WEBINAR

Connecting to Serve: Promising Practices for 988 & 911 Collaboration
Webinar Series Session 4: The Road to 988/911 Interoperability
Report and Understanding Lessons Learned

April 18, 2024
Disclaimer

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. government.
The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services, technical assistance, and health equity, the Crisis Systems Response Training and Technical Assistance Center (TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.
Learning Objectives

• Review various communities’ 988 systems approach collaboration with 911.

• Explore factors that aid interoperability as well as barriers and considerations to deliver an equitable approach to 988.

• Review findings from the research brief *Lessons on 988 and 911 Interoperability*
As the Chief of Crisis and Justice Initiatives with SAMHSA’s 988 and Behavioral Health Crisis Coordinating Office, Tiffany serves as an advisor to the 988 director and other members of SAMHSA’s senior leadership in planning and determining policy, programs, and activities that address complex challenges in coordination of 988 crisis centers with law enforcement, 911 call centers, and emergency medical service providers. She also develops, recommends, and implements programs and provisions of guidance related to improving crisis response and equitable access to services for individuals with behavioral health needs that minimize unnecessary law enforcement involvement and promotes diversion from the justice system.

Before joining SAMHSA, Tiffany directed the Mental Health and Justice Project which focused on improving behavioral health crisis responses in state and local governments for Pew Charitable Trusts. Prior to Pew, she served as the Director of Strategic Planning and Research Development in the District Court Administration for the Superior Court of Fulton County, Georgia, where she was responsible for building the court’s capacity by developing policies, programs, and processes to enhance the administration of justice and increase access to justice for all. Tiffany also held several positions in grant management, research, strategic planning, public relations, and communications in nonprofit, government, and education organizations.

Tiffany also holds a bachelor’s degree in organizational leadership and a Master of Business Administration in Innovation from Mercer University.
• Stephanie Brooks Holliday (she/her) is a clinical psychologist and senior behavioral scientist at RAND. Her work focuses on the intersection of behavioral health and the legal system, including opportunities to divert people away from formal legal system involvement.

• She recently led a study focused on different models of 988 and 911 interoperability, funded by The Pew Charitable Trusts. Her other research has focused on diversion, alternatives to incarceration, and reentry, especially for individuals with behavioral health concerns.
• Darcie Miller, LCSW-R (Licensed Clinical Social Worker), is the Commissioner at the Orange County Department of Social Services and the Orange County Department of Mental Health, position to which she was appointed in October 2016. Prior to that, she served as the Commissioner for the Department of Mental Health for 3 years, Deputy Commissioner for seven years and has been part of the County’s mental health team for more than a decade.

• As Commissioner, Ms. Miller oversees Orange County’s planning, development, and coordination of services of a wide range of social welfare programs under the divisions of Human Services, Economic Independence, Mental Health, Developmental Disabilities, and Chemical Dependency. Nearly 10,000 Orange County residents with a mental illness, developmental disability, or substance abuse problems are served by the Department of Mental Health each day. The Department coordinates programs with numerous private and not-for-profit partners in the County. Commissioner Miller is passionate about infusing the system of care with trauma informed, culturally competent, and recovery orientated values, and practices.
Lacey Trimble started her Social Work career in a county operated school-based mental health clinic in South Carolina. She moved back to Orange County New York in 2007 and worked in private practice before returning to county service when she was hired as a staff social worker for the Orange County Department of Mental Health Port Jervis Outpatient Clinic in 2009. Lacey became the Director of the Port Jervis Mental Health Clinic in 2010. While Director of the Port Jervis Clinic, she was part of the Community of Solutions Initiative, The Port Jervis Council of Community Agencies, and the District Attorney’s Community Advisory Board. In her director role, Lacey participated in Lean Six Sigma training and completed a project that improved access to the County operated mental health clinics, earning her Lean Six Sigma Greenbelt in the process. She also worked with the Orange County Department of Mental Health team to expand access to care through satellite clinics in primary care offices, schools, social services, and probation offices.

