

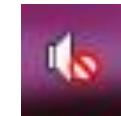
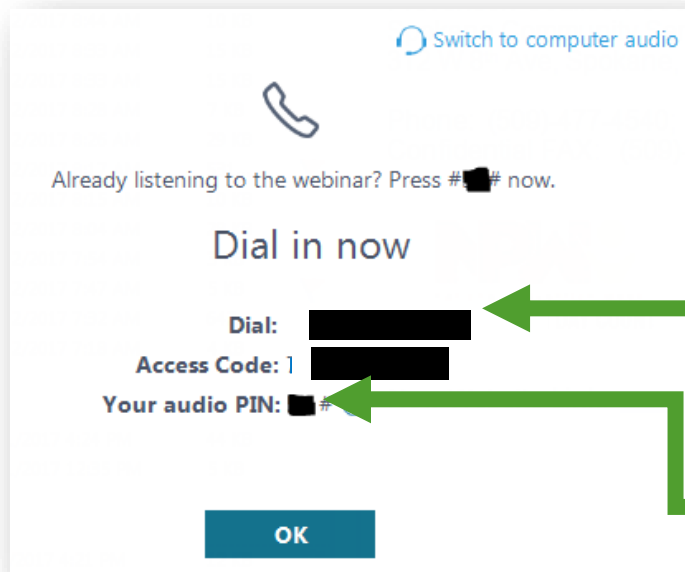
DBHR COVID-19 bi-monthly call

Hosted by: Division of Behavioral Health and Recovery
Tuesday, June 16, 2020
12 to 1:30 p.m.

DBHR bi-monthly call

Welcome! We will begin at 12 p.m.

- ▶ It is always a good idea to close other windows.
- ▶ If participating via phone
 - ▶ Click OK and mute your computer speakers.
 - ▶ Be sure to enter your unique **Audio PIN**, if you haven't already.



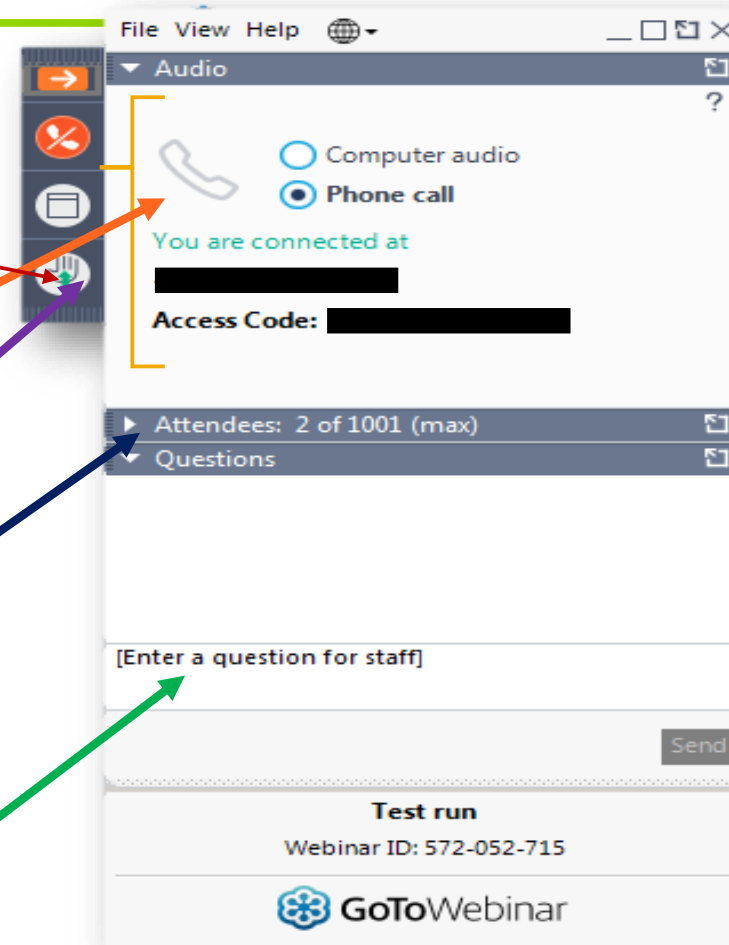
For help with the webinar email
Ray.Horodowicz@hca.wa.gov

Disclaimer

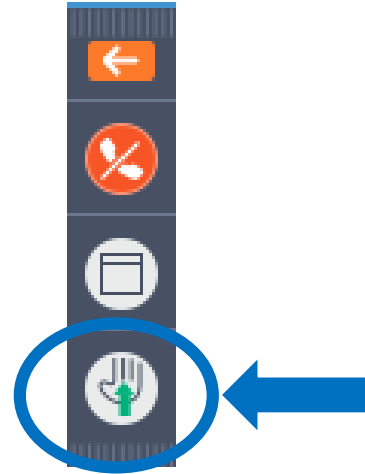
- ▶ This webinar is being recorded and will be posted to the HCA COVID-19 page.
- ▶ This recording is open to public disclosure.
- ▶ Please do not disclose any private or confidential information.

Webinar controls

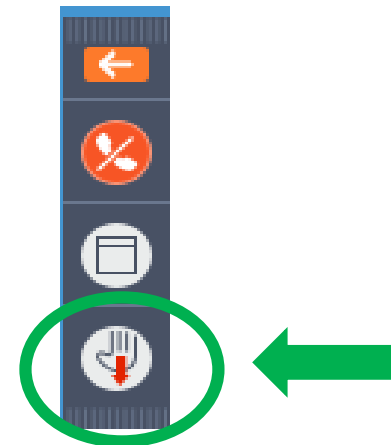
- **Grab Tab** – Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand
- **Audio pane** – Displays audio format. Click Settings to select telephone devices.
- **Hand** – click to raise hand. Click again to lower.
- **Attendee List** – Displays all the participants in session
- **Questions pane** – Allows attendees to submit questions and review answers (if enabled by the organizer). Broadcast messages from the organizer will also appear here.



How to raise your hand



This means that your hand is down



This means that your hand is up

Please label your questions

- ▶ Problem gambling
- ▶ Foundational Community Supports
- ▶ Prevention Programs
- ▶ Mental Health Promotion and Suicide Prevention Grants
- ▶ Telehealth/Billing Guide/Insurance
- ▶ Treatment
- ▶ Peer support
- ▶ Telehealth
- ▶ Billing, financial, codes
- ▶ Zoom license

Agenda

Subject	Who
• DBHR updates/provider relief fund	• Michael Langer, Deputy Director, DBHR
• Provider relief fund	• Jason McGill
• DOH/residential guide	• Nick Fradkin • Kira Mauseth • Sara Podczervinski • Larissa Lewis
• Questions	• All

General updates

▶ Prevention

- ❖ COVID-19 information posted on [the Athena Forum](#)
- ❖ The [Prevention Summit](#) will be held virtually on November 3rd and 4th.
- ❖ The Spring Youth Forum recording [is now live!](#)
- ❖ Are your schools registered for the 2020 Healthy Youth Survey (HYS)? HYS 2020 planning continues.

▶ Peers and employers of peers: please take a few minutes to answer our survey.

- ❖ [Click here if you are a Certified Peer Counselor](#)
- ❖ [Click here if you are an employer of Certified Peer Counselors](#)

▶ Polls

- ❖ have you requested PPE?
- ❖ Zoom calls.

Provider relief fund

- ▶ The Health and Human Services (HHS) [provider relief fund website](#) has been updated.
- ▶ The site contains information on the Medicaid tranche including:
 - ❖ [A set of instructions for providers](#), including a deadline of July 20, 2020 to submit an application;
 - ❖ [The application form itself](#); and
 - ❖ [The portal to complete the application process](#)

Behavioral Health Impact Situation Report: Week of June 8, 2020

COVID-19 Incident Management Team
Behavioral Health Impact & Capacity Assessment Task Force

Presented by Nick Fradkin (WA Department of Health)

Behavioral Health Impact Situation Report

- ▶ Purpose
- ▶ Key updates
- ▶ Impact assessment
 - ▶ Syndromic surveillance
 - ▶ Crime
 - ▶ Telephonic support line activity
 - ▶ Product sales
 - ▶ Social media



Week of June 8, 2020

Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic to inform planning efforts. The intended audience for this report is response planners and behavioral health agencies and organizations.

