



# COVID-19 Behavioral Health Task Force

May 1, 2020

# Agenda

- Roll Call and Housekeeping for Webex: Lauren Prole
- Topics and Intro: Dr. Sara Salek
- ADHS Update: Teresa Ehnert
- PAX Tools: Kathryn Tummino and Dr. Dennis Embry
- Crisis Response Network (CRN) Update: Justin Chase
- Southern Arizona Crisis Line Update: Shanna Palumbo
- Telehealth Opportunities: Jill Rowland
- Questions, Open Discussion & Wrap-Up: Dr. Sara Salek



# Topics & Intros

Dr. Sara Salek

Chief Medical Officer, AHCCCS



# ADHS Update

Teresa Ehnert

Bureau Chief, Public Health Emergency Preparedness

Health Emergency Operation Center/ ESF8

PHEP/HPP Director, Arizona



## PAX Tools

Dr. Dennis Embry, President/Lead Scientist, PAXIS Institute  
Kathryn Tummino, PAXIS Institute



# Behavioral Health Task Force

**Mitigating ACEs & Mental, Emotional, & Behavior Disorders Using Proven Behavioral Vaccine & Evidence-Based Kernels:**

- ***The PAX Good Behavior Game***
- ***PAX Tools for the Community***

An Opportunity for Involvement with Providers Throughout  
Arizona

7



Dennis D. Embry, Ph.D., Kathryn Tummino, BA, OCPS, Erin Roepcke, MSW

PAXIS Institute, Tucson, AZ

## The Good Behavior Game: A Best Practice Candidate as a Universal Behavioral Vaccine

Dennis D. Embry<sup>1</sup>

A "behavioral vaccine" provides an inoculation against morbidity or mortality, impacting physical, mental, or behavior disorders. A historical example of a behavioral vaccine is antiseptic hand washing to reduce childbed fever. In current society, issues with high levels of morbidity, such as substance abuse, delinquency, youth violence, and other behavioral disorders (multi-problems), cry out for a low-cost, widespread strategy as simple as antiseptic hand washing. Congruent research findings from longitudinal studies, twin studies, and other investigations suggest that a possibility might exist for a behavioral vaccine for multiproblem behavior. A simple behavioral strategy called the Good Behavior Game (GBG), which reinforces inhibition in a group context of elementary school, has substantial previous research to consider its use as a behavioral vaccine. The GBG is not a curriculum but rather a simple behavioral procedure from applied behavior analysis. A proximately 20 independent replications of the GBG across different grade levels, different types of students, different settings, and some with long-term follow-up show strong, consistent impact on impulsive, disruptive behaviors of children and teens as well as reductions in substance use or serious antisocial behaviors. The GBG, named as a "best practice" for the prevention of substance abuse or violent behavior by a number of federal agencies, is unique because it is the only practice implemented by individual teachers that is documented to have long-term effects. Presently, the GBG is only used in a small number of settings. However, near universal use of the GBG, in major political jurisdictions during the elementary years, could substantially reduce the incidence of substance use, antisocial behavior, and other adverse developmental or social consequences at a very modest cost, with very positive cost-effectiveness ratios.

KEY WORDS: substance abuse prevention; violence prevention; public policy; best practice.

### INTRODUCTION

A behavioral vaccine is a simple, scientifically proven routine or practice put into widespread daily use that reduces morbidity and mortality. A powerful example comes from an epidemic that occurred 150 years ago.

During the nineteenth century, women died in childbirth at alarming rates in Europe and the United States. Up to 25% of women who delivered their babies in hospitals died from childbed fever (puerperal sepsis), discovered later to be caused by *Streptococcus pyogenes* bacteria.

<sup>1</sup>PAXIS Institute, PO Box 68494, Tucson, Arizona 85737; e-mail: dde@paxis.org

In the late 1840s, Dr. Ignaz Semmelweis worked in the maternity wards of a Vienna hospital. By meticulous observation, he discovered that the mortality rate in a delivery room staffed by medical students was up to three times higher than in a second delivery room staffed by midwives. Semmelweis postulated that the students might be carrying the infection from their dissections to mothers giving birth. He tested the hypothesis by having doctors and medical students wash their hands with a chlorinated solution before examining women in labor. The mortality rate in his maternity wards eventually dropped to less than 1%. Washing of hands with antiseptic solution—a behavioral vaccine—now saves millions of lives every year. Today, the Centers of Disease Control and Prevention (CDC) web site states, "[Antiseptic] hand washing is



### Predicted Benefits of PAX GBG in Your School, District, Tribe or Community When First Grade Students Reach Adulthood After 1-2 Years of PAX GBG Exposure\*

#### Site Estimate for: All First Graders in Arizona

Enter number of First Graders at school, district, Tribe or community>>>>>

72,000

<<< Enter number of First Graders

6,193	Fewer young people will need any form of special education services
4,008	More boys will likely graduate from high school.
4,809	More boys will likely enter university
6,390	More girls will likely graduate from high school
4,994	More girls will likely enter university
699	Fewer young people will commit and be convicted of serious violent crimes
6,922	Fewer young people will likely develop serious drug addictions
4,736	Fewer young people will likely become regular smokers
2,550	Fewer young people will likely develop serious alcohol addictions
3,492	Fewer young women will likely contemplate suicide
4,736	Fewer young men will likely attempt suicide

\$937,440,000

Predicted financial net savings to students, families, schools, communities, state/federal governments

\$23.67

Estimated Cost of PAX GBG Materials Per Child for Lifetime Protection

\$22.00

Estimated Cost of External Training & Technical Supports Per Teacher Prorated per Child's Lifetime

\$26.80

Estimated Cost of Internal Supports for Implementation and Maintenance by Teachers Prorated per Child's Lifetime

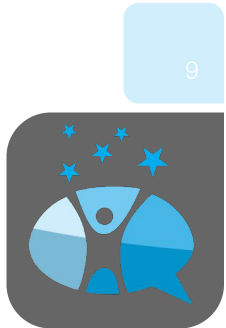
Open Access at  
[pubmed.gov](http://pubmed.gov)