Lacey was promoted to the Director of Mental Health Program Service in 2016 and became part of the Local Government Unit, allowing her to expand her role beyond the County operated clinics. In this role, Lacey assisted with completing a grant application to the New York State Office of Mental Health (OMH) Partnership Innovation for Older Adults, and Orange County was subsequently awarded the funding. The grant led to the creation of the WELCOME Orange Geriatric Initiative (WOGI), which provides older adults who have mental health, substance use and/or aging needs with community-based services. Lacey and members of the WOGI team have had the honor of presenting their work at the Partnership Innovation for Older Adults Learning Collaboratives and the Adult Abuse Training Institute. Orange County was awarded a 5 Year OMH Partnership to Support Aging in Place (PSAP) grant allowing for the extension and expansion of the WOGI program.
WEBINAR

The Road to 988/911 Interoperability: Three Case Studies on Call Transfer, Colocation, and Community Response

Stephanie Brooks Holliday, PhD
RAND Corporation
Overview of Project

Funded by the Pew Charitable Trusts

Project Goals

• Present three models of 988/911 interoperability
• Identify barriers and facilitators to planning and implementation
• Highlight lessons learned for other jurisdictions
Site Selection

• Collaborated with NACo on preliminary discussions with 13 sites

• Considered a range of factors, prioritizing:
  1) model of interoperability,
  2) population density and urbanicity
  3) recency of establishing interoperability

• Selected three sites:
  o Sioux Falls/Minnehaha County, SD
  o Orange County, NY
  o Fairfax County, VA
Case Study Sites

Minnehaha County, SD

Population: 200,000
988 call center: Single statewide center
911 call center: Focus on PSAP in Sioux Falls, though South Dakota has 33 PSAPs
Model: Call transfer

Orange County, NY

Population: 400,000
988 call center: County-wide call center with 311 (local hotline)
911 call center: County PSAP
Model: co-location

Fairfax County, VA

Population: 1.1 million
988 call center: Regional crisis call center in northern Virginia
911 call center: County-level primary PSAP (with secondary PSAPs)
Model: Call transfer
Data Collection

• Conducted interviews, document review, and site visit with each site
  o Sioux Falls/Minnehaha County: Interviewed 20 people
  o Orange County: Interviewed 19 people + attended stakeholder meeting
  o Fairfax County: Interviewed 28 people

• Interview protocol was based on the NASMHPD 988 Convening Playbook: Public Safety Answering Points (PSAPs) with added sections to address research questions
  o Planning for Interoperability
  o Process
  o Populations Served
  o Staff Training & Development
  o Data
  o Performance Management
  o Information Sharing
Data Analysis

Two stages of analysis

• Development of process maps documenting the collaboration between 988 and 911
  o Focus on documenting the role of each agency, points of interagency communication, and decision points that affect the way a call flows through the local system
  o Goal of presenting each process map in a parallel format to easily enable comparison across sites

• Qualitative analysis of data related to key themes:
  o Training and quality assurance
  o Efforts to serve a diverse range of community members
  o Facilitators of planning and implementation
  o Lessons learned from planning and implementation
  o Opportunities for the future
  o Benefits of 988/911 interoperability
How Can Jurisdictions Use This Report for Their Planning Efforts?

1. See three different models of 988/911 interoperability
2. Understand how local resources and characteristics shape the model that each site uses
3. Identify the factors that lead to successful planning to guide local planning efforts
4. Anticipate the "speed bumps" that sites encountered
Process Maps
Site-Specific Process Maps
In-Depth Example of Decision Points Governing Call Transfer Flowchart

Person experiencing behavioral health crisis

Calls 988

Person in crisis has suicide in progress OR suicide intent and means and is unwilling to get safe?

No

De-escalate on phone (provide resources, follow up with caller)

Yes

Transfer to 911

Calls 911

Person in crisis is non-suicidal OR has suicidal ideation without intent and means and is alert?

Yes

Caller requesting law enforcement?

