member of the household who has been so diagnosed, has a child who is unable to attend school because of the pandemic, is a member of the household in which he or she has primary caregiving responsibility for an individual who is unable to attend another closed facility, is unable to reach his or her place of employment because of a quarantine or because he or she is advised by a health care provider to self-quarantine, has become the breadwinner or major support for a household because of the death of the head of the household from COVID-19, is unemployed because his or her place of employment is closed because of COVID-19, or has had to quit his or her job because of COVID-19;
- authorizes states to pay, until December 31, 2020, 13 weeks of extended unemployment insurance benefits to individuals who have exhausted their regular 26 weeks of benefits and are looking for work;
- authorizes states to pay an additional \$600 per week to each recipient of unemployment insurance or Pandemic Unemployment Assistance for up to four months;
- authorizes states to reimburse, with the Federal government paying half the cost, nonprofits, government agencies, and Indian tribes for half the costs those entities incur through December 31, 2020 to pay unemployment benefits;
- mandates coverage under private insurance, Medicare Advantage or original Medicare, Medicaid, CHIP, VA, FEHBP and TRICARE of *in vitro* diagnostic testing for COVID-19, requiring that each provider of a diagnostic test for COVID-19 make public on an internet website the cash price for the test;
- mandates private group and individual health insurance coverage, without cost-sharing, of qualifying coronavirus preventive services;
- allows high deductible health plans to not have a deductible for telehealth or “other remote care” services;
- requires that Medicare pay for telehealth services furnished by a Federally Qualified Health Center (FQHC) or a rural health clinic (RHC) to an eligible Medicare enrollee during the emergency, notwithstanding that the FQHC or RHC is not at the same location as the enrollee, but provides that the cost of the telehealth service is to be excluded when calculating the FQHC’s prospective payment or the rural health clinic’s all-inclusive rate; and
- allows the provision, during the emergency, of home- and community-based services, self-directed personal assistance services, and Community First Choice-type attendant services and supports in acute care hospitals as long as the hospital is identified in the individual’s person-centered service plan, not a substitute for services the hospital is otherwise obligated to provide under Federal or state law, designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual’s functional abilities.



Department of Justice Bureau of Justice Assistance Funding Opportunity Announcement: FY 2020 Innovations in Reentry Initiative: Building System Capacity & Testing Strategies to Reduce Recidivism (BJA-2020-17281)

Funding Mechanism: Grant

Anticipated Number of Awards: 4

Length of Project: 48 Months

Anticipated Total Available Funding: \$4 million

Anticipated Award Amount: Up to \$1M per year

Cost Sharing/Match Required?: No

Application Due Date: Monday, May 4, 2020, 11:59 E.T.

This program will help jurisdictions assess their reentry system, identify strengths and gaps, and then build capacity for either improving reentry systems generally or improving service delivery by implementing or expanding a reentry program.

Grantees will work with BJA to either identify system gaps and then implement improvements to enhance the effectiveness of their reentry system or to implement or enhance a reentry program to reduce recidivism among a specific target population.

Eligibility:

Eligible applicants include units or components of state, county, or local government and federally recognized Indian tribal governments.

The full FOA is available at <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-17281.pdf>.



Department of Justice Office of Juvenile Justice and Delinquency Prevention FY 2020 Competitive Solicitation OJJDP FY 2020 Strategies To Support Children Exposed to Violence (CFDA 16.818)

Funding Mechanism: Grant

Anticipated Number of Awards: 7

Length of Project: 36 Months

Anticipated Total Available Funding: \$7 million

Anticipated Award Amount: Up to \$1M per year

Cost Sharing/Match Required?: No

Application Due Date: Monday, April 27, 2020, 11:59 E.T.

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office of Juvenile Justice and Delinquency Prevention (OJJDP) is seeking applications for funding for the fiscal year (FY) 2020 Strategies To Support Children Exposed to Violence. This program furthers the Department's mission by combating victimization and reducing violent crime.

Funding under this program can be used to develop support services for children exposed to violence in their homes, schools, and communities; and to develop, enhance, and implement violent crime reduction strategies that focus on violent juvenile offenders. This program development and resource allocation decision by interested applicants should be based on currently available resources to the jurisdiction and gaps in services. The goals of the program are to: 1) reduce the incidence of violence through accountability efforts for juvenile offenders; 2) respond to victimization of children whether as a result of violence that occurs in the school, community or family; and 3) increase protective factors to prevent juvenile violence, delinquency, and victimization.

Eligibility:

- states and territories,
- units of local government,
- federally recognized Indian tribal governments,
- nonprofit organizations (including tribal nonprofit organizations), and
- institutions of higher education (including tribal institutions of higher education).

A solicitation webinar will be held on March 26, 2020 at 2 p.m. ET. This webinar will provide a detailed overview of the solicitation and allow an opportunity for interested applicants to ask questions. Preregistration is required for all participants. Register by clicking this link and following the instructions. Due to the limited time, OJJDP encourages participants to review the solicitation and submit any questions they may have in advance and no later than 3 days prior. Submit your questions to grants@ncjrs.gov with the subject as "Questions for OJJDP FY 2020 Strategies to Support Children Exposed to Violence Webinar." After the webinar, you will find the webinar recording uploaded [here](#).

The full FOA is available at <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/ojjdp-2020-17926.pdf>.

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University of Maryland, Drug Treatment Centers
University of Maryland Medical System, EAP
University of Maryland, Psychiatry, Division of Addiction Research and Treatment
Warwick Manor Behavioral Health





NHSC Loan Repayment Programs: One Application, Three Programs

WE'RE ACCEPTING APPLICATIONS THROUGH APRIL 23, 2020, 7:30 P.M. E.T. FOR THE:

- [NHSC LOAN REPAYMENT PROGRAM](#)
- [NHSC SUBSTANCE USE DISORDER \(SUD\) WORKFORCE LOAN REPAYMENT PROGRAM](#)
- [NHSC RURAL COMMUNITY LOAN REPAYMENT PROGRAM](#)

[WHICH ONE IS RIGHT FOR YOU? \(PDF - 576 KB\)](#)

PROGRAM TYPE	NHSC Loan Repayment Program	NHSC SUD Workforce Loan Repayment Program	NHSC Rural Community Loan Repayment Program
DISCIPLINES ELIGIBLE FOR ALL PROGRAMS	Physicians (DO/MD) • Nurse Practitioners (NP) • Physician Assistants (PA) • Certified Nurse Midwives (CNM) Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC)		
DISCIPLINES ELIGIBLE FOR SPECIFIC PROGRAMS	 Dentists (DDS/DMD) Dental Hygienists (RDH)	 Substance Use Disorder (SUD) Counselors • Pharmacists (PHARM) Registered Nurses (RN) <small>*Certified Registered Nurse Anesthetists (CRNA) are only eligible for the Rural Community LRP</small>	
AWARD AMOUNT	UP TO \$50K full-time / UP TO \$25K part-time	UP TO \$75K full-time / UP TO \$37.5K part-time	UP TO \$100K full-time / UP TO \$50K part-time
SERVICE COMMITMENT	2 YEARS	3 YEARS	
NHSC HEALTH CARE SITE	✓ Any NHSC-approved site	✓ Any NHSC-approved SUD site	✓ Any rural, NHSC-approved SUD site

All programs use one application, but you can only apply to one program.

2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 and 2018 *Beyond Beds* series of papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2019 multiple-paper follow-up to the *Beyond Beds* series is now up on the [NASMHPD website](#). The 2019 papers take the *Beyond Beds* theme to look at additional innovative approaches offered in the community and factors impacting those services, covering such topics as early antipsychotic prescribing practices in nursing homes, developing a behavioral health workforce, a public health approach to trauma and addiction, addressing behavioral health in traumatic brain injury treatment, recovery-oriented cognitive therapy, integration of mental health and substance use services for those with co-occurring conditions, schools as part of the continuum of care for children and adolescents, and addressing social and mental health needs in transition-age homeless youth.

