

Substance Abuse and Mental Health Services Administration's (SAMHSA) Perspectives on Integrated Care and Its Implications to Clinical Practice

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SAMHSA
Substance Abuse and Mental Health
Services Administration

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Dr. Neeraj Gandotra serves as the Chief Medical Officer for Substance Abuse and Mental Health Services Administration (SAMHSA). He also chairs the Behavioral Health Coordinating Committee (BHCC) workgroup on behavioral health integration workgroup, Buprenorphine availability workgroup and the BHCC Overdose prevention treatment metrics workgroup. Dr. Gandotra oversees SAMHSA's learning series with expanding topics of interest including more cross-cutting initiatives such as SAMHSA's overdose prevention as well as special population topics such as children's mental health and tribal resources.

In addition to his clinical work, Dr. Gandotra is a member of the American Society of Addiction Medicine and American Academy of Addiction Psychiatry. He has worked with the Maryland State Attorney General on cases of physician misconduct, specifically those involving prescriptions of controlled substances. Dr. Gandotra also has been a consultant for the National Football League player's assistance program for substance use disorders.

He received his medical degree from the Universidad Iberoamericana (UNIBE) School of Medicine and completed his Psychiatric residency at Howard University. He finished an Addiction Psychiatry Fellowship at Yale University School of Medicine.

- Dr. Neeraj Gandotra has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Polling Questions

- Have you have heard of SAMHSA?
- Which substance (illicit or licit) poses the biggest problem in terms of prevalence with the last year?
- Are you comfortable managing behavioral health conditions?
- Do you know where to go for resources?

Learning objectives

At the conclusion of this activity, participants will be able to:

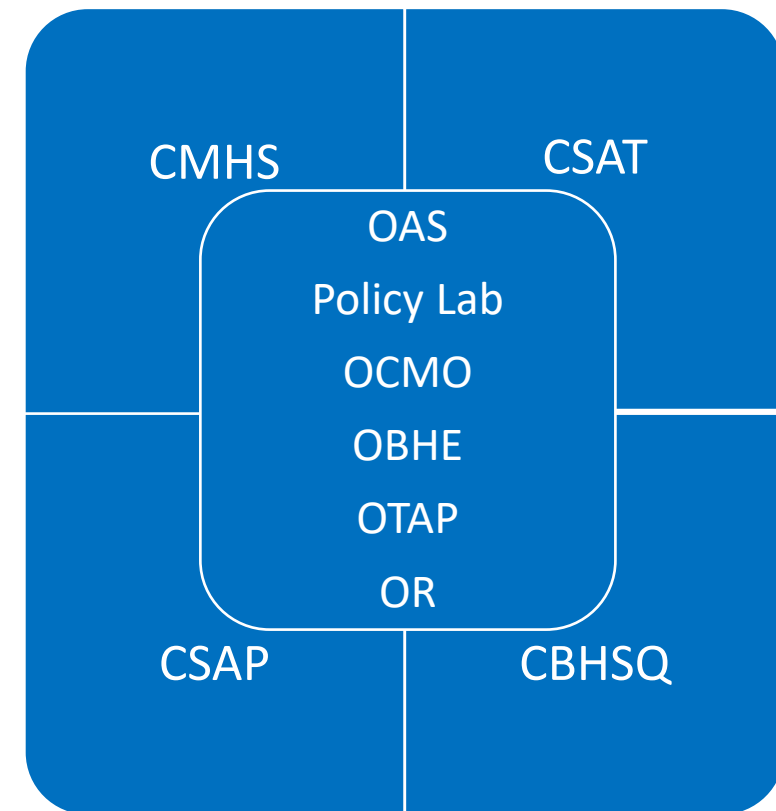
1. Summarize the prevalence of substance use disorder and mental illness, as per SAMHSA's National Survey on Drug Use and Health (NSDUH).
2. Discuss the medical rationale for integrated care of behavioral health and physical health conditions, including prevalence of co-occurring disorders.
3. Describe selected SAMHSA resources and funding opportunities that support integrated care delivery.

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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- The 21st Century Cures Act (December 2016) elevated SAMHSA leadership to the Assistant Secretary level
- Funding includes block formula grants, discretionary grants, cooperative agreements and contracts.
- Office of the Assistant Secretary (OAS)
 - National Mental Health and Substance Use Policy Laboratory
 - Office of the Chief Medical Officer (OCMO)
 - Office of Tribal Affairs Policy (OTAP)
 - Office of Recovery (OR)
 - Office of Behavioral Health Equity (OBHE)
 - General organization:
 - CSAT: Center for Substance Abuse Treatment
 - CSAP: Center for Substance Abuse Prevention
 - CMHS: Center for Mental Health Services
 - CBHSQ: Center for Behavioral Health Statistics and Quality



SAMHSA Strategic Plan

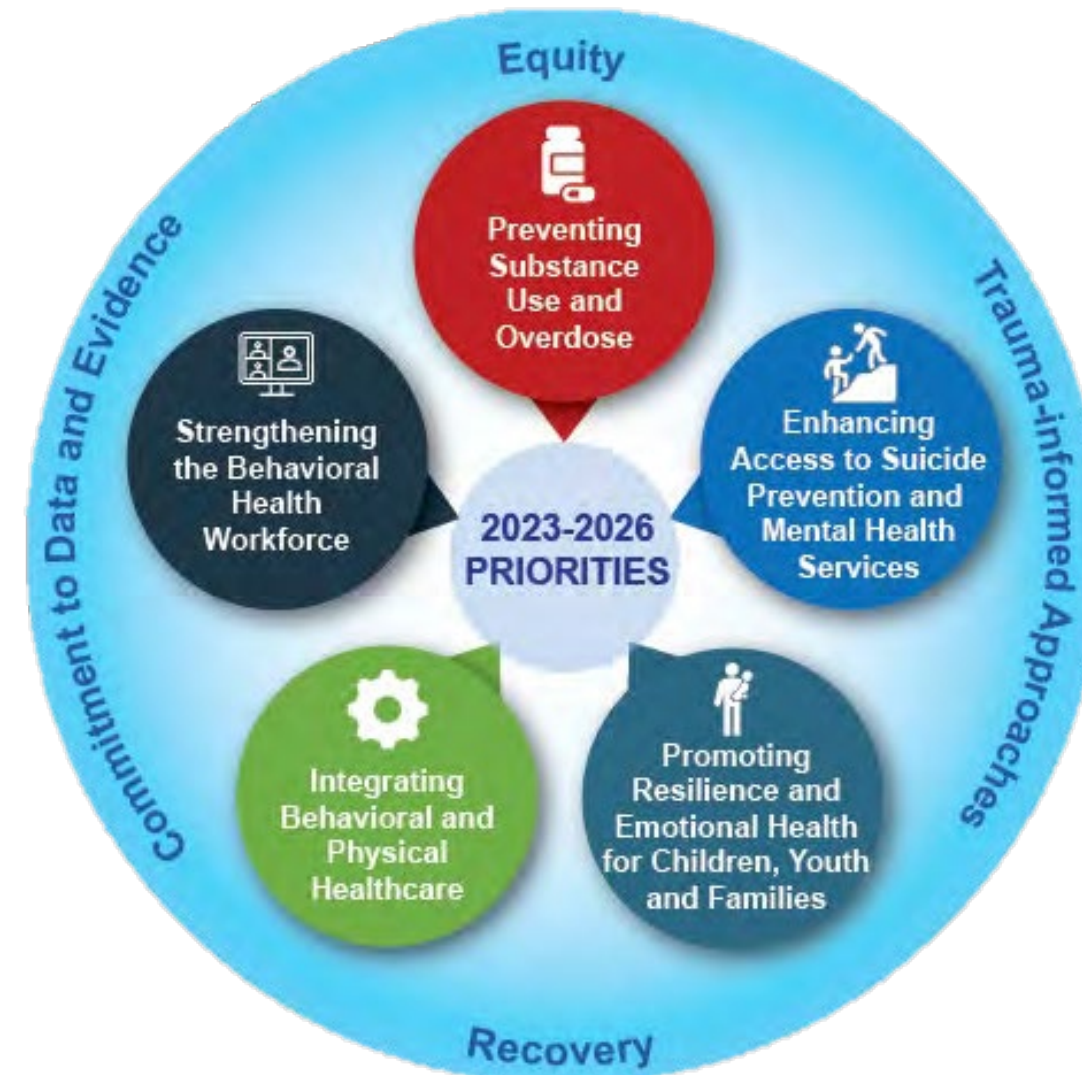
Mission

- SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

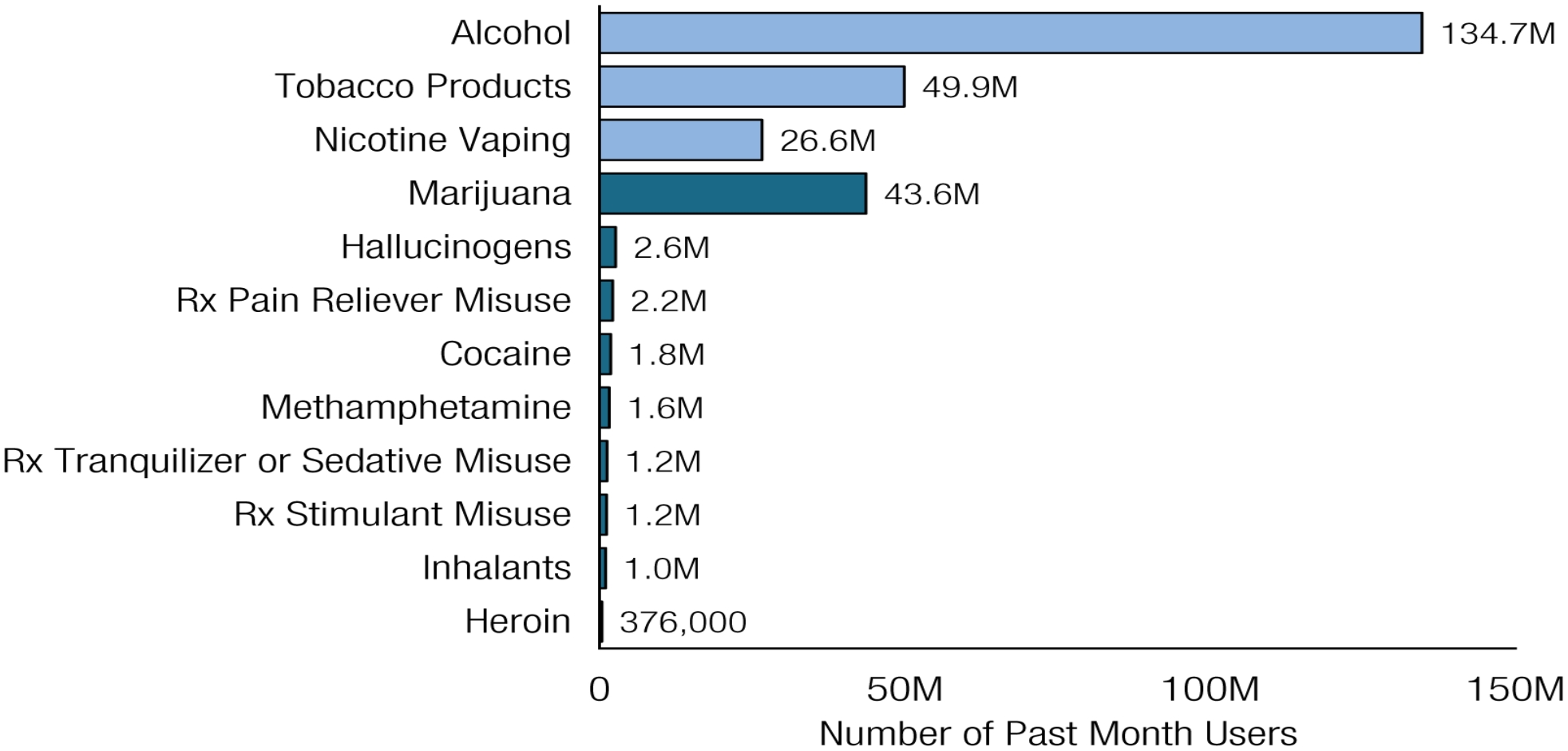
Vision

- SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

([samhsa.gov](https://www.samhsa.gov), 2023)



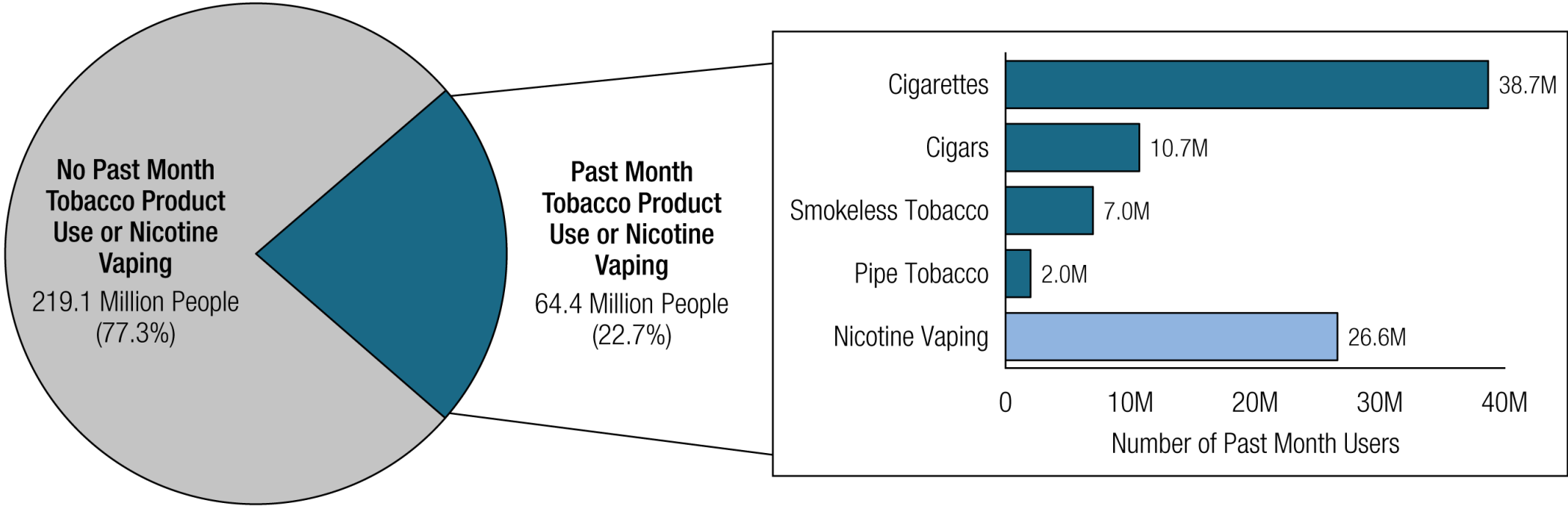
Past Month Substance Use: Among People Aged 12 or Older; 2023



Rx = prescription.

