

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

White House Issues Executive Order Directing Federal Agencies to Rescind, Modify, Waive, or Provide Exemptions from Regulations That Might Inhibit Economic Recovery

Citing the regulatory flexibilities invoked by Federal agencies in the response to the COVID-19 pandemic, the White House on May 19 directed those agencies by [Executive Order](#) to “combat the economic consequences of COVID-19 with the same vigor and resourcefulness with which the fight against COVID-19 itself has been waged.”

The Executive Order directs agencies to temporarily or permanently rescind, modify, waive, or provide exemptions from regulations and other requirements that might inhibit economic recovery, consistent with applicable law and with protection of the public health and safety, with national and homeland security, and with budgetary priorities and operational feasibility. The agencies are also directed to consider exercising appropriate temporary enforcement discretion or appropriate temporary extensions of time as provided for in enforceable agreements with respect to those requirements, for the purpose of promoting job creation and economic growth.

The heads of all agencies, excluding the Department of Justice, are mandated to accelerate procedures by which a regulated person or entity may receive a pre-enforcement ruling with respect to whether proposed conduct in response to the COVID-19 outbreak, including any response to legislative or executive economic stimulus actions, was consistent with statutes and regulations administered by the agency. The Executive Order says agencies should decline enforcement against persons and entities that have attempted in reasonable good faith to comply with applicable statutory and regulatory standards. In formulating any policies of enforcement discretion. Non-adherence to Federal guidance suggested to stem the transmission and spread of COVID-19 may not by itself form the basis for an enforcement action by a Federal agency.

The heads of all Federal agencies are also encouraged to promote economic recovery through non-regulatory actions.

The Executive Order says economic recovery will require the efforts not only of the Federal government, but also of every State, tribe, territory, and locality; of businesses, non-profits, and houses of worship; and of the American people. The agencies are told to “give businesses, especially small businesses, the confidence they need to re-open by providing guidance on what the law requires; by recognizing the efforts of businesses to comply with often-complex regulations in complicated and swiftly changing circumstances; and by committing to fairness in administrative enforcement and adjudication.”

The heads of all agencies are also directed to review any regulatory standards they temporarily rescinded, suspended, modified, or waived during the public health emergency, and other regulatory flexibilities they have implemented in response to COVID-19, whether before or after issuance of the Executive Order, and determine which, if any, would promote economic recovery if made permanent, reporting the results of such review to the Director of the Office of Management and Budget, the Assistant to the President for Domestic Policy, and the Assistant to the President for Economic Policy.

NASMHPD and the members of the Washington D.C.-based mental health advocacy coalition, the Mental Health Liaison Group (MHLG) will be sending a letter to the Centers for Medicare and Medicaid Services (CMS) and the Office of Civil Rights of the Department of Health and Human Services, copying Congressional leadership, to ask that a one-year transition period be created after the end date of the COVID-19 public health emergency declaration during which the telehealth flexibilities created within the Medicaid, Medicare, Children's Health Insurance Program, and other Federally subsidized health insurance programs, including those relating to audio-only phone telehealth would be maintained.

The letter proposes that CMS and states would collect, during and after the declared pandemic emergency, data to assess the use and impact of these telehealth flexibilities. Such data collection would help inform CMS' decisions on which flexibilities should be made permanent and responsibly administered. The transition period would also provide time to determine which flexibilities would require statutory changes by Congress to be made permanent and allow states to submit to CMS the necessary requests for revisions to Medicaid state plan amendments, waivers, and other legal authority.

CMS has issued numerous waivers and multiple guidance documents to ease regulatory burdens on the health sector during the COVID-19 pandemic. Last month, CMS Administrator Seema Verma indicated some regulatory waivers used to help the health sector tackle COVID-19 could be extended at the end of the public health emergency, specifically praising the telehealth flexibilities. The Association of American Medical Colleges, in a May 14 letter to Administrator Verma, urged CMS and Congress to make the COVID-19 changes to Medicare telehealth permanent. *Inside Health Policy* quotes the letter as saying “[T]hese changes cannot be rolled back with the push of a button, nor should they be.”

The NASMHPD Weekly Update will not publish next week. We will return June 5. Have a Safe Memorial Day Holiday.

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[CSC OnDemand is Recruiting Participants for June and July](#)

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State-by-State Social Isolation Reopening Guidance

(Compiled by the HHS Partnership Center May 14, 2020)

State	Reopening Guidance	State	Reopening Guidance
Alabama	Reopening Order	Montana	Reopening the Big Sky Phased Approach
Alaska	Reopen Alaska Responsibly	Nebraska	Guidance Documents
Arizona	Return Stronger	Nevada	Roadmap to Recovery
Arkansas	Department of Health Directives	New Hampshire	Stay at Home 2.0
California	Update on California Pandemic Roadmap	New Jersey	COVID-19 Information Hub
Colorado	Safer at Home Guidance	New Mexico	Stay at Home Order
Connecticut	Under Stay at Home	New York	NY Forward
Delaware	June 1 Target for Phase 1	North Carolina	Modified Stay at Home Order
Florida	Plan for Florida's Recovery	North Dakota	ND Smart Restart
Georgia	COVID-19 Guidance	Ohio	Responsible Restart Ohio
Hawaii	Phase 1 Guidance	Oklahoma	COVID-19 Resources
Idaho	Idaho Rebounds Guidance	Oregon	Open Up and Recover Safely
Illinois	Restore Illinois	Pennsylvania	Process to Reopen
Indiana	Back on Track Indiana	Rhode Island	Reopening RI
Iowa	State of Iowa Agency Guidance	South Carolina	accelerate SC
Kansas	Ad Astra: Plan to Reopen Kansas	South Dakota	Back to Normal Plan
Kentucky	Health at Work Reopening Kentucky	Tennessee	Reopening Tennessee Responsibly
Louisiana	Stay at Home Order	Texas	Governor's Strike Force to Open Texas
Maine	Restarting Maine's Economy	Utah	Utah's Moderate Risk Phase
Maryland	Maryland Strong: Roadmap to Recovery	Vermont	Restart Vermont: Phased Re-openings
Massachusetts	Stay at Home Advisory	Virginia	Forward Virginia
Michigan	MI Safe Start	Washington	Safe Start
Minnesota	Stay at Home Order	West Virginia	West Virginia Strong - The Comeback
Mississippi	Stay Home, Stay Healthy	Wisconsin	Badger Bounce Back
Missouri	Show Me Strong Recovery Plan	Wyoming	*A Transition Plan for a Healthy Wyoming

Also see: [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#), Centers for Disease Control and Prevention, May 2020

Interdisciplinary Approach Needed to Reduce Suicide Risk from Pandemic Effects

A broad interdisciplinary approach that recognizes how adverse effects of the COVID-19 pandemic heighten suicide risk was outlined by the International COVID-19 Suicide Prevention Research Collaboration and released online April 21 in [Lancet Psychiatry](#).

Lead author David Gunnell, of the National Institute for Health Research Biomedical Research Centre at University Hospitals in Bristol, U.K. and his colleagues commented, "Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration."

The authors underscore that selective, indicated, and universal interventions are needed to mitigate suicide risk associated with the COVID-19 pandemic in order to provide a strong foundation for suicide prevention (figure below).

An encouraging outcome of the pandemic is the widespread use of telehealth to conduct psychiatric assessments and interventions. The authors recommend the development of clear remote-based suicidal risk assessments and care pathways, such as self-guided online applications, highlighted in the selective and indicated interventions.

Under the universal interventions, the researchers encourage governments to provide a financial safety net to ease the burden of financial stressors related to unemployment.

Additional universal interventions focus on a public health response to domestic violence and alcohol consumption.

The authors say a fourth consideration is the suicidal risk factors associated with social isolation and loneliness. They note that support from family, friends, and the community is important for those living alone, especially ensuring adequate support and mental health services for recently bereaved individuals.

Reduced access to lethal means is a fifth universal intervention to reduce suicide risk. Gunnell and his colleagues suggest collaborating with firearm retailers to assist in identifying individuals who seem in suicidal distress and connect customers to suicide prevention services, such as crisis hotlines.

A reduction in Irresponsible media reporting of suicides related to the pandemic is cited by the authors as the final universal intervention needed, with the authors encouraging the adoption of [safe media practice guidelines](#) released by the Suicide Awareness Voices of Education (SAVE) and the International Association for Suicide Prevention (IASP).

Data collection on COVID-19 stressors plays a critical role for nations to develop a timely public health response. The authors conclude, "Monitoring demands and capacity of mental health-care providers over the coming months is also essential to ensure resources are directed to those parts of the system under greatest pressure. These effects need to be appropriately resourced and coordinated."

