

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

## HHS Announces Partnership with Morehouse School of Medicine to Deliver COVID-19 Information to Minority, Low-Income, and Rural Communities to Fight the Virus's Spread

Health and Human Services Deputy Assistant Secretary and COVID-19 Testing Lead, Admiral Brett P. Giroir, told members of Congress on June 23 that his agency had signed a three-year, \$40 million agreement with Atlanta's Morehouse School of Medicine to develop a network of national, state, and local organizations to deliver information on COVID-19 testing, vaccinations, and other services to minority, low-income, and rural communities struggling with the virus.

The National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities will launch July 1 with a budget in the initial year of \$14.6 million.

Admiral Giroir told the media, "Underlying social determinants of health and disparate burdens of chronic medical conditions are contributing to worse COVID-related outcomes in minority and socially vulnerable communities, and this partnership with Morehouse School of Medicine is essential to improving our overall response."

HHS had released data the day before the announcement--sought for some time by members of Congress--showing the impact of the virus on racial minorities participating in the Medicare program.

Previous to the Federal government's release of data, *The Atlantic Magazine's* COVID Tracking Project and the Antiracist Research and Policy Center began [gathering race and ethnicity data](#) on individuals in the United States infected with the virus. According to the webpage established by the Tracking Project, at least 25,176 black lives had been lost to COVID-19 as of June 23. African Americans, 13 percent of the U.S. population, constituted 23 percent of reported deaths where race was known—more than 1.5 percent of their share of the U.S. population. The Tracking Project was receiving data on cases from 49 of the 56 states and territories, and data on deaths from 48 states and territories.

Even where states are reporting, not all cases or deaths have been reported. The Tracking Project cautions that data from states with low reporting percentages should be "interpreted with caution".

Alabama, as of June 23, had reported 81 percent of cases and 96 percent of deaths. In that state, where African Americans are 27 percent of the state population, they have constituted 50 percent of COVID-19 cases and 47 percent of deaths.

In contrast, Pennsylvania show a more skewed pattern, with race reported for only 44 percent of cases and 100 percent of deaths and ethnicity reported for only 28 percent of cases and 94 percent of deaths. In that state, African Americans, who are 11 percent of the population, are 29 percent of cases and 21 percent of deaths,

and Hispanics, who are 8 percent of the population are 29 percent of cases and 6 percent of deaths.

The reporting by states of the ethnicity of virus victims--intended to reveal whether the victims were Hispanic or Asia--was, in many cases, at a lower percentage or (in, for instance, Louisiana) even non-existent. North Dakota has not reported at all to the Project.

The preliminary [Medicare numbers reported](#) by the Centers for Medicare and Medicaid Services on June 22 show numbers of cases and numbers of hospitalizations prior to and after April 1. CMS also urges caution in interpreting the reported data, noting that the Medicare claims and encounter data being used are collected for payment and other program purposes, not public health surveillance.

As of June 11, CMS reported there had been 326,674 total Medicare COVID-19 cases reported or 518 per 100,000 claims or encounters. In rural areas, the numbers averaged 210 per 100,000. In urban areas, 597/100,000. Medicare COVID-19 hospitalizations as of June 11 totalled 109.607 or 175/100,000 claims or encounters; in rural areas, the ratio has been 57 per 100,000, while in urban areas it has been 205/100,000.

In every demographic category—aged, disabled, ESRD, female vs. male, Asian, African American, Hispanic, White, and other/unknown—the number of cases for Medicare-Medicaid dual beneficiaries more than doubled the number of Medicare-only cases and for Asians, Hispanics, Whites, and the aged, duals cases more than tripled the number of Medicare-only cases. For both genders, the cases involving duals quadrupled the number of cases involving Medicare-only patients.

When the same comparisons are made for hospitalizations, hospitalizations of duals more than quadrupled hospitalizations for Medicare-only patients. Only for African Americans were there just less than half (46 percent) as many hospitalizations of Medicare-only patients as for duals.

Fifty percent of Medicare patients with COVID-19 were hospitalized for 7 days or less, 18 percent for 8 to 10 days, and 16 percent for 11 to 15 days. Three percent of patients were hospitalized for 31 days or more.

Co-occurring chronic disease prevalence was highest for those with hypertension at 79 percent and lowest for those with asthma at 9 percent. The total Medicare fee-for-service payment for COVID-19 was \$1.9 billion, with the average payment at \$23,094.

**The Weekly Update will not publish next week. We'll return on July 10.  
Have a Safe and Happy 4<sup>th</sup> of July!**

## Table of Contents

[HHS Announces Partnership with Morehouse School of Medicine to Deliver COVID-19 Information to Minority, Low-Income, and Rural Communities to Fight the Virus's Spread](#)

[NRI Surveys State Mental Health Commissioners on Impact of the COVID-19 Pandemic on Operations](#)

[U.S. Health Care Professionals Have Higher Suicide Rates than General Population](#)

[Suicide Prevention Resource Center Offers On-Line Course on Understanding and Locating Data for Suicide Prevention](#)

[Crisis Now \*Crisis Talk\*: Infographic Gives Insight on the Intersection of Inpatient Behavioral Health Beds and the Impact of Insufficient Crisis Care](#)

[An Important Grant Award Announcement: SAMHSA's First National Family Support Technical Assistance Center \(NFSTAC\)](#)

[SAMHSA-Sponsored Webinars: Technology-Based Outreach to Increase Access to Care and Support in Times of Crisis \(June 30\) & Improving Access to Care through Medicaid § 1115 Waivers \(July 1\)](#)

[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](#)

[Notice of Upcoming Targeted PCORI Funding Announcement: Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020](#)

[National Center for Complementary and Integrative Health \(NCCIH\) July 1 Strategic Planning Virtual Town Hall for Public Comment](#)

[Housing and Urban Development Funding Opportunity Announcement: Estimating the Prevalence and Probability of Homeless Youth \(FR-6400-N-59\)](#)

[The MHTTC Network – School Mental Health Initiative](#)

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

[HHS Office for the Assistant Secretary for Health Request for Information: Long-Term Monitoring of Health Care System Resilience](#)

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

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

[Disaster Distress Helpline Information](#)

[National Institutes of Health Emergency Award: RADx-UP Coordination and Data Collection Center \(CDCC\) \(U24 Clinical Trial\) \(RFA-OD-20-013\)](#)

[National Institute on Drug Abuse Notice of Special Interest: Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders](#)

[COVID-19 Infection and Testing Disparities](#)

[NRI PQI Division's New Issue of Creating Quality Focuses on Sharing Quality Improvement Initiatives](#)

[Register for NAMI's First Virtual Conference, NAMIcon, July 13 & 14](#)

[Academy Health's Annual Research Meeting \(ARM\) is Virtual in 2020, July 28 to August 6](#)

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

[Additional NASMHPD Links of Interest](#)

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

[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](#)

[Georgia Department of Behavioral Health and Developmental Disabilities and Department of Public Health COVID-19 Emotional Support Line](#)

[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](#)

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

[May MHTTC Webinars](#)

[Rural Health Information Hub](#)

*Continued on next page*

## Table of Contents (cont'd)

[Department of Education Funding Opportunity Announcement: School-Based Mental Health Services Grant Program](#)

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

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

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

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

[IIMHL & IIDL Leadership Exchange, Delayed to February 28 to March 4, 2022, Christchurch, New Zealand](#)

[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 \(NCAPPS\)](#)

[SMI Adviser Webinars](#)

[SMI Adviser Resources on COVID-19](#)

[New APA On-Line Learning Center](#)

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

[TA Network Webinars and Opportunities](#)

[Early Serious Mental Illness Treatment Locator](#)

[Social Marketing Assistance is Available](#)

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

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

[NASMHPD Links of Interest](#)

[NASMHPD Board & Staff](#)

## ***NRI Surveys State Mental Health Directors on Impact of the COVID-19 Pandemic on Operations of Public Mental Health Systems***

NRI and NASMHPD have been working with an Advisory Group of State Mental Health Agency leaders to develop a short survey of State Mental Health Directors to help us and states understand what the impacts of Covid-19 have been on public mental health systems.



The survey was developed with guidance from volunteers from a number of states, NRI, and NASMHPD staff and addresses the impact of Covid-19 on:

- state psychiatric hospitals
- SMHA-funded or -operated community mental health providers
- state mental health crisis systems, and
- the use of telehealth, what of the modified rules regarding telehealth have been most useful, and what states would recommend be retained after the public health emergency has ended.

If you are a State Mental Health Director, you should have received the survey by email from NASMHPD or NRI this week. Please check your email to make sure you have not overlooked it.