8



# What is the PAX Good Behavior Game?

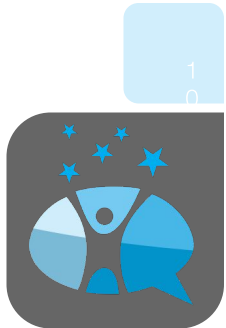
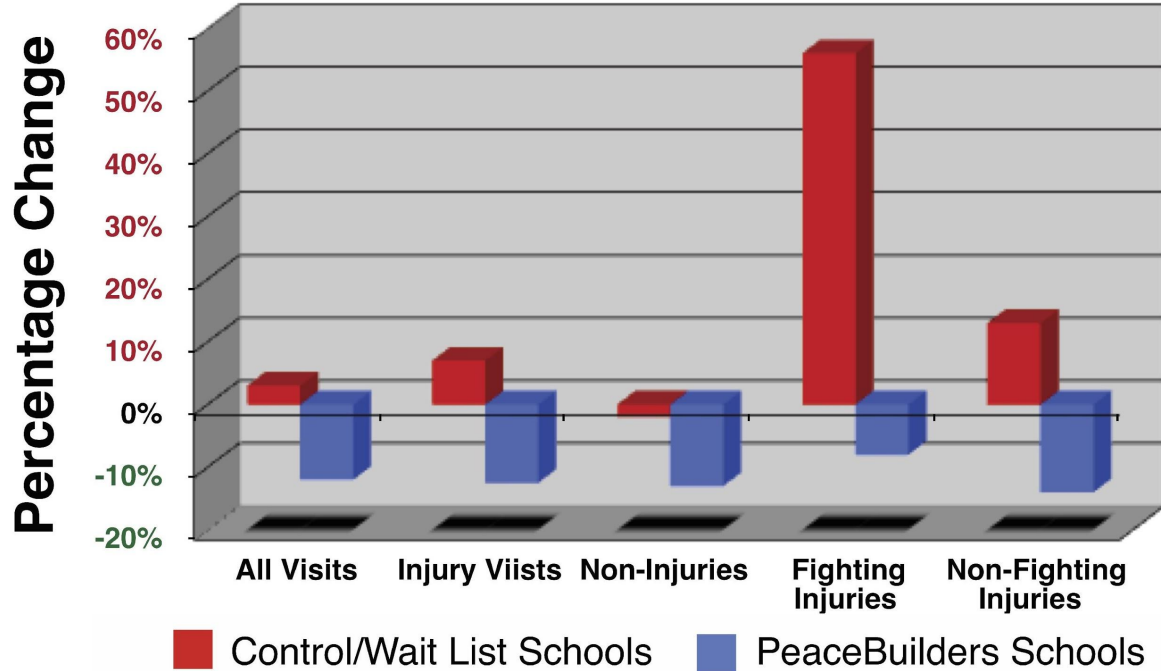
- PAX GBG is a recipe of proven behavioral influence used throughout the school day, during any instructional or school activity. Disturbing disruptive, inattentive and aggressive behaviors drop by 80% when used well.
- That translates into improved academic success, reduced behavior problems and improves virtually every indicator of lifetime physical, mental, emotional, and behavioral wellbeing in longitudinal randomized, comparative effectiveness trials.
- Behavioral health staff can coach the implementation, and use it to support children and families receiving behavioral health services.
- PAX GBG is free to schools AZ. Please promote and support it.







## CDC Nurses' Office Study



Evidence-Based Kernels  
Can Reduce ACE 's

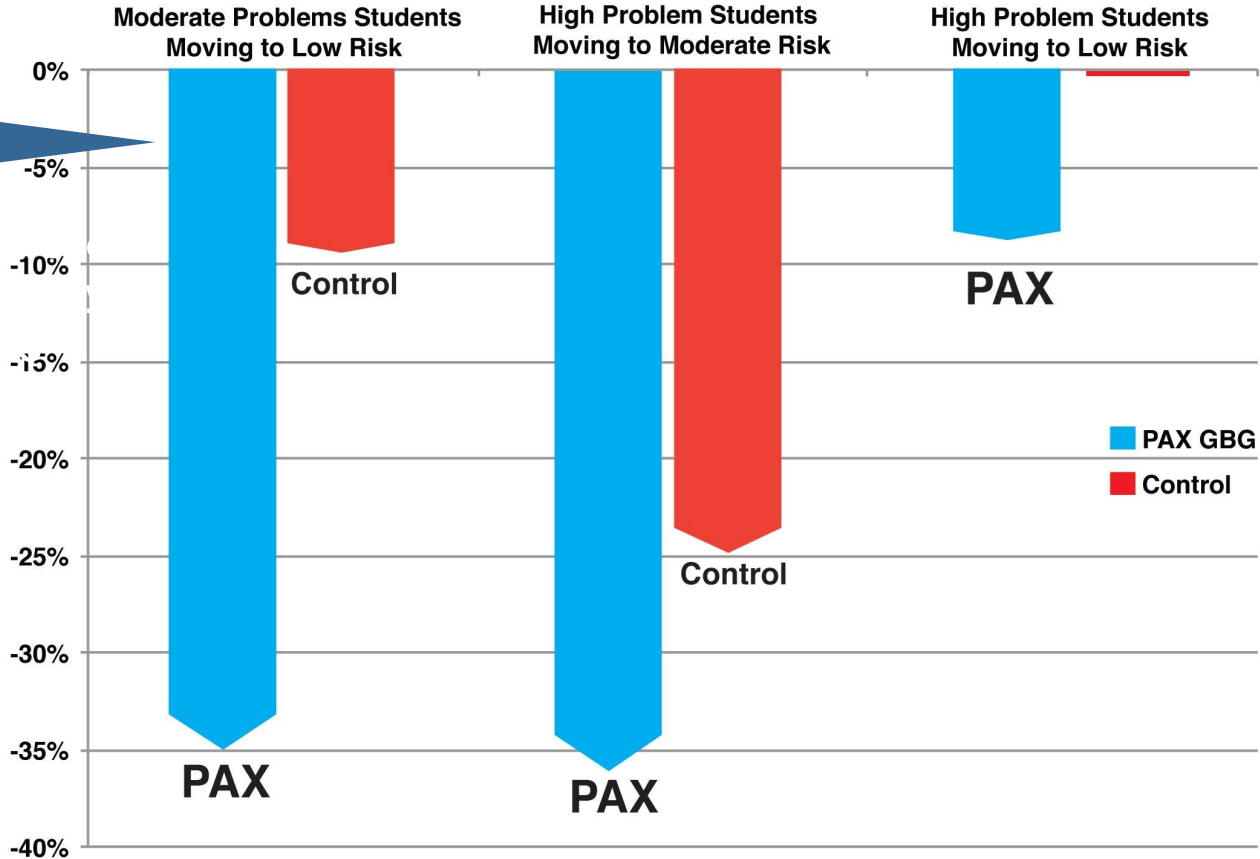
Embry, D. D., Flannery, D. J., Vazsonyi, A. T., Powell, K. E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine*, 12(5, Suppl), 91.

