**Talking Points and Resources for Addressing**

**Substance Use Disorder 3.24.21**

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NOTE: All of the following information is in the public domain

DISCLAIMER: Nothing stated should be construed as an endorsement

**ADDITIONS, EDITS ARE WELCOME! email** [**glenn.field@dhhs.nc.gov**](mailto:glenn.field@dhhs.nc.gov)

**COVID-19 Resources**

**Interviews Reveal Vaccine Hesitancy among Individuals with Substance Use Disorder**

[**https://www.addictionpolicy.org/post/study-results-willingness-to-take-the-covid-19-vaccine-among-individuals-with-a-sud**](https://www.addictionpolicy.org/post/study-results-willingness-to-take-the-covid-19-vaccine-among-individuals-with-a-sud)

Addiction Policy Forum conducted interviews with a small sample of individuals with substance use disorders (SUD) and nearly half reported that they are hesitant to take a COVID-19 vaccine, despite research that indicates people with SUD face more severe outcomes from COVID-19 and a higher risk of contracting the SARS- CoV-2 virus. Interviews with 87 participants were conducted between September 14 and September 27, 2020.

Nearly a quarter of respondents reported that requiring multiple doses of a vaccine would have an effect on their decision to get vaccinated. Several responses referenced to injections as potential triggers for individuals in recovery from a SUD: “Yes it would affect my decision- I was an IV drug user and injection is a huge trigger for me.”

One participant shared: “I relapsed four times during the pandemic and prior to that, I was sober

for a year and a half. It's made it a lot more difficult to do the 12-step work because most of that

type of stuff is done face to face with a sponsor and with COVID like we're not meeting face to

face.” Another individual interviewed shared: “My bigger triggers are boredom and isolation, and

so working from home and having to quarantine and isolate myself, it was just like, you know, like

jumping into the lion's den.”

[**ATTC Network COVID-19 Resources for Addictions Treatment**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001DM3kxIhpHS1WMdsxb4WJcWuh9fe0tV8Vnt7Q_aGy21EHo3ygJTQfTZ15VA8MKRboXH935VC0l0jbRm2Btaj93Tu5gS8TB5nNargv80z4QQ9c1Z4_3F4plzKEkbqlzQX0ijDuWfQIB_vXxyj1lb_HIAaBgSfncgnF0bAagWA3YRYqxt2H93xcVYhgTNyaQ-tbesftkXI37KwgkEhLmrr2KrZ4HBtZgua21a0Euw3l1gAesxOGpy3KPeQaCUW5AXqEqTrB4WXw9DEy7sQfNamlHm-wNrRsGzAlpCDmmaAzdOCXB3T38CX30x6n9arg5Fpp0A4imaKI7I_L35pSQbBsNUeul3HuGXippX0_GP4MWcgQ_P3aLd7vbbv_J4q4DjqekAOV-BTcmDNZ19HlzCX1dQTb06iwfqI4-NT63yh-xErvDRq1CuTKRaKKCaNMDT4fzfwwicHWLBfrcOe5DlGLGYuPTFtuOJ17_u2ZNWxv9tg0sMM6O74ASs55R33ttnDrGQ40Jr4X_rtYE_aAamKEJoQ88DoAbECLlpehx6F8YYgliRZ1_vO8G5XntYYR21FnHS9oGlR9zxKjzdCM0YHTxRGQWJX4vJGQiqtjTtVS_XFmuGu6NWiLuzAOWLqKT_7bOalWm48OiBDXo-gXBpxfSXML4wUgaNBA0pug44Sf_3RTm5KCFNA0dvxkFth1k-zyNVaUFmOhQ0eUQ15z-CrsYw==&c=7fz8njEqtiZmkMXCaCWnYw_4XpkyBrMFTnJbJtC2O2wKc7VbaIRKSQ==&ch=BXFXyWHwTlhqGT72NWLnGLvhudEXebP9pC3DGDWysLpYdVaBaMjzHA==__;!!HYmSToo!J6Z9YBdS23osNtMT2OwC_qu3ucOyG86i6p4RoFtqtxxSxGWl05PzQcWP1ESvTrXvFTUWZg$). The Addiction Technology Transfer Center (ATTC) Network was established in 1993 by the Substance Abuse and Mental Health Services Administration. The online catalog of COVID-related resources includes regularly-updated guidance and trainings for professionals in the field.

**CEOs from 14 Top Mental Health Organizations Join Together to Engage Federal and State Officials in 50 States to Prioritize Response to Nation's Escalating Mental Health Crisis**

[**https://www.prnewswire.com/news-releases/ceos-from-14-top-mental-health-organizations-join together-to-engage-federal-and-state-officials-in-50-states-to-prioritize-response-to-nations-escalating-mental-health-crisis-301194372.html?mkt\_tok=eyJpIjoiTURrM1pqa3pORE01TURnMSIsInQiOiJ3QzZJOU04UE9EOFQxQ2lkMmorUVhXSkE1VXZ3clNMbW5hTVdTcGZBb0kyc2tmTlwvZFdKMFZhcUFzSEZlQ1VzWTdSXC9KNkhnVDNPeGZEWUFKUWhicURsQUhhTUtKZVFsMDFLTWhoTG5ySTR5cVg0bjFxc3pqSkpIbjJcLzBlbzNjdiJ9**](https://www.prnewswire.com/news-releases/ceos-from-14-top-mental-health-organizations-join%20together-to-engage-federal-and-state-officials-in-50-states-to-prioritize-response-to-nations-escalating-mental-health-crisis-301194372.html?mkt_tok=eyJpIjoiTURrM1pqa3pORE01TURnMSIsInQiOiJ3QzZJOU04UE9EOFQxQ2lkMmorUVhXSkE1VXZ3clNMbW5hTVdTcGZBb0kyc2tmTlwvZFdKMFZhcUFzSEZlQ1VzWTdSXC9KNkhnVDNPeGZEWUFKUWhicURsQUhhTUtKZVFsMDFLTWhoTG5ySTR5cVg0bjFxc3pqSkpIbjJcLzBlbzNjdiJ9)

The leadership coalition's plan – titled [**A Unified Vision for Transforming Mental Health and Substance Abuse Care**](https://c212.net/c/link/?t=0&l=en&o=3015466-1&h=1932145541&u=https%3A%2F%2Fwellbeingtrust.org%2Fnews%2Funifiedvision%2F&a=A+Unified+Vision+for+Transforming+Mental+Health+and+Substance+Abuse+Care)– calls for policy, programs and standards that prioritize mental health care and address the social and economic conditions – including racism and discrimination – that disproportionately impact people of color and the poor, and result in inadequate and inequitable access to effective, humane treatment.

The group's vision statement offers a detailed strategic plan to stem the current crisis and secure the future. The strategic plan offers tried-and-tested "pathways for success" across seven critical policy areas identified as:

1. Early identification and prevention, especially for families and young people;
2. Rapid deployment of emergency crisis response and suicide prevention;
3. Leveling inequities in access to care;
4. Establishing integrated health and mental health care to ensure "whole-person" well-being;
5. Achieving parity in payment by health plans for mental health and substance-use coverage;
6. Assuring evidence-based standards of treatments and care; and,
7. Engaging a diverse mental health care workforce, peer support and community-based programs.

**CDC has published a** [**toolkit**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001jiKiZ6t0lwJtsmEVklmQliitCoT2XCPzuFBc_76r9CwzTCikLxujlvDbhLXjVVOOBcJVdNqnrdoOoOfLSKdxfDS5R8U9EH7hvJKPGorjUCD7D8G9tSBowsMQVIZokEb3w80x-ELAZdL-OPvH3e-1lx_c8IigUV6rLX3VXAtAYy9GvI_gWdBgt8UqvOAP6NnlSgXAKiwSn8lfevNg5kblaNghBVwF1V04&c=djCmCemGGrkZNHt7IF2oUw9SI0P2YvQovEJLeXHgPaiGJnAQRAUvfg==&ch=P5KTbsf3IlASLcgqXeaYq04Sb7sFG5699f0Q62N2VayVGk_m7d4alg==__;!!HYmSToo!NzXJo_sNqUcaOBUhkIJs5EV0wjtJPc8bEU4iD5ulOa1DpJSCNeE1S5LoZqaUsiA0jQMJiA$) **that medical centers, clinics, and clinicians can use to build confidence about COVID-19 vaccination among your healthcare teams and other staff. Materials include slide decks, posters, fact sheets, FAQs, videos, and more.**

**NAMI Celebrates Wins for Mental Health In COVID Relief And FY 2021 Federal Budget** 12/22/2020

[**https://www.nami.org/About-NAMI/NAMI-News/2020/NAMI-Celebrates-Wins-for-Mental-Health-in-COVID-Relief-and-FY-2021-Federal-Budget**](https://www.nami.org/About-NAMI/NAMI-News/2020/NAMI-Celebrates-Wins-for-Mental-Health-in-COVID-Relief-and-FY-2021-Federal-Budget)

**Also see ASTHO Legislative Alert: Congress Approves Consolidated Appropriations Act**

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**CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**

**Updated Mar. 10, 2021**

[**https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)