Selective and indicated interventions
(Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)

Universal interventions
(Target the whole population and focus on particular risk factors without identifying specific individuals with those risk factors; designed to improve mental health and reduce suicide risk across the population)

Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement	Access to means	Irresponsible media reporting
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given breaks and protective equipment, and can access additional support Government Adequate resourcing for interventions	Mental health services and individual providers Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications Crisis helplines Maintain or increase volunteer workforce and offer more flexible ways of working; digital resources to train expanded workforce; evidence-based online interventions and applications Government Adequate resourcing for interventions	Government Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	Government Public health responses that ensure that those facing domestic violence have access to support and can leave home	Government Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	Communities Provide support for those who are living alone Friends and family Check in regularly, if necessary via digital alternatives to face-to-face meetings Mental health services and individual providers Ensure easily accessible help is available for bereaved individuals Government Adequate resourcing for interventions	Retailers Vigilance when dealing with distressed individuals Government and non-governmental organisations Carefully framed messages about the importance of restricting access to commonly used and highly lethal suicide methods	Media professionals Moderate reporting, in line with existing and modified guidelines

Researchers and data monitoring experts
Enhanced surveillance of risk factors related to COVID-19 (eg, via suicide and self-harm registers, population-based surveys, and real-time data from crisis helplines)



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/>



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: TAC'S JOHN SNOOK ON SERIOUS MENTAL ILLNESS, HOMELESSNESS, AND COVID-19: CREATING A SYSTEM OF SUPPORT FOR THE MOST MARGINALIZED POPULATIONS

Conversations in communities across the nation, whether in jails or inpatient hospitalization, look something like this: "If we release arrestees or discharge patients, where will they go?" Elizabeth Sinclair Hancq and John Snook, colleagues at the Treatment Advocacy Center (TAC), say that at every turn, during the COVID-19 pandemic, no one has known what to do with people experiencing Serious Mental Illness (SMI) and homelessness. The result, says Snook, the TAC's Executive Director, is that an already marginalized population is becoming more so. "People don't stop getting sick simply because there isn't somewhere to go. So they fall through the safety net."

Snook says part of the problem is that many communities are without an established or maintained crisis care continuum, so hospitals and correctional facilities don't have many options during the pandemic. For example, there is pressure on penal institutions to release people awaiting competency restoration. On the one hand, Snook notes it's absurd that they would be stuck in jail, and on the other, the facilities' concerns are valid. "They say, 'Well, that would be great, but release people where? A homeless shelter? We can't do any testing, and the behavioral health facilities either aren't open or aren't accepting new patients, so people are just going to end up back here or in a homeless shelter. By then, they could be sick, and we don't have a way to track it.'"

Snook says he learned a crucial lesson while the director of state and local relations at Habitat for Humanity, where he collaborated on projects with the World Health Organization (WHO) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The dialogue frequently centered around the fact that without transportation and housing, serving people in need becomes far more challenging. Also, it's that much harder for people to meet handwashing and other universal precaution requirements. They may not have anywhere to wash their hands or shower. You can't hope to provide treatment for a person if they have to walk five miles to receive it or if they don't have housing. ..."

[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 counseling 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/ActionAlliance](#)

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

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](#)



SAMHSA Funding Opportunity Announcement

COVID-19 Emergency Response for Suicide Prevention Grants (FG20-007)

Funding Mechanism: Grant

Anticipated Number of Awards: 50

Cost Sharing/Match Required: No

Anticipated Total Available Funding: \$40 million

Anticipated Award Amount: \$800,000 for 16 months

Application Due Date: May 22, 2020

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Fiscal Year 2020 COVID-19 Emergency Response for Suicide Prevention (Short Title: COVID-19 ERSP) grants. SAMHSA recognizes there are currently 57.8 million Americans living with mental and/or substance use disorders (National Survey on Drug Use and Health, 2018). Currently, suicide is the tenth leading cause of death in our nation. The current national COVID-19 crisis will certainly contribute to the growth in the number of Americans needing urgent care to address mental health needs, including suicidality. Americans across the country will struggle with increases in depression, anxiety, trauma, grief, isolation, loss of employment, financial instability and other challenges, which can lead to suicide and suicide attempts. The purpose of this program is to support states and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S.

SAMHSA recognizes the serious concerns for domestic violence victims that are posed by mass stay-at-home and quarantine orders. Under normal circumstances, domestic violence can lead to situations of increased stress, anxiety, depression and trauma. These are all contributing factors to risk for suicide if unaddressed. Current conditions exacerbate this situation for domestic violence victims. Given the unique situation for these particular individuals, SAMHSA is requiring that a minimum of 25 percent of direct services funding be used to support this population. This must be clearly identified in the budget narrative and justification.

Eligibility: Eligible applicants are:

- State government agencies, including the District of Columbia and U.S. Territories. The State mental health agency or the State health agency with mental or behavioral health functions should be the lead for the ERSP grant.
- Community-based primary care or behavioral healthcare organizations.
- Public health agencies.
- Community-based service providers able to meet psychiatric and psychosocial needs of clients including, for example, shelters for victims of domestic violence, clubhouse-type facilities.
- Emergency departments.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

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

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



Annual Meeting

June 1 Call For Proposals Deadline!



We Count! Uniting the Peer Support Workforce is the theme of this year's conference, which promises to be an exciting and inspiring event.

The Call for Proposals has been updated and we would love to get your submissions. The deadline for proposal submission is **June 1st, 2020**.

CALL FOR PROPOSALS FORM

Conference workshops will be held on two days, **Tuesday, October 13** and **Saturday, October 17**. There will also be other virtual activities that week including **Global Peer Support Celebration Day, Thursday, October 15**.

Please watch our website for more information. Registration will open soon.

We will still need sponsors and exhibitors! We are actively reworking the sponsorship packages to align with our new virtual format and will have information available soon. This is a great opportunity to reach a much wider audience and also support a great conference.



NOW ^{IS} THE TIME

During these times of uncertainty, you can still make a difference in a Veteran's life. This Mental Health Month, encourage Veterans to start their journey toward recovery.

Here are ways for your organization to help encourage a Veteran with mental health challenges to take that first step:

- ☐ Share social media messages and graphics on Facebook, Twitter, and Instagram.
- ☐ Add the Mental Health Month Facebook Frame to your profile photo.
- ☐ Publish a campaign announcement in your organization's next newsletter or blog.
- ☐ Add a **Make the Connection** web badge or banner to your website to keep the conversation going all year long.

Get involved! Download Mental Health Month materials here:
[MakeTheConnection.net/resources/spread-the-word](https://www.maketheconnection.net/resources/spread-the-word)

Check out VA's Mental Health Month campaign at
[MakeTheConnection.net/mhm](https://www.maketheconnection.net/mhm)

May is Mental Health Month. VA's 2020 Mental Health Month campaign encourages all Veterans to make their mental health a priority. The campaign emphasizes that a small step today can improve well-being in the future.



U.S. Department
of Veterans Affairs

**MAKE THE
CONNECTION**



SAMHSA-SPONSORED WEBINARS

Improving Access to Care by Using Creative Support to Address Families Waiting for Services ***Wednesday, May 27, 2:00 p.m. to 3:30 p.m. E.T.***

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Federation of Families for Children's Mental Health

Families across the country have been struggling with long waitlists to access care for their children. The wait for services can vary from 2 to 13 weeks or more depending on the community that a family resides in and their state policy. The waiting period between identifying needed services and accessing the identified services can be a challenging period for families because the need for services cannot be put on hold until services are available. Families begin to look for alternative support in multiple avenues including the internet and social media. Increased access of the internet and social media has increased the accessibility to the state and local family-run organizations. As the state and local family-run organizations become more visible, families are reaching out to these organizations for help during this critical waiting period. This puts the family-run organizations in the nucleus of supporting families in crises. While families wait for identified formal services and supports such as clinical therapeutic supports, in home behavioral services, respite care, family peer support and the availability of psychiatric residential beds, state and local family organizations need to create plans that can support families effectively.

The webinar will bring together the Executive Director of the National Federation of Families for Children's Mental Health and the Executive Directors of two state family-run organizations, NC Families United and Parent/Professional Advocacy League to share their perspectives at the national and state level. The presenters will share ideas and tools utilized in various states across the nation to help alleviate parental stress while waiting for formalized services. The webinar will focus on creative measures and tools state and local family support organizations and agencies can apply. Examples of various tools used in North Carolina and Massachusetts will be highlighted. The PowerPoint webinar will include lecture, interactive problem solving, questions and skills building.

Objectives:

- 1- Participants will be able to identify various tools to help support families, such as the creation of a culturally appropriate tip sheet, development of a local community resource list and the development of a short video identifying natural supports.
- 2- Participants will understand how a family-run organization can help a family or youth develop a safety plan.
- 3- Participants will have a knowledge of alternative uses for the internet, social media and "creative app" family support and live chat.

Presenters:

- **Gail M. Cormier, CRC, BS.**, Executive Director, NC Families United
- **Lisa Lambert, BS.**, Executive Director, Parent/Professional Advocacy League

Moderator: Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children's Mental Health

[REGISTER HERE](#)

Improving Access to Care by Partnering with and Minimizing Law Enforcement in Mental Health Crisis

Wednesday, June 10, 2:00 p.m. to 3:30 p.m. E.T.

Presented by the National Alliance on Mental Illness

People with mental illness—just like people with any medical condition—need a range of treatment, services and supports, depending on an individual's unique needs. Unfortunately, our current mental health system was never built to meet the needs of the nearly 45 million Americans who have a mental illness. Without an effective mental health system, communities have relied on the criminal justice system to provide mental health care and as a result, every year over 2 million people with mental illness are booked into America's jails and prisons.

Law enforcement, in partnership with mental health professionals and advocates, have worked for decades to divert people with mental illness from the criminal justice system. While many of these efforts have improved access to care and improved responses to people experiencing a mental health crisis, many front-line personnel continue to ask: "divert to what?"

