

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

NASMHPD Develops Peer-Led Recommendations for Supporting Individuals Receiving Care in State Psychiatric Facilities during the COVID-19 Crisis

Covid19 has changed all of our lives in so many ways. Social distancing, decreased contact with loved ones, and disruption of every day routine is stressful. The individuals in care in our hospitals are experiencing significant changes in programming and activities. Increased anxiety, depression, paranoia are to be expected during the crisis.

NASMHPD turned to peer leaders from our Division of Recovery Support Services and SAMHSA's Statewide Consumer Networks for their suggestions on supporting those we serve in residential settings. We hope their recommendations will be helpful in supporting all during this challenging time. Utilizing the framework of SAMHSA's [Concept of Trauma and Guidance for a Trauma-Informed Approach](#), NASMHPD solicited recommendations on implementing the six principles of that approach for individuals receiving care in state psychiatric facilities during the COVID-19 crisis from the NASMHPD Division of Recovery Support Services, SAMHSA's Statewide Consumer Networks, and other individuals with lived experience.

Within the context of each principle, practical suggestions were solicited for providing information, support, comfort, and connection in addressing the unique needs of individuals in state facilities, many of whom have been involuntarily committed under court order and have experienced significant trauma throughout their lifetimes. NASMHPD hopes the suggestions which follow can help provide the people we serve with some predictability, reassurance, and control in these uncertain times.

Safety

Caring for the physical and psychological safety of individuals served is paramount during this crisis. The physical setting must be safe, and interpersonal interactions must promote a sense of safety. Recommendations include:

- encouraging exercises on self-compassion, gratitude, and mindfulness;
- providing individuals access to virtual visitation *via* technologies and programs such as Facetime, Skype, and phone apps;
- developing a safety fact sheet on COVID-19;
- asking staff and individuals receiving care what will enhance their personal safety at this time;
- encouraging peers to develop personal comfort strategies;
- offering informational materials and sessions for persons served to educate them on the crisis;

- helping persons in care understand, through regular meetings focused on providing information and taking questions, the difference between isolation (confirmed positives or people showing symptoms consistent with COVID-19) and quarantine (for people exposed to see if they will develop symptoms); and
- explaining variations in protocols (e.g. why staff and designated patients must wear face coverings and individuals receiving care may not).

Empowerment, Voice, and Choice

Whenever possible, allowing individuals in care the opportunity for choice will provide an increased sense of control. Hearing expressed concerns and fears and providing suggestions for self-soothing can reduce symptoms. Recommendations include:

- giving persons receiving care the option to wear facemasks and providing them information on the benefits of using facemasks;
- playing soothing music and sounds to soothe the anxieties of persons in care;
- providing persons receiving care with video-streaming services of relaxing environments, such as zoos or wildlife preserves;
- engaging peers in developing meaningful and relaxing activities on the care unit, such as games;
- developing activities for individuals in isolation that are engaging and meaningful to increase overall health and well-being, such as asking the individual in care what he or she would like to have to help cope with the crisis;
- ensuring that individuals in care but in isolation continue to receive clinical services, either in person or virtually;
- offering individuals receiving care the options to do yoga or online exercises; and
- offering individuals in care creative expression opportunities to work through emotions about the virus, such as making art, writing poetry, or other activities that can be accomplished while social distancing.

Trustworthiness & Transparency

During these uncertain and stressful times, it is critical to maintain trust through regular communication and information-sharing. Anxiety is high for everyone. Individuals may witness another individual in care on the unit escorted by outside paramedics for transport to a general hospital.

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

[Abt Associates Webinar: Prevention Is Protection: Transforming Child Welfare & Strengthening Families: A National Dialogue](#)

[Network for Public Health Law Webinar: Public Health Decision-Making in Light of the COVID-19 Pandemic](#)

[April 21 SAMHSA GAINS Center Webinars: The Critical Role of Mentors in Veterans Treatment Courts & 3-Part Virtual Learning Community: Getting Started: Essential Measures for Data & Information Sharing Across the Sequential Intercept Model](#)

[April 22 CMS Long-Term Services and Supports Webinar: COVID-19 in Indian Country: Considerations and Resources for LTSS](#)

[NASMHPD Additional Links of Interest](#)

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

[Peer Support Services Research Archived Video](#)

[Download the PTSD Coach App from the National Center on PTSD](#)

[American Public Health Association / National Academy of Medicine Recordings Now Available for Webinars on Social Distancing](#)

[Leading Edge Acceleration Projects \(LEAP\) in Health Information Technology Notice of Funding Opportunity \(NOFO\)](#)

RESCHEDULED: 2020 Tuerk Conference on Mental Health and Addiction Treatment, in Baltimore, **SEPTEMBER 10**

[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

CANCELLED: APHSA 2020 National Conference, June 7 to 10, in Arlington, VA

NOW VIRTUAL - National Center for Civil and Human Rights April 2020 Webinar Series on Mental Health Disparities

[Additional NASMHPD Links of Interest](#)

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

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

[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](#)

[MAY 4 & 5 National Commission on Correctional Health Care \(NCCHC\) Virtual Correctional Healthcare Conference](#)

[April Focus Person Health Information Telehealth Discussion & Learning Series of Webinars](#)

[Approved COVID-19 §1915\(c\) Appendix K Waiver Links](#)

[State COVID-19 §1135 Medicaid Waiver Links](#)

[Approved COVID-19 State Plan Amendments](#)

[April 17 Center of Excellence for Personal Health Information Webinar: Understanding the New SAMHSA/OCR Guidance for Telehealth SUD and MH Services](#)

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

[AHRQ Notice of Intent to Fund Funding Opportunity Announcement: Notice of Intent: Revision Supplements to Existing AHRQ Grants and Cooperative Agreements to Address Health System Responsiveness to COVID-19](#)

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

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

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

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[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](#)

[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](#)

[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](#)

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

[SAMHSA Behavioral Health Treatment Services Locator](#)

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

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

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

[SMI Adviser Virtual Learning Collaboratives / Resources on COVID-19](#)

RESCHEDULED - [Register for the Patient Congress Patient Advocacy Summit, July 29-30 in Philadelphia](#)

[TA Network Webinars and Opportunities](#)

[Early Serious Mental Illness Treatment Locator](#)

[Social Marketing Assistance is Available](#)

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

[NASMHPD Links of Interest](#)

[NASMHPD Board & Staff](#)



NASMHPD Develops Peer-Led Recommendations for Supporting Individuals Receiving Care in State Psychiatric Facilities during the COVID-19 Crisis

Recommendations include:

- presenting information on COVID-19 in increments;
- providing updated information and opportunity to process feelings is important in calming escalating fears;
- engaging in honest discussion and allowing fears to be expressed can mitigate escalating feelings.
- developing concrete guidance and lists of “dos and don’ts” for the crisis;
- being transparent with individuals in care about feelings and fears over the crisis;
- practicing calming strategies may also be helpful, which can be practiced at community meetings;
- in the event that an individual in care on the unit dies, giving others on the unit the opportunity to grieve and honor the individual in a way that is meaningful to them; and
- hosting informational sessions to explain changes in policy, practice, and clinical programming and what are behind the changes as practice guidelines are revised to deal with the epidemic .
- creating a warm line for persons in care to call to discuss their own experiences and receive information concerning the virus.
- creating a “coping kit” of stress management and coping strategies favored by staff and persons in care;
- hosting consistent meetings with staff, peer support, and clients on updates concerning the COVID-19 crisis and ending —ideally done virtually through programs like Zoom or Webex—that end with a breathing exercise;
- using virtual meetings to transition persons in care out of state hospitals into community setting; and.
- holding daily morning check-ins/community meetings to speak with and check on the status of individuals in care that provide a forum for both staff and individuals in care to provide support to each other.

Peer Support

Utilizing traditional in-person peer support might be challenging during this time of social distancing. Whatever can be done virtually will provide important connection when physical connection is not possible. Encouraging mutual self-help and learning to care for one would provide additional comfort during this difficult time. Recommendations include:

- Continuing peer support, either in-person or virtually (depending on the hospital’s policies)

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Collaboration and Mutuality

Everyone has a role to play during the COVID-19 crisis. Individuals in care and the persons serving them are all experiencing fear, anxiety, and uncertainty. We are truly in this together and you don’t have to be a therapist to be therapeutic! Recommendations include:

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- providing in-unit individuals in care with information and tools (i.e. curriculum, training) for them to assist other patients in their units; and
- encouraging the use of peer-to-peer support among peer workers at the facility.

Cultural, Historical & Gender Issues

Family and cultural connections are important for the well-being of persons in care. Media coverage often focuses on certain groups being more susceptible to COVID-19 than others. As such, it is important to provide accurate information in order to preemptively address misinformation.

Recommendations include:

- informing individuals in care that all people can be affected by this crisis—educating honestly that while older people are at highest risk, even younger people with pre-existing conditions, including current and former smokers or people with diabetes, are at high risk; a
- encouraging individuals to share their traditional, cultural healing rituals and values; and
- attending to issues of stigma relating to having a highly contagious disease..