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| |  | | --- | | UPDATED COVID-19 Vaccine Prioritization Framework   UPDATED reports since the last update include:   * [County Alert System](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgBPaCIOC0n7wGwhEwZZrU63Sz5Gy3opv3ztcLaQmsmyy7Wx-1TfGtZC2aAE0ZxwjErQ78y6TxOURaFG7k_T--75t2LiiTP0bA9VNJKf33Ei7sj3QYeKbYsESzpxC8orW3Ufv9-IezTxEROSvDsrc7ZRjoUed3DtswTHJPA5bSH8KuTRWnTglMiI=&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuSsxQSHKw$) * [Vaccinations Dashboard](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgJN2ZgGFcCG8SZMTrxgDdWLt1H_yrrB1d87TY9ORKOsvhAAQSAh_kCctGQGYLQO5CzwNFmdsiRkTU7ihY_wpzp8C697IVka1ZcW4NQXhSwQMom6s2t_NBy5sbBFDn0eylA==&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuQ_ML1vkg$) * [COVID-19 Clusters in North Carolina Report](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgHs8BMK1eA7kWrZw1wv0lTKoAJj8kUfiNsL8sitIULaNk7F_4q6eHYoz5ojartJmxPRcNqR8iC8dAQVivN9dAvfKeJ3eROKm0ZGSaZoSL9Qr7sB167d8gjJ6xEmGzJgdywpKWeUd-rjZ0EvN5_CH6RlT59GlLy4gagjDf1_MoJl8Y1a7SCMy9oY=&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuTwi_Q9PA$) * [Outbreaks and Clusters Reports](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgK48qCxrqNsSm311OFeGxQNiKit-bU3rJNxkKMYx3nE1VP05bztagMap6FD87rmnKNu9LOJC6EROMna5QUEI9YvDzUa9wqSJVUN7Aj3GnvrS9qQ406zhTCUG8fxHtfUUeywTqEh9__en&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuT8EGObIQ$) * [Patients Presumed to be Recovered Report](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgEPCETe2rQwBRTvxsZyhDf5UWhbhgqOw4kzdPfBCBpgBt2Q7Devg91_lPWlaRup02CiuURHr5mr3l_nGZtf96KAYE4vkh49ph_v0JUgB9QE2mH4l71ET_Qt9r5Rz8XmQTrX9khM09ZUeFmo2E70T2C0q2cnVtpPERFSIHw3hTcAsKv5bu48X4fsGAb_j11gMsjtB51q3J2us&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuRrRMGnUA$) * [Risk Factors for Severe Illness Report](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgFiU26PPQJv2UjUezKcWOK994NBdZ51jbvZqYZLmBH8sRUJzVt6cgTxB-BFRqtVsCyqRPYEmmakDPCPq_AHAIHJcsGgHzYhZC6RUip8vao6YpdLbHr5DFSR8aW-DKQgI9D_JMOFoWlhhYn0_IEdcZZoBTdffDLvxXI19tES5_dxIPipd6RNrof4OICCx_q935g==&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuRLho2njA$) * [CLI Surveillance Report](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgDdCe1u19FQAJCRgH6HSzHx6zQNA9RyyrcKO3V7VcXmA2MWb_3YioynQC5J_m8lifDoLCPLABtYdYcbRdJwBF829w9onyP6WoJjdxRK3QRigmi0wtMP1p0tvH23szng2VVejiFB6_dhF&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuTpbPtnaQ$)   NEW EVENTS ADDED to the [**community testing events page**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001ct6_HuF45UjuWOhrBr_4m7FSijRjPgzqMmLsSvjAhByenXN1Xb_WgOkKMgf8pJzXWjWD0kt0jSE_wghLaJdfaVIWMQiSzwxS2gjG4XJLTnJ2yZCsHUZUygdvHFhohFM4aSVyS_Iw2eyZvCPQBYWbpl3K41rdjoH-LEi0A58TN9lWx6KW6VBtA_rb2m3jqVFY3jrSscck8ECdXfZeAj5hCzgDhjjx9DgzOtUdzPb5wJi5DGnFff7lJw==&c=7K2scJR8Ik4Vi-Nlf-P2TGTktshriK7Wx6CdcF2IsHMuOPu6LaKR0Q==&ch=yjOPLHkbTNNVYpUXkgixQ4RWO6YG_hgv4uV_zMwPzEr0YVWekvwMDg==__;!!HYmSToo!J7pdNLlBoUXcQ_wHdYzoSgLak7WsLMCptjoRWF5n3itDXOSORVpnSAkmGNNoLuS-IM2sXg$)  In the coming days, we will be sending more information on how North Carolinians over age 75 will access vaccinations beginning in early January. For those who engage this population, please consider sharing our flyer ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAVlx0tWRJJxnQjAShh8JVaxE7kdgzZvJ02lEOzF5z9ZCse3aAicEBP2j8kWfaa7W_ECafgEYlbJb-XuXjs3cvpmX56DFgbDNWrG2BiTu_5HDCs74yzf-j0fMa2DQbYhGYn_LMquCIwJO3WtXUsFUP3QBZQSWXKiVQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gREhwaSw$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIKHj0Z68pdE2g1F9dz7WUvuIceCiZ743sA60JkNXQc_DjI70bmP4dLtu7DVi9J_4FRf6LqmyohARrPN9XvDaWWBTfghyHDmk3bX43cQMF3QTyQQnrxnVrxVgviTeKbmwg3dI9z5y8Zaggfj-1YXQ35GDoiNuxX46n&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iHhoaOsQ$)) as a first step.   More detailed information is available at [**yourspotyourshot.nc.gov**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIFQbw9XgPF4H7ccN7rD36yc6X7n9m6ulFzIslLS8iWReFENpKkJzh2_ZlmHqE-QObrTV3fK88CD-byYHHJtP3aFRdhehDN4YU&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39i54bXhfg$) and in the resources below:   * Infographic of Vaccine Phases ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIEqhGhZJ1Zk6r5L2qe6Ke1q91PG9smln_oimM9kSU3yY5-I2FLSWO8iRTNIIGNK_WLLaABmQmzAKt8z8J177YUm-3aAkNYcy2WLp0pA34C3lu0pkqy5YQO1FlYBWQWQeDbaLX9W5TqGRTelAspFOv3j-ZNi0C3t3a&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39h5ov3PAQ$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWISWQQUV4S9V_LK8-mL93W2cIfGeBfW3i-NX3slfV_HJDkvgEnMMw5M7hZ_knrpHeseSrKe67JonG-NLD4aCXxoI6A7TQQSWtwLTbrGrPGLzZg82WRrLkeFT4VvZ8QMQKMloiVcVgFbdux8C3uGd8Ajqmws1CZ-cHYOL3qBQDimFM=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gA6AicxQ$)) * Deeper Dive: Phase 1a ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIbZQMq2fT4dLvlpuGQ1oQ9GYeizXUt-MuFNREsj8LyaasbNgs26Nf7OZ_84Ulys8sjbKYnLhp4g0GN0UeOQQcqCWiiByVmPgf7REftGiQ7c3xsL5vQgKUo6yC_Otn74yMYbx57RVbJVEmr4TYqdJrCQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39js6Ma9Xg$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIVl6YsZqznrAKl8pzrTyu57zp8vEVayzy0MyGckOPHx5v4X0OlUaOR2bEl5jKNCr9_uOJF2GoYwqHmTdgbpRBShMbDiuFu13gaKcfXm7hMw7s0rlCraz7GUYusl_zQxBoORX1mYEgdrLd_tMbr9lDDLcVWWhmI3MO&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gWTawzfg$)) * Deeper Dive: Phase 1b ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIoBX45qCcI867FFo_kALgaYRguk3LAXZpeVNakNoDeSFhmRqLEzV9lySL5O2Rn3ZdXOx-2oU-eIIzVxwc3U1-kJ3wF6WWJb_cNDpFf2nBt-erv1q9NTvsyAvgmI08PaNEU_WVmcj991A19NyafpoQDg==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39jFVapjEg$) / Spanish Coming)     In addition, we encourage you to share vaccine resources below with your networks.   * Flyer on Vaccines ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAVlx0tWRJJxnQjAShh8JVaxE7kdgzZvJ02lEOzF5z9ZCse3aAicEBP2j8kWfaa7W_ECafgEYlbJb-XuXjs3cvpmX56DFgbDNWrG2BiTu_5HDCs74yzf-j0fMa2DQbYhGYn_LMquCIwJO3WtXUsFUP3QBZQSWXKiVQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gREhwaSw$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIKHj0Z68pdE2g1F9dz7WUvuIceCiZ743sA60JkNXQc_DjI70bmP4dLtu7DVi9J_4FRf6LqmyohARrPN9XvDaWWBTfghyHDmk3bX43cQMF3QTyQQnrxnVrxVgviTeKbmwg3dI9z5y8Zaggfj-1YXQ35GDoiNuxX46n&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iHhoaOsQ$)) * Presentation COVID-Vaccination 101  ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMLcX13G8eez8GyF7Rpvf5evbft-zOspr9r77SBNpWV0zoVsczAPO9CPlSE_vFzDwbn5R2ITLgb6as_0eXa2NwkAWam5HTrn6O0aPRbohtvyT-B_4IaUJWjomT2a6qpdkhBjvOJYXrkJ3NF47GbV4TUh9ium3svW5PQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iMLf7nnA$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIpVuIPX7_-d-kF_MA_-2QV5hH_7PmXJp9Hhnc_LWTnw4gShzOD8JrxISDu8IH4LC1Z3FRoAqQ9IvIic4mhU5EjLaHN1Qd6cLJPjahTkiCtgYWTgDmBnnXRSlupkFsR4Pd-kZn-NZwAcsN-XbKjfs_J8Ks3RDCcxkOJuoC4Fs2oEA=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39j8t6j4ow$)) * Frequently Asked Questions ([**English**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMPAyC1DdLJcTzWkNKsabBTqmU_9EgJMWLG3xdO1yt-bqXreThHWNN3LEF2XFWIjiIvllbADwNdGCtsUSJZQ6CbmYKsqsNKFJPankniV2ig59zEqnX1mecxwxGo8GJxVVaA1sbLhRnzCsz72CsM0gqkU=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gd-QMUHw$) / [**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIJhN3ceEWklWP4f-MxXENSLXcm5OJQj3F7co8VmznB9xjpVi15BK_OdJmVRBACVCaSm6VqepEIYWQoz4M7Lno1AaUmR1VJSHkO0u8ckWoU0DuS8JJ8dJGB7b4zhKJCfXD&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39jmO5JGiA$))   Videos on Vaccine Rollout   * NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan ([**45-second**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWICud_a1sCMIs8p-CybuVFRshEImtlBjCNnAl1oJQjRxGJwej0pCKFAr_rKfwnpHMe8eDcG0SRAtSXQZj8vKAOPaxgfE8Wx4w8ga43is6ww6NYENUJASnVZ_-RJODawVnIBMqC-00MPzU1W4DgXqunHL1QhZaZK0T0Nj3D2FK8zOHw9R-iw5NHem6RALc9hOqIsuM-crhZ-Iwhpjfdo3VsQ7ZNfc3g__1fo_IDbA4cgyhbBDemo8zX2iAl41icLnxLeVgiKrG15m_MDSGVuESm7E1Nw_rt-Q-6&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39j3WHZMvA$), [**30-second**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIEJK2xesr-F5GGIghSoTAW50XXUYFGvxhkxgoKGwyW2Oz2ZgDpPNiUHxLS0LeEKv9nFq1CEcvxm6QdiibCMZmdw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hcPYr9mg$)) * NCDHHS Deputy Secretary Ben Money shares information on the COVID-19 vaccine rollout plan ([**link**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWITM9Dl24CONKaP5UxwsPVPjU-0dDmhiHKrWJ7Gr3JkFOdAkc9QRzIKc5JiBtk98GyZ29sSFzRlU_iBUX8FHo6pQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39ivis2w4g$))   **In addition, we are regularly updating the web page. Continue to check the Vaccines page on the website for more information and resources as they are available:**[**yourspotyourshot.nc.gov**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIFQbw9XgPF4H7ccN7rD36yc6X7n9m6ulFzIslLS8iWReFENpKkJzh2_ZlmHqE-QObrTV3fK88CD-byYHHJtP3aFRdhehDN4YU&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39i54bXhfg$). The page is also available in Spanish: [**covid19.ncdhhs.gov/vacuna**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWILt40VeCSJJRE-rY-1h5LBOOUU80GnGIXum5_C4Ch7OsP8Dz_2EOJlDxqfj7owxZnGXX2bf5ywSSHcD6wtCMHj2fa7IGSeZ0s&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iUQzn5fw$).    **PRESS RELEASES** since the last update include:   * [**NCDHHS to Expand Reach Out and Read to All North Carolina Counties Through New Medicaid Initiative**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWI-9MZJZI_njVtUwMSJ-Y8QK1lKoH9k-abvTicQvoM1-tDghOQ2XXJ0yF4aVD1IYbSQxbK_H-a9h6oDlU_xb2azNJ3dygJVewPKdfGWuFro207mLlPAGyCHmhaAyRr-F-uKoVbNmRh5FqWU7tyaE-_NMoNbc6rqP_RNxQzqDo-pjaiJ2XPXtGMzVBBo9Vp8BPAGLOU47xB91k7q6xvswqOBw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hWbysrqQ$) * [**NC DHHS and Local Health Departments Expanding Contact Methods to Reach People with COVID-19**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIyv0z8NUW5F4AN5Hm50pTcithACS6z7jkCOz_VMWW20W9ZOWQH_X_MlRR0F9DKoVhjfsppJV1YhueNx-neoQAbnxgSqHaC2wGwkz7ehZ8VnFPz85A9MM8at7o6wJY3ViBXlUZTeZkBLm9WU17NXdMPI421cv-1XNaELNN9DJixOfq2oIHU7BFDBIDwWrG3RmIXXBTzOVmVZWt3vgaO8WcW_xlqln7D5gD&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hfpr61mw$) * (Governor’s Office) [**Governor Cooper Grants Santa an Exemption from Modified Stay at Home Order**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIZLI80kotLujK0K7Pd54EhbiZyLE78nkWgnCP5J-JtOdVrC6m5SH3NM17lGlND8OdGZBY5X2bc7twm7sri3wxOFF4bM5u__Htp18ZhLaOCPuYE2TLEsQ61RmNK66ImKflNyE8-S1_KIesKSkRzVvl4yES6ISS0mEY-Bg6axis4wM=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gURck6aw$) * [**NCDHHS Adds Vaccination Data to COVID-19 Data Dashboard**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIfymn5Yw4xEaMjlvlUtVUlBmwcMDvV0RJLu_c8wvXK-J8THt3jCXm_VHpMMlfwYyhmuQ2kUhMprZQg2G_SZPiQFCospEECFWf&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gzH9QPwA$) * [**Governor Cooper Gives COVID-19 County Alert Update, Calls on North Carolinians to Stay Vigilant this Holiday Season**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWI12LS1snpWmSm4wJLkhGkhPAFxFzH7TQ4WvlOlGqYRFJGODS3AFgGhMA9UKsVO4QlT5yoQrIawehzCtF7jPdVp5JxJdUPFK4h6yAlslknrR-M64zAoW3RdQUip0zbrd_uWxKIc2LxwX2S1Q2rphXNNEwOVLAm5mol8gXu0MkNBR3ghdxDGPXM84YHEd3WwH7GLnAWb10WJadHdMLwmKIb8A==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39imj1tJAQ$) * [**North Carolinians Can Apply Online for Help with Energy Costs Beginning Monday**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWI5yfpfrNfNQr51xmsa-T7Rw3BHlo_pkPSCILNmwnM8Zy2W7qM1YKIv6CkCWzOXKvO2bRa4oqqg-YIPR4qSwopuECKauLbjTkAegi5MJkgDGclKL8ZoNl7b8fPPPav5XzsaSTVeYL2SSXbaz9LIKoajZFlHzv8XgQW5ZU33-zxiQx9cXU4MBRvG3gAx9uxz4lC_JYaMK73OlQ=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hfhQFGHA$) * [**NCDHHS Announces New Partnership with NCCU to Enhance COVID-19 Outreach Efforts Among Underserved Communities**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIivOt_B_wrKV7FPnZWXcfltdwOSEl-_t1TmshZrVqZBYJ9tl1boPigRtULXkaIuvWxE9psqnoHBq32Hg6fujOZcYLHnp8ecO8MAtMdOkx-qm3xFCyN6Mh2Sl6AGtgpvWNNeB1wZ_bXnRjTY-_131d2wFD2kWNFeLIwH8Z_I3SFvraPNWuwRLNHZP7eG6FgwwkBUuDcOAUMJUCWSeDAl30Sw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gB5SDuZg$) * [**NCDHHS Selects 17 School Districts, 11 Charter Schools Across the State to Participate in COVID-19 Testing Pilot Program**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWINtBumythH3YuT-SN9xexhJMFC0N_GGGs4b856ORxkNWmpAqnp9Dy7h_rjJnawPTnn6ouKxCOr9UsnFLN-Dp7_a_jzEe3bixaGf5QwrC6aZKxu4ydAEmDc3Th04oN75-ROXHdkqd4NGdZguU_FidHEH82DOZw2kiN47kYoKXCwfUVYYOJXI586tdtZhGAQwyo6irTI_d55AQEJUJ8NJSLlQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gQgKe1bA$) * [**NCDHHS Reports Highest One-Day Increase of COVID-19 Positive Tests; More than 8,000 Cases Reported**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWI1k4rHNJn2kB5jxQ22C_MfL9oP-wZyEA6FolNZ-W42DpfwHedfVwcAzdlcWZohtk-XRQlm8mDPl3yTUK-yamHLGA1gC800-av5J6pOjuOddecUzBpTc6SIhPTLbND-u5g7z6cnDCwyLbp4hN325fpVgsPo9IIt69aLRM9dSOh1F4KPu7_ULBXziuwcLeanWbduFR9_kxQkm7EVE5q7VZUWw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hZXlRDKw$) * [**Executive Order Allows for To-Go or Delivery Sales for Mixed Beverages**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWILk-aB_AXbApHwM6a8vqtedXa8FV7-5ra0e9WYkClUdOArGbhV8ZNpE-kN7OIBzxcKcGJ189jl077AGgJ2pGIi0AmXx2hDVpi30GU8gy8v1VkVzVuoB3CMy2t-AHIq16GvHbuCpqxFEqP8NSgYwj43vlHw_Q4fSXiqLqDVzJThY4=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39g1oqvBnw$)   **NEW** resources since the last update include:   * *Updated* [**SlowCOVIDNC toolkit materials**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMOyo2fbc2_3uG93875QmbRMA4SdDJjmLaYGqIxT65NumoTWb7a3MA2GDWKP0Ba1HYvcK2Z0wcla55ecIzznwRZQvNPo8LsON_3EihXrZ69cSCdcCEG_3rR9oSdkPTSEDaxVzPWyMuYUFzAd3dhkX5LA=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hT6yq8cQ$) * **NEW** Signage - NCDHHS Face Covering Required/Fine ([**8.5" x 11"**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIKgQv2LbqaJt0_uC2WjuazgtjgagPkqZ6arzYCcxAWDpgogfUCjLtwld-7X4ZCnE5Ree6VYG9yDJzyYyPbNvuNGmX1i5C0-g9RC16ylbfaGUdSnT8DWVTtzvwYVAZMlxJJahNu5PLeB0yQtUfslROJTWMyM0pcBsCaTNxjo-WQk0=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iHu3L9fA$) and [**11" x 17"**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIU9HvgQTEhW9QLXclzRC_wwFz8HwWGzTzeGYSR66vnInqkbxFUU1yvfSGFP_ahWzrkFxrLz5n7BtVmLr8Agbh5guoGYLjEwN15L_Ui6Abs-71492xRQwjPthhALmR2Ixx9lWFI4aJnm45mjYLt-qaJDLN1NxdF_kxug4dbMQqeKE=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39g65Tb7hg$)) * *Updated* [**Vaccines 101 Presentation**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMLcX13G8eez8GyF7Rpvf5evbft-zOspr9r77SBNpWV0zoVsczAPO9CPlSE_vFzDwbn5R2ITLgb6as_0eXa2NwkAWam5HTrn6O0aPRbohtvyT-B_4IaUJWjomT2a6qpdkhBjvOJYXrkJ3NF47GbV4TUh9ium3svW5PQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iMLf7nnA$) ([**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIpVuIPX7_-d-kF_MA_-2QV5hH_7PmXJp9Hhnc_LWTnw4gShzOD8JrxISDu8IH4LC1Z3FRoAqQ9IvIic4mhU5EjLaHN1Qd6cLJPjahTkiCtgYWTgDmBnnXRSlupkFsR4Pd-kZn-NZwAcsN-XbKjfs_J8Ks3RDCcxkOJuoC4Fs2oEA=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39j8t6j4ow$)) * *Updated* [**Vaccines Flyer**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAVlx0tWRJJxnQjAShh8JVaxE7kdgzZvJ02lEOzF5z9ZCse3aAicEBP2j8kWfaa7W_ECafgEYlbJb-XuXjs3cvpmX56DFgbDNWrG2BiTu_5HDCs74yzf-j0fMa2DQbYhGYn_LMquCIwJO3WtXUsFUP3QBZQSWXKiVQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gREhwaSw$) ([**Spanish**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIKHj0Z68pdE2g1F9dz7WUvuIceCiZ743sA60JkNXQc_DjI70bmP4dLtu7DVi9J_4FRf6LqmyohARrPN9XvDaWWBTfghyHDmk3bX43cQMF3QTyQQnrxnVrxVgviTeKbmwg3dI9z5y8Zaggfj-1YXQ35GDoiNuxX46n&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iHhoaOsQ$)) * **NEW** [**Vaccines social media graphics**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMIM6ENWc7E0pVTnMvUICXBctLgB7XpGLwpppd4JtZgqS4JA2l_TkI4FrMLs0GL13a8RYlb06Auj3jMetfpRIVZcI-GFrCcm8CVd4iye6OtUKooRqnPmBqqQdway5IFfXLKg33L3jY8Tp0pf96Tff-UJvXJ3negFUIQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hKhGgjVQ$)   **UPDATED** guidance since the last update include:   * [**Vaccines**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWICaHu_tuiNTsNN9bM7ef3R0xXUBlKN_fvXpwZwtVQRdZdq7GC_A9OcCFtnzXVix1kl1dZDIsTNuAjIVfQFNObWfhmhwghRAvy&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hmyjQKOw$) Guidance updates: * NEW [**Fact Sheet – Deep Dive Phase 1A**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIbZQMq2fT4dLvlpuGQ1oQ9GYeizXUt-MuFNREsj8LyaasbNgs26Nf7OZ_84Ulys8sjbKYnLhp4g0GN0UeOQQcqCWiiByVmPgf7REftGiQ7c3xsL5vQgKUo6yC_Otn74yMYbx57RVbJVEmr4TYqdJrCQ==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39js6Ma9Xg$) * Updated FAQs – [**webpage**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAVlx0tWRJJxdshuQkMx4DPBRm9tCL1PncGP8Qcu1GZ40dyw7_oxV6E5wgolMUfpi1mvkrchC2TA0daSTbwVQEVvt7xDrwRYl8NVPnLkT-wNKqyn5g7Oe6KOf-ulmYYxoIHPmbMlRSIyaWOblFEMqmY=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gMRdvBYQ$) and [**PDF**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMPAyC1DdLJcTzWkNKsabBTqmU_9EgJMWLG3xdO1yt-bqXreThHWNN3LEF2XFWIjiIvllbADwNdGCtsUSJZQ6CbmYKsqsNKFJPankniV2ig59zEqnX1mecxwxGo8GJxVVaA1sbLhRnzCsz72CsM0gqkU=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gd-QMUHw$) * [**Spanish FAQs for Vaccines**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIqdjD6XSn18Lvn0mIFOwmpegaanCt_2Sa7zH1P0MY634nbQTVTq-mhQsoQtWkAR8VyXPf70Ifg4aV9f2ez_au_fx-W0IHwjDIOq0KQuDdHAIFtZe1asIB8BDMc1XlhvgMmwVFC79bnVxItSB1nCl74f0OEL1lao_AwXeKDDV1IbU=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39jBODX1Rw$) * *Updated* [**Guidance Visitation for Larger Residential Settings**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMMfgakhV0HSyADeN4q57ZGmJMBbGRQoB1boTumN6UJXkEC-jqasZ_rOp4wLR4fOOxjF_x0m2GyoGtlnN0H2W73Y8A_-GPmknMCcsz2aMZcT1Zwm_icf_d2h0haqO_6QunOwV2WNDZiLqI29oBv_MJX-vkdssYr8i7lmIc3b_j0JhztFhrEfoXEB9dUpAMQqqxjwHcRnuvKQyUTE2-MF24fM=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hGLSX0xA$) * *Updated* Face Covering [**guidance**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMOw2gS0XDYFOpNhf0HDBFgOfyjGa6f6p2UjJzuEcgQJUcoXUDZ71yyr1TsekHcbk0s-tIGAP3R58K808zlMmIKBwlNzQnpKM8BW5oF3JSM3RjnY2LGHx-0KkjJnHjF5TmsX2GOMDnUMbzmMM1C4vQvbB0Pwe25cz2LX9fjB2utWjK9mfPobJ45rxIX_QuKRuBw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iDzmOe-Q$) and [**FAQs**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMOw2gS0XDYFOxhh1wBP2ylRtBexer_xSy6mjGv2JDF4k0FpRaNTPbbJBKehg3SgJRPNGtqOrUwfuG8CgLYzZN3qVMoJ5w9ht-emlLyBo5qMItG8ZzPlbOxiNKdJI7KUVuQOaJanrySWMdHk0B1K6dzvgFxRCWp8I_pTHZ_6wWzQGdxR_kdSm4_wGqHt0Gjkw0Y4cR2xpJsm8&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gxNHwbqQ$) for face coverings (Spanish [**Guidance**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMOw2gS0XDYFO6vifVVBfux7UdT1e_lLXt7ohT6JPIXdMXUgmKC_dYVd9YK7Y-M2N-HDkieWcscpeD9mWJwcP0UyKyAqLKO55FNsuprxz_dbF9NLr6hY6fJNkFm6VLfhA-T95DquxmlNEAgAcYy1HqYQNjDnsPcroSQi-DDorUke0zaDS0xtQBHMbP0L3jWneCA==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gYjQFrZg$) and [**FAQs**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMD7LyFPU_JO04SdFwh9JhcAF9jhFlhFL7j-gcip6bv4dqa5joh76xibSmTiL1GyGLOjAMbQGPnv1LgL-IIX-WUxh-iRTUJqH_cd3jm5JoDOCn1__0szqFGWz6hHjIitwx0T9IcsERjaKXIauw4_Spwrka1iQxjd3_Ev3bjxRAU3FERKQQraNR14x6dJunCVX8g==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39j7ExhKgw$))     **UPDATED** reports since the last update include:   * [**COVID-19 Clusters in North Carolina Report**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAzXX-xu5HQdTypwHmQ718kMy41jmZRwtIkSIxJ0yJ4cS2l1r3BhlOE9t98m1bC-3xuU5fIlK1c8VvND8ZrQSaLVDan9vfH-cFh9I_QsbUx-2dLXsRQLjZ7zd8ywc6QAaWq_OSYbvf4l0o-5N5Eq2brUe1EFbXnXNTqpypR0y9kNqZi11UT73FM=&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iEoeKADg$) * [**Outbreaks and Clusters Reports**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCXYS8e9vDzwnWoh1IQ_HkJEnE5Ugie_pEYy9vEt8kn8aPT9rAC4fLdMh-AW4BxQVGFjAY7pTTvKOcWOVzZDAHXV8WQ9HO65AqGHfvrDhMhnd2weo6m-jtUbd4DkEAnaGlwjw-NRBhDn&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gWiPoV7g$) * [**Patients Presumed to be Recovered Report**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMOw2gS0XDYFOzHG8tnHaWo5pLX4Cyr5C7CWYhr3RylIl64buh88R4trE1SXVbpkc0zHgMTXhhRxqB6OM7cksuY3jfWPwSKUBI1BftcXN7gNkTKoKF-x4MJYiitteQWtW2FueEjRKZ4ZKr6ZAxB74ZjsPskfZgveGXMuPcYrDxBCDDjRuLK-2oNKphluoBxdTPQO7vEtvNl3h&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gOzCy3QQ$) * [**Risk Factors for Severe Illness Report**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMAdvkdyzJWoRvuLKLNMhDUq4SqW9XE_mwRwtY9OUuMKsNkqKkn8jK5fye6Ap_t1U2Y0mu6c0f4304JA0CZxNQePnrBARvn6tl7NykuygAbSqY3746QfC6Nc0kzcRbdeZYBkYTIbmV7ZfZb9KOiT75V9eHnFuhZ2qgq4yv88DnEwda-TVdCzzFaIY7Q0n-AsnLA==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gAyRi-Rw$) * [**CLI Surveillance Report**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMLFz9ejKseNJMwcwuq_q2Z1NpGHOnyPON-vCfW4aJXY6sPBTLayR8XgCRTdOQ15iBJjqPFOwcLlDHx58uYscKXGk2-hw5T17J2XZVoQsatd5E67KZNO4uM7cbullPXMxTkIwon8_vrmQ&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39gf-3SbLA$) * [**Vaccinations Dashboard**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMCoJ93kKJRWIYKpHzMM7_TnfFVw0OKJiB8J-b1EoXMcil73kDWAsDrQ07e0vq23qrBuxQjUTNX-45dkudg48pb7m7xEQNgrB8XIFdPjpP7ZepE3HLCUghsoE392esRcCWw==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39iXftwy0A$)   **NEW EVENTS ADDED** to the [**community testing events page**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMNYKoTJ_8c71XX1YCckWYQ9K1GgSLTZ1PRJ8xkWJ2gLKh625nYgCIzuA536H7DiucjoOnY-HIfRbLd7Jh3J3TPIn2_J6shsRCvrzjQHbhb1CRdRgw_CRUMNWv8UgBfjaO3tUavm573CfC3xJhtkqgkxgP5HSURVmj6S324TXa75uq0WEKolQeDcPmzGJmfPtJA==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39guw2K8aw$)  **UPDATED** Contact Tracing [**numbers**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001vGAgx-NU4j0bpGqeIV8MGsnV552yjbzSZw3IqtNGDGpL9ZJOhDPEMNd1cFlI_gmwzL-0IadsO9tGfHyyK9YW7s3cUWsPMxiuA5zlRbcfZpVns3JsYmX0nOF_iDbiWtnpCLhm9O2UK8u0EM5w53tPex7oWTUPqCcjcc8qx7APT5Zzu1HvIQMmrg==&c=2C6u2epzn9bPkSlYwyXOH75SeA1CjPsHwwk2RaprrpnNVAdOhsgqQw==&ch=gJAk896BIECiZW97F0l7AAWnewBvSl5M0zfU2bnozT2cKn9euQusPA==__;!!HYmSToo!POrLSZuNB0MvfuDCKWBHx2eOfuZJDXMsmCbXmqL1qe_nmrwPCmOfWWGSY99A39hRSkjgbw$) | |

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| |  | | --- | | **NC Medicaid Will Cover COVID-19 Testing Costs for the Uninsured** | |

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**SSPs, Winter Weather, and COVID-19: Recommendations for Harm Reduction, Service Provision, and Health November 2020, National Alliance of State & Territorial AIDS Directors (NASTAD)**

<https://files.constantcontact.com/023aa8ab001/24045b0f-3a32-4ae2-9ab2-b5bfda0a9901.pdf>

