

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

## Benton County, Oregon IPS Supported Employment Services Develops Informed Consent Framework for Discussing Risks and Rewards of Supported Employment During the Pandemic

Personnel at the Benton County, Oregon Individual Placement and Support Supported Employment program, funded by the Oregon Health Authority's Health Systems Division and operated in partnership with the state's Office of Vocational Rehabilitation, have developed a framework for ensuring that participants in the program are informed of the risks and rewards of accepting employment during the COVID-19 pandemic.

IPS Supervisor Sara Kaye and Employment Specialist Caitlyn Pin explained how the discussion approach works during the June meeting of the IPS Learning Community.

Under the approach, the employment specialist first ensures that the client is informed about the COVID-19 coronavirus using information from the county's COVID-19 website. Focus is on employee harm-reduction strategies that can be utilized, including social distancing, the use of masks, and hand hygiene.

The client is then informed about the risks of working in the community during the pandemic, with specific focus on the tiered level of risk involved in the client's occupation of choice and the job tasks encompassed in that occupation. The client is referred to the Occupational Safety and Health Administration's (OSHA) website for recognizing the hazards of COVID-19 at <https://www.osha.gov/SLTC/covid-19/hazardrecognition.html>.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk, that represent the probable distribution of risk. OSHA says most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels. The levels are:

### **Lower Exposure Risk (Caution)**

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.
- Long-distance truck drivers.



### **Medium Exposure Risk**

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or are suspected of having COVID-19, including:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the general public (e.g., in schools, high population density work environments, or high-volume retail settings).

### **High Exposure Risk**

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2, including:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms), who are exposed to known or suspected COVID-19 patients.
- Medical transport (ambulance) workers and operators moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers preparing for burial or cremation people known or suspected to have COVID-19 at time of death.

### **Very High Exposure Risk**

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens or cultures from known or suspected COVID-19 patients.
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

The employment specialist also asks about the client's current housing situation, i.e. are there risks to others in the home from the individual's potential exposure at work, referring the client to the Centers for Disease Control *(continued on page 43)*

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[Disaster Distress Helpline Information](#)

[National Institute of Health Notice of Intent to Publish Funding Opportunity Announcements for the RADx-UP Initiatives](#)

[New and Updated Federal Agency Guidance on COVID-19 Care and Reimbursement](#)

[TBD Solutions Conducts National Survey of Experiences, Needs and Challenges of Crisis Centers, Teams and Programs During the COVID-19 Pandemic](#)

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

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

[Bipartisan Policy Center Behavioral Health Integration Project Call for Comments](#)

[SAMHSA GAINS Center Multi-Part Virtual Learning Community: Criminal Justice and Behavioral Health Partners: Addressing Data-Sharing Agreements and Confidentiality Concerns](#)

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

[2020 Tuerk Conference on Mental Health and Addiction Treatment, in Baltimore, September 10](#)

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

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

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

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

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

**UPDATED** [Center for Disease Control Funding Opportunity Announcement: Preventing Adverse Childhood Experiences: Data to Action](#)

[State COVID-19 §1135 Medicaid Waiver Links](#) [Approved COVID-19 §1915\(c\) Appendix K Waiver Links](#)

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

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

[AHRQ Announces New Challenge Competition Focusing on Postpartum Mental Health Care for Rural Families](#)

[June 9 AHRQ Webinar: Role of Telehealth in Increasing Access to Care and Improve Healthcare Quality](#)

[AHRQ Funding Opportunity: Novel, High-Impact Studies Evaluating Health System and Healthcare Professional Responsiveness to COVID-19 \(R01\)](#)

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

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

[May MHTTC Webinars](#) [Rural Health Information Hub](#)

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

[Mental Health Wellness Guide for Public Interest Professionals](#)

[IIMHL & IIDL Leadership Exchange, March 1 to 5, 2021, Christchurch, New ZealandHP55](#)

[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](#)

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

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

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

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

[SAMHSA Behavioral Health Treatment Services Locator](#)

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

[Save the Dates for the 2020 HCBS Conference in December in Washington, DC](#)

[SMI Adviser Webinars](#)

[Additional NASMHPD Links of Interest](#)

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

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

[TA Network Webinars and Opportunities](#)

[Early Serious Mental Illness Treatment Locator](#)

[Social Marketing Assistance is Available](#)

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

[State-by-State Social Isolation Reopening Guidance](#)

[NASMHPD Links of Interest](#)

[NASMHPD Board & Staff](#)

## **Bipartisan Congressional Leadership Quizzes HHS Secretary Azar about Delayed Disbursement of Emergency Pandemic Funds to Medicaid-Dependent Providers**

The Chairs and Ranking Members of the Senate Finance and House Energy and Commerce Committees on June 3 [wrote Health and Human Services Secretary Alex Azar](#) that they are concerned that an ongoing delay in disbursing funds from the COVID-19-related Public Health and Social Services Emergency Fund (PHSSEF) to Medicaid-dependent providers could result in long term financial hardship for providers who serve the most vulnerable populations.

Senators Chuck Grassley (R-IA) and Ron Wyden (D-WA) and Rep. Frank Pallone, Jr. (D-NJ) and Greg Walden (R-OR) are seeking an explanation for why safety net providers that primarily care for the poorest and most vulnerable Americans have yet to receive the targeted \$100 billion in federal aid Congress earmarked for providers as part of the [CARES Act, P.L. 116-136](#), passed and signed at the end of March, and another \$75 billion for the PHSSEF enacted a few weeks afterward under the [Paycheck Protection Program and Health Care Enhancement Act \(P.L. 116-139\)](#).

The lawmakers ask Secretary Azar what level of funding HHS plans to dedicate to Medicaid-dependent providers and demand a timeline for distributing the funds. They give the Secretary until June 10 to respond.

A distribution of \$34 billion a month ago went primarily to Medicare providers. However, a [database](#) maintained by the Health Resources and Services Administration and the Centers for Disease Control and Prevention shows a significant amount of money went to behavioral health providers, including social workers, psychologists, psychiatric nurse practitioners, and community mental health centers.



## **[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 events are free, but registration is required.

**[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](#)**

# Suicide Prevention Resource Center (SPRC) Experts Offer Three Best Practice Tips for Clinicians Providing Telehealth Services During the COVID-19 Pandemic

During an April 14 Suicide Prevention Center (SPRC) webinar, suicide prevention experts offered three best practice tips for clinicians providing telehealth services during the COVID-19 pandemic to reduce suicidal thoughts and behaviors in clients.

The webinar, [Treating Suicidal Patients During COVID-19: Best Practices and Telehealth](#), moderated by SPRC Director of Health and Behavioral Health Initiatives Julie Goldstein Grumet, featured three national suicide prevention experts: Dr. Barbara Stanley, Columbia University and New York State Psychiatric Institute; Dr. David Jobes, The Catholic University of America; and Dr. Ursula Whiteside, Founder, [NowMattersNow.org](#) and Clinical Faculty, University of Washington.

The three best practice tips offered during that webinar for clinicians using telehealth services included:

- **Prioritize safety:** Dr. Barbara Stanley recommended that, at the beginning of any virtual meeting, the clinician should inquire about the client's physical location, with a contingency plan to reconnect with the client if the telehealth session gets disrupted. Stanley stated, "You need to develop a plan for how to stay on the phone, or in the video chat, while arranging for emergency rescue, if it's needed."