Resources

- <https://dulwichcentre.com.au/wp-content/uploads/2020/03/Lived-wisdom-on-panic.pdf>
- <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>



SAMHSA-SPONSORED WEBINAR

Improving Access to Care: Mental Health Course for Parents and Caregivers Available through Technology

Wednesday, April 29, 2:00 p.m. to 3:30 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors and presented by the National Alliance on Mental Illness

NAMI Basics is an education program developed for parents and caregivers of youth age 22 or younger who are experiencing mental health symptoms. Since 2009, NAMI Basics has been offered in an in-person format by NAMI Affiliates in local communities. Parents and caregivers often found they were unable to attend the six-week course because of childcare, transportation and other family obligations leaving them frustrated and without the information they so desperately needed. NAMI responded with the development of NAMI Basics OnDemand, the web-based interactive and accessible version of the course, available 24/7 to anyone with an internet connection.

NAMI Basics OnDemand is an online course that was developed in response to demand for a conveniently accessible version of NAMI Basics. Just like the in-person course, NAMI Basics OnDemand is geared toward the unique needs of parents and other caregivers of children age 22 and younger experiencing mental health conditions. It is available online 24/7 and covers much of the same material as the in-person course.

This webinar will focus on NAMI's use of technology to engage parents and caregivers through the NAMI Basics education program, including: the process that went into the project, the experience and outcomes of the project and next steps towards promoting continued engagement.

Presenter: Anita Herron serves as a Manager of National Education Programs for NAMI. Anita is responsible for maintaining and improving existing programs, working closely with stakeholders, assessing program data and developing and delivering programming for the NAMI National Convention.

[REGISTER HERE](#)

We do not offer CEU credits however letters of attendance are offered upon request.

***Closed-captioning is available for this webinar.

If you have any questions please don't hesitate to contact Kelle Masten via [email](#) or at 703-682-5187



New Veterans Affairs Safe Firearm Storage Toolkit Aims to Reduce Veteran Firearm Suicide

The Department of Veterans Affairs Office of Mental Health and Suicide Prevention released a toolkit--[Suicide Prevention is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community](#)--on April 12 in an effort to reduce veteran suicides by firearm. Developed in partnership with the American Foundation for Suicide Prevention (AFSP) and the National Shooting Sports Foundation (NSSF), the goals of the toolkit are to promote safe firearm storage; increase awareness that suicide is preventable, and promote the role of safe storage to reduce firearm suicides and injuries; and encourage precautionary measures by connecting to community-based resources and support to engage in safe firearm storage.

According to a VA [press release announcing the program](#), 2017 data shows that firearms accounted for nearly 70 percent of veteran suicides, compared to 50 percent in the general population. Among the 50 percent of veterans who own a firearm, only 1 in 3 report practicing safe firearm storage in their home, such as keeping firearms locked and unloaded, and keeping firearms and ammunition separate when not in use.

The toolkit provides tips for safely storing firearms including:

- Defining safe firearm storage and cost-effective options for firearm storage;
- Identifying times when firearm owners should consider out-of-home storage when a family member or loved one is experiencing a crisis and at heightened risk of suicide or self-harm; and
- Addressing common misconceptions about firearm storage.

The toolkit also provides a step-by-step guide for engaging community leaders in building coalitions and raising awareness about safe firearm storage. The guide states, "Programs to promote safe firearm storage among service members and veterans are most effective when they are carried out by and with the community, instead of coming from outside the community without their support."

The recommended steps for community collaboration include:



The resource is timely during the COVID-19 pandemic as some media outlets are reporting on the negative impact of COVID-19 on suicide mortality. In an April 9 [article](#) by John Hopkins Bloomberg School of Public Health, Daniel Webster, Director of the John Hopkins Bloomberg School of Public Health's Center for Gun Policy and Research states, "We have a perfect social brew for increased suicide risk—social isolation, anxiety, financial run. ... So many folks experiencing those sets of emotions and conditions, have access to a gun."

An April 10 *JAMA Psychiatry* article, [Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?](#), noted that because social distancing has been implemented to reduce the spread of the disease, "the potential for adverse outcomes on suicide risk is high." The authors of that article, Mark A. Reger, Ph.D., Ian H. Stanley, M.S., and Thomas E. Joiner, Ph.D., outline opportunities to enhance suicide prevention efforts during the COVID-19 pandemic, such as staying connected to friends and family by telephone, video calls or other social media platforms, using tele-mental health services to provide evidence based treatment, increasing access to crisis care services and mental health screenings, and providing evidence-based suicide prevention interventions that can be delivered remotely such as telephone outreach, follow-up calls, caring contact letters or postcards.



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. 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.

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](#).

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THIS WEEK: Disaster Expert Jeannette David Says the Past Might Inform Us on What is to Come in Behavioral Health

Five months after Hurricane Katrina ravaged New Orleans, in 2006, people carried around loss and abandonment like a bag of rocks they tugged from one day to the next, with nowhere to set it down. Their pain was palpable, and so too was their skepticism as they carefully scrutinized passersby to determine who had gone through Katrina, and who had not, who was an insider and who was not.

Jeannette David, the disaster mental health coordinator at Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD), says collective trauma can be passed from one generation to the next. It happened in the United Kingdom with blitzkrieg (sometimes called lightning war), Germany's bombing campaign during the Second World War. "Many of the people who lived through the Blitz aren't alive anymore, but their children are, and they inherited the trauma. You can feel it in them even though they didn't live through it themselves." She notes that we will likely see similar collective trauma in future generations because of Katrina, 9/11, and on a global scale, COVID-19.

David has provided administrative oversight as well as training and consultation in the Federal Emergency Management Agency Crisis Counseling Assistance and Training Program (FEMA CCP) in the aftermath of numerous disasters. She's overseen six CCPs in Georgia and provided training and consultation to another six CCPs in other states. The program offers short-term disaster relief to help people and communities recover through access to crisis counseling services as well as community networking and support. CCP grants are awarded to a state after a [presidential disaster declaration](#).

While the residual effects of a disaster can linger throughout lifetimes, increased demand on behavioral health services often has a delayed curve. "It's usually when the helpers have picked up and left that we begin to see the spike in mental health calls." This is, in part, says David, related to stigma, marketing, and how people see themselves.

LEARN MORE & CHECK OUT OUR LIFE IN PICTURES: COVID-19 QUARANTINE

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](#)

Disaster Distress Helpline

PHONE: 1-800-985-5990
TEXT: "TalkWithUs" to 66746



Call us:
1-800-985-5990



Text:
'TalkWithUs' to 66746



Visit:
<http://disasterdistress.samhsa.gov>



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Twitter (@distressline):
<http://twitter.com/distressline>

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990
or text 'TalkWithUs' to 66746
to get help and support
for any distress that you or someone
you care about may be feeling
related to any disaster.

The **Helpline** and **Text Service** are:

- Available 24 hours a day,
7 days a week, year-round
- Free (standard data/text messaging
rates may apply for the texting service)
- Answered by trained crisis counselors.

TTY for Deaf / Hearing Impaired:
1-800-846-8517

Spanish-speakers:
Text **"Hablanos"** to 66746



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4787)

Administered by the Substance Abuse and Mental Health
Services Administration (SAMHSA) of the U.S. Dept. of Health
and Human Services (HHS).

Disasters have the potential to cause emotional distress. Some are more at risk than others:

- Survivors living or working in the impacted areas (youth & adults)
- Loved ones of victims
- First Responders, Rescue & Recovery Workers.

Stress, anxiety, and depression are common reactions after a disaster.

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Drinking alcohol, smoking or using tobacco more than usual;
- Using illegal drugs
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

Take care of yourself. Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

Reach out to friends and family. Talk to someone you trust about how you are doing.

Talk to your children. They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

Get enough 'good' sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed
- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

Take care of pets or get outside into nature when it's safe. Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



Know when to ask for help. Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...

**Call 1-800-985-5990 or
text 'TalkWithUs' to 66746.**

You Are Not Alone.



FEDERAL COMMUNICATIONS COMMISSION GUIDANCE ON THE TELEHEALTH PROGRAM APPLICATION PROCESS (DA-20-394)



On April 2, 2020, the Commission released a Report and Order establishing the COVID-19 Telehealth Program. By this Public Notice, the Wireline Competition Bureau (Bureau) provides guidance on actions applicants can begin to take to ready themselves for filing an application for COVID-19 Telehealth Program funding.

The COVID-19 Telehealth Program will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response

to the novel Coronavirus 2019 disease (COVID-19) pandemic. The COVID-19 Telehealth Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended. In order to ensure as many applicants as possible receive available funding, we do not anticipate awarding more than \$1 million to any single applicant.

Examples of services and devices that COVID-19 Telehealth Program applicants may seek funding for include:

- Telecommunications Services and Broadband Connectivity Services: Voice services, and Internet connectivity services for health care providers or their patients.
- Information Services: Remote patient monitoring platforms and services; patient-reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation.
- Internet Connected Devices/Equipment: tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site.