In this webinar, two models of crisis care will be examined that promote community-based support with a focus on minimizing law enforcement in crisis through proper partnership including the Rapid Integrated Group Healthcare Team (RIGHT) and the Retreat Model of Crisis Urgent Care. The RIGHT Care program includes specially trained and equipped police officers, paramedics, and mental health professionals who respond as a team to safely and effectively manage patients who are experiencing behavioral health emergencies. The Retreat Model of Crisis Urgent Care emphasizes a physical layout that is an open retreat and staff with lived experience who provide 24/7 outpatient lobby with immediate care, 23-hour temporary observation recliners, sub-acute crisis stabilization with 2- to 4-day average length of stay.

Presenters

- Shannon Scully, Senior Manager for Criminal Justice Policy at NAMI
- Paul Galdys, Deputy CEO for RI International
- Kevin Oden, Director, Office of Homeless Solutions (Dallas)

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Closed-captioning is available for this webinar. We do not offer CEU credits. However letters of attendance are offered upon request. If you have any questions please contact Kelle Masten via [email](#) or at 703-682-5187.



SAMHSA-SPONSORED WEBINARS

Improving Access to Care: Critical Time Intervention to Help Transition People with Mental Illness out of Homelessness and Incarceration

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

Presented by the National Alliance on Mental Illness

Critical Time Intervention (CTI) is an intensive case management model delivered in a crisis setting during a critical transition. CTI was originally developed for people with serious mental illness who experience homelessness, with the goal of securing successful transitions to being housed. The crisis service model has also been used to promote successful transitions from hospitals and other institutions such as jails and prisons to community living. It focuses on community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods to avoid the likelihood of a repeating crisis. In research trials of CTI, there was a significant decrease in recurrent homelessness up to nine months after the intervention ended.

In this webinar, Bebe Smith, MSW, LCSW, Director of Mental Health at Southern Regional Area Health Education Center, will discuss the building blocks of CTI, and describe several wide scale implementation projects, in North Carolina, New Hampshire and Canada.

Presenter: Bebe Smith led a pilot of Critical Time Intervention (CTI) from 2012 to 2015. CTI was adopted for statewide expansion in 2014. She is a trainer in Family Psychoeducation and Critical Time Intervention.

[REGISTER HERE](#)

Ways that Peers and Supervisors use Principles of Recovery to Improve Engagement of Adults in Crisis

Thursday May 28, 2:00 p.m. to 3:30 p.m. E.T.

Developed under contract by the National Association of State Mental Health Program Directors (NASMHPD) and presented by the National Coalition for Mental Health Recovery (NCMHR)

In this webinar we are proposing to describe the experience of peer workers and peer supervisors providing crisis services. We will cover the range of crisis services that peers are participating in from warm lines to crisis teams.

We will then explore ways that peers are uniquely suited to engaging persons in acute distress because their lived experience enables them to empathize at a deep level and to reduce the stigma which typical clinical services often represent. The workers will share how they use their peer experience to promote recovery. They will also describe how they work with their supervisors to balance the values of recovery with the expectations of the clinical team.

Mutuality for instance is a value of peer support, whereas in crisis situations the team often needs to take charge of the consumer's decisions. Peers also find it important to focus on their self-care as crisis work at times triggers past traumas. Unique recruitment and training needs for peers planning to work in crisis services.

Participants of the webinar will learn:

- Objective 1: The range of crisis services employing peers
- Objective 2: Ways that peers are uniquely suited to engaging persons in acute distress in services
- Objective 3: Ways that supervisors help peers balance their peer role with the clinical expectations of the system
- Objective 4: Ways that peers and supervisors facilitate self-care and supports enabling peers to build resilience and avoid burnout
- Objective 5: Unique recruitment and training needs for peers working in crisis services

Panelists:

- **Rosie Corliss** is a Program Coordinator for Recovery Institute of Southwest Michigan, overseeing operational function of classes, groups, and activities for the community.
- **Sean Harris** has been the Executive Director of Recovery Institute, a peer run organization, since 2010.
- **David Measel** is the Executive Director of the Pennsylvania Peer Support Coalition and is a Pennsylvania Certified Peer Specialist (CPS), CPS Supervisor, and National Certified Peer Specialist.
- **Jamie Burkes** is a person with lived experience of recovery from MH and SUD issues.

Moderator: Daniel Fisher, Ph.D., M.D., President, National Coalition for Mental Health Recovery and Professor at Univ. of Massachusetts Dept. of Psychiatry

[REGISTER HERE](#)

Closed-captioning is available for these webinars. We do not offer CEU credits. However letters of attendance are offered upon request.
If you have any questions please contact Kelle Masten via [email](#) or at 703-682-5187.

Disaster Distress Helpline

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



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1-800-985-5990



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'TalkWithUs' to 66746



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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 | • Contact name for the individual that will be responsible for the application |
| • Applicant FCC Registration Number (FRN) | • Position title |
| • Applicant National Provider Identifier (NPI) | • Phone number |
| • Federal Employer Identification Number (EIN/Tax ID) | • Mailing address |
| • Data Universal Number System Number (DUNS) ⁷ | • Email address |
| • 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" | |

Continued on next page)

Contact Information



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](#), UPDATED MAY 15 **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

[ARE YOU ELIGIBLE FOR COVID-19 PAID LEAVE?](#), DEPARTMENT OF LABOR, MAY 11

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 MAY 5

[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

[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

[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

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

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

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

[VIDEO: MEDICARE COVERAGE AND PAYMENT FOR TELEHEALTH SERVICES](#), MEDICARE LEARNING NETWORK, MAY 8

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

[GUIDANCE FOR LAW ENFORCEMENT AND FIRST RESPONDERS ADMINISTERING NALOXONE](#), SAMHSA, MAY 8

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](#), 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

[OCR ISSUES GUIDANCE ON COVERED HEALTH CARE PROVIDERS AND RESTRICTIONS ON MEDIA ACCESS TO PROTECTED HEALTH INFORMATION ABOUT INDIVIDUALS IN THEIR FACILITIES](#), HHS OFFICE OF CIVIL RIGHTS, MAY 5

[ENFORCEMENT DISCRETION REGARDING COVID-19 COMMUNITY-BASED TESTING SITES \(CBTS\) DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, MAY 18 **NEW**

Telehealth and Medicaid Payment

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

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

[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

Nursing Home Care

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

[INTERIM FINAL RULE UPDATING REQUIREMENTS FOR NOTIFICATION OF CONFIRMED AND SUSPECTED COVID-19 CASES AMONG RESIDENTS AND STAFF IN NURSING HOMES](#), CENTER FOR CLINICAL STANDARDS & QUALITY, CMS, MAY 6

[Nursing Home Reopening Recommendations for State and Local Officials](#), CENTER FOR CLINICAL STANDARDS & QUALITY, CMS, MAY 18 **NEW**

SAMHSA Grants

[FREQUENTLY ASKED QUESTIONS \(FAQs\) RELATED TO COVID-19 FOR SAMHSA GRANT RECIPIENTS](#), APRIL 15

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

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

Assistant Secretary for Preparation and Response

[TELEHEALTH RESOURCES FOR BEHAVIORAL HEALTH CLINICIANS DURING COVID-19](#), APRIL 28

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

COVID-19 Treatment Guidelines

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

Miscellaneous

[CONSIDERATIONS FOR THE CARE AND TREATMENT OF MENTAL AND SUBSTANCE USE DISORDERS IN THE COVID-19 EPIDEMIC](#), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, REVISED MAY 7

[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

[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

Travel - Stay Home

COVID-19 Public Service Announcements from CDC

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, 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](#)

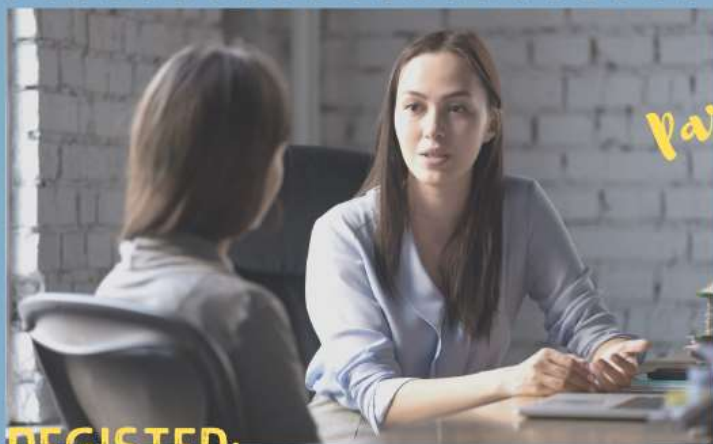
Agency for Healthcare Research and Quality (AHRQ)

[EVIDENCE-BASED PRACTICE CENTER RAPID REVIEW PROTOCOL: ALLOCATION OF SCARCE RESOURCES DURING PANDEMICS: STRATEGIES FOR POLICY MAKERS](#), AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, APRIL 18

[EVIDENCE-BASED PRACTICE CENTER LIVING RAPID REVIEW PROTOCOL: MASKS FOR PREVENTION OF COVID-19 IN HEALTHCARE AND COMMUNITY SETTINGS](#), AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, MAY 12

[NO-TOUCH MODALITIES FOR DISINFECTION OF HOSPITAL/ACUTE CARE SETTINGS: A RAPID EVIDENCE REVIEW](#), AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, MAY 12

Mental Health in a Time of COVID-19 Webinar Series:



REGISTER:
<https://bit.ly/CFOI-052620>

Part 3: Task-Shifting to
Address Increasing
Challenges

MAY 26 | 12PM EST

Many people turn to their faith leaders when they have a concern or fear. For many people, even those with no mental health diagnosis, the COVID-19 pandemic has increased fears and concerns exponentially. Sometimes these emotions increase so much that they need to be addressed with specialized expertise that understands mental health concerns. This webinar series will help you consider and prepare for the mental health challenges that may arise during and in the wake of the COVID-19 pandemic. It will include research on mental health and strategies for next steps in the days and months ahead.