You may also access the survey online here: <https://www.surveygizmo.com/s3/5679836/2020-Profiles-COVID-19-Supplement>.

NRI will be sharing the results of this survey with NASMHPD and all states as soon as we have responses from most states.

**Please send the completed survey to NRI's Ted Lutterman at [ted.lutterman@nri-inc.org](mailto:ted.lutterman@nri-inc.org) by July 10.**

**And please feel free to contact Ted at 703-738-8164 with any questions.**

## U.S. Health Care Professionals Have Higher Suicide Rates than General Population

U.S. health care professionals (surgeons, nonsurgical physicians, and dentists) had higher rates of suicide risk than the general population, according to recent research published in the [June 10 JAMA Surgery](#).

The researchers, led by Yisi Daisy Ji, D.M.D of the Harvard Medical School, found that common risk factors associated with suicide included Asian or Pacific Islander ancestry, job issues, physical health, civil legal issues, and receiving mental health treatment.

The study examined data from the National Violent Death Reporting System between January 2003 and December 2016, dividing suicide decedents into health care professionals (surgeons, nonsurgical physicians, and dentists) and non-health care professionals, categorized as general population. Dr. Ji and her colleagues' examination of the two cohorts included demographic characteristics (age, sex, race, and marital status), medical history (mental illness, substance use, and physical health) and documented risk factors (job problems, intimate partner, financial, legal, and other problems) associated with suicide death.

Of the 170,030 suicide decedents between 2003 and 2016, 767 (0.5 percent) were health care professionals and the remaining 169,263 were non-health care professionals (general population). For the health care professional cohort, 485 (63.2 percent) were nonsurgical physicians, 179 (23.3 percent) were dentists, and 103 (13.4 percent) were surgeons. The mean age was 59.6 years among the health care professional suicide decedents, while the mean age was 46.8 years for the general population.

Compared to the general population, the researchers found that risk factors for suicide among the health care professional cohort included having Asian or Pacific Islander ancestry [2.80 odds ratio (OR)], job-related stress (1.79 OR), civil legal

problems (1.61 OR), physical health problems (1.40 OR), and currently receiving mental health treatment (1.45 OR). The health professional cohort had a lower risk of suicide than the general population if they were of black ancestry (0.55 OR), female (0.44 OR), or unmarried (0.36 OR).

The investigators found that surgeons had a higher risk of suicide than the general population if they were older, male, married, had Asian or Pacific Islander ancestry, were currently receiving mental health treatment, reported job-related stress, or engaged in alcohol use. In comparing surgeons to their nonsurgical colleagues, suicide was higher for the surgeons if they were male, older, married, or currently receiving mental health treatment. Of the 103 surgeons, orthopedic surgeons (18.5 percent) and neurosurgeons (12.6 percent) accounted for the highest number of suicides in the subgroup.

The link between job-related stress and suicide was a risk factor for all three subgroups (surgeons, nonsurgical physicians, and dentists) among the healthcare professional cohort. Dr. Ji and her colleagues conclude, "Given the time and economic investment expended in training to become a healthcare professional, the inability to practice may carry a larger burden of emotional distress."

In contrast, the association between civil legal problems and suicide was strongest for nonsurgical physicians. The authors note, "Physicians who practice in specialties that have a high risk of incurring malpractice claims may be more accustomed to handling such claims. In contrast, physicians who practice in specialties in which malpractice litigation is less common may experience more emotional distress when malpractice claims occur."

Dr. Ji and her colleagues recommend increasing suicide prevention screening and interventions for health care professionals and ensuring access to human resources and legal support for those experiencing litigation.



### 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.

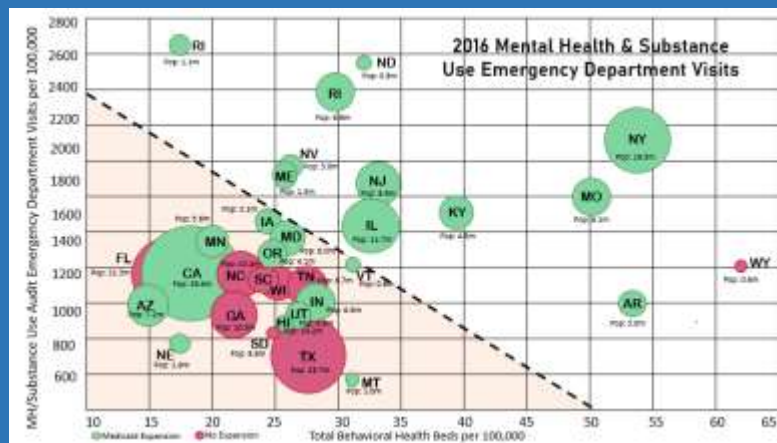
The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who 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: INFOGRAPHIC GIVES INSIGHT ON THE INTERSECTION OF INPATIENT BEHAVIORAL HEALTH BEDS AND THE IMPACT OF INSUFFICIENT CRISIS CARE

Crisis Now co-founders Michael Hogan, Ph.D., and David Covington, LPC, MBA, have released a poignant [infographic](#) examining mental health and substance use emergency department (ED) visits in 31 states. The graphic, utilizing 2016 statistics from Open Minds and the Healthcare Cost and Utilization Project (HCUP), paints a stark disparity between states with comprehensive mental health



crisis care versus those without. Dr. Hogan, a former New York mental health commissioner, says that most states have not yet prioritized developing a robust crisis continuum, resulting in dependence on inpatient psychiatric care and the ED, which are the most costly avenues of care for both states and consumers. He notes that acute care is what a small percentage of people in crisis need, but most are far better served by call centers, mobile crisis teams, crisis receiving and stabilization programs, and no wrong door policies for law enforcement. "People have an easier time recovering from a crisis when services are matched to their needs, not the other way around."

[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/RIInternational](#)



## An Important Grant Award Announcement

### **SAMHSA's First National Family Support Technical Assistance Center (NFSTAC)**

Center on Addiction, C4 Innovations, SAFE Project, and Boston University have been awarded SAMHSA's first National Family Support Technical Assistance Center (NFSTAC). NFSTAC is committed to providing tiered training and technical assistance (TTA), using a lifespan approach, that focuses on supports for families caring for loved ones who experience serious emotional disturbances, serious mental illness, and substance use disorders. This approach is anchored by the underlying principles that families play a vital role in supporting their loved ones, are the experts regarding their family support needs, and can be productively engaged to play a central role in treatment and recovery services. NFSTAC will deliver comprehensive TTA that advances partnerships between clinical and peer providers and family members of individuals experiencing SED/SMI/SUDs to promote stronger and more sustainable recovery-oriented outcomes. To further support families and providers, NFSTAC will focus on adapting and implementing recovery-oriented services with a targeted emphasis on workforce capacity and competencies, including cross-sector training and certification of family peer specialists. Field-requested and on-demand resources will be available directly to families and to the general public via a multimodal platform that includes virtual training events, mobile apps and social media.

The NFSTAC team is comprised primarily of family members with loved ones of varying ages who experience SED/SMI/SUDs as well as individuals in recovery. This lived experience, combined with collective decades of experience as researchers, practitioners, TTA providers, and leaders in family engagement, will inform every aspect of NFSTAC. The effect of entrusting this agenda to a family-run organization, in collaboration with local, state and national family-centered partners, and strong alignment with professionals who advance the importance of family engagement in their work, will be transformational in the delivery of TTA. It will also emphasize to all stakeholders that lived experience and authentic family voice are cornerstones of the NFSTAC approach.

For more information, please contact Lynda Gargan, Executive Director, at [lgargan@ffcmh.org](mailto:lgargan@ffcmh.org).



**Center on  
Addiction**



**C4  
Innovations**



**SAFEProject**  
Stop the Addiction Fatality Epidemic

NFFCMH | 15800 Crabbs Branch Way Suite 300, Rockville, MD 20855

**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](#)

**Improving Access to Care through Medicaid § 1115 Waivers*****Wednesday, July 1, 2:30 p.m. to 4:00 p.m. E.T.***

Presented by the National Alliance on Mental Illness and the National Council for Behavioral Health

Millions of people in the U.S. each year are affected by mental illness, substance use disorders, and other chronic conditions, yet too many are unable to get both their mental and physical health needs met, leading to higher costs and worse outcomes.

The rate of co-occurring illness is high. People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions. With the demand for mental health and addiction services higher than ever before, coordinating care is important as we face a new health care landscape.

As the nation's largest payer of mental health and substance use disorder services, Medicaid is uniquely situated to help states support the health of their communities. Through the use of federal waivers – called section 1115 waivers – states can improve access to care by testing new ideas like integrating mental health and substance use disorder services in primary care settings that help people receive the right care at the right time.