**Updated SAMHSA** Training and Technical Assistance Related to COVID-19

<https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf>

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| **Prevention and Harm Reduction**  “In San Francisco, it seems like we’ve moved away from trying to urge people into treatment and instead are just trying to keep people alive,” he said. “And that’s not really working out that great.”   * Tom Wolf, formerly addicted person and advocate for treatment.   **nctta.activehosted.com@s2.csa1.acemsc5.com; on behalf of; NC TTA** [**nctta@ncpreventiontta.org**](mailto:nctta@ncpreventiontta.org)  All block grant providers who teach prevention education are required to attend this training at least once. Training Description North Carolina Foundations of Youth Prevention Education prepares direct service providers to implement evidence-based and/or standards-based Youth Prevention Education (YPE) programs. North Carolina Foundations of Youth Prevention Education provides a basic understanding of the components and best practices related to implementing any YPE program. This training will increase participants’ knowledge and skills related to planning, managing, facilitating, evaluating, and monitoring a Youth Prevention Education program.  The training will be interactive with breakout rooms and group discussions.  Learning Objectives   * At the end of this course, direct service providers will be able to: explain the role of prevention professionals when facilitating school or community-based programs * Describe strategies for administering a collaborative YPE Program * Identify specific strategies to develop strong agreements with schools for implementation of a multi-year program * Describe strategies for working with youth using the principles of adolescent development * Describe ways to create effective classroom environments * Recognize facilitation techniques to engage students and manage participation * Recognize the components of implementation criteria * Relate how to implement a YPE program with fidelity and identify appropriate adaptations * Identify components of process and outcome evaluation to assess program effectiveness, and * Understand how to remain in compliance, manage, and report on YPE programming.   Audience This training is designed for Substance Abuse Block Grant Prevention Staff and other community-based youth advocates who wish to learn more about implementing Youth Prevention Education in their community. Skill Level The event is intended to serve the professional needs of novice to moderately experienced professionals or anyone interested in improving classroom-based prevention activities. Presenter Stacey L. Stottler, State Opioid Response Prevention Manager, APNC  An application for continuing education credit has been submitted to the NCSAPPB. To register, click on the "Register Here" button above. Funding in whole or in part for this event was provided by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services with funding from Substance Abuse and Mental Health Services Administration.   |  | | --- | | **SAMHSA Virtual Learning Community on Early Diversion**  SAMHSA GAINS Center announced an upcoming [Virtual Learning Community](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/NzczLU1KRi0zNzkAAAF74L_5z9ilCF8f24rO4kDZedNp5VvT0VL8lPUJQ-TnNA4JFjx1teOk1Rf_SddR6-mkmihv4Hc=__;!!HYmSToo!Kmu_F0HzHkcdbc6pRrDn6r5-_hW5nirObEp3Yzxphbd4YZgsz9DMDThCyaX0OuuQ4LDv_w$) featuring webinars and discussion groups on early diversion. The five-part series will discuss enhancing systems responses for people with mental health and substance use disorders (SUDs) who are justice-involved or at risk for justice involvement. The first session, on **March 25**, will cover specific strategies, services and practices communities have developed to address the needs of individuals who have difficulty engaging in services. | |  |   **Are Public Health Ads Worth the Price? Not if They’re All About Fear**  https://khn.org/news/article/are-public-health-ads-worth-the-price-not-if-theyre-all-about-fear/?utm\_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm\_medium=email&\_hsmi=107191166&\_hsenc=p2ANqtz--rgmngt2pNEJ-zdNBHM1W9CYNAeoiwspZoFMndiWlodV26EgLayeDQ2ePeVyrFiIk7ws6s55oxwlbVtIMHYhCCNfuE4Q&utm\_content=107191166&utm\_source=hs\_email  “You have to give them a solution, especially in a health context, like with opioids, because similar to with cigarette smoking, if you increase fear and don’t give a solution, they are just going to abuse more because that’s their coping mechanism,” said [Punam Anand Keller](http://faculty.tuck.dartmouth.edu/punam-keller/), a Dartmouth College professor who studies health marketing.  **Community Assessment Tool: Drug Overdose Deaths**  **in the United States**  This tool allows researchers, policymakers, journalists, and the general public to create county level maps illustrating the relationship between community and population demographics and fatal drug overdoses—including opioids—in the United States. Insights derived from this tool can be used to target resources and interventions and inform media coverage related to overdose deaths in the U.S. Access the tool by clicking here  [**https://opioidmisusetool.norc.org/**](https://opioidmisusetool.norc.org/)  **Conducting Affordable Care Act, Community Health Needs Assessments (CHNA) Targeted at the Opioid Overdose Epidemic**  <https://www.rcorp-ta.org/sites/default/files/2020-12/Opioid-Focused-CHNA-K-Cevasco_0.pdf>  This paper provides a strategic approach to support opioid response community planning as a targeted area through the Affordable Care Act Community Health Needs Assessment (CHNA) process. According to the Internal Revenue Service, to assess the health needs of its community, a hospital facility must identify the significant health needs of the community. This document helps justify opioid and related substance use disorder as a priority for the local community CHNA. The document also provides tools to help prioritize relevant health needs, as well as identify resources available to address them.  **RCORP Implementation II Learning Modules**  [**https://www.rcorp-ta.org/resources/rcorp-implementation-ii-learning-modules**](https://www.rcorp-ta.org/resources/rcorp-implementation-ii-learning-modules)  This packet presents Implementation II grantees with tools and strategies to support implementation activities that expand the options for SUD/OUD services across the care spectrum, thereby helping rural residents in your community to prevent SUD/OUD, access treatment, and move toward recovery. Please see below for a list of the various modules:   * Module 1: Introduction * Module 2: Sustainability * Module 3: Evidence-based Practices and Medications for Opioid Use Disorder (MOUD) * Module 4: Prevention * Module 5: Treatment * Module 6: Recovery and Additional Activities * Module 7: Technical Assistance Portal * Module 8: COVID-19   **The Unsuspected Dangers of Passive Alcoholism**  **https://www.gentside.co.uk/health/the-unsuspected-dangers-of-passive-alcoholism\_art3780.html**  According to a study published in the scientific Journal of Studies on Alcohol and Drugs, **one in five adults** (about 53 million people) in the United States are affected by [**passive alcoholism**](https://www.gentside.co.uk/study/these-alcoholic-drinks-are-scientifically-proven-to-ruin-your-mood_art401.html), making it a ‘public health concern’ according to researchers. Katherine Karriker-Jaffe, the author of the study and senior scientist at the Alcohol Research Group at the Public Health Institute in Emeryville (United States), told CNN:  the responses of 8,750 adults during a survey conducted in 2015 by the National Alcohol Survey (an alcohol research group) and the National Alcohol's Harm to Others Survey (a collaborative alcohol research group). Participants answered questions, including questions about problems related to people around them who had been drinking over a one-year period. The problems could be related to a **car accident, physical violence, marital problems, damage to the house or financial problems**. ***For women, the most common disorders are harassment, family and marital problems and financial problems due to someone else's alcohol use. Then come car accidents—it can mean being with an alcoholic driver in the car or getting hit by a car driven by a***[***drunk person***](https://www.gentside.co.uk/crime/terrifying-moment-a-drunk-driver-collides-with-police-after-hurling-along-the-wrong-side-of-the-motorway_art2493.html)***.***  For men, the results are slightly different: after harassment, the second most common problem is related to**drinking and driving**, followed by damage to private property and, finally, vandalism related to another person under the influence.  *"Excessive alcohol use is responsible for*[*more than 95,000 deaths in the United States each year*](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdmpa9uy-k8cgoWJnoTCTj9EYx0h1Tiri-O2Idn0iHmlf7MdejNC3DIq0anCaW56APXnYpM3mV2yF8pu843SOzhhmACKjTIeFY4_jq8P39Om9faWNK1x-4zzER4HSbvJI0_&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1gxzd6FIQ$)*, or 261 deaths per day. These deaths shorten the lives of those who die by an average of almost 29 years, for a total of 2.8 million years of potential life lost. It is a leading cause of preventable death in the United States, and*[*cost*](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdm9-N2XMxWScLMa7sVDgO-V-QdeEVbbQV9BrpwkcJ5cmhbe-pUCN_UVb78mJ74Qki09uz_nPIL_x8VqkoIz3ZnwpCqjuG5vVf4cH-ClzwZaa0v7Nv32ZGcHK21bktJowZIdYjevTemylk=&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1hGpPSNuQ$)*the nation $249 billion in 2010.*  *More than half of alcohol-attributable deaths are due to health effects from drinking too much over time, such as various types of cancer, liver disease, and heart disease. However, short-term health effects from consuming a large amount of alcohol in a short period of time accounted for most of the years of potential life lost, such as deaths due to poisonings that involved another substance in addition to alcohol (e.g., drug overdoses), suicide, and motor vehicle crashes.""*  [https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdmPP53TvDIgCqlz4F0lLhZM35HIRyjsTS_4J4ctPOxM0GDaObnz__rmF8ddqHFf4RfcPntlh78qktV-l49FqsXR7cujdkAmp7-D2lOLDO-IJaqKN2MoDIyLAAcRjIpvTN--O44COQYTQ8=&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1jjXSXFpw$)  *"ARDI is an online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 58 acute and chronic causes using alcohol-attributable fractions, and are reported by age and sex for 2011-2015."*  [https://nccd.cdc.gov/DPH\_ARDI/default/default.aspx](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdmUEIfABJm6pZTxRGfGKz7UROzAC-jkIIANrDRssxK3loQdllbcJVyHhxgKbhhydd7T9uhHeQUJDpM8vdEX2QT2twoYMKqYZv7uFKD-bW1eLZESHbLUHC6zA==&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1gTyK9zIQ$)  **Re-envisioning How the Criminal Justice System Responds to the Opioid Crisis** **Including Opioid Court: A new way to link people rapidly with treatment after arrest** People interacting with the justice system — those arrested, awaiting trial in jail or prison, or on probation or parole — face stark challenges in the opioid crisis. Not only are they at significant risk of having opioid use disorder or overdosing, but they also are among the people least likely to receive medication and other health services to treat their addiction and support their recovery.  To find better ways to connect justice-involved people with lifesaving treatment for opioid use disorder, the [Helping to End Addiction Long-termSM Initiative](https://heal.nih.gov/), or NIH HEAL InitiativeSM, funded a new national research network: the [Justice Community Opioid Innovation Network (JCOIN)](https://heal.nih.gov/research/research-to-practice/jcoin). Read about it here:  <https://heal.nih.gov/news/stories/about-JCOIN> |

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| |  |  | | --- | --- | | |  | | --- | | **Updated Prevention Provider Audit Materials (FY 2020-2021) Are Available!**  Revised Audit Materials now are posted on the NCTTA Helpdesk.  Providers will find an updated Audit Guide and updated Audit Tool. | | |
| |  |  | | --- | --- | | |  | | --- | | [Access Materials](https://urldefense.com/v3/__https:/nctta.acemlna.com/lt.php?s=37369ece697b23e9e2bbb0aa41f4355c&i=323A382A2A1455__;!!HYmSToo!NacvlxEl9PXYCdzcJnK9XQhPgmWo22sIid0EoiCNGJ9_sOj5mbL8fwzsVh07xROYXVHFsA$)  Access Materials | | |

[**Promoting Access to Care for Women of Reproductive Age with Mental Health and Substance Use Disorders in Rural Communities**](https://urldefense.com/v3/__https:/www.ruralhealthinfo.org/updates/forward?utm_source=racupdate&utm_medium=email&utm_campaign=update120920&item=r15652&url=http*3A*2F*2Fwww.amchp.org*2FPolicy-Advocacy*2Fhealth-reform*2Fresources*2FSiteAssets*2FPages*2Fdefault*2FAMCHP*2520GHPC*2520Rural*2520Health*2520Issue*2520Brief*2520*28Final*29.pdf&k=sMQJO__;JSUlJSUlJSUlJSUlJSUlJSUl!!HYmSToo!PIB10U7eO6Tgi-tOZhnfJdPLgFzMfr_7CQ--nlP3PyLZH7R1LS0IZIImCJ3iu-qesvyHDQ$)

Report highlights the barriers to mental healthcare and substance use disorder treatment for rural women of reproductive age. Discusses continuity of care, access to medication-assisted treatment (MAT), and workforce shortages among other barriers. Presents recommendations, such as telehealth and care coordination, and provides program examples from different states.  
Sponsoring organizations: Association of Maternal and Child Health Programs, Georgia Health Policy Center Date: 11/2020

**Suicidal Ideation, Self Harm, Suicide Attempts resources from SAMHSA**

https://store.samhsa.gov/product/Treatment-for-Suicidal-Ideation-Self-harm-and-Suicide-Attempts-Among-Youth/PEP20-06-01-002

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| |  | | --- | | **MEMO: Increase in hepatitis A infections** | |

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| |  | | --- | | North Carolina has been experiencing an outbreak of hepatitis A, with a marked increase in cases reported in 2020. This outbreak is part of a multi-state outbreak with 35 states reporting over 36,848 cases since 2016. Cases have occurred primarily among three risk groups: (1) persons who use injection or non-injection drugs; (2) persons experiencing homelessness; and (3) men who have sex with men. People in these groups are also at increased risk for hepatitis B or C and other chronic liver conditions and may face barriers to healthcare, all of which increases their risk of severe illness or even death. To date, North Carolina has identified 423 outbreak related cases (beginning April 2, 2018) with high hospitalization rates (63.5%) and high comorbidity prevalence (10.0% hepatitis B, 42.6% hepatitis C, 3.3% HIV). Five deaths (1.3%) have been reported. You can find the most up-to-date information about the outbreak [**here**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001j3HNScclnscmd-PgJxCgIaStHWjMJd5k9_BuNh_3aIreToS8lcp7xfq9WHV9pskbeO5e1lQa1jBDPNVdWeOXECoXFpgM7mTdErKpvY2nHkp3xB0z-3ZnhVStY7ho08-cnTtuPRnAsd-lrLLjEWGuKjk-Yj9HL3yQWu_a9-At71GsaiCx2zu3R8Wq9fii3puV&c=xr1eEx9lFnSLGCNSg9_qL_7rnLXYZVbt5YrFGV04Oj8wJp2RXMr_4g==&ch=8aS8owe-DNuDLHpAC6dvPJm_XV1TDdmptBFa61cnaN-4I5OmlT2T9Q==__;!!HYmSToo!MXW7JBtDhWwF-oXBimNhh5-C-wfW6LNlRJKoqj9JBtMVnFvjwJZm6LmMs8YHOxYtnKNwUA$).  North Carolina community-based organizations (CBOs) and syringe service programs (SSPs or syringe exchanges) are key partners in public health. By providing direct services and sharing health information and resources with your participants and communities, you can immediately help prevent and/or mitigate an outbreak.  NC DPH requests your assistance in taking the following steps to protect people at high risk of infection and limit the spread of cases:   1. Contact and work with local health departments to establish a streamlined and culturally competent method of vaccination for participants who use drugs, are experiencing homelessness, have chronic liver disease (including chronic hepatitis B and C), and/or are men who have sex with men.   If resources are available, integrated events offering vaccination, wound care, bloodborne pathogen testing, harm reduction services, comprehensive care referrals, etc. are highly encouraged.   1. Educate participants about their risk for hepatitis A and prevention methods:  * Encourage handwashing before and after drug use (use of alcohol-based hand sanitizers is less effective than handwashing, but still recommended if handwashing facilities are unavailable) * Encourage handwashing before and after sex * Discuss transmission routes and highlight the differences between transmission of hepatitis A, B and C. Using new/sterile supplies during drug use, and using a condom/lube during sex, while efficient in preventing hepatitis B and C, are less effective for hepatitis A.   We recognize the additional barriers created by COVID and would like to help support CBOs and SSPs as needed. If there is a need for support for outreach, event logistics, vaccine and testing navigation, hepatitis A prevention supplies, or general hepatitis A consultation, please contact the viral hepatitis program ([morgan.culver@dhhs.nc.gov](mailto:morgan.culver@dhhs.nc.gov) or [Dianne.brewer@dhhs.nc.gov](mailto:Dianne.brewer@dhhs.nc.gov)).  A full memo with additional information about the outbreak can be found [**here**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001j3HNScclnscmd-PgJxCgIaStHWjMJd5k9_BuNh_3aIreToS8lcp7xfq9WHV9pskbGNkfG3KMdgmXPJKggBKYIH-If3HNaVlLSjE1dskU8w8khfRRbe6BZ0J7M6ic-q3Y0kb5_bfTwb5GJl93BCKb-TcO0NPXuI2EaHezXQTD9OqR3LG9bYThgBXB31k9ADbaNQpUxOTbf3JUm_XleQE-Qw3kPn5v0A9C1rm-4gSvT9M=&c=xr1eEx9lFnSLGCNSg9_qL_7rnLXYZVbt5YrFGV04Oj8wJp2RXMr_4g==&ch=8aS8owe-DNuDLHpAC6dvPJm_XV1TDdmptBFa61cnaN-4I5OmlT2T9Q==__;!!HYmSToo!MXW7JBtDhWwF-oXBimNhh5-C-wfW6LNlRJKoqj9JBtMVnFvjwJZm6LmMs8YHOxbu1ET45A$). In addition, there is a Viral Hepatitis Pocket Guide that provides educational information on hepatitis A, B, and C can be found [**here**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001j3HNScclnscmd-PgJxCgIaStHWjMJd5k9_BuNh_3aIreToS8lcp7xfq9WHV9pskbICnrrzVhJKsl8f3n50UIP2FrET-mqR7fiYeeQUa9udr-ff1uhJSpc3jk5Iy0jhVnqwkRcRKtZghpiao1QecZ2rDQpumH5P6KfgPduXCMSEudhNv8GgQa-SUNIs2FEGrCpODcxFkHA7CeiCIdPmERIBAnUJjZyvpvL4pn_Ev42f4=&c=xr1eEx9lFnSLGCNSg9_qL_7rnLXYZVbt5YrFGV04Oj8wJp2RXMr_4g==&ch=8aS8owe-DNuDLHpAC6dvPJm_XV1TDdmptBFa61cnaN-4I5OmlT2T9Q==__;!!HYmSToo!MXW7JBtDhWwF-oXBimNhh5-C-wfW6LNlRJKoqj9JBtMVnFvjwJZm6LmMs8YHOxY144mX9Q$).  **Check out The Connector**, a newsletter of the Connections Family Support Program sponsored by the Sandhills Center and North Carolina Families United. Lots of practical, timely education, information on a host of child/teen/family BH topics along with support group meetings and workshops. Contact Suzanne Maness at connectionsfsp@gmail.com THANKS Suzanne! | |

**The Addiction Policy Forum’s Opioid Prevention Campaign** features key information about opioids and guidance for parents and teachers on how to prevent opioid misuse. This evidence-based toolkit translates the science of addiction and provides critical prevention information on prevention.

[**https://www.addictionpolicy.org/opioid-prevention-campaign**](https://www.addictionpolicy.org/opioid-prevention-campaign)

**NIH HEAL Initiative Tackles Stigma Through Research**

As a HEAL community, we must confront stigma within all these environments, and research is one powerful tool we have to guide these efforts. In many cases, we understand the problem but need proven ways to implement solutions for real people in real communities across America. Below are examples of how new HEAL research is addressing stigma:

* Determining whether [stigma reduction training](https://projectreporter.nih.gov/project_info_description.cfm?aid=10164521&icde=51908016&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=) reduces provider stigma in a randomized controlled trial of the [Opioid Wizard](https://clinicaltrials.gov/ct2/show/NCT03559179) clinical decision-support tool to increase applications for buprenorphine waivers among primary care physicians? (Gavin Bart, M.D., Ph.D.)
* Testing a [behavioral economics approach](https://projectreporter.nih.gov/project_info_description.cfm?aid=10253179&icde=51908058&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=) that offers tangible rewards for uptake of treatment for opioid use disorder (Karen Derefinko, Ph.D.)
* Developing [mobile Health tools](https://projectreporter.nih.gov/project_info_description.cfm?aid=10176016&icde=51908049&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=) to assess and overcome stigma associated with opioid use disorder, seeking medical treatment for OUD, and mental health (Suzette Glasner-Edwards, Ph.D.)
* Adapting [HIV stigma-reduction approaches](https://projectreporter.nih.gov/project_info_description.cfm?aid=10175416&icde=51814212) for use by people with chronic pain who are receiving hemodialysis (Manisha Jhamb, M.D., M.P.H.)
* Conducting [interviews](https://projectreporter.nih.gov/project_info_description.cfm?aid=10173220&icde=51814277) with cancer survivors and their health providers to inform development of multi-level interventions to reduce stigma associated with chronic pain (Jane Liebschutz, M.D., M.P.H)
* Involving [peer recovery coaches](https://projectreporter.nih.gov/project_info_description.cfm?aid=10170518&icde=51814160) to improve opioid use disorder treatment and services among low-income racial/ethnic minority populations (Jessica Magidson, Ph.D.)
* Evaluating various types of stigma in people with opioid use disorder and chronic pain and developing [psychotherapy approaches](https://projectreporter.nih.gov/project_info_description.cfm?aid=10253180&icde=51908031&ddparam=&ddvalue=&ddsub=&cr=3&csb=default&cs=ASC&pball=) to address multidimensional stigma (Nora Nock, Ph.D.)
* Testing use of antidepressant medications in [people with chronic low back pain, depression, and anxiety](https://projectreporter.nih.gov/project_info_description.cfm?aid=10258046&icde=51907885&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=), which can all trigger stigma (Ajay Wasan, M.D., M.Sc.)

**Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis**

* Dr. Nora Volkow, NIDA

<https://www.drugabuse.gov/about-nida/noras-blog/2020/11/rising-stimulant-deaths-show-we-face-more-than-just-opioid-crisis>

Although we often talk about individual drugs and drug use disorders in isolation, the reality is that many people use drugs in combination and also die from them in combination. Although deaths from opioids continue to command the public’s attention, an alarming increase in deaths involving the stimulant drugs methamphetamine and cocaine are a stark illustration that we no longer face just an opioid crisis. We face a complex and ever-evolving addiction and overdose crisis characterized by shifting use and availability of different substances and use of multiple drugs (and drug classes) together.

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| |  | | --- | | [**Stimulant Fact Sheet**](https://urldefense.com/v3/__http:/iz1.me/xgxT2zro2sb__;!!HYmSToo!ONtWuxeik0MlcsJn5f5bsH2VcE872ij1GgoGgitFs1I2YHrtmVEc5rdMBjhuRk5kzp_CCA$) - The Cocaine, Meth, and Stimulant Summit has released a factsheet on stimulant-involved overdoses. | |

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| |  | | --- | | [**The Stealth Drug Crisis: Rising Burden of Stimulant Use**](https://urldefense.com/v3/__http:/iz1.me/0hxT2zro2sb__;!!HYmSToo!ONtWuxeik0MlcsJn5f5bsH2VcE872ij1GgoGgitFs1I2YHrtmVEc5rdMBjhuRk5jdx0edQ$) - The National Institute for Health Care Management Foundation created an infographic that discusses the rising rates of stimulant use and related overdose deaths. | |

**Opioid Overdose Prevention Saves Lives**

Substance use disorders, like opioid use disorder (OUD), have significantly impacted communities across America. When we act early, we can prevent the use and misuse of drugs, like opioids, that can lead to substance use disorders. Prevention activities work to educate and support individuals, families, and communities and are critical for maintaining both individual and community health. **Read the Full Feature:**

[**Opioid Overdose Prevention Saves Lives**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001HLnN5GTeLc0y2LAHy6X9AuUgTGZvPYp5a24W8piHti73_4HaXj9s7H2W1KeWcjx3zf3KrbW7Joahn--M3HZrH8oAPSHdImtyDkGbBnEPIMF6yL4j59iiuZakpXJUcJBhpU2a2R_kupzCwMRA1NI30ycBefwsDdly75KMPE5qTLQMOEKZdPsGmjFNiAvtqlUBq4mykZptyTauu3TgQR6SCQF1OWCLgcdkofDdj2T84iOTkM2KuITWsvHwqASJXFGwt79Zhy_M3M4LnNF_Dpf12btsy7BS9BpCacyNCUwNYF71gKM8nsOlkbn6zsCkX6QoXP3S2qc9k86QCu9B19-zMsXWYi3uKz4e4NAnlmQgqGpX9SpV6mqD42g-u4gkKWxGSgWEaUEtHe5-b2RG_L-4x76ztAteA3Y08F2PVGeJK7fo3p9GPI-Z3aBKo08vsNOMlz82on03zqhyh17EBKQqWQOH74y9u1dEc6tXDw_xEptpJEYpJ2aNdUWmvB0NqoecjJ8bd_rWKsUA1b3qdIi9L9m8YhiibOZZtLpNDPkORIjv-ZVW4JJjQHUdnG3idUqp4pi_fsCD8FMwT7h0bSIx1fpZJ7OBhYwAfxTpvX77CUwW2c9_-GsdbBVdtFRMsGZTI2SLOqBKw7c=&c=3Eq9BYHuo4stbpZIovul57dcMqOu6zE7dSSLF_EAFEXGuCHdb1jTZg==&ch=JCIYz2qtelLlueGnvLeM9FvpDUZXAhoauQWy-YGo73KQ-keqfqO4EA==__;!!HYmSToo!MSeRBZWl3QO2fK146q-q_U762dAPAvOYbf9DBRIgJJZMivVb5ul-C0HnPYzs7E0NMxpdzw$)

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  |  | |  |  |   **Suspected stimulant-involved drug overdoses appear to be rising among youth**  An analysis of emergency department data shows a rise in nonfatal drug overdoses for youth under 15, from 2016 to 2019. Overdoses among the youngest kids aged 0-14 are relatively rate. However, risk increases with age, as the rate of all drug overdoses among youth aged 15-24 was more than double that of 11-14-year olds. Stimulant overdoses increased for all age groups, while heroin decreased for 15-24-year olds.  Comprehensive prevention approaches that incorporate coordinated care at the individual, school, family, and community levels have shown promise for preventing substance use among youth and warrant more research to ensure long-term impact.  **Read the early release of the January 2021 *Pediatrics* article:** [https://bit.ly/34fMNLh](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001HLnN5GTeLc0y2LAHy6X9AuUgTGZvPYp5a24W8piHti73_4HaXj9s7H2W1KeWcjx38lWaPIbZaNygRWzHNSdCN0CCKNIekrAsTAYISEA3DN1sdgAVkyzFXnaxPH1GaEG-IuUj_4MJE2VGdlBzUMP31DlMMAjReUlqtLkL_XwJSZDTo80cQ3HlBo8mAZlp4p0XdT-d37KnvNJzNjYHMMm8_iiXtF0xY_MLI8bqBYhgUw7X1DMEmBcJohhysTMVRw3FreCbDNGmbjU2pK-5oqqO9flNhQYlcPgnUbWt84M3G8MFpNvkUFoLrgu55H-UB4Hn18gxmy2Vnk9XjMWB7Ah17HKY1lUMVaePWJYJL9halAw-6YVuNFFuSJwHgXV6pLDn_S1iZvIEY2Y2u10J1i6ZI8ERApEsC1mEWp6u4exx5uzYEIiWDl0Vn1o2WTaQl5d3CbDp-8-r5HyuWh-Mz-kVQOZYvxQOAXuIsMUD2WTmsowoXrphwrEBNlrg3N959Vbbu-h08CcAQAWxA8kRykONslW-7WDKJvgXrwvafRP2dk3HVD3rR2GN1qV8hl38F8bW1PmjRyEplEEqptPYXxRrz8HN-asYWDc2a79dhUUngqw7hpSAhZHoibStdm3JCsyrGHSTromkGwY=&c=3Eq9BYHuo4stbpZIovul57dcMqOu6zE7dSSLF_EAFEXGuCHdb1jTZg==&ch=JCIYz2qtelLlueGnvLeM9FvpDUZXAhoauQWy-YGo73KQ-keqfqO4EA==__;!!HYmSToo!MSeRBZWl3QO2fK146q-q_U762dAPAvOYbf9DBRIgJJZMivVb5ul-C0HnPYzs7E2WKFyVrg$) | |

**Recent Findings from NIDA’s New National Drug Early Warning System (NDEWS)** [**https://ndews.org**](https://ndews.org)

While lagged indicators, such as national estimates of drug use, are useful for monitoring patterns of drug use and associated consequences, a national system to detect dangerous trends as they emerge is needed.

