

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

CMS Approves Washington State §1115(a) Medicaid Waiver to Establish a COVID-19 Disaster Relief Fund to Help Stabilize Providers, Mitigate the Surge for Demand in Hospitals

The Centers for Medicare and Medicaid Services on April 21 approved a §1115(a) Medicaid [demonstration waiver request](#) from the Washington State Health Care Authority that will allow the state Medicaid program to establish a COVID-19 Disaster Relief Fund to help stabilize providers as they rapidly implement new, expanded care delivery sites, modalities and access needed equipment, confront unprecedented disruption in their workforce and patient revenue, act quickly to ensure access to testing and care for all state residents, and mitigate the surge in demand for healthcare in institutional settings by helping to provide care outside of hospitals..

The Fund will be used by the state to:

- aid providers in making significant unanticipated investments in, among other things, telemedicine platforms, bed reconfiguration, off-site screening venues, additional respirators, ventilators, and personal protective equipment and sites for quarantine and post-acute care;
- support hardship or supplemental payments to stabilize and retain crucial providers; including behavioral health providers, rural providers, school-based providers, and smaller providers of home and community-based long-term care services, that are likely to see sharp utilization declines due to social distancing measures put in place during the pandemic;
- ensure an adequate healthcare workforce in the face of provider absenteeism resulting from child care cutbacks by helping those providers, either directly or in coordination with local school districts; to establish childcare for their workforce, including financial resources to find or reconfigure space and to pay the ongoing cost of childcare workers;
- as public transit schedules are reduced and the risk of the contagion persists, furnish support for safe transportation for our providers;
- ensure access to COVID-19 testing and treatment by using the COVID-19 Disaster Relief Fund to cover uncompensated care costs of providers preventing, identifying, and treating COVID-19 in uninsured patients;
- slow the spread of COVID-19 by developing a statewide scheduling, testing and reporting system by developing an end-to-end system for COVID-19 testing, reporting and linkage to Epic (the EMR system with the broadest adoption across the State) and other facilities statewide through the roll out of a service with broad application for

COVID-19 testing, scheduling, and tracking that connects to patient's medical care in an emergency department, hospital, outpatient clinic and other temporary clinical settings established to address the COVID-19 outbreak; and

- mitigate the surge for demand in healthcare in hospitals by ensuring that people who can be appropriately cared for outside of institutional settings are not taking up scarce beds. To that end, the state proposes (1) providing temporary shelter for homeless people awaiting discharge from institutional care, and (2) providing nutrition support to vulnerable populations who are at high-risk of becoming critically ill from COVID-19 and, due to social distancing, may not have access to food.

The [approval by CMS](#), which is retroactive to March 1, expires 60 days after the end of the declared National Public Health Emergency (PHE). The state was not required to submit budget neutrality calculations for the waiver because CMS determined that the costs to the federal government were likely to have been otherwise incurred and allowable. Washington State will still be required to track demonstration expenditures and will be expected to evaluate the connection between those expenditures and the state's response to the PHE, as well as the cost-effectiveness of those expenditures.

The state will still be required to submit a final report to CMS, which will consolidate monitoring and evaluation reporting deliverables associated with the approved waiver and expenditure authorities. The evaluation must assess cost-effectiveness by tracking administrative costs and health services expenditures for demonstration beneficiaries and assessing how these outlays affected the state's response to the PHE. CMS will provide guidance for the evaluation design and final report to facilitate state compliance with 42 CFR 431.424(c); the evaluation design is due to CMS by June 20.

CMS did not approve the state's request for authority to establish a temporary eligibility group for individuals with incomes at or below 200 percent Federal Poverty Level, for whom the state would have subsidized the cost of new or existing Qualified Health Plan coverage in the Affordable Care Act marketplace.

CMS said it would continue to review the state's request for the Disaster Relief Fund to cover costs associated with treatment for uninsured individuals with COVID-19, housing, nutrition supports and other COVID related expenditures for states and individuals, as well as retainer payments for more than 30 days for providers.

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[Federal Communications Commission Guidance on the Telehealth Program Application Process \(DA-20-394\)](#)

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

[Register for the May 7 National Older Adults Mental Health Awareness Program: Combatting Social Isolation for Seniors During the COVID-19 Pandemic](#)

[Ad Council COVID-19 Public Service Announcements](#)

[Partnership Center Webinar Series: Mental Health in the Time of COVID -19](#)

[SAMHSA GAINS Center 3-Part Virtual Learning Community: Getting Started: Essential Measures: Data & Information Sharing Across the Sequential Intercept Model, & Data-Sharing among Criminal Justice and Behavioral Health Partners: Addressing Data-Sharing Agreements and Confidentiality Concerns](#)