Eligible health care providers that purchased telecommunications services, information services, and/or devices in response to the COVID-19 pandemic after March 13, 2020 may apply to receive funding support through the COVID-19 Telehealth Program for eligible services purchased on or after March 13, 2020. In addition, COVID-19 Telehealth Program support will be available to eligible health care providers for services that require monthly recurring charges, such as broadband connectivity or remote patient monitoring services, through September 30, 2020.

Interested health care providers must complete several steps to apply for funding through the COVID-19 Telehealth Program:

- (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC); and
- (2) obtain an FCC Registration Number (FRN); and (3) register with System for Award Management.

If an interested party does not already have these steps and accompanying components completed, the Bureau recommends that it gather the necessary information and begin to complete other necessary steps now, so it is prepared to submit applications for program funding as soon as applications can be accepted for filing. The Bureau will release a subsequent Public Notice announcing the application acceptance date immediately following the effective date of the COVID-19 Telehealth Program information collection requirements.

Eligibility Determination

Health care providers seeking to participate in the COVID-19 Telehealth Program must obtain an eligibility determination from the Universal Service Administrative Company (USAC) for each health care provider site that they include in their application. Health care provider sites that USAC has already deemed eligible to participate in the Commission's existing Rural Health Care (RHC) Programs may rely on that eligibility determination for the COVID-19 Telehealth Program. Interested health care providers that do not already have an eligibility determination may obtain one by filing an [FCC Form 460 \(Eligibility and Registration Form\)](#) with USAC. Applicants that do not yet have an eligibility determination from USAC can still nonetheless file an application with the Commission for the COVID-19 Telehealth Program while their FCC Form 460 is pending with USAC.

Consortium applicants may file an FCC Form 460 on behalf of member health care providers if they have a Letter of Agency.⁶ The FCC Form 460 is also used to provide certain basic information about consortia to USAC, including: • Lead entity (Consortium Leader); • Contact person within the lead entity (the Project Coordinator); and • Health care provider sites that will participate in the consortium.

Required Information for Application for COVID-19 Telehealth Program

Applicants will be required to submit the following information on their application for the COVID-19 Telehealth Program. The actual wording on the electronic application may vary slightly from the wording in this Public Notice.

Applicant Information

- Applicant Name
- Applicant FCC Registration Number (FRN)
- Applicant National Provider Identifier (NPI)
- Federal Employer Identification Number (EIN/Tax ID)
- Data Universal Number System Number (DUNS)⁷
- Business Type (from Data Accountability and Transparency
- (DATA) Act Business Types) – Applicants may provide up to three business types

- DATA Act Service Area – This information will be required for each line item for which funding is requested. Applicants must enter name of the applicable state(s) or "nationwide"

Contact Information

- Contact name for the individual that will be responsible for the application
- Position title
- Phone number
- Mailing address
- Email address

Continued on next page)



FEDERAL COMMUNICATIONS COMMISSION GUIDANCE ON THE TELEHEALTH PROGRAM APPLICATION PROCESS (DA 20-394) (CONT'D)

(Continued from previous page)

Health Care Provider Information

- Lead health care provider name (if part of a consortium)
- Facility name
- Indicate whether facility is a hospital
- Street address, city, state, county
- FCC Registration Number (FRN)
- Healthcare provider number

Eligibility type

- National Provider Identifier (NPI)
- Total patient population
- Estimated number of patients to be served by the funding request (and supporting documentation)

Medical Services to be Provided (applicants will check all that apply)

- Patient-Based Internet-Connected Remote Monitoring
- Other Monitoring
- Voice Consults
- Other Diagnostics
- Other Services
- Video Consults
- Imaging Diagnostics
- Remote Treatment

Conditions to be Treated with COVID-19 Telehealth Funding

- Whether the applicant will treat COVID-19 patients directly
- Whether the applicant will treat patients without COVID-19 symptoms or conditions (applicants will check all that apply):
 - o Other infectious diseases
 - o Emergency/Urgent Care
 - o Routine, Non-Urgent Care
 - o Mental Health Services (non-emergency)
 - o Other conditions

- How using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19

Additional Information Concerning Requested Services and Devices

- Goals and objectives for use of the COVID-19 Telehealth Program Funding
- Timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program
- Factors/metrics the applicant will use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program
- How COVID-19 has affected health care providers in your area
- Any additional information about the geographic area and population served by the applicant. Indicate whether the geographic area you serve has been under any pre-existing strain (e.g., large underserved or low-income patient population; HCP shortages; rural hospital closures; limited broadband access and/or Internet adoption). If so, describe such factors
- Whether the applicant plans to target the funding to high-risk and vulnerable patients. If so, describe how
- Any additional information to support the application and request for funding Requested Funding Items
- Total amount of funding requested

Application and Request for Funding and Registering to Receive Payments Through COVID-19 Telehealth Program

Interested parties must submit an application and request for funding through the COVID-19 Telehealth Program to the Commission. The Bureau will make available an online portal for completing and submitting applications and requests for funding through the COVID-19 Telehealth Program. The Bureau will release a Public Notice and post information about the web address and opening date for that portal on the Commission's Keep Americans Connected page: <https://www.fcc.gov/keep-americansconnected>. A copy of the completed application will be filed by the system in the Commission's Electronic Comment Filing System (ECFS) at a later date.

To submit an application and request for funding, the applicant must first obtain an FCC Registration Number (FRN). Additionally, to receive payment through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management. While interested parties do not need to be registered with the System for Award Management in order to submit an application, the Bureau strongly encourages them to start that process early.

Obtaining an FCC Registration Number (FRN)

All applicants, like all other entities doing business with the Commission, must register for an FRN in the Commission Registration System (CORES). An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. To register with CORES, please use the following link: <https://apps.fcc.gov/core/userLogin.do>.

Registering with System for Award Management

To receive payments through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management. The System for Award Management is a web-based, government-wide application that collects, validates, stores, and disseminates business information about the federal government's partners in support of federal awards, grants, and electronic payment processes. To register with the system, go to <https://www.sam.gov/SAM/> with the following information: (1) DUNS number; (2) Taxpayer Identification Number (TIN) or Employment Identification Number (EIN); and (3) Your bank's routing number, your bank account number, and your bank account type, i.e. checking or savings, to set up Electronic Funds Transfer (EFT). You will receive a confirmation email once the registration is activated. Only applicants registered through the System for Award Management will be able to receive COVID-19 Telehealth Program funding. Registration in the System for Award Management provides the FCC with an authoritative source for information necessary to provide funding to applicants and to ensure accurate reporting pursuant to the DATA Act, Pub. L. 113- 101.

Additional Information

For further information regarding this Public Notice, please contact Hayley Steffen, Attorney Advisor, Telecommunications Access Policy Division, Wireline Competition Bureau, Hayley.Steffen@fcc.gov or at (202) 418-1586.

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

Presidential Emergency Powers

[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

Responses to Congressional COVID-19-Related Legislation

[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

[FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 42](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 11 **NEW**

[FAMILIES FIRST CORONAVIRUS RESPONSE ACT \(FFCRA\), PUBLIC LAW NO. 116-127, CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY \(CARES\) ACT, PUBLIC LAW NO. 116-136, FREQUENTLY ASKED QUESTIONS \(FAQS\)](#), APRIL 13 **NEW**

Medicaid Waivers & Flexibilities in Fighting the Coronavirus

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

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

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

[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

Medicaid Payment for COVID-19 Services

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

Medicare and COVID-19

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

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

[COVID-19 MEDICARE 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

[LONG-TERM CARE NURSING HOMES TELEHEALTH AND TELEMEDICINE TOOL KIT](#), MARCH 27

[INTERIM FINAL RULE: MEDICARE AND MEDICAID PROGRAMS; POLICY AND REGULATORY REVISIONS IN RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, MARCH 30

[COVID-19 DEAR CLINICIAN LETTER](#) [INCLUDES INFORMATION ON ACCELERATED AND ADVANCED PAYMENTS UNDER MEDICARE], CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 7

[MEMO TO STATE SURVEY AGENCY DIRECTORS: 2019 NOVEL CORONAVIRUS \(COVID-19\) LONG-TERM CARE FACILITY TRANSFER SCENARIOS](#), CENTER FOR CLINICAL STANDARDS AND QUALITY/QUALITY, SAFETY & OVERSIGHT GROUP, APRIL 13 **NEW**

Private Insurance Coverage of Testing, Treatment, and Preventive Services for Coronavirus

[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

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

Telehealth and Medicare Payment

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

[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

[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

[INTERIM FINAL RULE: MEDICARE AND MEDICAID PROGRAMS; POLICY AND REGULATORY REVISIONS IN RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, MARCH 30

Opioid Treatment and COVID-19

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

[DRUG ENFORCEMENT ADMINISTRATION \(DEA\) INFORMATION ON TELEMEDICINE](#), JANUARY 31

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

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

[DEA LETTER TO QUALIFYING PRACTITIONERS ON FLEXIBILITY IN THE PRESCRIBING AND DISPENSING OF CONTROLLED SUBSTANCES TO ENSURE NECESSARY PATIENT THERAPIES REMAIN ACCESSIBLE](#), MARCH 31