One of those papers, [*Lessons from the International Community to Improve Mental Health Outcomes*](#), authored by Deborah Pinals, M.D., chair of the NASMHPD Medical Directors Division and Medical Director, Behavioral Health and Forensic Programs in the Michigan Department of Health and Human Services, pivots from NASMHPD's previous work in this series to look beyond the borders of the United States to other countries for examples of successful and promising strategies across nine areas of focus. The paper's highlighted examples from the international community aim to further illuminate strategies and inspire ongoing crucial dialogue in an effort to improve mental health in the United States.

Following are links to the other reports in the 2019 Technical Assistance Coalition series.

[Effects of CMS' Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns](#)

[Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders](#)

[A Public Health Approach to Trauma and Addiction](#)

[Traumatic Brain Injury and Behavioral Health Treatment](#)

[Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is Applicable across Mental Health Systems](#)

[Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What's Known, What's New, and What's Now?](#)

[Schools as a Vital Component of the Child and Adolescent Mental Health System](#)

[Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth](#)

The NASMHPD Technical Assistance Coalition series will continue in 2020.



Student Mental Health: Responding to the Crisis

Mary Ward House Conference & Exhibition Centre, London

Tuesday, October 6, 2020

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

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

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

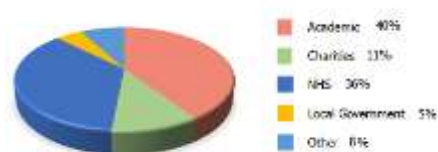
View Event		View Programme		Register Interest		Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social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

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

2020 Attendee Breakdown by Sector.

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





NATIONAL HEALTH & HUMAN SERVICES 2020 SUMMIT

Crystal Gateway Marriott | Arlington, VA



JUNE 7-10, 2020

Due to the rapidly evolving COVID-19 pandemic, we are all in the midst of a very challenging time, and we know that our state and local members, and many of our partners are on the front line. We want to thank you for all you are doing in your state and communities—please know that you have our unwavering support.

Like everyone else, APHSA continues to closely track COVID-19 developments and guidance from public health officials in order to make every effort to safeguard the health and well-being of our staff, members, and partners. While we continue to plan for our [2020 National Health and Human Services Summit](#) currently scheduled for June 7-10 in Arlington, VA, as well as other APHSA events scheduled to take place later in the summer and fall, we are simultaneously making contingency plans should we not be able to convene. In the same spirit, we will remain flexible in regards to event deadlines as we move forward.

We are mindful of the influx of messages you are likely receiving during this unpredictable time that requires so many of us to keep in touch. We therefore plan to share weekly, touch-base updates pertaining to COVID-19, our events, and more through our newsletter, [This Week In Washington](#), which is published on Fridays. If you do not currently receive *This Week In Washington* you can [subscribe here](#). We will also provide updates on our [events page](#) and [twitter account](#), and continue to provide any urgent messages directly to your inbox.

If you have any questions or concerns, events-related or other, please feel free to contact [Jessica Garon](#), Director of Communications.



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Grants to Implement Zero Suicide in Health Systems (SM-20-15)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$7,043,597

Anticipated Number of Awards: 10 to 17

Anticipated Award Amount: \$400,000 to \$700,000 per year

Length of Project: Up to 5 Years

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 30, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2020 Grants to Implement Zero Suicide in Health Systems (Short Title: Zero Suicide). The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs for individuals who are 25 years of age or older. This program is designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Recipients will implement the Zero Suicide model throughout their health system.

Eligibility: Eligible applicants are statutorily limited to:

- States, District of Columbia, and U.S. Territories health agencies with mental health and/or behavioral health functions;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations
- Community-based primary care or behavioral health care organizations;
- Emergency departments; or
- Local public health agencies.

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

Contacts: Program Issues: Brandon Johnson, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1222, brandon.johnson1@samhsa.hhs.gov.
Savannah Kidd, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1071, savannah.kidd@samhsa.hhs.gov.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACSAT@samhsa.hhs.gov.

Mental Health Considerations During the COVID-19 Outbreak

March 6, 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, this time of crisis is generating stress in the population. These mental health considerations were developed by the Mental Health Department as support for mental and psychological well-being during COVID-19 outbreak.

For the General Population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. Don't attach it to any ethnicity or nationality. Be empathetic to those who got affected, in and from any country, those with the disease have not done anything wrong.
2. Don't - refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or the "diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", "people who are recovering from COVID-19" and after recovering from COVID-19 their life will go on with their jobs, families and loved ones.
3. Avoid watching, reading or listening to news that cause you to feel anxious or distressed; seek information mainly to take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts. Gather information at regular intervals, from WHO website and local health authorities platforms, in order to help you distinguish facts from rumors.
4. Protect yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper.
5. Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery and are willing to share their experience.
6. Honor caretakers and healthcare workers supporting people affected with COVID-19 in your community. Acknowledge the role they play to save lives and keep your loved ones safe.

For Health Care Workers

7. For health workers, feeling stressed is an experience that you and many of your health worker colleagues are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. Managing your stress and psychosocial wellbeing during this time is as important as managing your physical health.
8. Take care of your basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical well-being. This is a unique and unprecedented scenario for many workers, particularly if they have not been involved in similar responses. Even so, using the strategies that you have used in the past to manage times of stress can benefit you now. The strategies to benefit feelings of stress are the same, even if the scenario is different.
9. Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.
10. Use understandable ways to share messages with people with intellectual, cognitive and psychosocial disabilities. Forms of communication that do not rely solely on written information should be utilized If you are a team leader or manager in a health facility.
11. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles.
12. Ensure good quality communication and accurate information updates are provided to all staff. Rotate workers from high-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member impacted by a stressful event.
13. If you are a team leader or manager in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health
(Continued on page 15)

Mental Health Considerations During the COVID-19 Outbreak (cont'd)

(Continued from page 14) and psychosocial support services. Managers and team leads are also facing similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers and that managers are able to role-model self-care strategies to mitigate stress.

14. Orient responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.

For Caretakers of Children

15. Help children find positive ways to express disturbing feelings such as fear and sadness. Every child has his/her own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process. Children feel relieved if they can express and communicate their disturbing feelings in a safe and supportive environment.

16. Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from his/her primary caregiver, ensure that appropriate alternative care is and that a social worker, or equivalent, will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child).

17. Maintain familiar routines in daily life as much as possible, especially if children are confined to home. Provide engaging age appropriate activities for children. As much as possible, encourage children to continue to play and socialize with others, even if only within the family when advised to restrict social contact.

18. During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. Discuss the COVID-19 with your Children in honest and age-appropriate information. If your children have concerns, addressing those together may ease their anxiety. Children will observe adults' behaviors and emotions for cues on how to manage their own emotions during difficult times.

For Caretakers of Older Adults

19. Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak/while in quarantine. Provide practical and emotional support through informal networks (families) and health professionals.

20. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way, and it may also be helpful for information to be displayed in writing or pictures. Engage their family and other support networks in providing information and helping them practice prevention measures (e.g. handwashing etc.)

21. Encourage older adults with expertise, experiences and strengths to volunteer in community efforts to respond to the COVID-19 outbreak (for example the well/healthy retired older population can provide peer support, neighbor checking, and childcare for medical personnel restricted in hospitals fighting against COVID-19.)

For People in Isolation

22. Stay connected and maintain your social networks. Even in situations of isolations, try as much as possible to keep your personal daily routines. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via e-mail, social media, video conference and telephone.

23. During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected.

24. A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and WHO website and avoid listening to or following rumors that make you feel uncomfortable.

