


**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**Public Health Perspective:  
Behavioral Health and  
Infectious Disease Outbreaks**

CAPT Michael E. King, MSW, PhD  
SAMHSA Region IV

Florida Behavioral Health Conference  
August, 2020



## DISCLAIMER

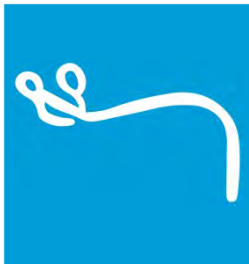
The findings and conclusions of this report are my own and do not necessarily represent the official position of the Substance Abuse and Mental Health Services Administration.

## EMERGING INFECTIOUS DISEASES

SARS



EBOLA

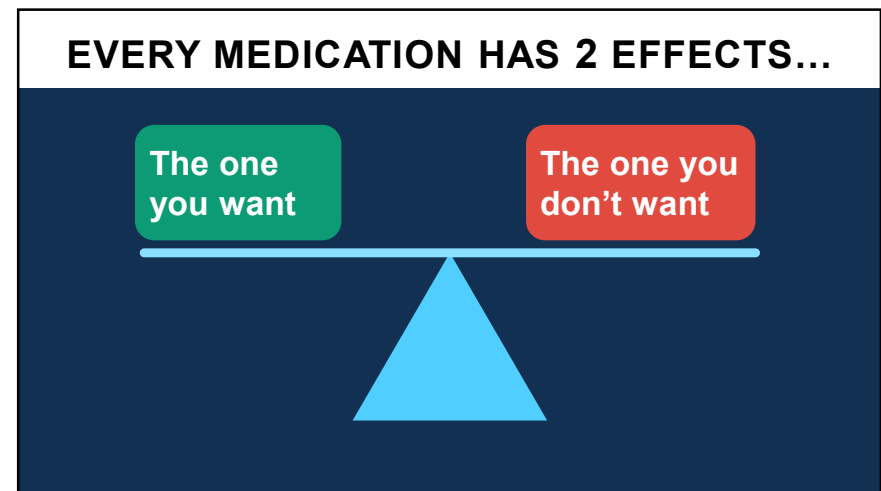


COVID-19



## WE ARE ALL AT RISK...ARE YOU PREPARED?





## QUARANTINE/ISOLATION

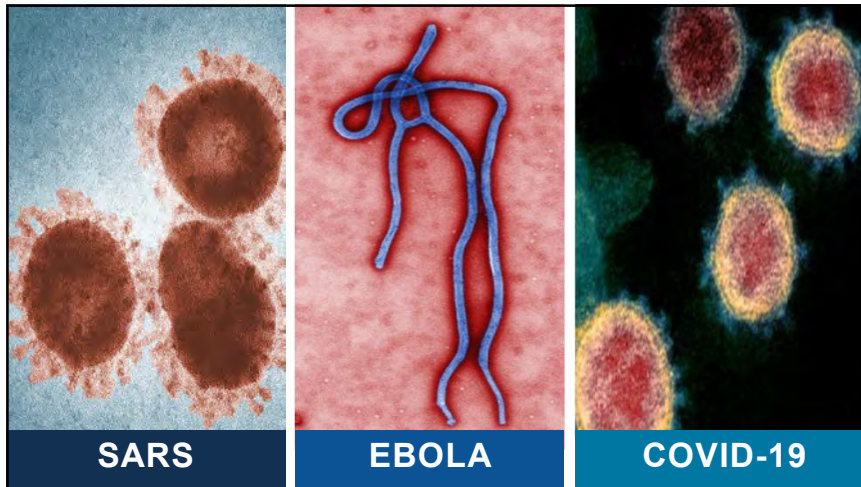
Limit  
transmission

- Individual liberties
- Economic loss
- Social isolation
- Social Stigma...

## QUARANTINE/ISOLATION ...UNINTENDED CONSEQUENCES

Limiting  
transmission

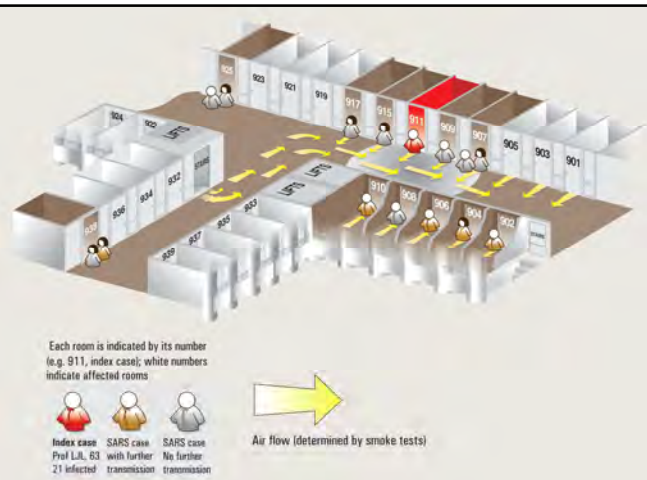
Maintaining  
transmission  
e.g., HIV, leprosy



## SEVERE ACUTE RESPIRATORY SYNDROME



9<sup>th</sup> floor of the  
Metropole  
Hotel,  
21 Feb. 2003







## ISOLATION IS FOR SICK PEOPLE

THE TIMES TUESDAY MARCH 18 2003 51.

### Victim in isolation as mystery killer bug hits Britain

By Nigel Hawkes  
Health Editor  
and Oliver August  
in Beijing

THE deadly pneumonia bug that has killed nine people and infected hundreds more in three continents has reached Britain.

A man was admitted to hospital in Manchester yesterday suspected of being Britain's first case of Severe Acute Respiratory Syndrome (SARS).

disease in the Far East have been confined to medical staff who treated victims, rather than outbreaks among the public, transmission of the bug on a flight is not impossible.

Professor Sir Liam Donaldson, the Chief Medical Officer, said: "At the moment we are not sure whether the case is linked but we are treating it as a possible link to the outbreak in the Far East."

In Hong Kong health officials said yesterday that 100

healthy people would expect to make a recovery."

The evidence so far suggests that the disease may be relatively difficult to catch. The likely mechanism of transmission, doctors believe, is through direct contact — living with or caring for a sufferer.

Professor John Oxford, a virologist at the Royal London Hospital, said that he was reassured by the fact that most cases were hospital-acquired and





## Early SARS-CoV cases in China, Nov 2002



FMI, Oct 26, 2004



## SARS : Cumulative Number of Reported Probable\* Cases Total number of cases: 3547 as of 19 April 2003, 16:00 GMT+2



\*Due to differences in the case definitions being used at a national level, probable cases are reported by all countries except the United States of America, which is reporting suspect cases under investigation.



The presentation of material on this map does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

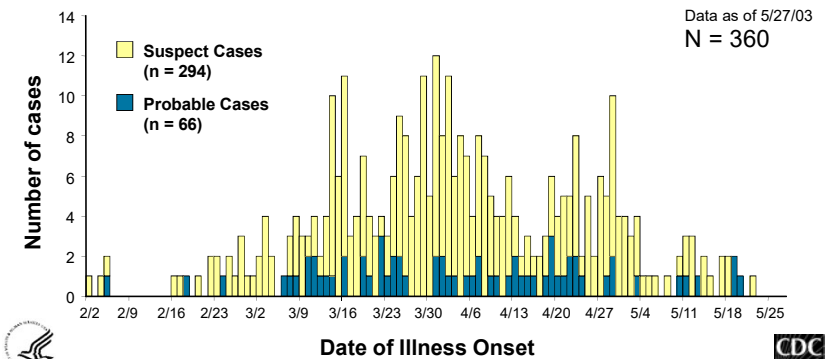
### Cumulative number of Reported Cases (From 1 November 02 to 19 April 03)

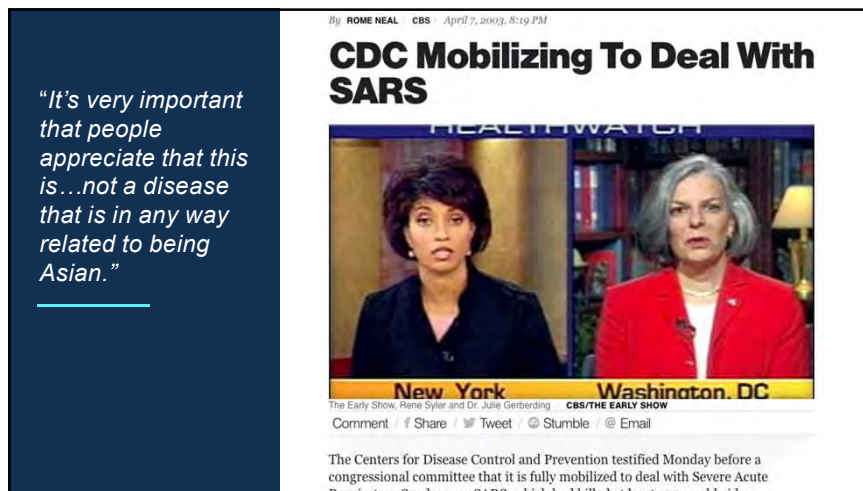


Data Source: World Health Organization  
Map Production: Public Health Mapping Team  
Communicable Diseases (CDC)  
Global Health Surveillance, June 2003

## NUMBER OF SARS CASES BY CLASSIFICATION

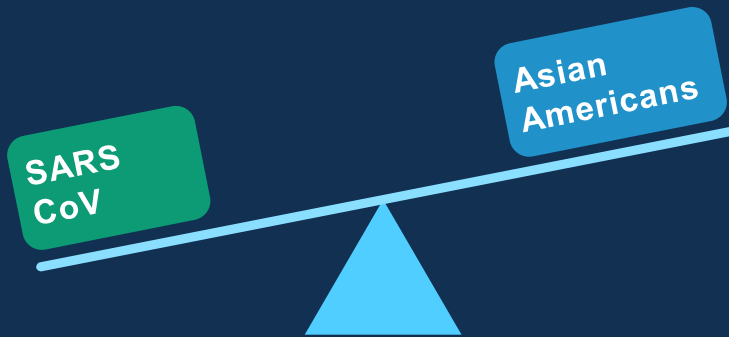
United States - 2003



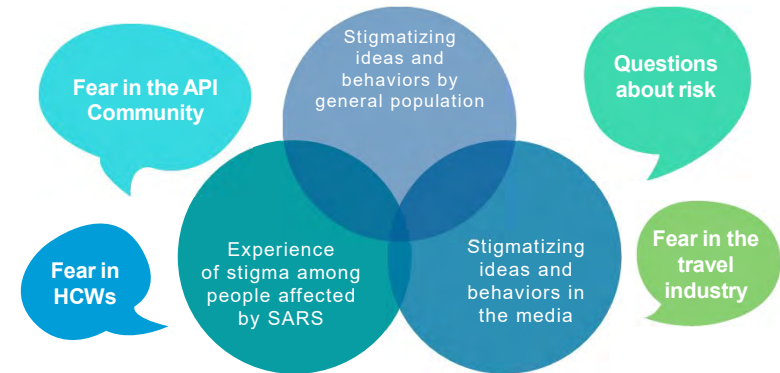




## MEDIA AND THE PUBLIC



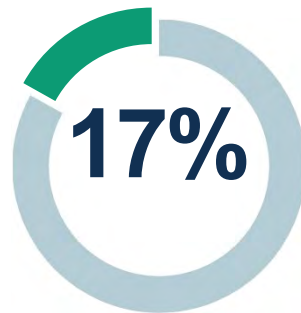
## COMMUNITY OUTREACH CONFIRMED FEAR AND NEED FOR INFORMATION



## TRAVEL BEHAVIORS

Among Americans reporting international travel in past year (n=179), percent saying they

Avoided international air travel as a precaution against SARS



## PRECAUTIONS

Among all Americans, percent saying they took the following precautions against SARS

Avoided people they thought recently traveled to Asia **16%**

Avoided Asian restaurants and stores **14%**

## BELIEFS ABOUT TRANSMISSION

Among all Americans, percent saying they think it is possible to contract SARS by

Being on the same airplane with someone who has SARS **78%**

Eating food that has been prepared by someone who was infected with or had been exposed to SARS **73%**

## QUARANTINE AND ISOLATION

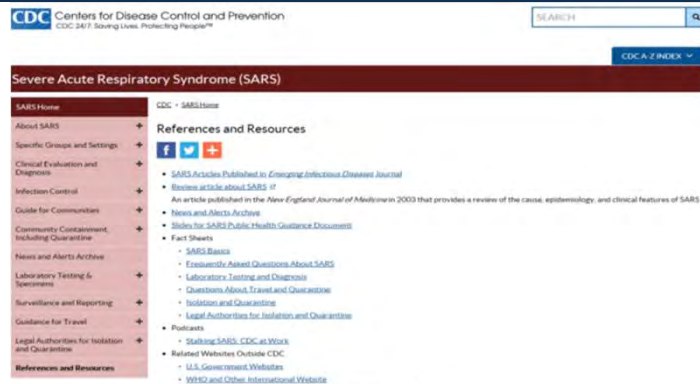
Among all Americans, percent saying

They would agree to be isolated in a healthcare facility for 2-3 weeks **94%**

They would agree to be quarantined with their families for up to 10 days **92%**

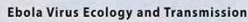
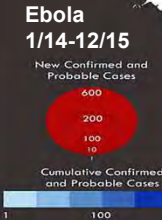
Quarantine for SARS does NOT threaten personal rights and freedoms **85%**

## DEVELOPED SIMPLE AND SPECIFIC SARS MESSAGES



## INTERESTING ASPECTS OF SARS

- First ever travel advisories issued
- First ever use of the EOC and attempt by CDC to address stigma
- Prompted International Health Regulations





## WEST AFRICA Ebola Outbreak

### Early Symptoms:

Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.

