

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

CMS Begins Distribution of CARES Act Provider Funds to Medicaid and CHIP Providers

The Department of Health and Human Services (HHS) on June 10 began the distribution, through the Health Resources and Services Administration (HRSA), of moneys from the CARES Act Provider Relief Fund to eligible providers that participate in state Medicaid programs and the Children's Health Insurance Program (CHIP).

HHS announced the previous day that it expected to distribute approximately \$15 billion to eligible providers who had not previously received payment from the Provider Relief Fund General Allocation.

HHS also announced \$10 billion in Provider Relief Funds would be distributed within a week to "safety net" hospitals that serve the most vulnerable citizens.

HHS has created an enhanced [Medicaid and CHIP Targeted Distribution Provider Relief Fund Payment Portal](#) to allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider will be at least 2 percent of reported gross revenues; the final amount each provider receives will be determined by the data submitted. Providers will have to show through the data submitted through the portal that show they serve a large portion of Medicaid patients or provide a large amount of uncompensated care. To be eligible for this funding, health care providers must have not received payments from the earlier \$50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid programs, or Medicaid managed care plans for "healthcare-related services" between January 2018 and May 31, 2020.

CMS officials say payment will not be on a first-come, first-served basis. All providers that submit data by an HHS deadline will receive payment, regardless of when they submitted their data.

The first General Distribution of the Provider Relief Fund, \$50 billion in April, made payments to over 1 million providers. HHS says that approximately 450,000 of these providers cared for Medicaid and CHIP recipients. As noted above, those providers receiving payment in the first distribution—no matter how small—will be ineligible for a distribution this time around. The Centers for Medicare and Medicaid Services (CMS) holds that those providers receiving inappropriately small payments in the earlier distribution should have moved to "true-up" their payments by

submitting data to the [previous portal](#) by a June 3 deadline.

HHS estimates 275,000 providers that care for Medicaid and CHIP recipients did not receive funds in the first general distribution and acknowledges that Medicaid and CHIP providers like dentists, pediatricians, assisted living facilities, and behavioral health providers such as opioid treatment programs typically operate on thin margins.

HHS notes that low-income and minority Americans have suffered disproportionately from COVID-19. It points to a recent Centers for Disease Control and Prevention (CDC) report finding that black Americans are being hospitalized for COVID-19 at a rate approximately 4.5 times that of white Americans, Hispanic Americans at a rate approximately 3.5 times that of non-Hispanic whites, and American Indians and Alaska Natives at a rate approximately 5 times that of whites. HHS says the Trump Administration recognizes the burden COVID-19 is having on low-income and minority Americans, and it is doing everything it can to address it. The agency wants to make sure the providers that serve low-income and minority patients have the resources and support they need to provide care.

The separate targeted payments to the safety net hospitals, which HHS is defining as those hospitals with a Medicare Disproportionate Share (DSH) payment percentage of 20.2 percent or greater, average uncompensated care per bed of \$25,000 or more, and profitability reported to CMS of 3 percent or less, are also intended to be a recognition that those facilities are serving minorities hit particularly hard by the pandemic. Recipients will receive a minimum distribution of \$5 million and a maximum distribution of \$50 million.

On June 8, 2020, HHS reached out to all hospitals ask them to update information on their COVID-19 positive-inpatient admissions for the period January 1 through June 10. This information will be used to determine a second round of funding to hospitals in COVID-19 hotspots. To determine their eligibility for funding under this \$10 billion distribution, hospitals must submit their information through the portal by 9:00 p.m. E.T. on June 15 .

HHS is also planning a distribution to dentists.

HHS has previously made targeted payments to 4,000 rural health care providers and 13,000 skilled nursing facilities.

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[June 23 Resources for Integrated Care Webinar: Navigating COVID-19: Supporting Individuals with Dementia and their Caregivers](#)

[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](#)

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

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

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

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

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

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[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 \(NCAPPS\)](#)

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[SMI Adviser Webinars](#)

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

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

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[Early Serious Mental Illness Treatment Locator](#)

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

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Final Recommendation Statement: Screening for Unhealthy Drug Use

The U.S. Preventive Services Task Force released today a final recommendation statement on screening for unhealthy drug use. That Task Force found that clinicians should ask adults about their drug use and connect people who have a problem to care. More research is needed to make a recommendation for teens. To view the recommendation, the evidence on which it is based, and a summary for clinicians, please [go here](#). The final recommendation statement can also be found in the [June 9, 2020 online issue of JAMA](#).

FINAL RECOMMENDATION SUMMARY

[See the full statement](#)

Population	Recommendation	Grade
Adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B
Adolescents	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents. See the "Practice Considerations" section for suggestions for practice regarding the I statement.	I

First-Time Handgun Owners at Higher Risk of Firearm-Related Suicide

The most expansive study to date tracking gun owners and suicide rates found an elevated risk of suicide among a large sample of first-time handgun owners.

Led by Dr. David Studdert, LL.B., Sc.D. professor of law and medicine at Stanford University, the study, [reported](#) June 4 in The New England Journal of Medicine, examined all legal gun sales in California and cross-referenced those purchases with the state's mortality records for suicide deaths and voter registration database. By comparing gun sales to the voter registration and suicide data, the investigator tracked the cohort from October 2004 to December 2016. To ensure cohort members were first-time gun purchasers, the researchers checked gun record sales as far back as 1985. Cohort members who later sold their guns were reclassified as non-owners.