Join speakers from NAMI and CNS Healthcare on this webinar as they talk about the case for using Medicaid 1115 waivers to support integrated care, reduce costs, and improve outcomes from both the individual and provider perspective.

**Presenters:**

- **Jodi Kwarciany** – Manager of Mental Health Policy at National Alliance on Mental Illness (NAMI)
- **Amy Stern, L.M.S.W.** – Program Manager, CNS Healthcare
- **Michele Reid, M.D.** – Chief Medical Officer, CNS Healthcare
- **Jenny Shumaker, LMSW** – Clinical Program Director, CNS Healthcare

[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 Housing and Urban Development**  
**Funding Opportunity Announcement**  
**Policy Development and Research**

**Estimating the Prevalence and Probability of Homeless Youth (FR-6400-N-59)**

**Estimated Total Funding: \$2 million**  
**Type of Award: Cooperative Agreement**  
**Length of Project Period: 36 months**

**Individual Awards: At least \$400,000**  
**Expected Number of Awards: Up to 5**  
**Cost-Sharing or Matching: No**

**Application Due Date: July 1, 2020**

The objective of this research is to meet the requirements for youth research activities authorized under Section 345 of the Runaway and Homeless Youth Act, which calls for “using the best quantitative and qualitative social science research methods available to produce estimates of the incidence and prevalence of runaway and homeless individuals who are not less than 13 years of age but are less than 26 years of age; and ... that includes with such estimate an assessment of the characteristics of such individuals.”

In 2019, HUD published the Voices of Youth Count (VoYC) Study (<https://www.huduser.gov/portal/publications/Voices-of-Youth-Report.html>) that met the basic requirements of the Act. Using a broad definition of youth homelessness, the VoYC Study offered a nationally representative estimate of homeless youth using Gallup phone-based household surveys, as well as point-in-time estimates of homeless youth based on street and shelter counts. Patterns and subpopulations of homeless youth were identified using qualitative in-depth interviews. To date, however, methods for estimating and predicting the number of homeless youth by linking administrative data from multiple sources have not been fully developed.

Section 345 of the Runaway and Homeless Youth Act provides for “such other information as the Secretary determines, in consultation with States, units of local government, and national nongovernmental organizations concerned with homelessness, may be useful.” HUD therefore seeks proposals for other information and methods that supplement the findings from the VoYC Study. Such additional information that can be used to produce estimates of the incidence and prevalence of homeless youth may include the integration of administrative data from local, state, and federal institutions that engage at-risk or homeless youth, such as child welfare agencies, juvenile justice and correctional systems, schools, and hospitals .... This work may build upon existing data linkage efforts for counting homeless youth, such as the U.S. Department of Health and Human Services’ (HHS) Youth at Risk of Homelessness (YARH) planning efforts that collected and integrated local data sources on at-risk homeless youth in 18 communities (<https://www.acf.hhs.gov/opre/resource/analysis-of-data-on-youth-with-child-welfare-involvement-at-risk-of-homelessness>).

Additionally, HUD seeks proposals that demonstrate how methods for estimating and predicting homeless youth can be replicated over time in multiple geographies and how they could be used to aid communities in assessing their local needs. This may include an implementation guide for communities that provides practical instructions, best practices, and recommendations for operationalizing their methods for appropriate geographies.

**Research Questions Applicants should propose research projects that attempt to address one or more of the following research questions. We expect the most competitive proposals will cover multiple research objectives.**

- Based on an exhaustive review with administrative data sources, what methods are recommended to count homeless youth? What are the advantages and disadvantages of this approach compared to counting and surveying efforts researchers have previously attempted?
- Using administrative data, what is the incidence of homeless youth (the applicant may wish to tackle this question for any size geography—e.g., city, town, county, state, nation, etc.)? What characteristics and histories of youth are most likely to produce homelessness?
- What opportunities exist for inventive linkages among administrative data sources to better understand the characteristics of homeless youth? What novel information can be linked with administrative data to provide a better understanding of the pathways into homelessness for youth? How would this data allow for better predictions or estimates of the incidence of homeless youth? Are there methods that could be used to produce generalizable estimates?
- How could administrative data be used to help providers prioritize and differentiate needs among subpopulations of homeless youth and design appropriate interventions?

**Eligible Applicants**

State governments  
Special district 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)  
Nonprofits other than institutions of higher education, with and without a 501(c)(3) status with the IRS  
Private institutions of higher education  
Individuals and foreign entities are not eligible applicants.

County governments  
Independent school districts  
Public housing authorities/Indian housing authorities  
Small businesses  
For-profit organizations other than small businesses

**Agency Contact(s)**

HUD staff will be available to provide clarification on the content of this NOFA. Questions regarding specific program requirements for this NOFA should be directed to: Ophelia Wilson, 202-402-4390, [Ophelia.Wilson@hud.gov](mailto:Ophelia.Wilson@hud.gov)





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.

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

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 23, 2020 2:00 to 2:30 p.m.: 2x2 Series: Communication in the Social Media Age - [Attendee Link](#)**

**June 25, 2020 2:00 to 2:30 p.m.: 2x2 Series: Racism, Civil Unrest, and the Pandemic: What Will You Say to Your Kids? - [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>.

The 2x2 Planning Team is recruiting new presenters to share their knowledge and experience with our growing audience. If you are interested, please click on the following link and complete the Speaker Application. A member of our team will contact you to begin the vetting process. You can use the following link to complete the 2x2 Series Speaker Application: [https://www.surveymonkey.com/r/2x2\\_Series\\_Speaker\\_Application](https://www.surveymonkey.com/r/2x2_Series_Speaker_Application)

Questions? Please email [DBHDDLearning@dbhdd.ga.gov](mailto:DBHDDLearning@dbhdd.ga.gov)



### Notice of Upcoming Targeted PCORI Funding Announcement Suicide Prevention: Brief Interventions for Youth -- Cycle 3 2020

**Announcement Type: Research Award**

**Total Funds Available: \$30 Million**

**Maximum Project Period: 5 years**

**Applicant Town Hall Session: September 2020**

**Letter of Intent Deadline: September 29, 2020, 5 p.m. E.T.**

**Total Direct Costs: \$10 million**

**Earliest Start Date: November 2021**

**Application Deadline: January 12, 2021, 5 p.m. E.T.**

This notice provides information about an upcoming Targeted Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement (PFA), which will be released by PCORI on September 1, 2020. Through this initiative, PCORI seeks to fund large randomized controlled trials (RCTs) and/or observational studies that compare the effect of brief interventions on acute suicide risk in youth ages 15 to 24.

Suicide rates in the US have increased by over 35 percent from 1999 to 2018. Of notable concern is the 46 percent increase in rates for youth ages 15 to 24 during this same time period (from 9.9 to 14.5 per 100,000). While suicide rates have risen across race/ethnicity, gender, and geographical groups, rates remain highest in boys/males, LGBTQ, rural, and American Indian/Alaska Native populations. Additionally, recent trends indicate an increasing suicide rate for Black and Latina adolescents.

Brief interventions (e.g., Teachable Moment Brief Intervention, Motivational Interviewing, Safety Planning) are often the first intervention patients presenting with suicidality receive. These interventions are designed to reduce acute suicide risk and direct patients to appropriate treatment, and can be delivered in a variety of settings (e.g., emergency departments, primary care, schools, mobile crisis units, community-based settings, home, inpatient care, juvenile detention centers) and by a range of healthcare professionals. The evidence base of brief interventions for suicidality comes primarily from studies done with adults. There is some evidence for youth, but which interventions work best for which populations of youth is not clear.

This Targeted PCORI Funding Announcement will solicit applications that respond to the following question:

**What is the comparative effectiveness of different brief interventions to reduce suicidality and improve outcomes for youth ages 15 to 24?**

PCORI is particularly interested in the comparative effectiveness of tailored approaches to brief interventions. Tailoring may include involvement of people with lived experience, telehealth (e.g., apps, text-based, web-based, phone calls, video calls), cultural factors (e.g., language, family involvement, rituals), and specific settings (e.g., primary care, school, home, community) or other cultural adaptations.

Applicants should consider the following outcomes: suicidal ideation, self-harm, engagement in mental health care, functional measures, school participation, employment, skills to manage suicidality, connectedness, quality of life, and healthcare utilization (hospital or ED use). Applications should include follow-up for up to one year.

Interventions must be evidence-based **and/or** in widespread use and reproducible. This Targeted PFA preannouncement is provided to allow potential applicants additional time to identify collaborators, obtain stakeholder input on potential studies, and develop responsive, high-quality proposals.





National Center for  
Complementary and  
Integrative Health

## NCCIH Strategic Planning Virtual Town Hall for Public Comment

Wednesday, July 1, 1:00 p.m. E.T.