- **Fever**
- **Stomach pain**
- **Headache**
- **Muscle pain**
- **Diarrhea**
- **Unexplained bleeding or bruising**
- **Vomiting**



## 2014 EBOLA RESPONSE CDC IN ACTION



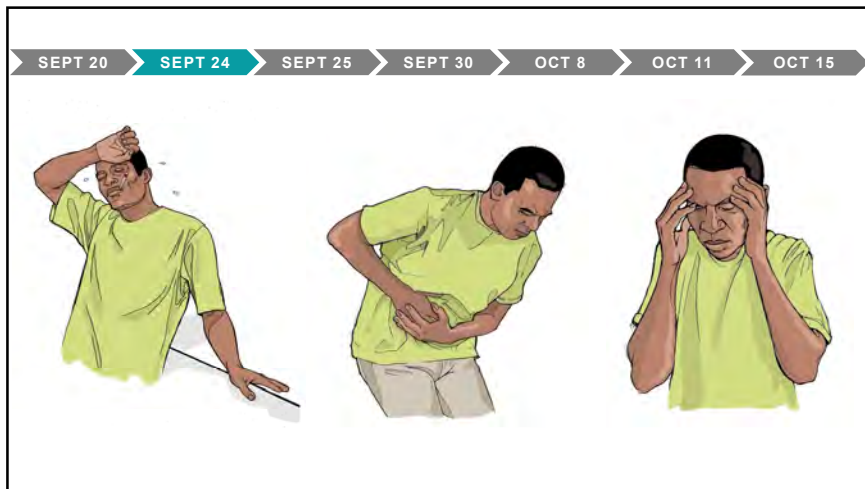
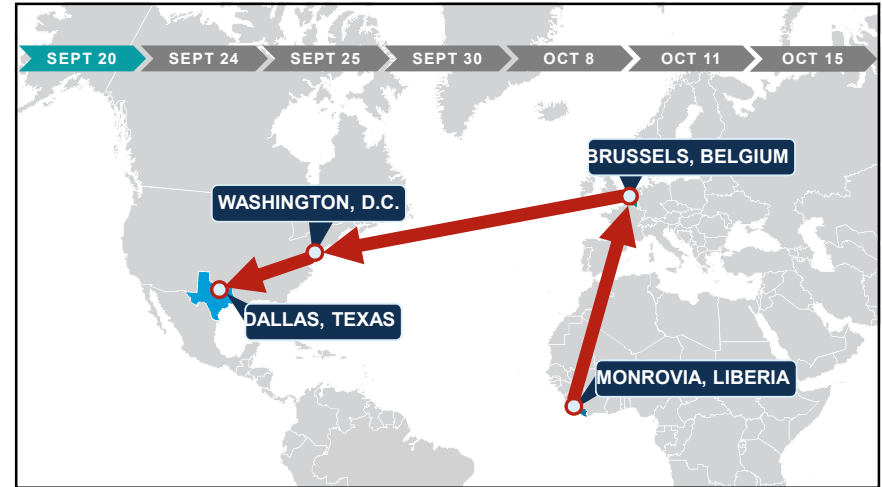
**Communicating health messages** in West Africa and the United States.

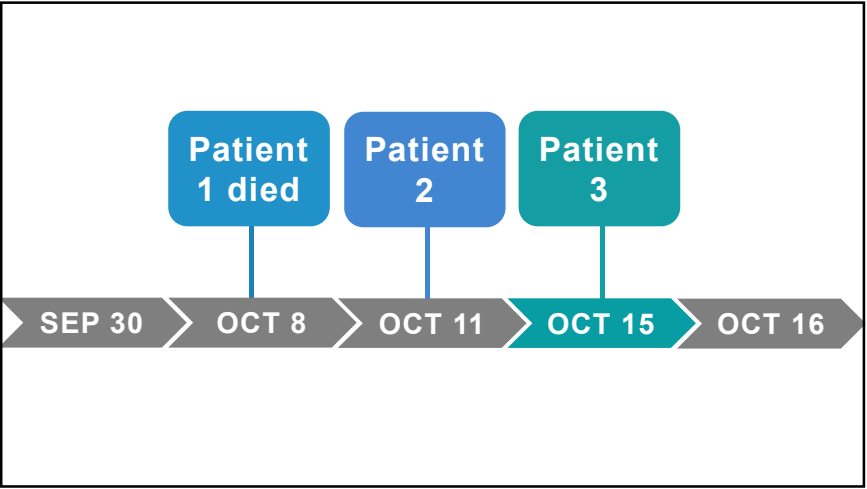
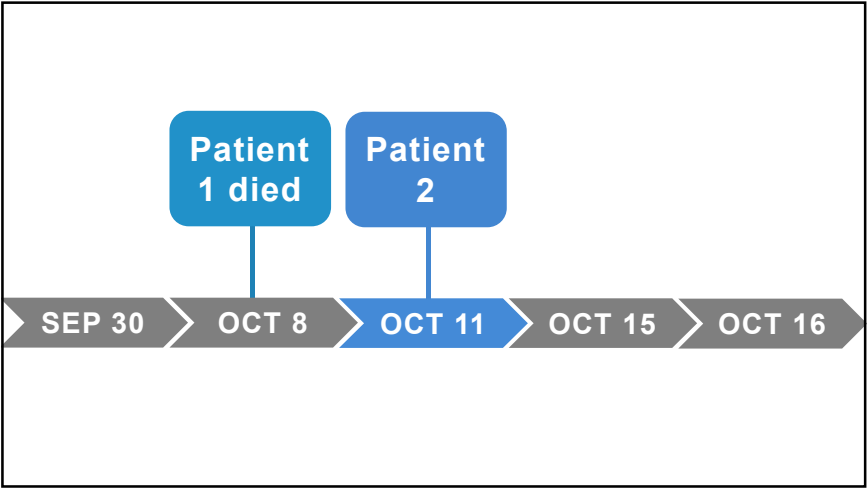
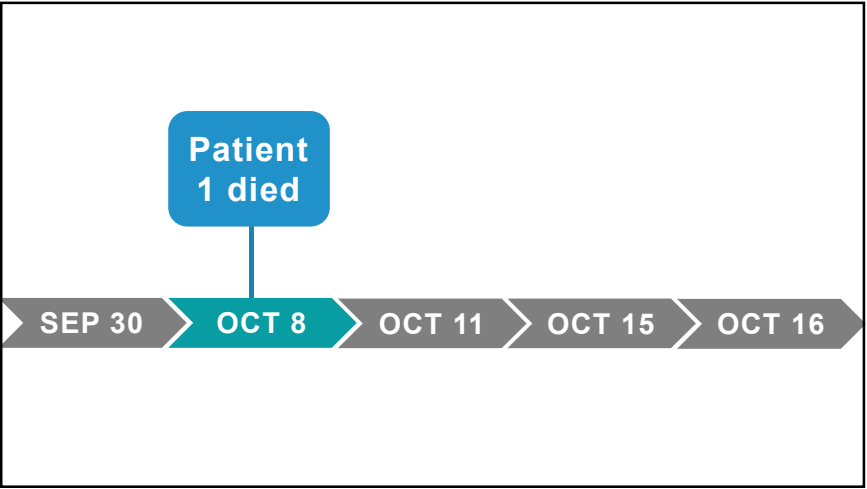
**Educating healthcare workers** in the U.S. and in West Africa.



**Advising travelers** how to protect their health.









## PATIENTS TRANSFERRED OUT OF TEXAS

SEP 30

OCT 8

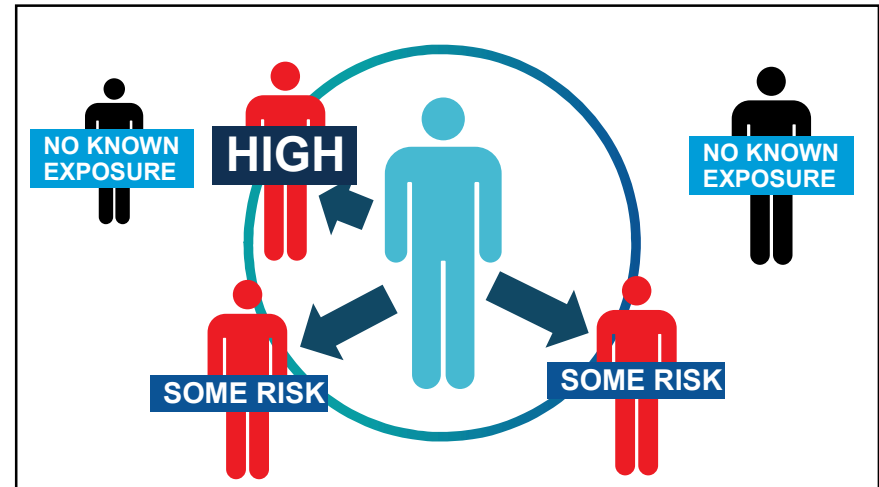
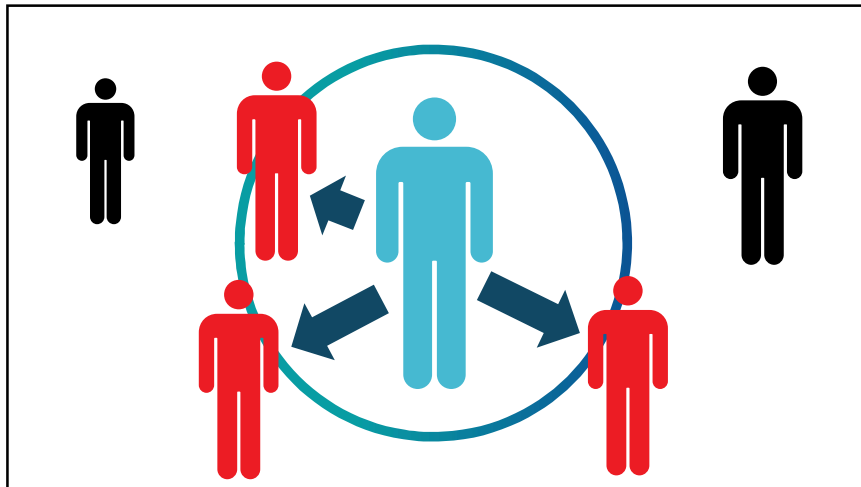
OCT 11