No

Send law enforcement

Yes

Caller or person in crisis has medical emergency (e.g., suicide attempt in progress, overdose)?

No

Send law enforcement, EMS, and/or fire department, depending on circumstances

Yes

Person in crisis meets criteria for a psychiatric hold?

Yes

Call mobile crisis team

No

De-escalate on scene, call additional response teams (e.g., co-response), transfer for resources (e.g., local behavioral health hospital)

Transfer to 988

Entry point to system

Questions used to determine next step

Question answers

Call-taker/responder action

Between-component transfers
In-Depth Example of Decision Points Governing Call Transfer
In-Depth Example of Decision Points Governing Call Transfer

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In-Depth Example of Decision Points Governing Call Transfer
Understanding Differences in In-Person Response Options

[Diagram showing decision-making process for different scenarios involving mental health crises, with decision points and outcomes.]
Understanding Differences in In-Person Response Options

- **Person in crisis needs additional support with safety planning or de-escalation (voluntary)?**
  - **Yes**
    - Send regional mobile team
  - **No**
    - Follow up with caller

- **Person experiencing behavioral health crisis?**
  - **Yes**
    - De-escalate on phone (provide resources, follow up with caller)
  - **No**
    - Call 911

- **Person in crisis has suicide in progress, is suicide intent and means is present and is willing to act?**
  - **Yes**
    - Send regional mobile team
    - Follow up with caller
  - **No**
    - Call 911

- **Crisis Systems Response Training & Technical Assistance Center**

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Understanding Differences in In-Person Response Options

Caller or person in crisis has medical emergency (e.g., suicide attempt in progress, overdose, injured)?

No

Yes

Send law enforcement (CIT officer/co-responder/other officer) AND/OR Mobile Crisis Unit

Send law enforcement (CIT officer/co-responder/other officer) AND Fire and Rescue
Lessons Learned from Planning and Implementation
### Refugee Communities

- Provide education related to 988 in partnership with refugee service organizations
- Make connections with local multicultural center or other community gathering places
- When language is a potential barrier, utilize resources like Language Line

### Frequent Utilizers

- Sharing information across agencies to help identify these individuals and patterns of service use
- Weekly meetings of stakeholders to discuss individual cases and strategies to meet their needs
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<th>Clear policies and protocols</th>
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CRISIS SYSTEMS RESPONSE
TRAINING & TECHNICAL ASSISTANCE CENTER

988 SUICIDE LIFELINE

Funded by the Substance Abuse and Mental Health Services Administration
Facilitators of Planning and Implementing Interoperability

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Implementation champion

Another county to use as a model

Diversion first approach
Road Map to Addressing Barriers

- Need for shared definitions of risk
- Different agency cultures
- Data sensitivity
- Need for updated infrastructure
- Liability concerns
- Many partners to engage
Road Map to Addressing Barriers (2 of 7)

**Strategies:**

- Ensure sufficient lead time for planning
- Meet regularly
- Bring all agencies to the table, but consider breakout sessions to discuss specific subtopics
- Ensure people with on-the-ground experience contribute to the discussions
NEED FOR SHARED DEFINITIONS OF RISK

Strategies:
• Be ready for different disciplines to define risk differently
• Talk through topics related to safety, licensure, professional standards, and liability
• Use specific case examples to talk through different approaches
• Develop a common language
Liability Concerns

Strategies:

- Develop protocols to govern transfer processes to reduce subjectivity in decision-making
- Formalize protocols in policy and memoranda of agreement
- Provide cross-training opportunities
- Dig into the data for any specific concerns
Road Map to Addressing Barriers (5 of 7)