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

[CMCS INFORMATIONAL BULLETIN: MEDICAID SUBSTANCE USE DISORDER TREATMENT VIA TELEHEALTH, AND RURAL HEALTH CARE AND MEDICAID TELEHEALTH FLEXIBILITIES](#), APRIL 2

[OFFICE OF NATIONAL DRUG CONTROL POLICY COVID-19 FACT SHEET](#), APRIL 13 **NEW**

Treating the Homeless

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

[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](#)

Department of Labor

[TEMPORARY RULE: PAID LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT](#), APRIL 1

Centers for Disease Control and Prevention

[USE OF CLOTH FACE COVERINGS TO HELP SLOW THE SPREAD OF COVID-19](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, APRIL 4

[CLOTH FACE COVERINGS: QUESTIONS AND ANSWERS](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, APRIL 4

[STRATEGIES FOR OPTIMIZING SUPPLY OF N95 RESPIRATORS](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, APRIL 4

[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

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

Infection Control

[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

[GUIDANCE FOR INFECTION CONTROL AND PREVENTION OF COVID-19 IN HOSPITALS, PSYCHIATRIC HOSPITALS, AND CRITICAL ACCESS HOSPITALS \(CAHs\): FAQs, CONSIDERATIONS FOR PATIENT TRIAGE, PLACEMENT, LIMITS TO VISITATION AND AVAILABILITY OF 1135 WAIVERS \(REVISED\)](#), CENTER FOR CLINICAL STANDARDS AND QUALITY/QUALITY, SAFETY & OVERSIGHT GROUP, MARCH 30.

[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

Treatment, Testing, and Personal Health Information: Patient Privacy & Enforcement Discretion

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

[COVID-19 & HIPAA BULLETIN LIMITED WAIVER OF HIPAA SANCTIONS AND PENALTIES DURING A NATIONWIDE PUBLIC HEALTH EMERGENCY](#), MARCH 2020

[NOTIFICATION OF ENFORCEMENT DISCRETION FOR TELEHEALTH REMOTE COMMUNICATIONS DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY](#), MARCH 17

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

[OCR ANNOUNCES NOTIFICATION OF ENFORCEMENT DISCRETION FOR COMMUNITY-BASED TESTING SITES \(CBTS\) DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY](#), HHS OFFICE OF CIVIL RIGHTS, APRIL 9 **NEW**

Telehealth and Medicaid Payment

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

[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

Department of Education

[U.S. DEPARTMENT OF EDUCATION OFFICE OF CIVIL RIGHTS RELEASES WEBINAR, FACT SHEET FOR PROTECTING STUDENTS' CIVIL RIGHTS DURING COVID-19 RESPONSE](#), MARCH 21

[COVID-19 \("CORONAVIRUS"\) INFORMATION AND RESOURCES FOR SCHOOLS AND SCHOOL PERSONNEL](#), U.S. DEPARTMENT OF EDUCATION, LAST UPDATED APRIL 1

Miscellaneous

[MEMO TO 42 U.S.C. 233\(o\) PROGRAM FREE CLINICS: DETERMINATION OF COVERAGE FOR COVID19-RELATED ACTIVITIES BY FREE CLINIC PROVIDERS UNDER 42 U.S.C. §233\(o\)](#), ASSOCIATE ADMINISTRATOR, BUREAU OF PRIMARY HEALTH CARE, HEALTH RESOURCES AND SERVICES ADMINISTRATION, MARCH 2020

[TUESDAY, MARCH 31, 2020, CMS NATIONAL STAKEHOLDER CALL WITH ADMINISTRATOR SEEMA VERMA \(ZIP\)](#)

[COVID-19 LONG-TERM CARE FACILITY GUIDANCE](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 2

[TRAINING AND TECHNICAL ASSISTANCE RELATED TO COVID-19](#), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, UPDATED APRIL 6

[RECORDING OF PHYSICIAN LESSONS FROM THE FRONT LINE OF COVID-19](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 3



**Webinar: Prevention Is Protection:
Transforming Child Welfare & Strengthening Families:
A National Dialogue
April 23, 9:00 a.m. - 12:30 p.m. E.T.**

**Due to the rapidly changing public health situation caused by COVID-19, we have shifted this event to be
VIRTUAL ONLY.**

Preventing child abuse and neglect is a collective effort. The COVID-19 public health crisis is requiring our systems and families to rapidly adapt to changing environments. Protecting children requires bringing together people, systems, and technology to strengthen families and build the capacity of community-based services.

Join us for a national dialogue on April 23 as we observe National Child Abuse Prevention Month. The event will feature two panels, with discussions covering how systems can be transformed to protect children, efforts underway during the COVID-19 pandemic, and what programs and services are supporting and building the evidence for community-driven efforts in prevention.

Speakers

Alisa Santucci, MS, LCMFT, Principal Associate, Abt Associates (*Moderator*)

Panel 1 – Webinar #1: Transforming Systems to Protect Children, 9:00 a.m. - 10:30 a.m. E.T.

- **Jerry Milner, DSW**, Associate Commissioner, HHS/ACF/ACYF/Children's Bureau
- **J. Bart Klika, Ph.D.**, Chief Research and Strategy Officer, Prevent Child Abuse America
- **Teresa Rafael, MSW**, Executive Director, Children's Trust Fund Alliance (formerly the National Alliance of Children's Trust and Prevention Funds)
- **Vivek Sankaran, J.D.**, Director, Child Advocacy Law Clinic, University of Michigan Law School

Panel 2 – Webinar #2: Supporting Community-Driven and Evidence Building Prevention Efforts, 11:00 a.m. - 12:30 p.m. E.T.

- **Allison Hyra, Ph.D.**, Project Director, Community Collaborations to Strengthen and Preserve Families Project, Abt Associates
- **Deborah Northburg, M.A.**, Sr. Director, CITC Child & Family Services, Community Collaborations to Strengthen and Preserve Families Grantee, Cook Tribal Inlet, Anchorage, AK
- **Raven Sigure**, Parent Partner Mentor, Extra Mile Resource Center Region IV
- **Valerie Spiva Collins, Ph.D.**, Director, FRIENDS National Center for Community-Based Child Abuse Prevention

This event was previously scheduled to be held in downtown DC. It will now be a virtual event. **You may decide to attend either panel, or both. Each panel will have a separate webinar link.** The links to join the panels will be posted to the Eventbrite page the morning of the event and sent to all registered participants, as well. An event video recording will be available for anyone who is unable to participate. Follow the conversation on social media using [#PreventToProtect](https://twitter.com/PreventToProtect).

[REGISTER HERE](#)

Webinar: Public Health Decision-Making during the COVID-19 Pandemic

Thursday, April 23, 1:00 p.m. to 2:30 p.m. E.T.

Public health officials must routinely make difficult decisions to protect the public from a threat such as COVID-19. State public health codes establish the legal authority to act, but rarely provide a clear course of action about whether, when, and how to act. Most decisions are discretionary, relying on professional judgment, subject-matter experts, and the best currently available information. Public health officials must balance competing interests to avoid acting prematurely without sufficient information or exposing the public to potential harm while obtaining and evaluating evidence that supports a particular course of action

This webinar will provide you with:

- A legal and ethical framework for executive decision-making, covering mandatory and discretionary actions and the exercise of professional judgement in responding to COVID-19
- Strategies to avoid second-guessing and reduce exposure to liability based on hindsight
- A tool for effective and ethical executive decision-making and real-time documentation of the factual basis for a decision, reflecting information available at the time the decision was made.

Moderator: Kayleen Klarich, Marketing and Membership Manager, Network for Public Health Law — National Office

Presenters: Peter D. Jacobson & Denise Chrysler, Co-Directors, Network for Public Health Law – Mid-States Region Office

CLEs will not be provided for this webinar

Register



Webinar Announcements

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](#)

Getting Started: Essential Measures for Data & Information Sharing Across the Sequential Intercept Model

3-Part Virtual Learning Community Webinar, Beginning May 5

Join SAMHSA's GAINS Center for a three-part Virtual Learning Community featuring webinars and discussion groups on how to use data to improve outcomes for people involved in the justice system who have mental and substance use disorders. On May 5, the first webinar and discussion group in the series, "Getting Started: Essential Measures for Data & Information Sharing Across the Sequential Intercept Model," will explore the SAMHSA publication *Data across the Sequential Intercept Model: Essential Measures* to help support jurisdictions interested in using data to better understand and improve the outcomes of people with mental and/or substance use disorders who come into contact with the criminal justice system. Register to stick around afterward for a discussion group with the following experts:

- Jesse Benet, M.A., LMHC, Deputy Director, Public Defender Association, King County, Washington
- Tyler Corwin, M.A., Behavioral Health Evaluation Lead, Department of Community and Human Services, King County, Washington
- Maureen McLeod, Ph.D., Senior Research Associate, Policy Research Associates, Inc.
- Stephanie Robertson, M.B.A., M.S.W., Contract Compliance Coordinator, Division of Community Corrections, City and County of Denver, Denver, Colorado

[REGISTER HERE](#)



Webinar: COVID-19 in Indian Country: Considerations and Resources for LTSS
Wednesday, April 22, 2:00 p.m. to 3:00 p.m.E.T.