NDEWS continues to examine lagged indicators but incorporates real-time surveillance to detect early signals of potential drug epidemics with an expanded Early Warning Network utilizing novel surveillance methods to rapidly harmonize data. A Scientific Advisory Group of 12 scientists across the US and 5 experts from the DEA, Centers for Disease Control and Prevention (CDC), and the Office of National Drug Control Policy (ONDCP) guides the new

### **From NPS Discovery: 2020 Q4 Trend Reports for synthetic cannabinoids, NPS stimulants and hallucinogens, NPS opioids, and NPS benzodiazepines**

[NPS Discovery released its 2020 Q4 Trend Reports yesterday](https://urldefense.com/v3/__https:/com-phhp-epi-ndews.sites.medinfo.ufl.edu/?email_id=95&user_id=1849&urlpassed=aHR0cHM6Ly93d3cubnBzZGlzY292ZXJ5Lm9yZy9yZXBvcnRzL3RyZW5kLXJlcG9ydHMvP21jX2NpZD1jNzEyZTBkMDQyJmFtcDttY19laWQ9NjFmNzY5ODdlYw&controller=stats&action=analyse&wysija-page=1&wysijap=subscriptions__;!!HYmSToo!JqVftUXOQUuQ85afKgSyWHbyYvRCeK5JFLoRY5KEjynoOkwc3JmQD7BiWEhhJscZLtYK0A$). An increasing number of emergency room admissions, death investigations, and intoxication events have been caused by synthetic cannabinoids, NPS stimulants, NPS hallucinogens, and NPS opioids in Q3 of 2020. The top NPS identified by class were etizolam (NPS benzodiazepines), brorphine (NPS opioids), eutylone (NPS stimulants and hallucinogens), and MDMB-4en-PINACA (synthetic cannabinoids). Read the full trend reports [here](https://urldefense.com/v3/__https:/com-phhp-epi-ndews.sites.medinfo.ufl.edu/?email_id=95&user_id=1849&urlpassed=aHR0cHM6Ly93d3cubnBzZGlzY292ZXJ5Lm9yZy9yZXBvcnRzL3RyZW5kLXJlcG9ydHMvP21jX2NpZD1jNzEyZTBkMDQyJmFtcDttY19laWQ9NjFmNzY5ODdlYw&controller=stats&action=analyse&wysija-page=1&wysijap=subscriptions__;!!HYmSToo!JqVftUXOQUuQ85afKgSyWHbyYvRCeK5JFLoRY5KEjynoOkwc3JmQD7BiWEhhJscZLtYK0A$).

### **DEA warns of newly encountered fentanyl-like drug in Arizona**

[The Drug Enforcement Agency warned Arizona communities about para-fluorofentanyl](https://urldefense.com/v3/__https:/com-phhp-epi-ndews.sites.medinfo.ufl.edu/?email_id=95&user_id=1849&urlpassed=aHR0cHM6Ly93d3cuYWJjMTUuY29tL25ld3MvZGVhLXdhcm5zLW9mLW5ld2x5LWVuY291bnRlcmVkLWZlbnRhbnlsLWxpa2UtZHJ1Zy1pbi1hcml6b25h&controller=stats&action=analyse&wysija-page=1&wysijap=subscriptions__;!!HYmSToo!JqVftUXOQUuQ85afKgSyWHbyYvRCeK5JFLoRY5KEjynoOkwc3JmQD7BiWEhhJsfD9Lk-hw$). Authorities believe para-fluorofentanyl is intentionally created in clandestine production facilities run by Mexican drug trafficking organizations. Eleven overdose deaths testing positive for this fentanyl analog were reported by the Maricopa County Office of the Medical Examiner in December 2020. The full news artice can be found [here](https://urldefense.com/v3/__https:/com-phhp-epi-ndews.sites.medinfo.ufl.edu/?email_id=95&user_id=1849&urlpassed=aHR0cHM6Ly93d3cuYWJjMTUuY29tL25ld3MvZGVhLXdhcm5zLW9mLW5ld2x5LWVuY291bnRlcmVkLWZlbnRhbnlsLWxpa2UtZHJ1Zy1pbi1hcml6b25h&controller=stats&action=analyse&wysija-page=1&wysijap=subscriptions__;!!HYmSToo!JqVftUXOQUuQ85afKgSyWHbyYvRCeK5JFLoRY5KEjynoOkwc3JmQD7BiWEhhJsfD9Lk-hw$).

**d up to it safely**

**Truth Initiative Tobacco Use in North Carolina 2020**

[**https://truthinitiative.org/research-resources/smoking-region/tobacco-use-north-carolina-2020**](https://truthinitiative.org/research-resources/smoking-region/tobacco-use-north-carolina-2020)

**Teens who vape may be at more risk of serious infection from the coronavirus — here's why**

<https://www.yahoo.com/lifestyle/teens-who-vape-may-be-at-more-risk-of-serious-infection-from-the-coronavirus-heres-why-162934568.html>

As one of the nation’s [leading researchers on vaping](https://www.unc.edu/discover/why-underestimating-the-health-effects-of-vaping-is-a-bad-idea/), Ilona Jaspers, PhD, professor of pediatrics and microbiology & immunology at the University of North Carolina at Chapel Hill, has [long been warning](https://www.yahoo.com/lifestyle/eight-teens-hospitalized-for-vaping-as-senate-accuses-juul-of-targeting-schools-and-youth-programs-171528919.html) teens and young adults about the dangers of vaping. Now her warnings have expanded to include complications from COVID-19. “In addition, sharing vaping devices — as is common among some e-cig-using demographics — would significantly increase the risk of spreading the infection.”

“Everything we and others have shown is that vaping causes a suppression of respiratory host defense function and overall respiratory immune dysfunction,” Jaspers tells Yahoo Lifestyle. “Rodent studies have shown increased severity of respiratory viral infections in animals exposed to e-cigarettes. We now have data showing that in humans, e-cigarette use was associated with changes in respiratory immune responses that are indicative of immune suppression.”

While the majority of those dying from the coronavirus are much older, data from the CDC found that as many as [40 percent](https://www.nytimes.com/2020/03/18/health/coronavirus-young-people.html) of hospitalized patients are between the ages of 20 and 54. In the midst of the continuing vaping epidemic, in which over [2 million middle and high school students](https://childmind.org/article/teen-vaping-what-you-need-to-know/) are reportedly using e-cigarettes, local government officials have [expressed concern](https://www.nytimes.com/2020/04/09/health/coronavirus-smoking-vaping-risks.html) about seeing young patients in intensive care units.

**Suspected stimulant-involved drug overdoses appear to be rising among youth**

An analysis of emergency department data shows a rise in nonfatal drug overdoses for youth under 15, from 2016 to 2019. Overdoses among the youngest kids aged 0-14 are relatively rate. However, risk increases with age, as the rate of all drug overdoses among youth aged 15-24 was more than double that of 11-14-year olds. Stimulant overdoses increased for all age groups, while heroin decreased for 15-24-year olds.

Comprehensive prevention approaches that incorporate coordinated care at the individual, school, family, and community levels have shown promise for preventing substance use among youth and warrant more research to ensure long-term impact.

**Read the early release of the January 2021 *Pediatrics* article:** [https://bit.ly/34fMNLh](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001HLnN5GTeLc0y2LAHy6X9AuUgTGZvPYp5a24W8piHti73_4HaXj9s7H2W1KeWcjx38lWaPIbZaNygRWzHNSdCN0CCKNIekrAsTAYISEA3DN1sdgAVkyzFXnaxPH1GaEG-IuUj_4MJE2VGdlBzUMP31DlMMAjReUlqtLkL_XwJSZDTo80cQ3HlBo8mAZlp4p0XdT-d37KnvNJzNjYHMMm8_iiXtF0xY_MLI8bqBYhgUw7X1DMEmBcJohhysTMVRw3FreCbDNGmbjU2pK-5oqqO9flNhQYlcPgnUbWt84M3G8MFpNvkUFoLrgu55H-UB4Hn18gxmy2Vnk9XjMWB7Ah17HKY1lUMVaePWJYJL9halAw-6YVuNFFuSJwHgXV6pLDn_S1iZvIEY2Y2u10J1i6ZI8ERApEsC1mEWp6u4exx5uzYEIiWDl0Vn1o2WTaQl5d3CbDp-8-r5HyuWh-Mz-kVQOZYvxQOAXuIsMUD2WTmsowoXrphwrEBNlrg3N959Vbbu-h08CcAQAWxA8kRykONslW-7WDKJvgXrwvafRP2dk3HVD3rR2GN1qV8hl38F8bW1PmjRyEplEEqptPYXxRrz8HN-asYWDc2a79dhUUngqw7hpSAhZHoibStdm3JCsyrGHSTromkGwY=&c=3Eq9BYHuo4stbpZIovul57dcMqOu6zE7dSSLF_EAFEXGuCHdb1jTZg==&ch=JCIYz2qtelLlueGnvLeM9FvpDUZXAhoauQWy-YGo73KQ-keqfqO4EA==__;!!HYmSToo!MSeRBZWl3QO2fK146q-q_U762dAPAvOYbf9DBRIgJJZMivVb5ul-C0HnPYzs7E2WKFyVrg$)

**Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT) is** an evidence-based practice to prevent and reduce risky substance use among adolescents ages 12 to 18. YSBIRT.org aims to equip the primary care field with the resources and support necessary to implement SBIRT in their practices. It was born out of a partnership between the [National Council for Behavioral Health](http://www.thenationalcouncil.org/) (National Council) and the [Conrad N. Hilton Foundation](https://www.hiltonfoundation.org/programs/substance-use-prevention). The website contains:

* Background information on the [Facilitating Change for Excellence in SBIRT](https://www.ysbirt.org/faces-initiative/) (FaCES), an initiative executed by the National Council with funding from the Conrad N. Hilton Foundation to develop an evidence-informed, standardized, and flexible approach to adolescent SBIRT implementation in primary care.
* An implementation guide, or [change package](https://www.ysbirt.org/change-package/), for YSBIRT in primary care.
* Training opportunities to enhance SBIRT education and readiness to implement within primary care.
* YSBIRT [Resource Hub](https://www.ysbirt.org/resource-hub/), which provides access to the most current tools and resources.
* [Training opportunities](https://www.ysbirt.org/training-events/), including access to on-demand learning modules, national trainings, and additional assistance upon request.

Questions? Email us at [ysbirt@TheNationalCouncil.org](mailto:ysbirt@thenationalcouncil.org).

**Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Girls and Women**

**Kyndal Hammock,1 Mary M. Velasquez,1 Hanan Alwan,1 and Kirk von Sternberg1*1Health Behavior Research and Training Institute, University of Texas at Austin, Austin, Texas***

Females ages 12 and older are the fastest growing segment of alcohol consumers in the United States, with the past decade showing a 16% increase in alcohol use per 12-month period and a 58% increase in high-risk drinking (i.e., > 3 drinks in a day and/or > 7 drinks in a week) per 12-month period. The increase in alcohol use and risk drinking poses unique and serious consequences for women.

This article presents the current status of SBIRT among girls ages 12 and older, women of childbearing age, and older women. Screening instruments, brief interventions, and implementation issues specific to women of all ages are described. Through this review of the current literature, care providers can determine best practices for the prevention and treatment of risk drinking in women of all ages presenting in health care settings.

<https://www.arcr.niaaa.nih.gov/arcr402/article07.htm?utm_source=Author&utm_medium=Email&utm_campaign=Issue-402-Article-07>

**Updated! Alcohol Data Dashboard**

The [**Alcohol Use Data Dashboard**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001KaGu_mnlOpW1ODBkNOeOq-PJNUOctME1djXcjCe0B_N92Ua_vJ0avnWYWHJcqA_J1dm_AEUAM8DroatNzgK07wJ52Ha51Ejz4elkPFQcyeVqYwKFP6hhpIIsgDKNUkMkIXd2HZ3wyeHZtRXT7gAU0_OtbUPVdWSeaPj5Nrnv1HYsf5WeE6W3WhrJ5f0JQTu-w7ESuemmxiFTLeJY-Yc0tSSF9k7B-ATyb9aYZtdPl_27s4z3uuGWjWkRSTxEZxqENhx_yUoBkYxv2aV8o5Jyt2F6ErYQWIhpiZM25Dey88pnSl1VVSPRci3CTogQKzeBFfhogJ7eZ08h0QstBBhdzpLPbh54meSiqPDg36a-eSlxYdBKZuauLs4DjTHHtbwS&c=BKi2-t4JN9feK_13210lpqeIX7ZTX9Cu13nGGLOu4Lz_9Ds4J6j4nQ==&ch=sHCtVxGsuQNsoh2L31y9l9aYLvJoO0OoyEb7Vj_KItBN314YPHCElQ==__;!!HYmSToo!JcRflz7ptnv9dY1FnbHxWiATVGGyJeD6VBET_U6vuCAZQqyBcX8c9M4EmanD06IKntf6hg$) has recently been updated with new data on alcohol related harms in North Carolina. The Centers for Disease Control and Prevention (CDC) recently released [**resources**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001KaGu_mnlOpW1ODBkNOeOq-PJNUOctME1djXcjCe0B_N92Ua_vJ0avnWYWHJcqA_JHEjaeFmqiYbCa8H-soBb3_lwS19s4o4B4q3grKhjGcXe5VIrrvUxlNQHYFeOaEuRzsJIkxDXAi9woNgYY5FJjKDrJwef-9lO-HW_Q3yJI5plyOu8N6-AlXv5PEe7LvBJi5OzfDx-Y9yadBe64uUutizaToZy0AO4akk96mimzl2xwIYxjUcwwqxMgrfK_6K1spczKDpcuAx_O6otKYH3AZ7bE_J5gNXOsdOi0Go8vj6JMfoyBf78sCUw81gxW1vn&c=BKi2-t4JN9feK_13210lpqeIX7ZTX9Cu13nGGLOu4Lz_9Ds4J6j4nQ==&ch=sHCtVxGsuQNsoh2L31y9l9aYLvJoO0OoyEb7Vj_KItBN314YPHCElQ==__;!!HYmSToo!JcRflz7ptnv9dY1FnbHxWiATVGGyJeD6VBET_U6vuCAZQqyBcX8c9M4EmanD06IQgRv2yQ$) for COVID-19 and Alcohol and Substance Use. In addition, CDC recently released an updated Morbidity and Mortality Weekly Report (MMWR) on alcohol-attributed deaths from excessive alcohol use. The MMWR can be found [**here**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001KaGu_mnlOpW1ODBkNOeOq-PJNUOctME1djXcjCe0B_N92Ua_vJ0avnWYWHJcqA_JQX5jP9SVdXjsO5fMEg3vAT276zWJIc7r_wL0Rhs9fI4-gt7bnlZN0aVFvb7uG-yaCZ1BIBYFOEPzbTkWqsT_yDCLtnu1g3A6koq555OHxY1Ql3Up42WR_FULQM-Enl9MJlg815eBSgwo4ie-rx2RqKn0T8pBWgGUdqweRpj9F7g5tlD5r40DkA==&c=BKi2-t4JN9feK_13210lpqeIX7ZTX9Cu13nGGLOu4Lz_9Ds4J6j4nQ==&ch=sHCtVxGsuQNsoh2L31y9l9aYLvJoO0OoyEb7Vj_KItBN314YPHCElQ==__;!!HYmSToo!JcRflz7ptnv9dY1FnbHxWiATVGGyJeD6VBET_U6vuCAZQqyBcX8c9M4EmanD06KhGvFm3Q$).

**Alcohol use behavior, policy, and treatment in the age of COVID-19**

<https://pttcnetwork.org/centers/network-coordinating-office/product/alcohol-use-behavior-policy-and-treatment-age-covid-19>

From PTTC Network Coordinating Office, multimedia (Video, Webinar Recording, Podcast)

**Help for Grand families Impacted by Opioids and Other Substances** is a set of resources from Generations United that includes recommendations and resources on five topics identified by kinship caregivers as uniquely challenging for grand families impacted by substance use.

<https://www.gu.org/resources/grand-resource-help-for-grandfamilies-impacted-by-opioids-and-other-substance-use/>

**Administration for Community Living - Opioids and Older Adults Fact Sheet**

<https://acl.gov/sites/default/files/programs/2018-06/ACL%20Opioid%20Fact%20sheet%20-%20June%202018.pdf>

Contact Interim Director Amanda Dezarns **(adezarns**[**@ncpreventiontta.org**](mailto:jedwards@ncpreventiontta.org)**) at** **the NC Training and Technical Assistance Center** of the NC DHHS Division of MH/DD/SAS which offers no-cost expert consultation and supportive resources to implement education, community based processes and environmental strategies primarily via monthly telephone assistance.

Check out their training calendar here: <http://nctraining.info/calendar.html>

Past training calendar with recorded webinars and resources at:

<https://ncpreventiontta.zendesk.com/hc/en-us/categories/360000854992-Training-Files-and-Resources>

Contact Erin Day, **Community Impact NC** at [erin@impactcarolina.org](mailto:erin@impactcarolina.org) for no-cost technical assistance, particularly for using the SAMHSA Strategic Prevention Framework (required of Drug Free Communities grantees) and training in CADCA concepts.

**Crowd-sourced Naloxone –** check out **NaloxoFind** on Google Play or Apples App Store… free smartphone app that can be used to find a Naloxone carrier in a 2-mile radius. Only as good as the number of carriers who sign up, so please do so.

Read more about it here: [**https://www.altrixmedical.com/single-post/2019/06/05/A-Case-For-Crowd-Sourced-Naloxone**](https://www.altrixmedical.com/single-post/2019/06/05/A-Case-For-Crowd-Sourced-Naloxone)

**Updated Operation Medicine Drop website at**

<https://ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd>

makes it easy to find drop boxes and take-back events nearest you. Lots of free handouts.

**Need help with overprescribing in your community?** The North Carolina Association of Pharmacists is training pharmacist students to assist with educational interventions for prescribers.Contact Cheryl Viracola, PharmD, at the Association at 984-439-1646.

**SYRINGE ACCESS PROGRAMS** are pipelines into treatment while helping addicted individuals avoid “patient brokers”. Syringe program participants are FIVE times more likely to enter treatment and 3.5 times more likely to cease injecting. *Engage your local medical device/supply company to provide no/low-cost syringes.* Attach a nurse to address health disparities (Cone Health). Find a list of all active SEPs here:

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/funding-syringe-exchange-programs>

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**Speed Limits: Harm Reduction for People Who Use Stimulants**

[**https://www.rcorp-ta.org/resources/speed-limits-harm-reduction-people-who-use-stimulants**](https://www.rcorp-ta.org/resources/speed-limits-harm-reduction-people-who-use-stimulants)

Which existing harm reduction interventions are effective for people who use stimulant drugs? It is the first study to comprehensively and systematically compile a literature review on various types of stimulants, routes of administration and harm reduction strategies, together with the presentation of different case studies at a global level, including regions of the South.

**Welcome to the Opioid Education for Community Health Workers FREE Online Series**

The target audience for these modules includes community health workers, AHEC Scholars, peer support specialists and healthcare providers, particularly in rural health centers and underserved areas across the state. Produced by NC AHEC. See [www.aheconnect.com/opioided/](http://www.aheconnect.com/opioided/)

**SUD Coalition Capacity-Building and Sustainability Ideas**

Dear Grantees,  
  
We are pleased to announce the RCORP Guidance Modules are now available on the [**JBS Learning Management System (LMS)**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=b2942319a2&e=aa48d4f836__;!!HYmSToo!JITXafueWWJmNDqnIAFXMO7oPVxw_FYzP6AVsKSfe09Mgw7gLjY2amCWpGmFk5yX8vpPGg$), accessible through the [**RCORP-TA Portal**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=e13535e4aa&e=aa48d4f836__;!!HYmSToo!JITXafueWWJmNDqnIAFXMO7oPVxw_FYzP6AVsKSfe09Mgw7gLjY2amCWpGmFk5zQqlTQDA$). The LMS provides e-learning support for continuous improvement in health and health care. The LMS hosts a collection of functional training modules, accessible through the internet. Once registered, any consortium member can access and learn from the modules. Users can self-register by following the [**Instructions for Accessing the JBS Learning Management System**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=a0b0a4b4c7&e=aa48d4f836__;!!HYmSToo!JITXafueWWJmNDqnIAFXMO7oPVxw_FYzP6AVsKSfe09Mgw7gLjY2amCWpGmFk5yUMZcHpQ$). Newly available courses include:

* Addressing Stigma
* Consortia Engagement & Retention
* Needs Assessment & Gap Analysis

We hope you will find these modules useful as you address these topics in your own community.  
  
