

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

Congress Passes *Paycheck Protection Program and Health Care Enhancement Act*, with \$75 Billion for Health Care Providers for COVID-19-Related Expenses and Lost Revenues

The legislation passed by unanimous consent in the U.S. Senate on April 21 and headed for a House vote on April 23 includes \$75 billion that would go to eligible health care providers, through grants and other mechanisms, for expenses and lost revenues related to COVID-19.

The \$484 billion [*Payback Protection Program and Health Care Enhancement Act \(Senate Amendment 580 to HR 266\)*](#) defines “eligible healthcare providers” to mean public entities, Medicare- or Medicaid-enrolled suppliers and providers, and for-profit entities and not-for-profit entities within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

To be eligible for a payment, an eligible health care provider would have to submit to the Secretary an application containing its tax identification number that includes a statement justifying the need of the provider for the payment.

The payments to providers could be made by the Secretary of Health and Human Services (HHS) as a pre-payment, a prospective payment, or a retrospective payment. They could be used for:

- building or construction of temporary structures, leasing of properties;
- medical supplies and equipment, including personal protective equipment and testing supplies;
- increased workforce and trainings;
- emergency operation centers;
- retrofitting facilities; and
- surge capacity.

The legislation also contains \$25 billion for necessary expenses in preventing, preparing for, and responding to coronavirus, domestically or internationally, through research, development, validation, manufacture, purchase, administration, and capacity expansion for COVID-19 tests to effectively monitor and suppress COVID-19. Eligible tests include those for both active infection and prior exposure—including molecular, antigen, and serological tests. Moneys are specifically available for the manufacturing, procurement, and distribution of tests, testing equipment, and testing supplies, including personal protective equipment needed for administering tests, the development and validation of rapid, molecular point-of-care tests, and other tests, workforce support, epidemiology, to scale up academic, commercial, public health, and hospital laboratories, to conduct surveillance and contact

tracing, to support development of COVID-19 testing plans, and for other related activities related to COVID-19 testing.

Of that \$25 billion, not less than \$11 billion is designated for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests. The money can be used for workforce support, epidemiology, use by employers or in other settings, scaling up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID-19 testing, surveillance, contact tracing, and other activities related to COVID-19 testing.

Of the \$11 billion, not less than \$2 billion is allocated to states, localities, and territories according to the formula applied to the Public Health Emergency Preparedness cooperative agreement in Fiscal Year 2019, and not less than \$4.25 billion is to be allocated to states, localities, and territories according to a formula methodology based on relative number of cases of COVID-19. Not less than \$750 million is to be allocated in coordination with the Director of the Indian Health Service, to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. Not later than 30 days after the date of enactment of the legislation, the Governor or designee of each state, locality, territory, tribe, or tribal organization receiving funds must submit to the Secretary its plan for COVID-19 testing, including goals for the remainder of calendar year 2020, to include:

- (1) the number of tests needed, month-by-month, to include diagnostic, serological, and other tests, as appropriate;
- (2) month-by-month estimates of laboratory and testing capacity, including related to workforce, equipment and supplies, and available tests; and
- (3) a description of how the State, locality, territory, tribe, or tribal organization will use its resources for testing, including as it relates to easing any COVID-19 community mitigation policies.

The Health Resources and Services Administration is appropriated \$600 million to distribute in grants to Federally Qualified Health Centers and \$225 million in grants or other means to Rural Health Clinics.

Up to \$1 billion is designated to cover the costs of COVID-19 testing for the uninsured



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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

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.

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.

Presenter: Anita Herron serves as a Manager of National Education Programs for NAMI.

[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



Knowledge Informing Transformation

National Guidelines for Behavioral Health
Crisis Care – A Best Practice Toolkit
[GET THE TOOLKIT HERE](#)

Study Finds Risk Factors for Non-Fatal Suicide Attempt Vary by Age

Risk factors for first nonfatal suicide attempt differ by age, according to a study published online April 7 in [Journal of Clinical Psychiatry](#). Child maltreatment was found to be most often associated with first nonfatal suicide attempt occurring before age 18. The prevalence of mental health and substance use disorders were most often associated with first suicide attempts occurring in later life (35 years and older).

Nicolas Hoertel, M.D., M.P.H., Ph.D., of the Department of Psychiatry and Addictions at Paris University and his colleagues analyzed data from a nationally representative U.S. sample of adults from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), conducted in Wave 1 (2001-2002) and Wave 2 (2004-2005) by the National Institute on Alcoholism and Alcohol Abuse (NIAA). Face-to-face interviews for Wave 1 included 43,093 adults and Wave 2 included follow-up interviews of 34,653 adults.