Purpose

This report summarizes data analyses conducted by the Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the likely current and future impacts of the COVID-19 pandemic on the mental health and potential for substance use issues among Washingtonians.

Key Updates

- In recent weeks, statistical elevations were observed for symptoms of psychological distress and suicidal ideation. Early June data show a small decline.
- Symptoms of psychological distress are on the rise since the "Stay Home, Stay Healthy" order. They have recently surpassed the observed volume for the corresponding period in 2019.
- Domestic violence offense reports since April 6, 2020 remain elevated. Reports are 17% higher than the corresponding period in 2019.
- Calls to the Washington State Tobacco Quitline in April and May, combined, show a 41% decrease, year-over-year.
- Social media data suggest that anxiety continues to steadily rise among Washingtonians.

Impact Assessment

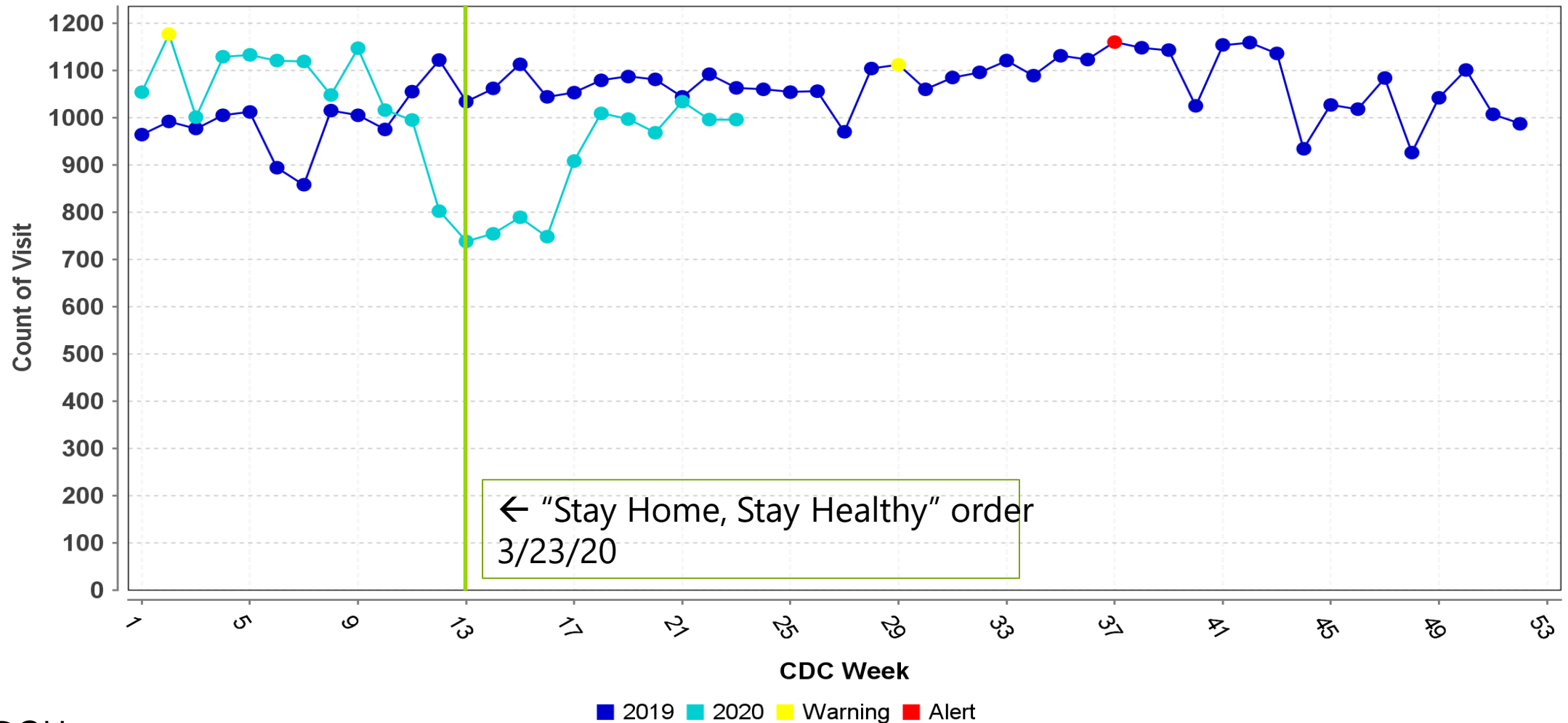
This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on the mental health and potential for substance use issues among Washingtonians.

Syndromic Surveillance

Syndromic surveillance data are collected in near real-time from hospitals and clinics in Washington State. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This robust system is the only source of Emergency Department (ED) data for Washington.

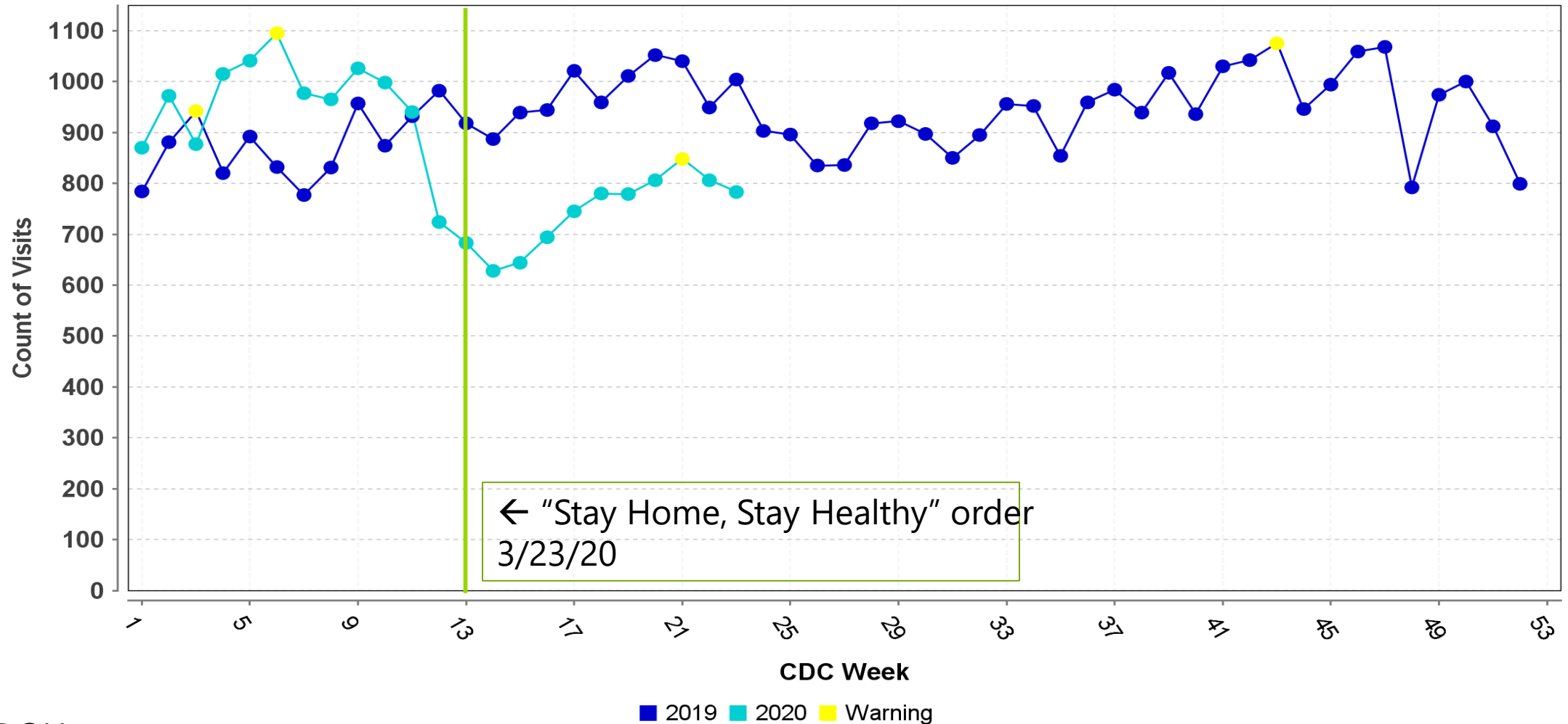
Syndromic surveillance: Psychological distress