Thank you,  
RCORP-TA Team

**From The ncIMPACT Initiative January Newsletter**

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| |  |  | | --- | --- | | |  | | --- | | **New Website: Opioid Response Project** | | |

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| |  |  | | --- | --- | | |  | | --- | | We're excited to announce the launch of the new Opioid Response Project website, where information about our two-year collaborative learning model is available to help more communities explore solutions to big problems through collective impact.   [Our Impact](https://urldefense.com/v3/__https:/unc.us19.list-manage.com/track/click?u=781d685c0e83dd39e3c603a0f&id=19ce16c53b&e=271fdb16de__;!!HYmSToo!O9Fd9hDO4j7Pr1r1pt_6O4ppujz8ygV2tZneUAPtOIJMFHj1uJJw__3UgP-kbS5FwJZRqg$)Read about how each team got started and highlights of their experience. Watch a short video featuring the roadblocks each team faced and the successes they achieved. | | |

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| |  | | --- | | [**Opioid Response Project**](https://urldefense.com/v3/__https:/unc.us19.list-manage.com/track/click?u=781d685c0e83dd39e3c603a0f&id=27fc327e73&e=271fdb16de__;!!HYmSToo!O9Fd9hDO4j7Pr1r1pt_6O4ppujz8ygV2tZneUAPtOIJMFHj1uJJw__3UgP-kbS7e33msAg$) | |

**Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States**

[**https://www.cdc.gov/drugoverdose/pubs/featured-topics/evidence-based-strategies.html?ACSTrackingID=USCDC\_1026-DM44898&ACSTrackingLabel=New%20CDC%20Training%20and%20Resources%20for%20Safer%20Opioid%20Prescribing&deliveryName=USCDC\_1026-DM44898**](https://www.cdc.gov/drugoverdose/pubs/featured-topics/evidence-based-strategies.html?ACSTrackingID=USCDC_1026-DM44898&ACSTrackingLabel=New%20CDC%20Training%20and%20Resources%20for%20Safer%20Opioid%20Prescribing&deliveryName=USCDC_1026-DM44898)

**Polysubstance Use… what to look for when screening for…**

<https://files.constantcontact.com/ed04020a001/7a216436-d86b-4b78-bc14-a6ce8e12126d.pdf>

[**Brandeis Opioid Resource Connector (BORC)**](https://urldefense.com/v3/__http:/iz1.me/EQGF2zro2sb__;!!HYmSToo!LfPOwKft8rpWASQ60JHbG0ohNM-TAxfEpJE0yp2kJ1s2Cv6_LwYp3hJFH-tjEFrB3ET5hQ$)

**The Brandeis Opioid Resource Connector serves community stakeholders working to combat the opioid epidemic. It is a product of the**[**Brandeis Opioid Policy Research Collaborative**](https://heller.brandeis.edu/opioid-policy/).

This website provides a curated collection of community-based programs and resources to help stakeholders choose, design, and implement essential interventions. It is designed to help communities develop and launch programs that work across the continuum of care — prevention, treatment, recovery, and harm reduction.

**Responding to An Overdose Spike, ATTC**

How to assemble an Overdose Response Strike Team, pre-incident planning, immediate and longer term actions, opioid surveillance data, job action descriptions, decision tree, etc., etc.

<https://www.astho.org/Responding-to-an-Overdose-Spike-Guide/?utm_source=Informz&utm_medium=email&utm_campaign=Informz>

**Invite law enforcement to the table.** About 11 counties have implemented **Law Enforcement Assisted Diversion (LEAD) programs.** LEAD is a pre-booking diversion pilot program developed with the community to address low-level drug and crimes associated with sex work. The program allows police and sheriffs to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution. Go to <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>

**Invite your local Cooperative Extension to the table. They often have funds for event expenses.**

**Treatment**

**SAMHSA Advisory: Addressing the Specific Needs of Women for Treatment of Substance Use Disorders**

[**https://store.samhsa.gov/product/advisory-addressing-specific-needs-women-treatment-substance-use-disorder/pep20-06-04-002?referer=from\_search\_result**](https://store.samhsa.gov/product/advisory-addressing-specific-needs-women-treatment-substance-use-disorder/pep20-06-04-002?referer=from_search_result)

This Advisory is based on TIP 51, Substance Abuse Treatment: Addressing the Specific Needs of Women. It offers guidance to providers and administrators about the particular needs of women during substance use disorder (SUD) treatment.

**Treatment for Youth and Young Adults with Mood Disorders and Other Serious Emotional Disturbances and Co-occurring Substance Use**

A new guide from SAMSHA reviews interventions on treating substance use disorders in youth with serious emotional disturbances, [distilling the research into recommendations for practice](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/NzczLU1KRi0zNzkAAAF74L_50BqdzHHlmfpwOOtvogvxa0f_1EZIBXW1BPTy-JBpOtqxVV5kr9aNyjADJIs2tcWqo-k=__;!!HYmSToo!Kmu_F0HzHkcdbc6pRrDn6r5-_hW5nirObEp3Yzxphbd4YZgsz9DMDThCyaX0OuttIiJo9A$) and providing recommendations on implementation.

**HHS Expands Access to Treatment for Opioid Use Disorder**

*Eliminates X-Waiver Requirement for DEA-Registered Physicians*

[**https://www.hhs.gov/about/news/2021/01/14/hhs-expands-access-to-treatment-for-opioid-use-disorder.html**](https://www.hhs.gov/about/news/2021/01/14/hhs-expands-access-to-treatment-for-opioid-use-disorder.html)

**Combination treatment for methamphetamine use disorder shows promise in NIH study**

[**https://www.nih.gov/news-events/news-releases/combination-treatment-methamphetamine-use-disorder-shows-promise-nih-study**](https://www.nih.gov/news-events/news-releases/combination-treatment-methamphetamine-use-disorder-shows-promise-nih-study)

A combination of two medications, injectable naltrexone and oral bupropion, was safe and effective in treating adults with moderate or severe methamphetamine use disorder in a double-blind, placebo-controlled Phase III clinical trial. The findings suggest this combination therapy may be a promising addition to current approaches to treatment, such as cognitive behavioral therapy and contingency management interventions, for a very serious condition that remains difficult to treat and overcome. The research, published today in The New England Journal of Medicine, was conducted at multiple sites within the National Institute on Drug Abuse Clinical Trials Network (NIDA CTN). NIDA is part of the National Institutes of Health.

Participants in the treatment group were assessed to have fewer cravings than those in the placebo group and reported greater improvements in their lives as measured by a questionnaire called the Treatment Effectiveness Assessment. Importantly, there were no significant adverse effects associated with the dual medication treatment. Adherence to treatment was encouraged by adherence counseling and mobile app reminders and remained high at 77.4% and 82.0% in the treatment and placebo groups, respectively, in the final six weeks of the study.

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| |  | | --- | |  |  |  |  | | --- | --- | | |  | | --- | | The Foundation for Opioid Response Efforts (FORE) released a new policy brief titled **The Provision of Medications for Opioid Use Disorder in Correctional Settings in the time of COVID-19: Opportunities and Solutions***.* In this [policy brief](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001hl5V2FhgZI-V1J9eKXpaZiT3tYeZ-IJq-JtoJGXREOLWFCPgMkHkbgobAklQX7hXJpVShBsZ4YrovmXOxONGB8PyLadtJ9wAYWTBiNe3-k4tvRjj1dDNZK9ItnzO7mRvviwDsmewqmeZiieCtB1-Nh5xqE2tYviJML47HDSXakedmIFtdqTE1L0HCRrRgnmjWdhjvXluWdLywCd9QYHHGHskqgPf9oeFs-FAQleX0jtIxLyHH7Q327p_TVE4i216DD_iDTsGj-A=&c=k1r_loygJvWXo_l87TjTkpG8yVw8sAOJWen4m4ZDlR1qaaKmSDXmPA==&ch=6LbY6cMoQOQ-GOeC3ZF22ueeDVMcyrlaFm_gHyjLifRl1AfFqsO06w==__;!!HYmSToo!MnHD2mN4hpXDHrdGJvtMH2R588PPyPxe92Af4TP7gLyhHCpiJnk3eFiu4deAO-MwiFvcZA$), experts Lauren Brinkley-Rubinstein, Ph.D., and Nickolas D. Zaller, Ph.D., explore strategies for ensuring people in jails and prisons have uninterrupted access to medications for opioid use disorder (MOUD) during the pandemic. These include taking advantage of a new federal waiver that allows providers to initiate MOUD via telemedicine, without a prior physical examination; providing adequate medication supplies upon release; and offering virtual counseling and peer support. They offer case examples from Kentucky, Rhode Island, and Cook County, Illinois, to help correctional agencies partner with public health practitioners to respond to this pandemic and prepare for the next one. | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | [**Read Policy Brief**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001hl5V2FhgZI-V1J9eKXpaZiT3tYeZ-IJq-JtoJGXREOLWFCPgMkHkbgobAklQX7hXJpVShBsZ4YrovmXOxONGB8PyLadtJ9wAYWTBiNe3-k4tvRjj1dDNZK9ItnzO7mRvviwDsmewqmeZiieCtB1-Nh5xqE2tYviJML47HDSXakedmIFtdqTE1L0HCRrRgnmjWdhjvXluWdLywCd9QYHHGHskqgPf9oeFs-FAQleX0jtIxLyHH7Q327p_TVE4i216DD_iDTsGj-A=&c=k1r_loygJvWXo_l87TjTkpG8yVw8sAOJWen4m4ZDlR1qaaKmSDXmPA==&ch=6LbY6cMoQOQ-GOeC3ZF22ueeDVMcyrlaFm_gHyjLifRl1AfFqsO06w==__;!!HYmSToo!MnHD2mN4hpXDHrdGJvtMH2R588PPyPxe92Af4TP7gLyhHCpiJnk3eFiu4deAO-MwiFvcZA$) | | | |  |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | |  |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | |  | | |

**Is Your Organization Utilizing Virtual Waiting Rooms?**

Before COVID-19, many organizations adopted [Same Day Access (SDA)](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/E0f0M0HSJha0b0rF3A01R0e__;!!HYmSToo!IaQs9exZyaaxhmT97t4PVMaWZR011UCT3jtF8Sk65BhHAXPANpZK5cHDlx1c39FDXFnqDg$), where no scheduling equals no “no-shows.” But with the pandemic, many have reverted to scheduling assessments, which brought back long client wait times, assessment no-shows and lost clinician time. The solution: Virtual waiting rooms. Virtual waiting rooms give clients greater flexibility, promote better engagement and significantly lower provider costs. [Contact Joy Fruth](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/Y0f1A0TbH00ra003RJM0iFe__;!!HYmSToo!IaQs9exZyaaxhmT97t4PVMaWZR011UCT3jtF8Sk65BhHAXPANpZK5cHDlx1c39FL5ZHGuA$), MTM’s lead process change consultant, for more information.

# **Caring for Women with Opioid Use Disorder**

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| The [HRSA Office of Women's Health](https://urldefense.com/v3/__https:/lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDksInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDEyMTcuMzIxODkyNDEiLCJ1cmwiOiJodHRwczovL3d3dy5ocnNhLmdvdi9vZmZpY2Utd29tZW5zLWhlYWx0aD91dG1fY2FtcGFpZ249ZW5ld3MyMDIwMTIxNyZ1dG1fbWVkaXVtPWVtYWlsJnV0bV9zb3VyY2U9Z292ZGVsaXZlcnkifQ.AKzxtjKwEOIxvgWmY2uo3fGxgBAAb5p-AIdFdAWSw3E/s/196356562/br/92053137714-l__;!!HYmSToo!JIcH0jxReuIAYCBhrjy8dTvSkQ_ymicMac1iDz2xzjRubZRELvnF_TOM5uNUvZ3cPVV5cg$) is excited to announce the availability of [Caring for Women with Opioid Use Disorder: A Toolkit for Organizational Leaders and Providers](https://urldefense.com/v3/__https:/lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMTAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDEyMTcuMzIxODkyNDEiLCJ1cmwiOiJodHRwczovL3d3dy5ocnNhLmdvdi9zaXRlcy9kZWZhdWx0L2ZpbGVzL2hyc2EvQ2FyaW5nLWZvci1Xb21lbi13aXRoLU9waW9pZC1EaXNvcmRlci5wZGY_dXRtX2NhbXBhaWduPWVuZXdzMjAyMDEyMTcmdXRtX21lZGl1bT1lbWFpbCZ1dG1fc291cmNlPWdvdmRlbGl2ZXJ5In0.sXNr9cn20B9pCYe0bAxYl-GFcSQq_qNNV13ZCwibuZ8/s/196356562/br/92053137714-l__;!!HYmSToo!JIcH0jxReuIAYCBhrjy8dTvSkQ_ymicMac1iDz2xzjRubZRELvnF_TOM5uNUvZ1gim4tQg$) (PDF - 5.8 MB). Communities throughout our nation continue to be impacted by the opioid epidemic, which has been exacerbated by the effects of the COVID-19 pandemic. Women are uniquely impacted by opioid use: women who use opioids progress to dependence more quickly than men, experience more cravings, and are more likely to relapse. Because opioid use disproportionately impacts those living in medically underserved areas, HRSA-supported settings are uniquely positioned to address this health crisis.  The toolkit developed by the HRSA Office of Women's Health, with support from the HHS Office on Women's Health, provides resources and information to bolster care coordination services for women with opioid use disorder. A webinar introducing this toolkit and how to navigate it will be held on **January 28**. For questions or comments related to the toolkit, please contact [HRSAOWH@hrsa.gov](mailto:HRSAOWH@hrsa.gov). |

**Overdose-Related Cardiac Arrests Observed by Emergency Medical Services During the US COVID-19 Epidemic**

[Joseph Friedman, MPH1](https://jamanetwork.com/searchresults?author=Joseph+Friedman&q=Joseph+Friedman); [Leo Beletsky, JD, MPH2](https://jamanetwork.com/searchresults?author=Leo+Beletsky&q=Leo+Beletsky); [David L. Schriger, MD, MPH3](https://jamanetwork.com/searchresults?author=David+L.+Schriger&q=David+L.+Schriger)

Author Affiliations [Article Information](https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2773768?utm_source=twitter&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=120520#247465876)

*JAMA Psychiatry.*Published online December 3, 2020. doi:10.1001/jamapsychiatry.2020.4218

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**RCORP -TA Portal Resources**  
New training, templates, and articles are posted daily. Here is a sample of recently posted resources:

* [**SAMHSA: New Series of Advisories on Substance Use Disorder Treatment**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=2d16d42de0&e=aa48d4f836__;!!HYmSToo!LN-kE3jfV3ea01iiqqkMyW0JxMVOvs_I9o6EViVZJcga4KZQlefxkFa7Fyi2wO_Y_zHPOQ$)
* [**The Management of Pain in People With a Past or Current History of Addiction**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=367b65ebc2&e=aa48d4f836__;!!HYmSToo!LN-kE3jfV3ea01iiqqkMyW0JxMVOvs_I9o6EViVZJcga4KZQlefxkFa7Fyi2wO8Vh67FaQ$)
* [**NIATx: Buprenorphine Implementation Toolkit 2020**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=e4f8065be8&e=aa48d4f836__;!!HYmSToo!LN-kE3jfV3ea01iiqqkMyW0JxMVOvs_I9o6EViVZJcga4KZQlefxkFa7Fyi2wO_t8pPuDA$)
* [**Education in Trauma-Informed Care in Maternity Settings Can Promote Mental Health During the COVID-19 Pandemic**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=ab0582fefb&e=aa48d4f836__;!!HYmSToo!LN-kE3jfV3ea01iiqqkMyW0JxMVOvs_I9o6EViVZJcga4KZQlefxkFa7Fyi2wO-5Rsz0eQ$)
* [**To Improve COVID-19 Vaccine Distribution, Engage Behavioral Health Providers**](https://urldefense.com/v3/__https:/jbsinternational.us20.list-manage.com/track/click?u=57aec950d0fa15a1027f6b2dc&id=678c086f65&e=aa48d4f836__;!!HYmSToo!LN-kE3jfV3ea01iiqqkMyW0JxMVOvs_I9o6EViVZJcga4KZQlefxkFa7Fyi2wO-o2QTXwA$)

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| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | |  |  |  | | | |  | | --- | | **The Governor’s Institute (GI) and NC DHHS have partnered to conduct a one-year pilot program focused on expanding the pool of MAT providers**. The pilot will enable qualified PAs and NPs to prescribe buprenorphine even if their supervising physician is not waivered.  Physicians who supervise PAs and NPs waivered to treat patients for opioid use disorder, but who have themselves not completed all steps to qualify for their buprenorphine waiver, can join this pilot program. The GI and NC Society of Addiction Medicine will connect participants with resources and experienced buprenorphine mentors at no cost to participants.  **Waivered APPs and their Supervising Non-waivered physicians may join this pilot if:**   1. the physician has authority to prescribe Schedule III controlled substances; 2. the physician has taken an 8-hour training on medication-assisted treatment (MAT), i.e., the physician must be *eligible* to apply for a waiver even if the physician does not actually apply; 3. PA / NP has completed training and has a DATA waiver.   **Pilot program:**   * Sign up is easy and free: [http://bup.addiction-medicine.org/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001p5AMSs149aV6q3pOTrVfP_xSsagiV9pFJb6OFibvfYLgLnjWUFKYsFZKtoqYzO7hyjIZRxd2Liopd-9PzpaCMU8qDzBu5D5fWk2cYnH03BThapCLsUJiRsNXl9uPIOFhiLpjZmJeLqruLEvldM9NtKFWnJ5b1XXT&c=iNVxwp6LMLsyda_dQx0CiQY0Fx4q46ulnHsYLKKw59XK3W979ZtodA==&ch=Yxbk4vdU7XGFiItsRhTNcSlhaJ-E596XaGfIYfeiY74qltU6Ju-Whw==__;!!HYmSToo!OnnKGr8wumsLjQkfU7wLUpyPyaMsAL9kd0gU-OH2oOitgxB7HzyXzyxOSVVIN50EEKbUIw$) * If any participants (physicians, PAs, or NPs) need to complete buprenorphine/MAT training, visit [http://bup.addiction-medicine.org/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001p5AMSs149aV6q3pOTrVfP_xSsagiV9pFJb6OFibvfYLgLnjWUFKYsFZKtoqYzO7hyjIZRxd2Liopd-9PzpaCMU8qDzBu5D5fWk2cYnH03BThapCLsUJiRsNXl9uPIOFhiLpjZmJeLqruLEvldM9NtKFWnJ5b1XXT&c=iNVxwp6LMLsyda_dQx0CiQY0Fx4q46ulnHsYLKKw59XK3W979ZtodA==&ch=Yxbk4vdU7XGFiItsRhTNcSlhaJ-E596XaGfIYfeiY74qltU6Ju-Whw==__;!!HYmSToo!OnnKGr8wumsLjQkfU7wLUpyPyaMsAL9kd0gU-OH2oOitgxB7HzyXzyxOSVVIN50EEKbUIw$) or contact Pollen Williamson at [pollen@govinst.org](mailto:pollen@govinst.org) for more information on training needs. * Participants who would like to be paired with an experienced buprenorphine mentor should contact Pollen Williamson at [pollen@govinst.org](mailto:pollen@govinst.org).   All mentoring and training are free resources offered to participants in the pilot program. In one year, GI and NC DHHS will report data on the pilot to the NC Medical Board. Visit [http://bup.addiction-medicine.org/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001p5AMSs149aV6q3pOTrVfP_xSsagiV9pFJb6OFibvfYLgLnjWUFKYsFZKtoqYzO7hyjIZRxd2Liopd-9PzpaCMU8qDzBu5D5fWk2cYnH03BThapCLsUJiRsNXl9uPIOFhiLpjZmJeLqruLEvldM9NtKFWnJ5b1XXT&c=iNVxwp6LMLsyda_dQx0CiQY0Fx4q46ulnHsYLKKw59XK3W979ZtodA==&ch=Yxbk4vdU7XGFiItsRhTNcSlhaJ-E596XaGfIYfeiY74qltU6Ju-Whw==__;!!HYmSToo!OnnKGr8wumsLjQkfU7wLUpyPyaMsAL9kd0gU-OH2oOitgxB7HzyXzyxOSVVIN50EEKbUIw$) for more information.  The full document can be found [here](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001p5AMSs149aV6q3pOTrVfP_xSsagiV9pFJb6OFibvfYLgLnjWUFKYsFZKtoqYzO7hb0g0lXsS3Zaqk_1bhJe2jzyZAv3yEfeUeFq89RmRwFBUNTc0_7XEvoc4_9RJr2b_gvt18FrDM32kLZb4DVr8N-Tr87SMZBEPj5yg5IwhtYk-crijQG5eB-zq0MiXUX4KpjAnQtbqOvL5Y0T7jbksfh0-M1819saF-61ylsobdZ0=&c=iNVxwp6LMLsyda_dQx0CiQY0Fx4q46ulnHsYLKKw59XK3W979ZtodA==&ch=Yxbk4vdU7XGFiItsRhTNcSlhaJ-E596XaGfIYfeiY74qltU6Ju-Whw==__;!!HYmSToo!OnnKGr8wumsLjQkfU7wLUpyPyaMsAL9kd0gU-OH2oOitgxB7HzyXzyxOSVVIN50enpSkdw$). | | |

**Comparison of Rates of Overdose and Hospitalization After Initiation of Medication for Opioid Use Disorder in the Inpatient vs Outpatient Setting**

Jake R. Morgan, PhD; Joshua A. Barocas, MD; Sean M. Murphy, PhD; Rachel L. Epstein, MD, MSc; Michael D. Stein, MD; Bruce R. Schackman, PhD; Alexander Y. Walley, MD, MSc; Benjamin P. Linas, MD, MPH JAMA Network Open. 2020;3(12)

Findings In this comparative effectiveness research study of 37 090 propensity score–matched individuals with opioid use disorder receiving outpatient medication treatment or inpatient care, all forms of inpatient care (short or long term) were associated with higher risk of subsequent overdose and hospitalization. The findings suggest that outpatient medication may be less likely than inpatient care to be associated with subsequent overdose or hospitalization. When patients and clinicians have a choice of treatment, outpatient MOUD treatment may be associated with lower overdose and hospitalization.

**Infant opioid withdrawal therapy varies widely by treatment site**

[**https://www.nih.gov/news-events/news-releases/infant-opioid-withdrawal-therapy-varies-widely-treatment-site**](https://www.nih.gov/news-events/news-releases/infant-opioid-withdrawal-therapy-varies-widely-treatment-site)

Opioid use disorder during pregnancy [increased(link is external)](https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm) from 1.5 to 6.5 for every 1,000 hospital deliveries from 1999 to 2014, according to the U.S. Centers for Disease Control and Prevention. Opioid use during pregnancy increases the risk for maternal death, miscarriage, poor fetal growth and preterm birth. Newborns who are exposed to opioids in the womb may also have withdrawal symptoms that require medication treatment.