The study analyzed the data of the 34,629 participants that participated in both Wave 1 and Wave 2 face-to-face interviews; 25 participants were excluded in the final study due to missing data for age of first suicide attempt. The investigators compared characteristics of five groups, including the age at first suicide attempt (before age 18, from ages 18 to 34 years; from ages 35 to 49 years; and age 50 and older) and those who never attempted suicide.

The following characteristics were examined in association with age at first nonfatal suicide attempt:

- Sociodemographic factors such as age, gender, race/ethnicity, education, and family poverty;
- DSM-IV psychiatric disorders, with the participants being asked the age of onset to determine if the psychiatric condition, including substance use, occurred before the first suicide attempt;
- Childhood traumatic experiences that included emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse; and

- Parental history of mental health or substance use disorders such as alcohol or drug use, major depression, and antisocial personality disorder.

According to the investigators, 1,240 participants reported a lifetime history of suicide attempt, with 85.3 percent of those occurring before the age of 35. Specifically, 519 reported making their first attempt before age 18 (45.2 percent), 535 between 18 and 34 years (40.1 percent), 145 (11.7 percent) between 35 and 49 years, and 41 (3.3 percent) at 50 years and older.

Dr. Hoertel and his colleagues ascertained that participants who made their first suicide attempt before age 18 were more likely to be associated with childhood traumatic experiences and less likely to be associated with prior psychiatric disorders in comparison to participants who experienced their first suicide attempt between the ages of 18 to 34 years. For the age group 35 to 49, there was a strong correlation between prior lifetime history of substance abuse and mood disorders, whereas those 50 years and older was linked to major depressive disorder. Their findings support previous studies signifying that mental health and substance use are strongly associated with suicide risk in adults 35 and older in comparison to younger adults.

There was no significant difference in characteristics associated with sociodemographic factors or parental history of mental health and substance use disorders.

The investigators conclude that their research findings have important implications for identifying adults at greater risk for suicide attempt, and may help shape future suicide prevention screening and assessment. The researchers write, 'Improving early detection and treatment of psychiatric disorders and preventing childhood maltreatment may have broad benefits to reduce the burden of suicidal behavior at all ages.'



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

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

After completing this course, attendees will be able to:

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

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

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

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

[ENROLL HERE](#)

How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

& THIS WEEK: Major Sam Cochran (Ret.), Co-Chair of CIT International's Board of Directors, Says to Leaders, "Support and Keep Open Essential Mental Health Crisis Services"

As communities struggle with COVID-19 and increasingly respond to emergency rules, Major Sam Cochran (ret.), co-chairman of CIT International's Board of Directors, said leaders must support and keep open essential mental health crisis services. He shared with #CrisisTalk that without them, the default mental healthcare provider and law enforcement drop off location would typically be the local county jail. As cases of COVID-19 continue to rise in institutional corrections facilities, "the county jail is saying, 'No, this can not come into our facility.'" That then leads law enforcement to drop off people experiencing a crisis directly to the hospital emergency room, which is not only overburdened but also a source of the virus. "Neither one of those options is good, but the officer has to make a decision."

Maj. Cochran said while this pandemic is new, getting leaders to understand the importance of supporting comprehensive crisis services isn't. In 1996, he was in Memphis, sitting at a long table with county executives at one end and those from the state at the other. Representing CIT, he sat in the middle with a NAMI advocate. The topic was emergency room crisis services. "The emergency room no longer wanted to be the first line, crisis service provider. This is after several years of successful relationship building and dropoffs, but something changed." In response, NAMI and CIT, along with other partners in the community, put their heads together and came up with adding a community crisis assessment center. The center would have multiple disciplines attached to it to address the needs of the whole person, such as housing, employment, and treatment.