COVID-19 has affected all tribal communities. Resources are available to support your community's long-term services and supports during this crisis. This webinar will review the incidence of COVID-19 in Indian Country and considerations on how to support elders during social distancing.

Participants will learn about:

- Impacts of COVID-19 among tribes and tribal communities
- COVID-19 tools and resources

[LEARN MORE](#)

Have questions for our presenter?

Let us know before the webinar by emailing ltssinfo@kauffmaninc.com.

Please note your location's call-in time:

8 a.m. Hawaii
10 a.m. Alaska
11 a.m. Pacific
11 a.m. Arizona
12 p.m. Mountain
1 p.m. Central
2 p.m. Eastern

[REGISTER](#)



Presenter:

Crystal Tetrick, MPH

Vice President for Health System and Policy
Kauffman & Associates, Inc



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>.

Patient-Centered Outcomes Research Institute (PCORI) Peer Support Services Research

Archived Video Presented by the National Association of Peer Supporters (iNAPS)

Peer services are one solution to address the health and wellness needs for people with serious mental illness who get sick and die 15 years earlier than their same-age peers. Peer supporters are providers with lived experience who are in recovery. They enhance service engagement by directly assisting individuals with help-seeking.

This archived YouTube webinar will educate viewers about the roles and responsibilities of utilizing peer services and review the empirical findings of service effectiveness.

To view the webinar go to: <https://www.youtube.com/watch?v=JF6BETDVEo&feature=youtu.be>

In addition, if you watch the video, the researchers would appreciate you then taking the following survey:
https://iitresearchrs.co1.qualtrics.com/jfe/form/SV_3yiF5ULZ6IwcF4F

American Public Health Association / National Academy of Medicine Webinar Recordings Now Available on Social Distancing

Watch free recordings of our webinars focused on "The Science of Social Distancing." Slide presentations are also available for both webinars.



[Part 1](#)

[Part 2](#)



Leading Edge Acceleration Projects in Health Information Technology Notice of Funding Opportunity (NOFO)

The Leading Edge Acceleration Projects (LEAP) in Health IT funding opportunity will address well-documented and fast emerging challenges that inhibit the development, use, and/or advancement of well-designed, interoperable health IT. It is expected to further a new generation of health IT development and inform the innovative implementation and refinement of standards, methods, and techniques for overcoming major barriers and challenges as they are identified.

FY 2020 Special Emphasis Notice (SEN)

Description

The Office of the National Coordinator for Health Information Technology (ONC) has published a special emphasis notice (SEN) under the Leading Edge Acceleration Projects (LEAP) in Health Information Technology (Health IT) funding opportunity NAP-AX-18-003 to address the development and testing of data sharing functionalities to support clinical care, research, and improved health care outcomes.

In fiscal year 2020, ONC is particularly interested in applications whose specific aims addresses one of the following areas of interest:

Area 1: Advancing Registry Infrastructure for a Modern API-based Health IT Ecosystem

Area 2: Cutting Edge Health IT Tools for Scaling Health Research

Area 3: Integrating Health Care and Human Services Data to Support Improved Outcomes

[View the full Special Emphasis Notice](#)

[View the full Notice of Funding Opportunity](#)

[Read Frequently Asked Questions](#)

[Read more about the opportunity on Grants.gov](#)

Informational Session

An informational session will be held on Wednesday, April 15, 2:00 p.m. to 3:00 p.m. E.T. A video recording of the informational session will be made available following the webinar.

[ACCESS THE ARCHIVED WEBINAR](#)

From personalized photo albums and music playlists, to relaxation exercises, the PTSD Coach app has the tools to help address your needs.

Have you ever considered scheduling a specific time in your day to think about all the issues that are on your mind? This "worry time," which aims to help you gain control over your own thoughts, is just one of the tools that the [PTSD Coach app](#) has that helps you manage symptoms of PTSD.

Other tools include creating a nighttime routine to help sleep come more easily, deep breathing exercises, soothing audio from a custom playlist and more. [Download the PTSD Coach app](#) to explore all these tools.

Discover New Tools

This app is also available in Spanish. You can personalize the app through your profile and choose your preferred language



32nd
Annual

Tuerk Conference

on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

2020 Vision Working Together

Sponsored by

The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland, School of Medicine, Department of Psychiatry
Division of Addiction Research and Treatment

Super Saver

\$165 includes
Lunch and
6 CEUs

We strongly encourage you to register online at our
[website](#) for the fastest and most efficient process.

SEPTEMBER 10, 2020

8:00 am – 5:00 pm

The Baltimore Convention Center
Pratt and Sharp Streets

Conference Sponsors

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Ashley Treatment Centers • Behavioral Health System Baltimore
Clinic Management and Development Services, Inc. (CMDS)
Delphi Behavioral Health Group • Gaudenzia, Inc.
Kolmac Outpatient Recovery Centers • Maryland Addiction Recovery Center
Maryland Center of Excellence on Problem Gambling • Medmark Treatment Centers
Mountain Manor Treatment Centers • Pathways / Anne Arundel Medical Center
Powell Recovery Center • Project Chesapeake • Recovery Centers of America
Recovery Network • Total Health Care • Tuerk House • Turning Point Clinic
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...

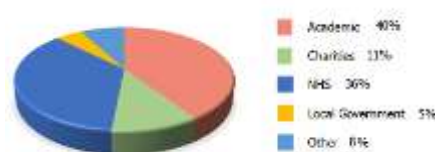
View Event		View Programme		Register Interest		Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social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



CANCELLED



Mental Health and Human Rights

A New Virtual Series from the
National Center for Civil and Human Rights

NOW VIRTUAL

Live Webinars Every Other Monday at 2:00 p.m. E.T Beginning Monday April 20

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 Webinar Series will be to address key areas of disparity in mental health treatment.

These events require [a Zoom account](#). The recorded webinars will be available on the National Center website a week following the live broadcast. The event is free, but registration is required.

[REGISTER HERE FOR THE APRIL 20 WEBINAR ON THE TOLL OF WHITE SUPREMACY ON MENTAL HEALTH](#)

[REGISTER HERE FOR THE MAY 4 WEBINAR ON STATES & MENTAL HEALTH PARITY LAWS](#)

[REGISTER HERE FOR THE MAY 18 WEBINAR ON YOUNG PEOPLE IN MARGINALIZED COMMUNITIES](#)

[REGISTER HERE FOR THE JUNE 1 WEBINAR ON TRAUMA-INFORMED CARE](#)

[REGISTER HERE FOR THE JUNE 15 WEBINAR ON HUMAN RIGHTS HIV/AIDS & MENTAL HEALTH](#)

[REGISTER HERE FOR THE JUNE 29 WEBINAR ON HOMELESSNESS & MENTAL HEALTH](#)

Additional NASMHPD Links of Interest

[THE MENTAL HEALTH CONSEQUENCES OF COVID-19 AND PHYSICAL DISTANCING: THE NEED FOR PREVENTION AND EARLY INTERVENTION](#), GALEA S., M.D.; MERCHANT R.M. M.D. & LURIE N., M.D., *JAMA INTERNAL MEDICINE*, APRIL 10

[SUICIDE MORTALITY AND CORONAVIRUS DISEASE 2019—A PERFECT STORM?](#), REGER M.A., PH.D.; STANLEY I.H., M.S. & JOINER T.E., PH.D., *JAMA PSYCHIATRY*, APRIL 10

[PERSPECTIVE: AGE, COMPLEXITY, AND CRISIS — A PRESCRIPTION FOR PROGRESS IN PANDEMIC](#), LOUISE ARONSON M.D., *NEW ENGLAND JOURNAL OF MEDICINE*, APRIL 7

[USING VOICE ANALYTICS TO MONITOR REMOTE EMPLOYEE WELLNESS](#), EVELINA NEDLUND *EMPLOYEE BENEFITS ADVISER*, APRIL 7

[PERSPECTIVE: COVID-19 AND HEALTH CARE'S DIGITAL REVOLUTION](#), SIRINA KEESARA, M.D., ANDREA JONAS, M.D. & AND KEVIN SCHULMAN, M.D., *NEW ENGLAND JOURNAL OF MEDICINE*, APRIL 2

[STUDY OF EXTENDED-RELEASE BUPRENORPHINE YIELDS DIVERSE BENEFITS](#), GARY A. ENOS, *ADDICTION PROFESSIONAL*, APRIL 3

[TIMING OF COMMUNITY MITIGATION AND CHANGES IN REPORTED COVID-19 AND COMMUNITY MOBILITY — FOUR U.S. METROPOLITAN AREAS, FEBRUARY 26–APRIL 1, 2020](#), LASRY A. PH.D., ET AL., *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 13

[A USER'S GUIDE TO FACEMASKS](#), TARA PARKER-POPE, *NEW YORK TIMES*, APRIL 10

[THINGS KEEP GETTING SCARIER. HE CAN HELP YOU COPE](#), DAVID MARCHESE, *NEW YORK TIMES*, APRIL 11

[MANAGING CORONAVIRUS FEARS](#), JANE E. BRODY, *NEW YORK TIMES*, APRIL 13

Mental Health Considerations During the COVID-19 Outbreak

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.