**Strategies:**
- Create opportunities for regular communication
- Create opportunities for engagement that is less-formal in nature, such as sharing meals or celebrating holidays
- Especially if co-located, consider the role of factors such as uniforms
Strategies:
• Determine what data agencies must see to accomplish their job, what data are needed for other purposes (e.g., quality assurance), and what data are not necessary to be shared
• Engage attorneys from relevant agencies
• If data systems cannot be shared across agencies, develop alternative data sharing options
• If data systems can be shared, figure out how to build “walls” around sensitive data
Strategies:
- Explore needs related to telephony, such as creating direct lines, single-button call capabilities, ability to tell the source of calls
- Explore needs related to CAD systems, such as integrating new protocols or event-type coding
Cross-Site Findings
Cross-Site Recommendations for Effective Planning and Implementation

Planning and implementation should be collaborative

988/911 interoperability requires more than protocols for transferring calls between 988 and 911

Having a local “champion” for 988/911 interoperability is an important facilitator for planning and implementation

Jurisdictions can rely on existing tools when planning for 988/911 interoperability

Formalizing policies, procedures, and documents is essential
Benefits of Interoperability

• Creates a “no-wrong-door” approach
• Allows services available through each agency to complement one another to better support community members
• Frees resources across agencies, allowing them to focus on work within their area of expertise
• Connects people to broader range of community supports
• Maximizes community resources and builds capacity across the continuum of care
“We all, our agendas look a little different, but at the end of the day, it’s all about serving the person in front of us. And when we can remember that, we might have growing pains getting there, but that helps us to remember why we’re doing what we’re doing, right. We want to maximize resources; we want to be responsive to the people that we collectively serve.”
Questions, Comments, Discussion?

Stephanie Brooks Holliday, PhD

holliday@rand.org

Justice Policy Program
WEBINAR

Orange County Crisis Response Continuum

Darcie Miller, LCSW-R
Orange County Commissioner of Social Services and Mental Health
Vision, Mission, and Values

**Vision**: WELCOME ORANGE will encourage leadership and collaboration of multidisciplinary stakeholders to enhance lives in Orange County.

**Mission**: WELCOME ORANGE is committed to providing a hopeful, welcoming, person-centered approach to meet individuals needs by collaborating and connecting them to resources for healthy living that lead to achieving their desired goals.

**Values**:  
1) Respect  
2) Strength-based Services  
3) Access  
4) Compassion/Empathy  
5) Culturally/Linguistically Responsive
Where We Started

- 24/7 Mobile Mental Health Team with a 1-800# provided by one agency
- 24/7 Helpline primarily staffed by volunteers provided by a 2nd agency with a separate 1-800#
- Peer Services provided by a 3rd agency with their own number
- 211
- ADAC

Image credit steemit.com
Why Redesign the Crisis Continuum?

- Residents and Law Enforcement didn’t know when to call which number
- The Mobile Response was primarily for responding to individuals with Mental Health concerns
- Multiple agencies could be supporting the same individual without collaborating
- Needed to create more accountability and expectation of crisis follow-up
- Need to align services with the Crisis Intervention Benefit Guidance For Medicaid Managed Care Organization and Providers
As a result of the Opioid Epidemic, we held a week-long value-based mapping event with over 200 stakeholders creating 5 workgroups:

• Sequential Intercept Mapping
• Law Enforcement Workgroup’s Clear Message:
  “Give us one number to call”
Why Not a Stabilization Center?

- Geography/Transportation
- Number of Law Enforcement Entities
- Access to 24/7 Mobile Response Team
- Access to Two Behavioral Health Urgent Cares
- Cost/Staffing
Planning Process

Met with our three agencies weekly

Created workgroups:

- Logistics
- MOU/BAA
- Policy Procedure
- Training

Reached out to Commissioner of Emergency Services about co-location with 911

- Agreed to Co-location
- Agreed to share 911 Tri-CAD and Rover systems
- Obtained contracts with telephone and cellular phone companies to move from 1-800# to 3 digit dialing code 311
Challenges Along the Way. . .