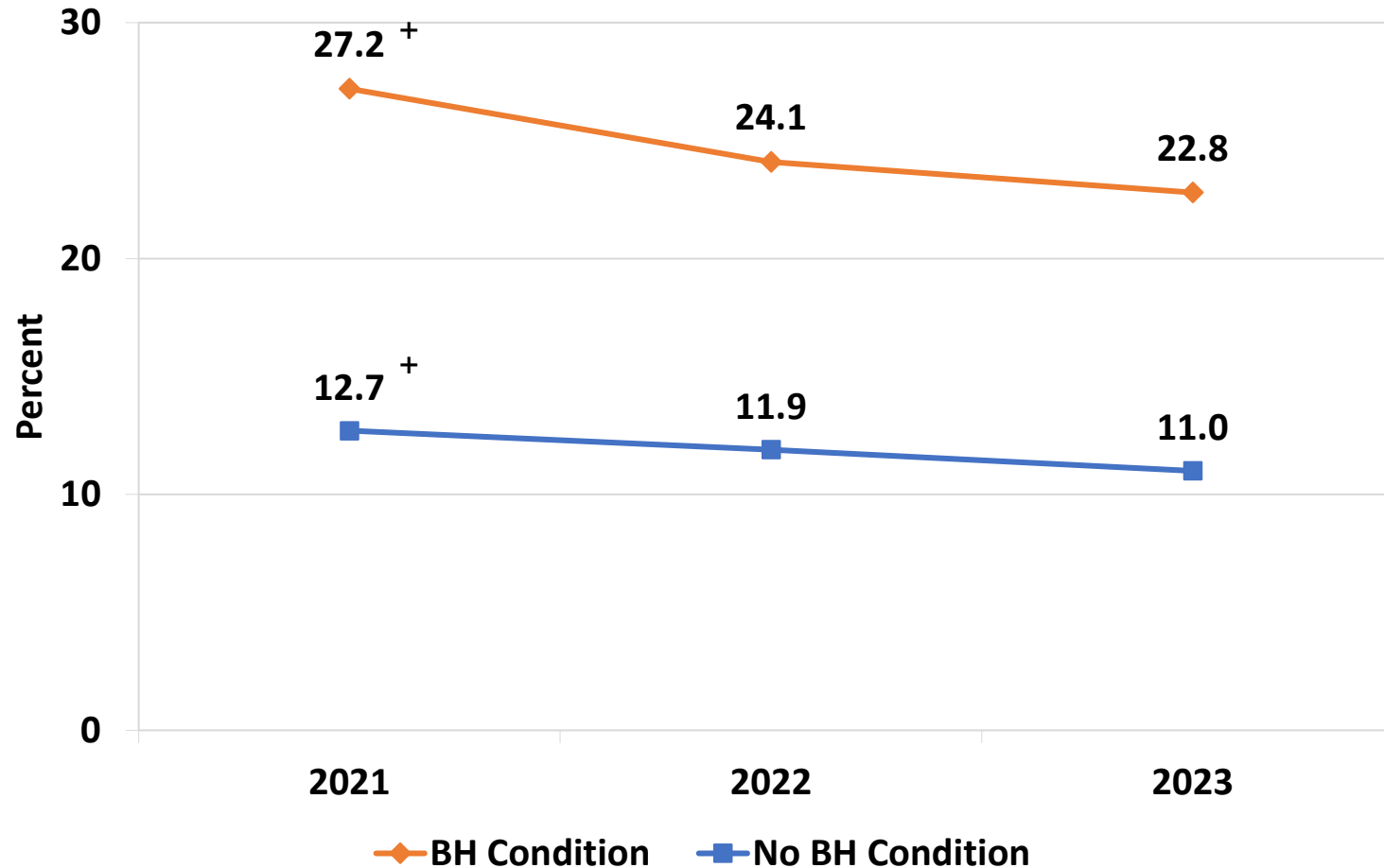
Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; 2023



Note: The estimated numbers of current users of different tobacco products or nicotine vaping are not mutually exclusive because people could have used more than one type of tobacco product or used tobacco products and vaped nicotine in the past month.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Current Smoking among Adults (Age ≥ 18) with a Past Year Behavioral Health (BH) Condition: NSDUH, 2021-2023



Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.

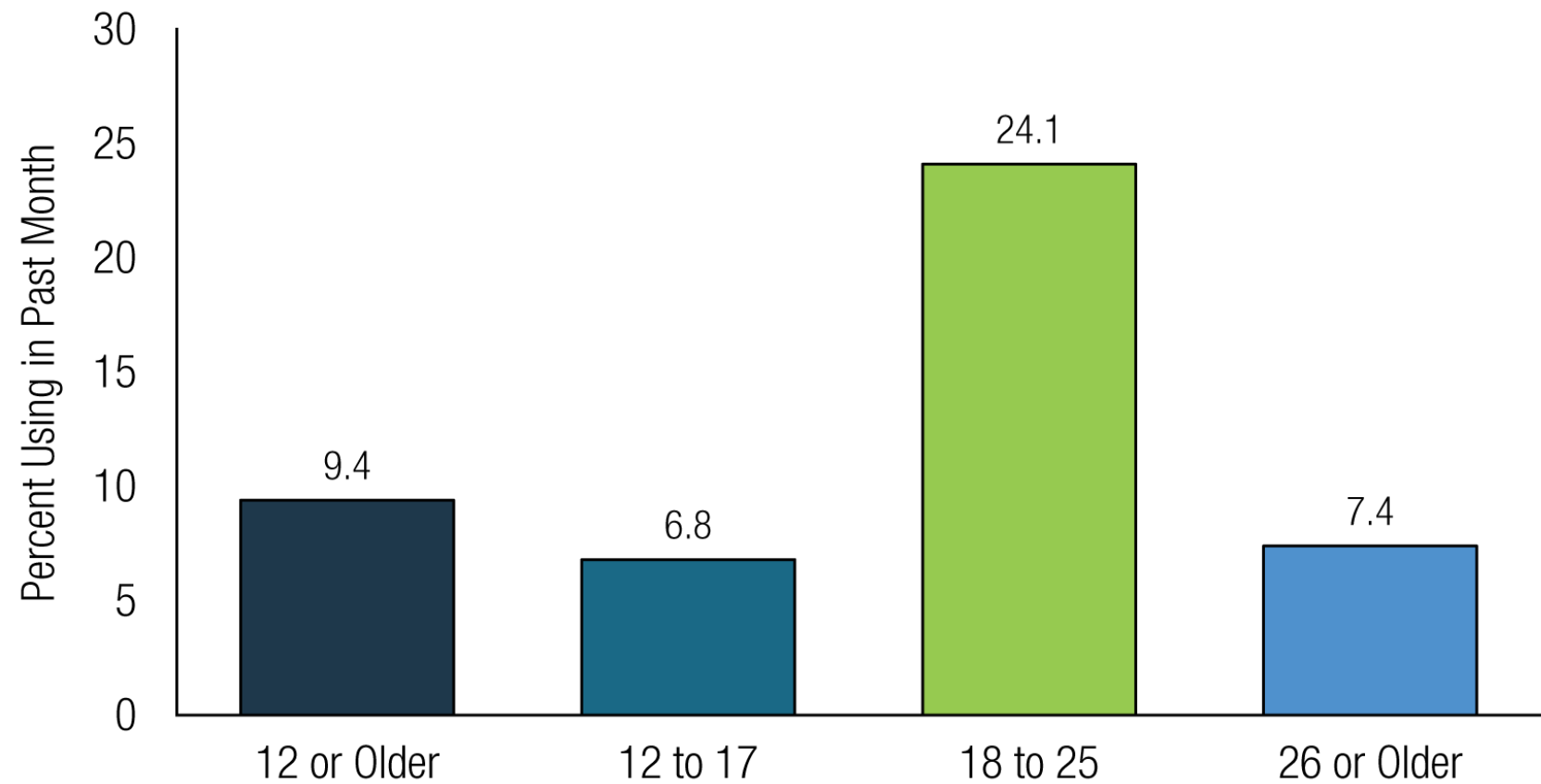
Behavioral Health Condition includes Any Mental Illness (AMI) and/or Substance Use Disorder (SUD).

Note: Substance use disorder (SUD) estimates are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

⁺ Difference between this estimate and the 2023 estimate is statistically significant at the .05 level.

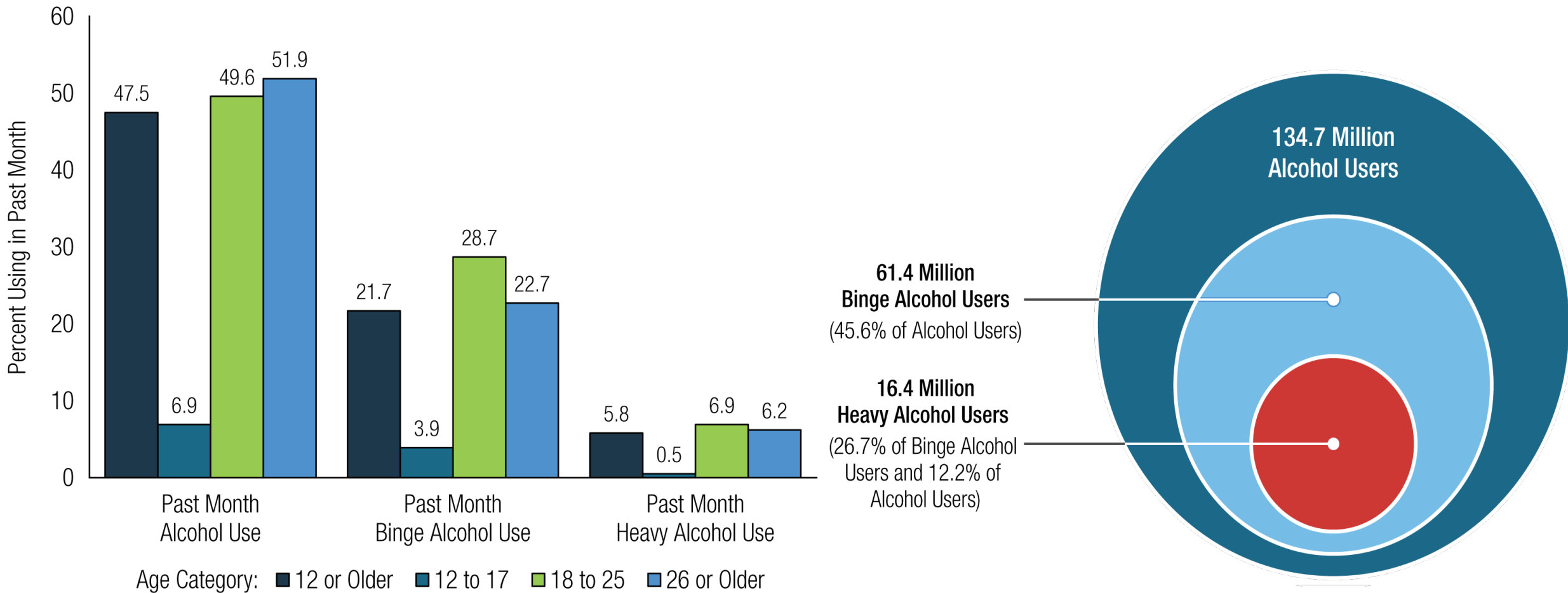
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Past Month Nicotine Vaping: Among People Aged 12 or Older; 2023



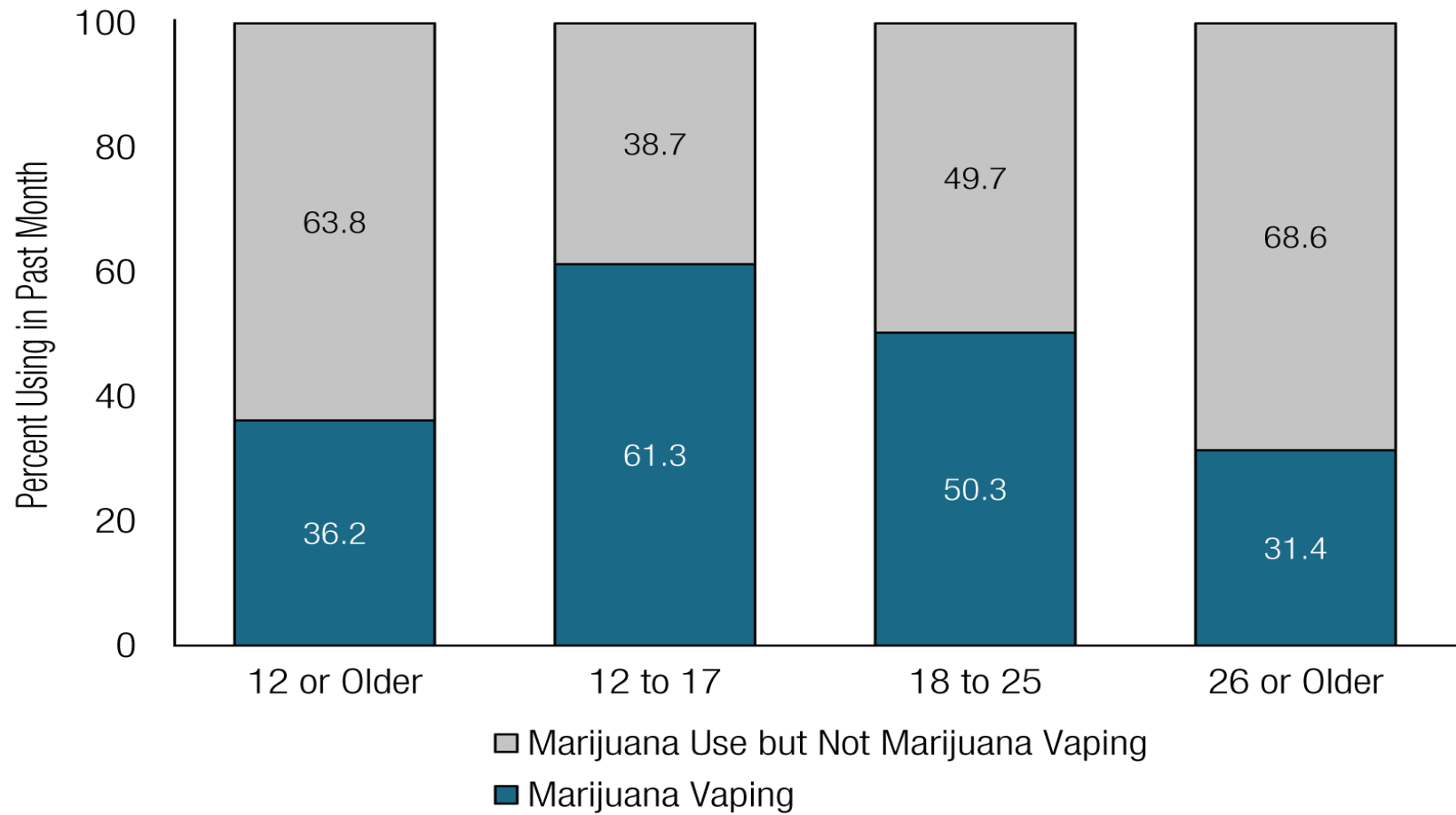
([samhsa.gov](https://www.samhsa.gov), 2023)

Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2023

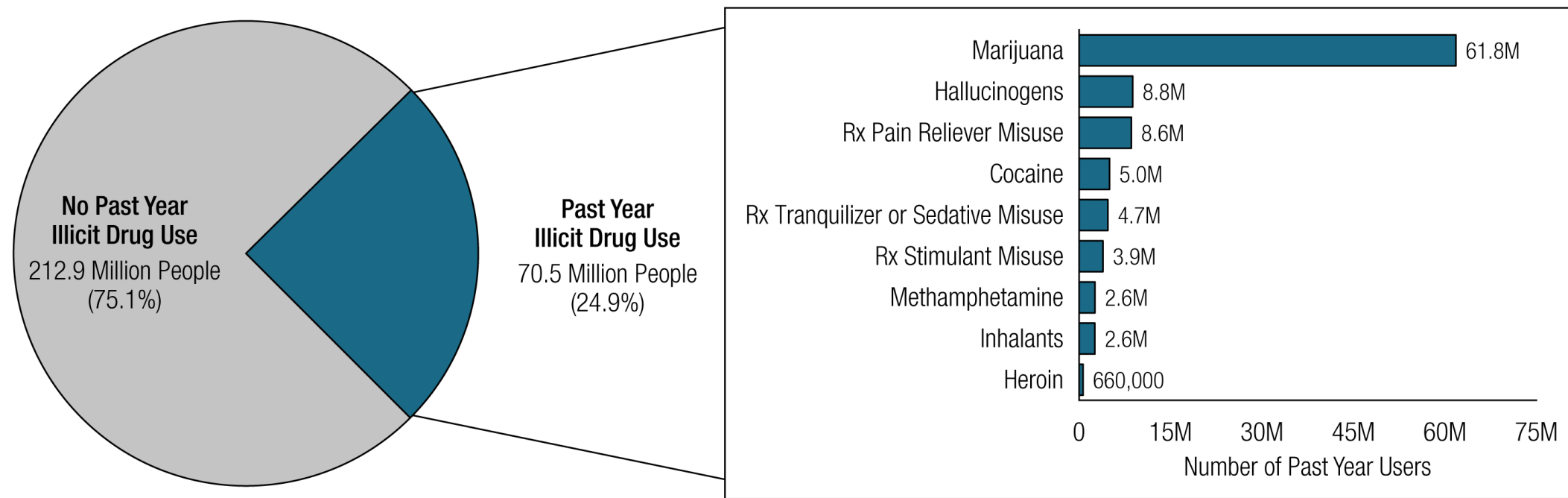


Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Past Month Type of Marijuana Use: Among Aged 12 or Older; 2023



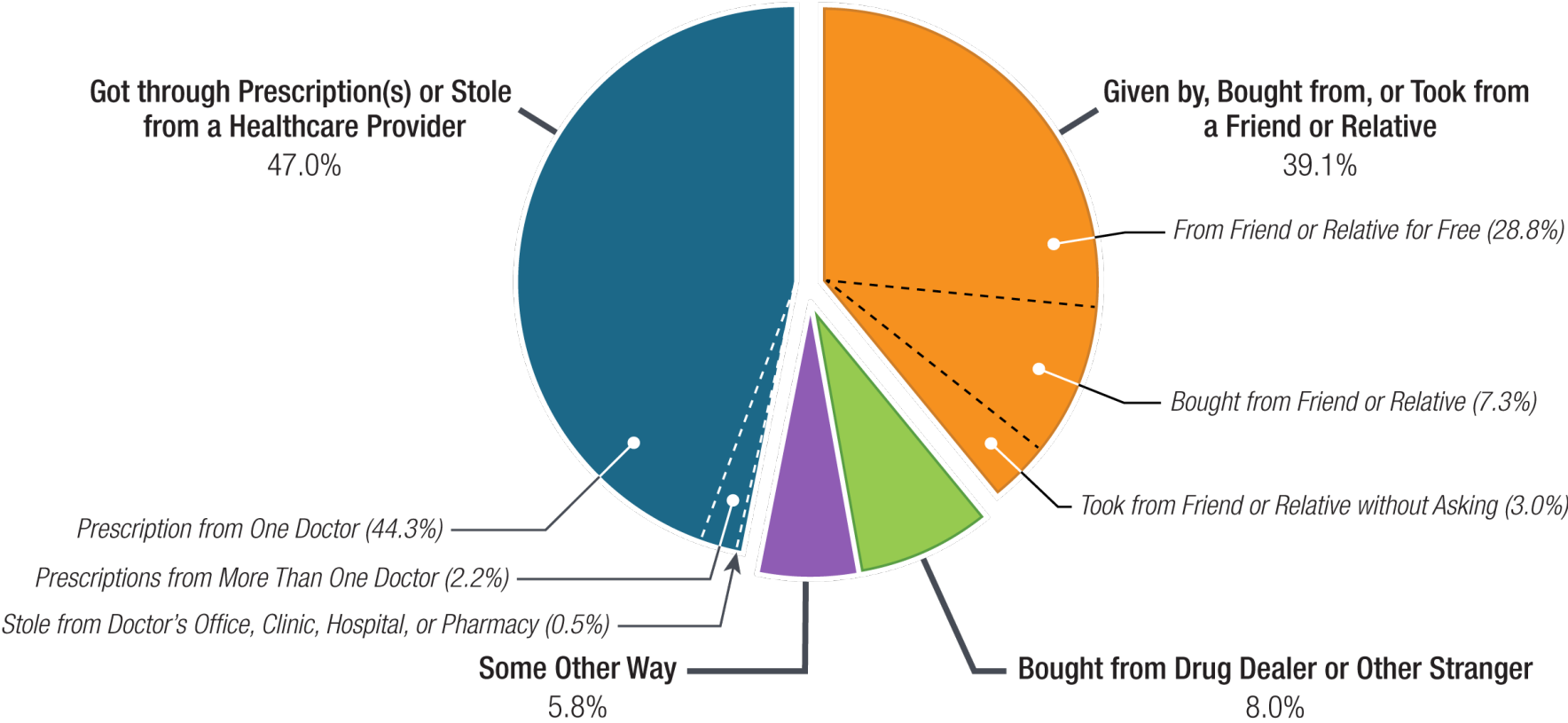
Past Year Illicit Drug Use: Among People Aged 12 or Older; 2023



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Source of Obtained Prescription Pain Relievers that were Misused: Among People Aged 12 or Older who Misused Prescription Pain Relievers in the Past Year; 2023

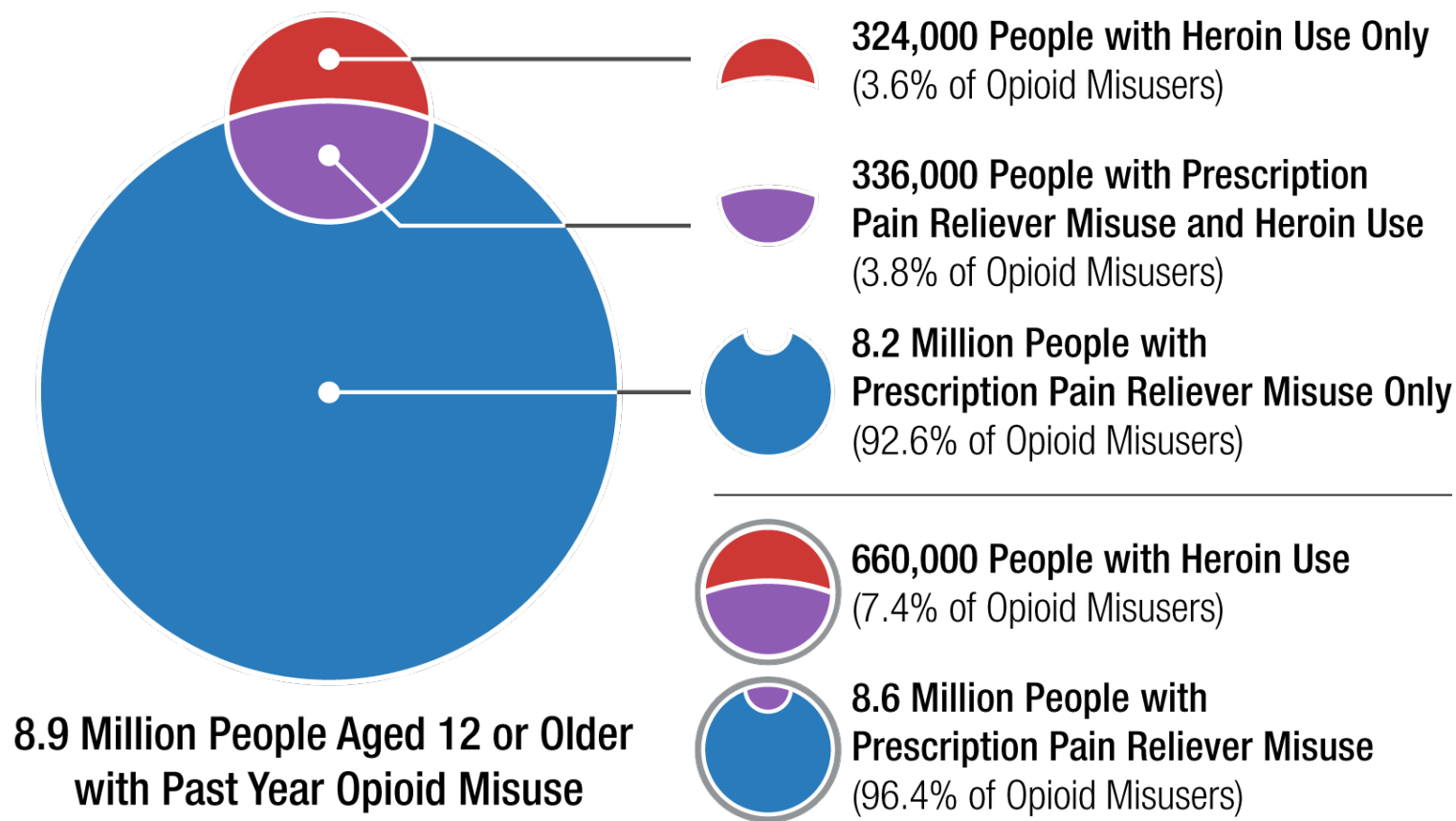


8.6 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Note: The percentages may not add to 100 percent due to rounding. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2023

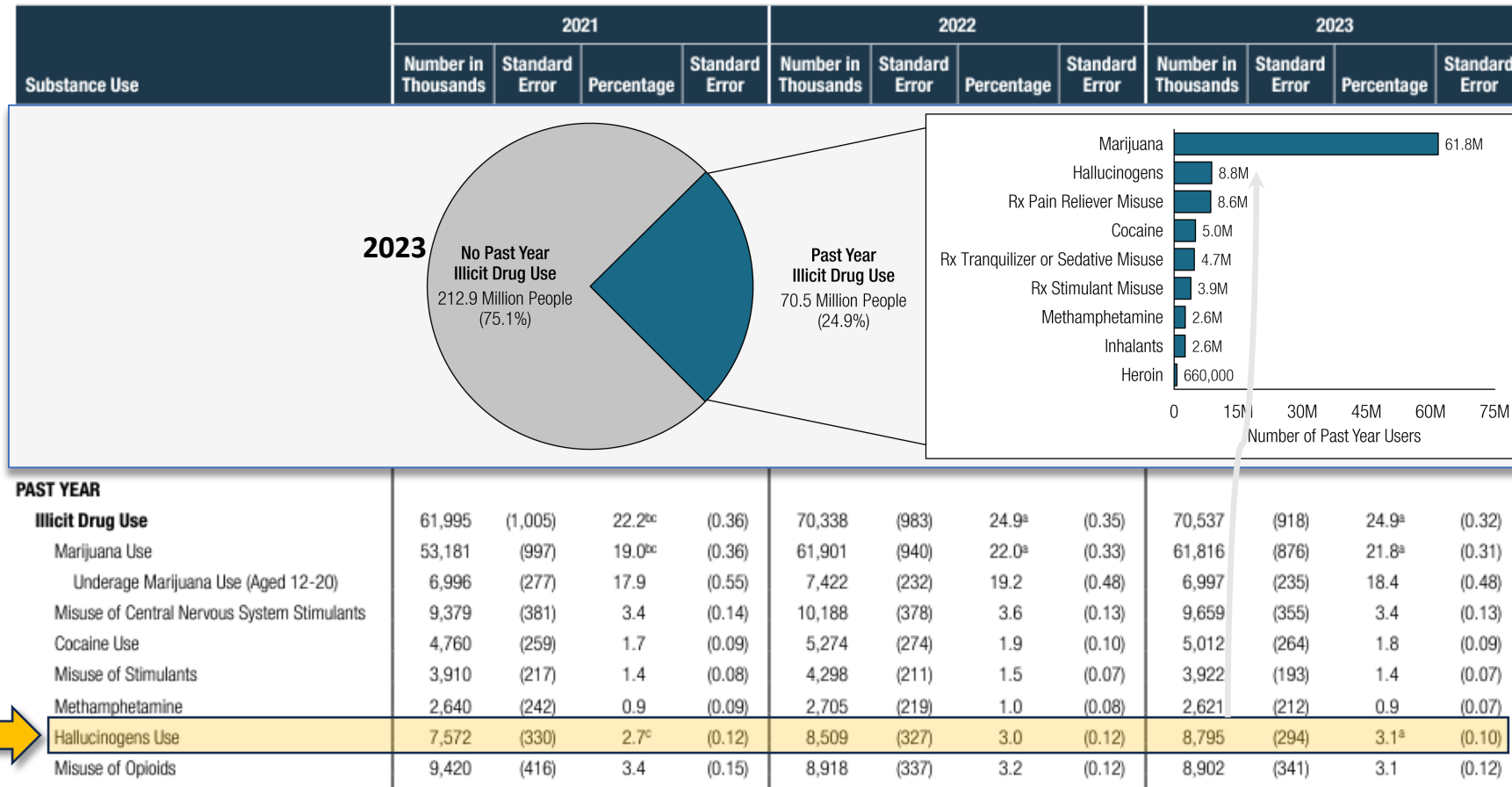


Note: These estimates do not include illegally made fentanyl. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Hallucinogen Use in Past Year Rising among 12+, 2021-2023