This Event will be Broadcast through Zoom Webinar

The National Center for Complementary and Integrative Health (NCCIH) is updating its Strategic Plan to guide the Center's research efforts and priorities over the next 5 years (fiscal years 2021-2026). On February 19, 2020, we held a webinar, "[NCCIH Strategic Planning Webinar: Whole Person Health](#)," to kick off the [year-long strategic planning process](#), and at the meeting of the National Advisory Council for Complementary and Integrative Health that took place on June 5, 2020, Dr. Helene Langevin, NCCIH director, [presented and led a discussion on strategic planning concepts](#).

A [Request for Information \(RFI\) \(NOT-AT-20-013\)](#) was published to notify stakeholders about the process for giving input. Responses to this RFI must be submitted via e-mail at [nccihstrategicplan@mail.nih.gov](mailto:nccihstrategicplan@mail.nih.gov) or the Web-based form available at <https://www.nccih.nih.gov/NCCIH2021-RFI>. Responses will be accepted until June 30, 2020.

During the July 1 town hall, NCCIH invites comments from stakeholders, experts, communities, and members of the public, including but not limited to researchers and trainees across academia, industry, and government; health care providers and health advocacy organizations; nongovernmental, scientific, and professional organizations; and Federal agencies. *Note we will not plan to answer any questions during this session.*

When registering for the town hall, those who wish to make a comment are encouraged to select one of the RFI themes (see the list below) on which to comment. We will listen to comments theme by theme with a brief recap in between each theme. Those who register to speak but do not pick a theme will be invited to speak during a general comments period at the end of the town hall. All comments provided will be considered in the overall strategic planning process. **If you wish to make a comment, please register by Monday, June 29, at 11:59 p.m. E.T..**

- Input on high-priority objectives that you do not see reflected among the five strategic objectives (advance fundamental science and methods development; improve care for hard-to-manage symptoms; foster health promotion and disease prevention; enhance the complementary and integrative health research workforce; disseminate objective evidence-based information on complementary and integrative health interventions).
- Opportunities for, and challenges facing, progress in integrative and complementary health research, including whole person health.
- Gaps and opportunities in basic, mechanistic, translational, and clinical research. The Center is particularly interested in feedback on research opportunities and methodologies in whole person health and multimodal approaches.
- Opportunities in implementation science. Implementation science focuses on identifying, understanding, and overcoming barriers to the adoption, adaptation, integration, scale-up, and sustainability of evidence-based interventions, tools, policies, and guidelines.
- Emerging research needs and opportunities that should be considered as the Center's 2021 Strategic Plan is developed.
- Research needs and opportunities articulated in the Center's current Strategic Plan that should be modified because of progress over the past 5 years. (The Center's current plan is available at <https://nccih.nih.gov/about/strategic-plans/2016>.)
- Recommendations for steps, actions, activities, or opportunities that will help NCCIH make progress on the current Strategic Objectives or any new objectives that you are suggesting.
- Successes, shortcomings, and impacts of existing NCCIH policies, practices, partnerships, strategies, or activities.
- Any other comments related to the NCCIH Strategic Plan.

**[REGISTER TO ATTEND HERE](#)**

To request reasonable accommodations to participate, contact the NCCIH Clearinghouse at [info@nccih.nih.gov](mailto:info@nccih.nih.gov) or [1-888-644-6226](tel:1-888-644-6226). The Federal Relay Service (<http://www.federalrelay.us>) provides free telecommunications relay service.



# MHTTC

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

## The MHTTC Network – School Mental Health Initiative

[The Mental Health Technology Transfer Center \(MHTTC\) Network](#), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a collaborative Network that supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. The Network includes 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office.



The MHTTC Network has supplemental funding to focus on the need for further implementation of mental health services in school systems. The Regional and National Centers provide technical assistance and develop resources, trainings and events around various school mental health topic areas, including evidence-based identification, early intervention, and treatment practices, youth suicide prevention, school wellness, and trauma-informed practices in schools.

During the current COVID-19 public health crisis, the MHTTC Network remains open and available to assist the school mental health workforce. While in-person learning opportunities are postponed until further notice, the Network is working quickly to offer virtual learning opportunities in the interim.

To view a compilation of MHTTC resources specific to school mental health during the COVID-19 pandemic, please visit our website [here](#).

For access to all MHTTC trainings and resources, visit the Training and Events Calendar [here](#) and the Products and Resources Catalog [here](#).

## Stay informed! Subscribe to *MHTTC Pathways*



*MHTTC Pathways* is a monthly eNewsletter that keeps you informed about what is happening within the MHTTC Network. It highlights events, training opportunities, resources, and the latest Network products. Special features help you stay updated on the latest on evidence-based practices, implementation science, and workforce development.

Subscribe to *MHTTC Pathways* [here](#)!



## [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 29 WEBINAR ON HOMELESSNESS & MENTAL HEALTH](#)



# 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

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

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

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

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

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

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

#### Scope and Assumptions

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

#### Our Questions

##### Barrier and Opportunities for Health System Resilience

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

*(Continued on next page)*





## Department of Health and Human Services Request for Information Office of the Assistant Secretary for Health, Office of the Secretary Long-Term Monitoring of Health Care System Resilience

(Continued from previous page)

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

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

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

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

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

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

### Public/Private Data Sources

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

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

### Public-Private Partnerships

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

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

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

**Dated:** June 2, 2020.

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

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

[\*\*GUIDANCE FOR CORONAVIRUS-RELATED DISTRIBUTIONS AND LOANS FROM RETIREMENT PLANS UNDER THE CARES ACT\*\*](#), INTERNAL REVENUE SERVICE NOTICE 2020-50, JUNE 19

[\*\*A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS: WHO MEMBER STATES BRIEFING 18 JUNE 2020 AND POTENTIAL IMPLICATIONS FOR COVID-19 VACCINES\*\*](#), WORLD HEALTH ORGANIZATION, JUNE 23

[\*\*COVID-19 SURGE TOOL\*\*](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), MAY 24

[\*\*INTERIM INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR HEALTHCARE PERSONNEL DURING THE CORONAVIRUS DISEASE 2019 \(COVID-19\) PANDEMIC\*\*](#), CDC, UPDATED JUNE 19



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/\*\*](https://mhddcenter.org/)

# 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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**<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 (1-877-726-4787)

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Dept. of Health and Human Services (HHS).

**Disasters have the potential to cause emotional distress. Some are more at risk than others:**

- Survivors living or working in the impacted areas (youth & adults)
- Loved ones of victims
- First Responders, Rescue & Recovery Workers.

**Stress, anxiety, and depression are common reactions after a disaster.**

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Drinking alcohol, smoking or using tobacco more than usual;
- Using illegal drugs
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again



# Disaster Distress Helpline

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

## TIPS FOR COPING WITH STRESS AFTER A DISASTER:

**Take care of yourself.** Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

**Reach out to friends and family.** Talk to someone you trust about how you are doing.

**Talk to your children.** They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

**Get enough 'good' sleep.** Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed
- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

**Take care of pets or get outside into nature when it's safe.** Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



**Know when to ask for help.** Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

**If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...**

**Call 1-800-985-5990 or  
text 'TalkWithUs' to 66746.**

**You Are Not Alone.**

## National Institutes of Health Funding Opportunity Announcements

### **Emergency Award: RADx-UP Coordination and Data Collection Center (CDCC) (U24 Clinical Trial) (RFA-OD-20-013)**

**Application Due Date: August 7, 2020**

**Letter of Intent Date: July 8, 2020**

**Earliest Estimated Award Date: September 2020**

**Estimated Total Funding: \$7.5 million**

**Expected Number of Awards: 1**

**Earliest Start Date: September 2020**

**UPDATE**

NIH is issuing this FOA in response to the declared public health emergency issued by the Secretary, HHS, for 2019 Novel Coronavirus (COVID-19). This emergency cooperative agreement funding opportunity announcement (FOA) from the National Institutes of Health (NIH) provides an expedited funding mechanism as part of the Rapid Acceleration of Diagnostics-Underserved Populations (RADx-UP) initiative, a consortium of community-engaged research projects to understand factors that have led to disproportionate burden of the pandemic on the underserved and/or vulnerable populations so that interventions can be implemented to decrease these disparities. This FOA seeks to fund a single Coordination and Data Collection Center (CDCC) as an integral part of the consortium. The funding for this supplement is provided from the Paycheck Protection Program and Health Care Enhancement Act, 2020.