- Establishing Roles
- Relinquishing Territory
- Mutual Accountability
- Legal Issues (MOUs, BAAs, Qualified Immunity)
- Billing
Updated Process Map

Orange County Crisis Services Workflow

CRISIS SYSTEMS RESPONSE TRAINING & TECHNICAL ASSISTANCE CENTER
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*Individuals not available: OCP/MHR team will make at least 3 attempts to contact ** Individual may refuse peer services and still follow this path
***Peer Services includes but is not limited to: Peer Bridges, Peer-Driven Specialists, Peer Advocates, Recovery Coaches, Family Support, Youth Peer Advocates, Catholic Charities STF Years
****Hospitals with 988 Plan: USA-1: Referral to Care Management Completed
*****Hospital Process Not Controlled by OC-BP Crisis Services
One of the many services that call center can link to is peer services, however, the peer only follows up if they are the service that the call center referred the individual to. Otherwise, the call center does the follow up.
# How Is it Funded?

## Crisis Redesign Funding

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<td>County pays for Printer, Cad Phones and Workstations, Language Link</td>
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Crisis Continuum Today
Consistent Messaging to the Community

• Orange County Crisis Call Center connects people in need of support for mental illness, substance use, developmental disability, sexual assault, or who need information/referrals with trained professionals, 24/7. Given the ongoing COVID-19/Coronavirus Pandemic, the Orange County Crisis Call Center remains up to date on local resources and can support individuals experiencing difficulty during these uncertain times.

• The Orange County Crisis Call Center can be reached by dialing 311, 988 or 1-800-832-1200
The Call Center Counselors

- The Crisis Center line is open 24/7 and it is routed through the 911 Center Tri-CAD System.
- A trained Counselor answers and explores the caller’s need(s) using evidence-based screening tools and best practices.
- Based on the caller’s need(s) a determination will be made on how the Counselor proceeds with the call.
  - Callers can receive information and/or referrals to various services in Orange County
  - Callers can receive assessments, supportive listening and/or crisis intervention from Call Center counselors.
  - Calls can be dispatched to the Mobile Response Team (MRT) through the Rover app.
  - Calls can be referred to the MH, SUD or Co-Occurring Peers through the Peer RX app.
# Crisis Call Center Calls by Problem Type

## Problem Type Summary

**Agency:** OCMH  
**Division:** OCMH  
**Day Range:** Date From 1/1/2023 To 12/31/2023

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Priority</th>
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<tr>
<td>1</td>
<td><strong>PRIORITY1</strong></td>
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<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Priority</th>
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<tbody>
<tr>
<td>911 DIVERSION</td>
<td>13</td>
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<tr>
<td>911 FOLLOWUP</td>
<td>9</td>
</tr>
<tr>
<td>911 TRANSFER</td>
<td>530</td>
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<tr>
<td>CIT</td>
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<td>DEVELOPMENTAL DISABILITY</td>
<td>917</td>
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<tr>
<td>DISASTER RELIEF</td>
<td>382</td>
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<tr>
<td>FOLLOWUP</td>
<td>10095</td>
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<tr>
<td>HONOR HOUSING</td>
<td>4594</td>
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<tr>
<td>INFORMATION/REFERRAL</td>
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<td>LIFELINE</td>
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<td>MENTAL HEALTH</td>
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<td>OTHER</td>
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<td>OVERDOSE OUTREACH</td>
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<tr>
<td>RAPE CRISIS</td>
<td>474</td>
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<tr>
<td>RENTAL ASSISTANCE</td>
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<td>SUBSTANCE USE GENERAL</td>
<td>285</td>
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<td>SUBSTANCE USE OPIOID</td>
<td>58</td>
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<tr>
<td>TEXT4TEENS</td>
<td>925</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>53638</strong></td>
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1/1/2023 – 12/31/2023
Number of Contacts

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<tr>
<th></th>
<th>Number of Contacts</th>
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<tr>
<td>1</td>
<td>16,571</td>
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<tr>
<td>2</td>
<td>36,471</td>
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<td>3</td>
<td>46,320</td>
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<td>4</td>
<td>51,759</td>
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<td>5</td>
<td>53,924</td>
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<td>6</td>
<td>56,668 (Projected)</td>
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</table>
Mobile Response Team

