December 12, 2019

What’s New

Three of the Five Culture of Health Prize Winners are in Rural Areas. The annual award from the Robert Wood Johnson Foundation recognizes community effort to improve health. This year’s prize winners include Gonzales, California; Lake County, Colorado, and Sitka, Alaska.

New Data from the CDC on Teen Tobacco Use. In its latest Morbidity and Mortality Weekly Report, the Centers for Disease Control and Prevention (CDC) find that, in 2019, the prevalence of cigarette smoking among youths was the lowest ever captured by the National Youth Tobacco Survey since 1999. The survey showed that approximately three in 10 high school students and approximately one in eight middle school students had used a tobacco product during the past 30 days.

Report on U.S. Coal Industry. The U.S. Energy Information Administration recently released annual data on U.S. coal production, including the number of mines, their productive capacity, prices, employment, and consumption. Highlights for 2018 include an increase in the average number of employees at U.S. coal mines from 2017, but a decrease in production and consumption. The Federal Office of Rural Health Policy manages the Black Lung Clinics Program which provides predominantly rural miners with access to educational, screening, medical, and benefits counseling services with the goal to reduce morbidity and mortality associated with occupationally-related coal mine dust lung diseases. See the Funding Opportunities section below for the latest on this program.

Open Enrollment for the Health Insurance Marketplace Ends on Sunday, December 15. The six-week period during which consumers may enroll in a health insurance plan using the Federal Health Insurance Marketplace ends this weekend. Those without an employer-based plan may visit HealthCare.gov and CuidadodeSalud.gov to shop for plans that will begin coverage on January 1, 2020. Twelve states and the District of Columbia have their own state-based websites for enrollment in individual/family or small business health coverage, or both. Some consumers may qualify for Medicaid coverage or a lower cost Marketplace plan depending on their state of residence and household size.

Funding Opportunities

CDC/NACCHO Overdose Prevention and Response Mentorship – December 20. The Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO) are seeking mentee and mentor applicants for a network of local health departments sharing knowledge about overdose prevention and response.

SAMHSA Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities – December 27. The Substance Abuse and Mental Health Services Administration (SAMHSA) will make 82 awards from a total investment of $16.5 million for a five-year program
providing services to racial/ethnic minorities at highest risk for HIV and substance use disorders. Eligible applicants are community-based domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes, and other Tribal organizations.

**USDOT Funds for Health-Related Transportation Projects** – January 6. The U.S. Department of Transportation (USDOT) will match costs up to 80 percent for local projects that improve transportation options for older adults and people with disabilities in rural and tribal areas. Under the previously-announced Mobility for All Pilot Program, local entities may get a USDOT match for funds from non-government sources. To help state and local agencies with federal funding that supports these populations (including the Administration for Community Living, and the Health Resources and Services Administration), the Federal Transit Authority (FTA) under USDOT will also provide matching funds under FTA Section 5310 (Older Adults/People with Disabilities) and/or FTA Section 5311 (Rural/Tribal).

**NIH Research for the National Plan to End HIV** – January 31. The National Institutes of Health (NIH) will make awards of up to $500,000 for research on effective approaches to screen and treat substance use or mental health disorders in the in the Health Resources and Services Administration’s Ryan White HIV/AIDS Program. Research sites should be located within the National Ending the HIV Epidemic Plan, including the top 48 counties: Washington, DC; San Juan, Puerto Rico; and the 7 states with a disproportionate occurrence of HIV in rural areas.

**DOJ Housing Assistance for Victims of Human Trafficking** – February 3. The U.S. Department of Justice (DOJ) will make 18 awards of up to $750,000 each for transitional housing and short-term assistance for victims of human trafficking and their dependents. Eligible applicants are state and local governments, Tribal organizations, and nonprofits providing service for victims.

**DOJ Enhanced Training and Services to End Elder Abuse** – February 6. The U.S. Department of Justice (DOJ) will make nine awards of up to $400,000 to assist local law enforcement in recognizing and addressing instances of elder abuse – including neglect, exploitation, sexual assault, domestic violence, dating violence, or stalking, involving victims who are 50 years of age or older. Priority areas include the specific challenges that rural communities face.

**NIH Practice-Based Research for Pediatric Mental Health in Primary Care Settings** – February 10. The National Institutes of Health (NIH) will provide research grants for interventions which may impact mental health outcomes, including suicide and serious mental illness. The research should test prevention approaches implemented in pediatric-serving primary care settings, with an emphasis on disparity populations that include racial/ethnic minority groups, sexual and gender minorities, individuals living in rural areas, and socioeconomically disadvantaged persons.

**DOJ Grants to Tribal Governments for Special Domestic Violence Criminal Jurisdiction** – February 12. The U.S. Department of Justice (DOJ) will make ten awards of up to $450,000 each for planning and implementing changes necessary to exercise special domestic violence criminal jurisdiction.

**NIH Research for Mental Health in Low-Resource Settings** – February 24. The National Institutes of Health (NIH) will support research into the development of mental health treatment and services for underserved populations in under-resourced settings, including members of minority groups, other individuals experiencing disparities in mental health outcomes, and people living in a geographic area with a shortage of healthcare services.