In addition, Dr. Stanley encouraged clinicians to review and update [suicide safety plans](#) for their clients, such as the SPRC resource [Safety Planning Guide: A Quick Guide for Clinicians](#). Updating the safety plan provides an opportunity for clinician to assist the client in identifying early warning signs of feeling suicidal and developing internal coping strategies, such as relaxation techniques, hobbies, and exercise, to overcome those thoughts or feelings.

Dr. Stanley said "It's important to identify things that [clients] can do when they are alone. So we want to ....identify things that can be done to distract them from suicidal thoughts and de-escalate the crisis."

- **Keep it confidential:** Dr. David Jobes emphasized during the webinar that maintaining client confidentiality is important in a telehealth session. He stated, "Clinicians...need to ensure that the room is secure, and that you don't have intrusive siblings or parents or spouses listening to the sessions."

Dr. Jobes recommended creating as much of a confidential and private space as possible. He also recommended selecting a telehealth platform that conforms with the American Psychological Association's Office and Technology [checklist](#), and establishing work policies on protecting patient confidentiality and maintaining HIPAA compliance.

Jobes stated, "People [have been] thrust into this 'feeling incompetent' mode, where they haven't used telehealth or telepsychology, and they want to develop usual and customary practices around these kinds of care models."

- **Be ready to address someone in crisis:** Dr. Ursula Whiteside recommended during the webinar that clinicians be prepared to support someone who is in suicidal crisis by directly asking clients about their thoughts of suicide. She underscores that it's important for clinicians to assess suicidal risk because a client's cognitive processes may be very limited when in acute suicidal crisis.

She further stated, "At the end of the day the people that have lived this experience say we should do these three things: not panic, be present, and offer hope."

In a May 11 Education Development Center (EDC) [article](#), Ms. Grumet states, "Providing suicide care during this time of COVID-19 is possible, and your care can remain safe and effective even using telehealth and without the need for hospitalization."



## 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;
- Identify commonly used and readily accessible online national data sources, and the type of data that is available from each source.
- Identify 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.

**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: NATIONAL COUNCIL'S CHUCK INGOLIA SAYS BEHAVIORAL HEALTH ORGANIZATIONS ARE FACING CLOSURES WHEN WE NEED THEM MOST

The emphasis in mental health has been on what's coming. Experts in the field are bracing for a delayed behavioral health curve. Some have called it an impending tsunami, while others believe it will be a steady flow of need since there has yet to be a break in the COVID-19 pandemic. Chuck Ingolia, President and CEO at National Council for Behavioral Health, says that's not the whole story. He says that without adequate funding, many community mental health and addiction treatment organizations won't be there to provide services, regardless of whether the demand is a steady, ongoing stream or a sharp uptick. Nonprofits, in general, are facing challenges that have threatened partial and full closures. [Unemployment Services Trust](#) surveyed 800 nonprofits and found that 13 percent had suspended all or most operations since the pandemic measures were imposed, 16.9 percent had eliminated or reduced positions, and 42.9 percent had modified operations extensively without eliminating positions. Only 27.2 percent had experienced no change and were considered an essential service.

Behavioral health organizations are particularly vulnerable to closure, says Ingolia, because they are already working with slim margins and lack adequate cash reserves necessary for an extended crisis. In mid-April, he and his colleagues released the results of a [survey](#) of 880 community mental health and addiction treatment organizations across the United States. The survey was conducted jointly with ndp analytics, a strategic economic and communication research firm. The results are striking: nearly two-thirds of behavioral health organizations said they believed they could sustain their operations for only three months. A large percentage, 61 percent, were closing at least one program, 47 percent had or were actively planning to lay off staff, and 31 percent said they were not able to serve all of their patients. According to Ingolia, these organizations "are funded primarily by Medicaid and other public sources. By and large, if they have a 1 percent margin at the end of the year, they've had a great year."

### 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/Action\\_Alliance](#)

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

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



## U.S. Department of Education Funding Opportunity Announcement

### School-Based Mental Health Services Grant Program

#### (ED-GRANTS-052820-001)



**Estimated Available Total Grant Funds: \$10 million**  
**Number of Awards: 5**  
**Cost Sharing/Matching: 25 Percent Annually**

**Estimated Average Size of Awards: \$2 million**  
**Project Period: 60 months**  
**Applications Due: July 13, 2020**

The School-Based Mental Health Services Grant Program provides competitive grants to State educational agencies (SEAs) to increase the number of qualified (i.e., licensed, certified, well-trained, or credentialed, each as defined in this notice) mental health service providers (service providers) providing school-based mental health services to students in local educational agencies (LEAs) with demonstrated need (as defined in this notice). In the Department's FY 2020 appropriations, Congress increased funding for the School Safety National Activities program, and included direction in the Explanatory Statement that \$10 million be used to increase the number of counselors, social workers, psychologists, or other service providers who provide school-based mental health services to students. Under this competition the Department will award grants for that purpose. As indicated in the absolute priority in this notice, the focus of these grants will be increasing the number of service providers in LEAs with demonstrated need (as defined in this notice) for these services to maximize the impact given limited available funding. The Department recognizes the enhanced need for these services and providers due to the Novel Coronavirus Disease 2019 (COVID-19). Supporting the mental health needs of all students remains a key focus of the Administration, and these grants will aid States and school districts in meeting their increasing local needs.

**Absolute Priority:** To increase the number of qualified school-based mental health service providers in LEAs with demonstrated need. To meet this priority, SEAs must propose to increase the number of qualified school counselors, school social workers, school psychologists, or other mental health professionals, including those who provide services remotely (telehealth), by implementing plans to address the recruitment and retention of service providers in LEAs with demonstrated need. To meet this priority, applicants must propose plans that include both recruitment and retention.

**Eligibility:** State Educational Agencies (SEAs)

**Contact:** Amy Banks, U.S. Department of Education, 400 Maryland Avenue, SW, room 3E257, Washington, DC 20202-6450. Email: [OESE.School.Mental.Health@ed.gov](mailto:OESE.School.Mental.Health@ed.gov).



## Georgia Department of Behavioral Health and Developmental Disabilities and the Department of Public Health Webex Series



### 2x2 Series: Daily Self-Care Tips and Support for Health Care and Emergency Response Workers

**These Webex events are designed to provide daily self-care tips and support for health care and emergency response workers.** Each session will provide attendees with mental health tips about managing stress, grief, work/life balance, and wellness.

All participants must use the links below to register for the 2x2 sessions. Additionally, please note that it is strongly encouraged that you join the webinar 10-15 minutes prior to the start time to ensure that you do not experience any connectivity issues. Although all attendees will be muted, the chat box will be functional, and all attendees are encouraged to ask questions and share thoughts through the interactive chat. The facilitator will allot time for Q&A at the end of the presentation.