[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](https://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/ActionAlliance](https://twitter.com/ActionAlliance)

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](https://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](https://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>



Like us on
Facebook:
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Follow us on
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

[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

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

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

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

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

COVID-19 Treatment Guidelines

[COVID-19 TREATMENT GUIDELINES](#), NATIONAL INSTITUTES OF HEALTH, APRIL 21, 2020



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

Medicaid Payment for COVID-19 Services

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

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, APRIL 6

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

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](#)

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

[INTERIM INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR PATIENTS WITH SUSPECTED OR CONFIRMED CORONAVIRUS DISEASE 2019 \(COVID-19\) IN HEALTHCARE SETTING & SUMMARY OF CHANGES TO THE DOCUMENT](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, UPDATED APRIL 13 **NEW**

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

[GUIDELINES: OPENING UP AMERICA AGAIN](#), WHITE HOUSE, APRIL 16 **NEW**

[OPENING UP AMERICA AGAIN: CENTERS FOR MEDICARE & MEDICAID SERVICES \(CMS\) RECOMMENDATIONS RE-OPENING FACILITIES TO PROVIDE NON-EMERGENCY NON-COVID-19 HEALTHCARE: PHASE I](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 19 **NEW**

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

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

[STATE MEDICAID AND CHIP TELEHEALTH TOOLKIT, POLICY CONSIDERATIONS FOR STATES EXPANDING USE OF TELEHEALTH, COVID-19 VERSION](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, APRIL 22 **NEW**

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

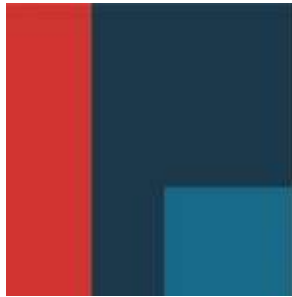
[PANDEMIC PREPAREDNESS IN THE WORKPLACE AND THE AMERICANS WITH DISABILITIES ACT](#), EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, MARCH 21 & [WHAT YOU SHOULD KNOW ABOUT COVID-19 AND THE ADA, THE REHABILITATION ACT, AND OTHER EEO LAWS](#), EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, APRIL 17 **NEW**

[MEMO TO STATE SURVEY AGENCY DIRECTORS: UPCOMING REQUIREMENTS FOR NOTIFICATION OF CONFIRMED COVID-19 \(OR COVID19 PERSONS UNDER INVESTIGATION\) AMONG RESIDENTS AND STAFF IN NURSING HOMES](#), CENTER FOR CLINICAL STANDARDS & QUALITY, APRIL 19 **NEW**

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

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

[What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#), U.S. Equal Employment Opportunity Commission, Updated April 23 **NEW**



NATIONAL OLDER ADULTS MENTAL HEALTH AWARENESS DAY 2020:
COMBATING SOCIAL ISOLATION FOR SENIORS DURING THE COVID-19 PANDEMIC

VIRTUAL MEETING

Thursday, May 7, 2020 ■ 1:00 p.m. - 2:30 p.m.

REGISTER HERE [Add to Calendar](#)

SAMHSA
Substance Abuse and Mental Health
Services Administration

NEW!

lease join the Substance Abuse and Mental Health Services Administration, Administration for Community Living, Veterans Health Administration, and National Coalition on Mental Health, and Aging for the NATIONAL OLDER ADULT MENTAL HEALTH AWARENESS DAY 2020: Combating Social Isolation for Seniors during the COVID-19 Pandemic.

In this time of social distancing, older Americans are looking for ways to combat social isolation. Please join us for a thoughtful discussion, including practical ideas to promote connection and recovery for older adults with serious mental illness and substance use disorders, during this unprecedented time in our history.

We know that suicide, depression, anxiety, and problems with alcohol and medications are issues that older adults face. The U.S. Census Bureau indicates that by 2030, there will be nearly 75 million Americans over age 65. A 2012 study from the Institute of Medicine found that nearly one in five older Americans has one or more mental health/substance use conditions. According to 2018 data from the Center for Diseases Control and Prevention and reported by the American Foundation for Suicide Prevention, adults in the 75-84 and 85 and older age groups are among those with the highest rates of suicide.

Older Adult Mental Health Awareness Day 2020 will include important remarks from the Assistant Secretary for Mental Health and Substance Use - Dr. Elinore McCance-Katz, the Assistant Secretary for Aging –Mr. Lance Robertson, and the latest information on coping with social isolation and loneliness from University of California San Diego Distinguished Professor of Psychiatry, Dr. Dilip Jeste.

For more information on COVID-19 Response resources:

[SAMHSA Coronavirus \(COVID-19\) Guidance and Resources](#)

SAMHSA recognizes the challenges posed by the current COVID-19 situation and is providing guidance and resources to assist individuals, providers, communities, and states across the country. SAMHSA stands ready to assist in any manner possible.

[ACL Coronavirus disease 2019 \(COVID-19\) Guidance and Resources](#)

Guidance and resources for older adults, providers, communities, and states.