OCT 15

OCT 16



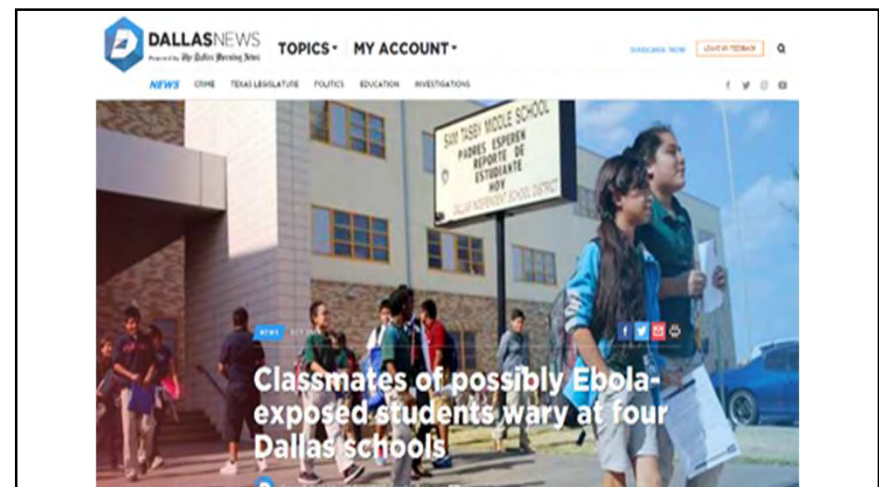
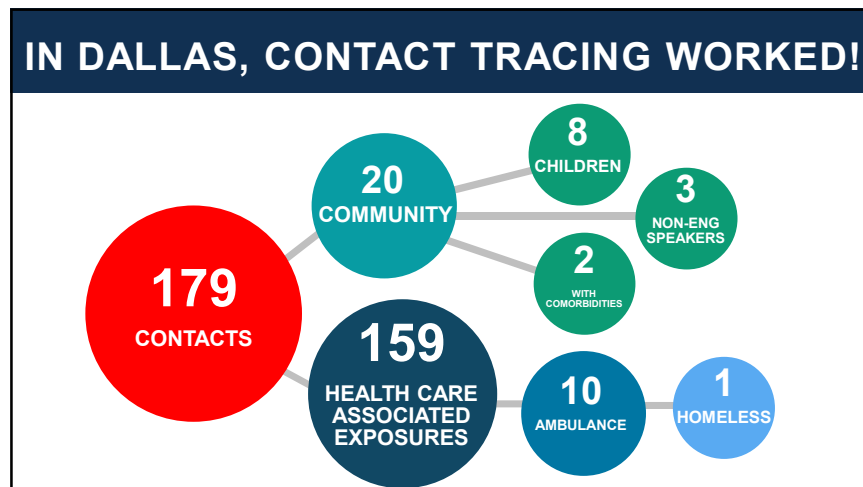
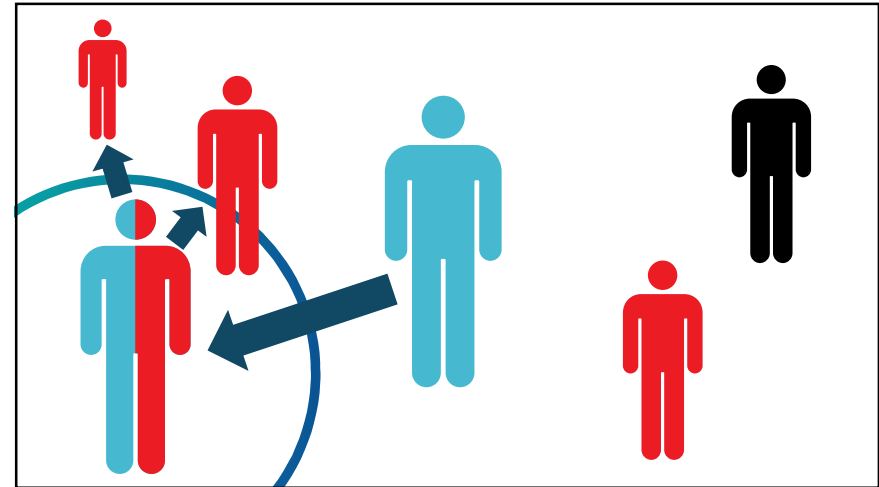
## MANY CHEFS IN THE KITCHEN...



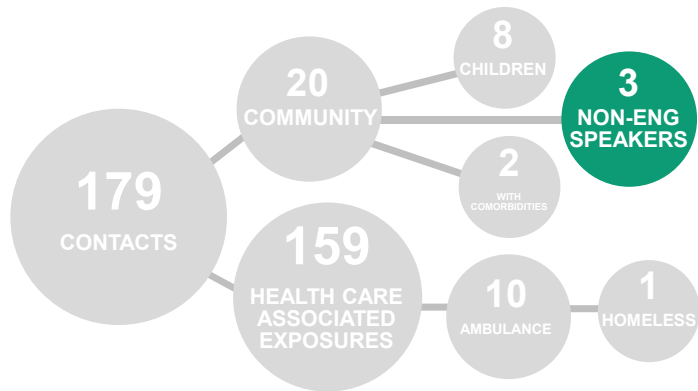
Ebola Virus Disease Investigation Update, Dallas, TX  
Contacts Under Active Surveillance  
8 November, 930AM CT (reporting period through 07 November 2014 at 6pm CT)

Exposed Persons	Healthcare workers (patient 1) <sup>a</sup>	EMS staff (patient 1)	EMS Patients (patient 1)	Household (patient 1)	Community (patient 1)	Household (patient 2)	Community (patient 3) <sup>b</sup>	Dallas Household (patient 3)	Healthcare workers (patients 1,2,3) <sup>a</sup>	Total
Contacts under active surveillance <sup>c</sup>	N	N	N	N	N	N	N	N	N	
Exposure Dates										
Surveillance Dates										
Recognized Exposures										
High Risk <sup>d</sup>	0	0	0	0	0	0	0	0	0	0
Low Risk <sup>d</sup>	0	0	0	0	0	0	0	0	0	0
Potential Exposures <sup>e</sup>										
Higher Risk <sup>f</sup>	0	0	0	0	0	0	0	0	0	0
Lower Risk <sup>g</sup>	0	0	0	0	0	0	0	0	0	0
Least Risk <sup>h</sup>	0	0	0	0	0	0	0	0	0	0
Total under active surveillance	0	0	0	0	0	0	0	0	0	0
Total completed active surveillance										
Total										

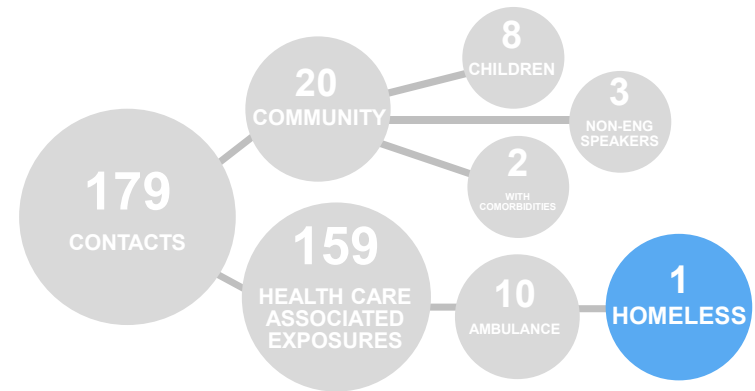
<sup>a</sup>Healthcare workers for patient 1 are also included in "Healthcare workers (patients 1, 2, 3)" row. <sup>b</sup>"EMS staff" link for each healthcare worker with an ongoing exposure follow-up.



### 3 CONTACTS DID NOT SPEAK ENGLISH



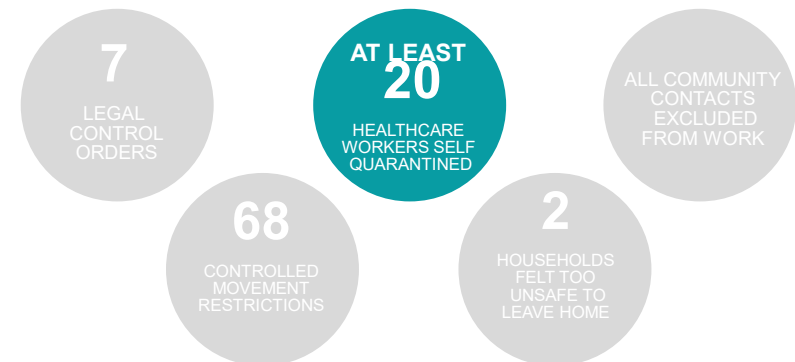
### 1 CONTACT WAS HOMELESS



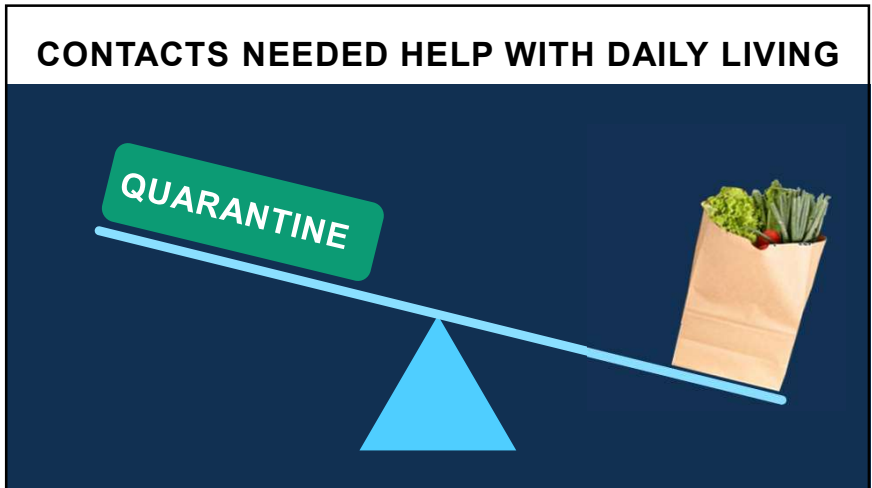
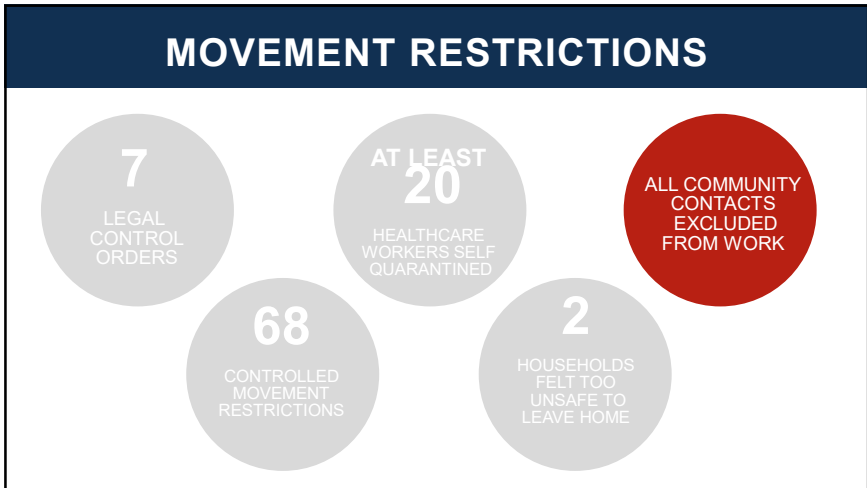
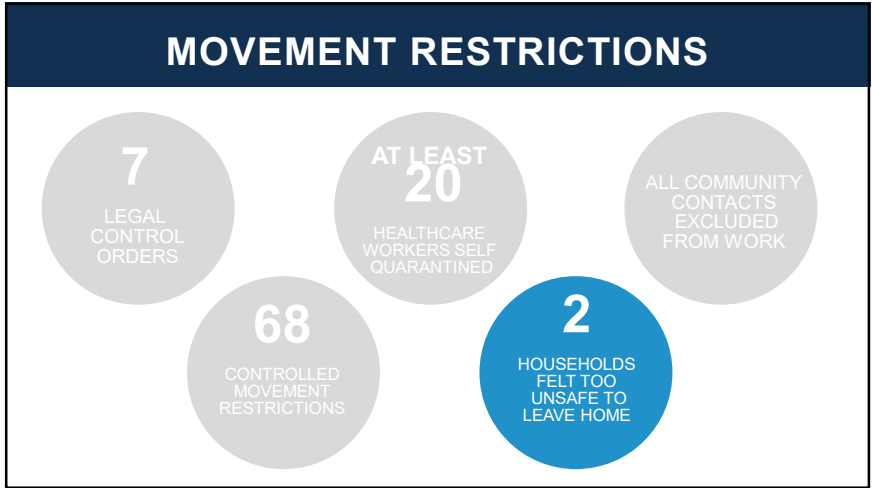
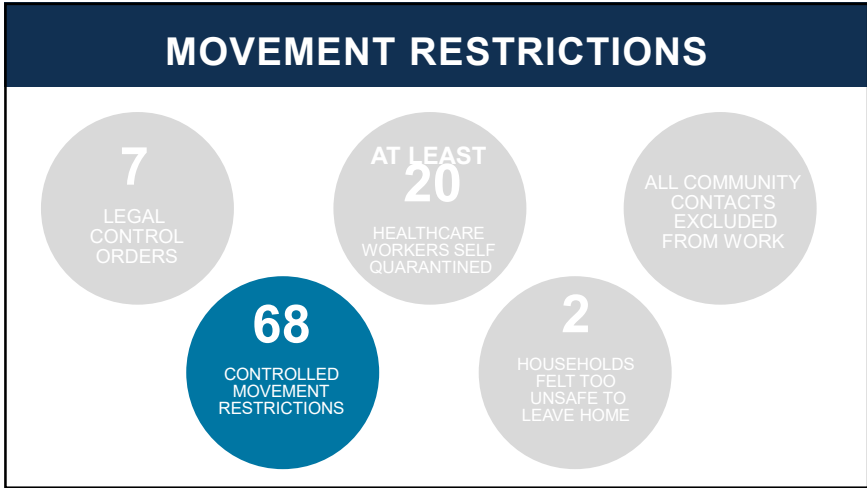
### MOVEMENT RESTRICTIONS