[Department of Justice Funding Opportunity Announcement](#)

[Mental Health Partners Launch New Crisis Response Initiative During COVID-19 Pandemic](#)

[Peer Support Services Research Archived Video](#)

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

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

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

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

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

[Food and Drug Administration Releases Guidance on Non-Enforcement Policy for Digital Health Devices Augmenting Mental Health Treatment or Facilitating Mental Health Wellness During the COVID-19 Emergency](#)

RESCHEDULED: Student Mental Health: Responding to the Crisis, **October 6**, London

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

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

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

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

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

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

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

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

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

[Get the National Guidelines for Behavioral Health Crisis Care Toolkit](#)

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

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

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

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

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

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

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[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](#)

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

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

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

[SAMHSA Behavioral Health Treatment Services Locator](#)

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

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

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

[SMI Adviser: May 2020 Webinars](#)

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

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

[TA Network Webinars and Opportunities](#)

[National Center for Civil and Human Rights April 2020 Webinar Series on Mental Health Disparities](#)

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

[Early Serious Mental Illness Treatment Locator](#)

[Social Marketing Assistance is Available](#)

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

[NASMHPD Links of Interest](#)

[NASMHPD Board & Staff](#)

IPS Supported Employment Continues Despite COVID-19 Pandemic-Imposed Social Isolation

Our lives have changed rapidly and significantly due to the social isolation measures imposed to contain the COVID-19 pandemic over the past few months, and the 24 states and six countries participating in the International Individual Placement and Supports (IPS) Learning Community and the Westat Supported Employment Demonstration study recently shared ways they are providing services during this unprecedented time. While there is no road map for providing services in a pandemic, in the spirit of peer-to-peer learning, the IPS participants hope that sharing their strategies might be helpful to others.

Because everyone is vulnerable to COVID-19 infection and many people are at a higher risk for illness severity due to comorbid health conditions, programs are making decisions based on the guiding principles of safety and continued support, which has led to an increased flexibility in services.

As state and national leaders are adjusting service definitions to accommodate telehealth interventions, IPS programs are providing services remotely via phone, video chat, text message, and email. IPS specialists in Alabama and South Carolina are communicating with clients several times per week in order to provide holistic emotional support to people by checking in frequently, sharing encouragement, and promoting wellness strategies.

IPS specialists are continuing to deliver vocational services, including intake, assessment using the Career Profile, job search activities like preparing resumes and applying for jobs, job retention, and supported education. Several staff shared that they have successfully reconnected with clients who were disengaged from services.

IPS programs are responding to a rapidly shifting labor market by continuing to help people find jobs and build employer partnerships. Rather than contacting employers in person, IPS specialists are connecting with employers remotely. Staff are looking at their employer contact logs and reaching back out to existing employer connections. Clients are still getting job offers and many people are still working in essential jobs. IPS specialists are helping working clients stay as safe as possible at work to avoid illness.

Teams are also helping clients unable to obtain employment with financial changes, including applying for unemployment benefits and providing linkage to individualized benefits counseling. The state of Vermont has scheduled a benefits counseling statewide call focused on changes in work hours and the impact of unemployment payments on other benefits. In Ohio, the IPS vocational rehabilitation agency partners are providing information on temporary employment and unemployment benefits for IPS clients who have been laid off from their jobs.

And finally, members of the International IPS Learning Community are communicating frequently with their IPS providers and offering more online training and technical assistance. Tennessee is sending weekly updates to IPS teams. Alaska has biweekly conference calls with IPS specialists and Kentucky's IPS supervisors meet via Zoom videoconference. Many states and countries have increased training opportunities via webinar. Fidelity reviews have been temporarily suspended, but some states are doing remote quality assurance by reviewing charts, career profiles, and other documentation and then providing feedback.

Risk of Fatality Higher in Suicidal Overdoses of Opiates, Barbiturates

Risk of a fatal suicide overdose was highest in occurrences involving opioids and barbiturates, according to results published March 23 in [JAMA Network Open](#).

In addition, when controlling for age, lethality was higher for adults than for youth using the same types of lethal drugs for the suicide attempt.

Ted R. Miller, Ph.D., principal research scientist at Pacific Institute for Research and Evaluation and his colleagues conducted a cross-sectional study using data from [national emergency department](#) and [national inpatient discharges](#) in 11 states from 2011 through 2012. Their analysis included calculating the odds and relative risk (RR) of death by drug class when the poisoning was a suicidal intent.

To test the reliability of the 11 states as a relevant sample of the nation, the researchers also analyzed data collected from the Healthcare Cost and Utilization Project national live discharge sample from emergency departments and inpatient care for the years 2012 and 2016.