Below is the date, time, session title and registration link for the next five sessions (the password for each session is "2by2"):

June 2, 2020 2:00 to 2:30 p.m.: 2x2 Series: Compassion Fatigue - [Attendee Link](#)

June 3, 2020 2:00 to 2:30 p.m.: 2x2 Series: Personal Resilience: Protective Factors and Coping Skills - [Attendee Link](#)

June 4, 2020 2:00 to 2:30 p.m.: 2x2 Series: Make Your Self-Care Your Priority - [Attendee Link](#)

June 5, 2020 2:00 to 2:30 p.m.: 2x2 Series: Helping Children to Cope - [Attendee Link](#)

**NOTE:** The sessions will utilize the WebEx webinar online conferencing system. WebEx allows participants to log on to a website from their computer and view the facilitator's information online, while listening to the facilitator through the use of a simultaneous telephone conference call.

Thank you for your participation in the 2x2 Series, and we would appreciate your help suggestions for the next phase of the series. Please help us by completing an anonymous survey that should take you no more than 5-minutes to complete.

Your responses will be greatly appreciated as we consider our next steps. You can use the following link to complete the 2x2 Series survey: [https://www.surveymonkey.com/r/2x2\\_Series\\_Survey](https://www.surveymonkey.com/r/2x2_Series_Survey)

## **Improving Access to Care through Family Involvement & Engagement in Coordinated Specialty Care: Innovations & Best Practices**

***Tuesday, June 9, 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



Family members and other primary caregivers often play a critical role in supporting loved ones with first episode psychosis, and family support and involvement is a fundamental tenet of Coordinated Specialty Care (CSC). There are nevertheless a variety of approaches to engaging, involving and supporting family members, including evidence-based practices as well as more recent innovations. In the first part of this webinar, Dr. Jones will provide an overview of the landscape of family involvement practices in CSC and approaches taken to engaging families in different programs and models. She will then discuss key challenges in family engagement related to cultural diversity and socioeconomic disadvantage. In the next part of the webinar, Donna Fagan will focus in on Texas' efforts to utilize family partners in CSC, describing the development of the family partner role, and the specifics of implementation in the context of the OnTrackUSA model.

### **Presenters:**

- Nev Jones, PhD, Assistant Professor, Department of Psychiatry, University of South Florida
- Donna Fagan, Family Partner, Bluebonnet Trails Community Services

### **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)

[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.



## SAMHSA-SPONSORED WEBINARS



### **Developing and Implementing State Olmstead Plans to Increase Access to Community-based services for Adults with Serious Mental Illnesses or Children with Serious Emotional Disturbances**

***Monday, June 22, 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 Bazelon Center

This webinar will discuss strategies and considerations for the design and implementation of Olmstead plans. Kevin Martone, who has helped states with Olmstead planning and implementation and, as New Jersey's mental health commissioner, developed an Olmstead plan and resolved statewide Olmstead litigation, will speak about what factors to consider in developing an Olmstead plan, what good Olmstead plans should include, what challenges are presented in Olmstead planning and how to overcome them. He will also discuss challenges and strategies for effective implementation of Olmstead plans.

Harvey Rosenthal, who has helped to organize and support people who use and/or provide recovery-oriented mental health services to shape public policy and who has been an active participant in New York's Olmstead planning processes, will speak about strategies to influence the development and implementation of Olmstead plans, the range of stakeholders who should be included, the types of concerns that should be addressed, the challenges that have arisen from the perspective of those advocating for community integration, and what steps have been most effective to promote the development and use of recovery-oriented services in the most integrated setting.

#### **Presenters:**

- Kevin Martone, Executive Director of the Technical Assistance Collaborative
- Harvey Rosenthal, Executive Director of New York Association of Psychiatric Rehabilitation Systems.

[REGISTER HERE](#)

When in the seminar room, the Adobe Connect Log-in screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room." For attendees, this is a "listen only" webinar. Should they need to dial in, the instructions are on the note pad in the seminar room. If you dial in, please ensure that your computer speakers are turned off so that there is no audio feedback. Note: If you are only able to join the audio portion, then you will not be able to see the webinar presentation.

### **Technology-Based Outreach to Increase Access to Care and Support in Times of Crisis**

***Tuesday, June 30, 1:30 p.m. to 3:00 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 and Mental Health America (MHA)

Technology has offered our system the opportunity to reduce the time and barriers we have to get help to individuals as soon as we can. Phone calls have long been linkage and referral tools to help people immediately navigate difficult time. Two programs today will address innovations in their approach to serving individuals and families through phone and technology. MHA Wabash Valley Region offers a Navigator Service that uses online scheduling and phone-based case management to make sure individuals are adequately connected to care and to reduce treatment drop out. Reach Out Oregon offers phone and online based tools to connect families to supportive communities for connection, inspiration, assistance and referrals. The webinar will provide new innovations and best practices in phone-based support systems to help increase access and support people during times of crisis.

#### **Presenters:**

- Olanda R. Torres, Director of Mental Health Navigator Services of Mental Health America - Wabash Valley Region
- Sandy Bumpus, Executive Director of Oregon Family Support Network

#### **Moderator:**

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

[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](mailto:kelle.masten@samhsa.gov) or at 703-682-5187.







**Department of Health and Human Services Request for Information**  
**Office of the Assistant Secretary for Health, Office of the Secretary**  
**Long-Term Monitoring of Health Care System Resilience**  
*(Scheduled for Publication in the June 5, 2020 Federal Register)*

The Office of the Assistant Secretary for Health (OASH) in the Department of Health and Human Services seeks to gain a more comprehensive understanding of how organizations, networks, non-federal government agencies, and other relevant stakeholders in the United States have operationally defined “resilience” in their respective components of the health system; including their use of data, analytic approaches and proven indicators. OASH also seeks to identify opportunities to strengthen the U.S. healthcare system, as a whole, through public-private partnerships in data sharing and comprehensive analytics. OASH welcomes any public

feedback related to how these questions should be addressed and/or potential solutions. The set of questions is available in the SUPPLEMENTARY INFORMATION section below.

**DATES:** To be assured consideration, comments must be received at the email address provided below, no later than midnight Eastern Time (ET) on July 8, 2020.

**ADDRESSES:** Individuals are encouraged to submit responses electronically to [OASHcomments@hhs.gov](mailto:OASHcomments@hhs.gov). Please indicate “RFI RESPONSE” in the subject line of your email. Submissions received after the deadline will not be reviewed. Responses to this notice are not offers and cannot be accepted by the federal government to form a binding contract or issue a grant. Respond concisely and in plain language. You may use any structure or layout that presents your information well. You may respond to some or all of our questions, and you can suggest other factors or relevant questions. You may also include links to online material or interactive presentations. Clearly mark any proprietary information, and place it in its own section or file. Your response will become government property, and we may publish some of its non-proprietary content.

**FOR FURTHER INFORMATION CONTACT:** Dr. Leith States, Chief Medical Officer, Office of the Assistant Secretary for Health (202) 260-2873.