Count of emergency department visits for psychological distress, by week, 2020 vs. 2019



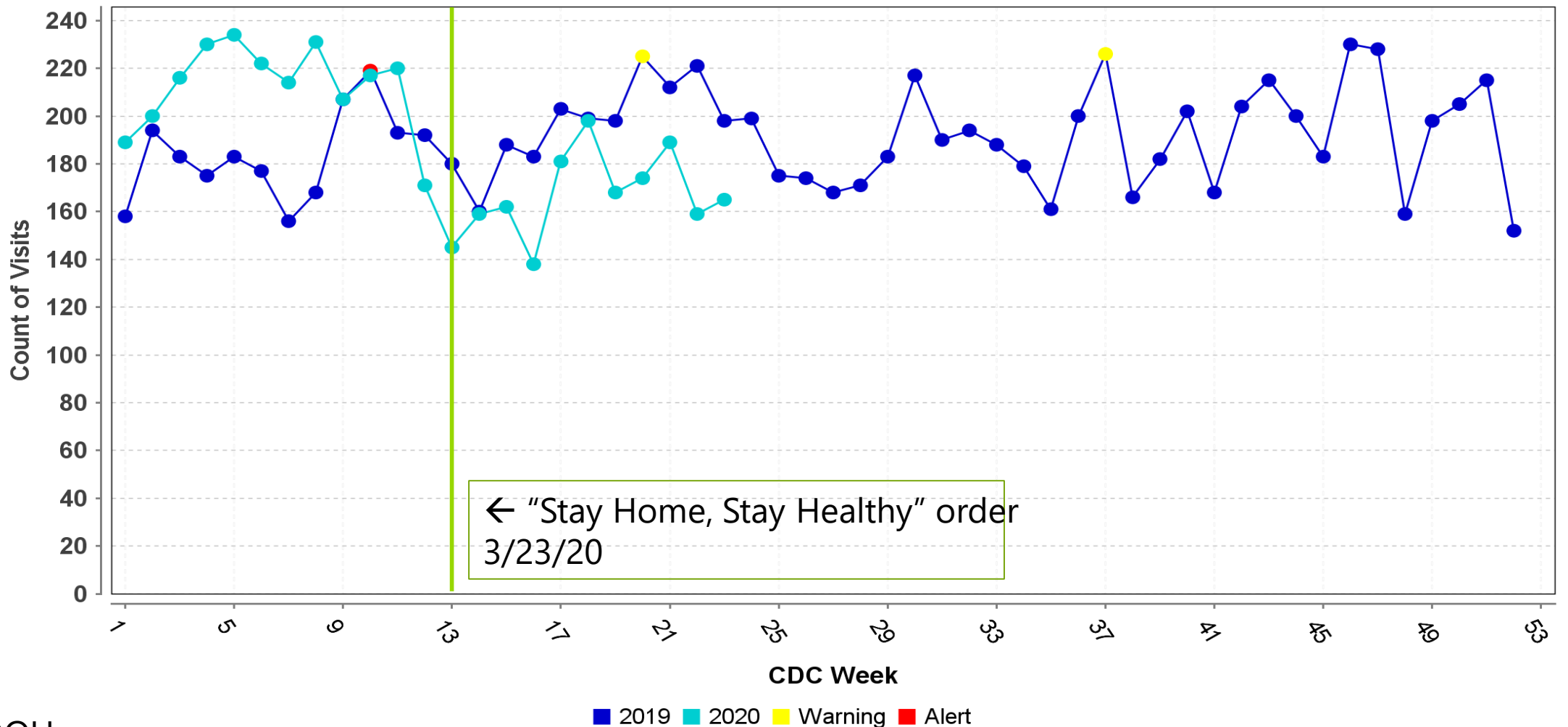
Syndromic surveillance: Suicidal ideation

Count of emergency department visits for suicidal ideation, by week, 2020 vs. 2019



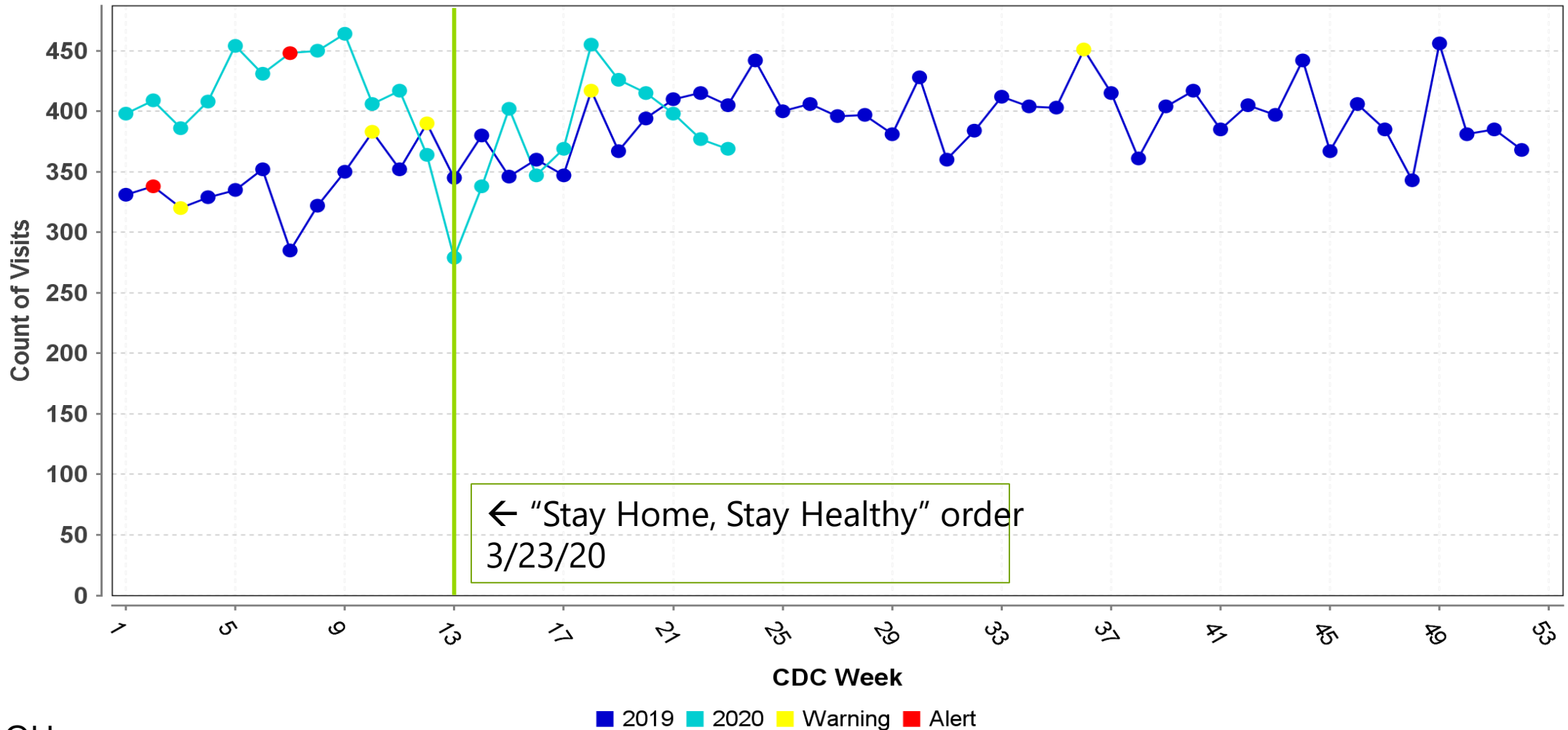
Syndromic surveillance: Suicide attempts