Krug, E. G., Brener, N. D., Dahlberg, L. L., Ryan, G. W., & Powell, K. E. (1997). The impact of an elementary school-based violence prevention program on visits to the school nurse. *American Journal of Preventive Medicine*, 13(6), 459-463.

# Province-Wide Mental-Health Benefits of PAX GBG v. Control

This also impacts teacher & wellbe

1



## Evidence-based Kernels: Fundamental Units of Behavioral Influence

Dennis D. Embry · Anthony Biglan

Published online: 20 August 2008  
© The Author(s) 2008. This article is published with open access at Springerlink.com

**Abstract** This paper describes evidence-based kernels, fundamental units of behavioral influence that appear to underlie effective prevention and treatment for children, adults, and families. A kernel is a behavior-influence procedure shown through experimental analysis to affect a specific behavior and that is indivisible in the sense that removing any of its components would render it inert. Existing evidence shows that a variety of kernels can influence behavior in context, and some evidence suggests that frequent use or sufficient use of some kernels may produce longer lasting behavioral shifts. The analysis of kernels could contribute to an empirically based theory of behavioral influence, augment existing prevention or treatment efforts, facilitate the dissemination of effective prevention and treatment practices, clarify the active ingredients in existing interventions, and contribute to efficiently developing interventions that are more effective. Kernels involve one or more of the following mechanisms of behavior influence: reinforcement, altering antecedents, changing verbal relational responding, or changing physiological states directly. The paper describes 52 of these kernels, and details practical, theoretical, and research implications, including calling for a national database of kernels that influence human behavior.

**Keywords** Evidence-based kernels · Public-health benefits · Prevention · Treatment

D. D. Embry (✉)  
PAXIS Institute, P.O. 31205, Tucson, AZ 85751, USA  
e-mail: dde@paxis.org

A. Biglan  
Oregon Research Institute, Eugene, OR, USA  
e-mail: tony@ori.org

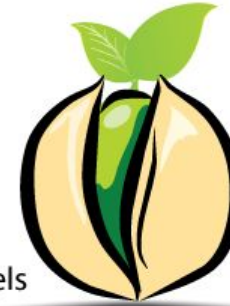
This paper presents an analysis of fundamental units of behavioral influence that underlie effective prevention and treatment. We call these units *kernels*. They have two defining features. First, in experimental analysis, researchers have found them to have a reliable effect on one or more specific behaviors. Second, they are fundamental units of behavior influence in the sense that deleting any component of a kernel would render it inert. Understanding kernels could contribute to an empirically based theory of behavioral influence, facilitate dissemination of effective prevention and treatment practices, clarify the active ingredients in existing interventions, and contribute to developing interventions that are more efficient and effective. Subsequent sections of this paper expand on the two essential features of evidence-based kernels, as well as the origins of the idea and terminology.

The ultimate goals of treatment and prevention research are a reduction of the prevalence of the most common and costly problems of behavior and an increase in the prevalence of wellbeing. Current thinking about how to accomplish this assumes that we will identify empirically supported programs and, to a lesser extent, policies, and will disseminate them widely and effectively. Although substantial progress is occurring through this strategy, there are at least four limitations to it that point to the value of kernels as a complementary strategy.

First, it is difficult to implement a program's efficacy widely with fidelity or effectiveness. Ringwalt et al. (2003) surveyed a sample of 1,795 school staff members who were in charge of teaching substance-use prevention programs. Nearly two-thirds reported teaching content that meta-analyses showed was effective. However, only 17% used effective delivery and only 14% used both effective delivery and content. In a second study, Ringwalt et al. (2003) found that about one-fifth of teachers of substance-

Antecedent  
Kernels

Reinforcement  
Kernels



Relational  
Frame Kernels

Physiological  
Kernels

Embry & Biglan, Clinical Child & Family Psychology Review 11(3), 2008

 *Nurturing Environments*

Increase  
Psychological  
Safety & Flexibility

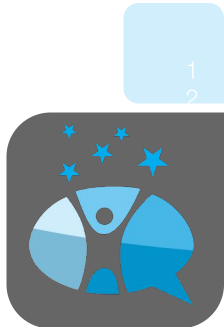
Reduce  
or Minimizing  
Toxic Influences



Richly  
Reinforce  
Prosocial Behaviors

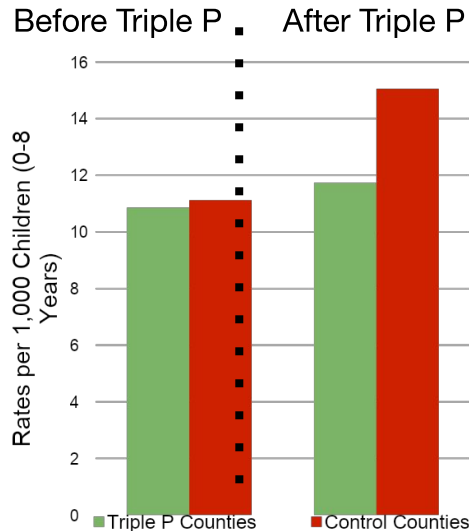
Limit  
Problematic  
Behaviors

Open Access at  
[pubmed.gov](http://pubmed.gov)



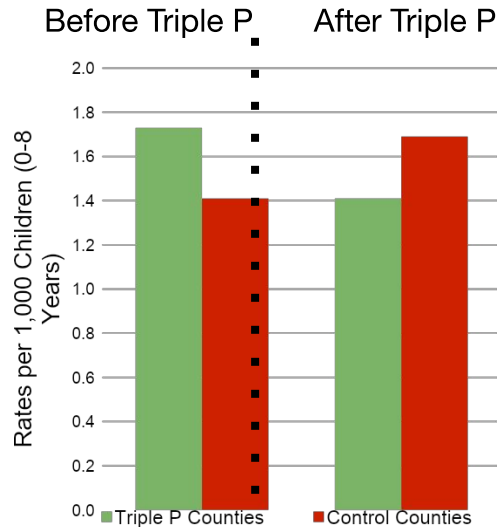
# Why Evidence-Based Kernels for Families?