Other Resources

[RESOURCE PAGE: CORONAVIRUS AND YOUR MENTAL HEALTH](#), BEACON HEALTH OPTIONS, MARCH 2020

[CENTERS FOR DISEASE CONTROL AND PREVENTION: CORONAVIRUS 2019 COMMUNICATION RESOURCES](#), MARCH 2020

[CENTERS FOR DISEASE CONTROL AND PREVENTION: MENTAL HEALTH AND COPING DURING COVID-19](#), MARCH 2020

31st Annual State of the States in Head Injury Conference



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MINNEAPOLIS, MINNESOTA

For more information visit nashia.org
or contact [Jill Tilbury](#) .

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Call for Proposals

NCCHC will hold its National Conference on Correctional Health Care October 31 to November 4 at the Paris Hotel in Las Vegas.

We invite you to submit a presentation proposal for consideration.

We are seeking proposals on a range of topics: administrative, legal, ethical, nursing, mental health, medical and more.

Help advance the field at the nation's largest gathering of correctional health professionals!

Questions? Contact us at 773-880-1460 or education@ncchc.org.

Deadline to submit proposals is April 3

SUBMIT PROPOSAL



Centers for Disease Control (NCIPC) Forecast Funding Opportunity Announcement Preventing Adverse Childhood Experiences through Essentials for Childhood (CDC-RFA-CE20-2006)

Funding Mechanism: Grant

Anticipated Number of Awards: 5

Length of Project: Up to 5 Years

Estimated Post Date: May 1, 2020

Estimated Award Date: Aug 01, 2020

Anticipated Total Available Funding: \$6.3 million

Award Amount: \$420,000 to \$525,000

Cost Sharing/Match Required?: Yes

Estimated Application Due Date: Jun 30, 2020

Estimated Project Start Date: Sep 01, 2020

The purpose of this funding is to support recipients in measuring, tracking, and preventing adverse childhood experiences (ACEs) in their states. Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. Currently, ACEs are difficult to track over time because they do not always come to the attention of agencies that compile publicly available administrative data and because the best surveillance data currently available for ACEs, such as those collected through the Behavioral Risk Factor Surveillance System (BRFSS), are from retrospective surveys with adults. These challenges make it difficult to assess current prevalence, track change over time, target prevention strategies, and measure the success of prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based prevention strategies have been lacking in communities across the U.S.

This NOFO will support the implementation of data-driven, comprehensive, evidence-based prevention strategies by building a surveillance infrastructure for the collection, analysis, and application of such ACEs data, so that states can monitor the prevalence of ACEs experiences among youth within their states and then use those data to inform prevention efforts at the state and community level. In tandem, this NOFO also provides resources to support states in implementing primary prevention strategies for preventing ACEs. Therefore, there are two overall required components of this award – a surveillance component and a prevention component. The work of these components, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a dynamic system that reflects the 10 Essential Public Health Services promoted by CDC.

Eligibility: State Governments

Contact: Derrick Gervin, (770) 488-5004, yjk8@cdc.gov



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (TI-20-07)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$1.8 million

Anticipated Number of Awards: 3 (At least 1 tribes/tribal organization, pending adequate application volume)

Anticipated Award Amount: up to \$525,000 per year

Length of Project: Up to 5 Years

Cost Sharing/Match Required?: Yes

Application Due Date: Tuesday, March 30, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2020 Residential Treatment for Pregnant and Postpartum Women grant program (Short Title: PPW). The purpose of this program is to provide pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment, 1) the women reside in or receive outpatient treatment services from facilities provided by the programs; 2) the minor children of the women reside with the women in such facilities, if the women so request; and 3) the services are available to or on behalf of the women.

Eligibility: Eligible applicants are domestic public and private nonprofit entities.

PPW recipients that received grant awards under the following Announcement Numbers are not eligible to apply for this funding opportunity:

- TI-14-005 - Grants funded in FY 2016; and
- TI-17-007 - Grants funded in FY 2017, FY 2018, or FY 2019.

Recipients funded under SM-17-006 are not eligible to apply for funding under this FOA.

Contacts:

Program Issues: Linda White-Young, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-1581, Linda.White-Young@samhsa.hhs.gov.

Grants Management and Budget Issues: Corey Sullivan, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1213, FOACSAT@samhsa.hhs.gov.



2020 Health Summit: Addressing Mental Health Disparities

Monday April 20, 2020 8:30 a.m. - 4:00 p.m. E.T.

One in five Americans has experienced a mental health issue. Those from marginalized communities have compounded effects, as mental health illnesses are not uniformly treated. The goal of the 2020 Health Summit will be to address key areas of disparity in mental health treatment.

Join the Health and Human Rights Institute of the National Center for Civil and Human Rights for our 2020 Health Summit as we explore various topics related to mental health disparities. The program will feature rotating panels discussing the 6 2020 Summit focus areas of: 1) states' lagging mental health parity laws; 2) the toll of white supremacy on mental health; 3) trauma informed care relating to gender-based and intersectionality-based violence; 4) the mental health of youth in marginalized communities; 5) mental health and HIV; 6) homelessness and mental health.

The Summit will include time to network with leaders and experts in the field. The doors will open at 8:30 a.m. with a continental breakfast and the program will begin promptly at 9:00 a.m. and close at 4:00 p.m., inclusive of lunch.

Who Should Attend?

- Social workers, mental health professionals, researchers; nurse practitioners
- Community leaders; healthcare professionals
- Policymakers, academics, and human rights leaders, and the general public

The event is free, but registration is required.

For more information, visit 2020healthsummit.org or email mwatson@civilandhumanrights.org.

REGISTER HERE

Center of Excellence for Protected Health Information

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

WEBSITE FOR THE SAMHSA-SPONSORED



Webinar Announcement: The Critical Role of Mentors in Veterans Treatment Courts *Tuesday, April 21, Noon to 1:30 p.m. E.T.*

Veterans Treatment Courts (VTCs) use an interdisciplinary team approach to divert justice involved veterans away from incarceration and into treatment. This proactive approach towards justice involvement is accomplished by effectively targeting and addressing participants' responsivity needs, specifically ones that are clinical (medical, behavioral health and trauma), cultural, and criminogenic. In this webinar, participants will learn about the core, essential components that comprise a VTC with particular focus placed on the mentoring component.

Three presenters will discuss essential elements that contribute to the ongoing success of the mentoring component and the importance of using best practices in peer mentoring implementation. Vital information about resources for mentoring components to access will be discussed, including recently developed online training modules, and a new mentor coordinator curriculum

[REGISTER HERE](#)

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Tribal Opioid Response Grants (TI-20-011)



Funding Mechanism: Grant

Anticipated Number of Awards: Up to 200

Length of Project: 2 Years

Anticipated Total Available Funding: \$50 million

Anticipated Award Amount: See Appendix K, below

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, May 4, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). In addition to focusing on OUD, recipients may also address stimulant misuse and use disorders, including cocaine and methamphetamine. The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment, and recovery support services for OUD and, if so desired, stimulant misuse and use disorders.

Eligibility: The applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization, as defined under 25 U.S.C. § 1603.

Contacts:

Program Issues: Beverly Vayhinger, Office of Financial Resources, Substance Abuse and Mental Health Services Administration (SAMHSA). (240) 276-0564, Beverly.Vayhinger@samhsa.hhs.gov.

Grants Management and Budget Issues: Odessa Crocker, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1078, Odessa.Crocker@samhsa.hhs.gov.

APPENDIX K

Annual Award Allocation of Tribal Opioid Response Grants Funds will be distributed noncompetitively based on values provided below. Dollar amounts are based on user population of tribes. If a tribe elects to partner with another tribe to apply, award amounts of each tribe in the application may be summed for total application budget. The first column shown represents the tribe's user population. The second column shows the maximum amount for which the tribe may apply per year. Applicants may elect to apply for less than the amount shown; however, applicants may not apply for more than the annual amount shown in either year of the grant.