### MOVEMENT RESTRICTIONS









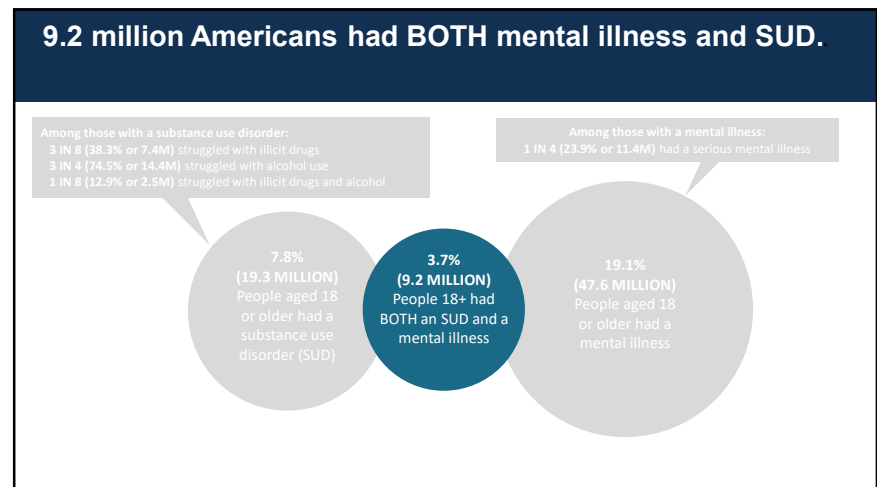
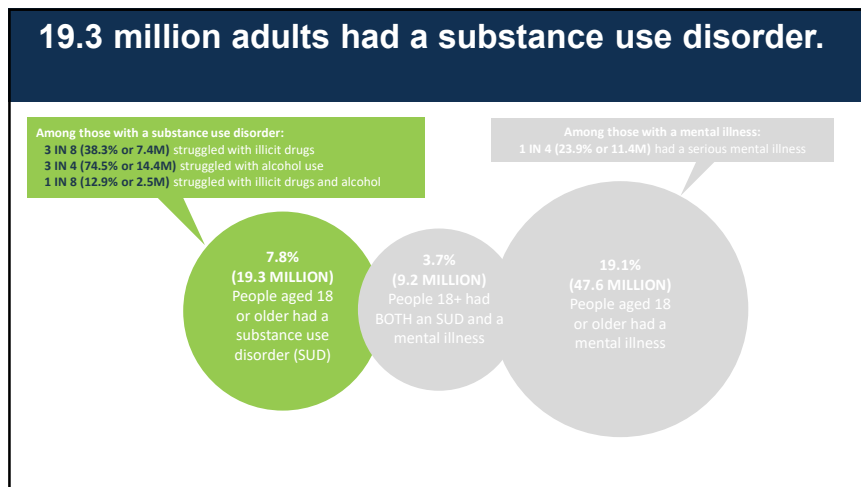
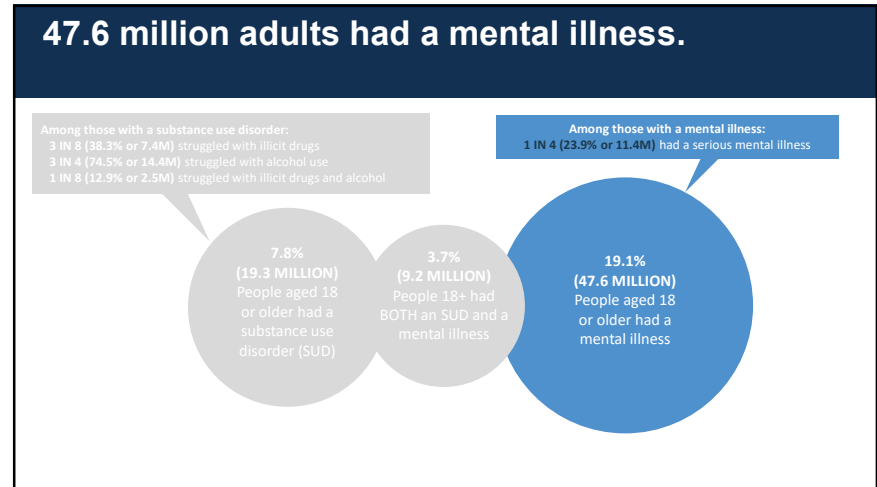
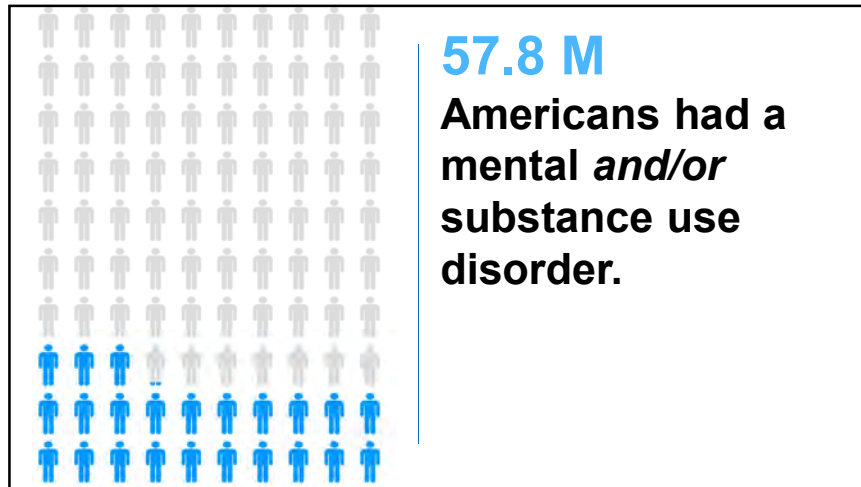
## BEHAVIORAL HEALTH RESPONSE TO EBOLA

<https://www.youtube.com/watch?v=MFLBFeb2dok>



## COVID-19



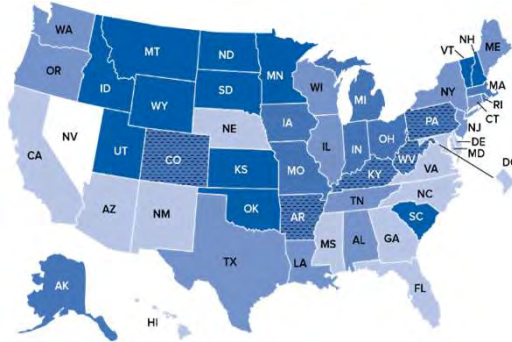




## Problem: Suicide rates increased in almost every state.

Suicide rates rose across the US from 1999 to 2016.

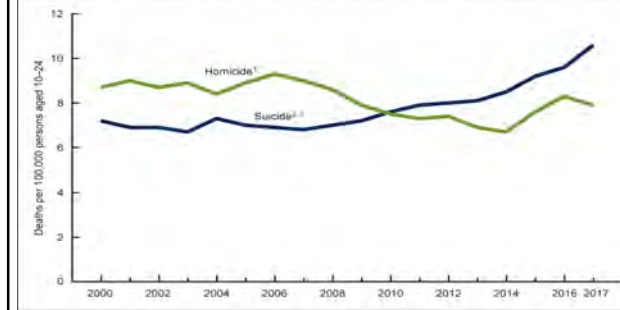
- Increase 38 - 58%
- Increase 31 - 37%
- Increase 19 - 30%
- Increase 6 - 18%
- Decrease 1%



SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.

## Suicide was the 2<sup>nd</sup> leading cause of death for 10-24 year olds, 2017.

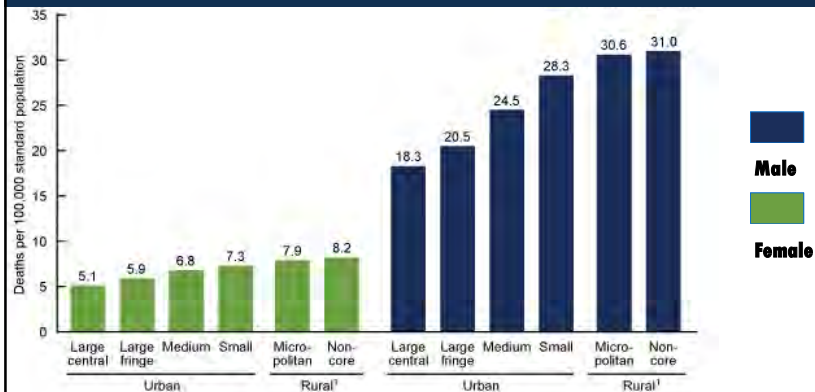
Figure 1. Suicide and homicide death rates among persons aged 10-24: United States, 2000-2017



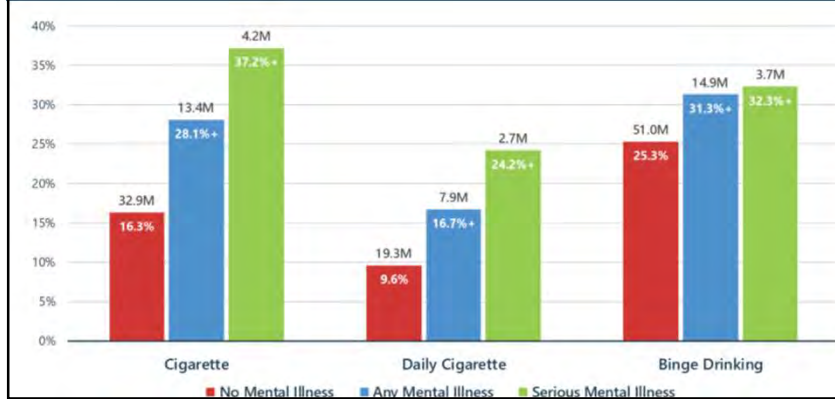
**56%  
increase  
2007-  
2017**

<sup>1</sup>Stable trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017,  $p < 0.05$ .  
<sup>2</sup>Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time,  $p < 0.05$ .  
<sup>3</sup>Rate significantly lower than this rate for homicide from 2000 to 2009 and significantly higher from 2011 to 2017,  $p < 0.05$ .  
<sup>4</sup>ICD-10 codes: Suicide deaths are identified with International Classification of Diseases, 10th Revision (ICD-10) coded U01, 2005-2004, and Y87.0; and homicide deaths with ICD-10 codes U01-100, X85-Y09, and Y87.1. Access data table for Figure 1 at [https://www.cdc.gov/nchs/data/infodocs/suicide\\_homicide\\_10-24.pdf](https://www.cdc.gov/nchs/data/infodocs/suicide_homicide_10-24.pdf).

## Suicide rates are higher in RURAL counties for both men and women, 2018.



## Substance use is more frequent among adults (18+) with Mental Illness.

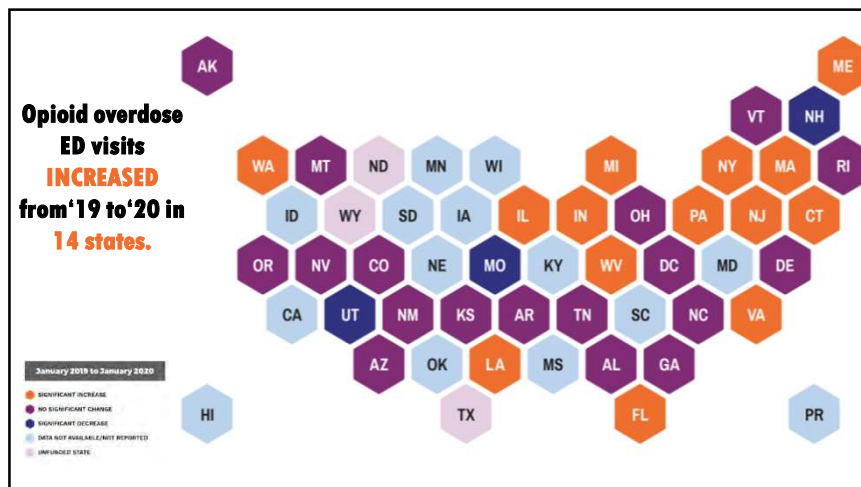
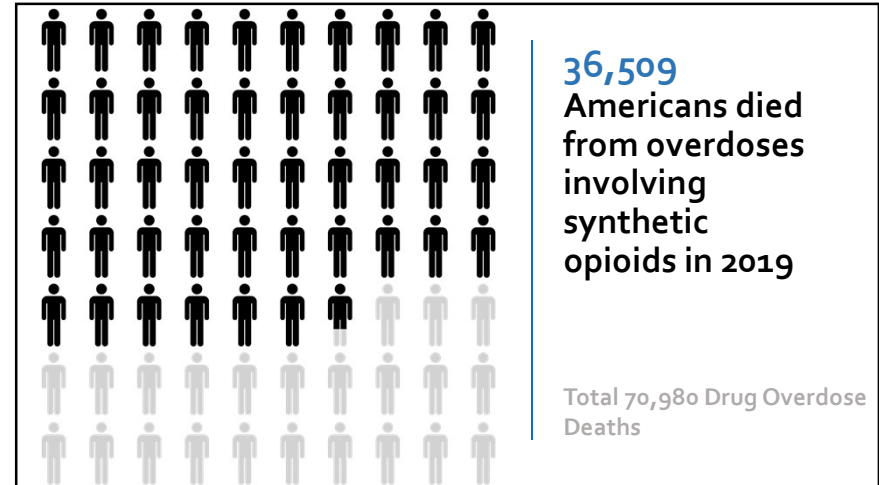