“Task-shifting” is a term used to describe when non-mental health professionals are trained to use specific skills when addressing mental health concerns. This strategy is employed when there are not enough mental health professionals available to address the level of mental health needs in a specific community, such as when a natural disaster occurs. With the expected increase of mental health challenges related to COVID-19, our third webinar in this webinar series will highlight faith-based and community groups that are using online training and resources to develop mental health skills in their leaders.

GUEST SPEAKERS

- [Matthew S. Stanford](#), Ph.D., Chief Executive Officer, **Hope and Healing Center and Institute**
- [Farha Abassi](#), MD, Assistant Professor, Department of Psychiatry, **Michigan State University**
- [Evan Owens](#), Co-Founder and Executive Director, **REBOOT Recovery**

[REGISTER NOW >> PART 3 ON MAY 26](#)

SAVE THE DATE

Save the date for our fourth webinar in this series. **June 9, 12:00 p.m. E.T. PART 4:** "Connecting Spirituality to Mental Health Services in the Midst of the Crisis" (*Registration will open soon*)



Bipartisan Policy Center Behavioral Health Integration Project Call for Comments

The Bipartisan Policy Center is continuing its efforts to improve quality of care through the integration of Medicare and Medicaid services for individuals who are eligible for both programs. These Medicare-Medicaid beneficiaries, commonly known as “dual-eligible individuals,” must navigate two separate programs with different benefits and eligibility requirements. For most individuals, this would be daunting, but for dual-eligible individuals and their families, who are often dealing with chronic conditions and functional limitations, these challenges can be overwhelming.

In August of 2019, BPC began work on policy recommendations to improve care for dual-eligible individuals. In recent months however, the COVID-19 outbreak has become an immediate threat to this vulnerable population. According to the Centers for Disease Control and Prevention (CDC), older adults, especially those above age 65, and individuals of any age with serious underlying medical conditions, such as lung disease, heart conditions, and those undergoing cancer treatment, are at a higher risk of experiencing severe cases of COVID19.

Additionally, individuals living in nursing homes or long-term care facilities are at increased risk of exposure to the virus. Because many dual-eligible individuals fall into one or more of the CDC’s high-risk categories, we believe it is necessary to broaden the scope of the project to include recommendations to limit exposure to COVID-19 for this population. While not directly addressed in this white paper, we hope to include recommendations based on stakeholder feedback in our final report.

In recent years, policymakers have sought to better integrate Medicare and Medicaid services for the estimated 12.2 million dual-eligible individuals. When done well, clinical health, behavioral health, social services, and LTSS are coordinated and provided seamlessly to an eligible individual. Integration efforts have included establishing the Medicare-Medicaid Coordination Office (MMCO) to coordinate programs within the Centers for Medicare & Medicaid Services (CMS), permanent authorization of Medicare Advantage plans designed to serve dual-eligible individuals, facilitating integration by states, and establishing demonstration programs. Many stakeholders, however, believe that more should be done to integrate care. Integration for dual-eligible individuals is especially challenging, given the heterogeneity of the population and the unique and significant needs of the various sub-populations. Many have multiple chronic conditions and may need assistance with activities of daily living, or ADLs, such as bathing or dressing. They may have mental illnesses, cognitive impairments, physical limitations, or a combination of these conditions. While the majority are older Americans, 39% of dual-eligible individuals are under age 65, and less than 10% are enrolled in programs or care models that integrate Medicare and Medicaid services.

The [first of the two white papers](#) is on the integration of care for dual-eligible individuals. The purpose of this paper is to provide necessary background on this population of low-income Medicare beneficiaries. The paper discusses important demographics, eligibility for Medicare and Medicaid, covered services under each program, and the implications of being enrolled in both programs. It also discusses different types of integration of Medicare and Medicaid services, and how state and federal policymakers have worked to make the programs function better for those who are enrolled, what has worked, and what has not. The second white paper provides options for consideration by state and federal policymakers, as well as stakeholders representing consumers, providers, and plans. BPC will issue final recommendations in the summer of 2020 and is seeking comments on the second paper.

The Bipartisan Policy Center is seeking feedback on policy options that address how federal and state policymakers can integrate and streamline Medicare and Medicaid benefits for dual-eligible individuals. In light of the COVID-19 pandemic, BPC is also seeking to add recommendations that address policy and regulatory barriers that limit the ability of states, health plans, and providers to address the unique needs of dual-eligible individuals in this time of crisis. BPC recognizes that state and federal policymakers are on the front lines of the crisis. The comment collection period will be open through June 1, 2020.

[PROVIDE COMMENTS ON OPTIONS HERE](#)

[DOWNLOAD PART 1](#)

[DOWNLOAD PART 2](#)



Multi-Part Virtual Learning Community Webinar Series

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)

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

Multiple systems across the SIM serving justice-involved people with mental and substance use disorders employ differing language, procedures, and standards when addressing the complex needs of clients requiring treatment and recovery support. This webinar, hosted by SAMHSA's GAINS Center, will provide participants with practical strategies for navigating diverse system cultures across multiple points of the SIM to better serve individuals with mental and/or substance use disorders who are interfacing with the justice system.

[REGISTER HERE](#)

Improving Cultural Competence across the Sequential Intercept Model (SIM)

Monday, June 29, 2:30 p.m. to 4:00pm E.T.

Learn practical strategies to reduce racial and ethnic disproportionality among individuals with mental and/or substance use disorders who are interfacing with the justice system.

[REGISTER HERE](#)

Ad Council COVID-19 Public Health 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](#)

State COVID-19 Public Health Public Service Announcements

<u>Iowa</u>	<u>Maryland (short)</u>	<u>Maryland (Long)</u>	<u>Michigan</u>
<u>Minnesota</u>	<u>New Hampshire</u>	<u>New Jersey</u>	<u>New Mexico</u>
<u>New York</u>	<u>North Carolina</u>	<u>Tennessee</u>	<u>Washington State (Seattle/King County)</u>

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



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](#)

[ACCESS THE ARCHIVED INFORMATIONAL WEBINAR](#)

From personalized photo albums and music playlists, to relaxation exercises, the

PTSD Coach app has the tools to help address your needs.

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

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

Discover New Tools



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

32nd
Annual

Tuerk Conference

on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

2020 Vision Working Together

Sponsored by

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

Super Saver

\$165 includes
Lunch and
6 CEUs

We strongly encourage you to register online at our
website for the fastest and most efficient process.

SEPTEMBER 10, 2020

8:00 am – 5:00 pm

The Baltimore Convention Center
Pratt and Sharp Streets

Conference Sponsors

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

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.



COVID-19 Funding for Tribes

On March 6, 2020, the President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123). This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus pandemic. Of this funding, \$950 million is specifically directed for grants or cooperative agreements to states, localities, territories, and tribes, no less than \$40 million of which shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.

CDC is taking a multifaceted approach to allocate COVID-19 funding to Indian Country. This approach aims to get public health resources out quickly during this declared emergency and enable broad access to the opportunity for COVID-19 resources across all tribal nations. This approach also must reflect the statutory requirements of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020.

CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) is coordinating the following funding opportunity to expedite the release of COVID-19 response resources to support tribal communities:

[Noncompetitive Grant: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response \(CDC-RFA-OT20-2004\)](#)

Application Deadline: May 31, 2020, 11:59 p.m. (E.T.)

This emergency funding opportunity is designed to fund federally recognized tribes that contract or compact with the Indian Health Service under Title I and Title V of the Indian Self-Determination and Education Assistance Act, or consortia of these tribes, or their bona fide agents. All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents should apply for this announcement to be considered for future funding under this announcement. During a national emergency, these organizations are uniquely positioned to provide emergency preparedness and response support for tribal health departments and other components of the tribal public health system.

All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents should apply for this announcement to be considered for future funding under this announcement. The purpose of this emergency funding is to conduct the following public health activities in response to COVID-19:

- Emergency operations and coordination
- Health Information Technology
- Surveillance and epidemiology
- Laboratory capacity
- Communications
- Countermeasures and mitigation
- Recovery activities
- Other preparedness and response activities to COVID-19.

- **[GET DETAILS](#)**

[CDC-RFA-OT20-2004](#)

Webinar: Download the [Informational Webinar slides](#)[PDF – 254 KB]

[Questions and Answers](#) [PDF – 189 KB]

[Component A Eligibility List \(Indian Health Service\)](#) [PDF – 158 KB]

[Work Plan Template Guidance](#) [PDF – 229 KB]

[Work Plan Template](#) [XLS – 40 KB]

[Application Checklist](#)[PDF – 153 KB]

Submit any questions about this funding opportunity to TribalCOVIDnofo@cdc.gov.



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...