## Substantiated Child Maltreatment



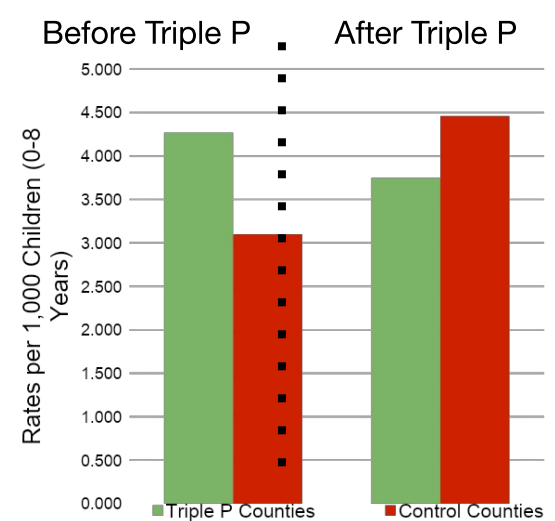
Effect size = 1.09,  $p < .03$ , showing Triple P stopped a rising trend of substantiated child-maltreatment in counties using Triple P, compared to control counties

## Child Maltreatment Injuries (Hospital & ER)



Effect size = 1.14,  $p < .02$ , showing Triple P decreased medical injuries in counties using Triple P, compared to control counties not receiving Triple P increasing.

## Child Out-of-Home Placements



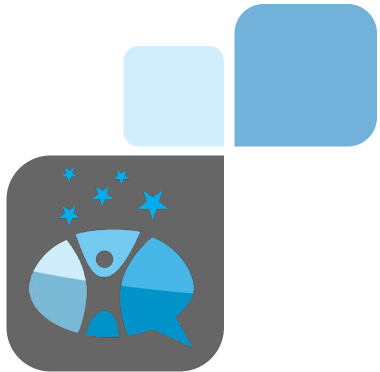
Effect size = 1.22,  $p < .01$ , showing Triple P decreased medical injuries in counties using Triple P, compared to control counties not receiving Triple P increasing.

These landmark results were NOT the result of intensive services, home-visiting or multi-session parenting programs

# What is PAX Tools?

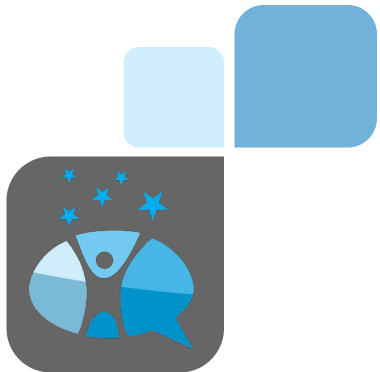
PAX Tools ...

- is a collection of evidence-based strategies to improve cooperation and self-regulation with children.
- is trauma-informed
- creates a nurturing environment
- supports parents, youth workers, and other caring adults who interact with children
- PAX Tools training and materials will be free in AZ, and providers and others can learn to deliver this.



# Who is PAX Tools For?

- Parents/ Grandparents, Foster Parents
- After-School Staff
- Preschool Staff
- Youth group leaders
- Sports Coaches
- Faith based volunteers
- Juvenile Court personnel
- Mental Health Professionals
- Developmental Disabilities Professionals



# PAX Tools for Arizona!

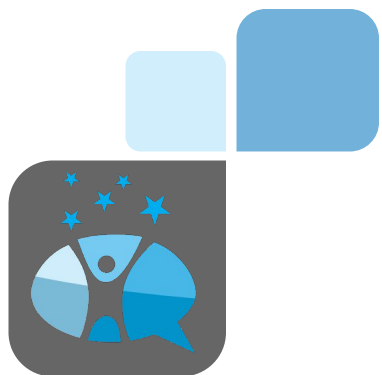
GOYFF Funding for PAX Tools

30 Community Educator Trainings for 300 professionals

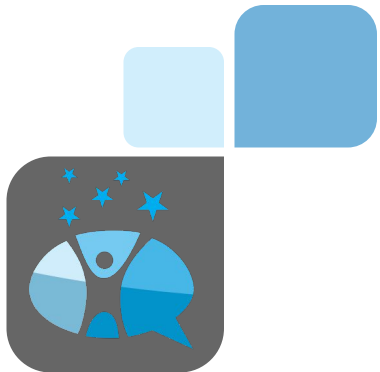
COVID-19 Response:

Recipe Cards – 7 evidence-based strategies to be released to schools on Monday May 4<sup>th</sup>

Fireside Chats - 10 situation-focused videos on using PAX Tools strategies at home in



# What is a PAX Tools Community Workshop?



**SIMPLE STRATEGIES FOR TEACHING KIDS BEHAVIOR**  
Do you want to reduce conflict? Have better relationships?  
Help your children manage their own behavior?  
**You need PAX Tools!**

**Join us for a FREE upcoming workshop:**

**WHO:**  
**WHEN:**  
**WHERE:**  
**TIME:**  
**RSVP:**

**FREE PAX TOOLS KITS!**

**What are PAX Tools?**  
PAX Tools is a collection of evidence-based, trauma-informed strategies to improve cooperation and self-regulation with youth. PAX Tools draws on decades of science to create strategies that support parents, youth workers, and other caring adults to create a nurturing environment that ultimately helps kids thrive!