The study tracked a cohort of 676,425 first-time handgun owners among California residents over the course of 12 years and compared mortality rates of non-owners by gender. Male first-time handgun owners were eight times more likely to die by firearm-related suicides in the subsequent 12 years than male non-owners. The rate of suicide by firearm in female handgun owners was 35 times higher than for females who were non-owners.

Risk of suicide peaked from the first day of gun acquisition through the 30th day (crude rate of 471 per 100,000 person-years), accounted for 14 percent of all suicides by firearms

during the 12-year study period. This rate was about 100 times higher than for non-owners.

California requires a 10-day waiting period for gun sales. During that 10-day period, one cohort member died by firearm-related suicide followed by 102 suicides by firearm during the first week of gun possession. This spike in suicide deaths during the first week of gun ownership may indicate the person's suicidal intent in acquiring a gun to end their life.

The suicide risk continued remaining relatively high for handgun owners, with 52 percent of all firearm-related suicides occurring within the first year of gun ownership. Dr. Studdert told the [New York Times](#), "During this period, the gun acts much more like an ambient risk—it's always there."

Firearm-related suicides slightly tapered off over the 12 years of the first handgun acquisition—45 per 100,000 for year 1 to 3; 18 per 100,000 for years 4 to 6 years; and 14 per 100,000 in years 7 to 12—but still remained higher than for non-owners.

The researchers conclude, "Our study bolsters and extends the message from previous research: Ready access to firearms, particularly handguns, is a major risk factor for suicide. Health care providers and policymakers should be aware of this risk."

The study was financed by the Fund for a Safer Future, the Joyce Foundation, and Stanford University.



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.

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

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

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

[ENROLL HERE](#)

How #CrisisTalk is Transforming Dialogue in Behavioral Health

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

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

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

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

THIS WEEK: VICTOR ARMSTRONG, OF NORTH CAROLINA'S DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES ,ON RACISM AND IMPLICIT BIAS

Last July, we did the below interview with Victor Armstrong, MSW, who is the director of North Carolina's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. He spoke on civil unrest in his city of Charlotte, North Carolina. How nearly four years ago, the community was experiencing mounting tensions after a deadly police interaction when police officer Brentley Vinson shot and killed Keith L. Scott on September 20, 2016.

Today, on the heels of the recent killings of Ahmaud Arbery and Breonna Taylor, the nation is reeling from the murder of George Floyd by four Minneapolis police officers on May 25, and the topic of racial inequality and police brutality is playing out on a national scale, with Americans taking to the streets amidst a global pandemic to protest. *8 minutes and 46 seconds*. That's how long officer Derek Chauvin knelt on Floyd's neck while officers J. Alexander Kueng and Thomas Kiernan knelt on his torso and legs. Officer Tou Thao stood watching

Armstrong says racism and explicit and implicit biases is a layered problem that seeps into every crevice of society, which means it makes its way into law enforcement, schools, and healthcare. It's easy to say racism needs to stop, but Armstrong points out that often people are unaware of their own biases, even against themselves.

Here's what Armstrong had to say on Twitter:

"Every time I see the senseless death of a Black man, I lose a small piece of myself that I can't get back. A piece of my humanity is taken away. It hurts, but hope and perseverance lift my head and remind me that I am enough.

[#Hope](#) [@wellnessblack](#) [@NASWNC](#) [@NationalCouncil](#)."

LEARN MORE

Crisis Now Partners:

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

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

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

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

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



SAMHSA-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:

- Estelle Richman, Board Chair, Center for Health Care Strategies
- 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](#) 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. 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.”¹ 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?

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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)

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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.



DBHDD

**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 12, 2020 2:00 to 2:30 p.m.: 2x2 Series: Leadership Skills ARE Coping Skills - [Attendee Link](#)

If you cannot attend the live sessions, each one will be recorded and available for review on the DBHDD website: <https://dbhdd.georgia.gov/2x2-series>.

Questions? Please email DBHDDLearning@dbhdd.ga.gov

Disaster Distress Helpline

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



Call us:
1-800-985-5990



Text:
'TalkWithUs' to 66746



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



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Follow us on
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<http://twitter.com/distressline>

Disaster Distress Helpline

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

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

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

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

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

Spanish-speakers:
Text "Hablanos" to 66746



SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4772)

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	City or township governments	Regional Organization
Special district governments	Independent school districts	Public housing authorities/Indian housing authorities	
Indian/Native American Tribally Designated Organization (Native American tribal organizations (other than Federally recognized tribal governments)			
Indian/Native American Tribal Government (Federally Recognized)			
U.S. Territory or Possession			
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

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

Jonathan W. King, Ph.D.
301-496-3136
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

New and Updated Federal Agency & World Health Organization Guidance Documents & Notices on COVID-19 Care and Reimbursement

[ADVICE ON THE USE OF MASKS IN THE CONTEXT OF COVID-19](#), WORLD HEALTH ORGANIZATION, JUNE 5

[COVID-19 TRAVEL RECOMMENDATIONS BY COUNTRY](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 8