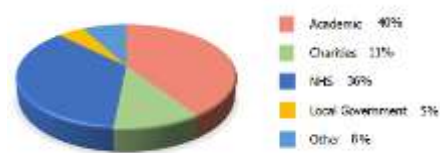
View Event		View Programme		Register Interest		Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social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

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

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

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

For Caretakers of Children

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

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

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

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

For Caretakers of Older Adults

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

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

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

For People in Isolation

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

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

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

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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

State COVID-19 §1135 Medicaid Waiver Links

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Additional §1135 Waiver Authority **NEW**

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 (1-W-00275/9) 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 Approval Letter 2 Approval Letter 3	Appendix K - CO Combined Appendix K - CO Combined 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 Approval Letter 2 Approval Letter 3	HI.0013 Appendix K HI.0013 Appendix K 2 HI.0013 Appendix K 3 NEW
Illinois	Approval Letter	Appendix K - IL Combined NEW
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
Maine	Approval Letter	Appendix K - ME Combined NEW
Maryland	Approval Letter Approval Letter 2	Appendix K - MD 1466, 1506, 0023 Combined Appendix K - MD 0339, 40198, 0265, 40118, 0645 Combined
Massachusetts	Approval Letter	Appendix K - MA Combined

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

State	Approval Letter(s)	Approved Appendix K
Minnesota	Approval Letter Approval Letter 2 Approval Letter 3 Approval Letter 4	Appendix K - MN Combined Appendix K - MN Combined 2 Appendix K - MN Combined 3 MN.0166 Appendix K (NEW)
Mississippi	Approval Letter Approval Letter 2	MS.0225 Appendix K MS.0272 Appendix K MS.0282 Appendix K MS.0355 Appendix K MS.0366 Appendix K
Montana	Approval Letter	Appendix K - MT Combined
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 Hampshire	Approval Letter	Appendix K - NH Combined
New Mexico	Approval Letter Approval Letter 2	Appendix K - NM Combined Appendix K - NM Combined 2
New York	Approval Letter Approval Letter	NY.0238 Appendix K Appendix K - NY 0444, 0269 Combined
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
Ohio	Approval Letter NEW	Appendix K - OH 0231, 0380, 0877 Combined Appendix K - OH 0446, 0337, 1035, 0198 Combined NEW
Oklahoma	Approval Letter Approval Letter 2	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
Oregon	Approval Letter	OR.0185 Appendix K Appendix K - OR 0117, 0375, 0565, 40193, 40194 Combined
Pennsylvania	Approval Letter Approval Letter 2 Approval Letter 3	PA.0147 Appendix K PA.0235 Appendix K PA.0235 Appendix K - Amended PA.0324 Appendix K - Amended PA.0354 Appendix K PA.0386 Appendix K PA.0386 Appendix K - Amended PA.0593 Appendix K PA.1486 Appendix K
Rhode Island	Approval Letter	Comprehensive 1115 Demonstration (11-W-00242/1)

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

State	Approval Letter(s)	Approved Appendix K
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 Approval Letter 2	SD.0044 Appendix K SD.0189 Appendix K SD.0264 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
Tennessee	Approval Letter	Appendix K - TN Combined
Utah	Approval Letter	Appendix K - Utah Combined
Virginia	Approval Letter Approval Letter 2	Appendix K - VA Combined Appendix K - VA Combined 2
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.0409 Appendix K WA.0410 Appendix K WA.0411 Appendix K WA.0443 Appendix K WA.1086 Appendix K WA.1086 Appendix K WA.1186 Appendix K WA.40669 Appendix K



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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
	Disaster Relief Eligibility	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.	Approval Letter
Alaska	Disaster Relief Eligibility Cost Sharing Premiums 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 waive residency requirement for individuals in state temporarily, extend reasonable opportunity period for non-citizens declaring satisfactory immigration status, suspend all cost-sharing for testing services, suspend premiums for certain populations, add temporary provisions allowing Community 1st Choice in Acute Hospital setting, allow students with completed coursework to practice as unlicensed mental health professionals, amend provider qualifications to remove First Aid & CPR requirements, expand Pharmacist scope of practice definition, increases allowable day-supply limits for prescription drugs, waive requirement for the return of unused unit dose medications dispensed in LTC based on infection control, increase reimbursement of professional dispensing fees due to incurred cost of delivery, allow the pricing methodology for covered outpatient drugs dispensed by a retail-based pharmacy to be bypassed when a medication's acquisition cost exceeds the standard "lesser of" payment methodology logic through petitioning at the point of sale, provide exceptions to state's Preferred Drug List if a shortage occurs, and modify reimbursement to reflect a per-episode rate equal to current monthly rate for Infant Learning Program (ILP) & Long Term Services & Support (LTSS).	Approval Letter r
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
	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 suspend cost-sharing for all eligibility groups for COVID-19 testing and treatment, add new optional benefits (management and evaluation service for adults with SMI; well-check service for children and adults with developmental disabilities); adjust benefits currently in the state plan (exempt certain services from annual limits when associated with testing or treatment of COVID-19); allow 90-day supplies of drugs and early refills; allow exceptions to the State's preferred drug list in case of shortages; establish payments for the new optional benefits; increase rates for direct care services and day habilitation; establish payments for delivering existing services through telehealth; and establish rates for COVID-19 screening and testing.	Approval Letter

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

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
California	Disaster Relief Eligibility Premiums Cost Sharing Prescription Drugs Benefits Financing & Reimbursement	his time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to cover the new COVID-19 testing group; expand eligibility by disregarding income up to 138% FPL for certain individuals; expand Hospital Presumptive Eligibility (HPE) to certain groups and expand the number of HPE periods in a 12-month period to two HPE periods for certain groups; suspend cost-sharing for COVID-19 testing and treatment services; suspend enrollment fees, premiums, and similar charges for certain groups; allow physicians and other licensed practitioners (OLPs) to order Medicaid home health services; modify the rehabilitative services benefit in the Drug Medi-Cal State Plan to expand the uses for individual counseling visits; remove utilization controls on covered benefits to the extent such limits can't be exceeded based on medical necessity; use telehealth by modifying the face-to-face requirement for State Plan benefits/services to be provided via all forms of telehealth, regardless of originating or distant site; adjust day supply or quantity limits for covered outpatient drugs; include non-legend acetaminophen-containing drugs, non-legend cough, and cold drugs that are covered outpatient drugs in the pharmacy benefit; and allow prior authorizations for medications to be expanded by automatic renewal without clinical review, or time/quantity extensions. This amendment also will add COVID-19 diagnostic tests and corresponding payment increases for these tests up to the corresponding Medicare level; increase current per diem rates by 10 percent to Nursing Facilities and ICF/DDs; modify the face-to-face requirement for virtual communications and allow for reimbursement as appropriate using HCPCS code G0071 at the Medicare rate; suspend requirements for face-to-face contact in the Drug Medi-Cal state plan program and treat non-face-to-face contacts as equivalent to face-to-face contacts; and pay for ancillary costs for Drug Medi-Cal services only. Other temporary payment changes will allow the In-Home Supportive Services (IHSS) Individual Provider Rate to include payment for paid time off of IHSS providers related to COVID-19 sick leave benefits for a limited time period; and update the State-approved county governmental, contracted, and private individual provider rates fee schedule to reflect the additional sick leave mandated pursuant to the Emergency Paid Sick Leave Act. For the Drug Medi-Cal and Specialty Mental Health programs in the state plan, the amendment will increase interim rates by 100%, and remove charges as a limit in cost settlement; exempt the clinical lab COVID-19 testing procedure codes from the 10 percent payment reduction mandated by state law; and add Associate Marriage and Family Therapists/Associate Clinical Social Workers (AMFTs/ACSWs) as billable provider types in FQHCs/RHCs.	Approval Letter

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

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
	Disaster Relief Benefits Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow additional targeted case management services, health care costs for nursing facilities to accommodate emergency workforce changes, and payment flexibilities for nursing facilities.	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
Hawaii	Disaster Relief Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to lift the day limit for reserved bed days with the prior approval of the Medicaid agency's medical consultant.	Approval Letter
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
Iowa	Disaster Relief Eligibility Cost Sharing Premiums 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 for flexibility in hospital presumptive eligibility, suspend cost sharing and premiums for all services for all beneficiaries, add new services under 1915(i), and allow for other flexibilities in the 1915(i) program.	Approval Letter NEW
Kansas	Disaster Relief Eligibility Cost Sharing Prescription Drugs Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow 2 presumptive eligibility periods during a 12-month period during the public health emergency; suspend cost-sharing for all COVID-19 related services; authorize up to 90-day supplies for maintenance drugs; expand prior authorization for medications; increases pharmacy reimbursement by adjusting dispensing fee; and make exceptions to the preferred drug list in case of drug shortages.	Approval Letter
Kentucky	Disaster Relief Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow long-term care facilities to receive an increased reimbursement for COVID19 patients, extend the hold days from 14-30 days and to allow hospitals to be paid for administrative days during the COVID19 state of emergency.	Approval Letter
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