WEBSITE FOR THE SAMHSA-SPONSORED

Center of Excellence for Protected Health Information

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

31st Annual State of the States in Head Injury Conference



SEPTEMBER 21-24, 2020
MINNEAPOLIS, MINNESOTA

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

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giving states a voice
National Association of State Head Injury Administrators



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, vjk8@cdc.gov



THE MAY 4 & 5 NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE (NCCHC) VIRTUAL CORRECTIONAL HEALTH CARE CONFERENCE AGENDA IS READY FOR YOUR REVIEW

[**SCHEDULE AT A GLANCE**](#)

[**DETAILED AGENDA**](#)

The program has been crafted to address the variety of issues faced by correctional health professionals. Topics include COVID-19, mental health, MAT, medicine, legal, nursing, juvenile and more.

You will have the opportunity to choose educational webinars during eight time slots over the course of two days – Monday, May 4, and Tuesday, May 5 – including the chance to interact with the speakers and ask questions.

No special equipment or software is required. If you can watch a video on your computer, tablet or smart phone, you're all set.

The program will offer at least 32 continuing education hours for physicians, nurses, psychologists, dentists, CCHPs and social workers (applied for).

To support your attendance, we are offering a 25% discount on registration. The new standard pricing is \$325 and the new fee for Academy members/CCHPs is \$300 -- bringing the cost per CE hour to \$10!

Health care issues haven't gone away in the current crisis and may be exacerbated. Get prepared for greater challenges in the year ahead.

The conference content will be available for view through August 4 if your cannot participate in the event May 4-5. If you have any questions, please email info@ncchc.org.

[**REGISTER NOW**](#)

Telehealth Learning and Discussion Series



FREE National Online Discussion and Resource-Sharing Opportunity for SUD Treatment Providers and Recovery Support Providers

The [Addiction Technology Transfer Center \(ATTC\) Network](#), the [Center for Excellence on Protected Health Information \(CoE-PHI\)](#), and the [Center for the Application of Substance Abuse Technologies \(CASAT\)](#) at the University of Nevada - Reno (UNR) and the [National Consortium of Telehealth Resource Centers](#) are facilitating a **FREE, national online discussion and resource sharing opportunity for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social distancing guidelines.**

The series will feature:

- Live, one-hour sessions every week for at least 5 weeks via Zoom video conferencing (we may add more weeks based on demand!).
- Each session will include 45 minutes of peer-to-peer conversation and information exchange and "Top Five" tips and lessons learned.
- Access to experienced providers and others with expertise in providing services using videoconferencing (telehealth) and telephone for SUD treatment and recovery support
- Access to professionals with expertise in protected health information and 42CFR Part 2
- Training tools, checklists and other relevant resources

Tuesday, April 21 4:00 p.m. to 5:00 p.m. E.T.	https://umsystem.zoom.us/j/672598862 , Meeting ID: 672 598 862 by phone: Option 1: (312) 626-6799, Code: 672598862#; Option 2: (646) 876-9923, Code: 672598862#
Wednesday, April 22 1:00 p.m. to 2:00 p.m. E.T.	https://umsystem.zoom.us/j/127156354 , Meeting ID: 127 156 354 by phone: Option 1: (312) 626-6799, Code: 127156354#; Option 2: (646) 876-9923, Code: 127156354#

[See Full Schedule of Sessions and How to Login to Access](#)

Who Should Attend: SUD treatment providers, including peer specialists, counselors, administrators, peer support officers, and others providing and/or interested in providing care to patients/peers via videoconferencing platforms (telehealth) and/or telephone.

Registration: **No registration required for the live sessions.** Simply click on the Zoom link at the appropriate date and time to join the discussion. No CEs will be provided for these sessions.

Join one, two, three ... or all of the live sessions! Combine your live session attendance with review of the online resource page (coming soon). Customize the experience to meet your needs. No prerequisites or required attendance.

Have Questions? Please contact Michael Graziano at mgraziano@caiglobal.org.

DISCLAIMER: Information exchanged and views expressed during these virtual sessions reflect the professionals' conducting the session best understanding of the science or promising practices and should not be seen as directives. We encourage all participants to reflect on the context discussed during the learning series and to take that information to colleagues and/or supervisors for further discussion especially in the context of state rules or regulations. Professionals conducting these sessions will not make recommendations regarding specific video conferencing platforms or other technologies. In addition, content related to Privacy and Security and 42 CFR Part 2 presented during these sessions should not be construed as legal advice and participants are directed to discuss recommendations with their agency's legal counsel. Finally, participants will be referred to SAMHSA resources that provide additional information regarding delivering services virtually.



Approved COVID-19 §1915(c) Appendix K Waivers

Note: Information on the underlying waivers can be found on the [State Waiver List](#).

State	Approval Letter(s)	Approved Appendix K
Alaska	Approval Letter	Appendix K - AK Combined
Arizona	Approval Letter	AHCCCS 1115 Demonstration (1-W-00275/9) Appendix K
Arkansas	Approval Letter	AR.0188 Appendix K (PDF, 100.7 KB) Appendix K - AR 0195, 0400 Combined NEW
California	Approval Letter	CA.0139 Appendix K CA.0141 Appendix K CA.0183 Appendix K CA.0336 Appendix K CA.0431 Appendix K
Colorado	Approval Letter	Appendix K - CO Combined
Connecticut	Approval Letter	CT.0140 Appendix K CT.0301 Appendix K CT.0302 Appendix K CT.0653 Appendix K CT.0993 Appendix K CT.1085 Appendix K CT.4110 Appendix K Appendix K - CT 0081, 0426, 0437 Combined
Delaware	Approval Letter	DE.0009 Appendix K
Georgia	Approval Letter	Appendix K - GA 0112, 4170 Combined Appendix K - GA 0323, 0175 Combined NEW
Hawaii	Approval Letter	HI.0013 Appendix K
Iowa	Approval Letter	Appendix K - IA Combined
Kansas	Approval Letter	Appendix K - KS Combined
Kentucky	Approval Letter	Appendix K - KY Combined
Minnesota	Approval Letter	Appendix K - MN Combined
Mississippi	Approval Letter	MS.0225 Appendix K MS.0272 Appendix K MS.0355 Appendix K MS.0366 Appendix K
New Mexico	Approval Letter	Appendix K - NM Combined
New York	Approval Letter	NY.0238 Appendix K
North Carolina	Approval Letter	NC.0132 Appendix K NC.0423 Appendix K NC.1326 Appendix K NC.4141 Appendix K
North Dakota	Approval Letter	ND.0037 Appendix K ND.0273 Appendix K ND.0568 Appendix K ND.0834 Appendix K ND.0842 Appendix K

Approved COVID-19 §1915(c) Appendix K Waivers (cont'd)

Oklahoma	Approval Letter	OK.0256 Appendix K OK.0343 Appendix K OK.0351 Appendix K OK.0811 Appendix K Appendix K - OK 0179, 0399 Combined
Pennsylvania	Approval Letter Approval Letter 2	PA.0147 Appendix K PA.0235 Appendix K PA.0324 Appendix K - Amended PA.0354 Appendix K PA.0386 Appendix K PA.0593 Appendix K PA.1486 Appendix K
Rhode Island	Approval Letter	Comprehensive 1115 Demonstration (11-W-00242/1)
South Dakota	Approval Letter	SD.0044 Appendix K SD.0189 Appendix K
Washington	Approval Letter Approval Letter (03/23/2020)	WA.0049 Appendix K WA.0409 Appendix K WA.0410 Appendix K WA.0411 Appendix K WA.0443 Appendix K WA.1086 Appendix K WA.1186 Appendix K WA.40669 Appendix K
West Virginia	Approval Letter	WV.0133 Appendix K WV.0134 Appendix K WV.0876 Appendix K WV.1646 Appendix K
Wyoming	Approval Letter	Appendix K - WY Combined

State COVID-19 §1135 Medicaid Waiver Links

Alabama	Idaho	Missouri	Pennsylvania
Alaska	Illinois	Montana	Puerto Rico
Arkansas	Indiana	Nebraska	Rhode Island
Arizona	Iowa	Nevada	South Carolina
California	Kansas	New Hampshire	South Dakota
Colorado	Kentucky	New Jersey	Tennessee
Connecticut	Louisiana	New Mexico	Texas
Delaware	Maine	New York	Utah
District of Columbia	Maryland	North Carolina	Vermont
Florida	Massachusetts	North Dakota	Virgin Islands
Georgia	Michigan	Northern Mariana	Virginia
Hawaii	Minnesota	Oklahoma	Washington State
	Mississippi	Oregon	West Virginia
			Wyoming