[GUIDANCE FOR HANDLERS OF SERVICE AND THERAPY ANIMALS \[DURING THE COVID-19 PANDEMIC\]](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 4

[COLLECTION AND SUBMISSION OF POSTMORTEM SPECIMENS FROM DECEASED PERSONS WITH KNOWN OR SUSPECTED COVID-19](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 4

[USE PERSONAL PROTECTIVE EQUIPMENT WHEN CARING FOR PATIENTS WITH CONFIRMED OR SUSPECTED COVID](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 1

[COVID-19 ESPAÑOL](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, ONGOING

[COMMUNICATION TOOLKIT FOR MIGRANTS, REFUGEES, AND OTHER LIMITED-ENGLISH-PROFICIENT POPULATIONS](#), CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 5

[NEW CENSUS COVID-19 HUB HELPS GUIDE PANDEMIC RECOVERY: INTERACTIVE DASHBOARDS, MAPS, INDICATORS PROVIDE DEMOGRAPHIC AND ECONOMIC DATA DURING COVID-19](#), ANDREW W. HAIT, U.S. CENSUS BUREAU, JUNE 8

[HHS ANNOUNCES ENHANCED PROVIDER PORTAL, RELIEF FUND PAYMENTS FOR SAFETY NET HOSPITALS, MEDICAID & CHIP PROVIDERS](#), DEPARTMENT OF HEALTH AND HUMAN SERVICES, JUNE 9

[CENTERS FOR MEDICARE & MEDICAID SERVICES \(CMS\) RECOMMENDATIONS: RE-OPENING FACILITIES TO PROVIDE NON-EMERGENT NON-COVID-19 HEALTHCARE](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JUNE 8

[RE-OPENING AMERICA: WHAT PATIENTS SHOULD KNOW ABOUT SEEKING HEALTHCARE](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JUNE 8



[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](#)

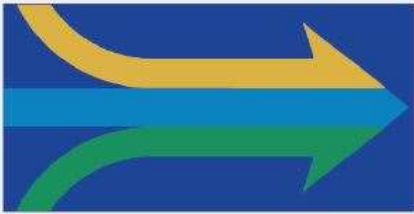
[REGISTER HERE FOR THE JUNE 29 WEBINAR ON HOMELESSNESS & MENTAL HEALTH](#)

Additional NASMHPD Links of Interest

[RAPID SYSTEMATIC REVIEW: THE IMPACT OF SOCIAL ISOLATION AND LONELINESS ON THE MENTAL HEALTH OF CHILDREN AND ADOLESCENTS IN THE CONTEXT OF COVID-19](#), LOADES M.E., D.CLIN.PSY., ET AL., *JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY*, JUNE 3

[EFFECTS OF A PUBLIC OPTION ON HEALTH INSURANCE COSTS AND COVERAGE](#), JODI L. LIU, ASA WILKS, SARAH A. NOWAK, PREETHI RAO & CHRISTINE EIBNER, RAND CORPORATION, JUNE 2020

[ANXIETY, FRUSTRATION LINKED WITH BURNOUT IN HEALTH CARE WORKERS](#), *PSYCHIATRY AND BEHAVIORAL HEALTH LEARNING NETWORK*, JUNE 3 & [INDICATORS OF WORKPLACE BURNOUT AMONG PHYSICIANS, ADVANCED PRACTICE CLINICIANS, AND STAFF IN SMALL TO MEDIUM-SIZED PRIMARY CARE PRACTICES](#), GOLDBERG D.G., PH.D., ET AL., *JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE*, MAY 2020



Forward Together: A Virtual Symposium

On Improving Access to Effective Care for People
Experiencing Homelessness, Serious Mental Illness,
and Substance Use Disorders



June 18, 10:30 a.m. to 4:45 p.m. E.T.

Space is Limited, So [REGISTER](#) Now!

The Substance Abuse and Mental Health Services Administration's Homeless and Housing Resource Network (HHRN) is conducting a free, national online event: *Forward Together: A Virtual Symposium on Improving Access to Effective Care for People Experiencing Homelessness, Serious Mental Illness, and Substance Use Disorders*. Keynote speakers include:

Opening Plenary: COMING TOGETHER

- **Anita Everett, M.D., DFAPA** - Director, Center for Mental Health Services, SAMHSA
- **Joshua Bamberger, M.D., M.P.H.** - Professor, Family and Community Medicine, University of California, San Francisco
- **Brian Sims, M.D.** - Subject Matter Expert, HHRN/National Association of State Mental Health Program Directors

Closing Plenary: REMAINING CONNECTED, STEPPING ONWARD

- **David Covington, M.B.A., LPC** - CEO and President, RI International, and Behavioral Health Link Partner
- **Deborah (Deb) Werner, M.A., PMP** - Technical Assistance Lead, HHRN/Senior Program Director, Advocates for Human Potential, Inc. (AHP)
- **Carol Bianco-Miller, Director of HHRN/Co-Director of the Center for Technical Assistance at AHP**, will serve as the symposium moderator and encourages all who work at the intersection of serious mental illness, substance use or co-occurring disorders, and homelessness to attend.

[Click here](#) to Learn More or to Register.

Continuing Education Credits are Available at No Cost to Registrants.



This course has been approved by JBS International, Inc., as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc., is responsible for all aspects of their programming.