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

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
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
	Disaster Relief Benefits	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to expand timeframes for evaluation and re-authorization of Plans of Care for Targeted Case Management (TCM) benefits, expand the duration of TCM benefits, allow the use of telephonic methods in lieu of face-to-face interactions when appropriate, expand the provider types allowed to prescribe Home Health Services, allow Community First Choice providers to temporarily hire family members and legally responsible individuals to provide personal care assistance, expand access to Remote Patient Monitoring, and permit the Department to pay for non-emergency transportation services either directly or through grants to local health departments.	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
	Disaster Relief Eligibility	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.	Approval Letter
Mississippi	Disaster Relief Benefits Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow services to be provided via telehealth and add payment methodologies for services provided via telehealth.	Approval Letter
Missouri	Disaster Relief Eligibility Cost Sharing Premiums Prescription Drugs	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to allow 12 months continuous eligibility for children under age 19, waive cost sharing for testing services, modify the enforcement of premium and spend-down obligations during the emergency period for certain populations, and allow exceptions to the preferred drug list if shortages occur.	Approval Letter
Montana	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, allow 90-day supplies of drugs and early refills, allow exceptions to the State's preferred drug list, allow use of telehealth service delivery methods in lieu of face-to-face when appropriate, and to establish supplemental payments for NF/ICF providers.	Approval Letter

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

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 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
	Disaster Relief Eligibility	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to cover the new COVID-19 testing group and allowing for presumptive eligibility.	Approval Letter
	Disaster Relief	his time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to increase payments to in-patient hospital rates.	Approval Letter
North Carolina	Disaster Relief Cost Sharing Premiums Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to eliminate all cost sharing for testing and treatment that may be COVID-19 related, suspend enrollment fees and monthly premiums for the Health Care for Workers with Disabilities (HCWD) program; allow increased payment rates of 5% to certain FFS programs; add a 5% additional rate increase to support specific providers who may be experiencing a disproportionate impact; set payment rates for telehealth; and add an interim payment methodology	Approval Letter NEW
North Dakota	Disaster Relief Premiums Prescription Drugs Financing & Reimbursement	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purposes of this amendment is to suspend premiums for the Employed Individuals with Disabilities program eligibility group, make adjustments to prior authorization and the day supply or quantity limit for covered outpatient drugs, suspend the Qualified Service Provider qualifications regarding competency and state criteria, waive the timelines for nursing facility rate reconsiderations and appeals, and waive the 15 day limit for payment for a reserved bed for an inpatient hospitalization.	Approval Letter
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
Oklahoma	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 adopt 12 month continuous eligibility for children under 19; suspend copayments related to COVID-19 diagnostic, testing, and treatment for eligible members; allow independently contracted psychologists to serve SoonerCare adults only for crisis intervention services during the emergency period; change the 34-day supply prescription quantity limit to allow for a 90-day supply; expand Prior Authorizations for medications; waive calendar year 2019 penalties for Potentially Preventable Readmissions program; increase the number of therapeutic leave days in nursing facilities (NFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs); and waive the provision that payments for therapeutic leave days could not exceed a maximum of 14 consecutive days per absence for ICF/IIDs.	Approval Letter
Puerto Rico	Disaster Relief Eligibility	CMS is approving this time-limited state plan amendment to respond to the COVID-19 national emergency. The purpose of this amendment is to cover the new optional group for COVID testing, impose less restrictive resource tests on certain eligibility groups, and to continue to consider residents who leave the Territory due to the disaster residents of the Territory.	Approval Letter

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

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
	Disaster Relief Benefits Financing & Reimbursement	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to add emergency case management for Medicaid beneficiaries who meet at least on risk-based criteria and one health-related criteria, and establishes a payment methodology for that service.	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
	Disaster Relief Eligibility	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.	Approval Letter
Utah	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 cover the new optional group for COVID testing, Expand Hospital Presumptive Eligibility to uninsured individuals for COVID-19 testing and related services, and Waive cost sharing for testing services (including in-vitro diagnostic products), testing- related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies.	Approval Letter NEW
Virgin Islands	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 the new optional group for COVID testing, raise resource standards for the ABD population, expand presumptive eligibility, add Personal Care Attendant Services, add telemedicine services, and add reimbursement methodologies for the added services.	Approval Letter (Washington State appears on next page)
Wisconsin	Disaster Relief Eligibility	This time-limited state plan amendment responds to the COVID-19 national emergency. The purpose of this amendment is to expand Hospital Presumptive Eligibility to include the Aged, Blind, and Disabled Population.	Approval Letter
Wyoming	Disaster Relief Financing & Reimbursement	Reimbursement update for COVID-19 SPA Template	Approval Letter



[Mental Health and Human Rights](#)

A 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 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](#)

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

Washington	Disaster Relief Current State Plan	This SPA amends the Specialized Services section in the State Plan to note that specialized services delivered at the facility or those that take the resident into the community may be suspended due to a state or federal national emergency.	Approval Letter
	Current State Plan Disaster Relief Benefits Program Administration	Updates the payment for professional services in case of a governor-declared state emergency (such as the current COVID-19 outbreak), when the Medicaid agency determines it is appropriate. This SPA also ensures payment for professional services provided via telephone services and /or online digital evaluation and management services at the same rates as for professional services provided face-to-face or via telemedicine, to support the delivery of health care services during a state of emergency.	Approval Letter
	Financing & Reimbursement Benefits	Addresses supplemental payments for transportation services in case of a governor-declared state emergency (such as the current COVID-19 outbreak), when the Medicaid agency determines it is appropriate.	Approval Letter
	Financing and Reimbursement	Nursing Facilities Add-On payment during COVID-19 emergency	Approval Letter (
	Disaster Relief Eligibility Premiums Cost Sharing 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 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
	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



Agency for Healthcare
Research and Quality

AHRQ Announces New Challenge Competition Focusing on Postpartum Mental Health Care for Rural Families

The Agency for Healthcare Research and Quality (AHRQ) has announced a challenge competition to highlight local innovations to improve postpartum mental health care for rural American families. The total prize pool for the competition is \$175,000.

The two-fold purpose of the challenge is to amplify innovative programs that rural communities already are implementing to address challenges to postpartum mental health diagnosis and treatment and elicit new solutions. AHRQ plans to share the information with rural communities, healthcare systems, healthcare professionals, local and state policy makers, federal partners, and the public. Rapid shifts in the healthcare landscape have highlighted the need to create solutions to support community-based, digital, and non-traditional solutions to provide services to mothers experiencing postpartum mental health issues in rural America.

One in seven mothers experiences a postpartum mental health condition, defined as the onset of depression or anxiety within one year of giving birth. Rural women and families face barriers to accessing adequate care for postpartum mental health problems. Such barriers may include limited availability of mental health care providers, and difficulties arranging for child care, transportation, and payment. The current COVID-19 pandemic, with its disruption of traditional employment and social supports, highlights the need for new solutions to a longstanding problem. Prior research suggests that higher levels of stressors during pregnancy and the delivery period are associated with greater prevalence of postpartum depression.

Through this new challenge, AHRQ is interested both in success stories that highlight community achievements and new program proposals that demonstrate innovative planning for community action to improve postpartum mental health. Organizations that serve rural communities, including health care providers, community-based organizations and clubs, faith-based groups, cooperative extension services, schools, hospitals, local health departments, and state, territorial, and tribal organizations are eligible to submit proposals that highlight successful or promising programmatic interventions to improve rural postpartum mental health.

AHRQ is hosting this challenge during Women's Health Month as a single-phase competition with two categories: success stories and proposals. Applicants may only submit proposals in one category. Submissions are due in September, and AHRQ plans to announce challenge winners in the fall.

There will be five winners in the Success Story Category, with each receiving \$15,000.

There will be two winners in the Program Proposal Category, with each receiving \$50,000.

For more information, visit the [AHRQ Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge](#) website.



**Webinar 43: The “Alternatives to Suicide” Approach –
Paradigm Shifts Rooted in Peer Support Values
Thursday, May 28, 1:00 p.m. to 2:30 p.m. E.T.
[REGISTER IN ADVANCE FOR THIS MEETING](#)**



Loss of life by suicide has been growing for the past 20 years. All of us have been impacted, yet innovation around addressing deaths of despair has been rare. What if peer support could hold some of the keys to new ways forward? This Webinar will explore the key paradigm shifts of “Alternatives to Suicide”, an approach first utilized in the Western Mass Recovery Learning Community that has now spread across the globe and been featured in academic publications, as well as popular media outlets. We will explore concrete ways to shift the conversation around suicide by rooting dialogue in vulnerability, curiosity, meaning and collective healing. We also share specifically about using “Alternative to Suicide” values while offering support over a distance, whether on the phone or online platforms.

Presented by Caroline Mazel-Carlton and Sean Donovan

- **Caroline Mazel-Carlton** is a suicide attempt survivor who, since moving out of a staffed psychiatric group home in 2009, has worked tirelessly to create change in the mental health system and has developed and redefined peer roles in a number of settings in the public and private sector. In her current position as Director of Training for the Western Mass Recovery Learning Community, she has supported the development of the ‘Alternatives to Suicide’ approach in multiple countries. Caroline is passionate about reclaiming cultural and spiritual wisdom traditions for navigating thoughts of suicide and is currently studying to become a rabbi. She has contributed to multiple academic publications on the topic of suicide and one book on her experience skating on a roller derby team as #18 “Mazel Tov Cocktail”.
- **Sean Donovan** is a queer man who has experienced suicidal thoughts since the age of 12, which has led to psychiatric hospitalizations and attempts in the past. Since finding places to be more open in queer community, more himself, and share both suicidal thoughts and the stories leading to them without assessment or repercussions he has found other ways through. Facilitating a weekly ‘Alternatives to Suicide’ group since 2013, with the Western Mass RLC, has been both part of his job and a way of life. Sean brings these experiences, his advocacy for folks in the psych system and facilitating a weekly LGBTQIA+ support space to these conversations. Although some days it is hard to even get out of bed, he is also an amateur podcaster and board member for an LGBTQI+ history archives, the Sexual Minorities Archives, and guitarist and singer for Feminine Aggression, a band he shares with two awesome women.