ACT NOW study sites varied widely in the proportion of pregnant women who received medication-assisted treatment (from roughly 6% to 100%) and prenatal counseling (roughly 2% to about 75%). Sites also varied greatly in the proportion of newborns receiving therapy with a replacement opioid (about 7% to 100%) and therapy with a secondary medication to further ease the infants’ withdrawal symptoms (roughly 1% to roughly 70%).

**Patient Satisfaction with Medications for Opioid Use Disorder Treatment via Telemedicine: Brief Literature Review and Development of a New Assessment**

[Front Public Health.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7859509/) 2020; 8: 557275.

Published online 2021 Jan 21. doi: [10.3389/fpubh.2020.557275](https://dx.doi.org/10.3389%2Ffpubh.2020.557275)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7859509/>

**Addressing the Overdose Epidemic: Low-threshold Buprenorphine Initiation**

The New England Journal of Medicine interviews Brown University’s Alpert School of Medicine’s Dr. Justin Berk in this [podcast](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/VaJt000fHa0F300MR1rHPb0__;!!HYmSToo!MSrd1Xkj0RbhQlgjedFEm21f8crDMJPucdduoh3T-PYRFsjNFkG5TCNYGqSl_1XKjV2QUQ$) on low-threshold buprenorphine initiation. Dr. Berk discusses how this promising practice – conducted in a variety of settings and conditions – is serving to lessen the likelihood of opioid use that leads to overdose.

[**Negative side effects of opioids could be coming from users' own immune systems**](https://urldefense.com/v3/__https:/www.sciencedaily.com/releases/2020/08/200817104329.htm__;!!HYmSToo!LPO_-hRjLfkP7jStHIKz8sGZyYFYi15PFesLaby2rCBjFZyiet8l3oi8pb9-kesiGRYTCQyttZ2c$)

Those who take opioids long term can develop chronic inflammation and heightened pain sensitivity. Scientists report that some side effects might be influenced by the body's own immune system, which can make antibodies against the drugs.

**ALCOHOL RESEARCH Current Reviews**

[**https://www.arcr.niaaa.nih.gov/arcr402/toc.htm?utm\_source=GovD&utm\_medium=Email&utm\_campaign=Issue-402-TOC**](https://www.arcr.niaaa.nih.gov/arcr402/toc.htm?utm_source=GovD&utm_medium=Email&utm_campaign=Issue-402-TOC)

**Women and Alcohol** Volume 40, Number 2, 2020

Women are the fastest-growing segment of alcohol consumers in the United States, increasing the potential number of women who across their life span could develop negative health consequences related to alcohol consumption. This issue of Alcohol Research: Current Reviews examines the current literature on the screening, diagnosis, prevalence, risk factors, health consequences, and treatment for women experiencing alcohol-related problems.

**The ASAM Criteria Training Project for North Carolina 2020-2021**

Please visit [https://bhs.unc.edu/asam/dashboard](https://urldefense.com/v3/__https:/bhs.unc.edu/asam/dashboard__;!!HYmSToo!KvZP6NidYkf_V25OyS_dOS4MI76UpwPbe8k2v4zSLIi-lNymnr9CBH3rKc8xSC2leGKi6g$) for more information including continuing education credit options, specific training dates and registration.  
The Division of Health Benefits NC Medicaid and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) are pleased to sponsor a variety of opportunities for Medicaid and State-Funded services providers to participate in The ASAM Criteria Training.  
  
These training opportunities are open only to behavioral health clinicians in North Carolina (LP, LPA, LCSW, LCSW-A, LCMHC, LCMHC-A, LCAS, LCAS-A, CCS, LMFT, LMFT-A, PA, NP, MD) **who are contracted with an LME/MCO or a Standard Plan to provide Comprehensive Clinical Assessments**

**Decision-Making in Ambiguous Situations Influences OUD Patients’ Relapse Risk**

[**https://www.drugabuse.gov/news-events/nida-notes/2020/12/decision-making-in-ambiguous-situations-influences-oud-patients-relapse-risk**](https://www.drugabuse.gov/news-events/nida-notes/2020/12/decision-making-in-ambiguous-situations-influences-oud-patients-relapse-risk)

* Patients in treatment for opioid use disorder (OUD) who were more comfortable making decisions when they did not know the probability of outcome had a higher risk of using opioids again.
* How much patients favored these ambiguous situations was an independent risk factor for opioid use; quantifying this decision-making bias may help improve relapse prediction when combined with clinical factors.
* Computational approaches based in decision neuroscience can shed light on behaviors that predict and explain relapse vulnerability and may lead to tailored treatments to prevent relapse.

# **Addressing Technology Burnout in Mental Health Clinicians**

* March 03, 2021 [Facebook](https://www.psychcongress.com/" \l "facebook" \t "_blank)[Twitter](https://www.psychcongress.com/#twitter)[LinkedIn](https://www.psychcongress.com/#linkedin)[Share](https://www.addtoany.com/share#url=https%3A%2F%2Fwww.psychcongress.com%2Farticle%2Faddressing-technology-burnout-mental-health-clinicians&title=Addressing%20Technology%20Burnout%20in%20Mental%20Health%20Clinicians)
* Steven Chan, MD, MBA
* Utilizing technology for telehealth treatment and being unable to meet with patients in person has led many mental health clinicians to experience burnout, causing some of them to stop applying best practices and self-care techniques, Steven Chan, MD, MBA, said at a Psych Congress Regionals session on telepsychiatry.
* Best practices, such as prompt note-taking, have become more difficult during the COVID-19 pandemic. To alleviate this, make notes concise and learn to write notes during the encounter, Psych Congress and Psych Congress Elevate Steering Committees member Dr. Chan told attendees. He shared 3 helpful techniques to write and complete notes on time.
* [**Combatting Clinician Burnout Through Wellness Practices**](https://www.psychcongress.com/multimedia/combatting-clinician-burnout-through-wellness-practices)

“I learned a few techniques. One is to explain to them that what they're saying is important, and I would like to write down notes so that I can remember them for the future. That way, I explain it is not a rude thing for me to take notes,” Dr. Chan said. “The second thing is I would share my screen and say: Here are the things you mentioned. Is this correct?” “The second thing is I would share my screen and say: Here are the things you mentioned. Is this correct?”

“The third technique with telepsychiatry is to have the window right underneath the bottom of the webcam.” That window can include your electronic health record and your notes field to type notes and place orders while talking with the patient, maintaining respectful eye contact.

Having open conversations with patients about telehealth's limitations and characteristics will help clinicians properly treat patients with telepsychiatry, said Dr. Chan, clinical informaticist and Medical Director for Addiction Consultation & Treatment, Palo Alto VA Health, California.

The use of technology to meet with patients may lead to what is being described as “Zoom fatigue”, a possible contributing factor in feelings of clinician burnout.

“Typically, what we've seen is that when we are looking at such screens, there is a reduced blink rate. So, the reduced blink rate causes us to not lubricate our eyes, and we get worn out eyes. It does cause us to feel a bit more fatigued,” Dr. Chan said. “We also see that it's easier to get really caught up in work and forget to do things like stretches or getting up from the desk to do a quick walk break.”

[**Comment Letter on HHS Report to Congress on Telehealth for Pediatric SUD**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001z3WI6gPnysP2HVc5AeiZ1GYBt1_5JjUlL-mDKCWa_96hHfKsvJbp00IM1h4grHlG7xCOWQBMBuAP0ed09uHuTLslE-z061ryM3mfZyc7HFnCkBmWAizdt2MsxZYp-QvsVKsr8YkkSc-66pgBZ8Xee8Q9rU9mxREFn-FrcNDjD8keD1LLYNNdLjY8nu2ZoxKvSByRBerlwO1CFKwv7juj4lu8TgzObEVKzaAhdgRBRNfgABFeGj6LSU26jlsFLT9YMcwM4r4JWXYha4dJxKLrR0znQ982BMfiLjhian20oomjF93uJcgbSP0i4Rw-duV2HGwsC0_40lYqABli0udrWqhWF6baDUsn3NqCgLLm1QH-tqhZDmnYAv9B8Kwp6tYjARwvfBvtE6MHp0aXW5H9hkDrErga67cgTFkZPtL4JL46E_6De6oIW7bpGHwxE35SgvUKvA05VqxnwLwAb2rAT8zJtLQowchZMLg77HJkvzXc46bz_yE3JkAsSkQ4SOO22i5y4e1XHGBiooTLxnie_tp1p2UXDo7itGgJaaJV8tcex_i_pBCnxk8eza-IOgaYCRBQKZ2o913C0hsrbHYJDxFAkd_XrQ72ibrOKlyj6j2kEYC1K3dy0fgC1ftYXvSBhdBTjWAjQDFXQwEZ1qvce-h9mtd02agRAUpUOwmmCViXw5VFavqn9fo8EoGc32Ql&c=iDCEjStvm5fb9cYYmruF0zkqNaYWcxfztnnRN3xH_HyeMKRAEwueJA==&ch=WnOuLyTFHMXZE5O84qfHpwT2nWlYfrfuynMKALPuYOFyJsDTlG2ofg==__;!!HYmSToo!KObbW9JBHmQynD1ypw2pi0IVnRvwrVmFU5b8yQov7z_LAhG00MfZQiwK3ecd7CGOnTmfWw$)

Reviews the U.S. Department of Health and Human Services (HHS) report, Reducing Barriers to Furnishing Substance Use Disorder (SUD) Services Using Telehealth and Remote Patient Monitoring for Pediatric Populations Under Medicaid: Final Report. Covers the role of telehealth in mitigating the shortage of behavioral health providers and expanding behavioral health services to children covered by Medicaid. Discusses the need for additional research on telehealth in Medicaid, information sharing between states, and addressing barriers to technology.

Sponsoring organization: Medicaid and CHIP Payment and Access Commission

**This Addiction Treatment Works. Why Is It So Underused?**

An approach called contingency management rewards drug users with money and prizes for staying abstinent. But few programs offer it, in part because of moral objections to the concept.

[**https://www.nytimes.com/2020/10/27/health/meth-addiction-treatment.html?utm\_source=STAT+Newsletters&utm\_campaign=305b8d9666-MR\_COPY\_01&utm\_medium=email&utm\_term=0\_8cab1d7961-305b8d9666-151667493**](https://www.nytimes.com/2020/10/27/health/meth-addiction-treatment.html?utm_source=STAT+Newsletters&utm_campaign=305b8d9666-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-305b8d9666-151667493)

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| |  | | --- | | **ATTC Offers New Core Curriculum on Stimulants** | |

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| |  | | --- | | The ATTC Network has created a core curriculum training package to provide information about central nervous system stimulants and their impact on brain, body, and behavior. Prepared by members of the Addiction Technology Transfer Center Network, Stimulant Workgroup, the training covers (1) the scope of stimulant use in the United States and beyond; (2) stimulants and the brain and impact of use on cognition; (3) stimulant use and psychosis; (4) short- and long-term physical and mental health consequences of stimulant use and considerations for specific populations; (5) the intersection of stimulant use and HIV risk; and (6) effective evidence-based behavioral treatment interventions and recovery supports for people with a stimulant use disorder. [**[Learn more]**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001AfNO6JcN0e_YN81yZQgCNZIHRCsYJZE5-wgXh62hsSfDlT2WmZ8PYkBVsQZRwnXkSGlCpz0LbscBzAO-n842i3yZNM9GWcxwWCKx82AdD143pHJTihuxwX1jhhKI4Gqvk8A3PCcC1aeVVlLAREk_8VErHx2w_VBIg9nXYC0N6cLp4kgcQgzYn2bwQ-nMvjqyxPDtA7giUjwRkar1ugK2cXTsML7weYUD2KiENC1yCzoSWcCKHGDrH8E-AgajhGX3V1SztDNfrgUiaEZ4hxWYpw==&c=m7K2xHnkDtJXeaJZlhnEJbYjrZbTReoI9viSSqojx6TyfNKsoyMo6A==&ch=iX39pFad5a4SKI0nxvcR_yqp_gtVmy85nogWe3S5VqPiuNQsSjV0Nw==__;!!HYmSToo!M6kiv_dNmY6FDJTF3pQ7arcR4tKJYnFL2o3iWxHbwYZjC4XRviGHfqiVKQ23tOMwwecDFg$) | |

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**The Centers for Medicare and Medicaid Service (CMS) wants to make you aware of a recent** [**Drug Safety Communication**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDA4MTguMjU4MTg1MDEiLCJ1cmwiOiJodHRwczovL3d3dy5mZGEuZ292L2RydWdzL2RydWctc2FmZXR5LWFuZC1hdmFpbGFiaWxpdHkvZmRhLXJlY29tbWVuZHMtaGVhbHRoLWNhcmUtcHJvZmVzc2lvbmFscy1kaXNjdXNzLW5hbG94b25lLWFsbC1wYXRpZW50cy13aGVuLXByZXNjcmliaW5nLW9waW9pZC1wYWluIn0.mO9OhtLdg6jhqTRoZvkMvbMbYzRWbFISDMpAWDWqBlQ/s/942158283/br/82502979808-l) **from the Food & Drug Administration (FDA).**

The FDA announced it now requires labeling for opioid pain medicine and medicine to treat OUD be updated to recommend that as a routine part of prescribing these medicines, health care professionals should discuss the availability of the overdose reversal drug naloxone with patients and caregivers, both when beginning and renewing treatment.

Additionally, the labeling changes recommend that health care professionals consider prescribing naloxone to patients who are prescribed opioid pain medicines and who are at increased risk of opioid overdose, including those who are also taking benzodiazepines or other medicines that depress the central nervous system; those who have a history of OUD; and those who have experienced a prior opioid overdose.  A naloxone prescription should also be considered for patients prescribed opioids who have household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose.

We encourage you to share this information with your members as soon as possible.

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**REDUCING BARRIERS TO FURNISHING SUBSTANCE USE DISORDER (SUD) SERVICES USING TELEHEALTH AND REMOTE PATIENT MONITORING FOR PEDIATRIC POPULATIONS UNDER MEDICAID**

<https://www.medicaid.gov/medicaid/benefits/downloads/rtc-reducing-barriers-may-2020.pdf>

**‘We’re Not Alone’: Preserving Group Therapy through Videoconferencing during COVID-19**

[**https://recoverycenterofexcellence.org/learn/were-not-alone-preserving-group-therapy-through-videoconferencing-during-covid-19**](https://recoverycenterofexcellence.org/learn/were-not-alone-preserving-group-therapy-through-videoconferencing-during-covid-19)

[**Temple researchers receive $1.77M grant to explore therapy for cocaine addiction**](https://www.news-medical.net/news/20200615/Temple-researchers-receive-24177M-grant-to-explore-therapy-for-cocaine-addiction.aspx)

Researchers at Temple University have received a $1.77M grant from the National Institute on Drug Abuse to explore whether a drug called clavulanic acid can help patients recover from cocaine use disorder. Clavulanic acid is part of an existing therapy known as Augmentin.

**Digital Therapeutics Reduce Burden on Providers, Improve Efficiency**

In the first study, computer-based and therapist-based outpatient modalities produced similar results in continuous abstinent weeks among patients, while the computer-based model required less therapist intervention time, which cut down on costs. A second study showed that patients in computer-based CBT therapy had more drug-free urine tests, stayed in treatment longer and evaluated their treatment more positively. See <http://www.psychcongress.com/article/ncad-west-digital-therapeutics-reduce-burden-providers-improve-efficiency>

**Check out the RTI Opioid Newsletter here:**

<https://www.rti.org/emerging-issue/understanding-preventing-and-treating-opioid-abuse>

NC Medical Society Foundation is looking for sites to try out their MAT dashboard software -- **The Recovery Platform as part of their Project OBOT.**

<https://projectobot.com/>

Opioid Addiction is a treatable disease, but it requires significant care coordination and collaboration among providers and car resources. Providers given proper training and surrounded with professionals to share in their patient’s treatment strategy can successfully treat those suffering opioid Use Disorder. With the formation of Project OBOT, the NCMSF has established a coalition of organizations including: Governor’s Institute NC Association of Local Health Directors, LabCorp, The Recovery Platform, UNC School of Public Health, Project Echo, MAHEC and others to facilitate expansion of MAT. Through the establishment of research-based, data driven pilots, Project OBOT will provide increased patent access by using a care-specific platform for opioid treatment and recovery. Project OBOT helps ensure compliance with standards, tracks patient drug court involvement/status, direct feed of testing to LabCorp, supports counseling via smart phone, attending group via telehealth connection. Contact Franklin Walker at [FWalker@ncmedsoc.org](mailto:FWalker@ncmedsoc.org)

**44% of overdose deaths included benzodiazepines**. Concern about benzo abuse reaching epidemic levels persists. Recommend that all prescribers add benzodiazepines and stimulants to their patient Controlled Substance Agreements (CSA) and verbally check with all patients before prescribing opioids. Email Timothy Shelton at [tsdhelton@amchc.org](mailto:tsdhelton@amchc.org) for an excellent example of a complete CSA.

**MDMA-Assisted Psychotherapy Shows Promise in Treatment for Alcohol Addiction**

MDMA-assisted psychotherapy for the treatment of alcohol use disorder was found to improve psychosocial functioning with no unexpected adverse events in a clinical trial conducted by London-based Awakn Life Sciences.

Results of the study were [*published in the Journal of Psychopharmacology*](https://journals.sagepub.com/doi/full/10.1177/0269881121991792).

Over the course of eight weeks, 14 participants in the study received a 187.5 mg dose of MDMA at each of two sessions, with psychological support being provided before, during and after each session. Safety, tolerability, and psychological and physiological outcome measures were assessed during the trial. Alcohol use, mental health and functioning were tracked in the nine months that followed detoxification.

At the nine-month mark post-detox, participants reported consuming an average of 18.7 units of alcohol per week, down from an average of 130.6 units per week pre-detox.

Awakn said in a news release announcing results of the study that it plans to move forward with a Phase IIb study—a double-blind, placebo-controlled clinical trial to further investigate the safety and efficacy of MDMA-assisted psychotherapy for alcohol use disorder.

**Recovery Support**

**“Certified peer support specialists are a key resource in turning the tide on the opioid crisis in our state. Peer support specialists are instrumental in connecting individuals battling the chronic disease of addiction to support services, including treatment and harm reduction.”**

* **Mandy Cohen, MD, MPH Secretary of North Carolina Health and Human Services**

**Model Recovery Residence Certification Act**

The Legislative Analysis and Public Policy Association (LAPPA) recently published the [Model Recovery Residence Certification Act](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/NzczLU1KRi0zNzkAAAF74L_5z5DE1kU3xjGjEyw8-QM0hpjB2n6hGkyesmQlc96CBDZ-z67u-9chj8M5g4EraOKV_PA=__;!!HYmSToo!Kmu_F0HzHkcdbc6pRrDn6r5-_hW5nirObEp3Yzxphbd4YZgsz9DMDThCyaX0Out17Wm0qA$). While recovery residences can provide a critical bridge from early recovery to a healthy, stable and engaged life in the community, a lack of recovery residence standards can lead to the exploitation and victimization of individuals in recovery.

**BUILDING THE CASE FOR EMERGENCY DEPARTMENT PEER SUPPORT Implementation Guide**

https://www.rcorp-ta.org/sites/default/files/2020-12/ED\_Peer\_Support\_Program\_Guide\_2020.pdf

The North Carolina Emergency Department (ED) Peer Support Program enables participating North Carolina hospitals to embed certified peer support specialists in their emergency departments to connect patients presenting with opioid overdose to treatment, recovery, resources and harm reduction supports. This guide is a tool for introducing an ED peer support program in a hospital setting

**Nurturing Program for Families in Substance Abuse Treatment and Recovery**

<https://www.rcorp-ta.org/sites/default/files/2020-12/Nurturing%20Program%20for%20Families.pdf>

**New Analysis: Employers Can Save Average of $8,500 for Supporting Each Employee in Recovery from Substance Use Disorder**

[**https://www.nsc.org/newsroom/new-analysis-employers-stand-to-save-an-average-of**](https://www.nsc.org/newsroom/new-analysis-employers-stand-to-save-an-average-of)

According to new research released today, the annual average additional costs to an employer for each worker with an untreated substance use disorder (SUD) have risen 30% in just three years. Employers spend an average of $8,817 annually on each employee with an untreated SUD, according to the findings from NORC at the University of Chicago and the National Safety Council. Encouragingly, each employee who recovers from a SUD saves a company over $8,500 on average, according to the analysis – and employer-initiated treatment is more successful than treatment initiated by friends or family members.

Additionally, the analysis shows that workers in recovery miss 13.7 fewer days each year than workers with an untreated SUD, and 3.6 less days than an average employee. Workers who are actively in recovery help employers avoid $8,175 in turnover, replacement and healthcare costs.

To help employers understand how substance misuse impacts their bottom lines – and what they can save by addressing it – NSC and NORC at the University of Chicago have updated the [Substance Use Cost Calculator](https://www.nsc.org/drugsatwork),

Other findings from the analysis include:

* One in 12 workers has an untreated substance use disorder. Even industries with lower rates, such as public administration and protective services, have an average rate of 6% of employees with SUDs in their workforce.
* Construction, mining and service occupations have the highest rates of alcohol and other drug use disorders – and jobs in these industries are often safety-sensitive positions. Education, healthcare, and professional and protective services jobs have the lowest.
* Jobs with a large percentage of male employees – and in many cases, younger men – have higher rates of substance use disorder. In the construction field, for instance, 19% of workers (one in five) have a substance use disorder.
* As was the case in 2017 when NORC and NSC initially released the Substance Use Cost Calculator, industries with higher numbers of workers with alcohol use disorders also have more illicit drug, pain medication and marijuana use disorders.
* Workers in recovery tend to be strong employees. They take approximately eight days off each year compared to the average 11.6 days off taken annually by workers without substance use disorders. Workers in recovery also tend to stay in jobs longer, are less likely to be hospitalized and have fewer primary care visits.
* According to the analysis, the average employer pays $2,918 in health insurance premiums or self-pay annually for workers without substance use disorders. For those with substance use disorders, those costs are approximately $4,770 per worker, and $3,961 per worker in recovery.

**FREE NAMI Psychiatric Advance Directive (PADs) Trainings**- Various dates. [Click here for more information and to register](https://urldefense.com/v3/__https:/click.icptrack.com/icp/relay.php?r=9373059&msgid=160151&act=3JFK&c=1660438&destination=https*3A*2F*2Fnaminc.org*2Four-work-support*2Fpsychiatric-advance-directives*2Fpads-training-opportunities*2F&cf=2596&v=7d04fa11ab6a15357af590e7966b284b9984f906e211a520d768d4deaa9ba5f8__;JSUlJSUlJQ!!HYmSToo!L0igs1n0QuhYblw75m3CQUdkVFQwqRkeJ_kcGUF0bOWrUamIWZyRq3-UHKTcVSo8Jx6d2Q$).