JBS International, Inc., has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc., is solely responsible for all aspects of the programs.

SAMHSA's Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

To help ensure successful delivery of future HHRN messages, please add hhrn@ahpnet.com to your list of Safe Senders.
SAMHSA's Homeless and Housing Resource Network ([HHRN](#))



Let's Meet Virtually At the Academy Health Annual Research Meeting (ARM) *July 28 to August 6, 2020*

The largest meeting of health services researchers, policymakers, and the broader health care community is going online in 2020.

**REGISTER
TODAY**

Registration includes access to all recorded live and on-demand sessions and post-ARM content for a full calendar year.



KEYNOTE Race, Research and the Power and Peril of Big Data

Ruha Benjamin, Ph.D.
Associate Professor of African American Studies
Princeton University

Register Today and Receive Dr. Ruha Benjamin's Latest Book

The first 1,000 ARM registrants will receive an eBook copy of Dr. Benjamin's, [*Race After Technology*](#), for Amazon Kindle. Recipients will receive a link to download the eBook prior to the virtual ARM.

Same Great ARM, New Virtual Benefits

- More than **70 hours of content!** Featuring 8 live presentations with real-time Q&A and 70+ on-demand panel sessions - based on 21 conference themes.
- Control your learning experience. **Never miss a session** and participate at your leisure with access to all recorded live and on-demand presentations for a full calendar year.
- Explore the latest research on a diverse range of topics at the interactive poster hall.
- Browse valuable resources and information made available by participating organizations at the digital exhibit hall.
- Engage in unique group and/or one-to-one virtual networking opportunities.

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](#)



Join us for a Consumer Voice Webinar



Family Advocacy for Residents During COVID-19
Thursday, June 18, 2:00 p.m. E.T.

Families are facing many new issues as they support and care for their loved ones in long-term care facilities during the COVID-19 pandemic. Join this webinar to gain information and tips on how to advocate individually and through family councils for quality care. The webinar will also cover topics of particular concern to family members, including visitation, facility transparency and reporting requirements, transfers and discharges, COVID-19 testing and more.

[REGISTER](#)



1001 Connecticut Avenue, N.W, Suite 632, Washington, DC 20036
National Consumer Voice for Quality Long-Term Care is a U.S. registered charity EIN #52-1198450



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

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

The COVID-19 Telehealth Program will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic. The COVID-19 Telehealth Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended. In order to ensure as many applicants as possible receive available funding, we do not anticipate awarding more than \$1 million to any single applicant.

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

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

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

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

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

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

Eligibility Determination

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

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

Required Information for Application for COVID-19 Telehealth Program

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

Applicant Information

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

Contact Information

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

Continued on next page)



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

(Continued from previous page)

Health Care Provider Information

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

Eligibility type

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

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

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

Conditions to be Treated with COVID-19 Telehealth Funding

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

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

Additional Information Concerning Requested Services and Devices

- Goals and objectives for use of the COVID-19 Telehealth Program Funding
- Timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program
- Factors/metrics the applicant will use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program
- How COVID-19 has affected health care providers in your area
- Any additional information about the geographic area and population 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 or at (202) 418-1586.



Navigating COVID-19: Supporting Individuals with Dementia and their Caregivers

June 23, 12:00 p.m. to 1:30 p.m. E.T.

The current COVID-19 emergency presents new and unique challenges for individuals diagnosed with Alzheimer's disease and related dementia (ADRD) as well as the family and friends providing care for them. Nineteen percent of all dually eligible beneficiaries have ADRD. Older adults, including people with ADRD, are more susceptible to COVID-19 and more likely to experience severe outcomes of the disease. Dementia-related cognitive impairment may also increase risk for infection, as a result of poor infection control and reduced symptom awareness. Additionally, social isolation and changes in routine as a result of COVID-19 may lead to confusion, irritability and agitation, and sleep difficulty for individuals with ADRD.

Providers and health plans can play a key role in supporting individuals with ADRD and their caregivers as they navigate these challenges. This webinar will provide information on how COVID-19 affects and presents in people with ADRD, strategies for family and friend caregivers for supporting those with ADRD living at home during COVID-19, and opportunities for health care systems to prepare to meet the needs of people with ADRD diagnosed with COVID-19. By the end of this webinar, participants should be able to:

- Describe how COVID-19 may present in older adults with ADRD, and unique challenges facing individuals with ADRD and their caregivers during the COVID-19 public health emergency
- Identify strategies for supporting family and friend caregivers of older adults with ADRD during COVID-19 to build a daily routine, implement and use infection prevention measures, and plan ahead in case they are diagnosed with COVID-19
- Identify key considerations for providing care to people with ADRD diagnosed with COVID-19 across health care settings

Featured Speakers:

- **Freddi Segal-Gidan, PA, PhD**; Director, USC-Rancho California Alzheimer's Disease Center (CADC), Assistant Professor Clinical Neurology and Family Medicine, Keck School of Medicine of USC
- **Joseph Herrera, MSW**; Director, Outreach and Education, USC-Rancho CADC
- **Jennifer Schlesinger, MPH, CHES**; Director, Professional Training and Healthcare Services, Alzheimer's Los Angeles
- **Tom von Sternberg, MD**; Senior Medical Director of Geriatrics, Home Care, and Hospice and Case Management, HealthPartners

Intended Audience: This webinar is intended for a wide range of stakeholders, including frontline workers; caregivers; staff at health plans, including Medicare-Medicaid Plans (MMPs), Dual Eligible Special Needs Plans (D-SNPs), and managed LTSS plans; and other health care and community-based organizations who are interested in strategies for supporting individuals with ADRD and their caregivers during the COVID-19 public health emergency.