**Background:** On January 31, the U.S. Department of Health and Human Services (HHS) declared a public health emergency due to the outbreak of the 2019 Novel Coronavirus, now known as COVID-19. To date, the federal government has engaged in intensive efforts to prevent and mitigate the transmission of COVID-19 within the United States. These efforts required unprecedented changes in the functioning of private businesses, personal lives, the provision of public services and healthcare. Early interventions focused primarily on the redirection of the provision of healthcare resources towards individuals with COVID-19 and mitigation strategies to prevent the spread of the virus, including markedly diminished access to health system services. Anecdotal reports and experiences from the frontlines, and emerging data, indicate that the COVID-19 response has consequentially resulted in limited access to routine and emergency healthcare services in many, if not most, communities. In regions with significant burdens of COVID-19 cases, local health systems have faced challenges with surge capacity needed to treat COVID-19 patients. Furthermore, mitigation strategies to reduce the transmission of COVID-19 have altered the delivery of healthcare services across the board, with many organizations shifting to providing care via telehealth, reducing the scale or scope of their healthcare services or eliminating access, altogether. Also, human behaviors around accessing healthcare have been altered in the midst of recommendations for social isolation/distancing. Response to a health crisis, such as the COVID-19 pandemic, necessitates a robust public health response and a highly resilient, adaptable health care delivery system that can meet the evolving needs of communities. Although there is not a common definition of “health system resilience” (encompassing the provision of direct clinical care, preventive medicine and public health activities), the most referenced definition defines it as “the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it.”<sup>1</sup> Maintaining health system resilience, particularly during and following the COVID-19, is a critical concern in order to ensure the delivery of high-quality care, from prevention to high-acuity inpatient care, for all conditions.

### Scope and Assumptions

- The purpose of this Request for Information (RFI) is to gain a more comprehensive understanding of how organizations, networks, non-federal government agencies, and other relevant stakeholders in the United States have operationally defined “resilience” in their respective components of the health system; including their use of data, analytic approaches and proven indicators. These indicators and data sets should be able to quantify the impact of disturbances, such as the COVID-19 pandemic, on health care availability, access, timeliness, and quality.
- The RFI also seeks to identify opportunities to strengthen the U.S. healthcare system, as a whole, through public-private partnerships in data sharing and comprehensive analytics. The RFI seeks to identify organizations that would be interested in discussing the form and function of such collaborations.
- The definition of “health” system or services and/or “healthcare” system or services, for the purposes of this RFI, is in the broadest sense. We seek to understand resilience implications on the provision of health services in all dimensions.

### Our Questions

#### Barrier and Opportunities for Health System Resilience

1. What have been the most significant barriers to assessing, monitoring, and strengthening health system resilience in the U.S.?
2. What policies and programs can be improved to mitigate the risk of COVID-19 and avoid negative impacts on patient outcomes?

*(Continued on next page)*



**Department of Health and Human Services Request for Information**  
**Office of the Assistant Secretary for Health, Office of the Secretary**  
**Long-Term Monitoring of Health Care System Resilience**  
*(Scheduled for Publication in the June 5, 2020 Federal Register)*

*(Continued from previous page)*

3. What scientific advances are needed to assess and address vulnerabilities in the U.S. healthcare system during the COVID-19 response and in future disturbances to the healthcare system?

**Key Indicators & Data Sources of Health System Resilience**

1. What is your definition of health system resilience within the context of your organization? Does the definition of resilience need to be defined differently based on geographic region and/or the domain of healthcare being assessed?

2. What key indicators or data sets are being used within your organization to assess health system resilience?

3. What existing methods, data sources, and analytic approaches are being used to assess and monitor health system resilience in private healthcare systems?

4. What selected health conditions should be used as indicators of healthcare availability, access, timeliness, and quality, in terms of treatment and preventive services?

**Public/Private Data Sources**

1. What data sources does your organization use to assess the resilience of the health system? What demographic populations are covered by these data systems? Do these data systems capture urban-rural and other geographic differences?

2. How are you using these data sources to inform your public health response?

**Public-Private Partnerships**

1. Provide ideas of the form and function of a public-private partnership model to continually assess and monitor health system resilience and individual as well as population health outcomes?

2. What private and public sectors should HHS engage as part of such a collaborative effort?

HHS encourages all potentially interested parties—individuals, associations, governmental, nongovernmental organizations, academic institutions, and private sector entities—to respond. To facilitate review of the responses, please reference the question category and number in your response.

**Dated:** June 2, 2020.

**CAPT Paul Reed, Deputy Assistant Secretary for Health, Medicine & Science, Office of the Assistant Secretary for Health.**



**NACBHDD and NASMHPD Webinar**



**How State and Local Mental Health Authorities Can Use the FEMA Crisis Counseling Program to Create a Comprehensive Behavioral Health Response to COVID-19**

**Wednesday, June 10, 3:30 to 4:30 p.m. E.T.**

**Presented by Health Management Associates**



The Federal Emergency Management Agency's Crisis Counseling Program (CCP) is an essential source of funding for enabling communities to recover following a disaster. The program is built around community-based outreach and psycho-educational services, so a strong partnership between state and local government can help to ensure its effective implementation. At least 38 states have already begun to draw down CCP Immediate Services Program funding, and we expect the total COVID-19-related CCP funding to be billions of dollars.

The National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) and NASMHPD are partnering with Health Management Associates (HMA) to bring our members a timely and important webinar about the CCP. Attendees will learn:

- What the CCP provides and what the rules are governing its program offerings
- How the funds flow
- How state and local mental health authorities can achieve diverse strategic goals by collaborating and can together:
  - Play a critical role in integrating the CCP into existing service delivery structures
  - Braid CCP funding with other sources to create a comprehensive program
  - Ensure quality service provision
  - Leverage state healthcare reform investments to promote broad access to behavioral healthcare
- How a collective impact approach to the CCP can improve wide-ranging community outcomes

Please join your NACBHDD and NASMHPD colleagues on June 10, 2020 at 3:30 p.m. to 4:30 p.m. E.T.

**[ATTEND HERE](#)**

# Disaster Distress Helpline

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



**Call us:**  
**1-800-985-5990**



**Text:**  
**'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.**



## National Institute of Health Notice of Intent to Publish Funding Opportunity Announcements for the RADx-UP Initiatives



**Estimated Publication Date of Funding Opportunity Announcement: June 8, 2020**

**First Estimated Application Due Date: July 2020**

**Expected Number of Awards: TBD**

**Earliest Estimated Award Date: September 2020**

**Estimated Total Funding: TBD**

**Estimated Award Ceiling: TBD**

**Earliest Estimated Start Date: August 2020**

The purpose of this Notice is to alert the community that NIH plans to publish four Funding Opportunity Announcements (FOAs) as part of the Rapid Acceleration of Diagnostics for Underserved Populations (RADx-UP) initiative to solicit research on COVID-19 diagnostic testing in underserved and vulnerable populations. The FOAs are expected to be published in early June, and we will accept applications through August 2020 for FY20 funding. The FOAs will be Requests for Applications (RFAs) and Notices of Special Interest (NOSIs) for competitive revisions. The goal is to make awards by September 2020.

This Notice is being provided to allow potential applicants additional time to develop responsive applications.

### Research Initiative Details

The goal of RADx-UP is to reduce COVID-19 associated morbidity and mortality disparities for those vulnerable and underserved populations that are disproportionately affected by, have the highest infection rates of, and/or are most at risk for adverse outcomes from contracting the virus. This Notice encourages researchers to leverage partnerships with key stakeholders to conduct community-engaged research to understand COVID-19 disparities and to increase access and effectiveness of diagnostic testing interventions among underserved COVID-19 medically and/or socially vulnerable populations.