Age was restricted to six years and older due to the difficulty of determining suicidal intent in children younger than age six. Of the 421,466 suicides by drug poisoning, 21,594 resulted in death (46.2 percent men, 53.8 percent women; with a mean age of 36.4 years).

Among fatalities, opioids (33.3 percent to 47.8 percent of cases), antidepressants (16.3 percent to 16.7 percent), and benzodiazepines (12.8 percent to 15.9 percent) were most

often involved. Benzodiazepines were the most often involved in non-fatal suicidal overdoses, ranging from 19.6 percent to 22.5 percent of cases. (See [Table 2](#) of the study).

Opioids were found to be 5.20 times the mean for suicide acts that did not involve the substance taken (RR), compared to barbiturates (RR=4.29), antidepressants (RR=3.22), anti-diabetics (RR=2.57), or alcohol (RR=2.04). The investigators noted that the alcohol RR is a conservative estimation because alcohol is not tested in 30 percent of medical examinations. Calcium channel blockers was also found to have a high RR of 2.24.

The investigators ascertained that 81 percent of suicide poisoning by opioids would not have been fatal if opioids had not been used.

According to the study, youth suicidal poisonings involved lower lethality drug classes such as non-opioid pain relievers, antidepressants, and anti-allergic or anti-emetic drugs –whatever medications were accessible. However, adults were found to choose more lethal means such as alcohol, benzodiazepines, cocaine, opioids and prescriptions for treating current chronic health conditions.

The authors conclude, “These findings suggest that preventing access to lethal means for patients at risk for suicide should extend to drugs with high case fatality rates. Blister packing and securely storing lethal drugs seems advisable.”



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: MATTHEW HOLTSCLAW ON KEEPING SECLUSION AND RESTRAINT AT BAY

Matthew Holtsclaw is the nurse manager at RI International's Crisis Recovery Center (CRC) and the company's Chief "Crisisologist", a new role that brings open-source learning, scientific analysis, and documentation to the crisis sphere. He says that many of his staff felt pessimistic when he introduced the Renew initiative on February 15th, 2019, the name he gave the center's room being used for seclusion and restraint (S&R). Nationwide, seclusion and restraint is often thought to be a part of last resort psychiatric care. It's a different viewpoint to consider it a treatment failure any time it's done. "It's a small verbiage shift but a large shift in mindset." Holtsclaw notes that every room in the CRC has a name because "people aren't numbers" and "naming the rooms helps to chip away at stigma."

When Holtsclaw first introduced the Renew initiative to staff, he was met with resistance. The most common question asked was: "How are we going to maintain safety without restraining someone dangerous?" Over time, staff began to realize that it was during S&R when injuries were most likely to happen, whether to clients or staff. "Spending time on de-escalation and other non-physical interventions resulted in fewer injuries and was safer for everyone." It's not only physical injury that can result from S&R, but also psychological trauma to both staff and guests. The CRC has cameras in all of the units, which allows Holtsclaw and staff to review each S&R. He says that during a crisis, people's memories of what happened may be different than what occurred, or maybe there were additional elements at play that they weren't aware of at the moment. Even so, staff members started off defensively, worried that the initiative was punitive. "We had to make clear—not just with words but also actions—that this is about fostering a culture change, not punishing people."

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

Crisis Now Partners:

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

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

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

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

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

Disaster Distress Helpline

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



Call us:
1-800-985-5990



Text:
'TalkWithUs' to 66746



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



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

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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-americans-connected>. 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

[COVID-19 EMERGENCY DECLARATION BLANKET WAIVERS FOR HEALTH CARE PROVIDERS](#), APRIL 29 **NEW**

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 \(COVID-19\)](#), UPDATED APRIL 28 **NEW**

[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

[FREQUENTLY ASKED QUESTIONS ON MEDICARE FEE FOR SERVICE BILLING](#), CMS, UPDATED APRIL 30 **NEW**

[FREQUENTLY ASKED QUESTIONS FROM THE PACE COMMUNITY](#), **NEW**

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

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

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

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

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

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

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

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

[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

[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

[FAQS—APPLICATION OF OIG'S ADMINISTRATIVE ENFORCEMENT AUTHORITIES TO ARRANGEMENTS DIRECTLY CONNECTED TO THE CORONAVIRUS DISEASE 2019 \(COVID-19\) PUBLIC HEALTH EMERGENCY.](#) HHS OFFICE OF THE INSPECTOR GENERAL, APRIL 24 **NEW**