CLICK HERE TO REGISTER

Registration Information: After clicking the registration link hosted on <https://protect2.fireeye.com/url?k=937c9a98-cf28b3b3-937caba7-0cc47a6d17cc-0ea7c7af2684898a&u=https://www.resourcesforintegratedcare.com/> and completing the registration form, you will receive an email from do_not_reply@on24event.com containing event log-on information. The email also contains an attachment that, when opened, will save the event log-on information to an Outlook calendar.

Viewing the Event: On the day of the live event, please use the web link to join the webinar. You can access the platform using a computer, smart phone, or tablet. The audio portion of the presentation will automatically stream through your computer/device speakers. Please make sure that the volume on your speakers is turned up. Phone dial-in information will also be available during the live event if you are unable to listen to the audio through the computer/device speakers. For individuals that will be away from a computer, smart phone, or tablet on the day of the live webinar event, please email us at RIC@lewin.com to request dial-in information.

Due to high demand on technical platforms due to COVID-19, it is possible that some users may experience challenges in accessing the live event. If you experience difficulty logging in or for any reason are unable to attend, note that the event recording will be available to view "On-Demand" approximately 45 minutes after the conclusion of the event. You can access the "On-Demand" recording at any time by clicking the registration link. If you have questions for presenters ahead of the live event, please submit those through the registration form. If you have any questions after viewing the live or "On-Demand" event, please email us at RIC@lewin.com.

Resources for Integrated Care (RIC) develops and disseminates technical assistance and actionable tools for providers of beneficiaries dually eligible for Medicare and Medicaid based on successful innovations and care models. The RIC website features additional resources and tools for providers and health plans, available at <https://protect2.fireeye.com/url?k=b671a7c2-ea258ee9-b67196fd-0cc47a6d17cc-6786cdda2b19cbac&u=https://www.resourcesforintegratedcare.com/>. RIC is supported by the CMS Medicare-Medicaid Coordination Office.



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/>

32nd
Annual

Tuerk Conference

on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

2020 Vision Working Together

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

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\$165 includes
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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

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Maryland Center of Excellence on Problem Gambling • Medmark Treatment Centers
Mountain Manor Treatment Centers • Pathways / Anne Arundel Medical Center
Powell Recovery Center • Project Chesapeake • Recovery Centers of America
Recovery Network • Total Health Care • Tuerk House • Turning Point Clinic
University of Maryland, Drug Treatment Centers
University of Maryland Medical System, EAP
University of Maryland, Psychiatry, Division of Addiction Research and Treatment
Warwick Manor Behavioral Health

2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 and 2018 *Beyond Beds* series of papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2019 multiple-paper follow-up to the *Beyond Beds* series is now up on the [NASMHPD website](#). The 2019 papers take the *Beyond Beds* theme to look at additional innovative approaches offered in the community and factors impacting those services, covering such topics as early antipsychotic prescribing practices in nursing homes, developing a behavioral health workforce, a public health approach to trauma and addiction, addressing behavioral health in traumatic brain injury treatment, recovery-oriented cognitive therapy, integration of mental health and substance use services for those with co-occurring conditions, schools as part of the continuum of care for children and adolescents, and addressing social and mental health needs in transition-age homeless youth.

One of those papers, [Lessons from the International Community to Improve Mental Health Outcomes](#), authored by Deborah Pinals, M.D., chair of the NASMHPD Medical Directors Division and Medical Director, Behavioral Health and Forensic Programs in the Michigan Department of Health and Human Services, pivots from NASMHPD's previous work in this series to look beyond the borders of the United States to other countries for examples of successful and promising strategies across nine areas of focus. The paper's highlighted examples from the international community aim to further illuminate strategies and inspire ongoing crucial dialogue in an effort to improve mental health in the United States.

Following are links to the other reports in the 2019 Technical Assistance Coalition series.

[Effects of CMS' Measure of Antipsychotic Prescribing Practices for Nursing Facilities on Utilization of Antipsychotic Medications and Changes in Diagnostic Patterns](#)

[Developing a Behavioral Health Workforce Equipped to Serve Individuals with Co-Occurring Mental Health and Substance Use Disorders](#)

[A Public Health Approach to Trauma and Addiction](#)

[Traumatic Brain Injury and Behavioral Health Treatment](#)

[Recovery-Oriented Cognitive Therapy: a Theory-Driven, Evidence-Based, Transformative Practice to Promote Flourishing for Individuals with Serious Mental Health Conditions that is Applicable across Mental Health Systems](#)

[Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What's Known, What's New, and What's Now?](#)

[Schools as a Vital Component of the Child and Adolescent Mental Health System](#)

[Addressing Intersecting Social and Mental Health Needs among Transition-Aged Homeless Youth](#)

The NASMHPD Technical Assistance Coalition series will continue in 2020.