- Mobile Mental Health was established in 1991 and became 24/7 in 1998.
- The Mobile Response Team is now dispatched through the Orange County Crisis Call Center using the Rover App.
  - Callers are redirected to the Crisis Call Center hotline if they call the old number.
- MRT is available 24/7 and will respond to individuals of all ages
- Will assess for risk, attempt to stabilize and divert hospitalization, and determine if there is a need for involuntary transport to the hospital
- Co-Responds with law enforcement when necessary and appropriate
- Connect individuals to treatment services and supports
- Respond to individuals who have needs in any of the three service areas
- Each team has a licensed clinician and a bachelor's level or certified peer member
- The teams respond to callers in unmarked cars.

Image credit: AccessSupports.org
What Are Peer Specialists?

• In collaboration with the Mobile Response Team, Peer Diversion Specialists receive referrals for individuals who have been evaluated but not hospitalized, providing intensive peer interaction during periods of crisis for 30 days.

Staffing/Schedule

• There are 4 peers assigned to the Diversion Program
• Peers are available 7 days per week; Monday-Friday 9am-8pm & Saturday-Sunday 12pm-8pm
• Dispatched using PeerRx App

Supports Provided Include:

• Offer peer counseling, encourage personal empowerment, self-determination and autonomy.
• Assist with creating or updating current WRAP plans which focus on an individual’s wellness tools, goals and objectives and eight dimensions of wellness.
• Serve as advocates as they promote, model and teach self-help skills and self-advocacy as they navigate community resources.
• Work with service providers in the community and with family members to help cultivate a strong system of supports for each individual.
• Provide warm hand offs to our Reach One Specialists, Recovery Specialists, or Peer Advocates if more supports are needed.
The Call Center Counselors: Text for Teens Program

• Text 4 Teens is a confidential text line for teens for information, referrals or just to chat

• With redesign Call Center Counselors are now available to respond to teens’ texts 24/7
CIT Response

• Call Center staff receive CIT reports from participating law enforcement agencies
• Call Center Counselors or Peer Diversion Specialists reach out to the individuals who had law enforcement interactions with 24-48 hours of the Call Center Receiving the CIT report to provide follow-up and connection to services and supports if needed
  Minimum of 3 attempts required
• If they cannot reach the individual by phone MRT is dispatched to the address on the CIT report for evaluation and offered connection to services and supports
**Overdose Response Team Workflow**

1. **PD responds to overdose call**
2. **PD reports overdose incident to HVCAC**
3. **HVCAC reports incident to OC Crisis Call Center and OC Mental Health**
4. **In 24-48 hours, a Peer Specialist contacts the individual and offers a support package and warm hand off to treatment.**
5. **Follow up TBD**
6. **OC Crisis Call Center dispatches Peer Specialists**
Overdose Response Team

Peer Support Package
Lessons Learned

• LGU must make the time to both redesign and provide ongoing monitoring of the process
• Establishing a 3-digit dialing code is a process but worth it
• Delineate roles and responsibilities clearly to avoid conflict
• The quality and accountability gained by having 3 agencies providing crisis services is worth the early challenges
• Co-location with Emergency Services can save costs and encourage collaboration with 911 dispatchers
Questions?

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Image Credit: CUNY Teaching Questions
EVALUATION SURVEY
A Quick Survey…
Information Exchange

Tiffany Russell, Chief of Crisis & Justice Initiatives, SAMHSA's 988 Behavioral Health Coordinating Office
Tiffany.Russell@samhsa.hhs.gov

SAMHSA's 988 Crisis Systems Response, TTAC
- support@988crisisttac.org
- 844-464-8338 (toll free)

Crisis Systems Response Training and Technical Assistance | SAMHSA

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.
UPCOMING

June 13, 2024, at 1:00-3:00 pm EST: “Session 4”

“Embedding Equity: Session 2”
May 9, 2024, at 2:00 pm EST

Monthly 3C Session:

• May 21, 2024 at 2:00-3:00 pm EST