[VA Coronavirus \(COVID-19\) Resources](#)

[VA's Novel Coronavirus Disease \(COVID-19\) webpage](#) has the most current information and [VA's Coronavirus FAQs](#) page provides answers to many important questions. Read the latest VA information regarding coronavirus and [mental health here](#).

Meeting Planner: [Stephanie Crews](#)



[Contact Us](#)



The outbreak of COVID-19 has placed overwhelming stress on people, families, communities, and our nation. Fear and anxiety about an unseen disease can provoke strong emotions in adults and children. Even our friends and neighbors without mental health diagnoses are experiencing increased challenges

During normal times, many people turn to faith leaders when they have a concern. That's why some leaders are predicting there will be a wave of people seeking to share their challenges involving the impact of COVID-19. **Faith and community leaders can prepare *now* to be ready to engage the myriad of questions people will have.**

The goal of this webinar is to help you understand what research tells us may be coming, the perspective of mental health professionals in this moment, and what faith leaders are preparing to address.

GUEST SPEAKERS

- [Stephen Grcevich, MD](#), Psychiatrist, Founder & President, Key Ministry
- [Tim Murphy, PhD](#), Psychologist in Private Practice
- [Kay Warren](#), Mental Health Advocate, Saddleback Church

SAVE THE DATES

Save the dates for the second and third webinar in this series. More details to come!

- May 12, 12 P.M. ET — **PART 2: "When Trauma, Fear, and Anxiety Become Overwhelming"**
- May 26, 12 P.M. ET — **PART 3: "Task-Shifting to Address Increasing Challenges"**

REGISTER NOW >> Part 1 on April 28



Webinar Announcement

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](#)



Mental Health and Human Rights

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

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

One in five Americans has experienced a mental health issue. Those from marginalized communities have compounded effects, as mental health illnesses are not uniformly treated. The goal of the 2020 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 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](#)



CANCELLED



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=JF6BETDVREo&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](#)



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



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](#)

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
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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)
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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

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...

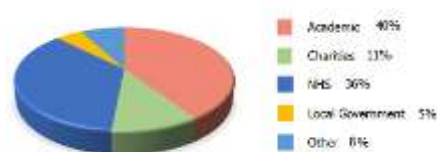
View Event		View Programme		Register Interest		Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social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



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 contract.

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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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 (NCCCHC) 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@nccchc.org.

[**REGISTER NOW**](#)

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
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
District of Columbia	Approval Letter	Appendix K - DC Combined NEW
Florida	Approval Letter	FL.0867 Appendix K FL.0962 Appendix K NEW Appendix K - FL 40166, 40205 Combined
Georgia	Approval Letter	Appendix K - GA 0112, 4170 Combined Appendix K - GA 0323, 0175 Combined
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
Louisiana	Approval Letter	LA.0121 Appendix K LA.0866 Appendix K NEW LA.0889 Appendix K Appendix K - LA 0401, 0472, 0361, 0453 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
Nebraska	Approval Letter	NE.0187 Appendix K NE.0394 Appendix K NE.4154 Appendix K NE.40199 Appendix K NEW

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

Nevada	Approval Letter	Appendix K - NV Combined NEW
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
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 Carolina	Approval Letter	SC.0675 Appendix K Appendix K - SC 0237, 0676, 0284 Combined Appendix K - SC 0405, 0186, 40181 Combined NEW
South Dakota	Approval Letter	SD.0044 Appendix K SD.0189 Appendix K
Utah	Approval Letter	Appendix K - Utah Combined NEW
Virginia	Approval Letter	Appendix K - VA Combined NEW
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

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



HHS Office for Civil Rights Webinar Update on HIPAA and COVID-19 *Friday, April 24, Noon to 1:00 p.m. E.T.*

The HHS Office for Civil Rights (OCR) is hosting a webinar for health IT stakeholders on HIPAA privacy and security issues related to COVID-19 and recent OCR actions related to the pandemic.

Speakers:

- Timothy Noonan, Deputy Director for Health Information Privacy, OCR
- Marissa Gordon-Nguyen, Senior Advisor for Health Information Privacy Policy, OCR

Topics include:

- COVID-19 and Permissible Disclosures under the HIPAA Privacy Rule
- Enforcement Discretion and Guidance for Telehealth Remote Communications
- Guidance for Disclosures to First Responders and Public Health Authorities
- Enforcement Discretion for Business Associates to Use and Disclose PHI for Public Health and Health Oversight Activities
- Enforcement Discretion for Community-Based Testing Sites

[REGISTER HERE](#)

Please note, this webinar is limited to 3,000 participants. It will be recorded and made available on HealthIT.gov within the week.