**HRSA Addiction Medicine Fellowship Program** – February 25. The Health Resources and Services Administration (HRSA) will make 25 awards from a total investment of $20 million to
increase the number of board-certified addiction specialists. The program aims to establish formal relationships with underserved, community-based entities to provide training for Addiction Medicine Fellows in these settings. Eligible applicants include institutions with accredited programs for addiction medicine or psychiatry, or a consortium with at least one teaching health center and addiction training program.

**HRSA Black Lung Clinics Program** – March 6. The Health Resources and Services Administration (HRSA) will make up to 15 awards, one per service area, from a total investment of $11 million to provide services for occupationally-related coal mine dust lung disease. This new cycle of funding extends the competitive cycle from three years to five years, and requires patient-level data reporting to track progress. HRSA also announced a funding opportunity for the **Black Lung Data and Resource Center** – March 6. One cooperative agreement will be made to strengthen the operations of the Black Lung Clinics Program through improved data collection and analysis.

---

**Rural Health Research**

Research in this section is provided by the HRSA/FORHP-supported Rural Health Research Gateway. [Sign up for alerts](#) when new publications become available.

**Partial Psychiatric Hospitalization Program Availability in Nonmetropolitan and Metropolitan Hospitals Nationally.** The wide range of services involved in such programs requires substantial resources that are often limited. Researchers from the Rural and Underserved Health Research Center at the University of Kentucky found that fewer than 5 percent of nonmetropolitan hospitals offer partial psychiatric hospitalization in-house.

---

**Policy Updates**

Visit the [FORHP Policy page](#) to see all recent updates and send questions to ruralpolicy@hrsa.gov.

**Accepting Applications: CMS Direct Contracting Model Options Implementation Period** – February 25. CMS recently announced that it is accepting applications for the Implementation Period of its Direct Contracting Model Options. There are two application submission periods: one for the Implementation Period and a second one for applications to start the model in the first performance year, which will open in Spring 2020. Direct Contracting is a set of three voluntary payment model options aimed at reducing expenditures and preserving or enhancing quality of care for beneficiaries in Medicare fee-for-service (FFS). A key aspect of Direct Contracting is providing new opportunities for a variety of different organizations (Direct Contracting Entities or DCEs) to participate in value-based care arrangements in Medicare FFS. The DCE must be a legal entity that contracts with DC Participant Providers, which may include but are not limited to RHCs, CAHs, and FQHCs. Rural DCEs, defined in the Request for Applications, may participate in the model.

---

**Learning Events and Technical Assistance**

**CDC Fireside Chat: Adverse Childhood Experiences** – Thursday, December 12 at 12:00 pm ET. The Centers for Disease Control and Prevention (CDC) will hold a 45-minute discussion on what the latest data tell us about adverse childhood experiences (ACEs); how ACEs are linked to
opioid overdose and suicide; how preventing ACEs can help children and adults thrive; and why a comprehensive public health strategy to prevent ACEs is so important.

**New MBQIP Measures for Emergency Department Transfer Communication** – Thursday, December 12 at 3:00 pm ET. The Medicare Beneficiary Quality Improvement Program (MBQIP) is a project supported by the Federal Office of Rural Health Policy that invites Critical Access Hospitals (CAHs) to voluntarily report their data on quality measures and look for ways to improve patient outcomes. New measures for emergency department transfer communication will be implemented starting January 1. This hour-long session will review the updated measure specifications and revisions to the measure for CAH staff. Watch this space for additional trainings in coming weeks.

**Tools and Strategies to Assist Providers Working with Farmers** – Monday, December 16 at 1:00 pm ET. Experts will share tools and strategies to address the mental health needs of farmers, ranchers, and agricultural workers. The webinar is hosted by the Mental Health Technology Transfer Center Network, with support from the Substance Abuse and Mental Health Services Administration.

**Supportive Services for Older Rural Adults** – Tuesday, December 17 at 1:00 pm ET. In this hour-long webinar hosted by the Rural Health Information Hub, national experts will discuss work by the National Advisory Committee on Rural Health and Human Services to expand policy and programs for older adults.

**Resources of the Week**

**Catalog of Value-Based Initiatives for Rural Providers.** The catalog summarizes programs implemented by the U.S. Department of Health & Human Services that support the transition of payment models from fee-for-service to value-based care. Updated in October 2019 by the Rural Health Value team, the catalog includes the rural impact and participation for such programs as the Medicare Diabetes Prevention Program, the Million Hearts Cardiovascular Disease Risk Reduction Model, and the Hospital Value-Based Purchasing Program. Recent catalog additions include: the Emergency Triage, Treat, and Transport Model; the Maryland Total Cost of Care Model; and Primary Cares Initiatives.

**New 50-State Scan on the Non-Licensed Substance Use Disorder (SUD) Workforce.** Through HRSA’s cooperative agreement with National Organizations of State and Local Officials (NOSLO), the National Academy for State Health Policy (NASHP) conducted a comprehensive 50-state scan of how each state Medicaid program pays for and oversees non-licensed SUD staff. Learn how state Medicaid agencies are developing and deploying a growing workforce of peers, counselors, and other qualified staff to supplement licensed SUD provider capacity.