SAMHSA GRANTS

[FREQUENTLY ASKED QUESTIONS \(FAQS\) RELATED TO COVID-19 FOR SAMHSA GRANT RECIPIENTS.](#) APRIL 15 **NEW**

[COVID-19 INFORMATION FOR SAMHSA DISCRETIONARY GRANT RECIPIENTS.](#) APRIL 15 **NEW**

[COVID-19 RE-BUDGETING REQUEST MORE THAN 25% OR \\$250,000: COVID-19 SAMPLE REVISED BUDGET.](#) APRIL 15 **NEW**

COVID-19 Public Service Announcements from CDC **NEW**

General

- COVID-19 EVERYDAY PREVENTION ACTIONS
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) AND [TRANSCRIPT](#)
- COVID-19 READINESS
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) AND [TRANSCRIPT](#)
- CLEANING AND DISINFECTION [TRANSCRIPT](#)
- SOCIAL DISTANCING [TRANSCRIPT](#)
- WHAT TO DO IF YOU ARE SICK [TRANSCRIPT](#)

People Who Need Extra Precautions

- PEOPLE AT RISK FOR SEVERE ILLNESS
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
- THREE STEPS FOR OLDER ADULTS [TRANSCRIPT](#)

Travel

- General
 - COVID-19 AIRPORT ANNOUNCEMENT
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
- Stay Home
 - STAY HOME, EXCEPT FOR ESSENTIALS (30 SECONDS)
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
 - HOW TO AVOID SPREADING COVID-19 (45 SECONDS)
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
 - HOW TO AVOID SPREADING COVID-19 (15 SECONDS)
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
 - FOLLOW STATE AND LOCAL GUIDANCE (30 SECONDS)
AUDIO ENGLISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)
AUDIO SPANISH: [AUDIO MEDIA](#) | [TRANSCRIPT](#)

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](#)



Please 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](#)

Ad Council COVID-19 Public Service Announcements

Radio:

[Social Distancing](#)

[Parent-Targeted](#)

[Additional Messaging](#)

TV and On-Line Videos:

[Higher Risk](#)

[Social Distancing](#)

[Mental Health](#)

[General Tips](#)

[Additional Messaging](#)



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



3-Part Virtual Learning Community Webinar Series

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

Webinar, Tuesday, May 5, 2:00 p.m. to 3:00 p.m. E.T.

Discussion Group: 3:00 p.m. to 4:00 p.m. E.T.

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 FOR THE WEBINAR](#)

[REGISTER HERE FOR THE DISCUSSION GROUP](#)

Data-Sharing among Criminal Justice and Behavioral Health Partners: Addressing Data-Sharing Agreements and Confidentiality Concerns

Webinar : Wednesday, June 24, 2:00 p.m. to 3:00 p.m. E.T.

Discussion Group: 3:00 p.m. to 4:00 p.m. E.T.

In 2019, SAMHSA released the 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. This webinar will provide a deep dive into this publication with further guidance on how to apply the information in practice. We will discuss the recommended measures at each intercept, ways to use the data, challenges in obtaining the data, and more. Presenters will share about the work they are doing locally to facilitate effective data and information sharing.

OBJECTIVES:

- Learn essential measures that are helpful for jurisdictions to prioritize when starting data and information sharing efforts.
- Understand common barriers to data and information sharing and ways to overcome those barriers.
- Apply information provided in the publication, *Data across the Sequential Intercept Model: Essential Measures*, to efforts being done at the city or county level.

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.
- Melissa Neal, Dr. P.H., 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 FOR THE WEBINAR](#)

[REGISTER HERE FOR THE DISCUSSION GROUP](#)

Navigating System Cultures Across the Sequential Intercept Model (SIM)

Webinar : Friday, June 26, 2:30p.m. to 4:00pm E.T.

[REGISTER HERE](#)





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>.

Mental Health Partners Launch New Crisis Response Initiative During COVID-19 Pandemic

COVID-19 crisis precautions introduced such as social distancing and self-isolation, coupled with the fear of medical emergencies and growing anxiety about the prolonged nature of the crisis, could amplify the number of people suffering from mental health concerns across the US. With [Qualtrics](#) reporting that 41.6% of the population have seen a decrease in their mental wellness since the COVID-19 outbreak, an innovative website resource aims to help alleviate their suffering.

As COVID-19 emergencies consume precious healthcare resources, timely access to mental health crisis care has never been more critical. With 20,000 - 40,000 people being admitted to emergency departments across the US each day for psychological purposes, providing a pathway to crisis care is essential. Across the world, a coalition of digital health solutions companies and mental health crisis responders called the **Pandemic Crisis Services Response Coalition** have designed a website to make it easier for Americans to prevent a mental health crisis while accessing available treatment when it is necessary.

The website, www.covidmentalhealthsupport.org, includes three main sections: guidance for people in crisis wishing to access support, guidance for helping a loved one in crisis, and resources for health care professionals. “

The ability to access mental health crisis services is critical at this time, yet COVID-19 is impacting the typical ways people receive help in a crisis,” says. “As Emergency Rooms focus their capacity on COVID-19 patients, and psychiatric hospitals decrease their census to conform to social distancing guidelines, people in crisis need to know how to access available mental health services.