Approved COVID-19 Medicaid State Plan Amendments

STATE	TOPICS	Summary	Approval Letter
Alabama	Disaster Relief Financing & Reimbursement	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to increase reimbursement rates for Nursing Facilities during the COVID-19 state of emergency for all costs associated with staffing, supplies, social distancing standards, cleaning fees, etc. AL noted that this increase equates to approx. \$20 per diem rate add-on payment for all NF's.	Approval Letter
	Disaster Relief Benefits	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to remove the requirement for Prior Authorizations for service destinations and non-emergency services for ambulances during the COVID-19 emergency.	Approval Letter
	Disaster Relief Benefits Cost-Sharing	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. In this amendment Alabama elects to suspend Medicaid copayments for all services for all Medicaid beneficiaries during the time of the Public Health emergency and to utilize telehealth for some Medicaid services.	Approval Letter
Arizona	Disaster Relief Financing & Reimbursement Benefits	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to allow physicians and other licensed practitioners, in accordance with state law, to order Medicaid Home Health services and to allow payments for a reserved bed to be made if the absence does not exceed 30 days per contract year.	Approval Letter
	Current State Plan Disaster Relief	Proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak	Approval Letter
	Disaster Relief Benefits Eligibility Prescription Drugs Cost Sharing Outreach & Enrollment	In this time-limited state plan to respond to the COVID-19 national emergency, AZ has elected to temporarily: Expand eligibility to cover COVID-19 testing for uninsured individuals; Streamline enrollment for children whose family income changes during the disaster period; Suspend all cost sharing and premiums; and Expand access to covered outpatient drugs through adjustments to prior authorization and exceptions to the preferred drug list in the event of a drug shortage.	Approval Letter
	Current State Plan Disaster Relief	Proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak.	Approval Letter
Minnesota	Disaster Relief Cost Sharing Benefits Prescription Drugs	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. In this amendment Minnesota elects to (1) waive cost sharing for COVID-19 testing and treatment, (2) suspend disenrollment due to failure to pay premiums for working disabled BBA group, (3) expand telehealth, and (4) to allow for 90-day refills without prior authorization for certain maintenance drugs.	Approval Letter
North Dakota	Disaster Relief Premiums Prescription Drugs Financing & Reimbursement	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to suspend premiums for the Employed Individuals with Disabilities program eligibility group, make adjustments to prior authorization and the day supply or quantity limit for covered outpatient drugs, suspend the Qualified Service Provider qualifications regarding competency and state criteria, waive the timelines for nursing facility rate reconsiderations and appeals, and waive the 15 day limit for payment for a reserved bed for an inpatient hospitalization.	Approval Letter

Approved COVID-19 Medicaid State Plan Amendments (cont'd)

STATE	TOPICS	Summary	Approval Letter
Rhode Island	Disaster Relief Eligibility Premiums Prescription Drugs	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to expand eligibility to cover COVID-19 testing for uninsured individuals, make other eligibility and enrollment changes, suspend premiums for the Employed Individuals with Disabilities program eligibility group, automatically renew prior authorization for medications, and adjust post eligibility treatment of income.	Approval Letter
Washington	Disaster Relief Current State Plan	This SPA amends the Specialized Services section in the State Plan to note that specialized services delivered at the facility or those that take the resident into the community may be suspended due to a state or federal national emergency.	Approval Letter
	Current State Plan Disaster Relief Benefits Program Administration	Updates the payment for professional services in case of a governor-declared state emergency (such as the current COVID-19 outbreak), when the Medicaid agency determines it is appropriate. This SPA also ensures payment for professional services provided via telephone services and /or online digital evaluation and management services at the same rates as for professional services provided face-to-face or via telemedicine, to support the delivery of health care services during a state of emergency.	Approval Letter
	Financing & Reimbursement Benefits	Addresses supplemental payments for transportation services in case of a governor-declared state emergency (such as the current COVID-19 outbreak), when the Medicaid agency determines it is appropriate.	Approval Letter
Wyoming	Disaster Relief Premiums	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to suspend premiums for the Employed Individuals with Disabilities program eligibility group.	Approval Letter
	Disaster Relief Financing & Reimbursement	Reimbursement update for COVID-19 SPA Template	Approval Letter



Understanding the New SAMHSA/OCR Guidance for Telehealth SUD and MH Services

Friday, April 17, 3:00 p.m. E.T.

REGISTER TODAY (REGISTRATION WILL BE CAPPED AT 500.)

Due to overwhelming interest in this webinar, originally scheduled and hosted on April 6th, we are offering the same national webinar this Friday, April 17, to review new HHS Office of Civil Rights (OCR) and SAMHSA COVID-19 Guidance about federal patient privacy regulations while providing substance use disorder and mental health telehealth services.

Webinar Objectives:

- Describe how the privacy laws apply to telehealth
- Describe OCR and SAMHSA Guidance related to privacy issued in response to the need to rapidly expand telehealth services due to the COVID-19 pandemic
- Facilitate provider sharing to explore practical ideas and innovative approaches to protect patient privacy while providing SUD/Mental Health telehealth services

Who Should Attend?

SUD and MH treatment providers, administrators, state agency leaders, and others involved in transitioning to providing care to patients/clients remotely

What If I Can't Attend?

If you are unable to attend on this date we have archived the recording of the original webinar on our website for your convenience.

Resources, training, technical assistance, and any other information provided through the CoE-PHI do not constitute legal advice.

Funded by SAMHSA, the CoE-PHI develops and disseminates resources, training, and TA for states, healthcare providers, school administrators and individuals and families to improve understanding and application of federal privacy laws and regulations, including FERPA, HIPAA, and 42 CFR Part 2, when providing and receiving treatment for SUD and mental illness.



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

Agency for Healthcare Research and Quality (AHRQ) Funding Opportunity Announcement

Notice of Intent: Revision Supplements to Existing AHRQ Grants and Cooperative Agreements to Address Health System Responsiveness to COVID-19 (NOT-HS-20-007)

AHRQ intends to publish a new funding notice allowing requests for urgent revision supplements to existing AHRQ grants and cooperative agreements to address health system responsiveness to COVID-19. AHRQ intends to allow grantees with active AHRQ research grants to submit requests for competitive revision supplements to address timely health system and healthcare professional response to COVID-19. Grant activity codes to be included or excluded from the funding notice will be specified in the announcement.

It is expected that competitive revision supplement requests will capitalize on the expertise of grant personnel and the institutional environment to expand the specific aims of the on-going research to develop high-impact new knowledge concerning COVID-19. Competitive revision supplements will be limited in duration (perhaps 12 months). The amount of supplemental funds that may be requested will be limited, and will be specified in the funding notice. AHRQ expects to make at least \$2.5M available to fund meritorious revision supplements in FY2020. AHRQ plans to release the supplement announcement in April 2020 with an opening date in mid-May.

Please also see AHRQ's Notice of Intent to publish a new FOA requesting new competitive applications targeting the evaluation of health system responsiveness to COVID-19 9 ([NOT-HS-20-008](#); *Notice of Intent: New Funding Opportunity Announcement to Support Novel, High-Impact Studies Evaluating Health System and Healthcare Professional Responsiveness to COVID-19*).

Please direct all inquiries to:

Lisa Scott-Morrison, MS, MSHS, CRA;; Director, Division for Policy, Coordination and Analysis, Office of Extramural Research, Education, and Priority Populations, Agency for Healthcare Research and Quality, HHS. Email: Grant.Queries@ahrq.hhs.gov



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



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 compassion fatigue.

SAMHSA-Sponsored Webinar

ACT and COVID-19: Meet Up for ACT Mental Health Authorities, Funders, Trainers, and Fidelity Reviewers

April 21, 12:00 p.m. - P.T.

Hosted By: Northwest MHTTC

Assertive Community Treatment (ACT) is a multidisciplinary, team-based model that provides intensive community-based and outreach-oriented services to people who experience the most severe and persistent mental illness. The vast majority also have a co-occurring substance use disorder and many experience comorbid medical illnesses as well as homelessness. This is a vulnerable population and their providers – ACT teams – are at elevated risk themselves during the COVID-19 pandemic.

We are hosting a meet-up for non-provider ACT stakeholders who assume a role of overseeing ACT, funding ACT, providing ACT training and technical supports, and/or conducting ACT fidelity reviews. The intent is to create a unique space to share challenges and solutions related ACT operations and services during the COVID-19 pandemic. This meet-up is hosted by Lorna Moser, Ph.D. of the Institute for Best Practices, UNC Center for Excellence in Community Mental Health and Maria Monroe-DeVita, PhD of the University of Washington Department of Psychiatry and Behavioral Sciences and the Northwest Mental Health Technology Transfer Center (MHTTC), the sponsor for these ACT meet-up events.

For more information or questions, contact:



Maria Monroe-Devita, Ph.D.

Associate Professor, Department of Psychiatry & Behavioral Sciences,
University of Washington School of Medicine & Co-Director of the Northwest MHTTC
and Director, Washington State Center of Excellence in First Episode Psychosis.