Count of emergency department visits for suicide attempts, by week, 2020 vs. 2019



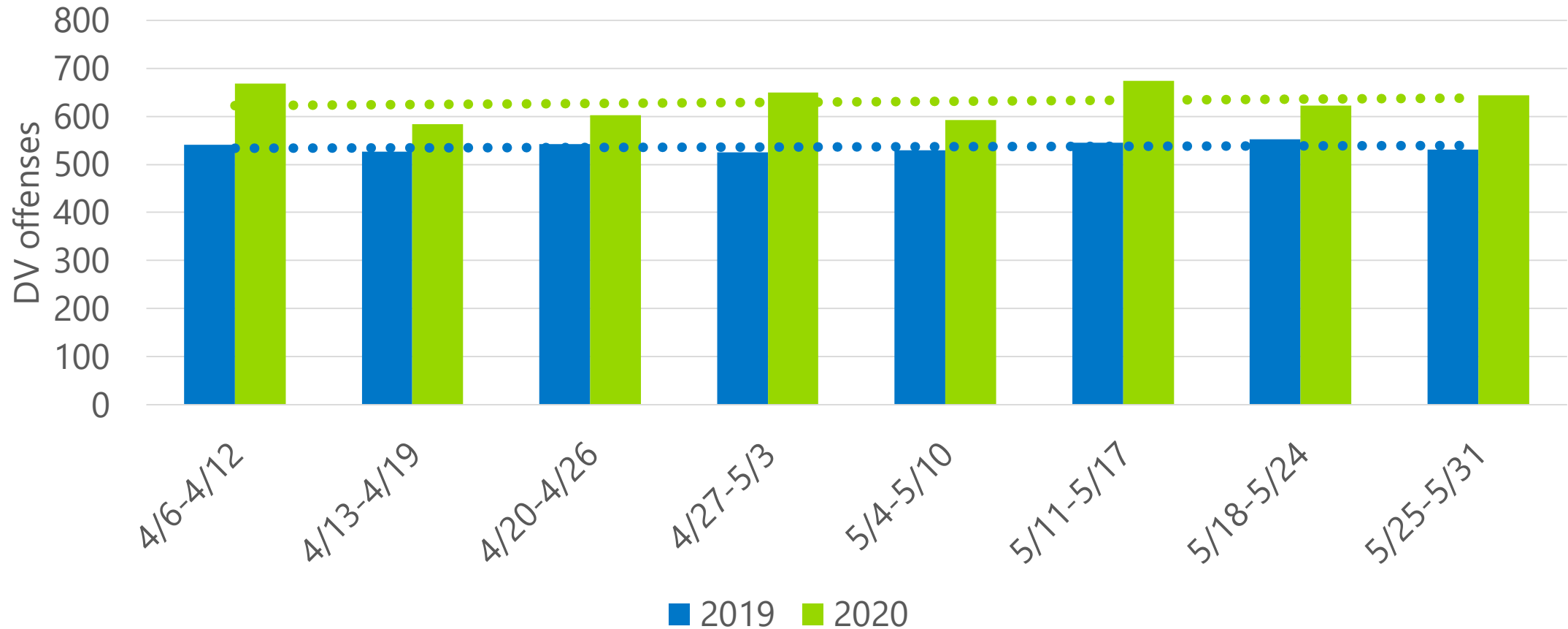
Syndromic surveillance: Drug overdose

Count of emergency department visits for drug overdose, by week, 2020 vs. 2019



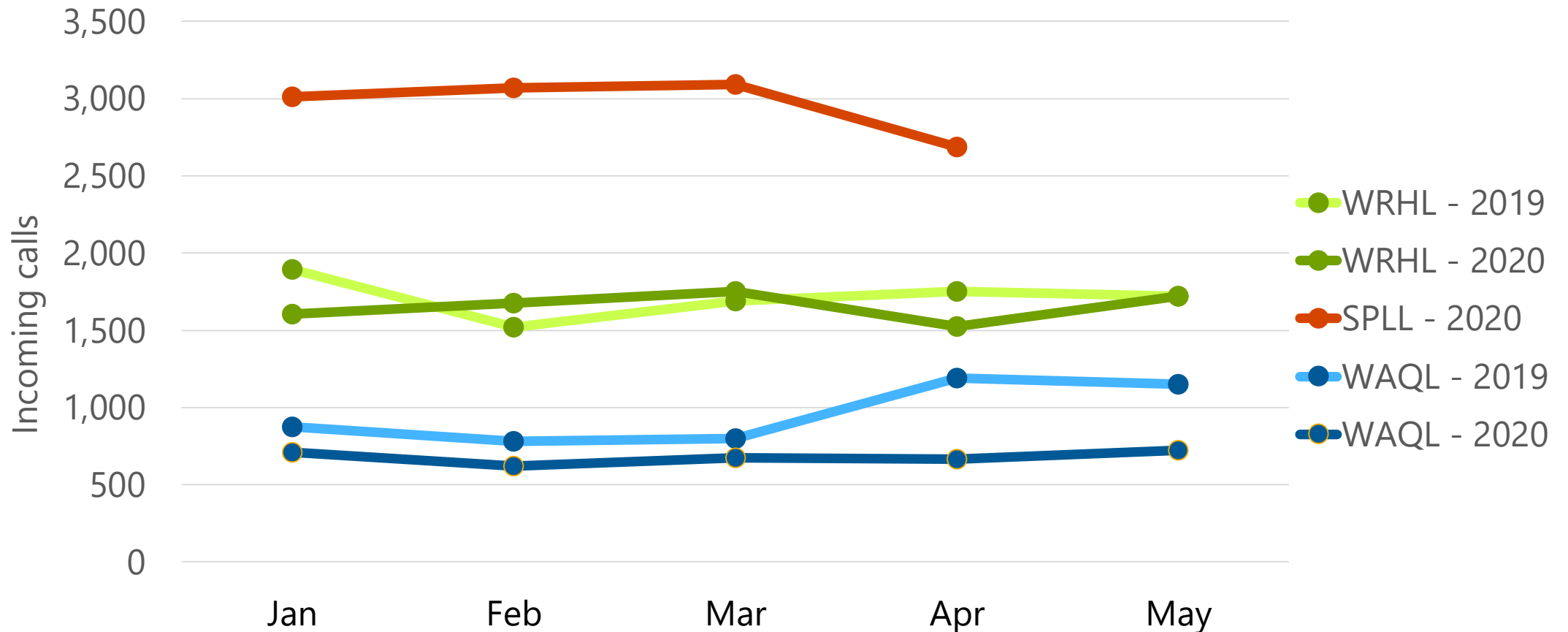
Crime: Domestic violence offenses (survey sample)