---Travis Atkinson, president of the Crisis Residential Association and co-chair of the American Association of Suicidology's Crisis Services Committee

Digital health solutions partners contributing to the cause include KeepAppy, Live For Tomorrow, and All Mental Health.

It has never been more important to take preventative action for mental health than now, in the face of the mental illness crisis coming as a result of COVID-19. Using digital health and WellTech solutions will be a key mechanism for creating a bridge of preventative mental wellbeing support during this time of social distancing and isolation.

--- Aimée-Louise Carton, co-founder of KeepAppy . “

While there is suffering as a result of COVID-19 that is unavoidable, mental health suffering can be prevented or minimized with the right interventions. The Pandemic Crisis Response Services Coalition is committed to doing all that they can to prevent additional deaths of despair due to consequences of our current situation.

Organizations that would like to join the effort or suggest additional resources are encouraged to visit <https://www.covidmentalhealthsupport.org/contact> .

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](#)



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

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

FY 2020 Special Emphasis Notice (SEN)

Description

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

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

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

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

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

[View the full Special Emphasis Notice](#)

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

[Read Frequently Asked Questions](#)

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

Informational Session

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

[ACCESS THE ARCHIVED WEBINAR](#)

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

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

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

Discover New Tools

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



32nd
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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.

Food and Drug Administration Releases Guidance on Non-Enforcement Policy for Digital Health Devices Augmenting Mental Health Treatment or Facilitating Mental Health Wellness During the COVID-19 Emergency

The U.S. Food and Drug Administration (FDA) has just released a [temporary guidance](#) outlining a non-enforcement policy during the COVID-19 declared emergency allowing expansion of the availability of digital health therapeutic devices for psychiatric disorders.

The FDA says increasing device availability is intended to increase patient access to digital therapeutics while individuals are following “stay at home” orders or practicing social distancing, eliminating the need for in-clinic visits that might expose patients and providers to the coronavirus and easing burdens on hospitals and other healthcare facilities.

For computerized behavioral therapy devices for psychiatric disorders subject to the guidance, the FDA will not enforce compliance with the special controls identified in 21 CFR 882.5801, which include the requirement of prospective clinical data. As defined in 21 CFR 882.5801, a computerized behavioral therapy device for psychiatric disorders is a Class II, prescription-only device intended to provide a computerized version of condition-specific behavioral therapy as an adjunct to clinician-supervised outpatient treatment of patients with psychiatric conditions. The digital therapy is intended to provide patients access to therapy tools used during treatment sessions to improve recognized treatment outcomes.

Relevant psychiatric conditions include, but are not limited to:

- Obsessive Compulsive Disorder
- Generalized Anxiety Disorder
- Insomnia Disorder
- Major Depressive Disorder
- Substance Use Disorder
- Post-traumatic Stress Disorder
- Autism Spectrum Disorder
- Attention Deficit Hyperactivity Disorder

The psychiatric condition can be a pre-existing condition, or the symptoms and/or diagnosis of the condition might have arisen during the course of the public health emergency. If the condition is not pre-existing, the FDA says diagnosis can be made by means of a separate telehealth or virtual physician visit not subject to FDA regulation, even if a formalized treatment plan for the condition has not yet been developed. (FDA does not regulate software for videoconferencing, even when intended for use in telemedicine, because software intended for video communication is not a medical device.)

Digital health therapeutic devices for psychiatric disorders that operate using a different fundamental technology than computerized behavioral therapy and would not normally fall within the scope of 21 CFR 882.5801 are also subject to the non-temporary non-enforcement policy. In addition, non-prescription devices that are normally outside the scope of 21 CFR 882.5801, are subject to the non-enforcement policy, as are devices intended only to address general wellness that present a low risk to safety of users or other persons.

A circumstance where the FDA believes a device would create an undue risk and would fall outside the scope of the non-enforcement guidance is a device replacing face-to-face clinical diagnosis or treatment for a specific psychiatric condition where the psychiatric condition could require an urgent or immediate clinical intervention, and a delay of the intervention could pose significant harm to the patient—such as treatment for suicidality.

Software functions that meet the definition of a device but for which FDA does not intend to enforce requirements include: general wellness software functions that promote, track, and/or encourage choices, which, as part of a healthy lifestyle, could help living well with, or reduce the risk of, certain chronic psychiatric diseases or conditions, where the link between living well and reducing the risk or impact of a chronic psychiatric disease or medical condition is well understood. The FDA says three chronic psychiatric conditions to which this would apply could include depression, anxiety, obsessive compulsive disorder, autism, or attention deficit hyperactive disorder.