User Population	Funding Per Year
1 to 5,000	\$125,000
5,001 to 10,000	\$200,000
10,001 to 20,000	\$350,000
20,001 to 40,000	\$700,000
40,001+	\$1,800,000



ON-LINE COURSE - 330.610.89 - Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

Location: Internet

Term: Summer Inst. Term

Department: Mental Health

Credits: 1 credits

Academic Year: 2020 – 2021

Dates: Tue 05/26/2020 - Wed 06/10/2020

Auditors Allowed: Yes, with instructor consent

Grading Restriction: Letter Grade or Pass/Fail

Course Instructor: Ronald Manderscheid

Contact: [Ronald Manderscheid](#)

Frequency Schedule: One Year Only

Resources:

- [CoursePlus](#)
- [Evaluations](#)

Description:

Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning No consent required to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

Learning Objectives:

Upon successfully completing this course, students will be able to:

1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
2. Describe the essential features of National Health Reform and the Medicaid Program
3. Engage successfully in local strategic planning and needs assessment initiatives

Methods of Assessment:

This course is evaluated as follows:

- 35% Participation
- 65% Final Paper

Instructor Consent: No consent required.

Special Comments: Project is due June 30, 2020

State COVID-19 §1135 Medicaid Waiver Links

[Alabama](#)
[Arizona](#)
[California](#)
[Florida](#)
[Illinois](#)
[Indiana](#)
[Iowa](#)

[Kansas](#)
[Kentucky](#)
[Louisiana](#)
[Mississippi](#)
[Missouri](#)
[New Hampshire](#)
[New Jersey](#)

[New Mexico](#)
[North Carolina](#)
[Oregon](#)
[Rhode Island](#)
[Virginia](#)
[Washington State](#)



Webinar Series: Recovery from Serious Mental Illness (SMI)



The Northeast and Caribbean MHTTC is proud to offer a webinar series on: **Recovery from Serious Mental Illness (SMI) and the Practices that Support Recovery**. This series will introduce the participant to recovery from SMI and many of the evidence-based and promising practices that support recovery.

Upcoming events in the series (all events take place from 1:00 p.m. to 2:30 p.m. E.T.):

April TBA - Supervision of Peer Providers: Effective Supervision of Peers by Non-Peer Supervisors

April 23 - Role of Health and Wellness in Recovery: Interventions to Reduce the High Rates of Morbidity and Mortality Among People with Serious Mental Illnesses

May 7- Role of Religion and Spirituality in Recovery: Benefits and Challenges of Religion and Spirituality in Recovery and Strategies for Navigating this Topic

May 21- Recovery in the Hispanic and Latinx Community: What is the Understanding of Recovery in the Hispanic and Latina Community and How Can We Support It

[Click here to view a full list of our MHTTC Training and Events Calendar and to Register](#)

Training and Technical Assistance Related to COVID-19 Resources

<https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19>



Responding to COVID-19: highlight products and resources that can be useful when coping with the effects of widespread public health crises such as:

- Psychosocial Impacts of Disasters: Assisting Community Leaders
- Supportive Practices for Mental Health Professionals During Pandemic-Related Social Distancing

Recorded Webinars: • [Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat!](#)

Upcoming Webinars:

- [Changing the Conversation about Mental Health to Support Students During a Pandemic](#) - April 9
- [Changing the Conversation About Mental Health - How Do We Come Back to the New Normal?](#) – April 13

ATTC Resources: OTP Questions Regarding Sustaining Operations During the Uncertain and Turbulent Times

AATOD, ATTCs, and AAAP are collecting questions from OTPs related to sustaining care, providing support and maintaining a safe work environment for staff during these turbulent and uncertain times. We will compile all questions, work with field experts to determine responses, and develop and disseminate a "FAQ" document.

<https://attcnetwork.org/centers/global-attc/otp-questions-during-challenging-times-form>

Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package - This [5-part Curriculum Infusion Package \(CIP\)](#) on Compassion Fatigue and the Behavioral Health Workforce was developed in 2020 by the Pacific Southwest Addiction Technology Transfer Center (PSATTC). Part 1 provides a brief overview of the behavioral health workforce and associated shortages, and introduces the demands on the workforce. Part 2 focuses on compassion fatigue and secondary traumatic stress. Part 3 provides a brief overview of how organizations can help individuals avoid experiencing burnout. Part 4 focuses on actions that behavioral health professionals can take to prevent compassion fatigue. And Part 5 focuses on self-care as an ethical duty in order to manage

[Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter](#)



Health Resources and Services Administration
Notice of Funding Opportunity
Opioid-Impacted Family Support Program - Opioid Workforce Expansion
Program- Paraprofessionals (HRSA-20-014)

Funding Mechanism: Grant

Anticipated Number of Awards: 19

Length of Project: Up to 4 Years

Anticipated Total Available Funding: \$11.5 million

Anticipated Award Amount: \$600,000 per year

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, April 13, 2020

Projected Project Start Date: September 1, 2020

The purpose of this program is to support training programs that enhance and expand paraprofessionals knowledge, skills and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD), and their family members who are in guardianship roles. Additionally, a special focus is on demonstrating knowledge and understanding of the specific concerns for children, adolescents and transitional aged youth in high need and high demand areas who are at risk for mental health disorders and SUDs.

For the purpose of this NOFO, the term “paraprofessional” refers specifically to those working in the behavioral health-related field. Additionally, this program will provide developmental opportunities and educational support to increase the number of paraprofessional trainees receiving a certificate upon completion of pre-service training (Level I training which includes didactic and experiential field training) and entering into in-service training (Level II training which includes training at a registered Department of Labor apprenticeship site).

The program goal is to increase the number of peer support specialists and other behavioral health-related paraprofessionals who are prepared to work with families who are impacted by OUD and other SUDs in high need and high demand areas.

The program objectives are to:

1. Enhance and expand, didactic educational support and experiential field training opportunities for OIFSP paraprofessional trainees that target children, adolescents and transitional age youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles.
2. Develop, or establish a partnership with, registered apprenticeship programs to provide in-service training that places paraprofessional trainees in behavioral health-related positions addressing OUD and other SUDs. The apprenticeship program constitutes Level II training
3. Reduce financial barriers by providing financial support to trainees in the form of tuition/fees, supplies, and stipend support.
4. Create additional training positions beyond current program capacity to increase the number of paraprofessionals trained by a minimum of 10 percent in year one and maintain that level each year of the 4-year project period, with a focus on working with families who are impacted by OUD and other SUDs.

Eligibility:

- State-licensed mental health nonprofit and for-profit organizations. For the purpose of this NOFO, these organizations may include Academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.
- Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible.

Individuals are not eligible to apply.

Program Contacts:

Business, Administrative, or Fiscal: William Weisenberg, Grants Management Specialist, Division of Grants Management Operations, OFAM, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Mailstop 10SWH03, Rockville, MD 20857, (301) 443-8056, [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov).

Program Issues and/or Technical Assistance: Andrea L. Knox, Public Health Analyst, Division of Nursing and Public Health, Attn: Opioid-Impacted Family Support Program, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11N128C, Rockville, MD 20857, (301) 443-4170, OIFSP@hrsa.gov.



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

AAS20

Crisis Services Continuum Conference

April 22-25, 2020

Rescheduled

A unique forum where all aspects of crisis services - Crisis Call Centers, Mobile Crisis Outreach Teams, and Crisis Residential Programs - will have a chance to meet, network, learn, and focus on our work.

[HTTPS://WWW.AASCONFERENCE.ORG](https://www.aasconference.org)

WE'RE GOING VIRTUAL THIS YEAR!!!!



DEPARTMENT OF JUSTICE FUNDING OPPORTUNITY NOTICE Community-Oriented Policing Services (COPS) Office FY2020 Law Enforcement Mental Health and Wellness Act (LEMHWA)

Funding Mechanism: Grant

Anticipated Total Available Funding: up to \$4.3 million

Length of Project: 24 months

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, March 31, 2020 at 7:59 p.m. E.T.