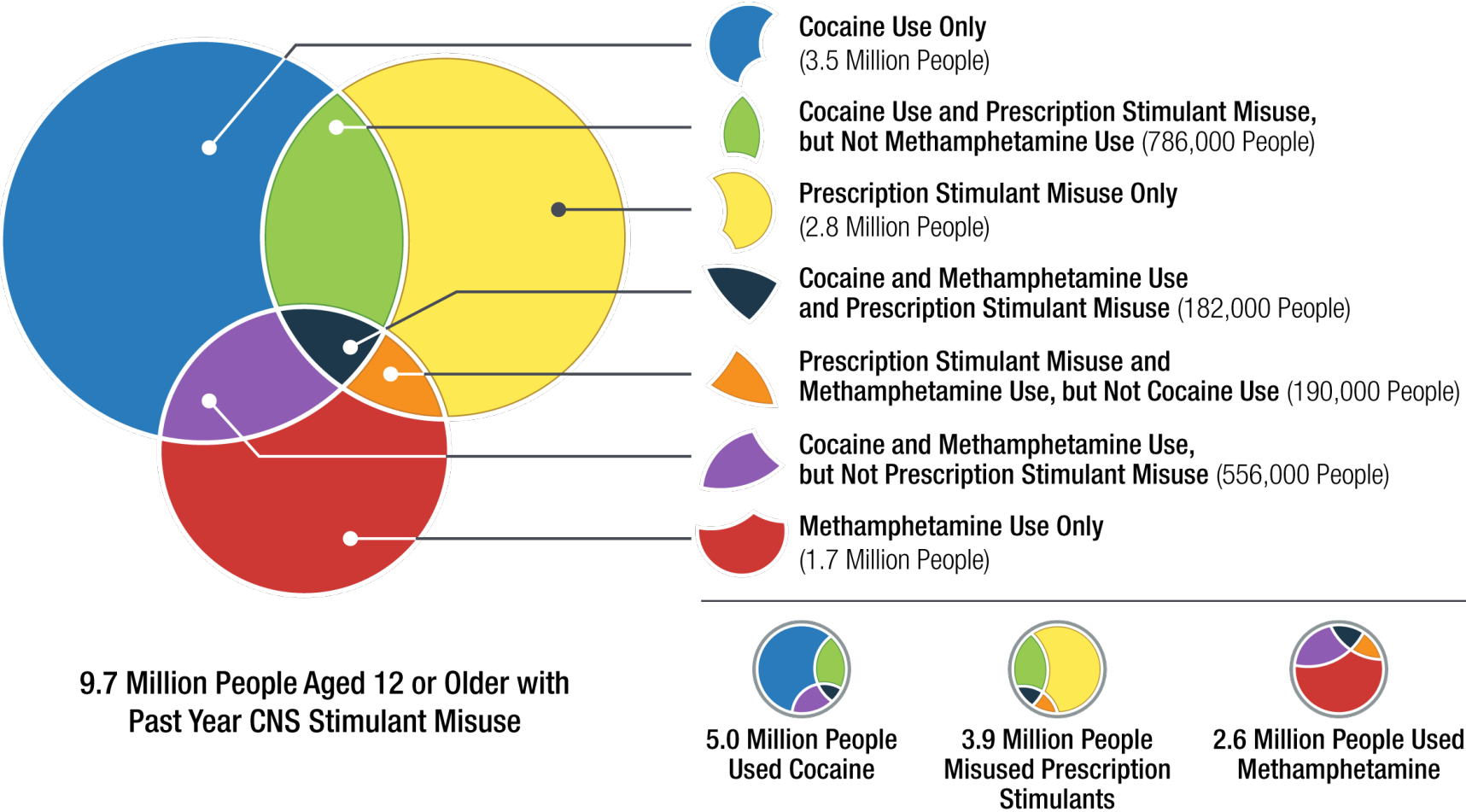
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Table 1. Substance Use: Among People Aged 12 or Older; Numbers in Thousands and Percentages, 2021-2023

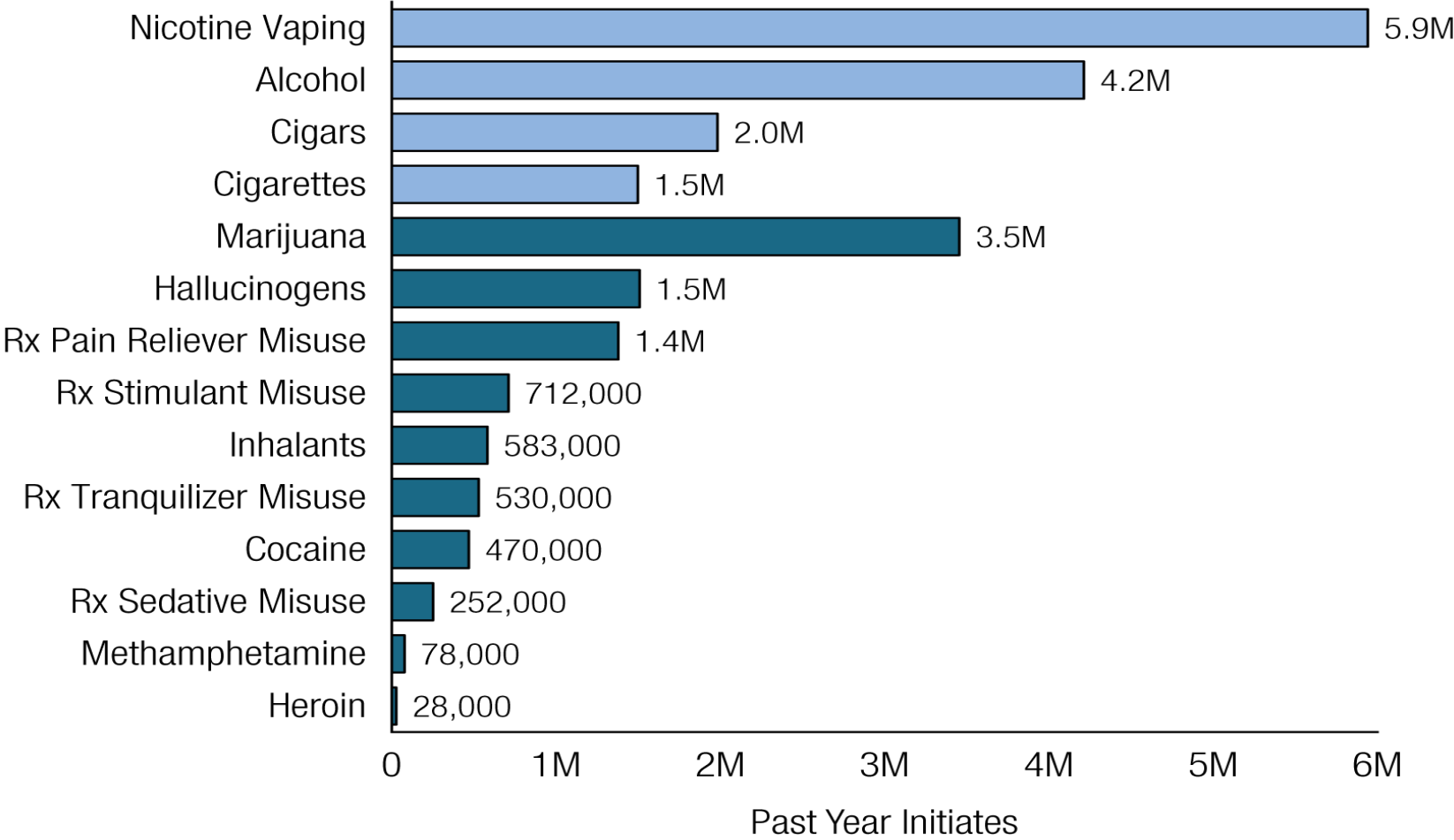


***Statistically significant increase among hallucinogen past year use ($p < .05$) from 2021 to 2023**
- past year use of hallucinogens among 8.8 million Americans in 2023

Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2023

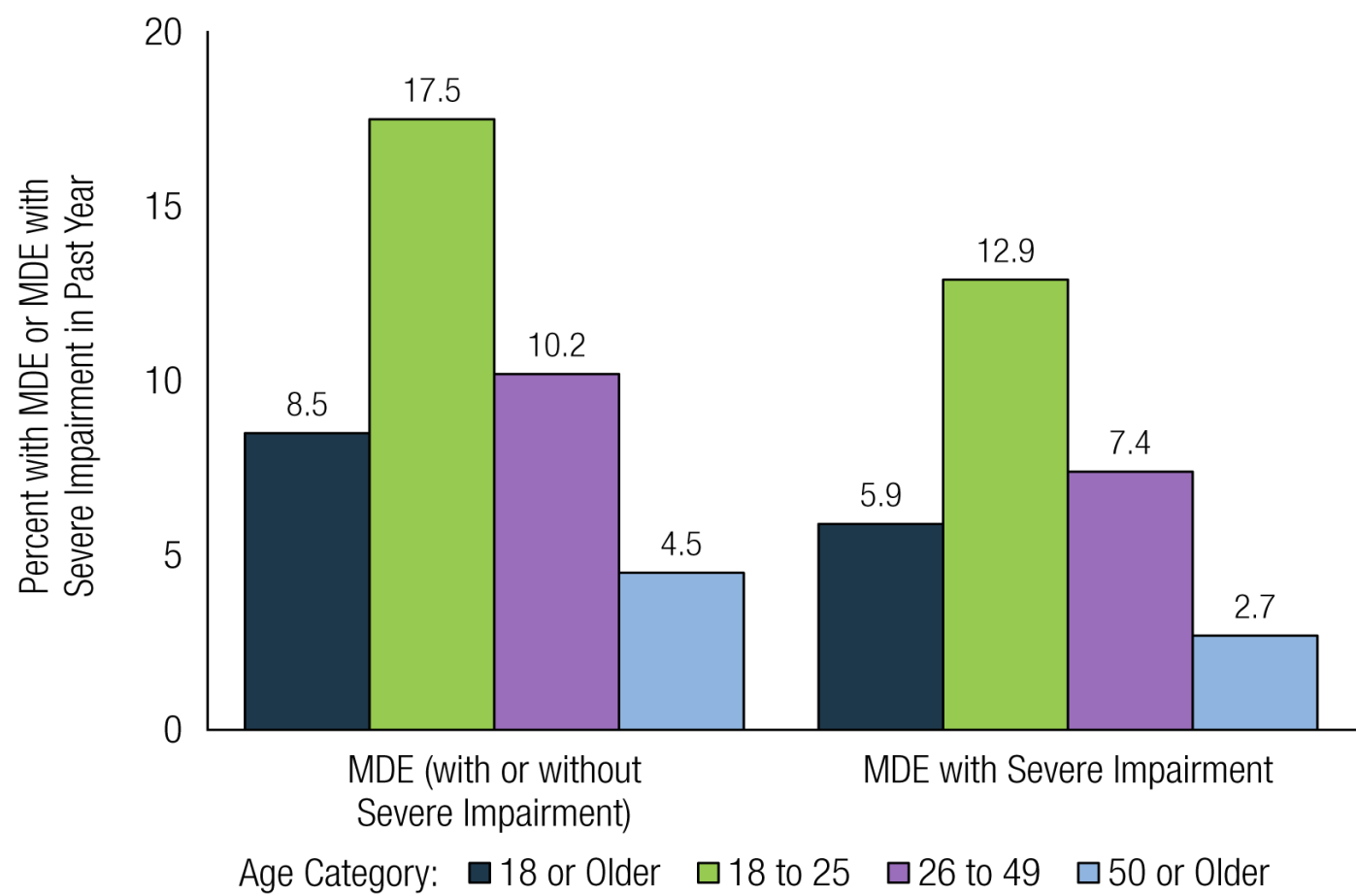


Past Year Initiates of Substances: Among People Aged 12 or Older; 2023

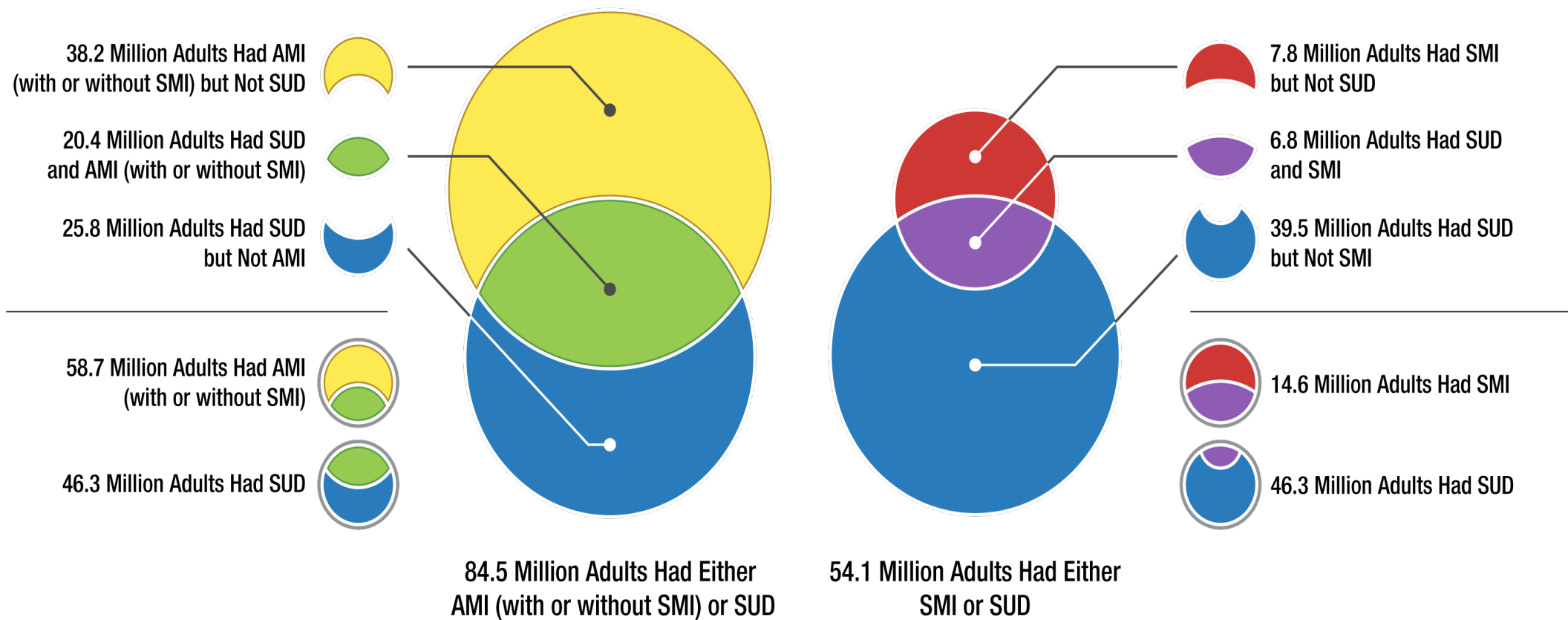


([samhsa.gov](https://www.samhsa.gov), 2023)

Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2023

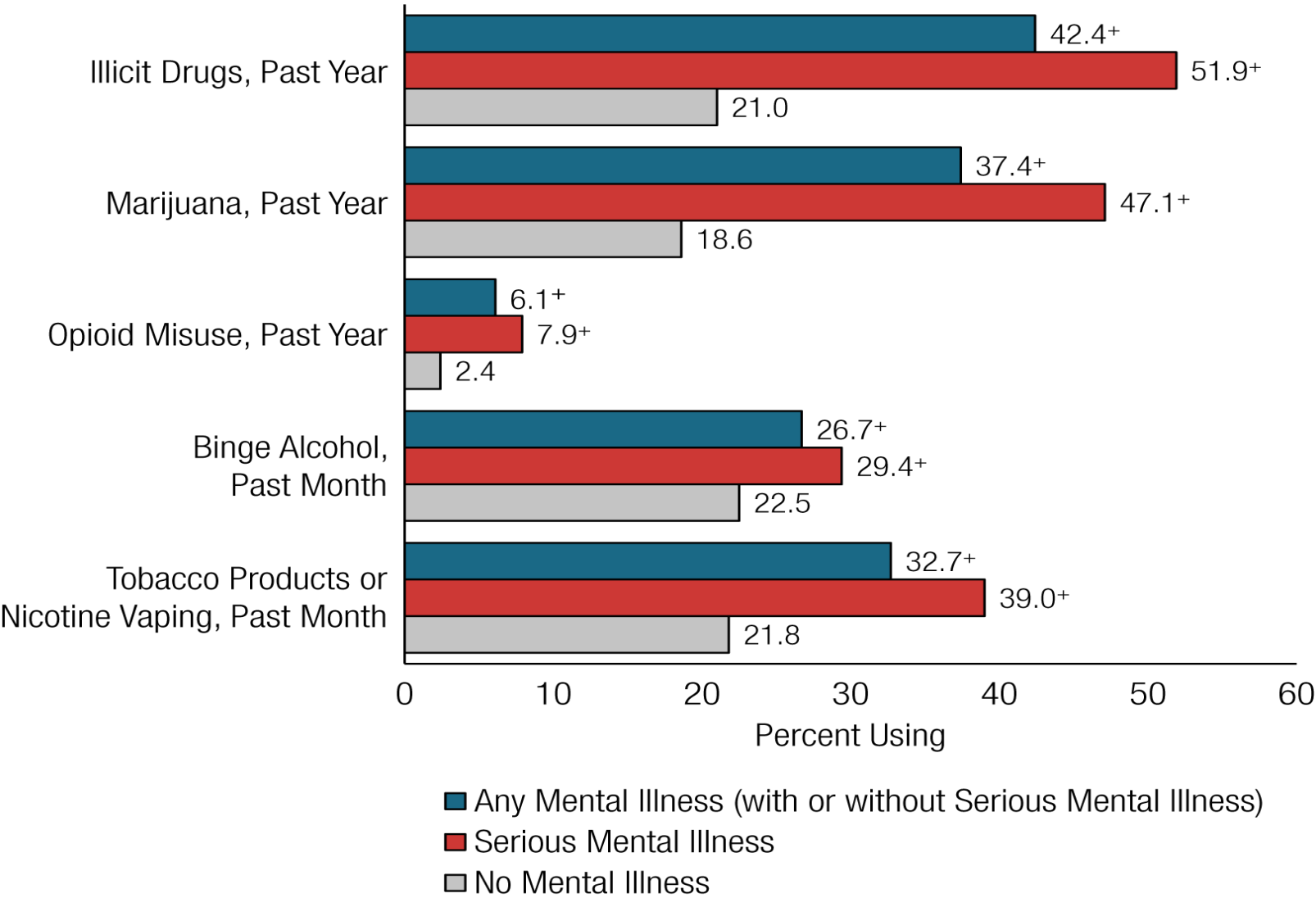


Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2023



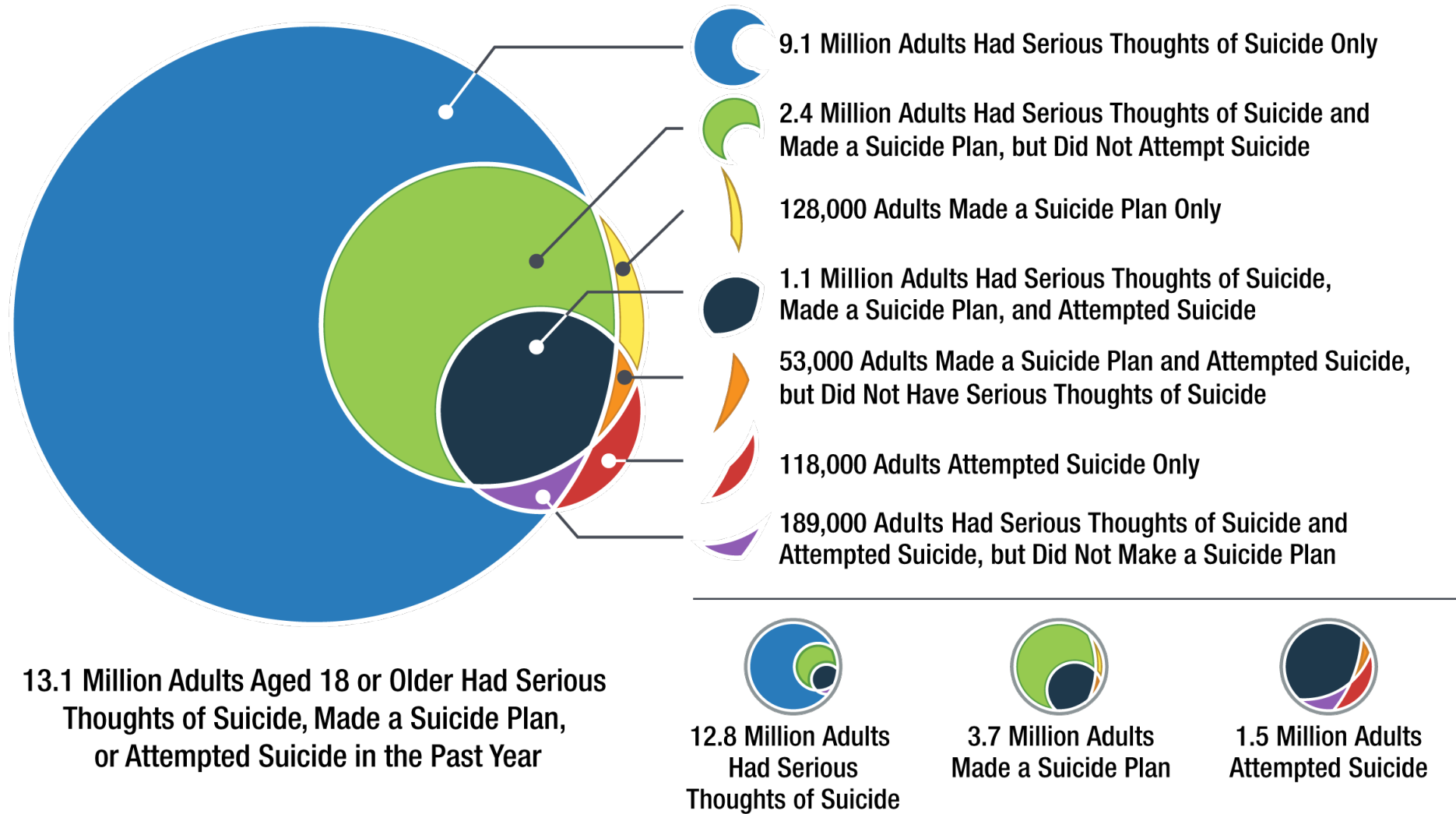
Note: The numbers for the interior pieces may not add to the number for the whole circle due to rounding.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2023



+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2023



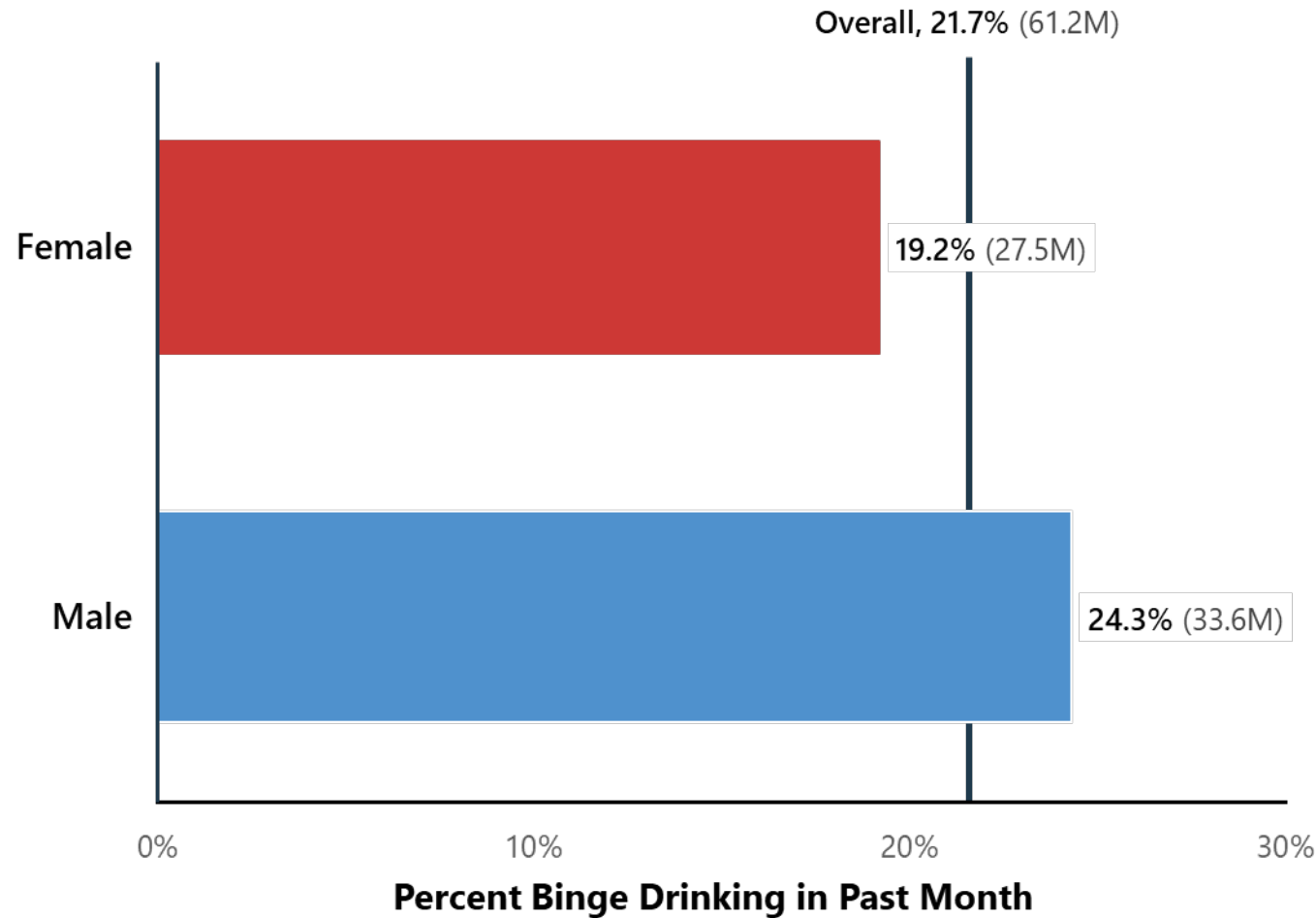
([samhsa.gov](https://www.samhsa.gov), 2023)