For more information related to HIPAA and COVID-19, please [click here](#).

NASMHPD Mourns the Death of Former Connecticut Department of Mental Health and Addiction Services (DMHAS) Commissioner, Thomas A. Kirk, Jr., Ph.D.



Former Connecticut Department of Mental Health and Addiction Services (DMHAS) Commissioner, Thomas A. Kirk, Jr., Ph.D., passed away at the age of 78 on April 9, just nine days after the death of his wife of 42 years, Janet.

He joined DMHAS at a critical time when mental health and substance use services were being integrated into one agency and he was instrumental in fostering the development of the newly created state agency. From October 1995 until his appointment as Commissioner, he served as Deputy Commissioner of DMHAS. His tenure as Commissioner began in May 2000 and it concluded when he retired in September 30, 2009.

He served as a member of the NASMHPD Board for four years, from 2003 to 2007.

Dr. Kirk's career began as a tenured faculty member at the Virginia Commonwealth University where he taught undergraduate and graduate courses. His career thereafter included increasingly responsible leadership roles in the design, delivery, and management of healthcare services for persons with psychiatric and/or substance use disorders in public/private sectors. He led a psychological consulting firm focusing on criminal justice/forensic services, had a private practice and has served as a psychologist, manager, clinical director, and then administrator of public systems of behavioral healthcare. His last private sector role was from 1990 – 1995 as President of Liberation Programs, a substance use healthcare agency in Stamford, Connecticut.

He earned a Ph.D. and M.A. from Catholic University in Washington, D.C., graduating in 1970 with a major in experimental psychology and minor in clinical psychology.

Current Connecticut Commissioner Miriam Delphin-Rittmon said of Dr. Kirk:

I, like so many others, was personally touched by Commissioner Kirk when I began my own career at DMHAS. His commitment to recovery, cultural competence, and quality consumer driven services have been guiding principles in my own career. His strong belief was that recovery from substance use and mental illness is possible. He believed that there were multiple pathways to recovery including faith, self-help, and treatment. He strongly believed that the best teachers of what works are the individuals and families we are honored to serve. His vision for a recovery-oriented system of care was perhaps his greatest legacy to Connecticut and the nation.

Dr. Kirk's accomplishments during his tenure at DMHAS were remarkable. He guided the integration of mental health and substance use services in Connecticut, tirelessly promoted inter-agency collaboration, was a staunch advocate of the consumer movement in Connecticut, and led the Blue Ribbon Commission on Mental Health and an earlier Blue Ribbon Task Force on Substance Abuse. Dr. Kirk was a true pioneer in the field of behavioral health, championing integration, recovery and co-occurring disorders long before these became mainstream ideas. He was driven by a desire to enhance every system of care for which he had responsibility.

His obituary in the [April 26 Hartford Courant](#) reads:

As Commissioner of DMHAS, Tom oversaw a 700-million-dollar budget, 4,000 employees in state hospitals and treatment agencies, as well as 175 funded nonprofit community providers. He was recognized as a state and national leader in the recovery movement. Tom led the department as it transitioned into a new healthcare agency, one that brought together mental health and addiction services, with a strong commitment to recovery and a robust drive to ensure and enhance the quality of services provided to individuals with behavioral health disorders. He tirelessly dedicated his career to providing services to persons seeking recovery and demanded that the system of care see them as whole persons, deserving of dignity and respect. Tom did not believe in a top-down hierarchy of care. He strongly believed that the best teachers of what works were the individuals and families he was honored to serve.

A stubborn, independent soul, Tom was a warm, compassionate man with a huge heart who wanted to help people in need. He believed in quality of relationships, not quantity. He was dedicated to his family and would drop everything for someone. A great sense of humor got you laughing along with him, as his red faced, body shaking, deep belly laughs were infectious. His earth-shattering sneezes could startle a whole building. Rarely would you not find food stains on his clothes.

True to his genes, he relished being a story-keeper. Tom would collect and store endless photos (many of which he had taken), tickets, cards, newspaper clippings etc. over the years and when he felt the time was right he would thoughtfully make a calendar or album for a loved one and share in their delight in receiving this incredible gift.

His voice was low and soft; often you would struggle to hear him. But you knew what he had to say was important, it had meaning – so you always leaned in.