The Fiscal Year 2020 Law Enforcement Mental Health and Wellness Act (LEMHWA) program funds are being used to improve the delivery of and access to mental health and wellness services for law enforcement through training and technical assistance, demonstration projects, and implementation of promising practices related to peer mentoring mental health and wellness programs. The 2020 LEMHWA program will fund projects that develop knowledge, increase awareness of effective mental health and wellness strategies, increase the skills and abilities of law enforcement, and increase the number of law enforcement agencies and relevant stakeholders using peer mentoring programs.

This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for-profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith-based organizations. For-profit organizations (as well as other recipients) must forgo any profit or management fee.

The 2020 LEMHWA program will fund projects related to the following topic areas:

- Peer Support Implementation Projects
- National Peer Support Program for Small and Rural Agencies
- LEMHWA Coordinator Assistance Provider

Eligibility:

This solicitation is open to all public governmental agencies, federally recognized Indian tribes, for-profit (commercial) organizations, nonprofit organizations, institutions of higher education, community groups, and faith-based organizations. For-profit organizations (as well as other recipients) must forgo any profit or management fee.

The COPS Office welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any other entities carrying out the federal award must be identified as proposed subrecipients. The applicant must be the entity that would have primary responsibility for carrying out the awards, including administering the funding and managing the entire project. The terms and conditions of the federal award are also applicable to subrecipients.

Proposals should be responsive to the topic selected, improve the delivery of and access to mental health and wellness services for law enforcement, and significantly advance peer mentoring mental health and wellness programs within law enforcement agencies across the country. With the exception of the "Peer Support Implementation" topic area, initiatives that primarily or solely benefit one or a limited number of law enforcement agencies or other entities will not be considered for funding.

SAVE THE DATES – 2020 NASMHPD ANNUAL CONFERENCE (COMMISSIONERS ONLY)



July 26 to 28 at the Westin Arlington Gateway Hotel,
Arlington, Virginia

Additional Information to be Provided in the Near Future

NIMH Funding Opportunity Announcement

Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required) – RFA- MH-20-401

Application Due Date: August 25, 2020, 5:00 p.m. Local Time of Applying Entity

Earliest Start Date: April 2021, respectively

This Funding Opportunity Announcement (FOA) supports pilot work for subsequent studies testing the effectiveness of strategies to deliver evidence-based mental health services, treatment interventions, and/or preventive interventions (EBPs) in low-resource mental health specialty and non-specialty settings within the United States. The FOA targets settings where EBPs are not currently delivered or delivered with fidelity, such that there are disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of comorbid substance use disorders, etc.) for the population(s) served. Implementation strategies should identify and use innovative approaches to remediate barriers to provision, receipt, and/or benefit from EBPs and generate new information about factors integral to achieving equity in mental health outcomes for underserved populations. Research generating new information about factors causing/reducing disparities is strongly encouraged, including due consideration for the needs of individuals across the life span. Applications proposing definitive tests of an implementation strategy should respond to the companion R01 announcement RFA-MH-20-400.

This initiative supports pilot work in support of subsequent studies testing the effectiveness of strategies to deliver EBPs in low-resource settings in the United States, in order to reduce disparities in mental health and related functional outcomes (e.g., employment, educational attainment, stable housing, integration in the community, treatment of co-morbid substance use disorders, etc.) for the population(s) served. Of interest are settings where a significant number of children, youth, adults, or older adults with or at risk for mental illnesses can be found and evidence-based mental health treatments or services are not currently delivered. Applications focused on developmental work that would enhance the probability of success in subsequent larger scale projects are also encouraged.

Developmental work might include: refining details of the implementation approach; examining the feasibility of novel approaches and technologies; examining the feasibility of data collection including administration of instruments, obtaining administrative or other types of data, etc.; enhancing the protocol for the comparison group and randomization procedures (if appropriate); examining the feasibility of recruiting and retaining participants into the study condition(s); and developing and testing supportive materials such as training curricula. Therefore, collection of preliminary data regarding feasibility, acceptability and engagement of intervention targets is appropriate. However, given the intended pilot nature of the R34 activity code, conducting fully powered tests of outcomes or attempting to obtain an estimate of an effect size may not be feasible.

The goal of this FOA is to conduct pilot work in support of subsequent studies that develop test the effectiveness of scalable implementation strategies to achieve delivery of EBPs with high fidelity in low-resource settings and significantly improve clinical and functional outcomes toward greater equity with outcomes documented the general population studies.

Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for NIH support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

Nonprofits with and without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Small Businesses

For-Profit Organizations Other Than Small Businesses

State Governments

County Governments

City or Township Governments

Special District Governments

Indian/Native American Tribal Governments (Federally Recognized & Other than Federally Recognized)

U.S. Territories or Possessions

Independent School Districts

Public Housing Authorities

Indian Housing Authorities

Native American Tribal Organizations (other than Federally recognized tribal governments)

Faith-Based or Community-Based Organizations

Regional Organizations

NOT Eligible to Apply: Non-domestic (non-U.S.) Entities (Foreign Institutions). . Non-domestic (non-U.S.) components of U.S. Organizations. Foreign components, as defined in the NIH Grants Policy Statement.

Zero Suicide International 5

May 10 to 12 **POSTPONED TO EARLY FALL, 2020, Anfield Stadium, Liverpool, UK**

in Partnership with Mersey Care NHS Foundation Trust



Leaders from countries around the world came together in Rotterdam, the Netherlands in September 2018 for **Zero Suicide International 4**. As a result, the [2018 International Declaration](#) was produced with a video complement, [The Zero Suicide Healthcare Call to Action](#).

During the fifth international summit, our goal is to identify the three next key steps through inspiration, ideation, and implementation.

Please note a key change for 2020: Prior ZSI events have been invitation only. Our first three events in 2014, 2015, and 2017 were all part of the International Initiative for Mental Health Leadership (IIMHL) events and followed their small match

meeting format (with 40 to 70 participants only), with Rotterdam in 2018 being the first ZSI event to stand on its own (over 100 leaders joined). For Liverpool 2020, we will partner with Joe Rafferty and, together with the Zero Suicide Alliance hosting up to 500 or more in the Liverpool Football Club. For the first time, no invitation will be required and all interested in advancing safer healthcare are welcome to join.

In order to ensure the Liverpool summit maintains the strong focus on networking and action steps of our prior more intimate convenings, we are working with the Flourishing Leadership Institute and their amazing team experienced in whole-system transformation. We'll be harnessing the complete power of the group's collective experience and imagination to drive forward the next successes in Zero Suicide Healthcare, and everyone who participates will be engaged.

Interested in becoming a sponsor? Contact karen.jones@riinternational at RI International or justine.maher@merseycare.nhs.uk at Mersey Care for details on available sponsorship packages. We're excited the American Foundation for Suicide Prevention has again committed their support and look forward to connecting with many others who will help us make this event and its outcomes a success.

Nominate a Dr. Jan Mokkenstorm International Zero Suicide Visionary Award Winner

This year's International Zero Suicide Summit will be bittersweet as our first without our beloved colleague Jan Mokkenstorm. During the Summit in Liverpool, the first annual Jan Mokkenstorm Zero Suicide Visionary Award will be presented in his honor. Below is information on the award and instructions for nominating someone. We look forward to seeing everyone in Liverpool and remembering Jan's contributions to making sure no one dies alone and in despair.

Dr. Jan Mokkenstorm played an integral part of the inaugural International Zero Suicide Summit with the International Initiative for Mental Health Leadership match in Oxford in 2014. In subsequent years, Dr. Mokkenstorm attended the International Zero Suicide Summits in Atlanta (2015), and Sydney (2017) in his continued commitment to the global Zero Suicide Movement. He provided vital participation in the collaborative development of the "International Declaration for Better Healthcare: Zero Suicide" in 2015. He also continued the push for the initiative to "move beyond the tipping point" by hosting the 4th international Zero Suicide Summit in Rotterdam in 2018.