**12-Step Meeting Finder** (Face-to-Face & Online) [https://meetings.intherooms.com/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001UufIuIBvkMpoUjo6LEI5yq3oKj6_1qnRcdWCNTv5aXjdH-MEQORSvcjXtj3aYG_Q6_hUU5YluG9dtruMAMV8Nzu3FH7uRGkn21z5tjmzuxzKghWwpgyiaH7LvMXF9XQK2YE7EED3hG41ZsE4dJdZLgmDGNfvGiby&c=Du1YAwFzrHMLPLKizdTEFbvyfbPR5SFEcmIT7_MGnrQ5ywwGeG_vrQ==&ch=bUaQV3n17eE5NK6G1GNedFxhEwsuISdicA1dBiXIhE3qi5cxOTOLRA==__;!!HYmSToo!ONnZ1Tr2o9-rqGoJh7e67UZsKYQZ6DwEYObCqSLQ7T1yUYOegCfwcuP1OSS3FeqyNNUc2w$)

**Celebrate Recovery** (Face-to-Face)

[https://locator.crgroups.info/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001UufIuIBvkMpoUjo6LEI5yq3oKj6_1qnRcdWCNTv5aXjdH-MEQORSvcjXtj3aYG_QQDraxiVL0PYCGUHxFGDDGjUBnAD_VT8gRnXBNwjkokucmJ0RGjXCeJBCO7tCHjuSV6UI2Bwe9VWvqgJOmb8lAA==&c=Du1YAwFzrHMLPLKizdTEFbvyfbPR5SFEcmIT7_MGnrQ5ywwGeG_vrQ==&ch=bUaQV3n17eE5NK6G1GNedFxhEwsuISdicA1dBiXIhE3qi5cxOTOLRA==__;!!HYmSToo!ONnZ1Tr2o9-rqGoJh7e67UZsKYQZ6DwEYObCqSLQ7T1yUYOegCfwcuP1OSS3FeqrQfPA6Q$)

**SMART Recovery Meetings**

(Face-to-Face & Online)

[https://www.smartrecovery.org/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001UufIuIBvkMpoUjo6LEI5yq3oKj6_1qnRcdWCNTv5aXjdH-MEQORSvcjXtj3aYG_QygbuhTYDKTlFyn6ufYL7YBFC05_p9iEO786iycUOOjZx10k_Xs54MS9mDK9r3yQPYh52chprrQD-y4FCA4pLjQ==&c=Du1YAwFzrHMLPLKizdTEFbvyfbPR5SFEcmIT7_MGnrQ5ywwGeG_vrQ==&ch=bUaQV3n17eE5NK6G1GNedFxhEwsuISdicA1dBiXIhE3qi5cxOTOLRA==__;!!HYmSToo!ONnZ1Tr2o9-rqGoJh7e67UZsKYQZ6DwEYObCqSLQ7T1yUYOegCfwcuP1OSS3FeprIXpS3A$)

﻿**Choice In Recovery** (Multiple Pathways, links to resources and Meetings)

[http://choiceinrecovery.net/resources/](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001UufIuIBvkMpoUjo6LEI5yq3oKj6_1qnRcdWCNTv5aXjdH-MEQORSvcjXtj3aYG_QgHvt2I2kPQj5Kv6fho3i3NZSjVdXrGXBMZkeHOM_NKmGWk14lBw6C_SQzpH-p1OKB7_cFajSqwJuiVrJj2mBDbcqBBGmZmBwdPZ5p4RuKpw=&c=Du1YAwFzrHMLPLKizdTEFbvyfbPR5SFEcmIT7_MGnrQ5ywwGeG_vrQ==&ch=bUaQV3n17eE5NK6G1GNedFxhEwsuISdicA1dBiXIhE3qi5cxOTOLRA==__;!!HYmSToo!ONnZ1Tr2o9-rqGoJh7e67UZsKYQZ6DwEYObCqSLQ7T1yUYOegCfwcuP1OSS3FepMILH4qA$)

**Updated counts as of 12.4.20 from NC Peer Support Specialist Program here:**

[**https://pss.unc.edu/data?fbclid=IwAR2Re0Gs9nhwkyap5M8GNv7ayJjo8IGROvv-hGLfiNZx8qRZyFZ\_6vDSgCA**](https://pss.unc.edu/data?fbclid=IwAR2Re0Gs9nhwkyap5M8GNv7ayJjo8IGROvv-hGLfiNZx8qRZyFZ_6vDSgCA)

The new **Addiction Peer Recovery Center of Excellence (APR CoE)** website [PeerRecoveryNow.org](https://urldefense.com/v3/__http:/out02.thedatabank.com/?r=MTAwMg0KSjQzNTYxMi1DNDIzLU0yNzA3MDUtMzgtY2hyaXN0eWMNCjM3MTU2NDIzNTIzODkyMzA4MTk2ODI3MDcwNTExNg0KMTNlMDAwMDAwMDVkMDY0DQpodHRwczovL3BlZXJyZWNvdmVyeW5vdy5vcmcvDQpwZWVycmVjb3Zlcnlub3dvcg0KZ2xlbm4uZmllbGRAZGhocy5uYy5nb3Y*3d__;JQ!!HYmSToo!ItD7rHdjpHmyT95HjpuSQjw7RFvxV3gkQ9MugjGsREKwpmXCaGOUoLYpJJ3GFOeTLShq6g$) is under construction! We hope you check back often for news, resources, upcoming events, along with information on how to request   
**FREE Training and Technical Assistance** in the following areas:

* Clinical integration of peer support workers into non-traditional settings;
* Building and strengthening capacity of Recovery Community Organizations;
* Enhancing the professionalization of peers through workforce development;
* Providing evidence-based and practice-based toolkits and resource information to diverse stakeholders.

**Providing Culturally Responsive Recovery Supports: Recommendations for Engaging Black Young Adults**

<https://c4innovates.com/brsstacs/Culturally-Responsive-Issue-Brief.pdf?mkt_tok=eyJpIjoiTkdVNVpERXdZVE16TXpsayIsInQiOiIrSmZKSXRDbWdNRktTZnBYeERxcTVSbzh5THJRRlorbDNHamJPRHRnZ3F2QThsMVdHSkpDbGRIRWNXUTNIeEFWcjlxeUhOWmd3TXJZVWtCNGZyMlM1WnVNOEk3WkhsUTdBUzhhRkJxYkh2WDlHMHRRTFwvcEJWK2VZQm9UbDh4REsifQ%3D%3D>

**[Recovery and Youth: An Integrative Review](mailto:ccampau@apnc.org)**

**[Andrew J. Finch, Jordan Jurinsky, and Billie May Anderson,](mailto:ccampau@apnc.org)** [Alcohol Research: Current Reviews | Vol 40 No 3 | Epub 2020 December 17](mailto:ccampau@apnc.org)

[[Download the PDF (126 KB)](mailto:ccampau@apnc.org)](https://www.arcr.niaaa.nih.gov/arcr403/article06.pdf)

[Recovery from alcohol use disorder (AUD) or other substance use disorder (SUD) is an evolving concept. This article reviews youth recovery, as little is known about the prevalence, pathways, and predictors of remission and long-term recovery among adolescents and how these may contrast with recovery in emerging and older adults. Although much of the literature on alcohol or other substance use in youth has focused on prevention, adolescents can and do develop AUD or other SUD. Data reported by the annual National Survey on Drug Use and Health showed nearly 1 million youths (ages 12 to 17) needed treatment for AUD or SUD in 2018, although only 83,000 of them received services in a treatment center.](mailto:ccampau@apnc.org)[1](mailto:ccampau@apnc.org)

**Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder**

<http://shura.shu.ac.uk/15835/2/Best%20-Development%20and%20validation%20of%20a%20Brief%20Assessment%20of%20Recovery%20Capital%20%28BARC-10%29%20%28Scale%29.pdf>

**SAMHSA: Virtual Recovery Resources**

This [tip sheet](https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf) describes resources that can be used to virtually support recovery from mental/substance use disorders. It also provides resources to help local recovery programs create virtual meetings.

**SAMHSA list at** <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

**Map of RCOs, RCCs with address, contact info here:** <https://impactcarolina.org/rcc-list/>

**Local virtual meetings and online support resources for those struggling with substance use disorders and behavioral health issues,** access these at[www.RecoveryAll.org](http://www.recoveryall.org/) . When you land on the home page click on**Virtual Resources**.  Once you've reviewed the list, if you know of resources to add please forward those to Deborah Kopytowski at [debk@recoveryall.org](mailto:debk@recoveryall.org). We can easily update the list as we get new resources and we encourage you to share this information with anyone who might benefit.

**A Guide to Using Text Messages to Improve Substance Use Treatment Outcomes**

Publication Date: October 14, 2019 Developed By: Mountain Plains ATTC

Helping individuals remain in treatment or continue to participate in recovery support services can be difficult. However, with advances in both technology and science, text messages can be used to increase engagement, enhance education about the individual’s condition, and help patients manage craving and other negative thoughts/moods. This step-by-step guide contains information for treatment and recovery support providers on how to use text messages to expand the reach of their services. The guide can be used in conjunction with the webinar or as a stand-alone resource.

<https://attcnetwork.org/centers/mountain-plains-attc/product/guide-using-text-messages-improve-substance-use-treatment?mkt_tok=eyJpIjoiTURGak1EZGhZekJtTURZeSIsInQiOiJjSWFPWnVRSVc1bXB5TEVZbWV3eFZOR1JIdnZMdzg5QjVcL3VyV1VURTR2UEF1UVwvTkhid1FoT0dOMXdzbDRYWWk3U0ZGaVwvalpjTkxCVzhqOU9ScmlwMXBHWTR4QVBpcGJ1YjJLWkJheDM5RllnYnFOQngyNXg5aGlEU2lKS2NpNSJ9>

**Lots of recovery resources from SAMHSA at BRSS TACS (Bringing Recovery Supports to Scale – Technical Assistance Center) Strategy at samsha.gov/brss-tacs, like:**

Value of Peers Infographics in Spanish and English: Peer Recovery, Family Parent Caregiver Support,

General Peer Support, Mental Health Support, Youth Peer Support in English

For the full list of BRSS TACS Peer Resources, please go to: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Also check out Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 2 Tools and Resources, Table 4 – Tools for Preventing or Responding to Opioid Overdose, from Agency for Healthcare research and Quality (AHRQ) at

<https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_2.pdf>

**Check out Peer VOICE NC at** <https://www.facebook.com/pvncprn/>, a statewide peer movement to enhance peer leadership and engagement, coordinate existing efforts to build qualified and competent per professionals and providers and improve mental health and substance use recovery.

**Engage School-Based Health Centers and colleges to start recovery programming**. Get your foot in the door with a soft sell about no-cost expansion of the school’s “student assistive services” (see Rhode Island’s RISA program). Contact Chris Campau, Director of Scholastic Recovery, Addiction Professionals of NC at [ccampau@apnc.org](mailto:ccampau@apnc.org)

**Grant Opportunities**

**Grants Management from Hrsa.gov**

**How should recipients of rural health grants and cooperative agreements manage activities and services in the event that critical staff members are unable to work due to either illness or COVID-19 quarantine?**

HRSA’s FORHP recognizes that many recipients are working to address or may be impacted by COVID-19 emergencies within their communities, which may impact their ability to meet grant requirements.  We encourage recipients to continue to provide rural health services and grant activities in a safe and efficient manner.  Please talk with your project officer regarding alternative approaches to planned activities. Once the emergency has waned, we will work with you on the completion of required activities.

**What flexibilities are available to recipients of rural health grants if our projects and activities are interrupted or we are unable to complete required reports?**  Please see the [HRSA COVID-19 Grantee Frequently Asked Questions](https://www.hrsa.gov/grants/manage-your-grant/COVID-19-frequently-asked-questions) and discuss your specific situation with your FORHP project officer.

**Subscribe to SUD grant notifications at grants.gov**

**Also check HRSA grant opps at hrsa.gov/grants/find-funding?status=Open&bureau=All&page=1**

HRSA has a lot of resources to help grantees. Check out their technical assistance resources at heep://www.hrsa/grants/apply

**Also review the HRSA SF-424 Application Guide**

**Local date resources at data.hrsa.gov to get HRSA Fact Sheets by county/state/national**

**The Rural Health Information Hub (RHIhub)** offers free tailored searches of funding sources for your project through their foundation directory service. Contact them at info@ruralhealthinfo.org or call 1-800-270-1898.

**Golden LEAF Foundation – Open Grants Program:** <https://www.goldenleaf.org/grant-seekers/open-grants-program/>

**Sign up for the Dogwood Health Trust Monthly Funding Opportunity Update here:**

[**leveragefund@dht.org**](mailto:leveragefund@dht.org)

We are pleased to share our most recently curated list of [**funding opportunities**](https://urldefense.com/v3/__https:/dogwoodhealthtrust.us20.list-manage.com/track/click?u=3eb84bfd5788c17e64165acc8&id=c3f15a544c&e=2a31e9223e__;!!HYmSToo!PNise5ubX0yl9WSXuQHCBrBSzTeRiuwGi3_gmA80Fz_vmJxhPLhMpf7NAxIK3Wi-OiYiWw$) that may be a fit for your organization. We encourage you to look through the list and search for grant options that would potentially align with the work you're doing now, your mission and the Leverage Fund. Please keep in mind that this list is by no means exhaustive. We continue to advise that you conduct your own internet searches based on your organization's focus areas and programs, but we hope this helps.   
To learn more, simply send us an email at [leveragefund@dht.org](mailto:leveragefund@dht.org).

**Dogwood Announces New Racial Equity Grants**

[Racial Equity Community Grants](https://urldefense.com/v3/__https:/dogwoodhealthtrust.us20.list-manage.com/track/click?u=3eb84bfd5788c17e64165acc8&id=0d214470e7&e=beaab4fb79__;!!HYmSToo!Jli9UOiodto4wOktr9lmBbH-VNu1jz1Hmb2F0XmZXOU7B2ZiBwWRkiNEZL-mBwGUnpUJng$) are designed as a first step from Dogwood Health Trust to infuse capital into historically underfunded organizations whose primary purpose is serving Black, indigenous and communities of color, and whose leadership is  representative of the communities they serve. Our goal is to recognize and support the great work and leadership that is already taking place, and help to solidify or expand that work.

Grants of up to **$25,000** from this fund may be used for immediate needs, program support, general operating support – whatever applying organizations believe will best support their work and increase their impact. Both 501(c)(3) organizations and government agencies are welcome to apply.

The online application is quick and easy, and there are minimal reporting requirements.

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This RFA entitled[***Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention***](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001V-ZEfxsygEOkQEiyG1SgV2lPZ-863-IkNtm2QxZIRmyD6leGYnV8IJTTbe3XJnshmtnrOkMXGpeMOoKnjjm--CZa4yrMSePp7CIVXGTyFbz7rLejB1efjYYjwma8hnNlxree0jiogd2Tci4sqXbRqPN9MWpz_KutNidAvAN04AufHd5wukqzS8Xu5rbDvANm4wp3YT9DJBtTBzh-hZlR5_xGA43Yb7-c3N_FX3-uRWXnIzFCkaSV9Z7JRH0vceDdAhRiEKW7VwlosuaATbNtU1GF0iWgmqNe&c=-yfdDDedpoQLneW3kfU3ILi5En7LtvF_OmtZtNO5XC_xD6g2Y4UGXA==&ch=UvFQrsQEovwYsoE67385hu_h7xCFeJCF0ds1kP2MZJr_joLLAxpWzg==__;!!HYmSToo!KUJfd1TPMDbMx6wCgAkQYKbJUG3qPgMtN8mqMh2NcjqMLDQSicvyCc1nszrBuZCyu7yfHA$)is open to all 501(c)(3) nonprofit organizations located and licensed to conduct business in North Carolina.  The deadline to apply is **April 2, 2021.** **Please see below for more information**  **RFA Name:** Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention  **RFA Number:** A381  **Release Date:** Monday, February 1, 2021  **Application Deadline:** Friday, April 2, 2021  **Eligibility:** 501(c)(3) nonprofit organizations located and licensed to conduct business in North Carolina  **Contract Award Period:** September 1, 2021-August 31, 2022 (12 months)  **Key Funding Restrictions:** Funding cannot support the cost of syringes, cookers, fentanyl test strips, naloxone, other medications, drug disposal programs or medication drop-boxes, research, lobbying, nor any direct, clinical services.  **Contact Email Address:**[beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov)    **There are two Parts in this RFA A381 EGR:**   * **Part A Implementation Strategies, and** * **Part B Organizational Mentorship.**     **EGR Part A Topic: Up to 6 Implementation Strategies –** (1) Develop or expand syringe services programs (SSPs); (2) Connect justice-involved persons (JIP) to care; (3) Establish or strengthen post-overdose response teams (PORT); (4) Advance access to education and employment opportunities; (5) Expand or establish housing first or rapid re-housing and retention services; and (6) Incorporate overdose prevention and harm reduction into existing services  **Part A Award Period:** September 1, 2021-August 31, 2022 (12 months)  **Part A Maximum Award Total for Entire 12-Month Award Period:** $100,000  **Part A Anticipated # of Awards:** At least 7 (contingent upon available funds)    **EGR Part B Topic: Organizational Mentorship -** A well-established organization may apply with a less-established organization to provide mentorship in implementing any of the Part A strategies or other harm reduction strategies for people who use drugs.  **Part B Award Period:** September 1, 2021-August 31, 2022 (12 months)  **Part B Maximum Award Total for Entire 12-Month Award Period:** $100,000  **Part B Anticipated # of Awards:** At least 3 (contingent upon available funds)  *Please use* [*beinjuryfreenc@dhhs.nc.gov*](mailto:beinjuryfreenc@dhhs.nc.gov) *for any RFA #A381 communications.*    The EGR RFA document, the budget template, and the project narrative worksheet will be posted on the [DHHS Grant Opportunities website](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001V-ZEfxsygEOkQEiyG1SgV2lPZ-863-IkNtm2QxZIRmyD6leGYnV8IJTTbe3XJnshlXMD8f3oMk68OM6s2rY-x4xFpRswOSac2zZbpgg0K26qFTYSxc2m5eDX457Z__4yt36zXTTPKNmANJo9RtDQQTNAEklHG6It7xtMhHeVPLZA6GnMl4lu4886U1Hhk5Yr8jF0-YYFcU04Cbc1k9NZgyMi-S5SFpd0&c=-yfdDDedpoQLneW3kfU3ILi5En7LtvF_OmtZtNO5XC_xD6g2Y4UGXA==&ch=UvFQrsQEovwYsoE67385hu_h7xCFeJCF0ds1kP2MZJr_joLLAxpWzg==__;!!HYmSToo!KUJfd1TPMDbMx6wCgAkQYKbJUG3qPgMtN8mqMh2NcjqMLDQSicvyCc1nszrBuZCs0g42yg$) and the [Injury and Violence Prevention Branch website](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001V-ZEfxsygEOkQEiyG1SgV2lPZ-863-IkNtm2QxZIRmyD6leGYnV8IJTTbe3XJnshTI7IoHKe8_1tJy-zgCmA0zfGa3dR8tMTORYbs9caK9HAculgGxjCwGnaYlpDLy6cb-02Y3ReXC0lcUIWHf3X1EY-n__87UmKR0nH8Vdk9rfih98rl5kb_GHXHMoBDMlC&c=-yfdDDedpoQLneW3kfU3ILi5En7LtvF_OmtZtNO5XC_xD6g2Y4UGXA==&ch=UvFQrsQEovwYsoE67385hu_h7xCFeJCF0ds1kP2MZJr_joLLAxpWzg==__;!!HYmSToo!KUJfd1TPMDbMx6wCgAkQYKbJUG3qPgMtN8mqMh2NcjqMLDQSicvyCc1nszrBuZBvxg1MWg$).    Thank you,  NC DPH IVPB Overdose Prevention Team | | | | | | | |
| |  | | --- | | **Medication Assisted Treatment – Prescription Drug and Opioid Addiction (CSAT)**  **Application Due: 04/27/2021** | | |  | | --- | |  | |

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| |  | | --- | | **Number of Awards:** 89-135 awards. At least $11 million will be awarded to federally recognized tribes/tribal organizations. This is a 5 year opportunity with no cost sharing. Each award is up to $1,000,000 per year for states, and up to $525,000 for other domestic or non-profit entities.  **About:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2021 Medication-Assisted Treatment - Prescription Drug and Opioid Addiction (Short Title: MAT-PDOA) grants. **The purpose of this program is to expand and or enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT.**  The desired outcomes for this program are:   * an increase in the number of individuals with OUD receiving MAT; and * a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up.   **Eligibility:** Private institutions of higher education, Public and State controlled institutions of higher education, For profit organizations other than small businesses.  [Read more HERE](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtl1H1vomTqd4pawfwQmANaNME0f2THxW1SCjuwOgPwRpyPPP_B7NBGccduOYDXtn_mNulA36hL9KNwFyn2t48IBIiH_xohOOTfQiSn3jHPfFFKfe5k5VGW1FAnnirmG7QS_XRg0t990KsjQp8CoFagmE-EoCadkHFglKHUFDY5VIucMUk0vYdngtV5jXGr_wPEd6WoRw-RbHUEAb1PUS55Pgiabh4GiQ9wOjO_lMDUJj&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1jyrjzVMQ$) | | |
| |  | | --- | | **Strategic Prevention Framework for Prescription Drugs(CSAP)**  **Application Due: 04/30/2021** | | |  | | --- | |  | |

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| |  | | --- | | **Number of Awards:** 26 awards, $10,000,000 total funding, funding up to $384,000 per year over 5 years, no cost match required. Proposed budgets cannot exceed $384,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.)  **About:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2021 Strategic Prevention Framework for Prescription Drugs (Short Title: SPF Rx) grant program.  The SPF Rx grant program provides an opportunity for states, U.S. territories, (herein referred to as “states”), and Tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) to target the priority issue of prescription drug misuse or another state-level strategic planning process around prescription drug misuse prevention.  **The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults.**  The SPF Rx program will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program’s success.  **Eligibility:** Private institutions of higher education, Public and State controlled institutions of higher education, For profit organizations other than small businesses. For the full list, click through the accompanying list.  [Link For MORE INFORMATION](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtl1H1vomTqd4LfVuq5TLuc4Mz4EdAppJGnO2L2QxACLYsy6ltaUHtCEnGLez16m3oibAriZuN-9KHVJyboy-FNAUMfynJBK9dJj_17S4WLpOI_gV0HdfB9gOkGXAyBTJeCEv7kU7hRbWHat3KrJj0NCTVMWR8frX74282buNxonl-gqL24ccYlEQYds7o-qADnFbuZZVweOqTvfX1DFkYII9OIItum29Tg==&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1gjPL0N2A$) | | |
| |  | | --- | | **Promoting Population Health through Increased Capacity in Alcohol Epidemiology & the Prevention of Excessive Alcohol Use**  Application Due: April 26, 2021 | | |  | | --- | |  | |

