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 nations and 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

• Understand the impact of creating a crisis continuum of care that can meet the behavioral health needs of any individual in crisis.

• Conceptualize challenges and identify solutions around crisis system implementation.

• Identify resources available for crisis system engineering.
Jill D. Mays is the Division Director for Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA. She currently leads the evolutionary and collaborative work of pillars two (someone to respond) and three (a safe place for help) of the 988 Behavioral Health Crisis Continuum.

Before coming to SAMHSA, Mrs. Mays served as Director of the Office of Behavioral Health Prevention and Federal Grants at the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), where she most recently oversaw all substance misuse prevention, suicide prevention, mental health promotion, and behavioral health equity strategies, and served as principal investigator for the agency’s multimillion dollar portfolio of federal grants, including 988 and CCBHC grants and as planner for the mental health block grant.

Additionally, as Assistant Director of the Office of Adult Mental Health at DBHDD, she was the Project Officer for Crisis Services. Mrs. Mays previously coordinated operation of SAMHSA’s Disaster Distress Helpline (DDH) Core Regional Call Center in Atlanta, serving FEMA Regions III & IV. Mrs. Mays is a Licensed Professional Counselor, with over 30 years of experience in the behavioral health field and is a person with mental health lived experience.
Annette Crisp, is a graduate of RESPECT Institute. The RESPECT Institute of Georgia (RI) supports participants in developing the skills necessary to transform their experiences of mental health and substance use challenges and cross disabilities into educational and inspirational presentations.
Monica Johnson, M.A., LPC is the Director of the 988 & Behavioral Health Crisis Coordinating Office. Ms. Johnson has worked in the behavioral health field for 26 years and most recently served as the Interim Commissioner for the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD). Prior to this role she served as the Division Director for the Division of Behavioral Health for eight years, the Community Mental Health Director for three years, and the Child & Adolescent Mental Health Director for one year.

Ms. Johnson’s key responsibilities during her tenure with DBHDD included leading a team of Executive Directors for the offices of Adult Mental Health, Addictive Diseases, Children, Young Adults & Families, Deaf Services, Recovery, Prevention & Federal Grants & Culture Competency, Field Operations & Crisis Coordination. Functions included managing an extensive budget of over $600 million dollars, development of the strategic plans for all community behavioral health programs, the development and oversight of policies and behavioral health practices, program development, and workforce development. Ms. Johnson is a seasoned executive leader with a proven track record of success. Over the last couple of decades Ms. Johnson has led the formation of high-profile change initiatives, chaired collaborations, and served as a board member for a variety of governing boards.

Ms. Johnson has worked in community behavioral health in a variety of clinical, management and leadership roles, including program development and implementation of federally funded initiatives. Ms. Johnson has overseen and successfully implemented several programs funded through the Substance Abuse and Mental Health Services Administration, Bureau of Justice Assistance, Office of Juvenile Justice Delinquency Prevention, and Department of Education.

Ms. Johnson earned an undergraduate degree in Psychology (minor in Communications) from Kennesaw State University and a graduate degree in Professional Counseling/Psychology at Argosy University. Ms. Johnson is a proud Alumnus of the Georgetown University Leadership Academy and a recipient of the Intensive Cognitive Behavior Therapy for Schizophrenia Certification at the Aaron T. Beck Institute for Cognitive Behavior Therapy in Philadelphia.
Dr. Hepburn became Executive Director of the National Association of State Mental Health Program Directors (NASMHPD) in July 2015. Prior to joining NASMHPD he served 13 years as Maryland’s Mental Health Program Director. In his role as Maryland SMHA Director his priorities were systems integration across a continuum of care in managing a Budget of approximately $1.1 billion covering: 5 hospitals, 2 Regional Institutions for Children and Adolescents, and community services for approximately 155,000 individuals (45% under age 21).

He received his M.D. from the University of Michigan School of Medicine, and received Residency Training in Psychiatry at the University of Maryland from 1979 to 1983. He was a Full-Time Faculty Member at the University of Maryland from 1983 to 1988 and has been on the Volunteer faculty at the University of Maryland since 1988. He maintained a private practice from 1983 until 2004.