**Do the Tools work?**  
According to over 40 years of research at places like John's Hopkins University and Wright State University, for every 100 first graders that get the kernels in school through the PAX Good Behavior Game, we'd see some great results when they reach age 21:

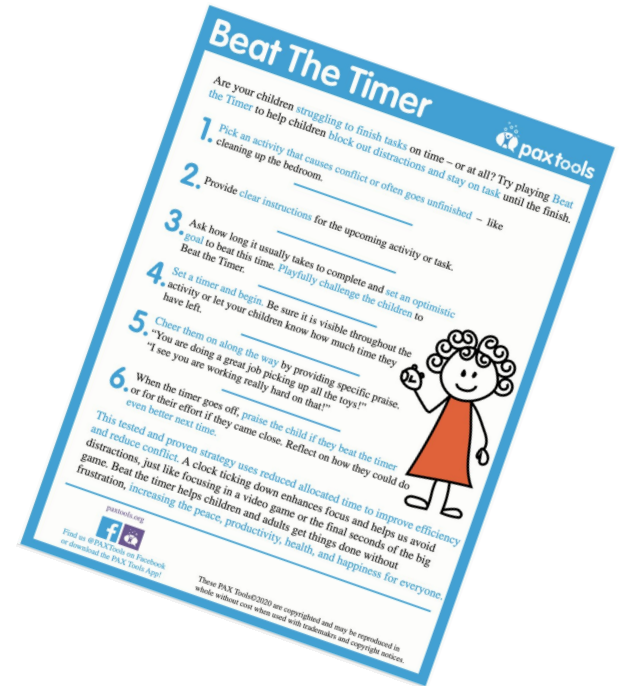
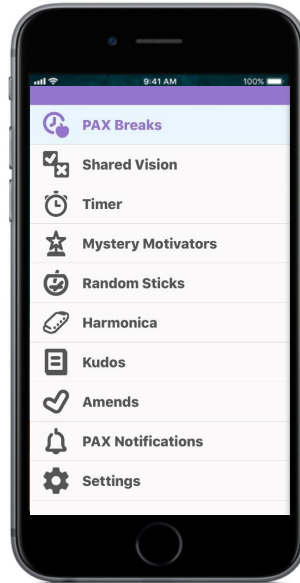
- 7 more kids will not be smokers
- 4 more kids will not be alcohol dependent
- 12 more kids will not be drug dependent
- 1 more kid will not commit violent crime
- 11 more kids will not need mental health services
- 7 more girls will not feel suicidal
- 9 more girls will graduate from high school
- 7 more boys will attend college

**Who should attend a PAX Tools training?**  
PAX Tools is intended for any caring adult who interacts with children, such as parents, caregivers, professionals and volunteers. Caregivers who participate in PAX Tools trainings will receive the materials they need to effectively use PAX Tools with children, including the PAX Tools App.

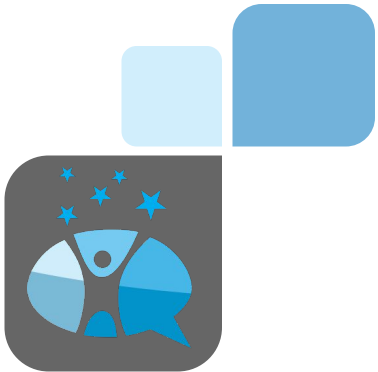
**PAX TOOLS-WE BUILD GREAT KIDS!**



# Resources for Parents and Caregivers

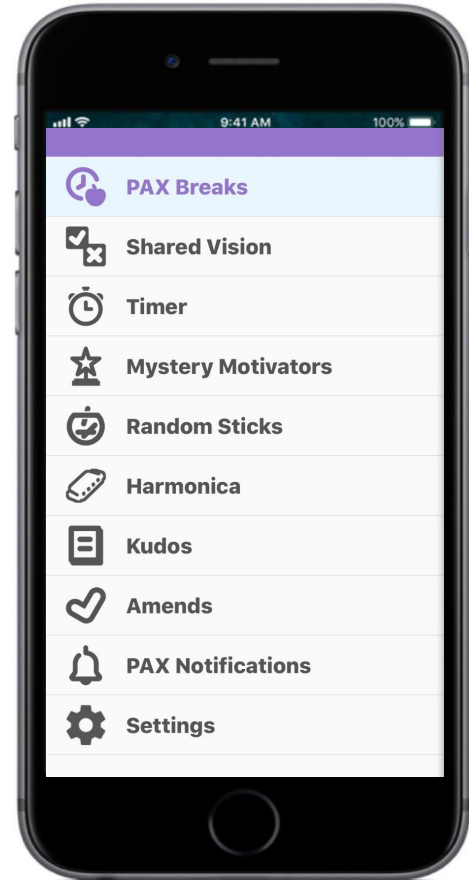
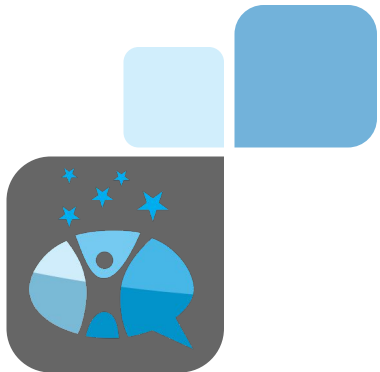


Arizona  
Community  
Educators  
will receive  
materials for  
100 kits

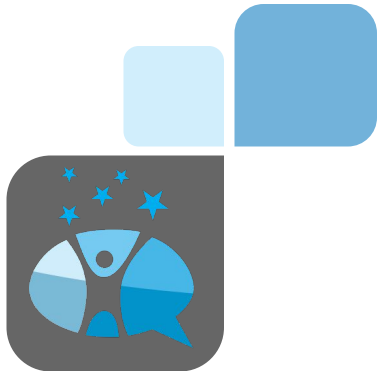


# PAX Tools App

- Free application for Android and Apple



# Spanish Resources



**¡FORMAMOS NIÑOS EXCELENTES!**

Carmen Irving, MA, CFLE; Kathryn Tummino, BA, OCPS; Erin Roepcke, MSW & Dennis Embry, Ph.D.

**Visión compartida**

ver    escuchar    hacer    sentir

**Rectificaciones**

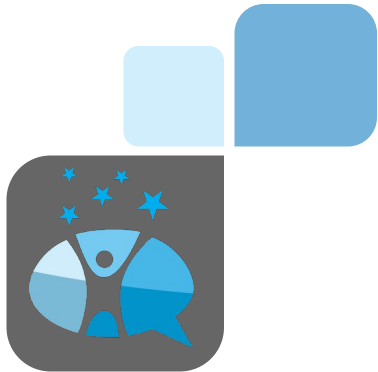
**Motivadores misteriosos**

**Notas Kudos!**

*Tómese un minuto para escribir una nota para decirle a alguien que hicieron un excelente trabajo, que los valora por ser quienes son, o simplemente porque sí.*

- (Gracias por limpiar!)
- (¡Hiciste un excelente trabajo hoy!)
- (Estoy muy orgulloso(a) de que seas mi hijo(a)!)
- (Gracias por ayudar!)
- (¡Manejaste eso muy bien!)
- (Gracias por mantener la calma!)
- (Gracias por hacer eso sin que te lo pidiera!)
- (Me fijé en lo mucho que te empeñaste!)
- (¡Felicitaciones por alcanzar la meta!)
- (¡Eres espectacular!)
- (Te amo tal como eres!)
- (¡Simplemente porque tú eres TÚ!)