Lorna Moser, Ph.D.,

Director of the UNC ACT Technical Assistance Center in the UNC Department of Psychiatry's Center
for Excellence in Community Mental Health
and Coordinator of the North Carolina ACT Coalition.

REGISTER HERE

Registration Deadline: April 21

Need More Information? Contact us at northwest@mhttcnetwork.org

NASMHPD Additional Links of Interest

[COMMENTARY: "WHAT WERE YOU BEFORE THE WAR?": REPURPOSING PSYCHIATRY DURING THE COVID-19 PANDEMIC](#), GINGER E. NICOL, JORDAN F. KARP, ANGELA M. REIERSEN, CHARLES F. ZORUMSKI, & ERIC J. LENZE., *JOURNAL OF CLINICAL PSYCHIATRY*, APRIL 14

[COMMENTARY: PSYCHIATRY'S NICHE ROLE IN THE COVID-19 PANDEMIC](#), JOSEPH F. GOLDBERG, M.D., *JOURNAL OF CLINICAL PSYCHIATRY*, APRIL 14

[SLIDESHOW: HEALTHCARE WORKERS SIDELINED BY COVID-19](#), KRISTINA FIORE, SHANNON FIRTH & JUDY GEORGE, *MEDPAGE TODAY*, APRIL 14

[WILL 2020 BE THE YEAR THAT MEDICINE WAS SAVED?](#), EZEKIEL J. EMANUEL, M.D. & AMOL S. NAVATHE, M.D., PH.D., *NEW YORK TIMES*, APRIL 14

[THE FIERCE URGENCY OF NOW: CLOSING GLARING GAPS IN US SURVEILLANCE DATA ON COVID-19](#), NANCY KRIEGER, GREGG GONSALVES, MARY T. BASSETT, WILLIAM HANAGE & HARLAN M. KRUMHOLZ, *HEALTH AFFAIRS BLOG*, APRIL 14



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!!!!

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.)
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Mobile: 404-435-8103
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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.



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.

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

www.samhsa.gov/find-help

Behavioral Health Treatment Services Locator



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.

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 15, 1:00 p.m. to 2:30 p.m. E.T.	Meaningful Stakeholder Engagement: A Collaborative Approach to Programs for People with Intellectual and Development Disabilities and Their Families REGISTER HERE
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



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/>



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

Virtual Learning Collaboratives

Treating the Whole Patient: Addressing the Physical Health Needs of Individuals with SMI

March 23 to June 14

Learn about the best evidence-based models of care to improve physical health outcomes in individuals who have serious mental illness (SMI).

Earn up to 12.0 AMA PRA Category 1 Credits™.

[REGISTER HERE](#)

Getting Started Building Your Clozapine Practice

March 23 to June 14

This 12-week, interactive learning experience gives you knowledge and tools to navigate the challenges involved with prescribing clozapine.

Earn up to 12.0 AMA PRA Category 1 Credits™.

[REGISTER HERE](#)

Implementing Tools for Symptom and Functional Assessment of Individuals with SMI

March 23 to June 14

Gain a comprehensive understanding of how to use the Brief Psychiatric Rating Scale (BPRS) and the Role Functioning Scale (RFS) to improve care for individuals who have serious mental illness (SMI)

Earn up to 12.0 AMA PRA Category 1 Credits™.



[REGISTER HERE](#)

SMI Adviser Coronavirus [Resources](#)

Recorded Webinars

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

[Telepsychiatry in the Era of COVID-19](#)

 <p>The Clozapine Center of Excellence</p> <p>After 30 years, clozapine is still the best medication for treatment-resistant patients. Yet, it's often underutilized because clinicians, patients and families lack access to evidence-based practices around its use.</p> <p>The Clozapine COE provides FREE resources, education, consultation, tools and more on the use of clozapine.</p>	<p>Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.</p> <p>Visit SMIadviser.org/clozapine and join the conversation.</p>  <p><small>© 2019 American Psychiatric Association. All rights reserved.</small></p>
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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 enduring activity for a maximum of 12.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Continuing Professional Development (NCPD, formerly CNE) Credit

The American Psychiatric Nurses Association is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Funded by



Grant Statement

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Administered by



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

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](#)

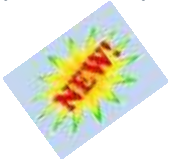
Thursday, April 23
Noon to 1:00 p.m. E.T.

MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS) AFFINITY CALL: KEY INDICATORS/PERFORMANCE INDICATORS

Join us for the next MRSS Affinity Group call, which will focus on key indicators/performance indicators. MRSS Affinity Group calls are designed to be interactive, providing participants the opportunity to gain insight and guidance from one another and expert faculty.

[REGISTER HERE](#)

Tuesday, April 28
3:00 p.m. to 4:30 p.m. E.T.

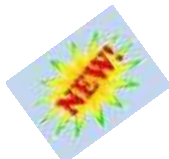


INNOVATIVE STRATEGIES FOR OUTREACHING AND ENGAGING YOUNG PEOPLE IN BEHAVIORAL HEALTH SERVICES

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](#)

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



COLLABORATION BETWEEN YOUTH PARTNERS AND FAMILY PARTNERS IN WRAPAROUND

Youth/Young Adult Peer Support is a relatively new addition to Wraparound, programs sometimes struggle with understanding how teamwork is best enhanced when there is both a family partner and a youth partner involved. This webinar focuses on optimizing the connection between youth and family peer, support partners, when they are working together on Wraparound teams. It will cover key strategies on how to collaborate on to address common challenges with life scenarios.

[REGISTER HERE](#)



2020 ANNUAL CONFERENCE ON ADVANCING SCHOOL MENTAL HEALTH. OCTOBER 29 TO 31

The Annual Conference on Advancing School Mental Health brings together a diverse group including educators, providers, researchers, administrators, advocates, youth, caregivers, and national/state/local leaders to share the latest research and best practices. The 2020 conference will take place Oct. 29-31 in Baltimore.

[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](#)



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

THE FOLLOWING RAPID EXPERT CONSULTATION PUBLICATIONS HAVE BEEN PUBLISHED BY THE STANDING COMMITTEE ON EMERGING INFECTIOUS DISEASES AND 21ST CENTURY HEALTH THREATS, NATIONAL ACADEMY OF SCIENCES, ENGINEERING, AND MEDICINE:

- [RAPID EXPERT CONSULTATION ON SARS-CoV-2 VIRAL SHEDDING AND ANTIBODY RESPONSE FOR THE COVID-19 PANDEMIC](#), APRIL 8
- [RAPID EXPERT CONSULTATION ON THE EFFECTIVENESS OF FABRIC MASKS FOR THE COVID-19 PANDEMIC](#), APRIL 8
- [RAPID EXPERT CONSULTATION ON SARS-CoV-2 LABORATORY TESTING FOR THE COVID-19 PANDEMIC](#), APRIL 8
- [RAPID EXPERT CONSULTATION ON SARS-CoV-2 SURVIVAL IN RELATION TO TEMPERATURE AND HUMIDITY AND POTENTIAL FOR SEASONALITY FOR THE COVID-19 PANDEMIC](#), APRIL 7
- [RAPID EXPERT CONSULTATION ON THE POSSIBILITY OF BIO-AEROSOL SPREAD OF SARS-CoV-2 FOR THE COVID-19 PANDEMIC](#), APRIL 1
- [RAPID EXPERT CONSULTATION ON CRISIS STANDARDS OF CARE FOR THE COVID-19 PANDEMIC](#), MARCH 28
- [RAPID EXPERT CONSULTATION ON DATA ELEMENTS AND SYSTEMS DESIGN FOR MODELING AND DECISION MAKING FOR THE COVID-19 PANDEMIC](#), MARCH 21
- [RAPID EXPERT CONSULTATION ON SOCIAL DISTANCING FOR THE COVID-19 PANDEMIC](#), MARCH 19

[GEOGRAPHIC DIFFERENCES IN COVID-19 CASES, DEATHS, AND INCIDENCE — UNITED STATES, FEBRUARY 12–APRIL 7, 2020](#), CDC COVID-19 RESPONSE TEAM, *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 10

[ARE YOU IMMUNE TO COVID-19 AFTER YOU'VE HAD IT?](#), NEHA PATHAK, M.D., *WEBMD BLOG*, APRIL 8

[JOINT INTERNATIONAL COLLABORATION TO COMBAT MENTAL HEALTH CHALLENGES DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC](#), XIANG Y.T., M.D., PH.D.; JIN Y., PH.D. & CHEUNG T., PH.D. *JAMA PSYCHIATRY*, APRIL 10

[UTILITY, APPROPRIATENESS, AND CONTENT OF ELECTRONIC CONSULTATIONS ACROSS MEDICAL SUBSPECIALTIES: A COHORT STUDY](#), AHMED S., M.D., M.P.H., *ANNALS OF INTERNAL MEDICINE*, APRIL 14

[CHARACTERISTICS OF HEALTH CARE PERSONNEL WITH COVID-19 — UNITED STATES, FEBRUARY 12–APRIL 9, 2020](#), CDC COVID-19 RESPONSE TEAM, *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 14