All recorded past webinars are available on the ["Past Webinars"](#) tab



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

**Web Conference: Role of Telehealth in Increasing Access to Care
and Improved Healthcare Quality**

Tuesday, June 9, 2:00 p.m. to 3:30 p.m. E.T.

AHRQ is hosting this web conference to discuss how telehealth can increase access to care and improve healthcare quality. Specifically, presenters will discuss their work on the effectiveness of telepsychiatry, the impact of telemedicine on chronic disease management, and the facilitators and barriers to urban telemedicine adoption. Presenters will also discuss how the evidence can be used routinely and during public health emergencies such as a pandemic.

Target Audience: Healthcare researchers, physicians, physician assistants, nurses, pharmacists, and other healthcare professionals, health IT researchers, and vendors.

Presenters:

Glen Xiong, M.D., *Clinical Professor*, Dept. of Psychiatry & Behavioral Sciences, Dept. of Neurology, Alzheimer’s Disease Center, University of California at Davis

Elizabeth D. Ferucci, M.D., M.P.H., *Clinical Rheumatologist and Researcher*, Alaska Native Tribal Health Consortium

Kenneth McConnochie, M.D., M.P.H., *Professor Emeritus*, University of Rochester Medical Center New York at Buffalo

Commander Derrick L. Wyatt, *USPHS Commissioned Corps, Division of Health IT Research Grants Manager, Center for Evidence and Practice Improvement at AHRQ*

[REGISTER HERE](#)

CE/CME accreditation of this activity is pending; if approved, eligible providers can earn up to 1.5 CE/CME contact hours for participating in the live web conference.



AHRQ Funding Opportunity Announcement
Novel, High-Impact Studies Evaluating Health System and
Healthcare Professional Responsiveness to COVID-19 (R01)



Funding Instrument: Grant

Total Amount Available: \$5 million

Anticipated Number of Awards: Contingent on AHRQ appropriations and the submission of a sufficient number of meritorious applications

Letter of Intent Due: June 1, 2020

Earliest Start Date: September 30, 2020

Application Due Date: June 15, 2020

Project Period: May Not Exceed Two Years

This Funding Opportunity Announcement (FOA) invites R01 grant applications for funding to support novel, high-impact studies evaluating the responsiveness of healthcare delivery systems, healthcare professionals, and the overall U.S. healthcare system to the COVID-19 pandemic.

AHRQ is interested in funding critical research focused on evaluating topics such as effects on quality, safety, and value of health system response to COVID-19; the role of primary care practices and professionals during the COVID-19 epidemic; understanding how the response to COVID-19 affected socially vulnerable populations and people with multiple chronic conditions; and digital healthcare including innovations and challenges encountered in the rapid expansion of telehealth response to COVID-19.

AHRQ encourages multi-method, rapid-cycle research with the ability to: produce and disseminate initial findings (e.g. observations, lessons learned, or findings) within 6 months after award and then regularly throughout the remainder of the award period.

Objectives:

While AHRQ has identified the following areas of specific interest, these are not all inclusive and applicants may propose any health services research project related to the response to COVID-19 that may lead to improvement in US healthcare delivery.

This funding opportunity is open to relevant research in all healthcare settings, including hospitals, ambulatory care (especially primary care practices), pre-hospital care, long-term and nursing home care, home healthcare, pharmacy, and transitions of care between settings.

A. Research to Improve the Quality of Care Received and Patient Outcomes during and following the COVID-19 Pandemic

AHRQ is interested in research that evaluates how healthcare systems adjusted care delivery, management, decision-making, and operations in response to the COVID-19 pandemic. The focus is not on the clinical questions of medications for treatment or ventilator settings, but on issues such as workforce deployment, space reallocation, communications between settings, and how decisions affected patient and workforce experience and outcomes. In addition, there is interest in understanding how decisions and innovations made during the response can best inform operations in the future, both during normal times and in public health emergencies. While there is interest in all settings of care, there is particular interest in research on changes, innovations, and unintended consequences in primary care.

B. Research to Improve Healthcare Patient Safety during and following the COVID-19 Pandemic

The COVID-19 pandemic presents new challenges to patient and clinician safety, including antibiotic stewardship and prevention of healthcare-associated infections. AHRQ has supported and helped establish a strong foundation of scientific evidence regarding patient safety, and this FOA seeks to leverage and expand this foundation to address new threats. As with past patient safety research initiatives, relevant projects can be considered in three different stages:

- Identification of risks, hazards, and harm to patients and clinicians.
- Design, implementation, dissemination and spread, and evaluation of interventions to improve patient and clinician safety.
- Establishment of strategies to sustain patient safety improvements such as culture, incident/event reporting, measurement, monitoring, and surveillance.

C. Research to Understand How the Response to COVID-19 Affected Socially Vulnerable Populations and People with Multiple Chronic Conditions during and following the COVID-19 Pandemic

An additional area of interest is applications that evaluate how the responsiveness of the U.S. healthcare system to the COVID-19 pandemic by healthcare professionals and healthcare systems impacted socially vulnerable populations. Socially vulnerable populations are those that, due to societal structures, face additional risk from the COVID-19 pandemic. These include, but are not limited to, racial and ethnic minorities other AHRQ Priority Populations (<https://www.ahrq.gov/priority-populations/about/index.html>), and people living with multiple chronic conditions. This FOA seeks applications that examine social vulnerability specifically in the context of the COVID-19 pandemic, as well as applications that examine how to improve outcomes for populations with high social vulnerability, either through improvement in care delivery (including integration of social and medical care) or policies. Examination of intersectional dimensions that highlights the combined influences of vulnerabilities is encouraged. *(Continued on next page)*



AHRQ Funding Opportunity Announcement R01 (Continued)

(Continued from previous page)

D. Research to Understand How Digital Healthcare Innovations Contributed to the Health System Response To COVID-19, Outcomes, and Unintended Consequences

The national response to COVID-19 involved an unprecedented expansion in the use of digital healthcare, including telehealth. This FOA invites applications that seek to understand how digital healthcare innovations impacted, in a positive or negative way, health system and healthcare professional innovation, as well as its role in identifying emerging best practices and answering questions such as how digital healthcare is best adapted to meet the needs of diverse patients, how policy and financing changes made telehealth more or less effective and sustainable, how telehealth solutions differed across settings, what type of workforce is needed to sustain digital healthcare innovations, and what types of training were needed for both patients and clinicians to allow digital solutions to be effective.

Expanded use of digital healthcare may not be without unintended consequences, which may positively or negatively affect quality of care. An area of interest is understanding its implications, for example, rapidly expanded use of telehealth could result in changes in risks for patient safety, such as increasing diagnostic errors.

Eligibility – The following entities are eligible to apply:

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 AHRQ 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 Other Than Institutions of Higher Education with and without 501(c)(3) IRS status

State Governments County Governments City or Township Governments Special District Governments

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

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

Eligible Agencies of the Federal Government

U.S. Territories or Possessions

Independent School Districts

Public Housing Authorities/Indian Housing Authorities

Faith-based or Community-based Organizations

Regional Organizations

AHRQ's authorizing legislation does not allow for-profit organizations to be eligible to lead applications under this research mechanism. For-profit organizations may participate in projects as members of consortia or as subcontractors only. Because the purpose of this program is to improve healthcare in the United States, foreign institutions may participate in projects as members of consortia or as subcontractors only. Applications submitted by for-profit organizations or foreign institutions will not be reviewed. Organizations described in section 501(c) 4 of the Internal Revenue Code that engage in lobbying are not eligible.

HHS grants policy requires that the grant recipient perform a substantive role in the conduct of the planned project or program activity and not merely serve as a conduit of funds to another party or parties. If consortium/contractual activities represent a significant portion of the overall project, the applicant must justify why the applicant organization, rather than the party(s) performing this portion of the overall project, should be the grantee and what substantive role the applicant organization will play.

Foreign Institutions - Non-domestic (non-U.S.) Entities (Foreign Institutions) and non-domestic enare compoments of U.S. Organizations are not eligible to apply.

Contacts:

Scientific/Research Contacts: Direct your questions about general FOA issues, including information on the inclusion of priority populations to: William Freeman, AHRQ, Office of Extramural Research, Education and Priority Populations (OEREP) Division of Priority Populations, (301) 427-1320, william.freeman@ahrq.hhs.gov; Robert McNellis, AHRQ, Center for Evidence and Practice Improvement (CEPI), Division of Practice Improvement (301) 427-1888, robert.mcnellis@ahrq.hhs.gov.

Peer Review Contact: Francis D. Chesley, Jr., M.D., Director, Office of Extramural Research, Education, and Priority Populations & Director, Office of Minority Health Acting Director, Division of Scientific Review. AHRQ, Grant_Queries@ahrq.hhs.gov.

Financial/Grants Management Contacts: Office of Management Services, Division of Grants Management, AHRQ, GMI@ahrq.hhs.gov.



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

Location: Internet

Term: Summer Inst. Term

Department: Mental Health

Credits: 1 credits

Academic Year: 2020 – 2021

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

Auditors Allowed: Yes, with instructor consent

Grading Restriction: Letter Grade or Pass/Fail

Course Instructor: Ronald Manderscheid

Contact: [Ronald Manderscheid](#)

Frequency Schedule: One Year Only

Resources:

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

Description:

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

Learning Objectives:

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

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

Methods of Assessment:

This course is evaluated as follows:

- 35% Participation
- 65% Final Paper

Instructor Consent: No consent required.