During his time at NASMHPD, he has championed the work of Beyond Beds in both papers and through the transformation transfer initiatives. He is extremely proud of the work done by states and territories particularly in the area of promoting the continuum of care, Suicide prevention, and 988/crisis services.
Robert Morrison first came to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in 1998 when he worked on legislative and regulatory affairs as Public Policy Associate. Robert then served as Associate Director of Government Relations at Smith, Bucklin and Associates from 1999 to 2001 where he directed government affairs programs for health care organizations, including the American Psychiatric Nurses Association. Robert returned to NASADAD in 2001 as Director of Public Policy and went on to become Executive Director in 2009. Robert first came to Washington in 1993 to work for the late U.S. Senator Frank R. Lautenberg (NJ) for approximately four years. Robert graduated from Drew University in New Jersey with a B.A. in Political Science and completed graduate work in American Government at the Johns Hopkins University.
GUEST SPEAKER — Annette Crisp
SAMHSA’s Priorities

- Preventing Substance Use and Overdose
- Enhancing Access to Suicide Prevention and Mental Health Services
- Promoting Resilience and Emotional Health for Children, Youth, and Families
- Strengthening the Behavioral Health Workforce
- Integrating Behavioral and Physical Healthcare

Equity
- Trauma-Informed Approaches
- Commitment to Data and Evidence
- Recovery
The Role of SAMHSA: The 988 Lifeline and Behavioral Health Crisis Services Transformation

Serve as lead federal organization of the 988 Suicide & Crisis Lifeline

- Manage cooperative agreement with the 988 Lifeline network administrator
- Provide funding to help administrator, states, territories, and tribes strengthen 988 Lifeline services
- Align and coordinate 988 Lifeline communication with external partners and network administrator
- Lead awareness building and behavior change campaigns

Serve as lead federal organization for behavioral health crisis services transformation

- Articulate long-term vision for crisis services
- Coordinate federal action within SAMHSA, across HHS, and with federal partners
- Drive strategic partnerships with states, territories, tribes, and external partners
- Disseminate data and quality standards
- Monitor, evaluate, and communicate effectiveness
Overview

- Rapid development of crisis continuum of care
- Role responsibility changes within the system
  - SAMHSA/HHS and Federal Partners
  - Vibrant Emotional Health, The 988 Network Administrator
  - State Behavioral Health Authorities & Government Leaders
  - Crisis Contact Centers
New Grants:
- 988 State/Territory Cohort 2
- 988 Tribal Response cohort 2
- 988 Crisis Center Follow Up (10 cooperative agreements)
- All awarded states, territories, tribes, and crisis centers can be found at: [www.samhsa.gov/grants](http://www.samhsa.gov/grants)
Snapshot of 988 Lifeline Federal Funding: 2007–2023

Federal Funding to Lifeline ($, millions)

Not exhaustive – highlights select funding years and does not include all supplemental funding awards

$502M***

$432M**

$23M*

* $23M includes the President’s FY 2021 budget allocation (excludes 3–year COVID supplement of $32M)

** $432M includes the President’s FY 2022 budget allocation of $102M, $180M from the American Rescue Plan, and $150M from the Bipartisan Safer Communities Act

*** $502M includes the FY 2023 Omnibus Appropriations for the Lifeline allocation of $502M and an additional $200M funding for states, territories, and tribes to build local capacity

$152M sent to states and territories and $17M sent to tribes to build staffing across states’ local crisis call centers through grants.
The Role of Vibrant as Network Administrator

SAMHSA funds Vibrant Emotional Health, a national non-profit, to manage, enhance, and strengthen the Lifeline. The Lifeline routes individuals in the United States to a network of more than 200 certified crisis centers, which link to local emergency, mental health, and social services resources. Vibrant must maintain the current Lifeline infrastructure, activities, and network of crisis centers including, but not limited to, all telephone, chat, and text-based services.

Challenges/Opportunities

- Scope & Role Clarification
- Relationship w/Crisis Contact Centers
- Rapid internal growth
- Navigating state government systems
- Data Discrepancies
States & Territories Crisis Systems Development Challenges

Progressive/Advanced Systems

- Mature crisis continuum in place (crisis contact center(s), an array of intensive outpatient services, crisis stabilization, centralized dispatch for mobile crisis, mobile crisis and co-responder teams, preferred points of entry, utilization of peer services, co-occurring MH/SU/IDD expertise, covers age span and specialized populations, etc.)
- Leverages technology for coordination of the system
- Clear provisions for expectations (e.g., standards and key performance indicators; monitoring system)
- Clear lines of authority/accountability
- Strong stakeholder collaborations, legislative support, and leverages multiple funding streams

Adequate/Competent Systems

- Fundamentals in place to leverage 988 and new funding opportunities to advance to progressive model
- Crisis Contact Centers are experienced but may not have direct oversight by the state; less accountability
- Has components of intensive outpatient services and crisis services but not 100% coordinated
- Strengthening existing partnerships for innovative approaches to crisis care and has local buy in for enhanced funding

Novice Systems

- Limited to no coordinated continuum; may have parts of the service system but each part operates separately with limited to no accountability
- Lack of coordination, oversight, accountability, poor relationships with contact system
- Limited statewide crisis or intensive outpatient services and fragmented continuum
- Lack of local support for funding and legislation
The Role Of State Behavioral Health Authorities & Government