Jan demonstrated his passionate commitment to reducing suicides through his tireless efforts to promote the belief that suicides should never be an event that occurs. Through visionary leadership he inspired countless others to join this cause themselves on an individual, organizational, and community level. He was instrumental in spreading the global adoption of the Zero Suicide mission as well as set the pace for innovation and substantial change in many countries across the globe. Simply put, Jan demonstrated exceptional service to the betterment of society through his work with Zero Suicide and suicide prevention.

Nomination Requirements

1. Must have shown national/international leadership in the area of suicide prevention
2. Must have participated in fostering substantial change and innovation in the area of suicide prevention
3. Must have challenged/helped shape government policies and supported a wider awareness and discussion around suicide prevention
4. Must be in attendance at the International Zero Suicide Summit when the award will be presented
5. Must have two (2) letters of recommendation from recognized suicide prevention leaders in one's home country

Judging

1. The announcement of nominations will be handled by the host nation in conjunction with other communications about the Zero Suicide Summit
2. The host nation will convene a Nomination Committee of three individuals who will review the nominations and award one winner

If you have nominations or would like to participate, please contact Becky Stoll, Vice President, Crisis and Disaster Management at becky.stoll@centerstone.org.

David W. Covington, LPC, MBA
CEO & President

RI International
(RIA for Recovery Innovations, Inc.)
2701 N. 54th Street, Suite 310
Phoenix, AZ 85018

Work: 480-636-3088
Mobile: 404-435-8103
Email: David.Covington@riinternational.com





NOW RECRUITING

CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care

Combining the strongest components of OnTrack and the evidence-based Individual Resilience Training (IRT) of NAVIGATE, C4 Innovations is offering a new training in coordinated specialty care.

This is an ideal opportunity for teams to receive new or refresher training in CSC.

The tool will offer scalable, efficient professional development for CSC teams.

Now recruiting both new and already-established CSC teams interested in participating in a research study. Our goal is to **test our new training tool** with practitioners in the field. Your feedback will help us refine the tool, share what we learn, and **improve services for people experiencing first episode psychosis.**

What can teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- All teams will be trained by mid-April
 - InPerson training scheduled 3/26/2020 – 3/27/2020
 - OnDemand training scheduled 3/30/2020 – 4/10/2020
- Opportunity to provide critical feedback on a new CSC training tool

HOW CAN MY AGENCY TAKE PART?



Call our Research Coordinator, Effy: 347-762-9086
Or email: cscstudy@center4si.com



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

Dr. Bello is an Assistant Professor of Clinical Psychology in Psychiatry. She is also the Clinical Training Director of OnTrackNY at the Center for Practice Innovations within the Division of Behavioral Health Services and Policy Research at Columbia University. She graduated with her PhD in Clinical Psychology from the University of Hawaii- Honolulu.

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

A NYS certified peer specialist, Abaigael currently serves as a Recovery Specialist and Trainer for OnTrack NY. She has worked as a peer specialist in a variety of settings through the NYS Office of Mental Health, including clinics and as a member of an ACT team. She was based in the OMH NYC field office as an Advocacy Specialist in the Children's Services division.

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

Susan Gingerich has been closely involved with the NAVIGATE First Episode of Psychosis program since 2009, helping to develop all the manuals and providing consultation calls for the directors of 17 NAVIGATE programs during the research phase of The Recovery After An Initial Schizophrenia Episode (RAISE) initiative. She is currently the training coordinator for the NAVIGATE Program.

Thomas Jewell, PhD | Project Manager, Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research

Tom Jewell, PhD is on the staff of the CPI, Columbia University, New York State Psychiatric Institute and the Department of Psychiatry at the University of Rochester, School of Medicine and Dentistry. His specialty has been in evaluation and research into evidenced-based practices. He is a family intervention trainer with OnTrackNY, which deals with first episode psychosis.

Nev Jones, PhD | Assistant Professor, University of South Florida | Department of Mental Health Law & Policy | Louis de la Parte Florida Mental Health Institute

Dr. Jones received her Ph.D. from DePaul University, followed by a postdoctoral fellowship at Stanford University in medical anthropology and psychiatry. Dr. Jones has worked in leadership positions in both state government and nonprofit community mental health. Her research covers social, cultural and structural determinants of disability and recovery, youth and young adult behavioral health services, and peer and family support.

Piper Meyer-Kalos, PhD, LP | Director of Research and Evaluation, Minnesota Center for Chemical and Mental Health

Piper Meyer-Kalos, PhD, HCP-P, holds her doctoral degree in Clinical Rehabilitation Psychology from Indiana University – Purdue University, Indianapolis and specializes in psychiatric rehabilitation and treatment for FEP with interests in recovery, positive psychology, and psychosocial treatment for people with severe mental illness. Since 2009, Dr. Meyer-Kalos has been part of the psychosocial development team of RAISE project and has co-led the individual therapy component (IRT).

Ilana Nossel, MD | Medical Director, OnTrackNY | Assistant Professor, Columbia University Medical Center

Dr. Nossel practices general adult psychiatry, including consultation, psychotherapy and medication management. She currently serves as the the Medical Director of OnTrack NY. She previously worked as Associate Director of the PI Residents Clinic and completed a pilot study adapting Critical Time Intervention (CTI) for frequent users of the psychiatric emergency room.

Gary Scannevin, Jr., M.P.S., CPRP | IPS Trainer Center for Practice Innovations (CPI) Division of Behavioral Health Services and Policy Research, New York State Psychiatric Institute

Gary has worked in the mental health sector of healthcare for 29 years. He is currently an IPS Trainer at the CPI at Columbia University Psychiatry, where his primary mission is training Supported Education and Employment Specialists (SEES) in both OnTrackNY and OnTrackUSA.

Delbert Robinson, MD | Associate Professor, The Center for Psychiatric Neuroscience, Feinstein Institutes for Medical Research

Dr. Robinson has led NIMH-funded studies focused upon first episode schizophrenia, tools to enhance antipsychotic medication adherence, and obsessive-compulsive disorder. For the RAISE-ETP study, he chaired the Psychopharmacological Treatment Committee. He was the primary developer of the Medications manual for RAISE-ETP and has provided training and consultation for NAVIGATE prescribers since 2009.



Call for Conference Presentation Submissions

[2020 Annual Conference on Advancing School Mental Health](#)

Conference Theme: *Equitable and Effective School Mental Health*

October 29 to 31, 2020

Marriott Baltimore Waterfront Hotel, Baltimore, Maryland

Hosted by the [National Center for School Mental Health \(NCSMH\)](#)
at the University of Maryland School of Medicine
Division of Child and Adolescent Psychiatry

Submission Deadline: Midnight (PST), Monday, February 24, 2020
All proposals must be submitted online.

Download the [2020 Annual Conference Request for Proposals](#) for detailed instructions. Additionally, **we strongly recommend** downloading the [Word proposal template](#) to prepare your proposal for online submission: type your responses into the Word document and once fully completed, begin your online submission.

If you experience any difficulties, please contact the NCSMH:

Phone: 410-706-0980

Email: ncsmh@som.umaryland.edu

Web: [Annual Conference on Advancing School Mental Health](#)

Get information on mental health services and resources near you, searchable by state or zip code:

www.samhsa.gov/find-help



SAMHSA
Substance Abuse and Mental Health
Services Administration

Behavioral Health Treatment Services Locator

HHS.gov



Training.
Educating.
Leading.



The National Center of Excellence for Eating Disorders (NCEED) was created to serve as *the* centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED's Website at <https://www.nceedus.org/>

NCEED is the nation's first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.



The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (<https://www.nceedus.org/>) is designed to be user-friendly and easy to navigate for all users. The center's web platform is divided into four content areas based on the user's role. These content areas tailor the user's experience in searching for up-to-date, evidence-based trainings and resources.