The CDCC will serve as a national resource, working with NIH scientific staff and consortium members to coordinate and facilitate research activities. The CDCC will also serve as a spoke in the larger NIH initiatives by providing de-identified individual data to an NIH-based data center. The RADx-UP CDCC will 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 CDCC will facilitate RADx-UP collaborative research by providing organizational and analytical infrastructure and expertise, supporting data integration and analysis, and coordinating across RADx-UP projects and [the NIH-supported RADx initiatives](#) that are developing and validating new COVID-19 testing technologies.

This FOA is therefore released in parallel with three companion emergency Notices of Special Interest (NOSIs):

1. **Notice of Special Interest (NOT-OD-20-121):** Solicits 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 COVID-19 testing interventions or have the capacity to ramp up quickly to reach underserved or vulnerable populations. The single submission date is August 7, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-121.html>
2. **Notice of Special Interest (NOT-OD-20-120):** A complementary emergency competitive revision opportunity that shifts eligibility to collaborative and individual research awards, generally focused on smaller underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-120.html>
3. **Notice of Special Interest (NOT-OD-20-199):** Solicits emergency competitive revisions for research to understand the social, ethical, and behavioral implications of COVID-19 testing in underserved or vulnerable populations. The two submission dates are August 7, 2020 and September 8, 2020. See: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-119.html>

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

#### **Eligible Entities**

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 Businesses For-Profit Organization (Other than Small Businesses)  
State Governments County governments City or township governments  
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. Territories or Possessions Indian/Native American Tribal Government (Other than Federally Recognized)  
Faith-Based or Community-Based Organizations Regional Organizations

#### **Foreign Institutions**

Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply.

Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply.

Foreign components, as [defined in the NIH Grants Policy Statement](#), are not allowed.

**NIH will hold two pre-application webinars:**

- **Friday, June 26, 2:00 p.m. to 4:00 p.m. E.T.,** an overview of the RADx-UP initiative, followed by presentations on each funding opportunity and question and answer sessions; and
- **Wednesday, July 1, 3:00 p.m. to 5 p.m. E.T.,** focusing on applications for the Coordinating and Data Collection Center

Registration is required. Register and learn more about these webinars at <https://www.nih.gov/research-training/medical-research-initiatives/radx/events>.

Questions can be pre-submitted for these sessions at [RADxinfo@nih.gov](mailto:RADxinfo@nih.gov) by June 24 for the first session and June 29 for the latter session.

#### **Contacts (All National Institute on Minority Health and Health Disparity (NIMHD))**

**Scientific/Research Contact:** Dorothy Castille, 301-594-9411, [dorothy.castille@nih.gov](mailto:dorothy.castille@nih.gov)

**Peer Review Contact:** Maryline Laude-Sharp, 301.451.9536, [maryline.laude-sharp@nih.gov](mailto:maryline.laude-sharp@nih.gov)

**Financial/Grants Management Contact:** Priscilla Grant, 301-594-8412, [pg38h@nih.gov](mailto:pg38h@nih.gov)





## **Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders**

The purpose of this Notice is to encourage the submission of research project grant applications that address co-morbid substance use and/or substance use disorders, and other psychiatric disorders. Research in response to this NOSI may include etiologic investigations to inform prevention intervention, intervention development and testing, and research to address service delivery strategies to address co-morbid conditions. The intent is to encourage a broad portfolio of research, that enhances understanding of risk, etiology, prevention, treatment and service delivery related to co-occurring conditions.

### **Background:**

The association between substance use, substance use disorders, and psychiatric disorders, including depression, anxiety, bipolar disorder, ADHD and other externalizing disorders, has been well established through population based epidemiologic surveys. Numerous developmentally focused theory-based approaches have been proposed, including shared underlying vulnerabilities or risk factors. From a disorder perspective, prevalence can be expressed as either the prevalence of other psychiatric disorders among substance using populations or the prevalence of substance use among individuals with other psychiatric disorders, leading to variability in rates. Mental illness is often characterized as a risk factor for substance use initiation and for transition from use to misuse and disorder, though the exact sequence and relationship between substance use, substance use disorders and psychiatric co-morbidity is unclear and may vary by disorder. For some substances and disorders, it may be the substance use that precedes the onset of other psychiatric symptoms. Additional research is needed to determine the various trajectories of substance use and psychiatric symptoms, as well as strategies for intervention to change trajectories.

### **Research Objectives:**

The National Institute of Drug Abuse (NIDA) is interested in research project grant applications that would further our understanding of co-morbidity through studies that test etiological theories and interventions (treatment and prevention), across the lifespan.

NIDA interest includes, but is not limited to, applications in the following areas:

- Epidemiologic studies of the etiology of co-morbidity that directly lead to the development of targeted preventive intervention research projects; of priority are studies that include prevention scientists as part of the research team, to facilitate the application of findings into next phase prevention intervention development. These can include primary data collection or secondary data analyses.
- Studies of the trajectories of the development of co-morbid substance use, substance use disorders and psychiatric disorders and the ways in which their interactions influence the onset, course and recovery of both; of interest are studies which additionally identify potentially effective points and models of intervention.
- Intervention research to directly address common mechanisms/dimensions that may underlie both substance use disorders and other psychiatric disorders. Among treatment seeking populations, studies to determine whether or how the receipt of evidence-based treatments for psychiatric disorders impact substance use initiation/and or progression to misuse and disorder.
- Strategies for augmenting psychiatric care to prevent substance use initiation and/or progression from use to misuse or disorder. This could include research to test whether and how models of care delivery for mental illness (e.g., the collaborative care model, coordinated specialty care for first episode psychosis) could be leveraged for substance use prevention among at-risk individuals.
- Studies to further understand and prevent suicide and other adverse outcomes (morbidity and mortality) among individuals using illicit substances.
- Research that uses clinically validated digital therapeutics, including mobile applications and other platforms, virtual reality, wireless monitoring and biofeedback, imaging tools for biofeedback to develop, improve and systematically measure behavioral interventions for substance use and psychiatric conditions. Additionally, neuromodulation devices to augment behavior therapies.
- Studies to evaluate the use of medications to improve the efficacy of behavioral interventions for co-morbidities.
- Research to promote adherence to pharmacotherapies, such as buprenorphine, methadone, depot naltrexone, Lofexidine, naloxone, or HAART, in substance abuse treatment populations with comorbidities.
- Studies that develop safe and effective psychosocial interventions to improve the outcomes of pharmacotherapies for substance use disorders including opioid use disorder, overdose reversal, and preventive efforts for psychiatric and suicide risk.
- Research on tobacco harm reduction strategies such as switching from combustibles to e-cigarettes with special attention to individuals with severe mental illness (e.g., schizophrenia, bipolar depression).
- Services research to develop and test strategies to improve system- or provider- capacity for treating and managing co-occurring conditions.

*(More on following page)*



## National Institute on Drug Abuse Notice of Special Interest (NOSI)

### Research on Co-Morbid Substance Use, Substance Use Disorders, and Other Psychiatric Disorders

(Continued from previous page)

#### Application and Submission Information

This notice applies to due dates on or after October 05, 2020 and subsequent receipt dates through May 8, 2023

Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcement through the expiration date of this notice.

- [PA-20-185](#): NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- [PA-20-183](#): NIH Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-184](#): Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required) Research Project Grant (Parent R01 Clinical Trial Required)
- [PA-20-200](#): NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)
- [PA-20-196](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)
- [PA-20-195](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
- [PA-20-194](#): NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)
- [PA-18-775](#): Pilot and Feasibility Studies in Preparation for Drug and Alcohol Abuse Prevention Trials (R34 Clinical Trial Optional) or any re-issuances

All instructions in the [SF424 \(R&R\) Application Guide](#) and the funding opportunity announcement used for submission must be followed, with the following additions:

- For funding consideration, applicants must include "NOT-DA-20-004" (without quotation marks) in the Agency Routing Identifier field (box 4B) of the SF424 R&R form. Applications without this information in box 4B will not be considered for this initiative.

Applications nonresponsive to terms of this NOSI will not be considered for the NOSI initiative.

#### Inquiries

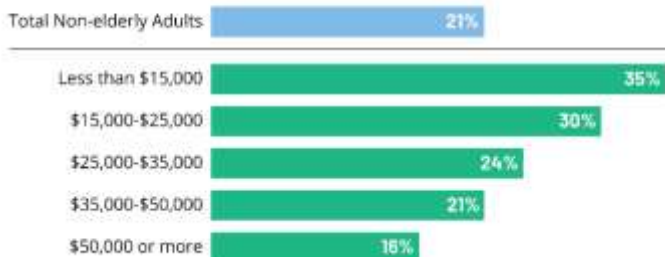
Please direct all inquiries to the contacts in Section VII of the listed funding opportunity announcements with the following additions/substitutions:

**Scientific/Research Contact:** Amy B. Goldstein, Ph.D., National Institute on Drug Abuse (NIDA), 301-827-4124, [amy.goldstein@nih.gov](mailto:amy.goldstein@nih.gov).