## Overdose the leading cause of unintentional injury-related death JAN 2017-JAN 2018.

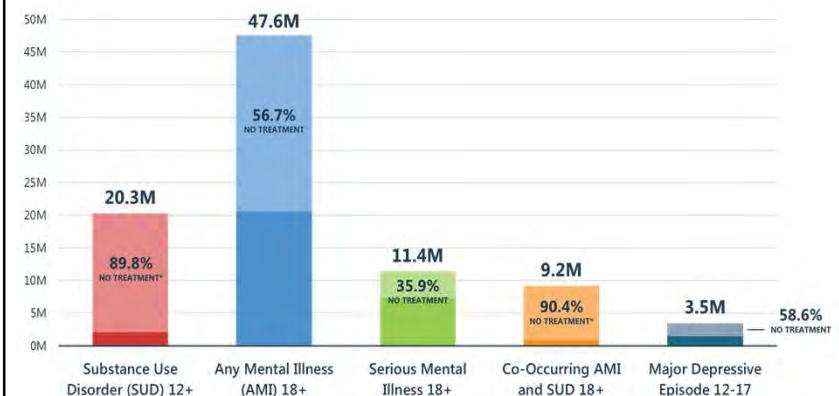
Deaths  
In The United  
States,  
Peak Year

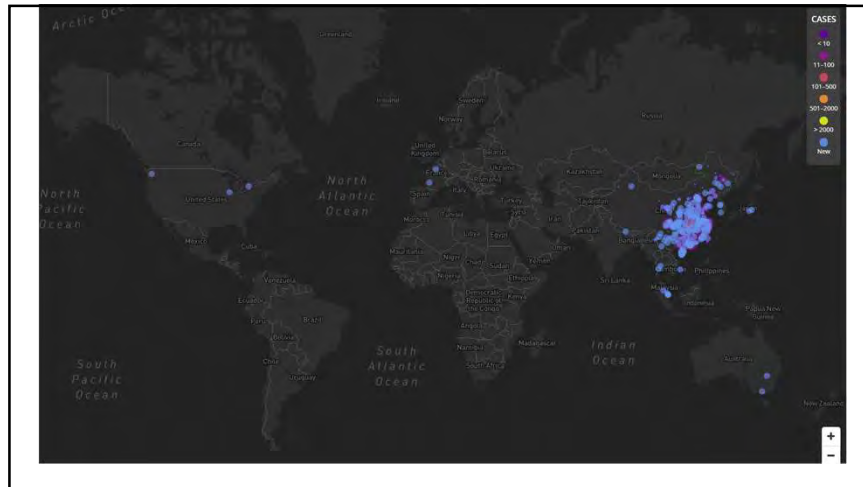
**71,568** Drug Overdoses, 2017  
**54,589** Car Accidents, 1972  
**50,628** HIV/AIDS, 1995  
**44,193** Suicides, 2015  
**24,703** Homicide, 1991  
**16,899** Vietnam War, 1968

And OPIOIDS were the leading cause  
of overdose death!



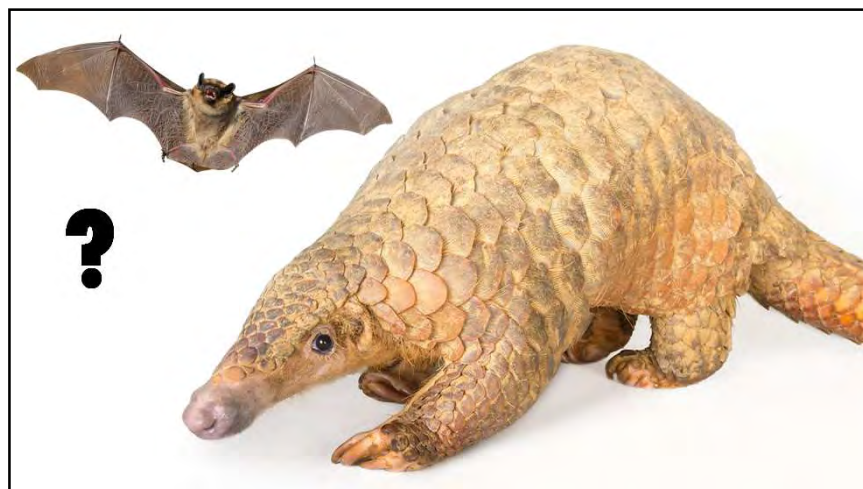
## Despite disease burden treatment gaps remain VAST.





## COVID19 CRISIS


### CHINA'S WET MARKETS TO BLAME?



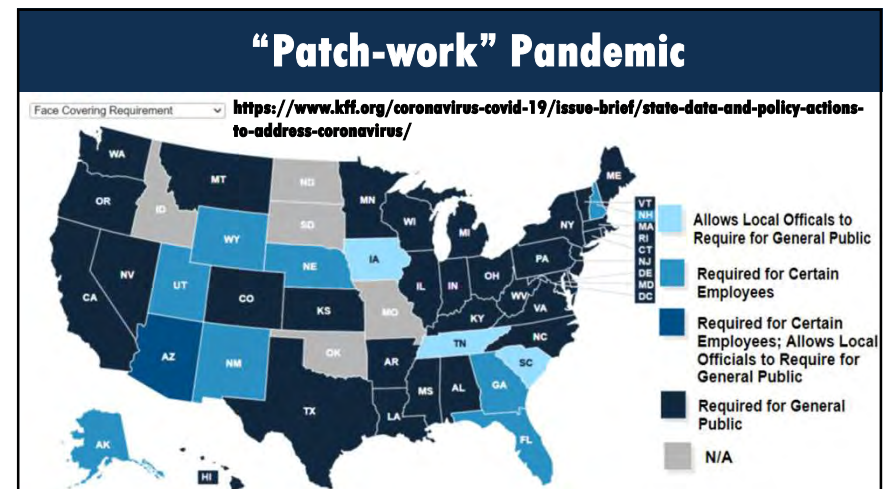
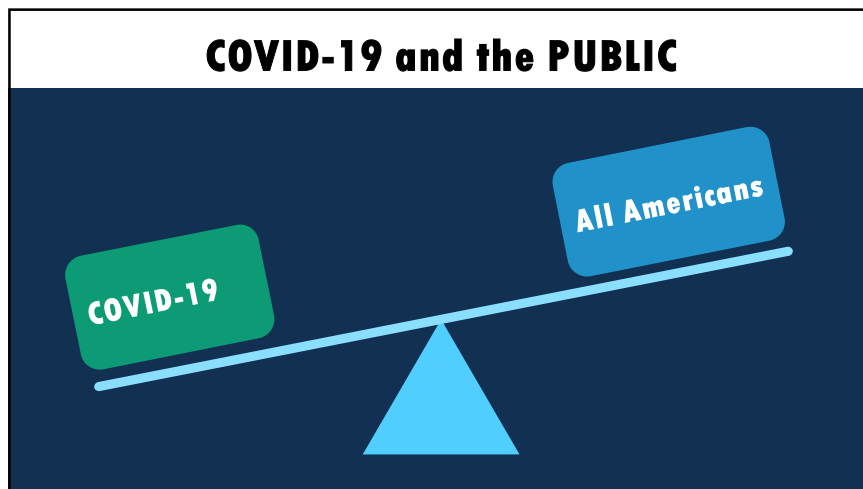
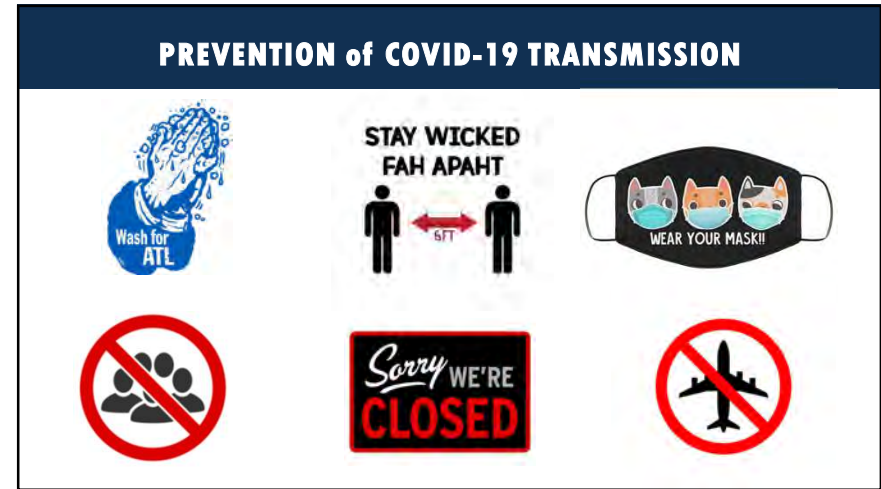
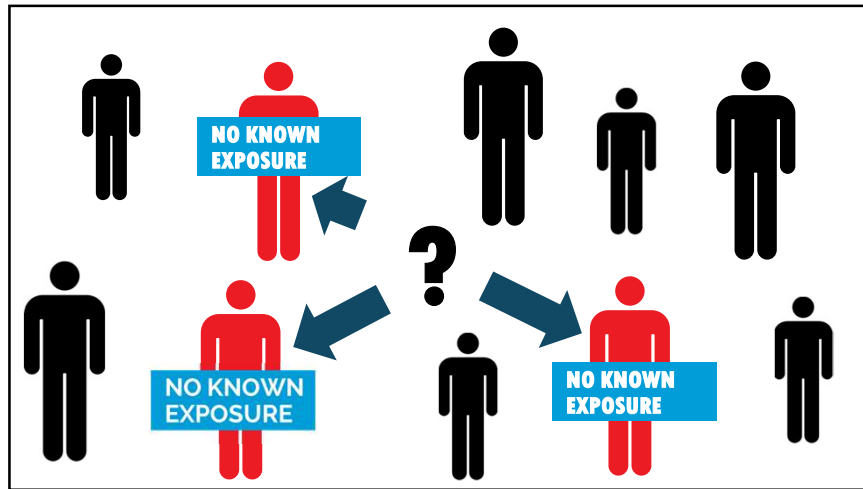
## SYMPTOMS OF CORONAVIRUS (COVID-19)

Know the symptoms of COVID-19, which can include the following:

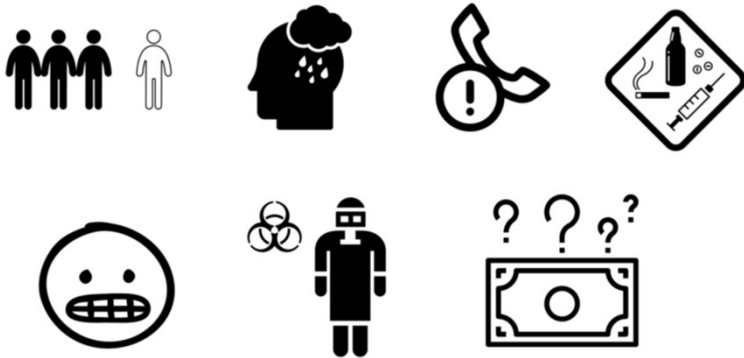
- Cough
- Sore throat
- Fever
- Muscle pain
- Chills
- Shortness of breath or difficulty breathing
- New loss of taste or smell

 [cdc.gov/coronavirus](https://cdc.gov/coronavirus)





**Many behavioral health issues are emerging due to COVID-19.**



## DISASTER DISTRESS HELPLINE

PHONE: 1-800-985-5990  
TEXT: "TalkWithUs" to 66746  
WEB: [disasterdistress.samhsa.gov](https://disasterdistress.samhsa.gov)