Other software functions to which the non-enforceability guidance would be applicable are those which: (1) build coping skills by providing a “Skill of the Day” behavioral technique or audio messages that the user can access when experiencing increased anxiety related to the public health emergency; (2) teach users to “just notice,” accept, and embrace difficult or previously unwanted thoughts and feelings during the public health emergency, so that they can learn not to overreact or can avoid situations where they are invoked; (3) display, at opportune times, images or other messages for a substance user who wants to stop addictive behavior due to increased anxiety caused by the public health emergency; (4) help patients or users self-manage their disease or conditions without providing specific treatment suggestions; (5) use a checklist or a questionnaire of common signs and symptoms for a psychiatric disorder (e.g., anxiety due to stay-in-place orders) and provide a list of possible medical conditions and advice on when to consult a health care provider or the type of health care facility most appropriate to their needs.

Despite the non-enforcement policy, the FDA expects that manufacturers of the products will ensure that:

- 1) Software verification, validation, and hazard analysis have been performed and demonstrated that the device implements the therapy model as intended;
- 2) Appropriate cybersecurity protections are in place that are consistent with FDA premarket and post-market recommendations;
- 3) The labeling, including user instructions, specifically instruct the patient to contact a physician before using the device, even if the device is marketed directly to the consumer; and
- 4) The user is prompted to acknowledge the recommendation to contact a physician before use, such as by providing a standalone check-box that is separate from any end user license agreement.



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...

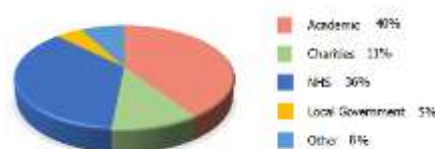
View Event	View Programme	Register Interest	Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social care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

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

Funding Mechanism: Grant

Anticipated Number of Awards: 5

Length of Project: Up to 5 Years

Estimated Post Date: May 1, 2020

Estimated Award Date: Aug 01, 2020

Anticipated Total Available Funding: \$6.3 million

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

Cost Sharing/Match Required?: Yes

Estimated Application Due Date: Jun 30, 2020

Estimated Project Start Date: Sep 01, 2020

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

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

Eligibility: State Governments

Contact: Derrick Gervin, (770) 488-5004, vjk8@cdc.gov



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

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

[**DETAILED AGENDA**](#)

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

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

No special equipment or software is required. If you can watch a video on your computer, tablet or smart phone, you're all set. The program will offer at least 32 continuing education hours for physicians, nurses, psychologists, dentists, CCHPs and social workers (applied for).

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

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

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

[**REGISTER NOW**](#)

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

State	Approval Letter(s)	Approved Appendix K
Alaska	Approval Letter	Appendix K - AK Combined
Arizona	Approval Letter	AHCCCS 1115 Demonstration (Appendix K)
Arkansas	Approval Letter	AR.0188 Appendix K 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
Florida	Approval Letter	FL.0867 Appendix K FL.0962 Appendix K 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 LA.0889 Appendix K Appendix K - LA 0401, 0472, 0361, 0453 Combined
Maryland	Approval Letter Approval Letter 2	Appendix K - MD 1466, 1506, 0023 Combined NEW Appendix K - MD 0339, 40198, 0265, 40118, 0645 Combined
Minnesota	Approval Letter	Appendix K - MN Combined
Mississippi	Approval Letter Approval Letter 2	MS.0225 Appendix K MS.0272 Appendix K MS.0282 Appendix K NEW MS.0355 Appendix K MS.0366 Appendix K

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

State	Approval Letter(s)	Approved Appendix K
Nebraska	Approval Letter	NE.0187 Appendix K NE.0394 Appendix K NE.4154 Appendix K NE.40199 Appendix K
Nevada	Approval Letter	Appendix K - NV Combined
New Mexico	Approval Letter	Appendix K - NM Combined
New York	Approval Letter Approval Letter	NY.0238 Appendix K Appendix K - NY 0444, 0269 Combined NEW
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 Appendix K - OK 0179, 0343, 0399 Combined NEW
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
South Dakota	Approval Letter	SD.0044 Appendix K SD.0189 Appendix K
Utah	Approval Letter	Appendix K - Utah Combined
Virginia	Approval Letter	Appendix K - VA Combined
Washington	Approval Letter (3/19/20) Approval Letter (03/23/2020) Approval Letter (4/21/20)	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.1086 Appendix K NEW WA.1186 Appendix K WA.40669 Appendix K

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

State	Approval Letter(s)	Approved 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 Approval Letter 2 Approval Letter 3	Appendix K - WY Combined Appendix K - WY 1060, 1061 Combined WY.0451 Appendix K NEW