## COVID-19 Infection and Testing Disparities

### People in Lower-Income Households are At Higher Risk of Serious Illness if Infected with Coronavirus

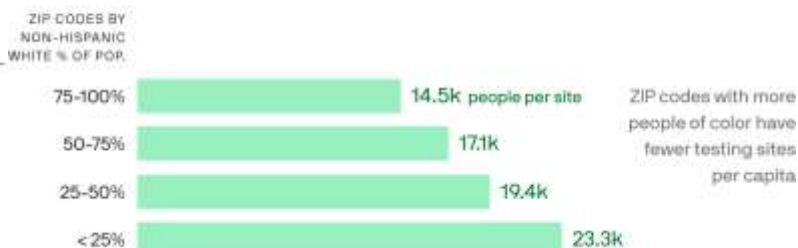
Share of Adults Ages 18-64 at Higher Risk, by Household Income:



Data and Graphics by Kaiser Family Foundation

### People per COVID-19 testing site

Using the total population of ZIP codes with at least one testing site, as of June 20, 2020



Adapting Peter Walker and Kyle Slugg's analysis of URISA's GIS Corps, Coders Against COVID, Esri, U.S. Census data; Chart: Andrew Witherspoon/Axios

## We Look Forward To You Joining Us At Our First Virtual NAMICon!

We are grateful for your patience and support as we transformed our canceled **in-person NAMICon** into a virtual event. We are excited to announce that **no cost registration is now open for NAMICon 2020**, a Virtual Event, taking place **July 13 and 14**.

### [REGISTER TODAY](#)

While we have made our virtual event free to register, donations to support NAMI's important work in mental health education, advocacy and awareness are appreciated for those able to contribute. [Click here to donate.](#)

We are committed to delivering a high-quality and productive experience for all our attendees with sessions dedicated to a variety of topics, including:

- Plenary with **Joshua Gordon, M.D., Ph.D., Director of the National Institute of Mental Health**, on the challenges and opportunities in mental health research.
- The importance of comprehensive and holistic treatment approaches to address the complexities of mental illness.
- Why diversity, inclusion and cultural competence are important and how we can address issues like identity, language and demographics.
- Research updates regarding various treatments and models.
- **NAMI and WETA**, the flagship PBS station in Washington, D.C., along with other national partners, will launch the Well Beings campaign and host a virtual national town hall.

### [VIEW SCHEDULE](#)

Monday, July 13, 2020					
Eastern Time (ET)	Track 1: Getting Help Early	Track 2: Getting the Best Possible Care	Track 3: Getting Diverted from Justice System Involvement	Track 4: Research Updates	Track 5: Youth Voices
10:30 – 11:00 AM	Welcome and Announcements				
11:00 AM – 12:00 PM	Plenary with Joshua Gordon, M.D., Ph.D., Director of the National Institute of Mental Health				
12:10 – 1:10 PM	Taking NAMI Ending the Silence Statewide	Diversity and Inclusion as Driver to Achieve Mission	Crisis Hotlines: The Gateway to Crisis Systems	CBT for Psychosis: Evidence-Based Training Program for Family and Caregivers	The Importance of Youth Voices: A Panel Discussion
1:15 – 1:30 PM	Break				
1:30 – 2:30 PM	What is Behind the Increasing Suicide Rate Among Black Youth?	Engaging Faith Leaders in Addressing Mental Illness	Hero Help: Addiction and Behavioral Health Assistance	The Fusion Model: A Peer-Informed Model for Crisis Support	NAMI Ending the Silence (ETS) for Students
2:30 – 2:50 PM	Break				
2:50 – 3:50 PM	Who Ya Gonna Call? NAMI HelpLines!	Ending Conversion Therapy to Save Young LGBTQ Lives	Engaging Individuals Who Have Mental Illness in the Stepping Up Initiative	A Novel Approach to Treatment: Resistant Depression: Elopastine	Creating Meaningful Connections: Youth-Certified Peer Specialists (CPS-Y)
4:00 – 4:30 PM	Networking				
4:30 – 5:00 PM	Closing Remarks				

Tuesday, July 14, 2020					
Eastern Time (ET)	Track 1: Getting Help Early	Track 2: Getting the Best Possible Care	Track 3: Getting Diverted from Justice System Involvement	Track 4: Research Updates	Track 5: Youth Voices
10:30 – 11:00 AM	NAMI 40th Anniversary Celebration and Announcements				
11:00 AM – 12:00 PM	NAMI and WETA Well Beings Campaign Launch				
12:10 – 1:10 PM	Aspiring to Conquer Serious Psychiatric Illness: Research Journey to Heal	The View from D.C.: NAMI's Federal Legislative and Policy Update *** NAMI Housefront: Effective Education for the Families of Veterans	Using CBT Programs to Reduce Stigma and Trauma While Changing Our Communities' Crisis Response	Youth Addressing In Consequence of Crisis: Community Participatory Research	Taking Care of Me During COVID-19: A Panel Discussion
1:15 – 1:30 PM	Break				
1:30 – 2:30 PM	TWO				
2:40 – 3:10 PM	Networking				
3:10 – 3:30 PM	Closing Remarks				



**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.**



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

### Additional NASMHD Links of Interest

[A CASE REPORT HIGHLIGHTING THE IMPACT OF COVID-19 IN MENTAL ILLNESS AND ITS PHYSICAL CONSEQUENCES](#), MORILLO-GONZÁLEZ J., M.D., *ET AL.*, *JOURNAL OF CLINICAL PSYCHIATRY*, JULY/AUGUST 2020

[COMMENTARY: COPING AND DEFENSES AMIDST A PANDEMIC](#), MICHAL J. McDOWELL, M.D., M.P.H. & JOSHUA D. SALVI, M.D., PH.D., *JOURNAL OF CLINICAL PSYCHIATRY*, JULY/AUGUST 2020

[OLDER ADULTS MAY BE LEFT OUT OF SOME COVID-19 TRIALS](#), PAULA SPAN, *NEW YORK TIMES*, JUNE 19

[THE PANDEMIC'S MENTAL TOLL: MORE RIPPLE THAN TSUNAMI](#), BENEDICT CAREY, *NEW YORK TIMES*, JUNE 22

[PREGNANT WOMEN REPORT MORE DEPRESSION, ANXIETY SYMPTOMS DURING COVID-19 PANDEMIC](#), *CONSULTANT 360*, UNDATED & [UPTREND IN DISTRESS AND PSYCHIATRIC SYMPTOMATOLOGY IN PREGNANT WOMEN DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC](#), BERTHELOT N., PH.D., *ET AL.*, *ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA*, JULY 2020

[OLD HOUSING, NEW NEEDS: ARE U.S. HOMES READY FOR AN AGING POPULATION?](#), JONATHAN VESPA, JEREMY ENGELBERG & WAN HE, U.S. CENSUS BUREAU & NATIONAL INSTITUTE ON AGING, MAY 15

[NEW CENSUS HOUSEHOLD PULSE SURVEY SHOWS MORE HOUSEHOLDS WITH CHILDREN LOST INCOME, EXPERIENCED FOOD SHORTAGES DURING PANDEMIC](#), LINDSAY M. MONTE, U.S. CENSUS BUREAU, MAY 27

[CMS UNVEILS MAJOR ORGANIZATIONAL CHANGE TO REDUCE PROVIDER AND CLINICIAN BURDEN AND IMPROVE PATIENT OUTCOMES](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES PRESS RELEASE, JUNE 23

[STATISTICAL BRIEF #529: TOTAL EXPENSES, TOTAL UTILIZATION, AND SOURCES OF PAYMENT FOR OUTPATIENT PRESCRIPTION OPIOIDS IN THE U.S. ADULT CIVILIAN NONINSTITUTIONALIZED POPULATION, 2017](#), YAO DING, PH.D. & G. EDWARD MILLER, PH.D., AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, APRIL 2020

[COVID-19 OUTBREAK AMONG COLLEGE STUDENTS AFTER A SPRING BREAK TRIP TO MEXICO — AUSTIN, TEXAS, MARCH 26–APRIL 5, 2020](#), *MORBIDITY AND MORTALITY WEEKLY REPORT*, CENTERS FOR DISEASE CONTROL AND PREVENTION, JUNE 24

[COVID-19: OPPORTUNITIES TO IMPROVE FEDERAL RESPONSE AND RECOVERY EFFORTS](#), GOVERNMENT ACCOUNTABILITY OFFICE, JUNE 2020



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

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

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

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

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

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

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

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

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

### **Eligibility Determination**

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

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

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

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

#### **Applicant Information**

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

#### **Contact Information**

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

*Continued on next page)*



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

*(Continued from previous page)*

### **Health Care Provider Information**

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

### **Eligibility type**

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

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

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

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

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

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

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

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

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

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

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

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

### **Obtaining an FCC Registration Number (FRN)**

All applicants, like all other entities doing business with the Commission, must register for an FRN in the Commission Registration System (CORES). An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. To register with CORES, please use the following link: <https://apps.fcc.gov/core/userLogin.do>.