NIH plans to publish three NOSIs for competitive revision awards as follows:

To solicit emergency competitive revision applications to existing awards for large consortia, multi-site trials, centers and other current networks that have adequate capacity, infrastructure, and established community-engaged relationships to support large-scale testing interventions or have the capacity to ramp up quickly to reach underserved or vulnerable populations.

Similar to the above, but shifts eligibility to collaborative and individual research awards, generally focused on smaller underserved or vulnerable populations.

To solicit research to understand the social, ethical, and behavioral implications (SEBI) of COVID-19 testing in these populations.

The fourth funding opportunity using the U24 activity code will be announced for a Coordination and Data Collection Center (CDCC), a key component of the consortium. The CDCC will serve as a national resource, working with NIH scientific staff and consortium members to provide overarching support and guidance in the following four domains: (1) Administrative Operations and Logistics, (2) COVID-19 Testing Technology, (3) Community and Health System Engagement and (4) Data Collection, Integration and Sharing.

The NIH intends for the awardees of the three NOSIs to serve as one consortium of interlinked, community-engaged, intervention projects across the United States (coordinated by the CDCC) to deploy implementation strategies to improve the reach, acceptance, uptake, and sustainability of COVID-19 testing and ultimately understand COVID-19 health disparities.

Researchers planning to apply are strongly encouraged to read all four of these interrelated funding opportunities.

### Anticipated Eligible Organizations (Applications are not being solicited at this time)

Public/State Controlled Institution of Higher Education	Private Institution of Higher Education
Nonprofit with and without 501(c)(3) IRS Status (Other than Institutions of Higher Education)	
Small Business	For-Profit Organization (Other than Small Business)
State Government	County governments
Special district governments	City or township governments
Indian/Native American Tribally Designated Organization (Native American tribal organizations (other than Federally recognized tribal governments))	Regional Organization
U.S. Territory or Possession	Public housing authorities/Indian housing authorities
	Indian/Native American Tribal Government (Federally Recognized)
	Indian/Native American Tribal Government (Other than Federally Recognized)

### Please direct all inquiries to:

#### Office of the Director, National Institutes of Health (OD):

Anna E. Mazzucco, PhD  
301-538-2823  
[anna.mazzucco@nih.gov](mailto:anna.mazzucco@nih.gov)

#### National Institute on Aging (NIA):

Jonathan W. King, Ph.D.  
301-496-3136  
[kingjo@nia.nih.gov](mailto:kingjo@nia.nih.gov)

#### National Institute on Minority Health and Health Disparities (NIMHD):

Nadra Tyus, Dr. P.H., M.P.H.  
301-594-8065  
[nadra.tyus@nih.gov](mailto:nadra.tyus@nih.gov)

## New and Updated Federal Agency Guidance Documents & Notices on COVID-19 Care and Reimbursement

[MEMO TO STATE SURVEY AGENCY DIRECTORS: COVID-19 SURVEY ACTIVITIES, CARES ACT FUNDING, ENHANCED ENFORCEMENT FOR INFECTION CONTROL DEFICIENCIES, AND QUALITY IMPROVEMENT ACTIVITIES IN NURSING HOMES](#), CENTER FOR CLINICAL STANDARDS & QUALITY, CENTER FOR MEDICARE AND MEDICAID SERVICES, JUNE 1

[CARES ACT PROVIDER RELIEF FUND FREQUENTLY ASKED QUESTIONS](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, UPDATED MAY 29

[HHS PROVIDER RELIEF FUND](#) (DATA BASE OF PROVIDERS RECEIVING FUNDS, UPDATED EVERY TUESDAY & THURSDAY), CENTERS FOR DISEASE CONTROL AND PREVENTION, LAST UPDATED MAY 29

[CLAIMS REIMBURSEMENT TO HEALTH CARE PROVIDERS AND FACILITIES FOR TESTING AND TREATMENT OF THE UNINSURED](#) (UPDATED ON THURSDAYS), CENTERS FOR DISEASE CONTROL AND PREVENTION, LAST UPDATED MAY 29

[U.S. MAP OF COVID-19 AWARDS: COVID AWARDS BY STATE](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES

[OPERATIONALIZING IMPLEMENTATION OF THE OPTIONAL COVID-19 TESTING \(XXIII\) GROUP POTENTIAL STATE FLEXIBILITIES](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JUNE 2

[COVID-19 FREQUENTLY ASKED QUESTIONS \(FAQs\) ON MEDICARE FEE-FOR-SERVICE \(FFS\) BILLING](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, UPDATED MAY 27

NEW RESOURCES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC):

- [GUIDANCE FOR DIRECT SERVICE PROVIDERS](#)
- [GUIDANCE FOR GROUP HOMES FOR INDIVIDUALS WITH DISABILITIES](#)
- [GUIDANCE FOR DIRECT SERVICE PROVIDERS, CAREGIVERS, PARENTS, AND PEOPLE WITH DEVELOPMENTAL AND BEHAVIORAL DISORDERS](#)

COVID-19 GUIDANCE ON SOCIAL DISTANCING AT WORK, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, DEPARTMENT OF LABOR, [IN ENGLISH](#) & [IN SPANISH](#), MAY 28

[HEALTH AFFAIRS BLOG: NEW CMS PAYMENT MODEL FLEXIBILITIES FOR COVID-19](#), CMS ADMINISTRATOR SEEMA VERMA, *HEALTH AFFAIRS*, JUNE 3

[INTERIM COVID-19 CONTACT TRACING COMMUNICATIONS TOOLKIT FOR HEALTH DEPARTMENTS](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, UPDATED JUNE 3



### TBD Solutions Conducts National Survey of Experiences, Needs and Challenges of Crisis Centers, Teams and Programs During the COVID-19 Pandemic



TBD Solutions is conducting a national survey of crisis service providers in partnership with the American Association of Suicidology, the National Association of Crisis Organization Directors, and the Crisis Residential Association. We seek to better understand the experiences, greatest needs, and challenges of crisis call centers, mobile crisis teams, and crisis residential programs during the COVID-19 pandemic. This is an expanded version of a survey administered in April 2020.

**The survey is open to workers of any type in crisis call centers, on mobile crisis teams, or at crisis residential programs. Multiple responses from the same crisis service type are welcome, so please share this survey with your team.**

Your responses will help in advocacy efforts to equip crisis service providers like you to meet the needs of the people you serve during the COVID-19 pandemic. The results of the previous survey reached a national audience and brought critical attention to the behavioral health crisis workforce experience, and we expect this survey to be shared in a similar fashion.

Respondents may choose to remain anonymous so as to provide honest and candid information.

To access the **Crisis Call Center** survey, go to <https://forms.gle/1VRFWkchQ2xDqsHR6>.

To access the **Mobile Crisis Team** survey, go to <https://forms.gle/k55DYPYnYGNU4csU7>.

To access the **Crisis Residential Program** survey, go to <https://forms.gle/hZHZBoZ9ANd42kyC8>.