Considerations for Women



Binge Alcohol Use in the Past Month by Gender: Among People Aged 12 or Older

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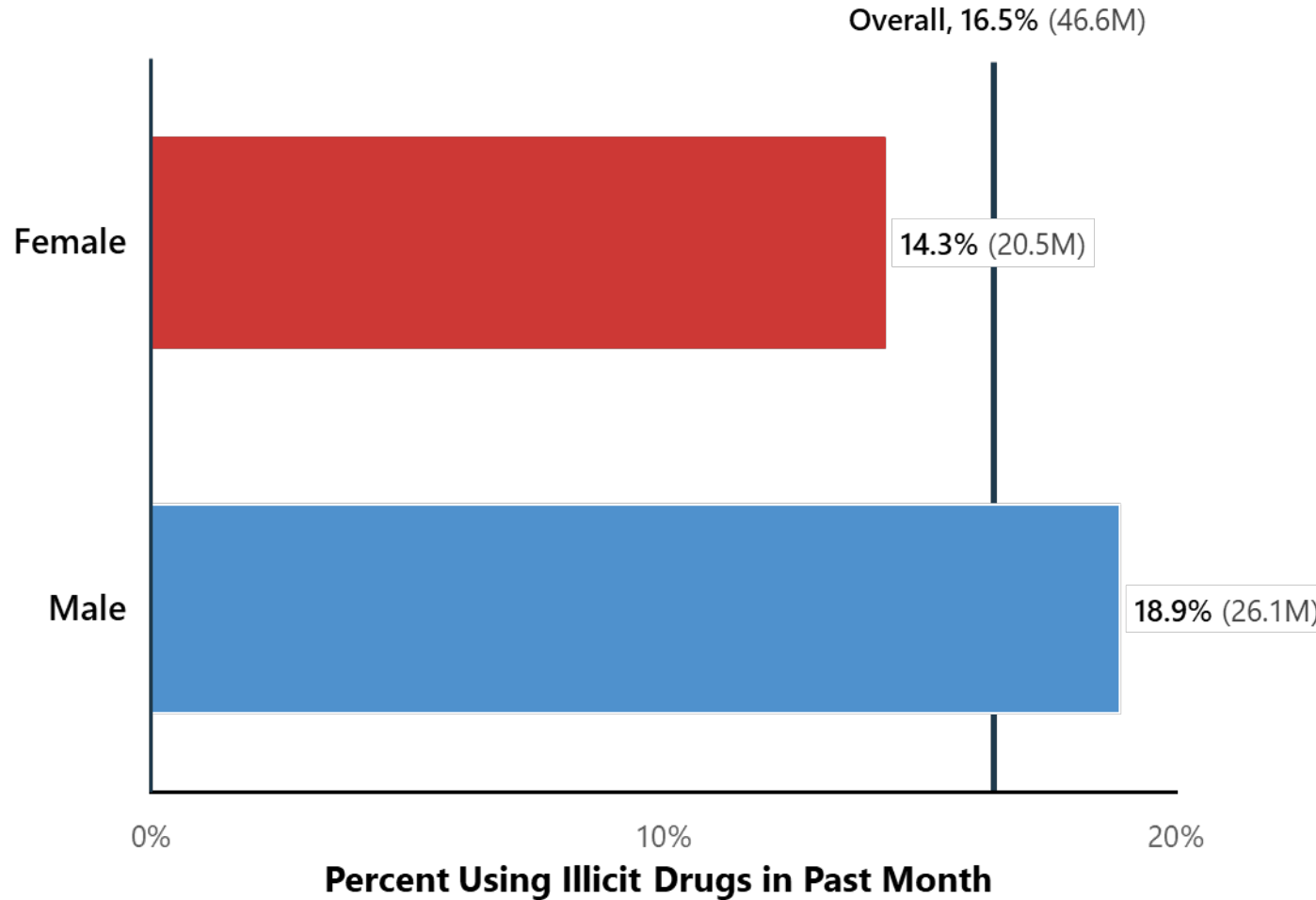


- Binge drinking among **Females** was **lower** than among Males

Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

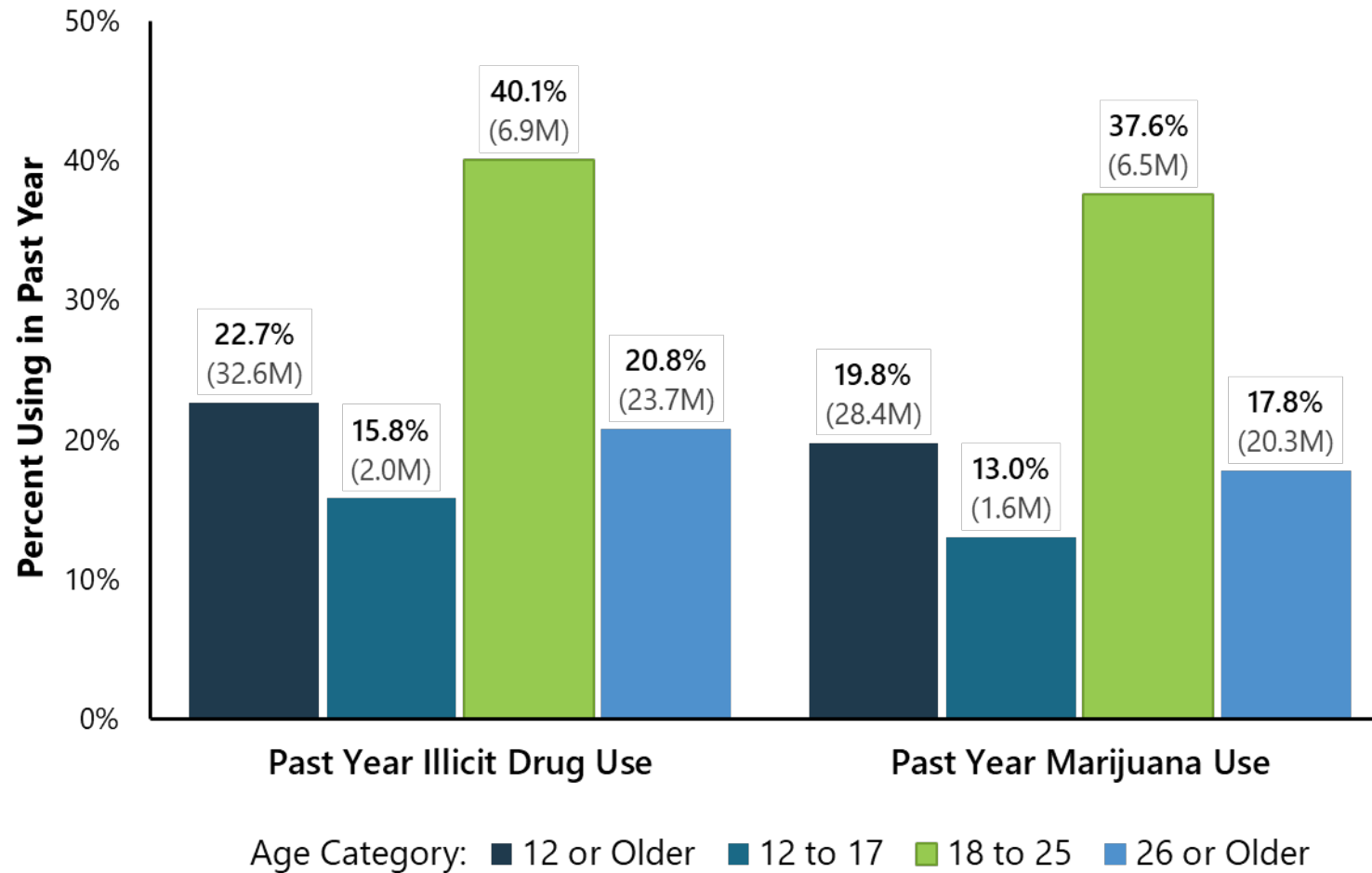
Illicit Drug Use in the Past Month by Gender: Among People Aged 12 or Older

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- **Females** were **less likely** to use illicit drugs than Males

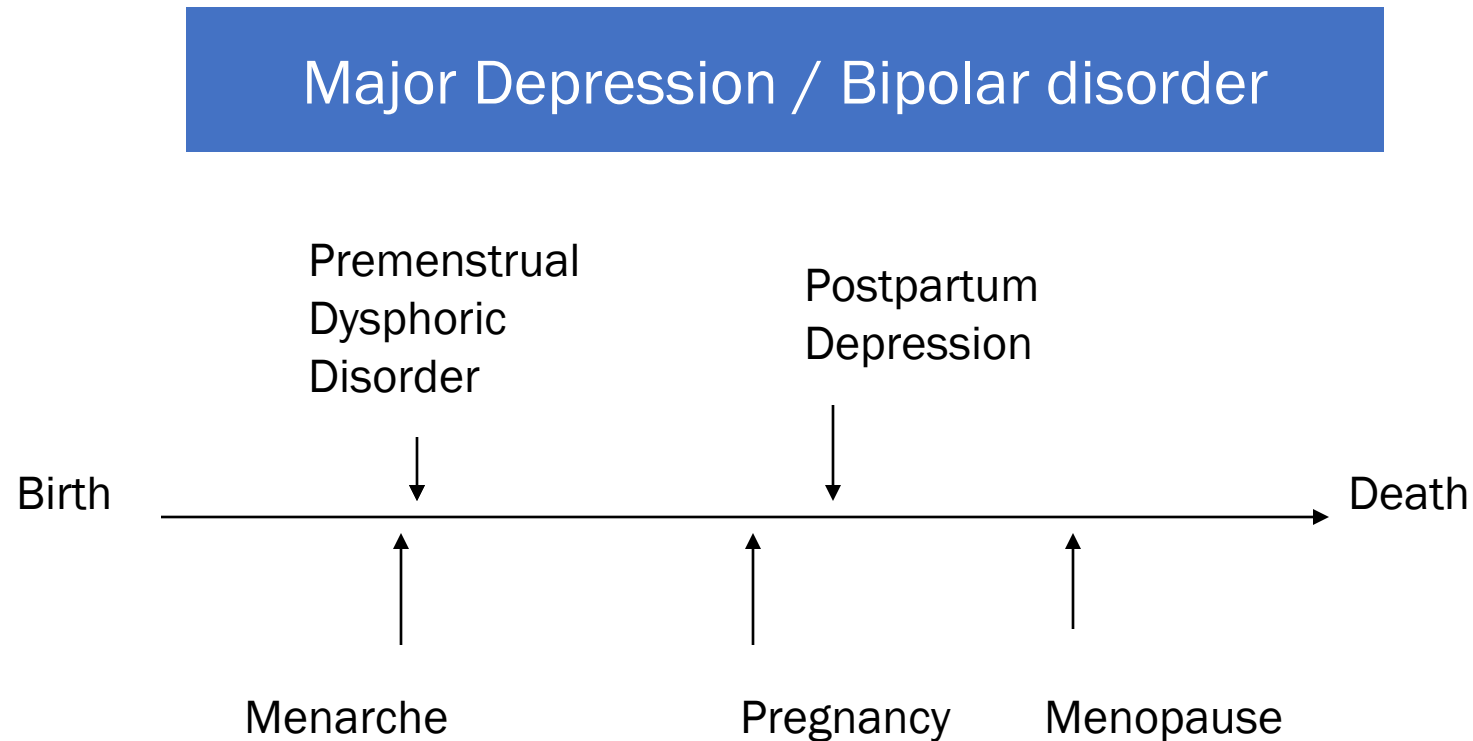
Past Year Illicit Drug Use and Marijuana Use: Among Females Aged 12 or Older



- Among Female young adults aged 18 to 25, 40.1% used illicit drugs and 37.6% used marijuana in the past year

Mood Disorders through a Woman's Lifecycle

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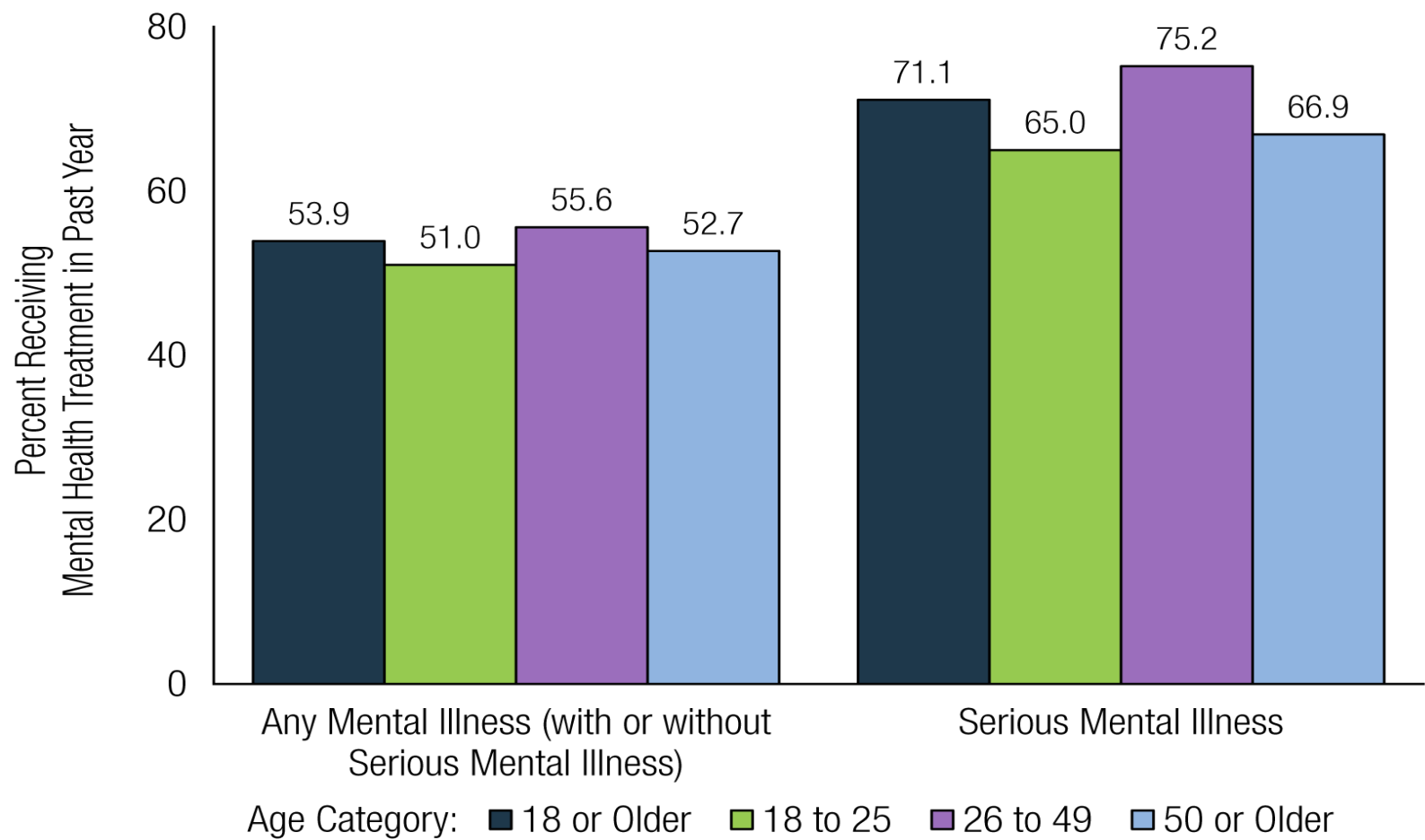


- Planning and conception
- Pregnancy – 1st vs 2nd vs 3rd trimester
- Delivery
- Postpartum
- Breastfeeding