### **Registering with System for Award Management**

To receive payments through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management. The System for Award Management is a web-based, government-wide application that collects, validates, stores, and disseminates business information about the federal government's partners in support of federal awards, grants, and electronic payment processes. To register with the system, go to <https://www.sam.gov/SAM/> with the following information: (1) DUNS number; (2) Taxpayer Identification Number (TIN) or Employment Identification Number (EIN); and (3) Your bank's routing number, your bank account number, and your bank account type, i.e. checking or savings, to set up Electronic Funds Transfer (EFT). You will receive a confirmation email once the registration is activated. Only applicants registered through the System for Award Management will be able to receive COVID-19 Telehealth Program funding. Registration in the System for Award Management provides the FCC with an authoritative source for information necessary to provide funding to applicants and to ensure accurate reporting pursuant to the DATA Act, Pub. L. 113- 101.

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

## ***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](mailto: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](mailto: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](mailto: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

### Navigating System Cultures Across the Sequential Intercept Model (SIM)

*Friday, June 26, 2:30 p.m. to 4:00 p.m. 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 4:00 p.m. 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](#)

### Supporting Reentry for People with Mental and Substance Use Disorders: Establishing Recovery Housing

*Tuesday, July 30, 12:30 p.m. to 2:00 p.m. E.T.*

Learn strategies and approaches to successful recovery housing development, funding, and implementation.

[REGISTER HERE](#)



DBHDD

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



The Georgia COVID-19 Emotional Support Line provides free and confidential assistance to callers needing emotional support or resources information as a result of the COVID-19 pandemic. The Emotional Support Line is staffed by volunteers, including mental health professionals and others who have received training in crisis counseling. Hours of operation: 8 am to 11 pm. Call [866.399.8938](tel:866.399.8938).

[GEORGIA EMOTIONAL SUPPORT RESOURCES](#)

**32<sup>nd</sup>**  
**Annual**

## **Tuerk Conference**

on Mental Health & Addiction Treatment



Kevin Lindamood



Beth Macy



Ashish Alfred



Carlo C. DiClemente

# **2020 Vision Working Together**

Sponsored by

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

### **Super Saver**

\$165 includes  
Lunch and  
6 CEUs

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

## **SEPTEMBER 10, 2020**

**8:00 am – 5:00 pm**

The Baltimore Convention Center  
Pratt and Sharp Streets

### **Conference Sponsors**

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

## **2019 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS**

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

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

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

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

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

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

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

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

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

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

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

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

**The NASMHPD Technical Assistance Coalition series will continue in 2020.**





## Student Mental Health: Responding to the Crisis

### *Mary Ward House Conference & Exhibition Centre, London*

### **Tuesday, October 6, 2020**

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

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

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

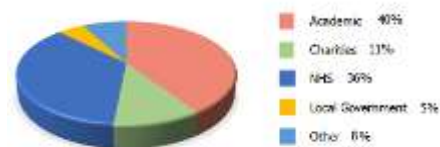
<a href="#">View Event</a>	<a href="#">View Programme</a>	<a href="#">Register Interest</a>	<a href="#">Book A Place</a>
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**Student Mental Health: Responding to the Crisis is our third national conference bringing together domestic and European HE institutes,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

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

### **2020 Attendee Breakdown by Sector.**

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



**WEBSITE FOR THE SAMHSA-SPONSORED**

**Center of Excellence for Protected Health Information**

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

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



SEPTEMBER 21-24, 2020  
MINNEAPOLIS, MINNESOTA

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

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



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

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

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

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

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years). Events such as neglect, experiencing or witnessing violence and having a family member attempt or die by suicide are considered ACEs. ACEs may also include aspects of children's environments that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. The link between ACEs and poor adult health and social outcomes has been well documented.

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

The purpose of this funding is to

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

This NOFO has three required foci to support these goals –

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

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

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

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

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

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





Agency for Healthcare  
Research and Quality

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

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

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

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

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

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

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

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

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



## U.S. Department of Education Funding Opportunity Announcement School-Based Mental Health Services Grant Program (ED-GRANTS-052820-001)

**Estimated Available Total Grant Funds: \$10 million**

**Number of Awards: 5**

**Cost Sharing/Matching: 25 Percent Annually**

**Estimated Average Size of Awards: \$2 million**

**Project Period: 60 months**

**Applications Due: July 13, 2020**

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

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

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

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





## 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](#)

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### 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.

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### Learning Objectives:

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

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

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### Methods of Assessment:

This course is evaluated as follows:

- 35% Participation
- 65% Final Paper

**Instructor Consent:** No consent required.

**Special Comments:** Project is due June 30, 2020



# MHTTC

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

## Training and Technical Assistance Related to COVID-19 Resources

<https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19>

**Responding to COVID-19:** highlight products and resources that can be useful when coping with the effects of widespread public health crises such as::

- Psychosocial Impacts of Disasters: Assisting Community Leaders
- Supportive Practices for Mental Health Professionals During Pandemic-Related Social Distancing

**Recorded Webinars:** • [Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat!](#)

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

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

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

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

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

## Upcoming Webinars

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

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

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



*Knowledge Informing Transformation*

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

**[GET THE TOOLKIT HERE](#)**



## Rural Health Information Hub

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

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

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



Student Training & Education  
in Public Service

### Mental Health & Wellness Guide for Public Service Professionals

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

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

**[ACCESS THE GUIDE HERE](#)**

## IIMHL and IIDL Leadership Exchange

*Valuing Inclusion, Resilience and Growth.*

*Kaingākauria te whakawhāiti tāngata, te ngākau manawaroa, te puāwaitanga o te tangata.*

SAVE  
THE  
DATE

28 Feb to 4 Mar, 2022  
Christchurch, New Zealand

Te Pou o te  
Whakaaro Nui



## NIMH Funding Opportunity Announcement

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

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

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

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

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

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

#### Eligibility

Public/State Controlled Institutions of Higher Education

Private Institutions of Higher Education

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

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

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

Small Businesses For-Profit Organizations Other Than Small Businesses

State Governments County Governments City or Township Governments Special District Governments

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

U.S. Territories or Possessions Independent School Districts Public Housing Authorities Indian Housing Authorities

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

Faith-Based or Community-Based Organizations Regional Organizations

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





# NOW RECRUITING

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

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

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

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

### **What Can Teams EXPECT?**

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

### **HOW CAN MY AGENCY TAKE PART?**



Call our Research Coordinator, Effy: 347-762-9086  
Or email: [cscstudy@center4si.com](mailto:cscstudy@center4si.com)



## OUR CSC ONDEMAND TRAINERS

### **Iruma Bello, PhD | Clinical Training Director, OnTrackNY**

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

### **Abaigael Duke | Recovery Specialist and Trainer, OnTrackNY**

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

### **Susan Gingerich, MSW | Training Coordinator, NAVIGATE**

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

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

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

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

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

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

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

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

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

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

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

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

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

# Zero Suicide International 5

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

in Partnership with Mersey Care NHS Foundation Trust



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

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

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

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

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

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

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

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

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

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

### Nomination Requirements

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

### Judging

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

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

David W. Covington, LPC, MBA  
CEO & President

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

Work: 480-636-3088  
Mobile: 404-435-8103  
Email: [David.Covington@riinternational.com](mailto:David.Covington@riinternational.com)







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

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

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



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

### Information, Training, and Technical Assistance

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

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

[www.samhsa.gov/find-help](http://www.samhsa.gov/find-help)







## National Center on Advancing Person-Centered Practices and Systems

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

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

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

<b>July 2020</b>	Applying Person-Centered Thinking, Planning, and Practice in Long-Term Care Settings
<b>August 2020</b>	Myths and Misperceptions about Financing Peer Support in Medicaid
<b>September 2020</b>	Electronic Health Records in Person-Centered Care Planning: Pitfalls and Promises
<b>October 2020</b>	Best Practice in Incorporating Supported Decision-Making and Person-Centered Thinking, Planning, and Practice
<b>November 2020</b>	Person, Family, Clan, Community: Understanding Person-Centered Thinking, Planning, and Practice in Tribal Nations
<b>December 2020</b>	Toward Person-Centered Transitions: Applying Person-Centered Thinking, Planning, and Practice for Youth with Disabilities in Transition

NCAPPS has posted on its website a **Health Care Person-Centered Profile** to assist people with disabilities, older adults, and others to communicate their needs and preferences with hospital and other health care staff. Depending on state and hospital policy, people with communication, comprehension, and behavioral challenges may face the possibility of a hospital visit without significant others or usual supporters present. To address the heightened challenges this poses, a group of experts in person-centered planning developed a tool that people and their families and caregivers can fill out and share with medical staff upon hospital intake or care site transfer.