State COVID-19 §1135 Medicaid Waiver Links

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

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

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
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)

Illinois	Disaster Relief Eligibility Benefits Prescription Drugs Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, suspend the resource test in determining eligibility for certain eligibility groups, add presumptive eligibility (PE) for certain eligibility groups, suspend premiums for certain individuals, expand telehealth, extend all prior authorization for medications by automatic renewal without clinical review or time/quantity extensions, allow the state to make exceptions to its published Preferred Drug List if drug shortages occur, and increase certain payment rates.	Approval Letter NEW
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
Maine	Disaster Relief Eligibility Cost Sharing Financing & Reimbursement Benefits	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, allow evacuated individuals to continue to be residents, suspend co-payment obligations for certain services, suspend premiums for all beneficiaries, add coronavirus-related benefits (lab test, telehealth and pharmacy exceptions), provide reimbursement for lab tests and telehealth, increase reimbursement for private non-medical institutions and supplemental payments for hospitals.	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
	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
Nebraska	Disaster Relief Eligibility Benefits Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to cover individuals evacuated from the state or absent due to disaster, extend the reasonable opportunity period, designate new populations for presumptive eligibility to be determined by qualified entities who previously determined presumptive eligibility for Pregnant women only expanded telehealth to specific named providers; to provide new rates and billing codes for telehealth services, and provide new test codes and rates.	Approval Letter NEW
New Mexico	Disaster Relief Eligibility Cost Sharing	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to designate qualified entities to determine presumptive eligibility, and attest that the state does not intend to impose co-pays upon beneficiaries for COVID-19 related services.	Approval Letter NEW

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

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
Oregon	Disaster Relief Benefits	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to expand telehealth, allow e-signatures to person-centered service plans in place of in-person ink signatures to minimize in person contact and allow verbal consent as authorization for providers to deliver services while awaiting receipt of the signed person-centered service plan, and allow certain home and community based services to be provided to individuals in inpatient settings.	Approval Letter NEW
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
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
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 (State cont'd on next page)



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

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

Washington (cont'd)	Disaster Relief Eligibility Premiums Cost Sharing Benefits Prescription Drugs Financing & Reimbursement	his time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow cover the new optional group for COVID testing; apply less strict resource and income methods when determining eligibility for certain individuals; consider individuals evacuated from the state due to the emergency to continue to be residents; provide medical coverage to non-residents who are quarantined in the state due to COVID-19; allow hospitals to make presumptive eligibility decisions for certain individuals; suspend enrollment fees and premiums for all individuals; expand telehealth; add certain benefits and increase some payment rates related to the COVID-19 national emergency.	Approval Letter NEW
	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
Wyoming	Disaster Relief Financing & Reimbursement	Reimbursement update for COVID-19 SPA Template	Approval Letter



SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Tribal Opioid Response Grants (TI-20-011)

Funding Mechanism: Grant

Anticipated Number of Awards: Up to 200

Length of Project: 2 Years

Anticipated Total Available Funding: \$50 million

Anticipated Award Amount: See Appendix K, below

Cost Sharing/Match Required?: No

Application Due Date: Tuesday, May 4, 2020

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

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

Contacts:

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

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

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

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



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.):

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 AAP 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.

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

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

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





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.

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/>



The Clozapine Center of Excellence

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.

The Clozapine COE provides FREE resources, education, consultation, tools and more on the use of clozapine.



Let SMI Adviser help you increase and improve the use of clozapine in individuals with treatment-resistant schizophrenia.

Visit SMIadviser.org/clozapine and join the conversation.



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

Implementation of Digital Mental Health for SMI: Opportunities and Barriers

Thursday, May 7, 3:00 p.m. to 4:00 p.m. E.T.

Examine barriers, facilitators, and other factors to consider around the adoption of digital mental health interventions with individuals who have serious mental illness (SMI).

Earn up to 1.0 AMA PRA Category 1 Credit™ and 1.0 CE credit for psychologists.

[**REGISTER HERE**](#)

Updates in Treating Tobacco Use Disorder

Friday, May 15, 12:00 p.m. to 1:00 p.m. E.T.

Learn about practical techniques for assessment, evidence-based practices for counseling and pharmacotherapy, and other important considerations around tobacco use disorder.

Earn up to 1.0 AMA PRA Category 1 Credit™, 1.0 CE credit for psychologists, and 1.0 contact hour of Pharmacology Nursing Continuing Professional Development (NCPD, formerly CNE).

[**REGISTER HERE**](#)

Cognitive Skills Training to Improve Quality of Life for People with Severe and Persistent Psychiatric Disorders

Thursday, May 21, 3:00 p.m. to 4:00 p.m. E.T.