The MHDD-NTC is a collaboration between the University Centers for Excellence in Developmental Disabilities at the University of Kentucky, University of Alaska Anchorage, and Utah State University.

Established in 2018 through funding provided by the Administration for Community Living, the training center aims to improve mental health services and supports for people with developmental disabilities. By serving not only as a training center, but also as a national clearinghouse, the training center helps provide access to the most current evidence-based, trauma-informed, culturally responsive practices that address the mental health needs of individuals with developmental disabilities.

Please visit their website at <https://mhddcenter.org/>



National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices.

It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. [Visit the new NCAPPS website for more information.](#)

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

Monday, March 30, 1:00 p.m. – 2:30 p.m. E.T.	The PAE Attention Framework: Understanding the Ingredients for Successful Stakeholder Engagement REGISTER HERE
April 2020	Inclusion & Belonging and Implications for Person-Centered Thinking, Planning, & Practice
May 2020	Person-Centered Thinking, Planning, and Practice in the No Wrong Door System (e.g., Aging and Disability Resource Centers, Centers for Independent Living, and Area Agencies on Aging)
June 2020	Can Measures of Person-Centered Thinking, Planning, and Practice Be Used to Nudge Providers and Systems to Be More Person-Centered?
July 2020	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
August 2020	Myths and Misperceptions about Financing Peer Support in Medicaid
September 2020	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
October 2020	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
November 2020	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
December 2020	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition



Register Now for
National Drug and
Alcohol Facts Week®
(NDAFW) in March

of **SHATTERING THE MYTHS®** about drugs, alcohol, and addiction from **Monday, March 30, to Sunday, April 5, 2020**. NDAFW is a national health observance linking teens to science-based facts about drugs and alcohol.

Join National Institute on Drug Abuse (NIDA) in celebrating the 10th anniversary of NDAFW. [NIDA research](#) shows that people are more likely to try drugs for the first time during the summer, making spring a critical season for reaching teens with important messages about drug and alcohol use.

It's easy to get involved! Find [activity ideas](#), then register your event online. Registration takes only a few minutes.

Don't know where to start? NIDA has [toolkits](#) to help you plan an activity or event that works for your organization or community. Please contact NIDA's Brian Marquis at drugfacts@nida.nih.gov for assistance.

[REGISTER YOUR EVENT](#)



Target Audiences: Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, and Peer Specialists/Peer Support

SAFETY, SUPPORT & GROWTH: EFFECTIVE TRAUMA-INFORMED PEER SUPPORT AND POST-TRAUMATIC GROWTH

THURSDAY, APRIL 2, 3:00 P.M. TO 4:00 P.M. E.T.

Our feeling of safety in our relationships and our world is a social determinant with broad consequences. When our safety is violated we experience trauma. The impact of trauma can be subtle, insidious, or outright destructive. How traumatic experiences affect us depends on many factors, including the nature of the event(s), the personal meaning of the trauma, personal characteristics and sociocultural factors. It can affect: the way we see and think about ourselves; how we interact with others; how safe or unsafe we feel; our ability to regulate emotion; and our mental and physical wellbeing.

Effective peer support provided by individuals with deep, empathetic and personal understandings of trauma can assist people in healing, and regaining a sense of safety and for some it can aid in the internal process of post-traumatic growth. This webinar will help identify the role and value of peer support in understanding trauma and promoting wellbeing and post-traumatic growth.

Presenters: Patrick Hendry & Kelly Davis, Mental Health America

[REGISTER HERE](#)

KETAMINE/ESKETAMINE IN THE TREATMENT OF SERIOUS AND PERSISTENT DEPRESSION: PRACTICAL CONSIDERATIONS

THURSDAY, APRIL 6, 3:00 P.M. TO 4:00 P.M. E.T.

This webinar will briefly review the science and pharmacology that led to the development of ketamine and Esketamine as a treatment for neuropsychiatric disorders. It will specifically focus on major issues to be contemplated when considering recommending treatment with ketamine or Esketamine to treat severe and persistent major depressive disorder. We will critically review the existing data from a wide range of clinical trials and attempt to incorporate this data into clinical decision making processes.

Presenter: Gerard Sanacora, PhD, MD, Yale University

[REGISTER HERE](#)

SMI ADVISER CORONAVIRUS [RESOURCES](#)

Recorded Webinars

- [Managing the Mental Health Effects of COVID-19](#)
- [Telepsychiatry in the Era of COVID-19](#)

Accreditation - The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

e/Nurse Practitioner Accreditation - The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Funded by



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Grant Statement

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Patient Advocacy Summit

Rescheduled

July 29 – 30, 2020 • Doubletree Hotel Center City • Philadelphia, PA

[BROCHURE](#)

[FULL TIMED AGENDA](#)

[REGISTER](#)

The 2020 [Patient Advocacy Summit](#) part of the [8th Annual Patient Congress](#) April 6-7 in Philadelphia is just one month away. The conference's topic is " **Foster an Integrated Approach to Patient Advocacy through Patient Engagement, Public Policy Education, and Stakeholder Collaboration.** This Summit will bring together pharmaceutical manufacturers, patient groups, patient leaders, and policy makers, to discuss ways to tackle the complexities of patient advocacy and the health care market.

Key Themes to be Addressed:

- Patient Advocacy Strategies
- Policy Initiatives and Legislation
- Value Metrics and Measurable Outcomes
- Patient Education and Support Initiatives
- Compliance and Transparency in Advocacy Partnerships
- Social Media and Patient Engagement

Meet Some of the Distinguished Speaker Faculty



Andrea Furia-Helms
Director, Patient Affairs
FDA



Scott Williams
Vice President, Head, Global
Patient Advocacy and
Strategic Partnerships
EMD SERONO



Sarah Krug
Chief Executive Officer
CANCER CARE 101

WHY ATTEND?

- **FIRST-HAND PATIENT INSIGHTS** .Hear directly from patients, caregivers, and advocacy groups to inform advocacy strategies
- **CROSS-STAKEHOLDER INSIGHTS.** C-suite and senior level executives from Payer, Provider, Pharmacy, Pharma, Patient Advocacy Groups, and Patient Leaders share their perspectives on how to improve patient support and raise the voice of patients



THERE'S SOMETHING FOR EVERYONE

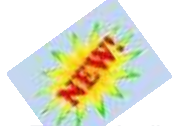
Help your whole team stay ahead!

Register 3 team members, and the 4th attends free

TA Network Opportunities

A CONVERSATION ON CRISIS COMMUNICATIONS DURING COVID-19

Tuesday, March 31
2:00 p.m. to 3:00 p.m. E.T.



Friday, April 3
2:00 p.m. to 3:00 p.m. E.T.

Join the System of Care Leadership Learning Community's social marketing experts for a virtual session on crisis communications during COVID-19. Learn best practices for how, what, and when to communicate with your community.

[REGISTER HERE](#)

OFFICE HOUR: BEHAVIORAL HEALTH EQUITY AND CLC SUSTAINABILITY STRATEGIES

Sustaining culturally and linguistically responsive services within health organizations and systems is critical in advancing behavioral health equity. This discussion will provide examples of behavioral health strategies and activities to sustain CLC within communities based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.

Effective strategies for expanding and sustaining behavioral health equity include: 1) Implementing Policies, Administrative, and Regulatory Changes; 2) Creating and Improving Financing Strategies; 3) Providing Training, Technical Assistance and Coaching; and 4) Developing or Expanding Services based on the System of Care philosophy and approach. (Stroul and Friedman, 2011).

This is an open office hour call. Please be prepared to share your ideas, questions and collaborations in an open forum. The use of web camera is encouraged. The lines will remain open.

[REGISTER HERE](#)

Wednesday, April 8
2:00 p.m. to 3:00 p.m. E.T.