Student Mental Health: Responding to the Crisis

Mary Ward House Conference & Exhibition Centre, London

Tuesday, October 6, 2020

This conference will break-down the cultures, economic factors, social and institutional pressures contributing to dramatic rises in disclosures of mental health issues at universities and student suicides.

Delegates will explore why more students are turning to unconventional incomes like gambling and sex work during their studies, how the university experience can compound cultural and environmental conditions that lead students to access and supply drugs; and discussing how cross-institutional co-operation as well as legislative review of attitudes towards information sharing could prevent students reaching a point of crisis.

With just over two months to go to this expected sell out event places are now at a premium. However you can still...

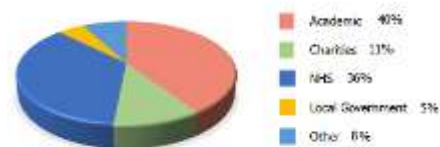
View Event	View Programme	Register Interest	Book A Place
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Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes, students, academic/policy researchers, health, social care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

- Transitions of otherwise non-criminal student populations into drug use and supply created by financial instability, distance from guardians and the interconnected nature of student life.
- Preventing student suicides; developing best practices in data sharing between institutions and families – measuring the importance of student safety and public interest against data protection, as well as investing in welfare support services and advanced planning.
- Isolation and instability created by increases in students engaging with sex work and gambling as a means of meeting the cost of university life.
- Cultures of anxiety driven by transitions in curriculum and lifestyle, persecutory perfectionism, unrealistic expectations projected on new media platforms, institutional pressures and uncertainty around post-university employment opportunities.
- Normalization of competitive and insecure working cultures in the HE sector – how does this impact the human value of academic labor and the support available to young people struggling with their studies.

2020 Attendee Breakdown by Sector.

Curious about who else will be in attendance on the day?



WEBSITE FOR THE SAMHSA-SPONSORED

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31st Annual State of the States in Head Injury Conference



SEPTEMBER 21-24, 2020
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For more information visit nashia.org
or contact [Jill Tilbury](#) .

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

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.

Grant Staff Contact: Ayanna Williams, Grants Management Specialist, HHS Office of Grants Services, 404-498-5095.
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.



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.



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; Robert McNellis, AHRQ, Center for Evidence and Practice Improvement (CEPI), Division of Practice Improvement (301) 427-1888, robert.mcnellis@ahrq.hhs.gov.

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

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



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

Location: Internet

Term: Summer Inst. Term

Department: Mental Health

Credits: 1 credits

Academic Year: 2020 – 2021

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

Auditors Allowed: Yes, with instructor consent

Grading Restriction: Letter Grade or Pass/Fail

Course Instructor: Ronald Manderscheid

Contact: [Ronald Manderscheid](#)

Frequency Schedule: One Year Only

Resources:

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

Description:

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

Learning Objectives:

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

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

Methods of Assessment:

This course is evaluated as follows:

- 35% Participation
- 65% Final Paper

Instructor Consent: No consent required.

Special Comments: Project is due June 30, 2020



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.

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

SAVE
THE
DATE

1-5 March 2021

Christchurch, New Zealand

Te Pou o te
Whakaaro Nui



NIMH Funding Opportunity Announcement

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

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

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

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

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

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

Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

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

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

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

Small Businesses

For-Profit Organizations Other Than Small Businesses

State Governments

County Governments

City or Township Governments

Special District Governments

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

U.S. Territories or Possessions

Independent School Districts

Public Housing Authorities

Indian Housing Authorities

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

Faith-Based or Community-Based Organizations

Regional Organizations

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



NOW RECRUITING

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

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

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

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

What Can Teams EXPECT?

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

HOW CAN MY AGENCY TAKE PART?



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



OUR CSC ONDEMAND TRAINERS

Iruma Bello, PhD | Clinical Training Director, OnTrackNY

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

Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY

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

Susan Gingerich, MSW | Training Coordinator, NAVIGATE

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

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

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

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

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

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

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

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

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

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

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

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

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

Zero Suicide International 5

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

in Partnership with Mersey Care NHS Foundation Trust



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

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

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

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

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

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

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

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

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

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

Nomination Requirements

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

Judging

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

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

David W. Covington, LPC, MBA
CEO & President

RI International
(RIA for Recovery Innovations, Inc.)
2701 N. 54th Street, Suite 310
Phoenix, AZ 85018

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





The National Center of Excellence for Eating Disorders (NCEED) was created to serve as *the* centralized hub dedicated to eating disorders education and training for both healthcare providers and the general public. NCEED is partnering with the 3C Institute to develop and launch an interactive, web-based, educational, training platform to ensure that high-quality trainings are provided to health professionals across multiple disciplines.

Visit NCEED's Website at <https://www.nceedus.org/>

NCEED is the nation's first center of excellence dedicated to eating disorders. It was founded in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), with the mission to advance education and training of healthcare providers and to promote public awareness of eating disorders and eating disorder treatment. Based at the University of North Carolina at Chapel Hill, NCEED includes clinicians, researchers, and advocates who specialize in eating disorders care and are committed to providing up-to-date, reliable, and evidence-based information.



The goal of NCEED is to ensure that all individuals with eating disorders are identified, treated, and supported in recovery. Though eating disorders are serious conditions, they can be identified and treated effectively—particularly when providers and the public have the knowledge and skills necessary to make a difference.