# PAX Tools Recipe Cards



## PAX Breaks



Tensions running high at home? It might be time for a PAX Break. When emotions become intense, children may increase oppositional behavior. This can cause adults to use even harsher consequences. Instead of reacting, try a PAX Break.

1. When emotions appear to increase, calmly announce it's time for a PAX Break. \_\_\_\_\_
2. Give the child and yourself the time, and especially the physical space, to focus on a calming activity. This might be coloring, listening to music or drinking a cup of tea. Set a timer to remind yourself to check on the child. \_\_\_\_\_
3. When time is up, determine whether you and the child are ready to have a conversation or if you need another break. When both you and the child are calm, restart the discussion. Be sure to praise the child for taking a PAX Break!

This tested and proven strategy allows adult and child the opportunity to safely calm down. Use PAX Breaks to intervene when tensions are growing, and help children regain focus or de-escalate emotions. This improves the ability for the child and adult to express themselves honestly without getting defensive. PAX Breaks increase the peace, productivity, health, and happiness – even during tough times.

paxtools.org



Find us @PAXTools on Facebook or download the PAX Tools App!

These PAX Tools©2020 are copyrighted and may be reproduced in whole without cost when used with trademarks and copyright notices.



## Beat The Timer



Are your children struggling to finish tasks on time – or at all? Try playing Beat the Timer to help children block out distractions and stay on task until the finish.

1. Pick an activity that causes conflict or often goes unfinished – like cleaning up the bedroom. \_\_\_\_\_
  2. Provide clear instructions for the upcoming activity or task. \_\_\_\_\_
  3. Ask how long it usually takes to complete and set an optimistic goal to beat this time. Playfully challenge the children to Beat the Timer. \_\_\_\_\_
- Set a timer and begin. Be sure it is visible throughout the activity or let your children know how much time they've left. \_\_\_\_\_
- Or them on along the way by providing specific praise. You are doing a great job picking up all the toys!" \_\_\_\_\_
- You are working really hard on that!" \_\_\_\_\_
- When the timer goes off, praise the child if they beat the timer. \_\_\_\_\_
- When the timer goes off, reflect on how they could do better next time. \_\_\_\_\_
- This strategy uses reduced allocated time to improve efficiency. \_\_\_\_\_
- A clock ticking down enhances focus and helps us avoid distractions. \_\_\_\_\_
- Focusing in a video game or the final seconds of the big game helps children and adults get things done without distractions. \_\_\_\_\_
- It helps increase the peace, productivity, health, and happiness for everyone.

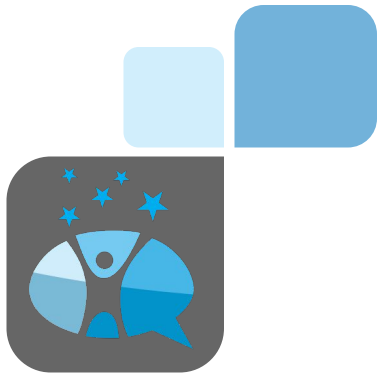


These PAX Tools©2020 are copyrighted and may be reproduced in whole without cost when used with trademarks and copyright notices.

# PAX Tools Fireside Chats

10 Videos to be available on  
PAX Tools Youtube Channel

Weekly release beginning  
May 18<sup>th</sup>

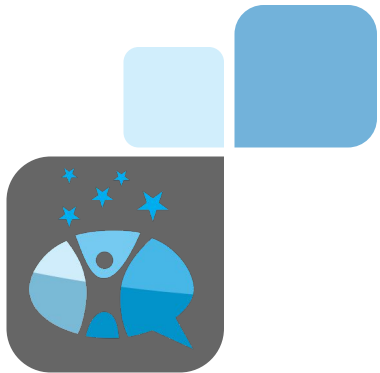


▶ PLAY ALL

PAX Tools

# Community Educator Trainings

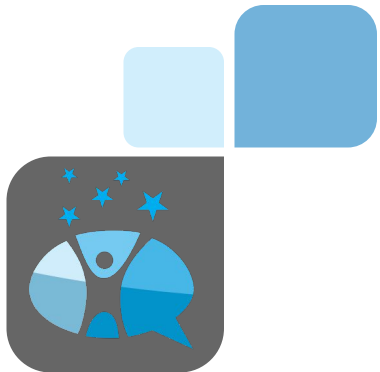
- 30 Trainings
- 300 Professionals
- 100 Kits per attendee
- Access to PAXTools.org
- Ongoing technical assistance



# Who should attend a Community Educator Training?

Ideal candidates for this training currently work in one of the following areas:

- community level prevention awareness/education
- mental health and recovery
- community health education
- faith-based volunteer
- county health dept.
- alcohol, drug addiction and mental health services
- extension offices
- or a similar position







**pax** | Good  
Behavior  
Game

PAX GBG is used by  
teachers in classrooms  
and schools

PAX GBG Info: [info@paxis.org](mailto:info@paxis.org)

PAX GBG [www.goodbehaviorgame.org](http://www.goodbehaviorgame.org)



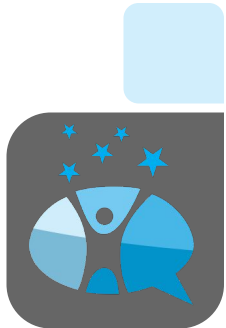
**pax tools**

PAX Tools are strategies  
for parents, caregivers  
and youth workers

PAX Tools General Info: [paxtools@paxis.org](mailto:paxtools@paxis.org)

PAX Tools on Facebook: @PAXTools

**Together, PAX GBG and PAX Tools teach  
and reinforce self-regulation!**





# COVID-19 Hotline & Crisis Line Updates

Justin Chase  
CEO, Crisis Response Network



Arizona

# 211 Statewide COVID-19 Hotline

## COVID-19 Hotline - Program Data Report

Report Dates: 3/20/2020 through 4/26/2020

	Program Summary
COVID-19 Hotline Inbound Calls	28,672
COVID-19 Hotline Calls Handled by Agent	6,869
Transferred to Poison Control	6,851
Maricopa County: 1 (844) 542-8201	3,340
All Other Counties: 1 (520) 626-4160	3,511