The tool has two pages: a Health Care Information sheet for capturing brief and vital information about the person's health status and a Health Care Person-Centered Profile for describing who the person is, what is most important to the person, and how best to provide support—vital information that can help medical staff provide more tailored and person-centered care.

The Health Care Information Sheet also has a section for detailed contact information to help medical staff reach a person's emergency contact or legal representative. It contains a section for indicating whether advance directives are in place and where those documents can be found.

The Profile, instructions, and sample profiles are available at:  
<https://ncapps.acl.gov/covid-19-resources.html>



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



## **Creating and Sustaining High-Quality Crisis Services: A Systemic Approach**

***Friday, Jun 26, Noon to 1:00 p.m. E.T.***

Arizona has spent the past several decades developing a crisis system that is widely regarded as one of the most advanced in the nation. In this model, a robust continuum of services work together in concert to provide high-quality care in the least-restrictive setting that can safely meet the person's needs while also ensuring fiscal sustainability and responsible stewardship of community resources. This presentation will describe key features of the Arizona model including:

- overview of the crisis continuum,
- governance, financing, and accountability,
- examples of collaboration with law enforcement and other community partners, and
- strategies for using data to drive continuous system improvement.

Presenter: Margie Balfour, MD, PhD, Connections Health Solutions

[\*\*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.

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## **SMI Adviser Coronavirus Resources**

### **Recorded Webinars**

### **Managing the Mental Health Effects of COVID-19**

### **Telepsychiatry in the Era of COVID-19**

#### **Physician Continuing Medical Education (CME) Credit**

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## **New APA On-Line Learning Center**



To meet your current and future learning needs, APA is launching a [new online Learning Center](#) with enhanced features and key improvements, including:

- ✓ A new modern design with simple navigation tools
- ✓ A streamlined, efficient checkout process to start learning right away
- ✓ Tailored activity recommendations based on your previous courses
- ✓ Mobile-responsive interface for on-the-go learning

Your login credentials will remain the same and your course history will be automatically transitioned into the new system. However, activity-level progress within courses cannot be transitioned. As such, we are encouraging Learning Center users to **complete any in-progress courses on the [current platform](#) by July 20, 2020.**

### **LEARN MORE**

Thank you for using the APA Learning Center! If you have questions about this transition, please contact us at [LearningCenter@psych.org](mailto:LearningCenter@psych.org).

# Patient Advocacy Summit

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

[BROCHURE](#)

[FULL TIMED AGENDA](#)

[REGISTER](#)

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

Key Themes to be Addressed:

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

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## Meet Some of the Distinguished Speaker Faculty



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



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



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

### WHY ATTEND?

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



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





# TA Network Opportunities

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

## **COVID-19 IMPACT ON THE TREATMENT OF YOUTH WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS**

This webinar is designed most specifically for clinicians providing direct care to youth and families and to those supervising these clinical staff. It will also benefit those concerned about designing programming for youth and families.

The COVID-19 pandemic has greatly altered delivery of clinical services to all in need, but has proven especially challenging for programs that serve youth with co-occurring substance use and mental health needs. Often, youth with co-occurring and multiply-occurring needs are best matched with **intensive, home/community-based programs. Home/community-based service delivery to youth and families** with high risk and multiple areas of need is challenging under the best of conditions. The physical distancing precautions and associated virtual/telehealth adaptations have only added to these existing challenges. This Learning Community Webinar is designed to support providers with strategies for engaging and maintaining youth with multiple areas of need in our new environment, and to provide a platform for a sharing of ideas regarding 'lessons learned'.

### **Presenters:**

- Richard Shepler, PhD, LPCC-S; Center for Innovative Practices, Director
- Michael Fox, M.A., LPCC-S, LCDCC-III. Center for Innovative Practices, Trainer

[REGISTER HERE](#)

**THURSDAY, JULY 9**  
**1:00 P.M. TO 2:30 P.M. E.T.**



## **INTEGRATIVE TREATMENT FOR TRAUMA AND COMPLEX PTSD**

In this training, you will develop confidence in your ability to understand the prevalence of trauma in psychiatric populations. We will discuss the importance of developing a client's case conceptualization with an understanding of trauma etiology in clients' symptoms. We will explore the symptoms of PTSD, Complex PTSD, and Dissociative disorders as these may be co-morbid with psychotic disorders. From a perspective of interpersonal neurobiology, we will look at implications for treatment and practical tools and resources for individuals working with high risk youth.

Join Dr. Arielle Schwartz, in this engaging and interactive seminar, to learn valuable leading-edge strategies that will allow you to successfully address dysregulated affect and arousal states. Objectives of this webinar include:

- Recognize the prevalence of trauma in psychiatric populations
- Discuss differential diagnosis between Acute Traumatic Stress, PTSD, and Complex PTSD and other co-morbid disorders
- Understand trauma-informed assessment and Case Conceptualization
- Understand the rationale for an Integrative Treatment Model

[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

[ADVANCING HEALTH EQUITY IN MEDICAID: EMERGING VALUE-BASED PAYMENT INNOVATIONS](#), DIANA CRUMLEY, J.D., M.P.AFF. & TRICIA MCGINNIS, M.P.P., M.P.H., CENTER FOR HEALTH CARE STRATEGIES, MARCH 26, 2019

[RESOURCES FOR STATES TO ADDRESS HEALTH EQUITY AND DISPARITIES](#), NATIONAL ACADEMY FOR STATE HEALTH POLICY, VARIOUS DATES

[THE MARYLAND HEALTH ENTERPRISE ZONE INITIATIVE REDUCED HOSPITAL COST AND UTILIZATION IN UNDERSERVED COMMUNITIES](#), *SCIENCE IN BRIEF*, CENTER FOR DISEASE CONTROL AND PREVENTION, MAY 2019

[LOW-INCOME AND COMMUNITIES OF COLOR AT HIGHER RISK OF SERIOUS ILLNESS IF INFECTED WITH CORONAVIRUS](#), WYATT KOMA, ET. AL., KAISER FAMILY FOUNDATION, MAY 7

[HEALTH DISPARITIES ARE A SYMPTOM OF BROADER SOCIAL AND ECONOMIC INEQUITIES](#), SAMANTHA ARTIGA, KAISER FAMILY FOUNDATION, JUNE 1

[AVOIDABLE HOSPITALIZATIONS AND OBSERVATION STAYS: SHIFTS IN RACIAL DISPARITIES](#), JOSE F. FIGUEROA, ET AL., *HEALTH AFFAIRS*, JUNE 2020

[RACISM IN MY MEDICAL EDUCATION](#), MICHELLE KO, *HEALTH AFFAIRS*, JUNE 1

[PROVIDER CONTRIBUTIONS TO DISPARITIES IN MENTAL HEALTH CARE](#), KRITIZIA MERCED, M.S., ET AL. *PSYCHIATRIC SERVICES*, APRIL 28

[EIGHT WAYS TO REDUCE THE PANDEMIC'S OUTSIZE IMPACT ON PEOPLE OF COLOR](#), LEANA S. WEN, *WASHINGTON POST*, JUNE 19

[CONSULTATIVE APPROACHES TO LEVERAGING THE PSYCHIATRIC WORKFORCE FOR LARGER POPULATIONS IN NEED OF PSYCHIATRIC EXPERTISE](#), LORI RANEY, M.D., MARK WILLIAMS, M.D., PATTY GIBSON, M.D. & TOM SALTER, M.D., *PSYCHIATRIC SERVICES*, JUNE 10

[SOCIAL WORKER CREATES COVID-19 COLORING BOOK TO HELP KIDS COPE](#), BRIAN SPENCE, *STAFFING PLUS*, JUNE 22

[CoVID-19 CORONAVIRUS SURVIVOR SUPPORT GROUPS](#), SOFT ECHOES: CONVERSATIONS BETWEEN SURVIVORS, ONGOING

[PRELIMINARY MEDICARE COVID-19 DATA SNAPSHOT](#), CENTERS FOR MEDICARE AND MEDICAID SERVICES, JUNE 22