Information, Training, and Technical Assistance

The NCEED website (<https://www.nceedus.org/>) is designed to be user-friendly and easy to navigate for all users. The center's web platform is divided into four content areas based on the user's role. These content areas tailor the user's experience in searching for up-to-date, evidence-based trainings and resources.

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

www.samhsa.gov/find-help





National Center on Advancing Person-Centered Practices and Systems

NCAPPS assists states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and

practices. It supports a range of person-centered thinking, planning, and practices, regardless of funding source. Activities include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice. [Visit the new NCAPPS website for more information.](#)

Each month, NCAPPS will host monthly informational webinars on a range of topics that relate to person-centered thinking, planning, and practice. NCAPPS webinars are open to the public, and are geared toward human services administrators, providers, and people who use long-term services and supports. Webinars will be recorded and archived on the NCAPPS website. All webinars will include a panelist who represents the perspective of service users, including our Person-Centered Advisory and Leadership Group members, self-advocates, or other stakeholders with lived experience with the topic.

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

Save the Date!



HCBS
CONFERENCE
Home & Community-Based Services

Marriott Wardman Park
Washington, DC

HCBSconference.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 intramuscular 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**](#)

Practical Tools for Behavioral Health Staff Supporting the Medical Care of People with Serious Mental Illness *Thursday, July 9, 3:00 p.m. to 4:00 p.m. E.T.*



This webinar will focus specifically on the role and tasks of the case manager [or navigator, or community health worker] who are so crucial to the process of supporting medical care in the SMI population. There is a need for good tools and information about the illnesses that can be addressed to improve the mortality gap in those SMI, and about activities to support better health and medical care in our clientele. We will discuss the illnesses that create the most morbidity and mortality in those with SMI, then review a number of tools created for case managers to support their function in improving health outcomes.

Presenter: John Kern, MD, University of Washington

[**REGISTER HERE**](#)

Physician Continuing Medical Education (CME) Credit

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this enduring activity for a maximum of 12.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologist Continuing Education (CE) Credit

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

Nursing Continuing Professional Development (NCPD, formerly CNE) Credit

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

Funded by



Administered by



Grant Statement

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

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Virtual Learning Collaboratives

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

March 23 to June 14

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

Earn up to 12.0 AMA PRA Category 1 Credits™.

[REGISTER HERE](#)

Getting Started Building Your Clozapine Practice

March 23 to June 14

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

Earn up to 12.0 AMA PRA Category 1 Credits™.

[REGISTER HERE](#)

Implementing Tools for Symptom and Functional Assessment of Individuals with SMI

March 23 to June 14

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

Earn up to 12.0 AMA PRA Category 1 Credits™.

[REGISTER HERE](#)

SMI Adviser Coronavirus Resources

Recorded Webinars

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

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

Physician Continuing Medical Education (CME) Credit

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this enduring activity for a maximum of 12.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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8th Annual
The Patient Congress

Patient Advocacy Summit

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

[BROCHURE](#)

[FULL TIMED AGENDA](#)

[REGISTER](#)

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

Key Themes to be Addressed:

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

Meet Some of the Distinguished Speaker Faculty



Andrea Furia-Helms
Director, Patient Affairs
FDA



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



Sarah Krug
Chief Executive Officer
CANCER CARE 101

WHY ATTEND?

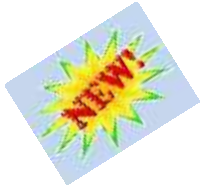
- **FIRST-HAND PATIENT INSIGHTS** .Hear directly from patients, caregivers, and advocacy groups to inform advocacy strategies
- **CROSS-STAKEHOLDER INSIGHTS**. C-suite and senior level executives from Payer, Provider, Pharmacy, Pharma, Patient Advocacy Groups, and Patient Leaders share their perspectives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



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



WEDNESDAY, JUNE 17
2:30 P.M. TO 4:00 P.M. E.T.



USING SOCIAL MEDIA AS A TOOL FOR SYSTEM OF CARE EXPANSION

This session of the SOC Leadership Learning Community will focus on social media as a powerful communications tool to support the implementation and expansion of systems of care. In order for you to engage with and generate support from key audiences, you must have a digital presence that extends beyond a website. What platforms should you use and what should you post? What type of content gets the most engagement? How do you measure success? Platforms such as Facebook, Twitter, Instagram, and LinkedIn create opportunities for meaningful connections with youth, families, and key stakeholders in the states and communities you serve. Effective methods of engagement will increase awareness of your system of care efforts, while establishing your reputation as a reliable resource. This webinar will equip leaders and social marketers with tools and techniques to stay ahead of the ever-evolving social network landscape and hone your communication strategy with hands-on techniques to create content and boost engagement, while learning the nuances of each platform. You're sure to walk away with insights for taking your digital presence to the next level.

Presenters:

Anita Bryant, The Institute for Innovation & Implementation
 Sarah Warner, The Institute for Innovation & Implementation

[REGISTER HERE](#)

TUESDAY, JUNE 23
2:00 P.M. TO 3:30 P.M. E.T.