**This survey is time-sensitive. Please respond to this survey by **TUESDAY, JUNE 9**, and share broadly with your crisis team members.**

**Download the Findings of the April 2020 COVID-19 Impact Survey on Crisis Providers:**

<https://www.tbdsolutions.com/papers-presentations-2/>

**Need help finding a Crisis line during COVID?** <https://www.covidmentalhealthsupport.org/>

# Oklahoma Department of Mental Health and Substance Abuse Services' Virtual Children's Behavioral Health Conference June 8 through 26



## Conference Overview

For the first time ever, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will hold its Children's Behavioral Health Conference virtually! The 2020 Children's Behavioral Health Conference will bring together local, state and national leaders to share practical, evidenced-based tools to promote prevention and apply treatment, recovery and wellness interventions so today's children can become tomorrow's leaders. Attendees will get access to three full days of live streaming content and more than 50 pre-recorded breakout sessions, accessible **June 8 through June 26.**

Presenters will cover a range of areas, including trauma-informed care, behavioral health treatment in education settings, youth and family topics, co-occurring disorders, evidence based treatment, clinical supervision, ethics, wellness, cultural competency, and infant/early childhood mental health.

## Featured Speakers Include:

- [Chen Hellman, Ph.D.](#), Director, Hope Research Center, Anne & Henry Zarrow School of Social Work, University of Oklahoma
- [Horacio Sanchez](#), President & CEO of Resiliency, Inc.
- [Jarred Vermillion](#), Director, Vermillion Life Circle Consulting
- [Scott P. Sells, Ph.D., LCSW, LMFT, AMFT](#), Founder, Model Developer, Family Trauma Institute

## REGISTRATION AND FEES

The set rate of \$180 will give participants full access to live broadcasts and pre-recorded sessions for up to three weeks.

[REGISTER HERE](#)



## A Message from the Director of the National Institute on Drug Abuse, Dr. Nora Volkow, on Racially Motivated Violence

*June 04, 2020*

This is a painful week in the United States as we again confront the systemic racism that has plagued our country since its founding. Listening to the conversation on racism taking place right now in response to the recent violent deaths of African Americans is critical, and I encourage readers to hear what Black/African Americans are saying about their experiences.

NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Science has told us repeatedly that systematic, widespread discrimination of Black/African-American people is diametrically opposed to these aims, and what's more, it is unacceptable and wrong.

The long history of discrimination against racial minorities in America bears directly on NIDA's mission to address addiction as a disease rather than a moral failing to be dealt with through punishment. Whites and Black/African Americans use drugs at similar rates, but it is overwhelmingly the latter group who are singled out for arrest and incarceration. This use of drug use and addiction as a lever to suppress people of a particular race has had devastating effects on communities of color.

We know that science itself is at its best when it is most inclusive, and humans are best when we embrace diversity. Conversations about systemic racial inequalities can be uncomfortable but are clearly needed. Entrenched, systemic, pervasive racism is perpetuated by silence, and we cannot let it continue. I look forward to working with the addiction science community – researchers, the medical community, law enforcement, advocates, policymakers, other stakeholders and the public – to eradicate discrimination and promote equality.

*Nora D. Volkow, M.D.*



## **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.<sup>6</sup> The FCC Form 460 is also used to provide certain basic information about consortia to USAC, including: • Lead entity (Consortium Leader); • Contact person within the lead entity (the Project Coordinator); and • Health care provider sites that will participate in the consortium.

### **Required Information for Application for COVID-19 Telehealth Program**

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

#### **Applicant Information**

- Applicant Name
- Applicant FCC Registration Number (FRN)
- Applicant National Provider Identifier (NPI)
- Federal Employer Identification Number (EIN/Tax ID)
- Data Universal Number System Number (DUNS)<sup>7</sup>
- Business Type (from Data Accountability and Transparency (DATA) Act Business Types) – Applicants may provide up to three business types
- DATA Act Service Area – This information will be required for each line item for which funding is requested. Applicants must enter name of the applicable state(s) or "nationwide"

#### **Contact Information**

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

*Continued on next page)*





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

*(Continued from previous page)*

### **Health Care Provider Information**

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

### **Eligibility type**

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

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

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

### **Conditions to be Treated with COVID-19 Telehealth Funding**

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

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

### **Additional Information Concerning Requested Services and Devices**

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

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

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

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

**Beginning May 2, 2020, the Program stopped accepting emailed PDF form applications. All applications must be submitted through the online application portal.** [\*\*SUBMIT AN APPLICATION ON-LINE\*\*](#)

### **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.

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



## **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](#)



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/>

**32<sup>nd</sup>**  
**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.**



## 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...

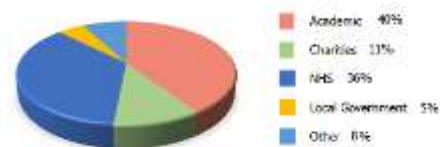
<a href="#">View Event</a>	<a href="#">View Programme</a>	<a href="#">Register Interest</a>	<a href="#">Book A Place</a>
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**Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, 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?



**WEBSITE FOR THE SAMHSA-SPONSORED**

**Center of Excellence for Protected Health Information**

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

# 31st Annual State of the States in Head Injury Conference



SEPTEMBER 21-24, 2020  
MINNEAPOLIS, MINNESOTA

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

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*giving states a voice*  
National Association of State Head Injury Administrators





## Centers for Disease Control (NCIPC) Funding Opportunity Announcement Preventing Adverse Childhood Experiences: Data to Action (CDC-RFA-CE20-2006)

UPDATE

**Funding Mechanism:** Cooperative Agreement  
**Anticipated Number of Awards:** 4  
**Length of Project:** Approximately 3 Years  
**Estimated Award Date:** Aug 01, 2020

**Anticipated Total Available Funding:** \$6 million  
**Award Amount:** \$400,000 to \$500,000  
**Cost Sharing/Match Required?:** No  
**Estimated Project Start Date:** Sep 01, 2020

**Application Due Date:** July 13, 2020

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years). Events such as neglect, experiencing or witnessing violence and having a family member attempt or die by suicide are considered ACEs. ACEs may also include aspects of children's environments 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. The link between ACEs and poor adult health and social outcomes has been well documented.

A critical first step in preventing ACEs is conducting surveillance, which allows us to understand the scope of the problem, where and when ACEs are most likely to occur, and who is at greatest risk for them and their related health and social impacts. To date, it has been difficult to assess the incidence and prevalence of ACEs experienced by youth and adolescents – i.e., those at immediate risk, as the best surveillance data currently available for ACEs are collected through the Behavioral Risk Factor Surveillance System (BRFSS), which assesses ACEs retrospectively among adults. Additionally, the occurrence of many ACEs often do not come to the attention of social services and public health systems, and are therefore not captured by publicly available administrative data. Consequently, little data on the frequency and intensity of ACEs are available. These challenges limit our ability to understand current prevalence, track changes in ACEs over time, focus prevention strategies, and ultimately measure the success of those prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based ACE prevention strategies have been lacking in communities across the U.S. As a result, a comprehensive public health approach is needed to reduce risk for ACEs, prevent childhood adversity before it begins, and reduce future harms from ACEs.

The purpose of this funding is to

- 1) build a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use ACE data to inform statewide ACE prevention activities; and
- 2) support the implementation of data-driven, comprehensive, evidence-based ACE primary prevention strategies; and provide technical support to states in these efforts.

This NOFO has three required foci to support these goals –

- 1) enhance or build the infrastructure for the state-level collection, analysis, and application of ACE-related surveillance data that can be used to inform and tailor ACE prevention activities,
- 2) implement strategies based on the best available evidence to prevent ACEs, and
- 3) conduct data to action activities to continue to assess state-wide surveillance and primary prevention needs and make needed modifications.