Integrated Care: The Need

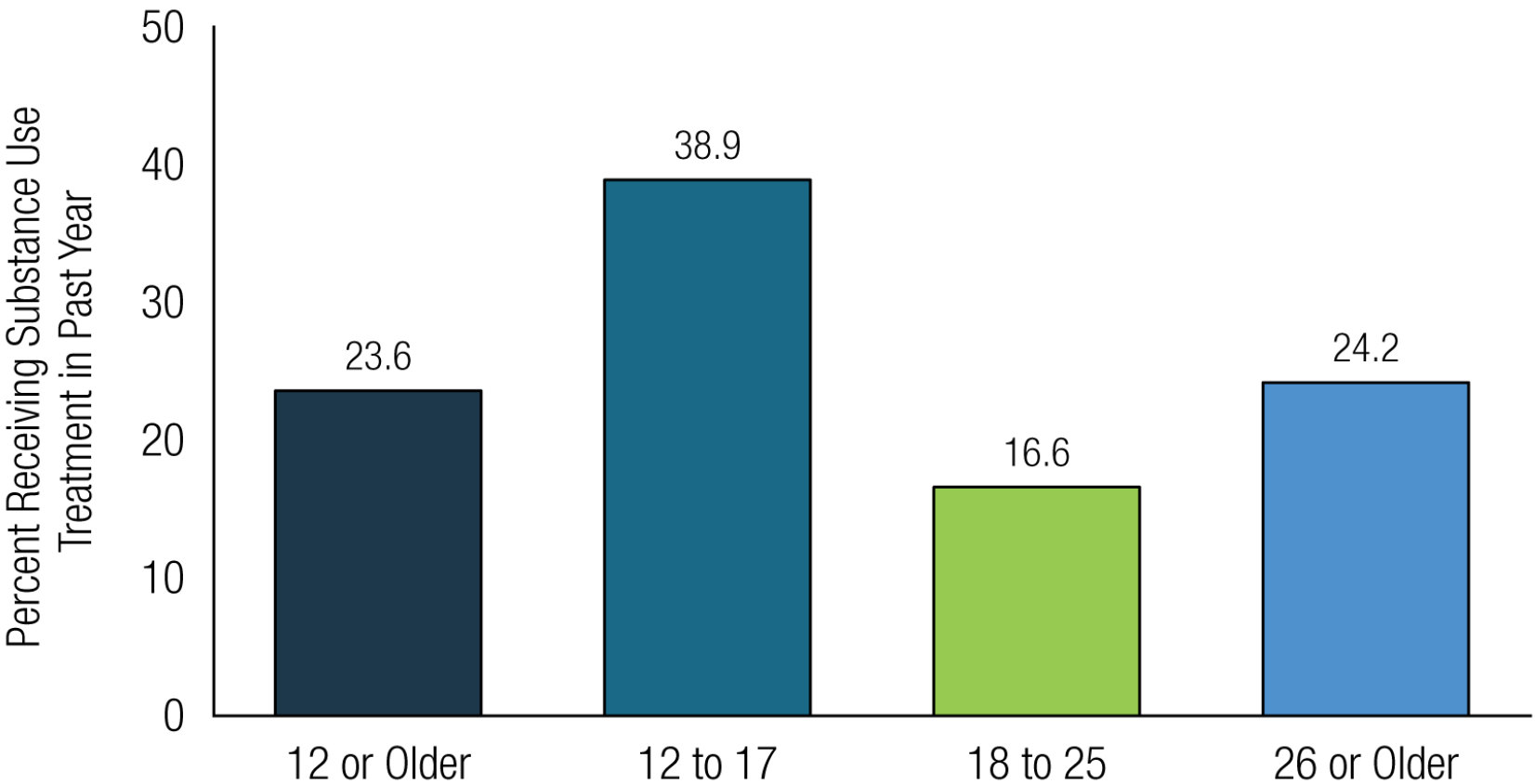


Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year; 2023



Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

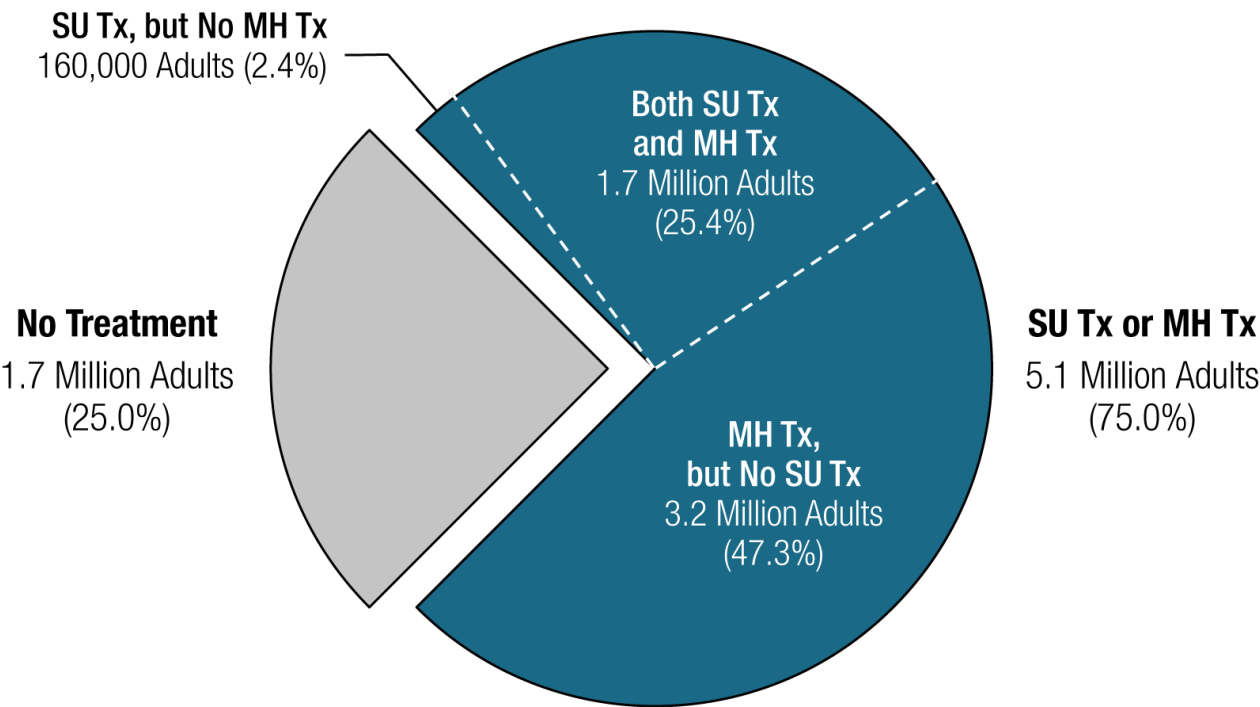
Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2023



Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year. <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2023



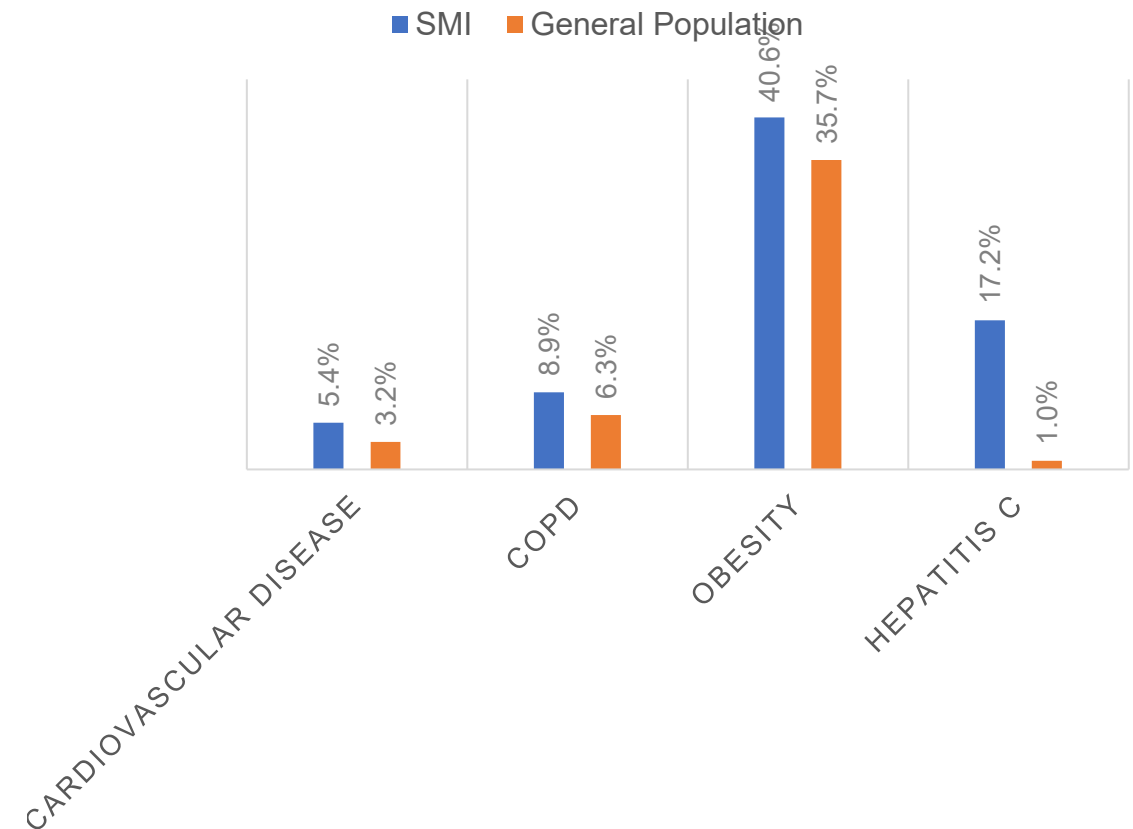
6.8 Million Adults with a Substance Use Disorder and Serious Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.
Note: The percentages may not add to 100 percent due to rounding.
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/2023-nsduh-nnr-figure-slides.pdf>

People with SMI face increased mortality and physical disease burden

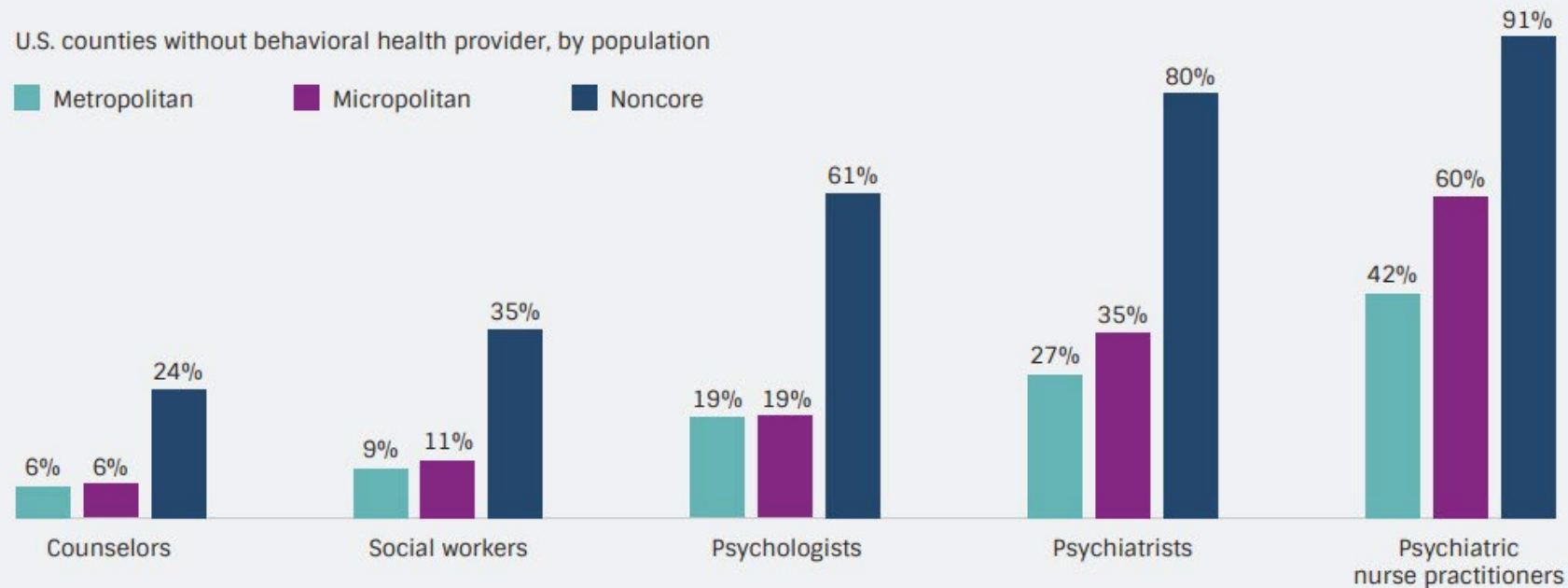
- In the US, people with mental illness die on average of 8.2 years earlier than the general population (Druss et al., 2011).
- Individuals with serious mental illness (SMI), such as bipolar disorder, schizophrenia, and major depressive disorder, have a reduced life expectancy of approximately 10–25 years compared to the general population (de Hert et al., 2011).

Physical Health Conditions among People with SMI compared with the general population (Janssen et al., 2015)



(median values from meta-analysis)

Figure 3.3. Eighty Percent of Noncore (Most Rural) Counties Lack a Psychiatrist



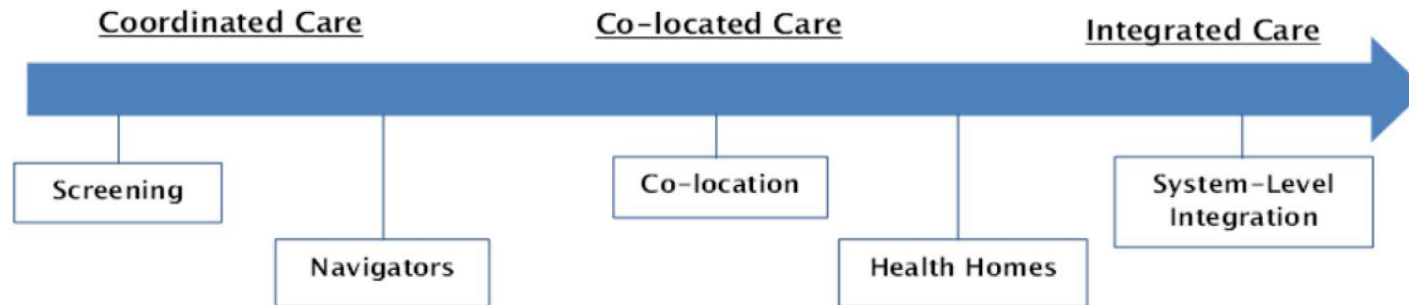
SOURCE: Adapted from Eric H. Larson, Davis G. Patterson, Lisa A. Garberson, and C. Holly A. Andrilla, *Supply and Distribution of the Behavioral Health Workforce in Rural America*, Seattle: Washington, Wyoming, Alaska, Montana, Idaho Rural Health Center, University of Washington, September 2016.