Domestic violence offenses reported to WASPC, by week: 2020 vs. 2019



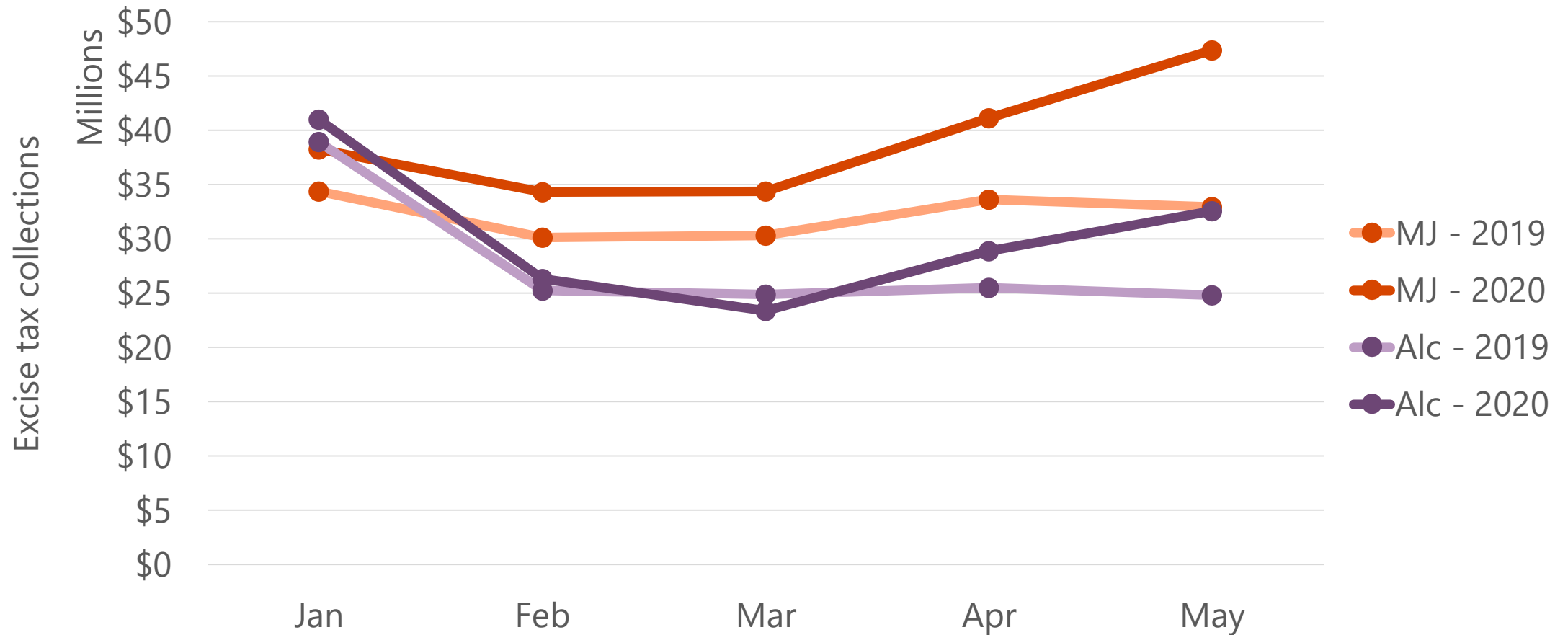
Telephonic support line activity: Substance use and suicidality

Incoming calls to telephonic support lines, by month: 2020 vs. 2019 (where available)



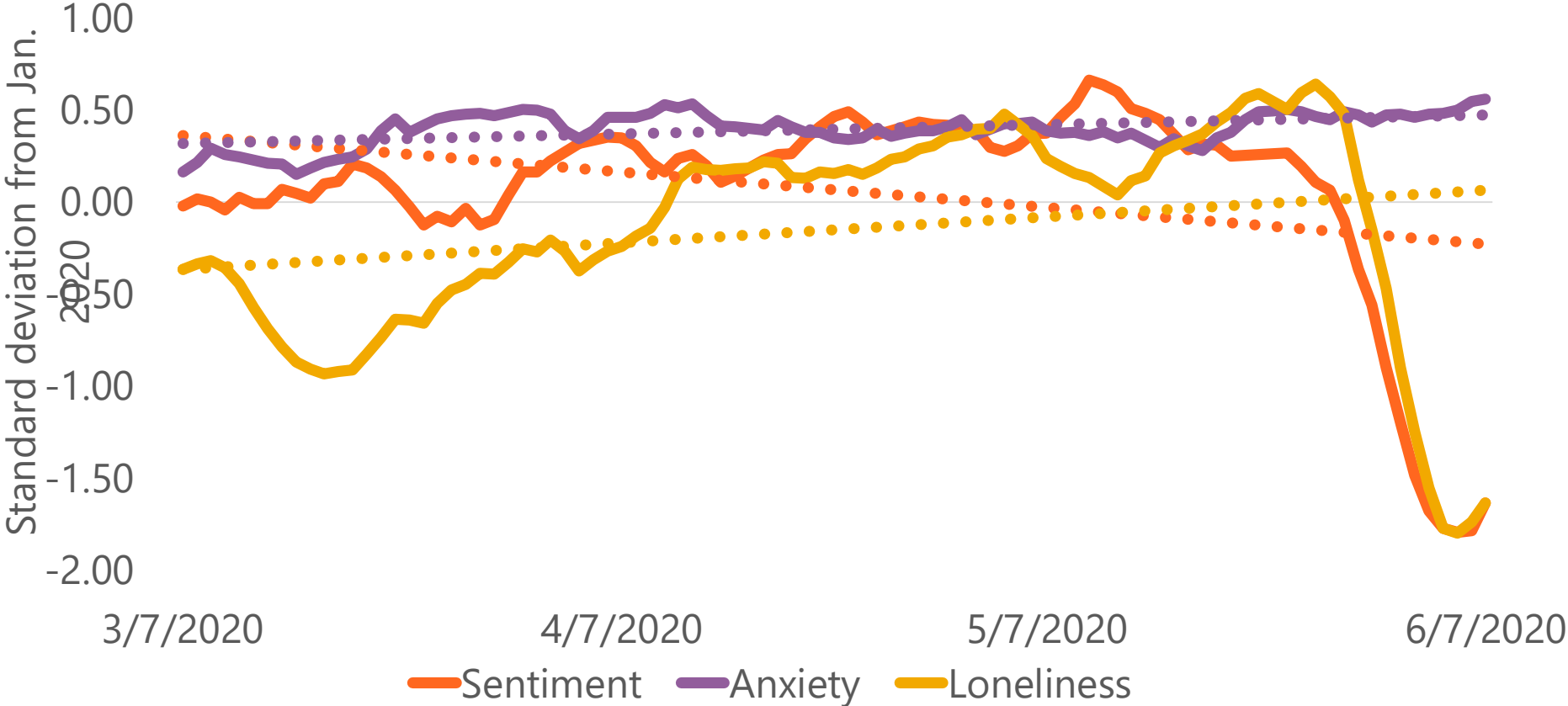
Product sales: Marijuana and liquor taxes

Marijuana and liquor taxes collected, by month: 2020 vs. 2019



Social media: Expressions of positive sentiment, loneliness, and anxiety

7-day moving averages of deviations in select expression measures² relative to January 2020 baseline, by day: March 1, 2020 – June 7, 2020



Questions?