The work of these foci, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a comprehensive and coordinated ACE prevention dynamic system that reflects the [10 Essential Public Health Services promoted by CDC](#).

Recipients will be expected to leverage multi-sector partnerships and resources to improve ACE surveillance infrastructures and the coordination and implementation of ACE prevention strategies across the state and communities within the state. As a result, there will be increased state capacity to develop and sustain a surveillance system that includes ACE-related data; and increased implementation and reach of ACE prevention strategies that help to promote safe, stable, nurturing relationships and environments where children live, learn and play.

**Eligibility:** State Governments      County governments      City or township governments  
Public and State controlled institutions of higher education      Native American tribal governments (Federally recognized)  
Native American tribal organizations (other than Federally recognized tribal governments)  
Public housing authorities/Indian housing authorities  
Nonprofits with and without a 501(c)(3) status with the IRS, other than institutions of higher education  
Private institutions of higher education      Small businesses  
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

**Program Contact:** Angela Guinn, Project Officer, CDC. 404-498-1508, [lsj8@cdc.gov](mailto:lsj8@cdc.gov).

**Grant Staff Contact:** Ayanna Williams, Grants Management Specialist, HHS Office of Grants Services, 404-498-5095.  
[omg5@cdc.gov](mailto:omg5@cdc.gov).





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.



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**

**Project Period: May Not Exceed Two Years**

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

**Application Due Date: June 15, 2020**

**Earliest Start Date: September 30, 2020**

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](mailto: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](mailto: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](mailto:Grant_Queries@ahrq.hhs.gov).

**Financial/Grants Management Contacts:** Office of Management Services, Division of Grants Management, AHRQ, [GMI@ahrq.hhs.gov](mailto: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

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### 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





# MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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

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

### **Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package -**

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

## 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

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



*Knowledge Informing Transformation*

## **National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit**

**[GET THE TOOLKIT 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](#)



Student Training & Education  
in Public Service

### 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.*

*Kaingākauria 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](mailto: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](mailto:karen.jones@riinternational) at RI International or [justine.maher@merseycare.nhs.uk](mailto: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](mailto:becky.stoll@centerstone.org).

David W. Covington, LPC, MBA  
CEO & President

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

Work: 480-636-3086  
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Email: [David.Covington@riinternational.com](mailto: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](http://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.

<b>June 15, 1:00 p.m. to 2:30 p.m. E.T.</b>	Meaningful Stakeholder Engagement: A Collaborative Approach to Programs for People with Intellectual and Development Disabilities and Their Families <a href="#">REGISTER HERE</a>
<b>July 2020</b>	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
<b>August 2020</b>	Myths and Misperceptions about Financing Peer Support in Medicaid
<b>September 2020</b>	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
<b>October 2020</b>	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
<b>November 2020</b>	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
<b>December 2020</b>	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition

**Save the Date!**



Marriott Wardman Park  
Washington, DC

[HCBSconference.org](https://hbsconference.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



## **Clinician's Guide to Preparing and Administering Long-Acting Injectable Antipsychotics** **Friday, June 12, Noon to 1:00 p.m. E.T.**

This webinar will comprehensively guide clinicians in all aspects of using long-acting injectable antipsychotics (LAI). Considerations will be explored for negotiating LAIs as part of a patient's tailored treatment plan, including treatment considerations. Preparations will be detailed regarding materials needed and their required handling, as well as optimal space for injection delivery of the various available LAIs. Anatomical landmarks for intra-muscular and sub-cutaneous injection sites will be reviewed in detail, as will proper technique for injection administration.

### **Presenters:**

- Donna Rolin, PhD, APRN, University of Texas at Austin
- Sarah MacLaurin, MSN, APRN, Massachusetts General Hospital

[\*\*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**

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## **Additional NASMHPD Links of Interest**

[\*\*LETTER TO FAMILIES FOR FIDELITY REVIEWS\*\*](#) (SAMPLE LETTER TO SEND TO FAMILY MEMBERS WHO AGREE TO BE INTERVIEWED AS PART OF AN IPS PROGRAM'S FIDELITY REVIEW), IPS LEARNING COMMUNITY, MARCH 2020

[\*\*EMPLOYMENT AND EARNINGS AMONG EX-OFFENDERS WITH DISABILITIES: A MULTIVARIATE ANALYSIS OF RSA-911 DATA\*\*](#), ETHRIDGE G., ET AL., *JOURNAL OF VOCATIONAL REHABILITATION*, APRIL 17

[\*\*BLOOD LEVELS TO OPTIMIZE ANTIPSYCHOTIC TREATMENT IN CLINICAL PRACTICE: A JOINT CONSENSUS STATEMENT OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY AND THE THERAPEUTIC DRUG MONITORING TASK FORCE OF THE ARBEITSGEMEINSCHAFT FÜR NEUROPSYCHOPHARMAKOLOGIE UND PHARMAKOPSYCHIATRIE\*\*](#), SCHORETSANITIS G. ET AL., *JOURNAL OF CLINICAL PSYCHIATRY*, MAY 28

[\*\*JOINT COMMISSION REVISED REQUIREMENTS FOR SUBSTANCE USE DISORDER TREATMENT\*\*](#), THE JOINT COMMISSION, UPDATED MARCH 12 TO GO INTO EFFECT JULY 1

[\*\*STRESS AND PARENTING DURING THE CORONAVIRUS PANDEMIC\*\*](#), SHAWNA J. LEE, PH.D. & KAITLIN P. WARD, PARENTING IN CONTEXT RESEARCH LAB, UNIVERSITY OF MICHIGAN, MARCH 26

[\*\*INTEGRATING MENTAL HEALTH AND ADDICTION TREATMENT INTO GENERAL MEDICAL CARE: THE ROLE OF POLICY\*\*](#), EMMA E. MCGINTY, PH.D., M.S., AND GAIL L. DAUMIT, M.D., M.H.S., *PSYCHIATRIC SERVICES*, JUNE 3

[\*\*IMPACT OF COVID-19 ON EMERGENCY DEPARTMENT VISITS— UNITED STATES, JANUARY 1, 2019–MAY 30, 2020\*\*](#), HARTNETT K.P. PH.D., ET AL., *MORBIDITY AND MORTALITY WEEKLY REPORT*, JUNE 3



## 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.

#### Psychologist Continuing Education (CE) Credit

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

#### Nursing Continuing Professional Development (NCPD, formerly CNE) Credit

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

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#### Grant Statement

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# 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

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## Meet Some of the Distinguished Speaker Faculty



Andrea Furia-Helms  
Director, Patient Affairs  
**FDA**



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



Sarah Krug  
Chief Executive Officer  
**CANCER CARE 101**

### WHY ATTEND?

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



**THERE'S SOMETHING FOR EVERYONE**  
Help your whole team stay ahead!  
Register 3 team members, and the 4th attends free

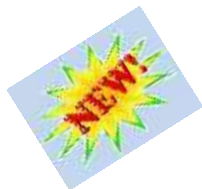




# TA Network Opportunities

**MONDAY, JUNE 8**

**2:30 P.M. TO 4:00 P.M. E.T.**



## **CREATING A MOVEMENT THROUGH COMMUNITY ASSET MAPPING PART 2**

Community Asset Mapping is an activity that local community organizers conduct before they begin advocacy on a specific issue within their community. This strength-based technique can be used for a variety of reasons, including building support for policy initiatives and programs aimed at addressing a community need or issue. During this webinar, we will review the youth-led process and results of the Confederated Tribe of the Umatilla Indian Reservation.