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The period of performance is 5 years with a 12-month budget period and an anticipated award date of 9/30/2021.  **About:** CDC announces the availability of fiscal year (FY) 2021 funds to implement CDC-RFA-DP21-2105, Promoting Population Health through Increased Capacity in Alcohol Epidemiology and the Prevention of Excessive Alcohol Use. **The purpose of this NOFO is to build state capacity in alcohol epidemiology and provide the tools and information needed to perform core public health functions related to excessive alcohol use prevention in states.**  This increased epidemiologic capacity will help build the public health infrastructure that is needed to reduce excessive alcohol use – a leading preventable cause of death in the U.S. The NOFO includes an additional component for the delivery of expert technical assistance and training on population-level evidence-based strategies for preventing excessive alcohol use and related harms in states and communities, such as those recommended by the Community Preventive Services Task Force.  **Eligibility:** Private institutions of higher education, Public and State controlled institutions of higher education, For profit organizations other than small businesses. For the full list, click through the accompanying list.  [Link For More Information](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdmA3P9gmGwrp1F2clgRS5v_9XChJ6PDrlQN9KU0ypE2dR5Bi-Z-az2VRlQg-W5NC-muJCRyiuLr6dQJWcl_ucaysqztdbDId2HJ7P_Rcnx1Kkvheq3w0_u-mbF8Sk3FBL4sPKPimGNPuOS6gScdKrQW32Y3qfZjq8m4pgFWP5sDSmoQktItJ5S5i9mFTsXsTW-9_aq9aYgo2L5rHclSITIXMQ0rZe6BB7aYxIugKmoRsB5fp9I382mNhhIORTKY9hgTKmvD1rNhj5BzeNSiYGU1g==&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1jnBFfH-w$)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  |  | |  |  |   [**Drug-Free Communities (DFC) Support Program**](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001-GeTxXf1YVykx6GNI63LuZULtCqiMI44l9RvLTu6DwwFOKOqUzUXyEaf5uXdRKyQzN18cYKedESS8QubEqqLg3UkxfdVyb_1j_ltjSo_U7wz8PeYgqb77H7LhxLBraFoO_WLJ3lOrxtQ61-z5bawefxi6O_wZz0WKJt_rU5HuwbAqHPczGOMNOJOfjRm7rFKC4F7MySv8o9gNymyXqOHUX-O_YXGL9dQvOt9IpdnV6A=&c=owUnq_RJCjMrGCcjoCRnVt1rCRaHBpfPhk01xFSmeevpMIwHAj14yg==&ch=dfUgyaCIX3MAtNvOrCvSgBEPFhJSco0q2zuXrwY5mmG6aPLkUJOCYA==__;!!HYmSToo!MGKOUJhXo5hF-6Fb7lC4s2nW268aGBhrPeAYuisW66WMQVgSbhdncHv6_p-74O5up0uQPg$)  **Application Due Date: May 10, 2021**  The Drug-Free Communities (DFC) Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) are accepting applications for Fiscal Year (FY) 2021 Drug-Free Communities (DFC) Support Program grants.  **The purpose of CDC-RFA-CE21-2102 is to fund applicants who have never received DFC funding to carry out the two goals of the DFC program. By statute, the DFC Support Program has two goals:**   * 1) Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth (individuals 18 years of age and younger). * 2) Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.   **AWARDS:** 100 Awards, totaling approximately $62,500,000, with a ceiling of $125,000.  **Eligibility:**   * County governments * Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility" * Special district governments * Native American tribal organizations (other than Federally recognized tribal governments) * Private institutions of higher education * Others (see text field entitled "Additional Information on Eligibility" for clarification) * Independent school districts * Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education * Public and State controlled institutions of higher education * Native American tribal governments (Federally recognized) * State governments * City or township governments   Additional Information on Eligibility:Eligible applicants are community-based coalitions addressing youth substance use **that have not yet previously received a DFC grant.**  [Link to Funding Opportunity HERE](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001-GeTxXf1YVykx6GNI63LuZULtCqiMI44l9RvLTu6DwwFOKOqUzUXyEaf5uXdRKyQzN18cYKedESS8QubEqqLg3UkxfdVyb_1j_ltjSo_U7wz8PeYgqb77H7LhxLBraFoO_WLJ3lOrxtQ61-z5bawefxi6O_wZz0WKJt_rU5HuwbAqHPczGOMNOJOfjRm7rFKC4F7MySv8o9gNymyXqOHUX-O_YXGL9dQvOt9IpdnV6A=&c=owUnq_RJCjMrGCcjoCRnVt1rCRaHBpfPhk01xFSmeevpMIwHAj14yg==&ch=dfUgyaCIX3MAtNvOrCvSgBEPFhJSco0q2zuXrwY5mmG6aPLkUJOCYA==__;!!HYmSToo!MGKOUJhXo5hF-6Fb7lC4s2nW268aGBhrPeAYuisW66WMQVgSbhdncHv6_p-74O5up0uQPg$)  ﻿ | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grants**  Application Due: April 1, 2021 | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | | **Number of Awards:** 60 Awards. The ceiling and floor for awards is $50,000. Total period funding is $15,000,000.  **About:** The Drug-Free Communities (DFC) Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) are accepting applications for Fiscal Year (FY) 2021 Comprehensive Addiction and Recovery Act (CARA) Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants CARA Local Drug Crises Grants) as an enhancement to current or formerly funded Drug-Free Communities (DFC) Support Program recipients.  **The purpose of this program is to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription drugs among youth ages 12-18 in communities throughout the United States.**  **Eligibility:** The Drug-Free Communities (DFC) Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) are accepting applications for Fiscal Year (FY) 2021 Comprehensive Addiction and Recovery Act (CARA) Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants (CARA Local Drug Crises Grants) as an enhancement to current or formerly funded Drug-Free Communities (DFC) Support Program recipients. (Click through the accompanying link for more information.)  [Link for More Information](https://urldefense.com/v3/__http:/r20.rs6.net/tn.jsp?f=001yCVage4-wxAZ61VI2gX_RN6fldax4rZvil67WMkNOqGeO9PWhvVOtkNuknnlSsdmVuGgDY3T482e91urMkiMqxR0GjXOVAcDFdU7n30PaH3CShczc4Di3j00enW9L1SYJt420vNDiKk5qxllHNBjfkrVomSI9U62MGpzzlfQhkL8j2nXd8pd47TCQQSeMnFTRcFnRcWgaAjmIzu4bGw2efX6d3Zpf_4Ri15ItZe1jiro4xObr_T8tZafw8k8PTUKWfjMAiaarOjum_T03aFcag==&c=kuoXiH5m4cxnryrcM-xx6ACqsL-Dnh1w39fR04-VeqaQc7-9euv3Lg==&ch=Kpkj7iouHfJ__nKwiHFOthSAXqT2-S51FjFOLvdPU2r_qofIh9glwA==__;!!HYmSToo!LwfhusWfpRTY0m6-dkR91Pc-iEnTTJo3khbYU05QazTSNXNOp-dBbNIrMZnIH1iQ5w0aEg$) | | | | | |
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[**https://www.grants.gov/web/grants/view-opportunity.html?oppId=330581**](https://www.grants.gov/web/grants/view-opportunity.html?oppId=330581)

**HRSA-21-091  
Rural Communities Opioid Response Program-Psychostimulant Support  
Department of Health and Human Services  
Health Resources and Services Administration**

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| **Current Closing Date for Applications:** | Apr 12, 2021 |
| **Archive Date:** | Jun 11, 2021 |
| **Estimated Total Program Funding:** | $7,500,000 |
| **Award Ceiling:** | $500,000 |

Over the course of a three-year period of performance, RCORP-PS award recipients will implement a set of core psychostimulant use disorder prevention, treatment, and recovery activities, as outlined in Section IV.2. For the purposes of this funding opportunity, psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.

1 Applicants should detail in the "Project Abstract" and “Needs Assessment” sections of the Project Narrative which psychostimulants they propose to target with the funding.

Given the complex and multifaceted nature of psychostimulant use disorders, as well as the need to secure community buy-in, HRSA requires that applicants be part of broad, multi-sectoral consortia consisting of four or more separately-owned (i.e., different Employment Identification Numbers (EINs)) entities, including the applicant organization.

2 A majority, or at least 50 percent, of separately owned consortium members must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

The target population for this award are 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for psychostimulant use disorders; 2) their families and/or caregivers; and 3) other community members3 who reside in HRSA-designated rural areas. Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing SUD in the proposed service area. For example, a recent study found that more rural racial/ethnic minorities reported their health as fair or poor, that they were unable to see a physician in the past 12 months because of cost, and that they did not have a personal health care provider compared to their non-Hispanic white counterparts.4 Examples of these populations include, but are not limited to, racial and ethnic minorities, people/persons experiencing homelessness, pregnant women, youth and adolescents, etc. The primary focus of this award is psychostimulant misuse and use disorders. However, recognizing that many individuals who misuse psychostimulants are polysubstance users, or have other co-occurring conditions, consortia may also use RCORP-PS funding to help address other SUD-related needs of the target population of individuals, families, and other community members affected by psychostimulant use disorders.

**Bring COVID-19 Solutions to Scale – Apply Now to Enhance Harm Reduction Services**

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| |  | | --- | |  | | The COVID-19 pandemic has significantly exacerbated the challenges and risks for people with substance use disorders, necessitating a rapid public health response that identifies and supports best practices and novel harm reduction strategies.  Are you looking to implement innovative harm reduction strategies to reduce the risk of overdose in the communities you serve?  We are pleased to extend the opportunity for up to 15 organizations to participate in the [**2020-2021 Preventing Overdose and Increasing Access to Harm Reduction Services program**](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/lIJrl000RbaH0F3f10b0F0M__;!!HYmSToo!NG032E-n1ZoChYR0DV9cAzLG0Wz8HFCHU3Y1xeCrB7LyXm3P7n4hJoYZVz9uIvIJm3YZxg$), with support from the Centers for Disease Control and Prevention (CDC).  Organizations will receive up to **$33,000** each to participate in a six-month project to implement innovative harm reduction strategies. This opportunity will launch in November 2020 with virtual coaching and technical assistance, and conclude in May with lessons learned for implementing better systems of care for individuals with substance use disorders now and in the future. | |  | |

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| |  | | --- | |  | | |  | | --- | | [Apply Today](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/m000bm3010rfbRHaJIG0MF0__;!!HYmSToo!NG032E-n1ZoChYR0DV9cAzLG0Wz8HFCHU3Y1xeCrB7LyXm3P7n4hJoYZVz9uIvJGk7pqHw$) | | |  | |

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| |  | | --- | |  | |  | | Since much of the funding to address the opioid crisis is being awarded to states, it is important to know that **State Opioid Response (SOR) grant funds can be used for the provision of substance use disorder services by faith-based organizations**.  For more information, please read this [letter from Shannon Royce, Esq., Director of the Partnership Center for Faith and Opportunity Initiatives](https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/state-opioids-response-grants-letter-director-royce/index.html), as well as this set of [FAQs from the Substance Abuse and Mental Health Administration (SAMHSA) - PDF](https://www.samhsa.gov/sites/default/files/grants/pdf/faq/faqs-for-sor.pdf) that affirms states are allowed to use a portion of their funds through indirect funding or voucher programs to enhance client choice and increase program participation by a variety of groups, including faith-based partners. If you have any questions, please call the Partnership Center at 202-358-3595. | |

[**Medication-Assisted Treatment (MAT) Training and Mentoring/DATA 2000 Waiver**](http://r20.rs6.net/tn.jsp?f=0018Kr0NCc5ZAC5aA1x3xWQ4GpjD_fzWgLNP8CLloRdfwfr-Ponpc4qpeC8Z5D_ROJgqsjSB31BsxIb_HpQR4hOJKlZaDyXjAWf3GtfCD4nXzv0YILKRxpKKpQi_9TPzEp5jX_ABECv8N-kT7tk-UvoKj-MS2vlQY4GRxmHaffPQrRxi4DtkOs6b3Ir56dtpmSTI9vzWT9qnt6eqaCeCp1HZuJHXI71Rg1yy-m9Up7fQ8mV1nzma62D1GVqAo34ARabc7JHIniovm4V416iBcSn6Q==&c=jeaPgku0-z28aX57HUd8GnRd8oFZ9wvGlhF5tdm2JUeoeg43Z96VdQ==&ch=VlZrcY9E0uUwbpE7IOMc4WBG50oT7jTqfT7oME-1L_exck0YczNyfw==)

Training to provide medication-assisted treatment (MAT) for clinicians in high-need communities. Clinicians who complete the training may be priority applicants for some NHSC loan repayment programs, and qualified disciplines can become eligible for the Loan Repayment Program Continuation Contract MAT Award Enhancement.

**Geographic coverage: Nationwide and U.S. territories**

**Applications accepted on an ongoing basis**

Sponsors: Bureau of Health Workforce, Health Resources and Services Administration, National Health Service Corps, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

[**Southeast Rural Community Assistance Loans**](http://r20.rs6.net/tn.jsp?f=001W5ZlgL_CrDVHUJbXx9K9nWd4HHKcykpmxLdiAnalboY3F9AyDTWcT3Nuj1lOyNxCPyWhiPiKzg9flVKZRqJ5j9mXEic9tqGh0MKWCOQ0Z1-KvndFG-zTsiumMfKoNx0wsLur-hkidM95LMPk40XNZyIG99Vh5FBi_AIu71dhRPd6uTn_kolMGCo1UWeSJKswg3CFHAvcHJiOPonGOdH1A4DpDwgvVe2IGXkj1FKDuSj7QUrgmrqer-Z5sGd1ErEK6tS_LlfPJZjAR_m_JnzT9BDxewsBjWvGE_jGeWbSAUuzqwqgmLGAkGd-7fVHq-5UqK6pzE0qBdJ1awG6753KsYueghL2otbZ9Um9VrCoU2bFEFohUNeXzI-iVrSMiLj4Rhe0dtvxhcAerFnVdo0dlZzzGy8KDoSxPqxxQrsxhFBJt05ci6nzK-bz2_BYOnhZRQ0uedLcjsqUN0opxOJ2ccYhcC4vrjbgSdU-Jl1DHoF2usPj9RtkqmN7UF357bH3h-eJY9ktYJA=&c=ASagoxeAu6Kg8IFxIxsw98F78FCXs2QTSQv2F_q7gNFeP2KxhKnZGA==&ch=T7IgT_cgIuzSgVI4vT4qH40mFUIRWk5Ox-DA-sM7Dt2R0A9OLK8_VA==) – **Ongoing**. The nonprofit Southeast Rural Community Assistance project makes loans of up to $250,000 to local governments and other community-level organizations for the development and/or construction of large-scale community projects. Eligible applicants are rural communities in Delaware, Maryland, Virginia, North Carolina, South Carolina, Georgia, and Florida.

**Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW)**

**SAMHSA grants** to expand comprehensive treatment, prevention, and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children.

This funding will support programs that utilize evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context.

**Award is up to $525,000 per year, up to 3 years.** to expand comprehensive treatment, prevention, and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children. This funding will support programs that utilize evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context.

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| |  | | --- | | **Details at** <https://www.samhsa.gov/grants/grant-announcements/ti-20-007> | |

# **USDA and HHS Partner to Create Recovery Housing in Rural Communities**

The U.S. Department of Agriculture (USDA) Rural Development and HHS Substance Abuse and Mental Health Services Administration (SAMHSA) will coordinate efforts to sell USDA’s Real Estate Owned (REO) single-family housing properties at a discount to non-profit organizations that provide housing, treatment, job training and other key services for people in substance misuse treatment and recovery. See press release at <https://www.usda.gov/media/press-releases/2019/02/15/usda-and-hhs-partner-create-recovery-housing-rural-communities>

**Legislative Initiatives, Current State Bills**

Track state bills at <https://www.legiscan.com/NC/pending/house-health-committee/id/659?page=1>

Federal Office of Rural Health Policy [**FORHP Policy page**](mailto:FORHP%20Policy%20page) to see recent updates and send questions to [**ruralpolicy@hrsa.gov**](mailto:ruralpolicy@hrsa.gov).

Federal Weekly Opioid Policy Report at: <https://groups.google.com/forum/#!topic/nc-pdo-news/OV84Y7YQFhY>

**Gov. Cooper signs bill increasing judicial discretion for low-level drug crimes**

<http://pulse.ncpolicywatch.org/2020/06/29/gov-cooper-signs-bill-increasing-judicial-discretion-for-low-level-drug-crimes/>

**New Law Requires State and Local School-Based Mental**[**Health Plans**](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/)

Governor Cooper signed into law [**S476/SL 2020-7:**](https://www.ncleg.gov/BillLookUp/2019/S476)School-Based Mental Health.  The bill requires the State Board of Education to develop a school-based mental health plan for the State.  The State Board will also establish minimum requirements for each school district to also develop a school-based mental [health plan](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/) and a mental health training program and model suicide risk referral protocol. The bill was effective when it became law.

<https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/>

**Senate Passes Bipartisan Criminal Justice, Mental Health Bill**

The [Crisis Stabilization and Community Reentry Act](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/a0300R0drM0a004FsJbC1Hf__;!!HYmSToo!PlWAfcXCDj--fj4GlcRKUEofFUK6B91ui00hxv3A8Jhdu3KjxylvfpDhjXzLw6EbRIzWZQ$) passed the Senate this week, marking a significant win for behavioral health advocates across the country. The bipartisan legislation is designed to promote partnership between our nation’s mental health treatment and justice systems. The legislation authorizes the creation of collaborative programs and training for justice agencies and community behavioral health centers that ensure access to needed care for justice-involved individuals and strengthen local agency and provider capacity. As always, thank you for making your voices heard and supporting our advocacy around S.3312, including at this year’s [Hill Day at Home](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/Q0CF0aJ0Mt3Rr0bdf0051H0__;!!HYmSToo!PlWAfcXCDj--fj4GlcRKUEofFUK6B91ui00hxv3A8Jhdu3KjxylvfpDhjXzLw6FAM9XT_A$). Now, our focus turns to the House as they consider this legislation. Check out the Advocacy Corner below for ways to get involved.

**Opioid Legislation Moves Forward in the House**. The House this week passed two key pieces of opioid legislation: the [State Opioid Response Grant Authorization Act of 2020](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/hRHdB1J00M000rfCb030Fda__;!!HYmSToo!PlWAfcXCDj--fj4GlcRKUEofFUK6B91ui00hxv3A8Jhdu3KjxylvfpDhjXzLw6EjvLTdVA$) (H.R. 2466) and the [Easy Medication Access and Treatment (MAT) for Opioid Addiction Act](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/K00r1MJ00RCC3efaH0db0F0__;!!HYmSToo!PlWAfcXCDj--fj4GlcRKUEofFUK6B91ui00hxv3A8Jhdu3KjxylvfpDhjXzLw6GeF2mRYQ$) (H.R. 2281). The State Opioid Response Grant Reauthorization Act would authorize $1.5 billion to the program annually for FY 20-26, and the Easy MAT for Opioid Addiction Act would require the Drug Enforcement Agency (DEA) to allow practitioners to dispense up to a three-day supply of MAT for the purposes of relieving acute withdrawal symptoms while an individual is waiting for treatment

The **Medication Access and Training Expansion (MATE) Act** will require doctors who prescribe controlled substances to receive addiction training, preparing them to identify and treat substance use disorders with compassion and science.  
The bipartisan MATE Act was introduced in the Senate last week as a companion to an existing bipartisan House bill.

Versions of the **Mainstreaming Addiction Treatment (MAT) Act** have been introduced in both the House and Senate. Among its provisions, the bill would eliminate training and licensure requirements, as well as patient limits, for buprenorphine prescribers, bringing regulations around buprenorphine in line with other prescription medications. The bill has received bipartisan support in both chambers of Congress.

**Related to Medicaid Transformation:**

* Changes start date for Standard Plans to **no later than July 1, 2021**;
* Authorizes each PHP, including the regional PHP contract, for the Standard Plan to be paid $4 million, for each full month after June 30, 2021, that the State is not able to make Medicaid capitated payments;
* $19.42 million appropriated for infrastructure needs such as NC FAST upgrades, data management tools, program integrity;
* Allows DHHS to make a request for a transfer of funds that will cover qualifying needs such as the State share and will not be more than $63.12 million;
* Allows for the Tribal Medicaid managed care option;
* Revises the Supplemental [Payment](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/) Program;
* Establishes the Medicaid Contingency Reserve;
* Establishes the Hospital Assessment Act;
* Amends the Gross Premium Tax to include PHP capitated contracts;
* Establishes the Hospital Uncompensated Care Fund;
* $50 million from the Coronavirus Relief Fund appropriated to the LME/MCOs to address the COVID-19 behavioral health and crisis service response.

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| **Mental Health Access Improvement Act Re-Introduced**  Reps. Thompson (D-CA) and Katko (R-NY) recently re-introduced the [Mental Health Access Improvement Act (H.R. 432)](https://urldefense.com/v3/__https:/go.thenationalcouncil.org/UrNH01F0RJ0Mf203gb000Ia__;!!HYmSToo!M7R44MhGPN0K0N2E-1vkxzBVjntludkYbVjZZJ9535pMlofEQvRotYAoYIlSTcJa4ZOsag$), a bill that would allow marriage and family therapists (MFTs) and licensed mental health counselors to directly bill Medicare for their services. Currently, Medicare does not directly reimburse for services from these types of providers, instead requiring that they must bill under the supervision of a physician. This exclusion limits patients’ access to services in areas with physician shortages and excludes an important class of professionals serving people with mental health and addiction disorders. The National Council has supported this legislation in previous sessions of Congress and continues to do so. |
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**The Parity Enforcement Act of 2021 Sponsored by Congressman Donald Norcross (D-NJ-01), Vice-Chair, Bipartisan Addiction Task Force**

[**https://norcross.house.gov/sites/norcross.house.gov/files/Parity%20Enforcement%20Act%20of%202021%20-one-pager.pdf**](https://norcross.house.gov/sites/norcross.house.gov/files/Parity%20Enforcement%20Act%20of%202021%20-one-pager.pdf)