Nick Fradkin

BH Impact & Capacity Assessment Task Force Lead

nick.fradkin@doh.wa.gov



COVID-19 GUIDANCE FOR BEHAVIORAL HEALTH INPATIENT AND RESIDENTIAL CARE FACILITIES



Presenters

Sara Podczervinski

Program Coordinator
Healthcare Associated
Infections and
Antimicrobial Resistance

Larissa Lewis

Nurse Consultant
Healthcare
Associated Infections
and Antimicrobial
Resistance

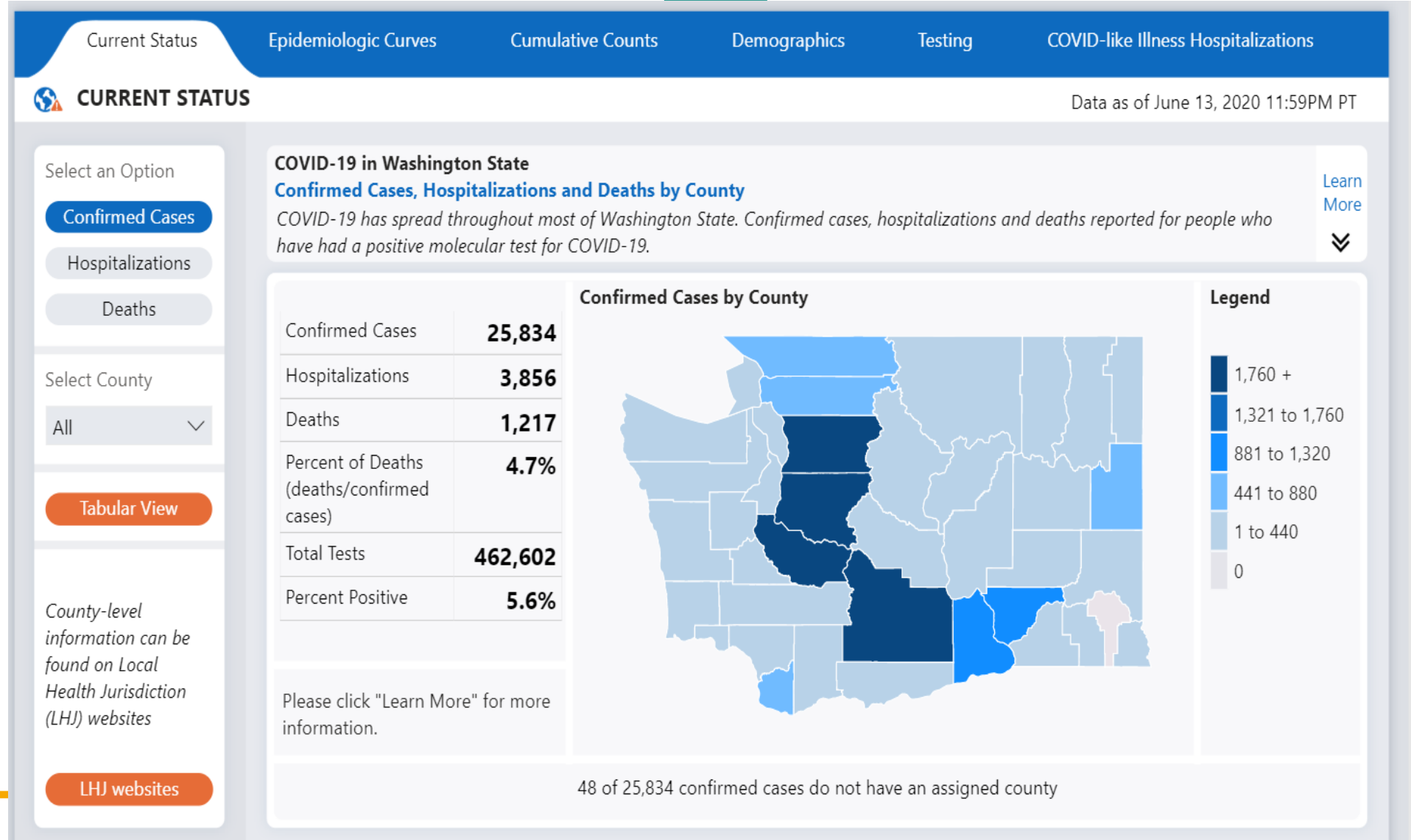
Kira Mauseth

Clinical Psychologist
Behavioral Health Strike
Team

COVID-19 Guidance for Behavioral Health Inpatient and Residential Care Facilities

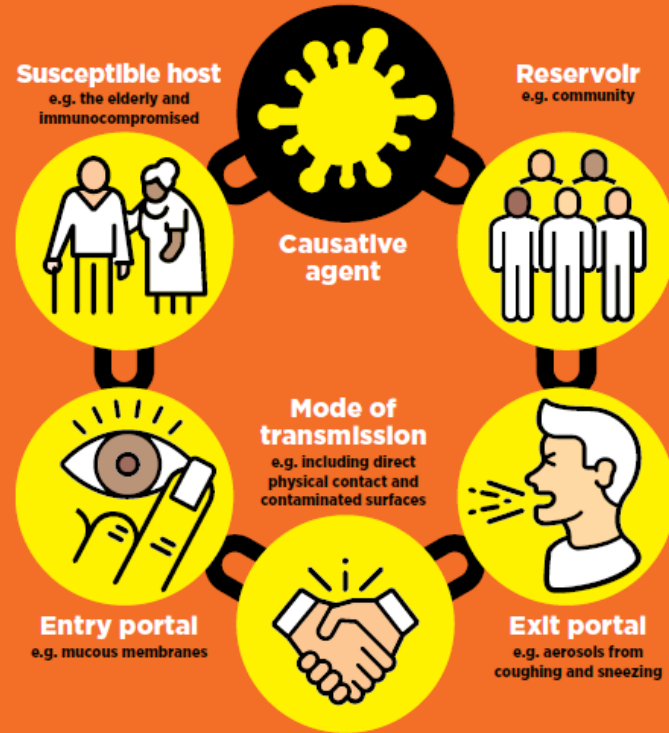
INFECTION PREVENTION AND CONTROL
Guidance for Keeping Patients and Staff Safe

Washington State Dashboard (6/15)



Break the chain of infection

Stopping COVID-19



BREAK THE CHAIN BY:

- WASHING** your hands frequently
- COVERING** your coughs and sneezes with a tissue or your inner elbow
- DISPOSING** of used tissue in bin immediately
- PRACTISING** social distancing
- USING** personal protective equipment appropriately
- CLEANING** frequently touched surfaces

Symptoms of COVID-19



- ▶ Flu-like symptoms
- ▶ Fever or chills
- ▶ Cough, shortness of breath or difficulty breathing
- ▶ Fatigue, Muscle or body aches
- ▶ Headache
- ▶ New loss of taste or smell
- ▶ Sore throat, congestion or runny nose
- ▶ Nausea or vomiting, Diarrhea

COVID-19 Transmission

- ▶ Incubation period: 2-14 days
- ▶ Transmission: Large respiratory droplets, contact from contaminated hands and surfaces, caution during aerosol-generating procedures
- ▶ Cases may be asymptomatic

Primary Prevention

Keep COVID-19 out of the facility

Exclude visitors

Screen personnel and clients

Practice source control

Prepare

- ▶ Establish process to provide updates to staff
- ▶ Provide training opportunities
- ▶ Assess PPE stock
- ▶ Post signs and educational materials throughout the building
- ▶ Review sick leave protocols with expectation that staff will not come to work when symptomatic

Screening

All individuals should be screened for COVID-19 symptoms upon arrival at the facility, including staff, potential visitors, and patients who have left the grounds for any period of time.

Screen for symptoms and fever on arrival

- Temperature (> 100.4)
- Keep a log



Screening

Are you experiencing any of the following symptoms?