ADVANCED SKILLS FOR YOUTH- AND YOUNG ADULT-DRIVEN PRACTICE: RECOGNIZING AND MANAGING THE URGE TO LEAD

Many of the practice models that providers use in their work with youth and young adults contain the expectation that the young people's perspectives and priorities will drive planning, care and treatment. However, providers are often uncertain about exactly what this kind of youth- or young adult-driven approach looks like in practice. This webinar will use videos drawn from real interactions between young people and providers to demonstrate skills and techniques that providers can use to maintain a youth-/young adult-driven approach, particularly in situations where providers are tempted to "lead" the young person to a new perspective, as when the provider fears that the young person is making a bad or risky choice.

Presenters:

Caitlin Baird, Pathways RTC
 Maria Hensen-Kritz, Pathways RTC
 Janet S. Walker, Portland State University
 Johanna Bergan, Youth MOVE National
 Gwen White, The Institute for Innovation & Implementation

[REGISTER HERE](#)

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



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

[REGISTER HERE](#)

2020 TRAINING INSTITUTES JULY 1 TO 3, 2020



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

[REGISTER HERE](#)



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

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

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

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

Social Marketing Assistance Available

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

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

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

Tip Sheets and Workbooks

Getting Started

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

Social Marketing Planning

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

Hiring a Social Marketer

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

Engaging Stakeholders

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

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

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

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

Training Guides

Training Videos: Navigating Cultural Dilemmas About –

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

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

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

Training Webinars for Receiving Clinicians in Community Mental Health Programs:

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

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

Trauma, PTSD and First Episode Psychosis

[Addressing Trauma and PTSD in First Episode Psychosis Programs](#)

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

Engaging with Schools to Support Your Child with Psychosis

[Supporting Students Experiencing Early Psychosis in Middle School and High School](#)

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

[Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families](#)
[Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians](#)

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

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

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

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NASMHPD Links of Interest – COVID-19

[GETTING BACK TO 'NORMAL' MAY NOT BE SO EASY. CRISIS EXPERTS CAN HELP.](#) JUDITH MATLOFF, *NEW YORK TIMES*, JUNE 2

[NEUROBIOLOGY OF SOCIAL DISTANCE.](#) DANILO BZDOK & ROBIN I.M. DUNBAR, *TRENDS IN COGNITIVE SCIENCES*, MAY 16

[COVID-19 RESPONSE: PROMISING PRACTICES IN HEALTH EQUITY WEBINAR.](#) CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 2

[USING THE METHODS OF THE PUBLIC HEALTH DISPARITIES GEOCODING PROJECT TO MONITOR COVID-19 INEQUITIES AND GUIDE ACTION FOR HEALTH JUSTICE.](#) HARVARD T. H. CHAN SCHOOL OF PUBLIC HEALTH, MAY 15

[COVID VIEW: A WEEKLY SURVEILLANCE SUMMARY OF U.S. COVID-19 ACTIVITY.](#) CENTERS FOR DISEASE CONTROL AND PREVENTION, LAST UPDATED JUNE 5

[FIRST REPORTED CASES OF SARS-CoV-2 INFECTION IN COMPANION ANIMALS — NEW YORK, MARCH–APRIL 2020.](#) NEWMAN A., D.V.M., *ET AL.*, CENTERS FOR DISEASE CONTROL AND PREVENTION, *MORBIDITY AND MORTALITY WEEKLY REPORT*, JUNE 8

[DISORDERED EATING IN A DISORDERED TIME.](#) EMMA GOLDBERG, *NEW YORK TIMES*, JUNE 5

[SCREENING FOR ANXIETY IN ADOLESCENT AND ADULT WOMEN: A RECOMMENDATION FROM THE WOMEN'S PREVENTIVE SERVICES INITIATIVE.](#) GREGORY K.D., M.D., M.P.H., *ET AL.*, *ANNALS OF INTERNAL MEDICINE*, JUNE 9

[WHEN 511 EPIDEMIOLOGISTS EXPECT TO FLY, HUG AND DO 18 OTHER EVERYDAY ACTIVITIES AGAIN.](#) MARGOT SANGER-KATZ, CLAIRE CAIN MILLER & QUOCTRUNG BUI, *NEW YORK TIMES*, UPSHOT COLUMN JUNE 8

[SARS-CoV-2 INFECTIONS AND SEROLOGIC RESPONSES FROM A SAMPLE OF U.S. NAVY SERVICE MEMBERS — USS THEODORE ROOSEVELT, APRIL 2020.](#) PAYNE D.C., PH.D., *ET AL.*, *MORBIDITY AND MORTALITY WEEKLY REPORT*, JUNE 9

[WORLD HEALTH ORGANIZATION: CORONAVIRUS PATIENTS MOST INFECTIOUS WHEN THEY FIRST FEEL UNWELL.](#) STEPHANIE NEBEHAY, *REUTERS HEALTH*, JUNE 9

[MEDICAID: STATE VIEWS ON PROGRAM ADMINISTRATION CHALLENGES.](#) GOVERNMENT ACCOUNTABILITY OFFICE, JUNE 1

[MEDICARE: CMS SHOULD PROVIDE BENEFICIARIES MORE INFORMATION ABOUT SUBSTANCE USE DISORDER COVERAGE.](#) GOVERNMENT ACCOUNTABILITY OFFICE, MAY 21