# 211 Statewide COVID-19 Hotline

Report Dates:

4/20/2020

through 4/26/2020

*\* Primary Reason for Call is documented on calls handled by agents*

Primary Reason for Call	Total
Other	191
Resources: Financial assistance (eviction prevention, utility assistance, etc.)	173
Information about COVID-19 (symptoms, how it's contracted/spread, vulnerable populations, statistics, prevention)	150
Eviction Prevention – Other	138
Best sources of information	86
Eviction Prevention – Full Application	58
Testing information and availability	47
Eviction Prevention – Completed Prescreen	15
Resources: Food assistance	13
Supplies availability - masks, sanitizer, cleaner	9
Travel, events, group gatherings	7
Resources: Housing and homelessness	5

# Crisis Line Updates

## (42 days pre & post COVID-19)

Measure	2/2/20 – 3/14/20	3/15/20 – 4/25/20	Variance
Total Call Volume	31,038	29,516	4.9% Decrease
Mobile Team Dispatches	3,299	2,628	20.3% Decrease
Reasons for Call			
Depression	724	631	12.8% Decrease
Anxiety	952	1,190	25% Increase
Medical	463	580	25.3% Increase
Suicidal/Self-Harm	3,849	3,165	17.8% Decrease
Population			
Adults	5,906	5,933	0.5% Increase
Children (<18)	1,248	694	44.4% Decrease

# Crisis Line Updates (2019 vs 2020)

Measure	Mar. – Apr. 2019	Mar. – Apr. 2020	Variance
Total Call Volume	42,324	39,619	6.4% Decrease
Mobile Team Dispatches	4,342	3,669	15.5% Decrease
Reasons for Call			
Depression	961	916	4.7% Decrease
Anxiety	1,167	1,543	32.2% Increase
Medical	599	739	23.4% Increase
Suicidal/Self-Harm	4,771	4,399	7.8% Decrease
Domestic Violence	219	185	15.5% Decrease
Aggressive/DTO	1,190	1,283	7.8% Increase

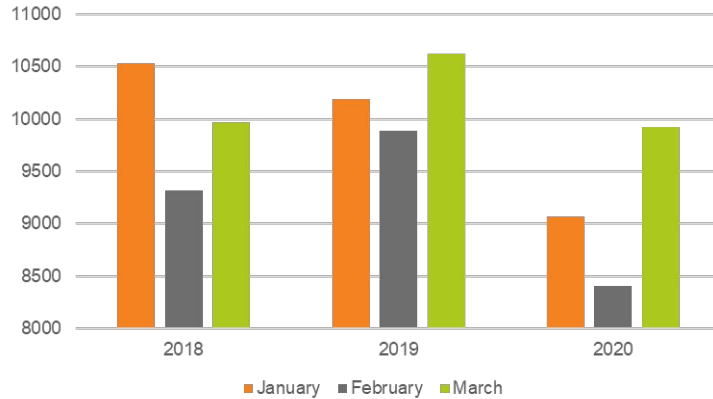


# Southern Arizona Crisis Line Update

Shanna Palumbo, Director, Arizona Crisis Line  
Johnnie Gasper, Manager, Crisis System, AzCH

# Crisis System Overview

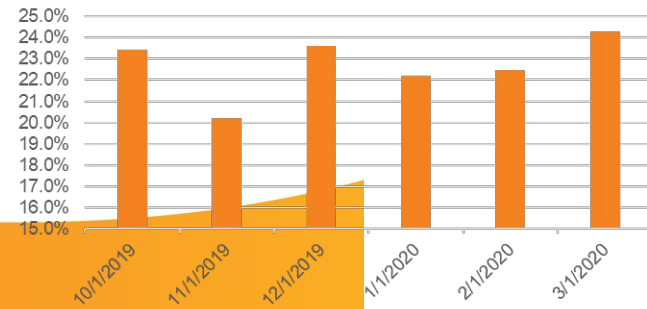
Inbound Call Volume



- Increasing number of calls with a primary presenting symptom noted as “Stress and Coping”

- Noted decrease in year over year comparison for CYQ2
  - March Avg Daily Volume 320
  - Feb Avg Daily Volume 290
- We are seeing an increase in usage more recently
  - Daily call volume 4/29/20 – 380 calls

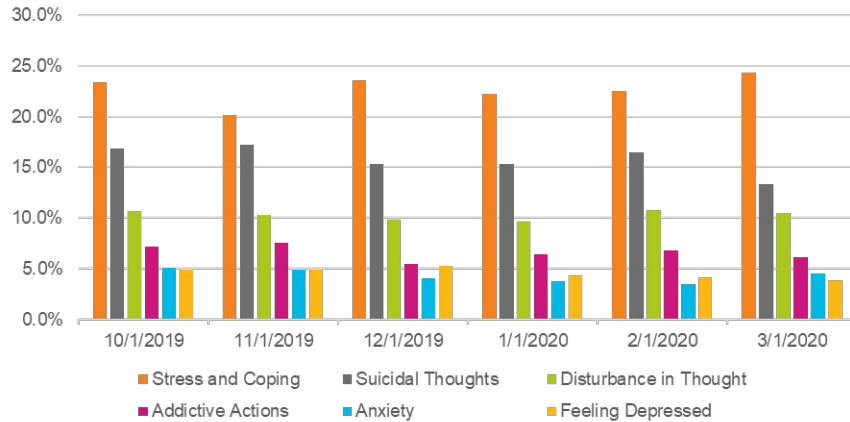
Stress and Coping





# Crisis System Overview

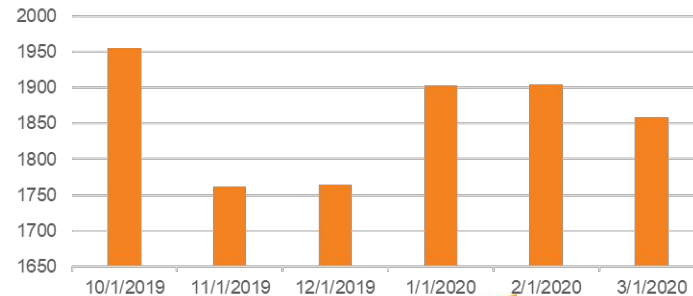
Primary Presenting Symptom-% of Monthly Calls