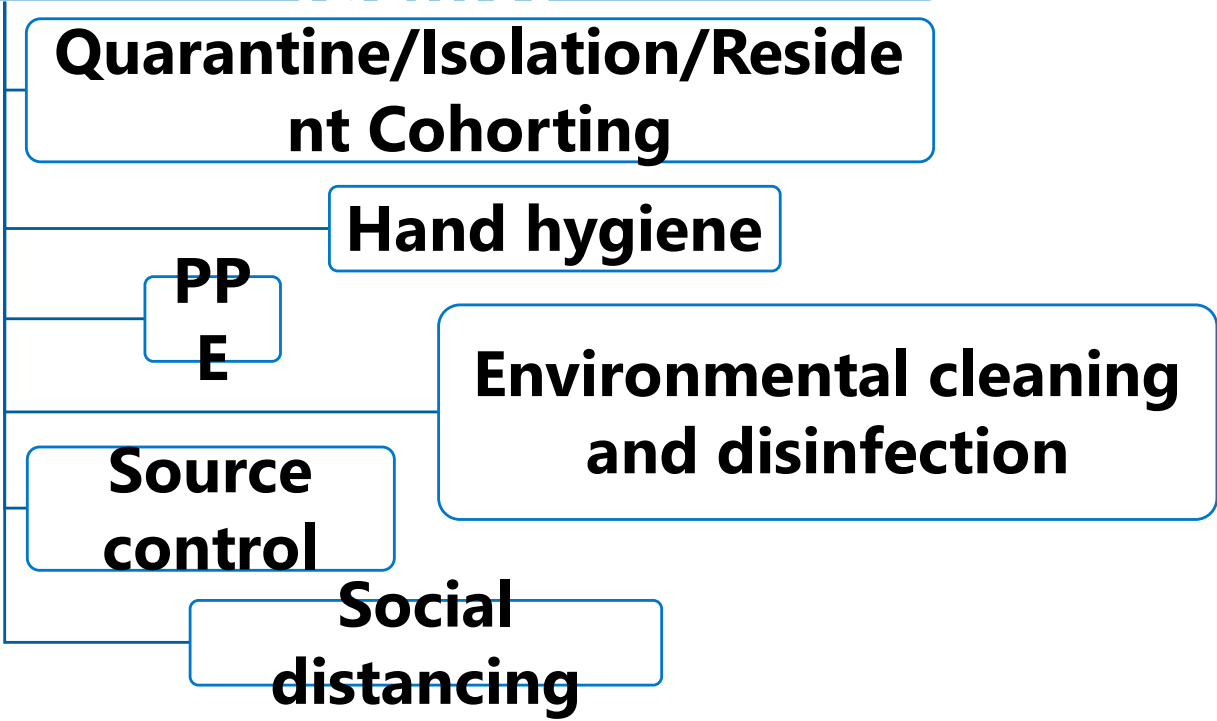
- Fever
- Cough
- Shortness of breath
- Sore throat
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- New loss of taste or smell

Visitation alternatives

- Offer alternate means of communication for people who would otherwise visit, such as virtual communications (phone, video communication, etc.).
- Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

Secondary Prevention

Keep COVID-19 from spreading within the facility



Source Control



Your cloth face covering may protect them. Their cloth face covering may protect you.

Quarantine

- ▶ Quarantine all new patients within the facility for the first 14 days upon arrival and have them wear a facemask (or cloth face covering).
- ▶ If full quarantine is unavailable, the patient should have a room of their own.
- ▶ Individuals who cannot comply with requests to wear a facemask (or cloth face covering) should be at higher priority for receiving their own room.
- ▶ When facemasks are unavailable, new patients should remain in their room as much as possible during the first 14 days and maintain six feet distance from all other patients and staff.

Hand Hygiene



Alcohol-based Hand Sanitizers

Use of alcohol-based hand sanitizers is the preferred method for decontaminating hands in healthcare settings.



PPE



Only YOU
can stop the
spread of
infection!

PPE in Action

Wear full PPE (gowns, gloves, N95 respirator or facemasks, eye protection) when caring for symptomatic or ill residents

- Residents with signs/symptoms of respiratory illness
- Asymptomatic residents exposed in the facility
- Newly admitted or re-admitted residents in quarantine
- Residents with frequent medical visits outside the facility in quarantine



PPE Donning and Doffing

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).**

If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*

 - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).***

Do not touch the front of the respirator or facemask.

 - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf

N95 Respirators and Facemasks

N95 respirators are preferred when caring for residents with suspected or confirmed COVID-19 infections, especially during aerosol-generating procedures.

Issues:

- Lack of availability of respirators
- Absence of respiratory protection programs outside of hospital settings

Possible alternatives:

- Use inhalers instead of nebulizers and supplemental oxygen instead of CPAP to reduce aerosol-generating procedures.
- Use loose-fitting powered air-purifying respirators (PAPRs) that do not require fit-testing (but require medical evaluations).
- Plan to develop respiratory protection programs in the future.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS

Covering Surgical Masks or N95 Respirators with Cloth Coverings



Consider discontinuing this practice.

- No recommendations
- Potential harms (weighs down surgical mask, makes breathing more difficult)
- Alternative: use face shields to protect masks (and eyes!)

Do not place any mask or cloth covering over N95 respirators

Disinfectants

Observe the contact time specified on this list

List N: Disinfectants for Use Against SARS-CoV-2

All products on this list meet [EPA's criteria](#) for use against SARS-CoV-2, the virus that causes COVID-19.

Finding a Product

To find a product, enter **the first two sets** of its **EPA registration number** into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.

For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product.

[Search by EPA registration number](#)

NEW View List N's information in our new tool

EPA Registration Number

Active Ingredient

Use Site

Contact Time

Browse All

Keyword Search

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Disinfectants for Resident Care Equipment

Be aware:

- Alcohol is not an EPA-registered disinfectant.
- Alcohol may damage some residential care equipment.
- Check with patient care equipment manufacturers to determine which of the List N disinfectant products they recommend for disinfection of their equipment.

Social Distancing

- Maintain 6 feet distance
 - Beds (head to toe)
 - Stagger meals
 - Smaller groups
 - Stagger staff breaks
 - Stagger smoking breaks

Residents with Atypical Symptoms

COVID-19 in the facility or in the community

Increase suspicion for COVID-19 infection in residents with new or worsening malaise, new dizziness, diarrhea, sore throat, low grade fever, or any changes in resident's usual conditions.

**Do not hesitate to
isolate!**
Promptly test for COVID-19
infection

If you have a case

- Report to local public health.
- Isolate patient in private room on droplet precautions.
- Consider contacts of patient as exposed, place in droplet precautions.
- Watch carefully for decline in symptoms.
- Transfer to higher level of care as needed.
- Communicate infection status to EMS and receiving facility.

COVID-19 Guidance for Behavioral Health Inpatient and Residential Care Facilities

BEHAVIORAL HEALTH TREATMENT Guidance for Maintaining Effective Treatment

Key Considerations

- Communicate openly about the COVID-19 situation
 - With staff, patients, and residents
 - Through town meetings, bulletins, email, etc.
 - Fosters support
 - Decreases likelihood of staff attrition and patient outbursts or acting out
- Educate
 - How staff and patients can stay safe during the pandemic
 - Empower patients to mitigate feelings of uncertainty and disorder
- Seek Feedback
 - From staff and patients
 - Directly address concerns. Explain why there are changes to facility rules and treatment

Types of Therapy



Individual

Issues addressed one-on-one between patient and therapist.



Group

Issues addressed among multiple patients.

Patients interact with other patients outside their typical social network.



Milieu

Treats mental health conditions by providing patient's with a structured environment.

Encourages healthy thoughts and behavior.

Considerations for Individual and Group Therapy

- ▶ Teletherapy by videoconference
 - ▶ Reduces infection risk to patients and providers
- ▶ In-person therapy
 - ▶ Patients and providers should wear masks or cloth face coverings
 - ▶ Remain at least 6 feet apart
- ▶ Both options require adjustments to standard practice
- ▶ Therapy changes can be another opportunity for patients to work on flexibility and adaptability

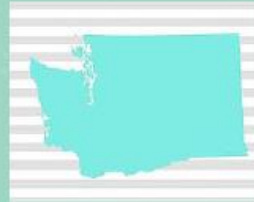
Considerations for Milieu Therapy

- ▶ Form and maintain patient groups (or cohorts) in common locations
 - ▶ Wings, recreation rooms, communal dining areas, etc.
- ▶ Minimize switching of patients between patient groups
- ▶ Smaller patient groups:
 - ▶ Should not interfere with therapy outcomes
 - ▶ May enhance ability of staff to observe and coach patients
- ▶ Encourage social distancing within the milieu
- ▶ Patients should wear cloth face coverings while in indoor common areas

INFECTION CONTROL ASSESSMENT AND RESPONSE PROGRAM (ICAR)

Washington State Department of Health

ICAR uses a consultative and collaborative approach to evaluate the strength of infection prevention in a variety of healthcare settings so that public health can create tools to improve existing capacity.