Special Comments: Project is due June 30, 2020



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!](#)

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

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

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

Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package -

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

Upcoming Webinars

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

Educator Wellness Webinars- (The Educator Wellness Webinar Series is part of The Well-Being Series - Connections During COVID-19: Mental Wellness Webinars for Families and Educator) - Hosted by Northwest MHTTC

Cultivating a Practice of Gratitude and Appreciation in Your School Community

June 3, 1:00 p.m. to 2:30 p.m. P.T. / 4:00 p.m. to 5:30 p.m. E.T.

[REGISTER HERE](#)

Mental Health Mutual Support Calls for Thriving at Work During COVID-19

Northeast & Caribbean MHTTC:

- For [Mental Health Providers](#), held every other Thursday until May 28, 9:00 a.m. to 10:00 a.m. P.T. / Noon to 1:00 p.m. E.T.

[REGISTER HERE](#)

Leadership in Times of Chaos

Pacific Southwest MHTTC - May 18, 3:00 p.m. to 4:00 p.m. P.T. / 6:00 p.m. to 7:00 p.m. E.T.

[REGISTER HERE](#)

National ACT Virtual Meetings to Address Impact of COVID-19 – Northwest MHTTC - Meetings held every Monday in May, Noon to 1:30 p.m. P.T. / 3:00 p.m. to 4:30 p.m. E.T.-

[REGISTER HERE](#)



Rural Health Information Hub

[Mental Health in a Pandemic: Q&A](#) with Thomasine Heitkamp and Dennis Mohatt, Co-Project Directors of the [Mountain Plains Mental Health Technology Transfer Center](#) (MHTTC)

[Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America](#), a guide for screening alcohol and depression in farming populations

[SIGN UP](#) TO RECEIVE THE [RURAL MONITOR NEWSLETTER](#)



Mental Health & Wellness Guide for Public Service Professionals

Being able to make a positive impact is what makes working in a public service field so special. From the school social worker keeping a group of at-risk teens on track to graduate, to the rookie cop protecting the neighborhood she grew up in, to the critical care nurse pulling a double shift during a healthcare crisis, public service professionals represent the best in all of us. Yet this same capacity and desire to do good often comes at the cost of mental health and wellness. Being overworked, dealing with life-and-death situations, and concerns over funding are just a few of the triggers that can lead to serious issues like compassion fatigue, burnout, and traumatic stress. And when symptoms do arise, it can be hard to ask for help when you're the one who usually provides it.

This guide explores mental health issues that public service professionals are most at risk for, the common stressors that cause them, and solutions and resources to get well. While this guide is not meant to (and should not) replace professional medical advice, it can help serve as a starting point for understanding and dealing with the mental health challenges of being in a helping career.

[ACCESS THE GUIDE HERE](#)

IIMHL and IIDL Leadership Exchange

Valuing Inclusion, Resilience and Growth.

Kaingākautia te whakawhāiti tāngata, te ngākau manawaroa, te puāwaitanga o te tangata.

SAVE
THE
DATE

1-5 March 2021

Christchurch, New Zealand

Te Pou o te
Whakaaro Nui



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.



NOW RECRUITING

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

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

This is an ideal opportunity for teams to receive new or refresher training in CSC. The tool will offer scalable, efficient professional development for CSC teams.

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

What Can Teams EXPECT?

- Comprehensive, role-specific training for all team members, including peers, offered at no charge to teams
- Courses, consultation calls, and a community of practice led by experts in the field. See reverse for full list of expert trainers.
- Opportunity for refresher training for existing teams and teams with new members.
- Teams will be randomized into two groups:
 - Group 1 teams will receive training on June 24 – June 26
 - Group 2 will receive training between July 8 – July 24
- Opportunity to provide critical feedback on a new CSC training tool

HOW CAN MY AGENCY TAKE PART?



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



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

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

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

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

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Save the Date!



**HCBS
CONFERENCE**
Home & Community-Based Services

Marriott Wardman Park
Washington, DC

[HCBScconference.org](https://hcbconference.org)



NEW DATES

ADvancing States Fall Member Meeting: December 7, 2020
HCBS Conference: December 8-11, 2020



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

WAYS THAT PEERS AND SUPERVISORS USE PRINCIPLES OF RECOVERY TO IMPROVE ENGAGEMENT OF ADULTS IN CRISIS

THURSDAY, MAY 28, 2:00 P.M. TO 3:00 P.M. ET

A SAMHSA-Sponsored Webinar Developed Under Contract by the National Association of State Mental Health Program Directors (NASMHPD)

This webinar describes the experience of peer workers and peer supervisors providing crisis services. It will cover the range of crisis services that peers are participating in from warm lines to crisis teams.

[**REGISTER HERE**](#)

IMPROVING ACCESS TO CARE: CRITICAL TIME INTERVENTION TO HELP TRANSITION PEOPLE WITH MENTAL ILLNESS OUT OF HOMELESSNESS AND INCARCERATION

WEDNESDAY, JUNE 3, 2:00 P.M. TO 3:00 P.M. ET

A SAMHSA-Sponsored Webinar Presented by the National Alliance on Mental Illness (NAMI)

Critical Time Intervention (CTI) is an intensive case management model delivered in a crisis setting during a critical transition. CTI was originally developed for people with serious mental illness who experience homelessness, with the goal of securing successful transitions to being housed. The crisis service model has also been used to promote successful transitions from hospitals and other institutions such as jails and prisons to community living. It focuses on community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods to avoid the likelihood of a repeating crisis. In research trials of CTI, there was a significant decrease in recurrent homelessness up to nine months after the intervention ended.

In this webinar, Bebe Smith will discuss the building blocks of CTI, and describe several wide scale implementation projects, in North Carolina, New Hampshire and Canada.

Presenter: Bebe Smith, MSW, LCSW – Director of mental health at Southern Regional Area Health Education Center. She led a pilot of Critical Time Intervention (CTI) from 2012-2015. CTI was adopted for statewide expansion in 2014. She is a trainer in Family Psychoeducation and Critical Time Intervention.

[**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.

Funded by



Administered by



Grant Statement

Funding for this initiative was made possible (in part) by Grant No. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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

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.

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Patient Advocacy Summit

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



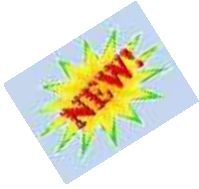
THERE'S SOMETHING FOR EVERYONE

Help your whole team stay ahead!

Register 3 team members, and the 4th attends free

SAMHSA TA Network Opportunities

Friday, May 22
1:00 p.m. to -2:30 p.m. ET



THE IMPORTANCE OF UNDERSTANDING AND RECOGNIZING TRAUMA IN YOUNG CHILDREN: A FAMILY PERSPECTIVE

Understanding and recognizing trauma in young children is challenging. Signs and symptoms are easily confused or missed due to the complexity of young children's development. Join the Early Childhood Learning Community and the National Early Childhood Family Network for an interactive webinar on the identification of early childhood trauma from a family perspective. We will spend time examining what the signs and symptoms look like; some common ways to support children and families experiencing or recovering from trauma; and have a family member and advocate share their story. There will be time for questions and answers.

Presenters:

- Vadonna Williams, National Early Childhood Family Network Steering Committee
- Lauren Rabinovitz, Program Director, Center of Excellence for Infant and Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development
- Kate Wasserman, Co-Director, Parent, Infant, Early Childhood Program, The Institute for Innovation and Implementation, University of Maryland School of Social Work
- Moderator: Jane Walker, Senior Consultant, FREDLA

[**REGISTER HERE**](#)

Tuesday, May 26
1:30 p.m. to 2:30 p.m. ET



HOW TO BUILD TRUSTING RELATIONSHIPS WITH TEENS AND YOUNG ADULTS

- Building trusting relationships between state, local and academic teams and with youth and young adults is an integral part of nurturing a culture of mutuality and co-creation. This webinar will discuss the strategies implemented by the Transitional Age Youth and Young Adults (TSAI) System of Care initiative in Massachusetts to create a culture that prioritizes the communal co-authoring of narratives in support of services that young adults believe in.

Presenters:

- Carter Pratt, Project Director at UMMS
- Kristine Rodriguez, Director of Impact Center
- Eden Shaveet, Project Coordinator at UMMS
- Gwen White, The Institute for Innovation & Implementation
- Johanna Bergan, Youth MOVE National

[**REGISTER HERE**](#)



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

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

[**REGISTER HERE**](#)



2020 TRAINING INSTITUTES JULY 1 TO 3, 2020

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

[**REGISTER HERE**](#)



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

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

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

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

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

Getting Started

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

Social Marketing Planning

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

Hiring a Social Marketer

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

Engaging Stakeholders

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

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

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

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

Training Guides

Training Videos: Navigating Cultural Dilemmas About –

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

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

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

Training Webinars for Receiving Clinicians in Community Mental Health Programs:

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

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

Trauma, PTSD and First Episode Psychosis

Addressing Trauma and PTSD in First Episode Psychosis Programs

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

Engaging with Schools to Support Your Child with Psychosis

Supporting Students Experiencing Early Psychosis in Middle School and High School

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

Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families

Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

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

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

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

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