Hear about cognitive skills training as a recovery oriented, strengths-based behavioral intervention, including feasible and scalable strategies to address cognitive health in people with psychiatric illnesses.

Earn up to 1.0 AMA PRA Category 1 Credit™ and 1.0 CE credit for psychologists.

[**REGISTER HERE**](#)

Physician Continuing Medical Education (CME) Credit

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.

Psychologist Continuing Education (CE) Credit

The American Psychiatric Association is approved by the American Psychological Association to sponsor continuing education for psychologists. American Psychiatric Association maintains responsibility for this program and its content.

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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Grant Statement

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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](#)

Physician Continuing Medical Education (CME) Credit

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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

SAMHSA TA Network Opportunities



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](#)



[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



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

[PANDEMIC PUTS ADVANCE DIRECTIVES IN FOCUS \(IN PRINT\) / DO YOU WANT TO DIE IN AN I.C.U.? PANDEMIC MAKES QUESTION ALL TOO REAL \(ON LINE\)](#), PAULA SPAN, *NEW YORK TIMES* THE NEW OLD AGE COLUMN, APRIL 28 (IN PRINT) / APRIL 24 (ON LINE)

[COVID-19 CRISIS HIGHLIGHTS THE IMPORTANCE OF COMPLETING ADVANCE DIRECTIVES](#), HOSPICE OF CINCINNATI, CINCINNATI ENQUIRER, APRIL 27

[WHEN MENTAL DISTRESS COMES HOME](#), BENEDICT CAREY, *NEW YORK TIMES*, APRIL 28 (IN PRINT) / APRIL 24 ON LINE)

[BALANCING PUBLIC SAFETY WITH THE PRESERVATION OF CIVIL RIGHTS](#), ATTORNEY GENERAL WILLIAM BARR MEMORANDUM FOR THE ASSISTANT ATTORNEY GENERAL FOR CIVIL RIGHTS AND ALL UNITED STATES ATTORNEYS, APRIL 27

[PANDEMIC PUSHES PROVIDERS TO EVOLVE AT PRECIPITOUS PACE](#), RON MANDERSHEID, PH.D., *BEHAVIORAL HEALTHCARE EXECUTIVE*, APRIL 27

[COMMENTARY: KEEP SOCIALLY \(BUT NOT PHYSICALLY\) CONNECTED AND CARRY ON: PREVENTING SUICIDE IN THE AGE OF COVID-19](#), COURT T., OLIÉ E. & DEBIEN C., *ET AL.*, *JOURNAL OF CLINICAL PSYCHIATRY*, APRIL 14

[COMMENTARY: PERSPECTIVES ON THE COVID-19 PANDEMIC AND INDIVIDUALS WITH SERIOUS MENTAL ILLNESS](#), SHINN A.K. & VIRON M, *JOURNAL OF CLINICAL PSYCHIATRY*, APRIL 28

[STATES NEED SIGNIFICANTLY MORE FISCAL RELIEF TO SLOW THE EMERGING DEEP RECESSION](#), ELIZABETH MCNICHOL, MICHAEL LEACHMAN & JOSHUAH MARSHALL, CENTER ON BUDGET AND POLICY PRIORITIES, APRIL 14

[TELEHEALTH AND PRIVACY: FEDERAL GUIDANCE FOR SUD AND MENTAL HEALTH TREATMENT PROVIDERS](#), SAMHSA CENTER OF EXCELLENCE FOR PERSONAL HEALTH INFORMATION, APRIL 28

[HOW THE CORONAVIRUS IS UPENDING MEDICAL PRIVACY](#), DARIUS TAHIR & MOHANA RAVINDRANATH, *POLITICO*, APRIL 28

[CHARACTERISTICS AND CLINICAL OUTCOMES OF ADULT PATIENTS HOSPITALIZED WITH COVID-19 — GEORGIA](#), MARCH 2020, GOLD J.A.W., *ET AL.*, *MORBIDITY AND MORTALITY WEEKLY REPORT*, APRIL 29

[HHS BLOG: WHEN TO SEEK EMERGENCY CARE](#), ADM. BRETT P. GIROIR, M.D., ASSISTANT SECRETARY FOR HEALTH, APRIL 17

[VIDEO: COPING AND WELLNESS DURING COVID-19](#), GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH, APRIL 2020

[IMPACT OF THE COVID-19 PANDEMIC ON FAMILY PLANNING AND ENDING GENDER-BASED VIOLENCE, FEMALE GENITAL MUTILATION AND CHILD MARRIAGE](#), UNITED NATIONS FAMILY PLANNING AGENCY, WITH CONTRIBUTIONS FROM AVENIR HEALTH, JOHNS HOPKINS UNIVERSITY (USA) AND VICTORIA UNIVERSITY (AUSTRALIA), APRIL 27