Image source: https://www.rand.org/pubs/research_reports/RRA889-1.html

What is integrated care?

“Clinical integration is the extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients.” (Shortell et al., 2000)

Continuum of Physical and Behavioral Health Care Integration



Source: Heath B et al., A Standard Framework for Levels of Integrated Healthcare, SAMHSA-HRSA Center for Integrated Health Solutions, March 2013.

Structural Elements of Integrated Teams

1. Multidisciplinary care teams
2. Clinical information systems
 - Population-based patient registry
 - Shared electronic health records
 - Inpatient and emergency department (ED) utilization data
 - Quality improvement data
3. Patient-centered care plan
4. Decision-support protocols
5. Financing mechanisms

Legislative and Regulatory changes

December 2022 – Removal Of The DATA-Waiver

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On December 29, 2022, the President signed into law H.R. 2617, the “Consolidated Appropriations Act, 2023.”

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removes the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a one-time, eight-hour training on substance use for practitioners renewing or applying for registration from the DEA

Deliver a report to Congress assessing the impact of the elimination of the waiver program

Implementation of MAT and MATE requires close collaboration and coordination between the DOJ/DEA and HHS/SAMHSA

DATA: Drug Addiction Treatment Act
H.R.: House of Representatives
DEA: The Drug Enforcement Administration
DOJ: US Department of Justice
HHS: U.S. Department of Health and Human Services

SAMHSA's Changes To 42 CFR Part 8

- In 2001, regulations governing methadone treatment for Opioid Use Disorder (OUD) shifted from Food and Drug Administration (FDA) to SAMHSA.
- SAMHSA reduced the scope of regulations that had been in place since 1972 but retained many original restrictions on methadone treatment.
- These restrictions posed barriers to patient enrollment, but many factors precluded revisions.
- The COVID-19 pandemic necessitated quickly creating regulatory flexibilities in key areas.
 - Expanded parameters of take-home methadone dosing
 - Initiation of buprenorphine via telehealth
- The ongoing overdose crisis calls for patient-centered, accessible care.
- Feedback from multiple stakeholder groups request and/or endorse continuation of the flexibilities and other changes to the rules.
- Aspects of the 2001 rules are outdated.

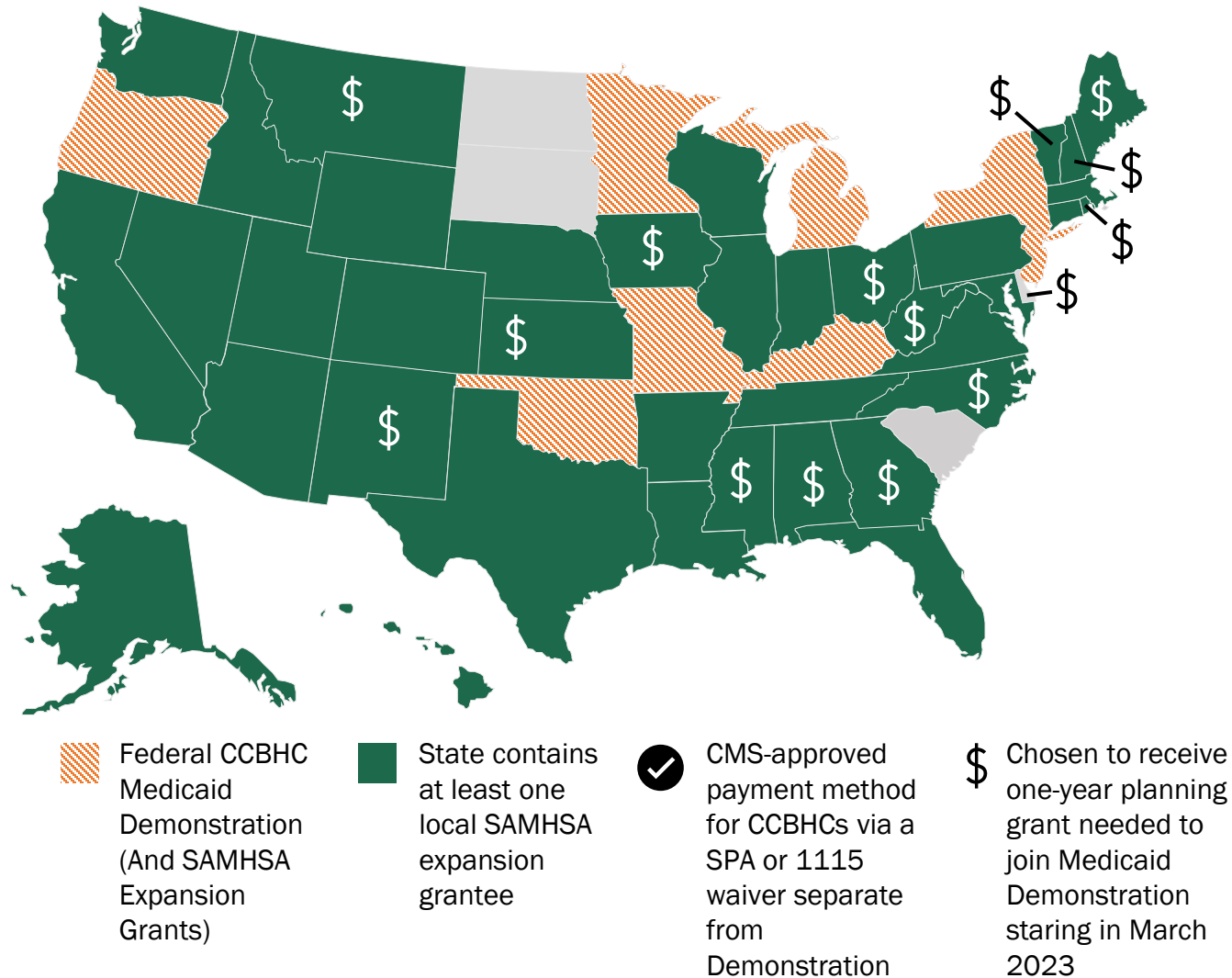
42 CFR Part 2 Revisions

1. Permits the use and disclosure of Part 2 records for all future uses and disclosures for treatment, payment, and health care operations based on a single prior consent signed by the patient.
 2. Permits the re-disclosure of Part 2 records in accordance with the Privacy Rule by recipients that are covered entities (including those that operate Part 2 programs) and business associates, except for certain legal proceedings (for which additional restrictions apply). Permits redisclosure of Part 2 records by a Part 2 program (that is not a HIPAA covered entity) according to the scope of the patient's consent.
- The Final Rule is on public display at <https://www.federalregister.gov/public-inspection/2024-02544/confidentiality-of-substance-use-disorder-patient-records>
 - A Fact Sheet is available at <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>

Increasing access: Grants and Services

- Increase capacity of existing workforce
 - Certified Community Behavioral Health Clinic (CCBHC)“urgent care model”
 - Crisis Services
 - Expanded access to peer support and other supporting services
 - Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - 988 and Crisis Services access
 - Telemedicine

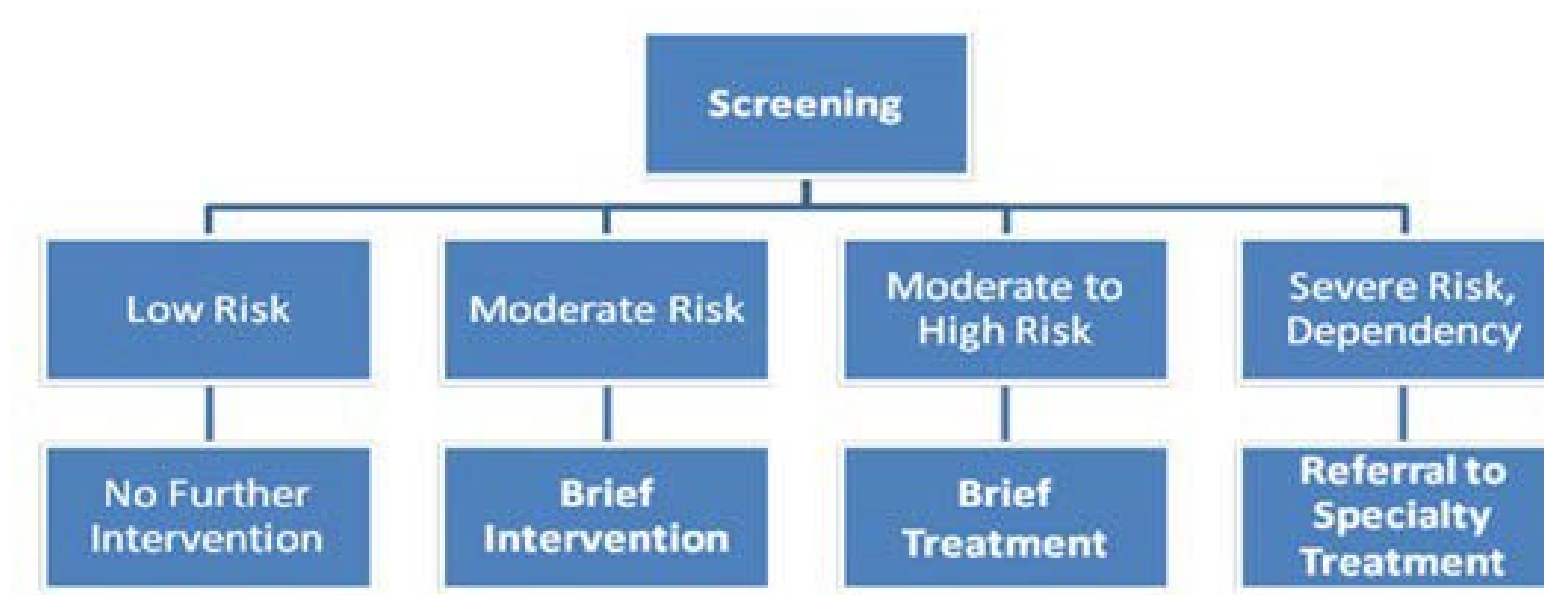
Map of CCBHCs Across the United States (as of March 2023)



- There are now more than 500 CCBHCs across 46 States, the District of Columbia, and Puerto Rico
- CCBHCs may be a part of the Section 223 Medicaid Demonstration, Independent State programs, or participating in SAMHSA's expansion grants.
- 15 states have been selected to participate in planning grants to prepare to join the Section 223 Medicaid Demonstration:

Alabama, Delaware, Georgia, Iowa, Kansas, Maine, Mississippi, Montana, North Carolina, New Hampshire, New Mexico, Ohio, Rhode Island, Vermont, West Virginia.
- After year-long planning grant period, states will apply to be one of 10 states to be able to join the Medicaid Demonstration starting July 1, 2024.

- SBIRT is: Screening, Brief Intervention, and Referral to Treatment
- Predominately used in context of substance use disorder
- Involves use of validated screening measures
- Stratifies response by patient level of risk



(health.uconn.edu, 2024)

988 Builds Directly on the Existing National Suicide Prevention Lifeline

988

2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the **Veterans Crisis Line (VCL)**

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 transition complete
July 16, 2022

2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates **988** as new three-digit number for suicide prevention and mental health crises

2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding **opportunity released**, and states are responsible for submitting **planning grants to Vibrant**

Recent Grants Related to Objectives

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National Center of Excellence for Integrated Health Solutions May 2024

- The purpose of this program is to advance bi-directional primary and behavioral health care integration by providing high quality, evidence-informed training and technical assistance to a national audience, including a specific focus on the Collaborative Care Model.

Promoting the Integration of Primary and Behavioral Health Care

- The purpose of this program is to (a) promote full integration and collaboration in clinical practices between physical and behavioral health care; (b) support the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status; and (c) promote the implementation and improvement of bidirectional integrated care services.

Collaborative Care Model

- The purpose of this program is to support implementation of the Collaborative Care Model (CoCM).

Minority Acquired Immunodeficiency Syndrome (AIDS) Initiative: Integrated Behavioral Health and Human Immunodeficiency Virus (HIV) Care for Unsheltered Populations Pilot Project, May 2024:

- The purpose of this program is to pilot a portable clinical care approach to underserved populations experiencing unsheltered homelessness by integrating behavioral health, HIV treatment and prevention services.

SBIRT Feb 2024:

- The purpose of this program is to implement the screening, brief intervention, and referral to treatment public health model for children, adolescents, and/or adults in primary care and community health settings and schools with a focus on screening for underage drinking, opioid use, and other substance use.

Rural Emergency Medical Services Training: Dec 2023:

- The purpose of this program is to recruit and train Emergency Medical Services (EMS) personnel in rural areas with a particular focus on addressing substance use disorders (SUD) and co-occurring disorders (COD) substance use and mental disorders.

Training and Technical Assistance (TA)

SAMHSA currently funds over 40 Training and TA initiatives that offer professional skill development and implementation support to BH field.



National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)



Centers of Excellence

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<https://www.thenationalcouncil.org/program/center-of-excellence/>



<http://africanamericanbehavioralhealth.org/>



<http://e4center.org/>



<http://www.lgbtqequity.org/>

Key Takeaways

- Co-occurring disorders are common, exacerbated by social determinants of health and environmental stressors, yet significant treatment gaps exist.
- Integrated care is an evidence-based approach to addressing this treatment gap.
- SAMHSA provides resources for service delivery systems and programs with the goal of supporting and advancing integrated care and a whole person treatment approach.
- SAMHSA resources also support a trained workforce to deliver behavioral health services.

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Thank You

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

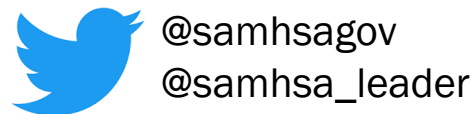
Grant Opportunities

www.samhsa.gov/grants

www.grants.gov/web/grants

988 Suicide and Crisis Lifeline Toolkit

www.samhsa.gov/find-help/988/partner-toolkit



How To Obtain CE/CME Credits

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1. [Log in](#) to your account.
2. Go to the [main event page](#) and select the session you want to complete under the TAKE COURSE tab.
3. On the session page, click TAKE COURSE under the TAKE COURSE tab.
4. Progress through the required course items by clicking START under the Course Progress menu tabs located on the left of the screen or by clicking Start Course at the bottom of the page.
5. Complete the evaluation and pass the posttest with a score of 80% or above to select your credits and download your certificate.

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