**NATIONAL**

**SUICIDE PREVENTION**

**LIFELINE™**

**I-800-273-TALK**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

THE CORONAVIRUS CRISIS

Flood Of Calls And Texts To Crisis Hotlines Reflects Americans' Rising Anxiety

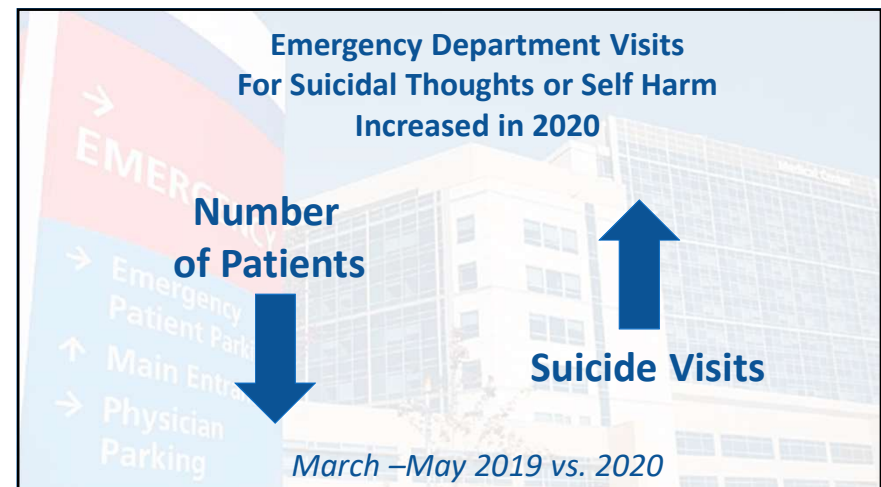
May 6, 2020 · 10:01 AM EDT

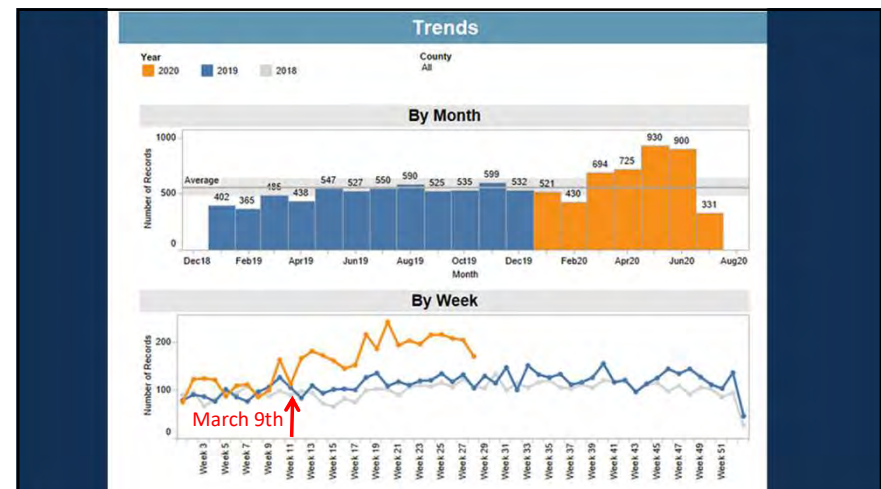
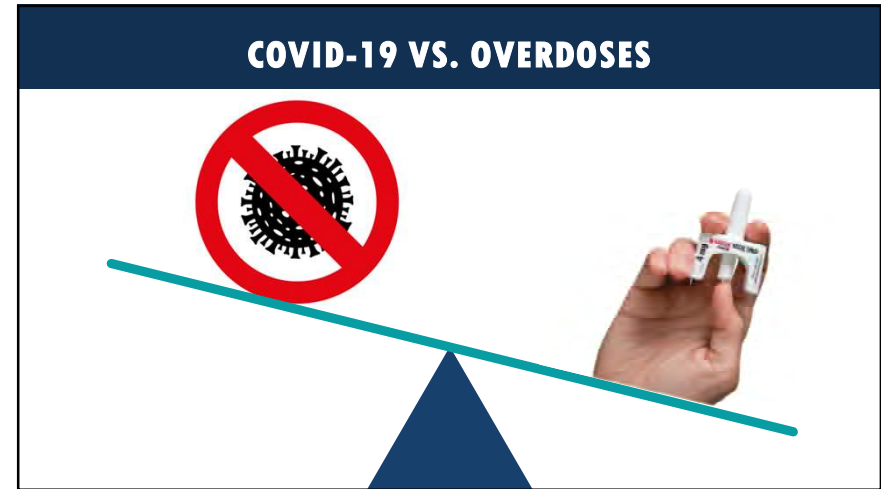
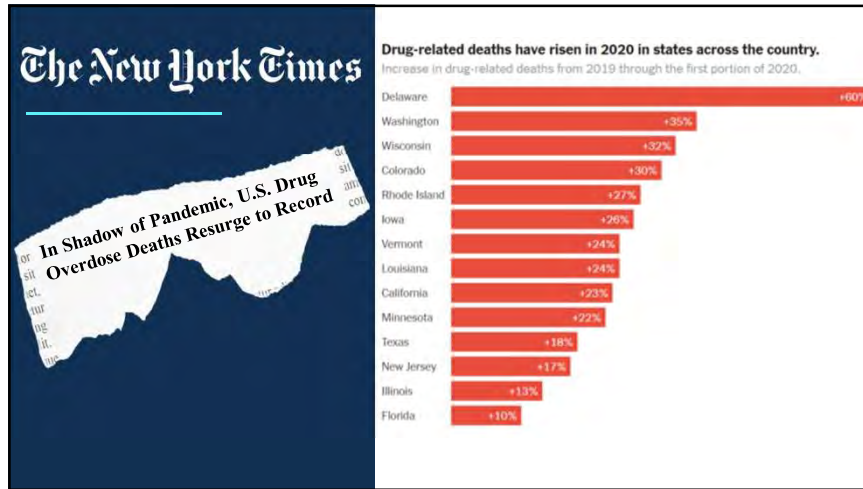
Heidi Alt SA/Think Commons

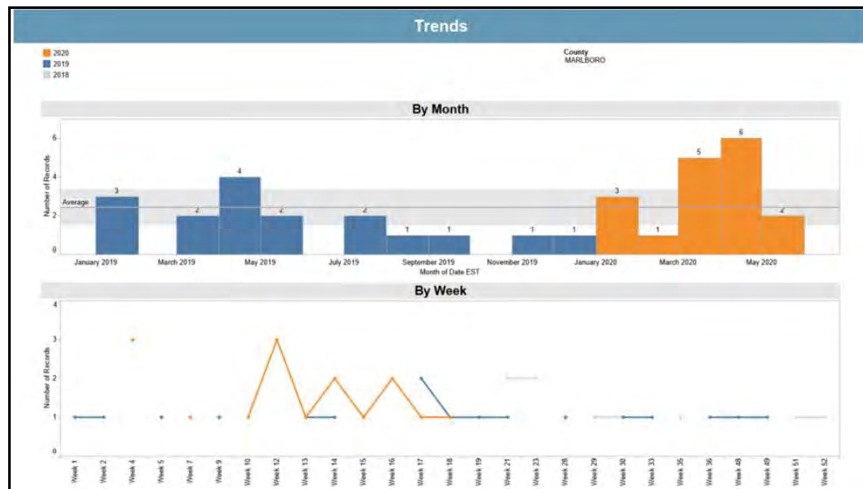
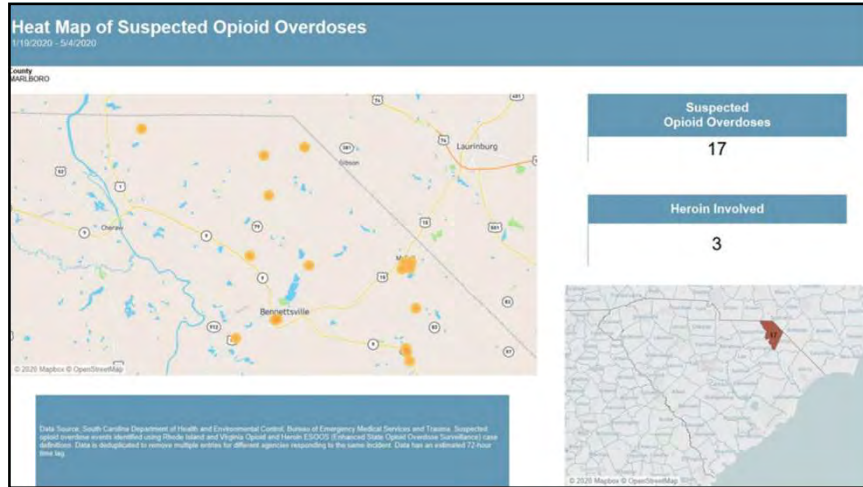
YOUNGKIM

4-Minute Listen

PLAYLIST

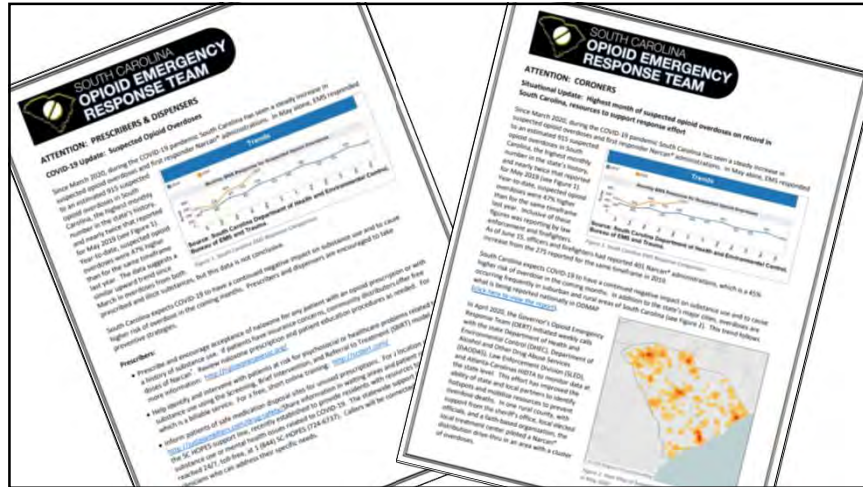












## PUBLIC HEALTH, PUBLIC SAFETY, AND COMMUNITY PARTNERSHIP



## DATA DRIVEN ACTION: ODMAP



HOME AGENCIES IMPLEMENTATION HOW IT WORKS SPIKE ALERTS TRAINING IN THE NEWS

### USER STORIES: ODMAP IN ACTION



Jeff Beeson, Dep. Director, Washington/Baltimore HSDTA | Abuse After, Senior Program Manager, Washington/Baltimore HSDTA



David Sweet, Chief of Epidemiology | Courtney Serra, Opioid Epidemiologist, Shelby County, TN Health Department

Brian Gould, Assistant Chief, Chester/Kennewick PD | Cheryl Moore, Medical Care Administrator, Erie County, NY Department of Public Health

L.T. Piskorski, New Jersey State Police

[www.odmap.org](http://www.odmap.org)

South Carolina Department of Alcohol and Other Drug Abuse Services:

<https://www.daodas.sc.gov/about/>

South Carolina Opioid Response Plan:

[https://www.scemd.org/media/1432/oert\\_baseplan\\_final.pdf](https://www.scemd.org/media/1432/oert_baseplan_final.pdf)

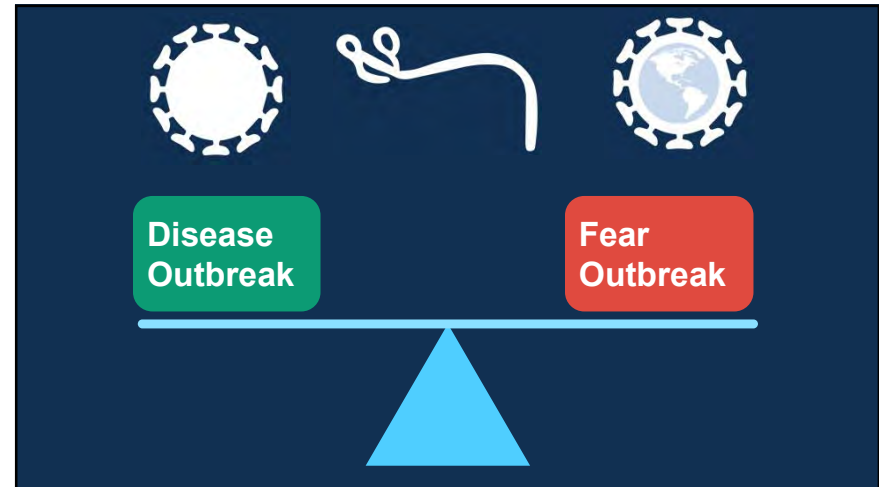
Trinity Behavioral Care Director, Donny Brock:

[dbrock@trinitybehavioralcare.org](mailto:dbrock@trinitybehavioralcare.org)

For public information on opioid use, overdose prevention, and treatment resources in South Carolina:

<http://justplainkillers.com/>

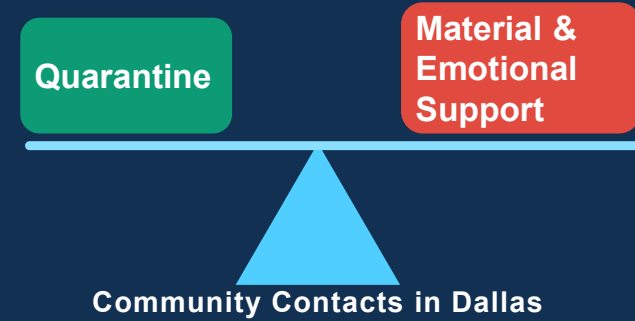
## BEHAVIORAL HEALTH LESSONS FROM THE FIELD



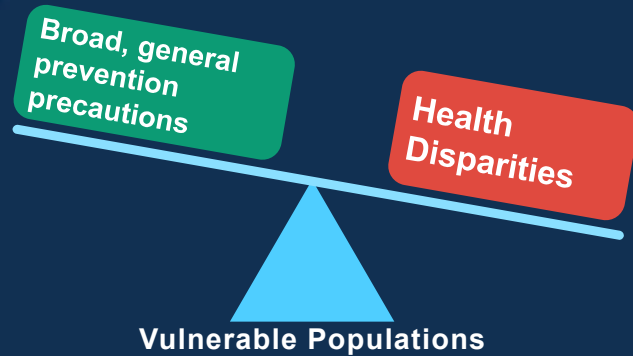
## FOR EBOLA...