Public Health + Healthcare = ICAR

Grant funding from the Centers for Disease Control and Prevention (CDC) supports three ICAR infection prevention consultants, one at the Washington State Department of Health and two at the Local Health Jurisdiction level (Clark and Spokane).



Site Specific Assessments

The CDC has provided setting specific assessment tools for acute care hospitals, long-term care facilities, outpatient settings, and dialysis centers. Visits are consultative and provided at no cost.



Going Back to Basics

The assessment tool will be sent to the participating facilities ahead of time. Topics covered during the visit will range from hand hygiene to antimicrobial stewardship. Visits will take approximately 1/2 day and may involve observations of staff performing hand hygiene or isolation procedures.



Relationship Building

Public Health will make these visits simple and valuable. Assessing overall infection prevention across the state will no doubt result in a stronger healthcare system.

Contact Patty Montgomery RN, MPH, CIC
patricia.montgomery@doh.wa.gov

For questions or to schedule your ICAR assessment, contact the Washington State Department of Health's Healthcare Associated Infections Program at 206-418-5500



Washington State
Health Care Authority



Healthcare-Associated Infections (HAI) Team

Medical Epidemiologist

- Marisa D'Angeli, MD, MPH

Nurse Consultants

- Patty Montgomery, RN, MPH, CIC
- Lisa Hannah, RN, BSN, CIC
- Sara Podczervinski, RN, MPH, CIC, FAPIC
- Larissa Lewis, RN, BSN, MPHc, CIC

Health Services Consultant – Melissa Feskin, BS, CNA

References and References

DOH Website

<https://www.doh.wa.gov/Emergencies/Coronavirus/Resources>

National Council for Behavioral Health

<https://www.thenationalcouncil.org/covid-19-guidance-for-behavioral-health-residential-facilities/>

CDC Infection Control FAQ

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>



Lindsay Gorgen
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Guidance Lead
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Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Agenda

Subject	Who
• DBHR updates/provider relief fund	• Michael Langer, Deputy Director, DBHR
• Provider relief fund	• Jason McGill
• DOH/residential guide	• Nick Fradkin • Kira Mauseth, • Sara Podczervinski • Larissa Lewis,
• Questions	• All

Time for Q&A, remember to label your questions

- ▶ Problem gambling
- ▶ Foundational Community Supports
- ▶ Prevention Programs
- ▶ Mental Health Promotion and Suicide Prevention Grants
- ▶ Telehealth/Billing Guide/Insurance
- ▶ Treatment
- ▶ Peer support
- ▶ Telehealth
- ▶ Billing, financial, codes
- ▶ Zoom license

SUD and MH promotion resources

- ▶ [Resources to Support Student Well-Being & School Safety](#)
- ▶ The Washington Healthy Youth (WHY) Coalition [website](#) and its [Facebook page](#) with up-to-date resources for parents during times of stress.
- ▶ [UW forefront wellbeing suicide prevention series](#)

Webinars for prevention providers and parents

To date we have hosted over 40 webinars since mid-march reaching over 1,750 participants.

- ▶ Webinar sessions for next two weeks
 - ❖ June 2, 11:00 am - 12:00 pm - Neurobiology of opioids Class
 - ❖ June 4, 9:30 - 11:00 am - Guiding Good Choices-facilitators discussing delivery of GGC to online parent groups.
 - ❖ June 4, 1:00 - 2:00 pm - Action Plan/Budget Update TA Call
 - ❖ June 9, 11:00 am - 12:00 pm - Neurobiology of opioids Class
- ▶ Register for all calls and webinars [here](#).

DBHR treatment resources

▶ **Certification training**

- ❖ [National Certification Commission for Addiction Professionals \(NCC AP\)](#)
- ❖ [National credential and endorsement exams](#)
- ❖ [state licensure](#)

▶ **Behavioral health financial assistance**

- ❖ [Billing FAQ](#)

▶ **Supervision plans as required by the Medicaid BH state plan**

- ❖ [Email HCADBHRBHCOSVID19@hca.wa.gov](mailto:HCADBHRBHCOSVID19@hca.wa.gov) with the Subject line: *Supervision Plan*. We will contact you if there are any questions about your plan.

▶ **Weekly call WA Opioid Treatment Program-COVID-19 planning**

- ❖ Every Thursday from 1:30 to 2:45 p.m. (360) 407-3811; Access code 8923139#

DBHR recovery resources

- ▶ **Resources from the housing & homelessness calls through the Washington low income housing alliance**
 - ▶ [FCC's Lifeline Program](#) Offers Discounts for Phone and Broadband Service
 - ▶ [COVID-19 Resources Page.](#)
 - ▶ [Zero-interest loans](#)
 - ▶ [FAQs and Clarifications](#) regarding LIHEAP and LIRAP.
 - ▶ Washington State Office of Attorney [General eviction moratorium complaint page](#)
 - ▶ The Dept. of Health is [soliciting applications for Emergency Language and Outreach Service Contracts](#)
 - ▶ [General pandemic health info](#) in over 30 languages.
 - ▶ [The Unemployment Law Project.](#)

Housing resources

▶ Link for housing resources:

- ▶ [National Low Income Housing's COVID page](#)
- ▶ [Department of Commerce COVID-19 information](#)
- ▶ [Washington Low Income Housing Alliance COVID-19 resources](#)
- ▶ [Washington 211](#)
- ▶ [Washington LawHelp](#)
- ▶ [Washington homeownership resources](#)
- ▶ [Dept of Commerce's "Coordinated Entry Programs by County](#)
- ▶ [COVID-19 Eviction complaint form](#)
- ▶ You can file a complaint via phone by calling 1 (833) 660-4877 and leaving a general message by selecting option 1.

DBHR telehealth resources

- ▶ HCA has a limited number of laptops for use with the Zoom teleconferencing software.
 - ❖ [Loaner Laptop Application](#)
- ▶ **Cell Phones**
 - ❖ being distributed to priority populations.
- ▶ **Success Stories for telehealth**
 - ❖ email to HCADBHRBHCVID19@HCA.WA.GOV subject line "*success stories*"

Behavioral Health Institute telehealth rapid response training and TA plan

- ▶ [Behavioral health institute training and technical assistance for telehealth](#)
- ▶ [Information for individuals receiving telehealth services](#)
- ▶ [Statewide provider survey](#) released to all BH treatment agencies
- ▶ [Telehealth resource website](#)
- ▶ **Webinar: Staying Connected & Involved While Physical Distancing: A Washington State Conversation**
 - ❖ [Register](#)
- ▶ **Contacts**
 - ❖ Jim Vollendroff: vollenj@uw.edu, Melody McKee: melmckee@uw.edu, Cara Towle, ctowle@uw.edu

Other resources

- ▶ [Statewide wireless hotspot map](#)
- ▶ [Guidance for law enforcement and first responders who administer Naloxone](#)
- ▶ [Department of Health](#)
- ▶ [World Health Organization](#)
- ▶ [SAMHSA](#)
- ▶ [Telehealth Learning and Consultation \(TLC\) Tuesdays](#)
- ▶ [Addiction Technology Transfer Center \(ATTC\) Network](#)
- ▶ [Center for Excellence on Protected Health Information \(CoE-PHI\)](#)
- ▶ [National Consortium of Telehealth Resource Centers](#)
- ▶ [Center for the Application of Substance Abuse Technologies \(CASAT\)](#)
- ▶ [Prevention Technology Transfer Center \(PTTC\) Network](#)

- ▶ [Behavioral Health Training, Workforce and Policy Innovation Center](#)
- ▶ DOH created a COVID-19 & Smoking/Vaping: New [Infographic](#) to Share is Out Now – Translated into 9 Additional Languages.