- Seeing consistency in other presenting symptoms
- For March 2020-these 6 symptoms represent over 62% of crisis episodes

- By comparison Crisis Mobile Team activations have remained consistent

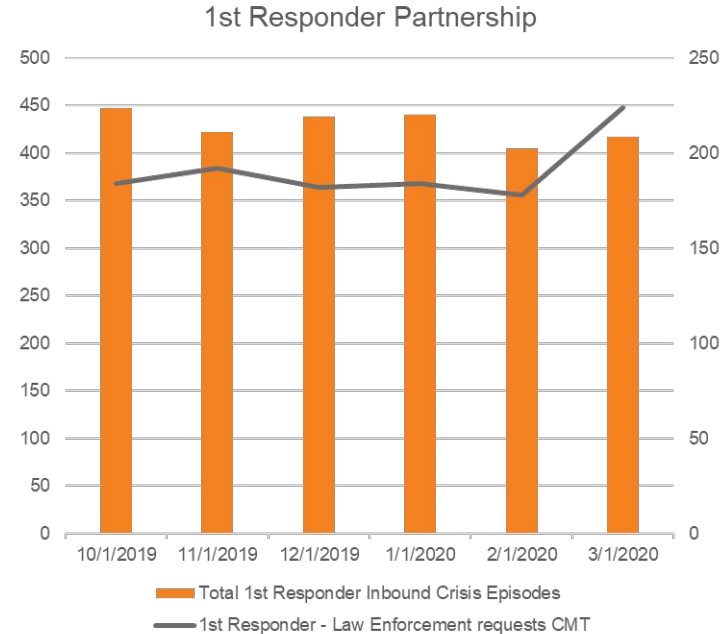
Crisis Mobile Team Activations



# Partnership Highlight



- Increased LE requests for CMT
- Consistent volume
  - Pivot from 911 co-location previously averaging over 100 calls per month
  - Marketing for increased transfers prior to response
  - Fire Dept. included
- Suicide Awareness & Prevention Campaign
  - Launched on social media
  - Focused on the effects of social distancing coupled with the stress of COVID-19
  - <https://www.azcompletehealth.com/suicideprevention>





# Telehealth Opportunities

Jill Rowland  
Chief Clinical Officer, AHCCCS

# Questions, Open Discussion & Wrap Up

Thank you!

# Future Topics

- SAMHSA Grant Update
- Crisis Counseling

Have topics you want to discuss - sent them to Lauren Prole at [lauren.prole@azahcccs.gov](mailto:lauren.prole@azahcccs.gov)

# General Resources

- [ADHS & ASU Center for Mindfulness, Compassion and Resilience](#)
- [American Medical Association - Managing Mental Health During COVID-19](#)
- [American Psychiatric Association - COVID-19 Resources](#)
- [American Psychiatric Nurse Association - COVID-19 Tips and Resources for Psychiatric-Mental Health](#)
- [ArizonaTogether.org](#)
- [Arizona Adverse Childhood Experience Consortium-COVID-19 Resources Hospice of the Valley Virtual Support Groups for Grief & Loss](#)
- [HHS - Considering Faith, Community and Mental Health During the COVID-19 Crisis](#)
- [SAMHSA Coronavirus \(COVID-19\) Guidance and Resources](#)
- [ACL Coronavirus disease 2019 \(COVID-19\) Guidance and Resources](#)
- For Doctors, By Doctors - a hotline for fellow Physicians to offer peer support to each other: 1-888-409-0141  
8:00 am-12:00 midnight EST 7 days a week
- [Health Current - AZ Health Information Exchange](#)
- [COVID-19 Healthcare Planning Checklist](#)
- [CMS COVID-19 Long-Term Care Facility Guidance](#)

# General Resources

## Articles

- [The Grief Over Canceled Milestones Is Real. Here's How to Cope](#)
- [Harvard Business Review, That Discomfort You're Feeling is Grief](#)
- NASMHPD- Peer-Led Recommendations for Supporting Individuals Receiving Care in State Psychiatric Facilities during the COVID-19 Crisis
- Substance Abuse and Mental Health Services Administration (SAMHSA)- Intimate partner violence and child abuse during COVID-19
- [The Opioid Crisis and the Black/African American Population: An Urgent Issue](#)
- [After Incarceration: A Guide To Helping Women Reenter the Community](#)
- [How COVID-19 may increase domestic violence and child abuse](#)
- 

## Virtual support group meetings

- [Alcoholics Anonymous](#)
- [Narcotics Anonymous](#)
- [Al-Anon](#)
- [Smart Recovery](#)
- [Life Ring Secular Recovery](#)

# Teacher/Educator/Parent Resources

- [National Center for School Mental Health: \(NCSMH\)](#)
- If you are in crisis, call the [National Suicide Prevention Lifeline](#) at 1800 273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741
- Chat: [Suicide Prevention Lifeline Chat](#)
- Many counselors or other behavioral health professionals may be available through telehealth services
- The [American Foundation for Suicide Prevention](#) has great resources specific to mental health and COVID-19 (talking points, radio PSA, social sharing, guidance, etc)
- Some important tips from the American Foundation for Suicide Prevention:
  - Stay focused on what you can control
  - Limits news intake
  - Stick to a daily routine
  - Stay connected to the people you care about
    - Reach out when you are feeling lonely
    - Check in on older neighbors
- The national [Disaster Distress Helpline](#) is available to anyone experiencing emotional distress related to COVID-19. Call 1-800-985-5990 or text TalkWithUs to 66746 to speak to a caring counselor.
- SAMHSA's "[Coping With Stress During Infectious Disease Outbreaks](#)" page outlines the signs of stress and steps you can take to alleviate stress.
- [AHCCCS - Suicide Prevention website](#)
- For veterans, resources include the [Be Connected Support Line 1-866-4AZ-VETS \(429-8387\)](#), and the [Veterans Crisis Line 1-800-273-8255](#) and press 1
- For LGBTQ youth, [The Trevor Lifeline 1-866-488-7386](#) or text "TREVOR" to 678-678 provides 24/7 support
- [Resources by County](#)



# Telehealth Resources

- [CMS Toolkit](#)

# Webinars

[The Science of Happiness, Health & Well-being during COVID-19](#) May 1st at 2pm

[Combating Social Isolation for Seniors during the COVID-19 Pandemic](#) May 7th at 1pm