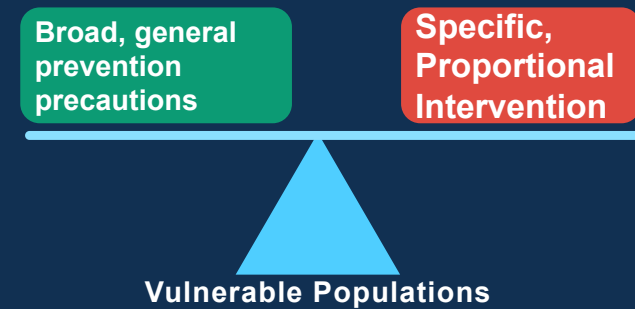
## WHAT WORKED...



## FOR COVID-19...



## WHAT IS WORKING...





## LESSONS LEARNED:

- 1** People and Place Factors are Critical to Success

DISEASE

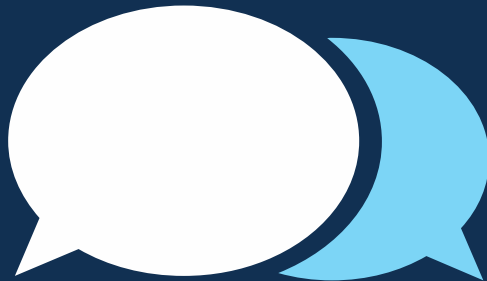


**MAKE COLLABORATION  
YOUR PLAN**

**MEET PEOPLE WHERE  
THEY ARE**

## LESSONS LEARNED:

- 2** Communicate the Facts



## QUIZ:

How many Americans die from the flu each year?

- A** Between 200 and 500
- B** Between 12,000 - 61,000
- C** Over 100,000
- D** Between 500 - 3,000

## QUIZ:

How many Americans die from the flu each year?

- A Between 200 and 500
- B Between 12,000 - 61,000**
- C Over 100,000
- D Between 500 and 3,000

## IF PEOPLE DON'T UNDERSTAND RISK, THEY CAN'T PROTECT THEMSELVES



### SEVERE ACUTE RESPIRATORY SYNDROME

情況說明書：SARS 的基本資訊

#### SARS

嚴重急性呼吸道症候群(簡稱 "SARS" [沙士])是由一種冠狀病毒引起的一種病毒性呼吸道疾病，此種病毒被叫做 SARS 關聯冠狀病毒(簡稱 "SARS 病毒[SARS-CoV]")。2003 年 2 月，亞洲首次報導 SARS，跟著沒幾個月，該疾病便傳播到北美、歐洲和亞洲，多達二十四個國家，至此，2003 年 SARS 全球性爆發才得以遏制。此事實說明書提供了關於 SARS 以及傳染病防治中心(CDC)為在美國控制 SARS 所付出之努力的基本資訊。欲知更多有關 SARS 之資訊，請訪問 [www.cdc.gov/sars/](http://www.cdc.gov/sars/) 和 [www.who.int/csr/sars/en/](http://www.who.int/csr/sars/en/) 網站。

### Levels of Protective Gear

These protocols, some specified by the C.D.C., were in place at some hospitals when Mr. Duncan was being treated in Dallas.



## LESSONS LEARNED:

### 3 Support Resilience



## Learn Psychological First Aid



Are you working to help people affected by the COVID-19 pandemic?

Use these principles of Psychological First Aid (PFA) when working with survivors:

- Respond to requests and initiate contacts in a sensitive, compassionate, and helpful way.
- Help people meet their basic needs.
- Calm emotionally overwhelmed or disoriented individuals.
- Identify immediate needs and concerns.
- Empower people to take steps to meet their needs.
- Encourage people to reach out to family and friends via phone, text, or other virtual methods.
- Provide information about common stress reactions.
- Link people with available resources.

**ADDITIONAL RESOURCES:**

Disaster Distress Helpline: 1-800-985-5888  
 National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)

For information on how to become a Disaster Survivor Supporter, visit: <https://www.samhsa.gov/2k19/covid19>  
 1-800-442-9474 (1-800-442-4247)

For more information on the National Child Traumatic Stress Network and how to get involved, visit: <https://www.nctsn.org>

SAMHSA Disaster Technical Assistance Center: <https://www.samhsa.gov/2k19/covid19>  
 1-800-442-9474 (1-800-442-4247)

**SAMHSA** store

Find and download free publications, apps, and other resources on treatment, prevention, and recovery for mental and substance use disorders.

[store.samhsa.gov](https://store.samhsa.gov)



<http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf>

**Self-Care Assessment**

Adapted from Goodwin, Pincus, & Staff of TS/CAMP (1990). *Transforming the pain: A workbook on emotional personalization*. Norim.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but more passive? Are there items on the list that make you think, "I would never do that"? Listen to your responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

1 = I do this well (e.g., frequently)  
 2 = I do this OK (e.g., occasionally)  
 3 = I barely or rarely do this  
 4 = I never do this

**Physical Self-Care**

- Eat regularly (e.g., breakfast, lunch, and dinner)
- Exercise
- Get regular medical care for prevention
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- Get enough sleep
- Wash clothes I like
- Take vacations
- Other:

**Psychological Self-Care**

- Take day trips or mini-vacations
- Make time away from telephones, email, and the Internet
- Make time for self-reflection
- Include my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- Write in a journal
- Read literature that is unrelated to work
- Attend to maintaining stress in my life
- Engage in meaningful stress in my life
- Be curious

<https://howrightnow.org/>

**CDC Foundation**  
Together our impact is greater

WHO WE ARE WHAT WE DO LATEST NEWS HOW YOU CAN HELP DONATE

Latest News / Blog / How Right Now: Getting Resources To Manage Stress, Stay Healthy In COVID-19 Pandemic

**How Right Now: Getting Resources To Manage Stress, Stay Healthy In COVID-19 Pandemic**

**'Whole-of-America' Response**

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**DEPARTMENT OF HEALTH & HUMAN SERVICES - USA**

**CHILDREN & FAMILIES**

**FDA** U.S. FOOD & DRUG ADMINISTRATION

**NIH** National Institutes of Health

**INDIAN HEALTH SERVICE** IHS • 1955

**FEMA**

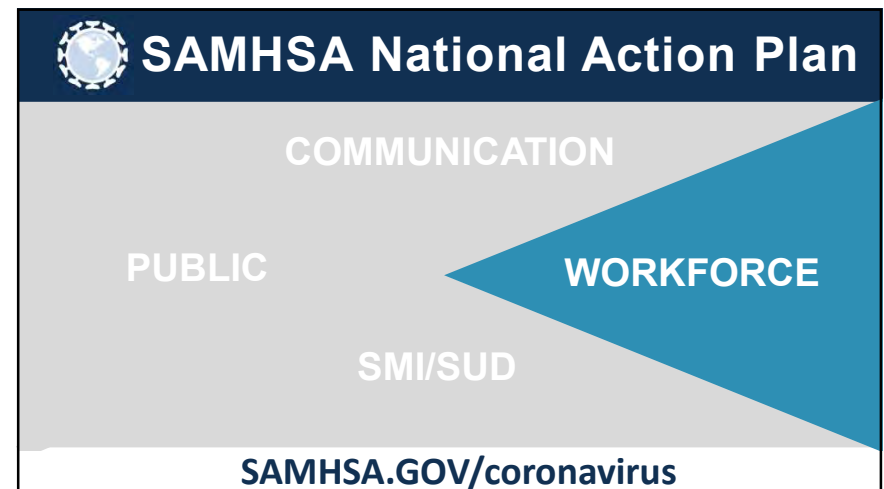
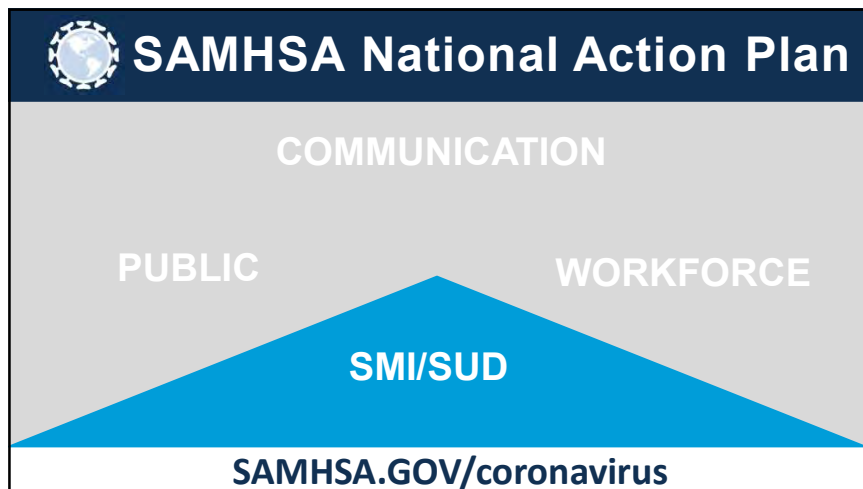
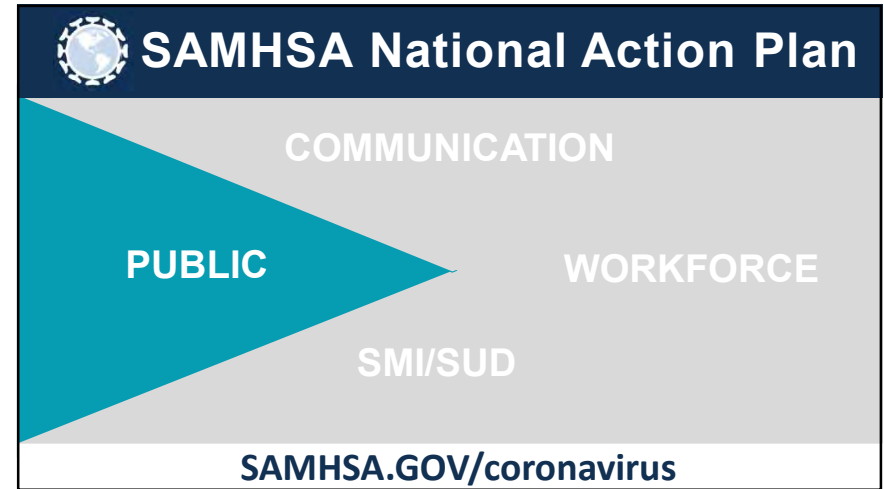
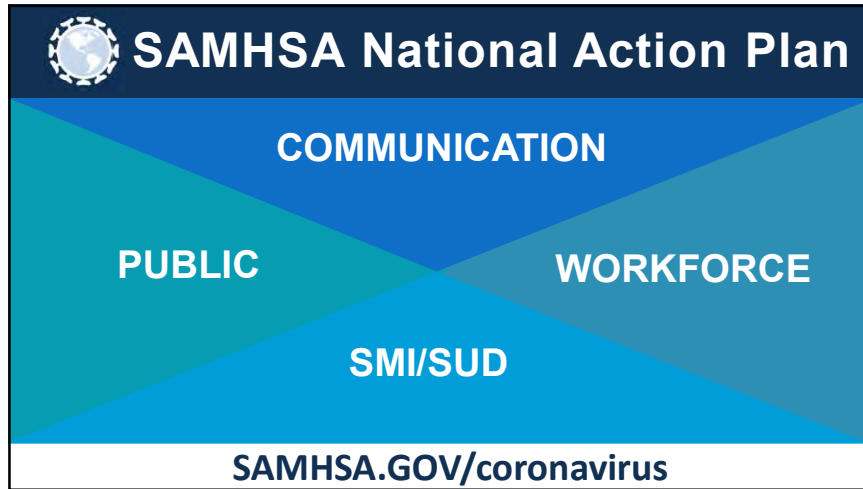
**CDC** CENTERS FOR DISEASE CONTROL AND PREVENTION