**Presenter:**

- Alexis Contreras, The National Indian Child Welfare Association (NICWA)

[REGISTER HERE](#)

**WEDNESDAY, JUNE 10**

**2:00 P.M. TO 3:30 P.M. E.T.**



## **YOUTH AND FAMILY VOICE: WHAT HAVE WE LEARNED FROM SYSTEMS OF CARE?**

This is an open and interactive call for peer learning, networking and support for anyone working to develop improved systems of young adults of transition age. Today's call will provide an opportunity to hear from Kristin and David. Youth and family voice provide the foundation for building culturally responsive, sustainable systems of care. While youth and family-driven principles are designed to be embedded across all levels of decision-making, youth and families frequently find there are few opportunities for authentic collaboration in systems design, implementation, and evaluation. During this office hours we will discuss SOCCES data that was collected across national System of Care sites and what that data tells us about youth and family involvement in System of Care expansion initiatives. We will also explore strategies for further expanding and promoting youth and family voice across Systems of Care.

[REGISTER HERE](#)

**THURSDAY, JUNE 11**

**1:00 P.M. TO 2:30 P.M. E.T.**



## **• TWO MODELS OF PEER SUPPORT IN CLINICAL HIGH RISK / FIRST EPISODE PSYCHOSIS PROGRAMS**

During this webinar, we will look at two models of peer support in clinical high risk and first-episode psychosis programs. You will learn about peer support being practiced in two different Clinical High Risk/First Episode programs; Maine and Oregon. Identify strengths and challenges in both models with an engaged discussion on the different ways peer support can function on an interdisciplinary team.

**Presenters:**

- Saras Yerlig, Maine Behavioral Healthcare
- Michael Haines, Early Assessment and Support Alliance

[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.

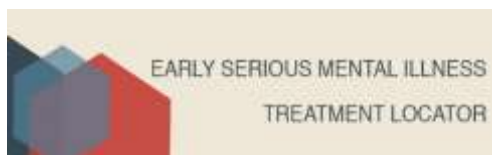
[REGISTER HERE](#)

## **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>**

# State-by-State Social Isolation Reopening Guidance

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

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

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

## Benton County, Oregon IPS Supported Employment Services Develops Informed Consent Framework for Discussing Risks and Rewards of Supported Employment During the Pandemic

(continued from page 1) and Prevention's (CDC's) [website on Shared Housing Risks](#).

Clients are then encouraged to consult with their primary care provider to ascertain whether the client has risks for medical complications or the worsening of current medical conditions if he/she were to contract COVID-19.

Clients are also instructed how to consider what steps might be taken for harm reduction and safety in the workplace—whether the employer is taking those steps and whether the client will be free to take necessary steps if the employer has not. The employment specialist will also seek to determine whether there are extra supports the program can provide to mitigate risks.

The employment specialist also checks with the client to determine whether there are any cultural risk factors that the client might be dealing with as he or she moves through the checklist. The client is referred to the [CDC website on health equity issues related to COVID-19](#).

At the end of the process, which is customized for each client, the client is asked to list all the pros and cons of working in the community in his or her chosen job during the pandemic.

Employment specialists are directed to document the discussion in the client's job search plan or job follow-along-plan. And the specialists continue the process on an ongoing basis to reflect any changes in the client's employment preferences, job environment, or the job itself.



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## NASMHPD Links of Interest – COVID-19

[DIGITAL CONTACT TRACING FOR PANDEMIC RESPONSE: ETHICS AND GOVERNANCE GUIDANCE](#), EDITED BY JEFFREY P. KAHN, PH.D., M.P.H., JOHNS HOPKINS PROJECT ON ETHICS AND GOVERNANCE OF DIGITAL CONTACT TRACING TECHNOLOGIES, MAY 27, 2020

[100,000 LIVES LOST TO COVID-19. WHAT DID THEY TEACH US?](#), CAROLINE CHEN, *PRO PUBLICA*, MAY 27

[WHAT'S BEHIND THE COVID-19 RACIAL DISPARITY?](#), GRAEME WOOD, *THE ATLANTIC*, MAY 27

[HALF OF NEWLY DIAGNOSED CORONAVIRUS CASES IN WASHINGTON ARE IN PEOPLE UNDER 40](#), SANDI DOUGHTON, *SEATTLE TIMES*, MAY 28

[COVID 19: ADJUSTING OPERATIONS TO MANAGE PATIENT SURGE](#), MEDICARE LEARNS NETWORK, MAY 28

[UNIVERSAL AND SERIAL LABORATORY TESTING FOR SARS-CoV-2 AT A LONG-TERM CARE SKILLED NURSING FACILITY FOR VETERANS — LOS ANGELES, CALIFORNIA, 2020](#), DORA A.V., M.D. ET AL., CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, MAY 29

[EVIDENCE FOR LIMITED EARLY SPREAD OF COVID-19 WITHIN THE UNITED STATES, JANUARY–FEBRUARY 2020](#), CDC COVID-19 RESPONSE TEAM, CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, MAY 29

[MEDICAID AS FIRST RESPONDER: ENROLLMENT IS ON THE RISE](#), JOAN ALKER AND LAUREN ROYGARDNER, GEORGETOWN UNIVERSITY HEALTH POLICY INSTITUTE CENTER FOR CHILDREN AND FAMILIES, MAY 2020

[POINT OF VIEW: MOBILIZATION OF TELEPSYCHIATRY IN RESPONSE TO COVID-19—MOVING TOWARD 21<sup>ST</sup> CENTURY ACCESS TO CARE](#), JACOB T. KANNARKAT, NOAH N. SMITH & STEPHEN A. MCLEOD-BRYANT, *ADMINISTRATION AND POLICY IN MENTAL HEALTH AND MENTAL HEALTH SERVICES RESEARCH*, APRIL 24

[COVID-19 SECOND WAVE PREPAREDNESS: PART 1: TESTING & SURVEILLANCE; PEOPLE WITH DEVELOPMENTAL AND BEHAVIORAL DISORDERS](#), HOUSE ENERGY AND COMMERCE COMMITTEE REPUBLICAN STAFF, JUNE 2

[VIDEO: TREATING ADHD THROUGH TELEPSYCHIATRY DURING COVID-19](#), BIRGIT AMMAN, M.D., *PSYCHIATRY AND BEHAVIORAL HEALTH LEARNING NETWORK*, MAY 29

[EARLY INSIGHTS FROM MEDICAID DIRECTORS: WHAT IS THE IMPACT OF COVID-19 ON MEDICAID UTILIZATION?](#), LINDSEY BROWNING, NATIONAL ASSOCIATION OF MEDICAID DIRECTORS, MAY 28

[IN HARD-HIT AREAS, COVID'S RIPPLE EFFECTS STRAIN MENTAL HEALTH CARE SYSTEMS](#), CHERYL PLATZMAN WEINSTOCK, *KAISER HEALTH NEWS*, JUNE 4 (DR. HEPBURN QUOTED)