Tom loved music and if Motown was on, you'd be pulled on to the "dance floor" to see some impressive moves and a big smile. He lived and breathed his work. After retirement he enjoyed more travel with his wife Janet, going to art museums, marveling at Janet's blossoming creative talent, and he always looked forward to a Yankee or UCONN basketball game.



In lieu of flowers, the family asks that you consider donating to anywhere you believe Tom would feel strongly about or to the Connecticut Community for Addiction Recovery at <https://ccar.us/> or the Benedictine Sisters of Baltimore at <https://emmanuelosb.org/support.html>.

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
Arkansas	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 establish supplemental payments to direct care workers during the COVID-19 public health emergency.	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
Colorado	Disaster Relief Eligibility Cost-Sharing	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, and waive cost-sharing for testing services, testing-related services, and treatments for COVID-19.	Approval Letter NEW
Guam	Disaster Relief Financing and Reimbursement	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to Increase payment rates for Inpatient and Outpatient Hospital Services, Physician Services, Home Health Services, Clinic Services for Physicians Services and Other Practitioner's Services during the Public Health Emergency Period.	Approval Letter
	Financing and Reimbursement	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 (or any renewals thereof).	Approval Letter

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

Louisiana	Disaster Relief Eligibility Cost Sharing Prescription Drugs Financing & Reimbursement Benefits	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, suspend all cost sharing, extend all prior authorization by automatic renewal without clinical review or time/quantity extensions, expand telehealth, adjust prior authorizations for medications, and increase certain payment rates.	Approval Letter NEW
Maryland	Disaster Relief Cost-Sharing	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to suspend certain premium payments required under Maryland's Medicaid state plan.	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
	Disaster Relief Benefits	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to allow the following rehabilitative providers to provide services via telehealth, including via telephone: Alcohol and drug counselors, alcohol and drug counselor temps, recovery peers, student interns, mental health certified peer specialists, mental health certified family peer specialists, mental health rehabilitation workers in ARMHS, and mental health behavioral aides operating in CTSS programs.	Approval Letter NEW
	Disaster Relief Benefits	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to allow provider contact with Medicaid beneficiaries to be conducted via telehealth for Targeted Case Management Services.	Approval Letter NEW
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
Puerto Rico	Disaster Relief Eligibility	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, impose less restrictive resource tests on certain eligibility groups, and to continue to consider residents who leave the Territory due to the disaster residents of the Territory.	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
	Disaster Relief Financing & Reimbursement	MS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to increase nursing facility rates by 10%, effective April 1, 2020 through June 30, 2020.	Approval Letter NEW
South Carolina	Financing & Reimbursement Disaster Relief	Proposes to update the current Medicaid nursing facility rates for all private and non-state owned governmental facilities by providing for a COVID-19 4% add-on to assist and reimburse nursing facilities for the unanticipated costs incurred in their response to its coronavirus protection of residents as well as facility staff	Approval Letter NEW

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

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
	Financing and Reimbursement	Nursing Facilities Add-On payment during COVID-19 emergency	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

Additional NASMHPD Links of Interest

[THE VITAL ROLE OF A FULL CONTINUUM OF PSYCHIATRIC CARE BEYOND BEDS](#), DEBORAH A. PINALS, M.D. & DORIS A. FULLER, M.F.A., *PSYCHIATRIC SERVICES*, APRIL 23

[CHALLENGES AND PRIORITIES IN RESPONDING TO COVID-19 IN INPATIENT PSYCHIATRY](#), LUMING L., M.D., *PSYCHIATRIC SERVICES*, APRIL 23

[DOES WIDESPREAD DISINFECTING KILL THE CORONAVIRUS? IT'S UNDER DEBATE](#), KAREN WEINTRAUB, *NEW YORK TIMES* SCIENCE SECTION, ON-LINE APRIL 14, IN PRINT APRIL 21

[FOR RUNNERS. IS 15 FEET THE NEW 6 FEET FOR SOCIAL DISTANCING?](#), GRETCHEN REYNOLDS, *NEW YORK TIMES* SCIENCE SECTION, ON-LINE APRIL 15, IN PRINT APRIL 21

[COVID-19 WORKFORCE VIRTUAL TOOLKIT: RESOURCES FOR HEALTHCARE DECISION-MAKERS RESPONDING TO COVID-19 WORKFORCE CONCERNS](#), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, APRIL 22, 2020