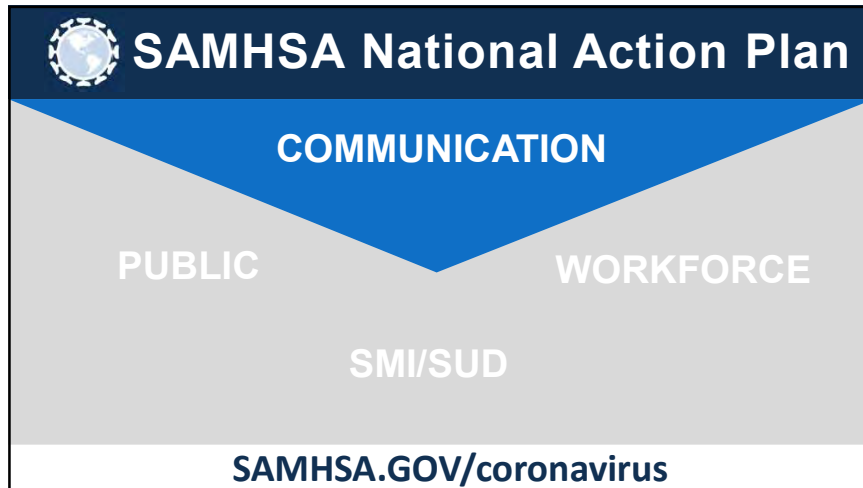
**AHRQ** Agency for Healthcare Research and Quality

**CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES

**ATSDR** AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY







Go to <https://www.samhsa.gov/coronavirus>

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

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Find Treatment | Practitioner Training | Public Messages | Grants | Data | Programs | Newsroom | About Us | Publications

Home » Newsroom » Coronavirus (COVID-19)

**Newsroom**

**Coronavirus (COVID-19)**

SAMHSA recognizes the challenges posed by the current COVID-19 situation and is providing the following guidance and resources to assist individuals, providers, communities, and states across the country. SAMHSA stands ready to assist in any manner possible.

**SAMHSA Resources and Information**

NEW: [COVID-19 Emergency Response for Suicide Prevention Grants](#)

NEW: [Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.](#) (PDF | 426 KB)

NEW: [Guidance for Law Enforcement and First Responders Administering Naloxone](#) (PDF | 117 KB)

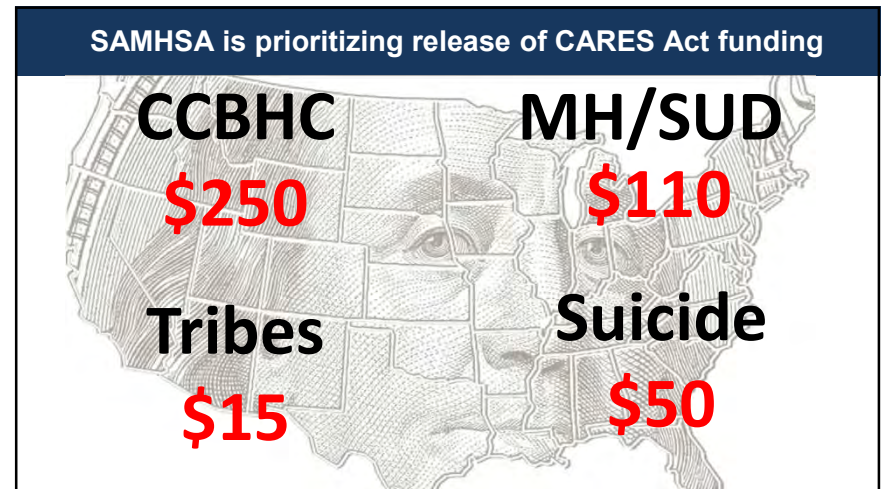
NEW: [Letter to Treatment Providers on PPE](#) (PDF | 543 KB)

[SAMHSA COVID-19 Funded Grants](#) (PDF | 297 KB)

[Intimate Partner Violence and Child Abuse Considerations During COVID-19](#) (PDF | 328 KB)

[Emergency Grants to Address Mental and Substance Use Disorders During COVID-19](#) CLOSED





## USE HHS RESOURCES NOW

**HHS.GOV**

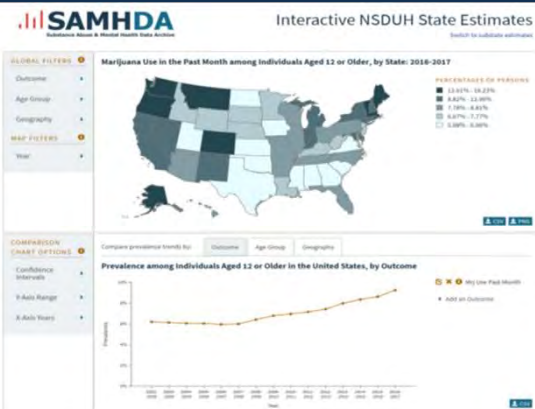
## We continue to improve and expand surveillance



## Access public use files and interactive maps online

**SAMHDA**  
Substance Abuse & Mental Health Data Archive

<https://www.datafiles.samhsa.gov/info/analyze-data-nid6>



<https://store.samhsa.gov/system/files/sma18-4742.pdf>

## SAMHSA Opioid Overdose Prevention TOOLKIT

Opioid Use Disorder Facts  
Five Essential Steps for First Responders  
Information for Prescribers  
Safety Advice for Patients & Family Members  
Recovering From Opioid Overdose





<https://store.samhsa.gov/>

Medications for Opioid Use Disorder  
For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

**NEW-ish**  
RESOURCES

TREATMENT IMPROVEMENT PROTOCOL  
**TIP 63**

**CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS**

**SAMHSA**

**Download timely infographics**

**TIPS for TEENS**  
METHAMPHETAMINE  
THE TRUTH ABOUT METHAMPHETAMINE (METH)  
SLANG: METH/SPEED/CRANK/CRANK/CHALK/TINK/THREAX/FAST/ICE/CLASS/OPPIES  
**GET THE FACTS**

**MARIJUANA ARE REAL**  
THE RISKS  
Today's marijuana is stronger.  
Risk of addiction.  
Lowers brain power.  
Can harm your baby.  
Driving danger.

**Download our apps <https://store.samhsa.gov/apps>**

**Suicide Safe**  
SAMHSA

**Know Bullying**  
SAMHSA

**SAMHSA Disaster App**  
SAMHSA

**AlcoholFX**  
SAMHSA

**COMING SOON\***  
SAMHSA

**talk**  
Talk. They Hear You.  
SAMHSA

**Access online + in-person training, webinars, consultation**

**Addiction TTC**  
<https://attcnetwork.org>

**Mental Health TTC**  
<https://mhntcnetwork.org>

**Prevention TTC**  
<http://pttcnetwork.org>

**CULTURAL AND LINGUISTIC APPROPRIATENESS**

**UNIVERSAL TECHNICAL ASSISTANCE**  
Mass mailings, publication of information (e.g., newsletters), untargeted presentations to heterogeneous groups, website, social media

**TARGETED TECHNICAL ASSISTANCE**  
Online courses, webinar series for specialized groups, focused knowledge sharing, communities of practice, short-term training, replication guides

**INTENSIVE TECHNICAL ASSISTANCE**  
On-going consultation in specific communities, states & systems

**OUTCOMES**  
Increase reach  
Increase motivation  
Increase knowledge  
Increase skills  
Increase integration of interventions by the intended users into their practice

## For example: new telehealth learning series



The [Addiction Technology Transfer Center \(ATTC\) Network](#), the [Center for Excellence on Protected Health Information \(CoE-PHI\)](#), the [National Consortium of Telehealth Resource Centers](#), and the [Center for the Application of Substance Abuse Technologies \(CASAT\)](#) at the University of Nevada - Reno (UNR) are facilitating a FREE, national online discussion and resource sharing opportunity for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social distancing guidelines.

<https://telehealthlearning.org/telehealth/>

## For example: new mental health guide for rural schools

A screenshot of the Mountain Plains MHTTC website. The header includes the MHTTC logo and navigation links: YOUR MHTTC, TRAINING AND EDUCATION, PROJECTS, COMMUNICATION, and ABOUT. The main content area features a section titled 'Promoting Positive Mental Health in Rural Schools' with a publication date of August 12, 2019. It lists keywords: Mental Health, Rural Settings, School Mental Health, Serious Emotional Disturbance (SED), Students, The service setting. A 'DOWNLOAD' button is visible. Below the title, there is a paragraph of text describing the guide's purpose: 'This guide provides resources specific to addressing the unique mental health training and technical assistance needs of schools serving rural and remote communities. School administrators, faculty, and support staff are being increasingly pressured to respond to a host of current mental health needs of students in K-12 and higher education. In response, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare and Medicaid Services (CMS) recently released a resource for school states and schools in addressing mental health and substance use disorders. Understanding the purpose of the document was a recognition that schools, communities, and families often lack "comprehensive treatment and services for children and youth." That is particularly true in rural communities.'

<https://www.samhsa.gov/ebp-resource-center>

A screenshot of the SAMHSA Evidence-Based Practices Resource Center website. The header includes the SAMHSA logo and navigation links: Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Resources, About Us, and Publications. The main content area features a section titled 'Evidence-Based Practices Resource Center' with a paragraph of text: 'SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.' Below this, there is a 'Featured Resources' section with several thumbnail images and titles: 'Reducing Risks Among Youth and Young Adults', 'Treatment of Stimulant Use Disorders', 'Substance Misuse Prevention for Young Adults', 'First Episode Psychosis and Co-Occurring Substance Use Disorders', 'Preventing the Use of Medication: Police on Women and Pregnancy', and 'Medication-Assisted Treatment (MAT) in the Criminal Justice System: Best Practices to the State'. At the bottom, there is a search bar and a 'Filter' button.

<https://findtreatment.samhsa.gov/>

A screenshot of the SAMHSA Behavioral Health Treatment Services Locator website. The header includes the SAMHSA logo and navigation links: Home, Behavioral Health Links, Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Resources, About Us, and Publications. The main content area features a section titled 'Behavioral Health Treatment Services Locator' with a paragraph of text: 'Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use disorder and/or mental health problems. PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.' Below this, there is a search bar with a 'Search for substance use facilities' button and a 'Search for mental health facilities' button. To the right, there is a 'Get Help' section with contact information for the National Helpline (1-800-273-TALK), the National Helpline (1-800-462-HELP), and the Disaster Distress Helpline (1-800-985-5999). At the bottom, there is a 'Watch Video Tutorials' section with links to 'Overview', 'Locator Overview', 'Find Treatment', 'Find Facilities for Veterans', 'Facility Directories', and 'Other Locator Functionalities'.

<https://findtreatment.gov/>

FindTreatment.gov

Search for treatment: Treatment options: Paying for treatment: Understanding addiction: Understanding mental health:

Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

Find treatment Learn more

Find a treatment facility near you

City or zip code

Search

Visit the suicide prevention resource center

<https://www.sprc.org/>

Suicide Prevention Resource Center

We all have a role to play. Together, we can save lives.

Effective prevention starts with you

- Make a plan to prevent suicide
- Find a suicide prevention program
- Monitor your program's success
- Improve suicide care for your patients
- Take action after a suicide

Featured Resources

State Suicide Prevention Infrastructure

Engaging People with Lived Experience & Toolkit for Organizations

Suicide Prevention Month: Ideas for Action

Find out what's going on in your state

Suicide Prevention Resource Center

Georgia

State Suicide Prevention Website: Georgia Department of Behavioral Health and Developmental Disabilities

Contacts

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Filter By

Type

Populations

Settings

Mental Health

State and Community Organizations

Current GLS, NISP, and Zero Suicide Grantees

Prevention Plans

Access comprehensive recovery resources

BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

<https://www.samhsa.gov/brss-tacs>



**Join the National Network to Eliminate Disparities in Behavioral Health**  
<https://nned.net/>

**Accepting Cultures: Preventing Suicide in the Latinx Community**

The word "suicide" is charged with emotion. For those whose life has been touched by the suicide of a loved one, it can be a painful reminder of the life, the hopes and the dreams that ended prematurely. And yet for some Latinx families, suicide continues to be a taboo, something that affects only other families, other communities.

The **National Network to Eliminate Disparities in Behavioral Health (NNED)** is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity.

**KNOW YOUR EPIDEMIC,  
KNOW YOUR RESPONSE**

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**THANKS!**