INNOVATIVE STRATEGIES FOR OUTREACHING AND ENGAGING YOUNG PEOPLE IN BEHAVIORAL HEALTH SERVICES

Outreach and engagement are critical components to establishing better outcomes for youth and young adults of transition age. During this webinar, the Young Adult Services and Supports Learning Community (YASS) will explore best practices and lessons experienced by the Florida Healthy Transitions team. This SAMHSA funded program has outreached to over 11,762 community members, conducted 17,313 facilitated behavioral health screenings, and provided services to over 1,600 youth and young adults. We will review their peer-to-peer model of care along with strategies on how they integrate youth into the full scope of the program.

[REGISTER HERE](#)

Monday, April 20
1:00 p.m. to 2:30 p.m. E.T.



ADDRESSING RACISM AS A SOCIAL DETERMINANT OF HEALTH AND WELL-BEING IN CHILDREN, ADOLESCENTS, AND EMERGING ADULTS

During this webinar, there will be an in-depth discussion and presentation for professionals working in behavioral health and health care settings, including family and youth engagement professionals.

- Defining racism as a social determinant of health and the importance of addressing racism in advancing health equity;
- Sharing childhood experiences of racism and their impact on the health and well-being of children, adolescents, emerging adults, and their families; and
- Identifying strategies to mitigate the effects of racism on children and adolescents through clinical practice, workforce development, policies, community-level interventions, and systems transformation.

[REGISTER HERE](#)

2020 TRAINING INSTITUTES, JULY 1 TO 3, 2020

For more than 30 years, the Training Institutes, a biennial event, have been the premier convening of leaders in Children's Services. The 2020 Training Institutes, *What Could Be: Bolder Systems and Brighter Futures for Children, Youth, Young Adults, and their Families*, challenge us to build on existing delivery systems for Children's Services with new ideas to meet the future.

[REGISTER HERE](#)



Conference Schedule Updates Resulting from COVID-19 Pandemic Measures

- [38th Annual Protecting Our Children 2020 Conference is going virtual.](#)
- The Child Welfare League of America 2020 Conference has been postponed.
- The 2020 National Conference on Juvenile Justice has been postponed.
- The 33rd Annual Children's Mental Health Research & Policy Conference has been cancelled.
- [The 2020 Janet Reno Forum](#) is **postponed**.
- [The July Youth in Custody Certificate Program](#) is **postponed**.



SAMHSA's Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

YOU CAN ACCESS THE SMI TREATMENT LOCATOR [HERE](#)

Social Marketing Assistance Available

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

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the [University of Maryland's TA Network](#).

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

Tip Sheets and Workbooks

Getting Started

- [Brand Development Worksheet](#)
- [Creating Your Social Marketing Plan](#)
- [Developing a Social Marketing Committee](#)
- [Social Marketing Needs Assessment](#)

Social Marketing Planning

- [Social Marketing Planning Workbook](#)
- [Social Marketing Sustainability Reflection](#)

Hiring a Social Marketer

- [Sample Social Marketer Job Description](#)
- [Sample Social Marketer Interview Questions](#)

Engaging Stakeholders

- [Involving Families in Social Marketing](#)
- [Social Marketing in Rural and Frontier Communities](#)
- [The Power of Partners](#)
- [Involving Youth in Social Marketing: Tips for System of Care Communities](#)
- [The Power of Telling Your Story](#)

Visit the Resources at NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center

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

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

Training Guides

Training Videos: Navigating Cultural Dilemmas About –

- 1. *Religion and Spirituality***
- 2. *Family Relationships***
- 3. *Masculinity and Gender Constructs***

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

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

Training Webinars for Receiving Clinicians in Community Mental Health Programs:

- 1. *Overview of Psychosis***
- 2. *Early Intervention and Transition***
- 3. *Recommendations for Continuing Care***

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

[Trauma, PTSD and First Episode Psychosis](#)

[Addressing Trauma and PTSD in First Episode Psychosis Programs](#)

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

[Engaging with Schools to Support Your Child with Psychosis](#)

[Supporting Students Experiencing Early Psychosis in Middle School and High School](#)

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

[Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families](#)
[Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians](#)

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

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

***For more information about early intervention in psychosis, please visit
<https://www.nasmhpd.org/content/early-intervention-psychosis-eip>***

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NASMHPD Links of Interest

[VIEWPOINT: SAMHSA: CREATING A SYSTEM OF CARE THAT MEETS THE NEEDS OF PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS](#), ELINORE F. McCANCE-KATZ, M.D., Ph.D., *PSYCHIATRIC SERVICES*, MARCH 26

[HHS COVID-19 BEHAVIORAL HEALTH RESOURCES](#)

[PROVIDERS GET CREATIVE TO ADDRESS WORSENING BEHAVIORAL WORKFORCE SHORTAGE AMID COVID-19](#), KYLE COWARD, *BEHAVIORAL HEALTH BUSINESS*, MARCH 23

[ROLE OF MANDATED COMMUNITY TREATMENT FOR JUSTICE-INVOLVED INDIVIDUALS WITH SERIOUS MENTAL ILLNESS](#), McDERMOTT B.E., Ph.D., VENTURA M.I., Ph.D., JURANEK I.D., M.S. & SCOTT C.L., M.D., *PSYCHIATRIC SERVICES*, MARCH 26

[COORDINATED SPECIALTY CARE DISCHARGE, TRANSITION, AND STEP-DOWN POLICIES, PRACTICES, AND CONCERNS: STAFF AND CLIENT PERSPECTIVES](#), NEV JONES, Ph.D., ET AL., *PSYCHIATRIC SERVICES*, MARCH 19

[LONG-TERM UNEMPLOYMENT: A SOCIAL DETERMINANT UNDER-ADDRESSED WITHIN COMMUNITY BEHAVIORAL HEALTH PROGRAMS](#), MARRONE J., M.Ed., & SWARBRICK M.A., Ph.D., *PSYCHIATRIC SERVICES*, MARCH 19

[EFFECT OF THE ENVIRONMENT ON GAIT AND GAZE BEHAVIOR IN OLDER ADULT FALLERS COMPARED TO OLDER ADULT NON-FALLERS](#), ZUKOWSKI L.A., IYIGÜN G., GIULIANI C.A. & PLUMMER P., *PLOS ONE*, MARCH 20

[VALIDATION OF A MOBILE GAME-BASED ASSESSMENT OF COGNITIVE CONTROL AMONG CHILDREN AND ADOLESCENTS](#), SONG H., YI D-J. & PARK H-J., *PLOS ONE*, MARCH 20

[PRACTICAL PREPAREDNESS TIPS FOR BEHAVIORAL HEALTH PROVIDERS AMID COVID-19](#), BAILEY BRYANT, *BEHAVIORAL HEALTH BUSINESS*, MARCH 25

[PERSPECTIVE: SUICIDE—REWRITING MY STORY](#), JUSTIN L. BULLOCK, M.D., M.P.H., *NEW ENGLAND JOURNAL OF MEDICINE*, MARCH 26

[NATIONAL TRENDS IN MENTAL HEALTH CARE FOR U.S. ADOLESCENTS](#), MOJTABAI, R., M.D., Ph.D. M.P.H. & OLFSO M., M.D., M.P.H., *JAMA PSYCHIATRY*, MARCH 25

[NAIC ISSUE BRIEF: COVID-19 AND INSURANCE](#), NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS, MARCH 2020

[HOSPITAL READINESS FOR COVID-19: ANALYSIS OF BED CAPACITY AND HOW IT VARIES ACROSS THE COUNTRY](#), FREDRIC BLAVIN & DIANE ARNOS, URBAN INSTITUTE, MARCH 19

[COVID-19 GUIDANCE FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITIES](#), NATIONAL COUNCIL ON BEHAVIORAL HEALTH, MARCH 2020

[COVID-19 PANDEMIC PROMPTS FEDERAL AGENCIES TO REDUCE RESTRICTIONS ON MEDICATIONS FOR OPIOID USE DISORDER](#), COREY DAVIS, NETWORK FOR PUBLIC HEALTH LAW, MARCH 21