[ALONETOGETHER.COM](#), VIACOMCBS/MTV ON-LINE MENTAL HEALTH HUB

[TREATMENT OF SERIOUS MENTAL ILLNESS IN MEDICAL AND MENTAL HEALTH SETTINGS](#), WETZLER SCOTT, PH.D., SCHWARTZ B., M.D., WETZLER SARA, PATEL U., PH.D. & COUNTS N., J.D., *PSYCHIATRIC SERVICES*, APRIL 23

[EVALUATION OF PROACTIVE COMMUNITY CASE DETECTION TO INCREASE HELP SEEKING FOR MENTAL HEALTH CARE: A PRAGMATIC RANDOMIZED CONTROLLED TRIAL](#), JORDANS M.J.D., PH.D., LUITEL N.P., M.A., LUND C., PH.D. & KOHRT B.A., M.D., PH.D., *PSYCHIATRIC SERVICES*, APRIL 23

[FOUR KEY PRINCIPLES TO HELP MANAGE THE COVID-19 RESPONSE AT THE SYSTEMS LEVEL](#), KEVIN MARTONE, L.S.W., TECHNICAL ASSISTANCE COLLABORATIVE, MARCH 31

[BLOG: CORONAVIRUS PUTS CHILDREN AT RISK BY DEEPENING INEQUITIES](#), LOGAN BEYER, AMERICAN YOUTH POLICY FORUM, APRIL 15

[ASSESSMENT OF SARS-CoV-2 INFECTION PREVALENCE IN HOMELESS SHELTERS — FOUR U.S. CITIES, MARCH 27–APRIL 15, 2020](#), MOSITES E., PH.D., ET AL., *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 22

[COVID-19 OUTBREAK AMONG THREE AFFILIATED HOMELESS SERVICE SITES — KING COUNTY, WASHINGTON, 2020](#), TOBOLOWSKY F.A., D.O., ET AL., *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 22



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Tribal Opioid Response Grants (TI-20-011)

Funding Mechanism: Grant

Anticipated Total Available Funding: \$50 million

Anticipated Number of Awards: Up to 200

Anticipated Award Amount: See Appendix K, below

Length of Project: 2 Years

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-Morring, 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.

NIMH Funding Opportunity Announcement

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

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

Earliest Start Date: April 2021, respectively

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

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

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

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

Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

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

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

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

Small Businesses

For-Profit Organizations Other Than Small Businesses

State Governments

County Governments

City or Township Governments

Special District Governments

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

U.S. Territories or Possessions

Independent School Districts

Public Housing Authorities

Indian Housing Authorities

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

Faith-Based or Community-Based Organizations

Regional Organizations

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

Zero Suicide International 5

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

in Partnership with Mersey Care NHS Foundation Trust



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

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

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

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

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

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

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

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

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

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

Nomination Requirements

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

Judging

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

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

David W. Covington, LPC, MBA
CEO & President

RI International
(RIA for Recovery Innovations, Inc.)
2701 N. 54th Street, Suite 310
Phoenix, AZ 85006

Work: 480-636-3086
Mobile: 404-435-8103
Email: David.Covington@riinternational.com





NOW RECRUITING

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

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

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

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

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

What can teams EXPECT?

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

HOW CAN MY AGENCY TAKE PART?



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



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

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

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

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

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

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

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

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

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

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

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

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

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

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

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

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

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

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



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





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.

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Patient Advocacy Summit

Rescheduled

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

[BROCHURE](#)

[FULL TIMED AGENDA](#)

[REGISTER](#)

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

Key Themes to be Addressed:

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

Meet Some of the Distinguished Speaker Faculty



Andrea Furia-Helms
Director, Patient Affairs
FDA



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



Sarah Krug
Chief Executive Officer
CANCER CARE 101

WHY ATTEND?

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



THERE'S SOMETHING FOR EVERYONE

Help your whole team stay ahead!

Register 3 team members, and the 4th attends free

MANAGING NOW FOR A BETTER TOMORROW: CONVERSATIONS & RESOURCES DURING COVID-19

Friday, April 24
Noon to 1:30 p.m. E.T.



A CONVERSATION ON YOUTH & YOUNG ADULTS EXPERIENCING HOUSING INSTABILITY & HOMELESSNESS DURING COVID-19

Join The Institute for Innovation & Implementation for a discussion on the challenges of supporting youth and young adults experiencing housing instability or homelessness during COVID-19. Hear from experts about strategies to support youth who are currently or formerly in foster care as well as those who may be pregnant and/or parenting. Learn about specific experiences from the field and brainstorm solutions and innovative approaches to address these complex challenges.

[REGISTER HERE](#)

Wednesday, April 29
3:00 p.m. to 4:30 p.m. E.T.



A CONVERSATION ON INFANT AND EARLY CHILDHOOD MENTAL HEALTH DURING COVID-19

Join the TA Network for a discussion on the challenges on COVID-19 designed just for those providing support and interventions focusing on parents, infants and early childhood mental health in communities across the nation. Hear about specific experiences from the field and brainstorm solutions and innovations during this unprecedented time.

[REGISTER HERE](#)

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



A CONVERSATION ON SCHOOL MENTAL HEALTH—SUPPORTING EDUCATORS— DURING COVID-19

Join us for a conversation on the challenges of COVID-19 designed to promote mental health and well-being for educators. Hear about ideas for anticipating and addressing secondary traumatic stress of educators and about preparing schools and educators for returning to school. Learn about specific experiences from the field and brainstorm solutions and innovations with peers from across the country.

[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

[DOCTORS STRUGGLE TO GET PAID FOR TELEHEALTH VISITS](#), RYAN BASEN *MEDPAGE TODAY*, APRIL 16

[CO-INFECTIONS UNCOVERED IN ONE-FIFTH OF COVID-19 SAMPLES](#), MOLLY WALKER, *MEDPAGE TODAY*, APRIL 16

[COVID-19 IS NORMALIZING TELEHEALTH, AND THAT'S A GOOD THING](#), BOB KOCHER, M.D., *FAST COMPANY*, APRIL 16

[DEMOGRAPHIC CHARACTERISTICS OF COVID-19 IN THE U.S.](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, CONTINUOUSLY UPDATED

[BEING OUT OF WORK AMID COVID-19 MAY HURT MENTAL HEALTH](#), *PSYCHIATRY AND BEHAVIORAL HEALTH LEARNING NETWORK*, APRIL 14 & [UNPRECEDENTED DISRUPTION OF LIVES AND WORK: HEALTH, DISTRESS AND LIFE SATISFACTION OF WORKING ADULTS IN CHINA ONE MONTH INTO THE COVID-19 OUTBREAK](#), ZHANG S.X., WANG Y., RAUCH A. & WEI F., *PSYCHIATRY RESEARCH*, APRIL 4

[HOMEWORKING: ISOLATION, ANXIETY AND BURNOUT](#) (IN PRINT: PANDEMIC PUTS MENTAL HEALTH ON EVERYONE'S AGENDA), EMMA JACOBS, *FINANCIAL TIMES*, APRIL 15/APRIL 20

[CLEANING AND DISINFECTANT CHEMICAL EXPOSURES AND TEMPORAL ASSOCIATIONS WITH COVID-19 — NATIONAL POISON DATA SYSTEM, UNITED STATES, JANUARY 1, 2020–MARCH 31, 2020](#), CHANG A., M.D. *ET AL.*, *MORBIDITY AND MORTALITY WEEK REPORT*, APRIL 20

[POWERPOINT PRESENTATION: COVID-19 PLANNING AND RESPONSE: REINFORCING THE HOMELESSNESS CRISIS RESPONSE SYSTEM: LESSONS LEARNED FROM SEATTLE & KING COUNTY](#), U.S. EMERGENCY COUNCIL ON HOMELESSNESS, MARCH 31

[SAMHSA MEMORANDUM: INTIMATE PARTNER VIOLENCE AND CHILD ABUSE CONSIDERATIONS DURING COVID-19](#), APRIL 21

[COVID-19 MEDICAID TELEHEALTH EXPANSION: A STATE-BY-STATE \[INTERACTIVE MAP &\] GUIDE](#), UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK INSTITUTE FOR INNOVATION AND IMPLEMENTATION, UPDATED APRIL 20

[COVID-19 SURVIVORS MAY FACE 'SIGNIFICANT NEUROPSYCHIATRIC BURDEN,' EXPERTS SUGGEST](#), *HEALIO PSYCHIATRY*, APRIL 17 & [ARE WE FACING A CRASHING WAVE OF NEUROPSYCHIATRIC SEQUELAE OF COVID-19? NEUROPSYCHIATRIC SYMPTOMS AND POTENTIAL IMMUNOLOGIC MECHANISMS](#), TROYER E.A., KOHN J.N. & HON S., *BRAIN, BEHAVIOR, AND IMMUNITY*, APRIL 13