- Ensure local capacity to answer 988 contacts 24/7
- Build local capacity to ensure availability of crisis services and access to care
- Secure funding, legislation, or appropriations for crisis services continuum
- Lead coordination efforts between crisis contact centers, provider network, local stakeholders, advocacy, and federal government
- Lead innovation efforts to advance states’ access to crisis continuum services
- Provide oversight and accountability of funding, services, outcomes, performance and health of the crisis network
### State Legislation by the Numbers

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>States have a 988 fee</td>
</tr>
<tr>
<td>9</td>
<td>States created a 988 advisory board</td>
</tr>
<tr>
<td>14</td>
<td>States established a 988 trust fund</td>
</tr>
<tr>
<td>8</td>
<td>States strengthened crisis care insurance coverage</td>
</tr>
<tr>
<td>7</td>
<td>States are studying 988 financing or gaps in crisis system capacity</td>
</tr>
<tr>
<td>29</td>
<td>States passed appropriations for any of the three core crisis services</td>
</tr>
</tbody>
</table>

States & Territories Crisis Systems Development Challenges.

Examples of Common Issues:

- Data discrepancies
- Miscommunication
- Challenges with building complex systems within states
- Lack of relationships between crisis contact center & state authorities
- Authority and oversight gaps/challenges
- Local political climates
- Role clarity
Actions/Opportunities

• Providing educational and technical assistance support for individual states related to data discrepancies and other issues raised

• Actively working on improving communication and visibility of existing mechanism for information exchange (grantee meeting, office hours, 988 TTAC, site visits, convenings, etc.)

• Leveraging 988 TTAC for support and training for complexity with crisis transformation and 988 implementation challenges. (e.g., policy academies)

• Encouraging states and contact centers to develop meaningful relationships and collaborations

• Leveraging trade associations, e.g., National Association for State Mental Health Program Directors (NASMHPD) for communication

• Underscoring existing mechanisms for official communication channels
988 Training and Technical Assistance Center

Provide training and technical assistance support to federal grantees, states, territories, tribal nations, tribal organizations, urban Indian health organizations, crisis centers, behavioral health provider organizations, health systems, and first responder partners in the following domains:

- Implementation of crisis services in line with the SAMHSA 2020 National Guidelines for Behavioral Health Crisis Care Best Practices Toolkit;
- Utilization and integration of evidence-based and evidence-informed practices, including services that are culturally responsive across the lifespan and that address suicide prevention and the integration of mental health and substance use crisis service needs;
- Sustainability and alignment of practices that address key drivers of crisis system advancement, including workforce, financing, technology, and data exchange; and
- Applying an equity frame in the design and evaluation of crisis systems of care.
Current Crisis System, Implementation: Successes and Challenges

Brian Hepburn, M.D.
Executive Director
NASMHPD
January 10, 2024
• NASMHPD
• Beyond Beds
• Crisis services
• Beyond Crisis
The National Association of State Mental Health Program Directors (NASMHPD)

Represents the Public Mental Health System serving people in all states, territories, and the District of Columbia.
• State focus has been building robust mental health services throughout the continuum of care to reduce the need for beds and keep individuals served in the community. NASMHPD Beyond Beds papers since 2017 led by Debra Pinals MD.

• The pandemic exacerbated the effects on mental health for all, and with the implementation of 988 that occurred on July 16, 2022, the need for high quality crisis services is at an all time high.

• The essential elements of an effective crisis system include regional or statewide crisis call centers that coordinate in real-time, centrally deployed 24/7 mobile crisis, crisis receiving and stabilization programs including crisis beds.

• States have turned to the SAMHSA national guidelines to expand their crisis systems.
Setting the Foundation for Crisis Care

“National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit”*

It established the “Crisis Now” model.

*Can be found on SAMHSA Website.
State Priorities

- **988 Crisis care services/continuum**
  - This includes sustainable funding opportunities and TA from federal partners on braiding of funds to the three parts of the crisis continuum (crisis call center, mobile crisis response, crisis stabilization/crisis beds).
  - Concern how MA “unwinding” of eligibility will impact efforts.
  - IMD issue.

- **Workforce**
  - Retention and recruitment efforts in states.
  - Changing system which will change workforce needed.
  - CCBHC model. Need to change from Demonstration to optional MA service.
  - Technology (Grand Lake Oklahoma iPad model)

- **Children’s Services**
  - Building prevention/early intervention efforts in states. NASMHPD has been advocating a prevention/early intervention set-aside for the Community Mental Health Services Block Grant (MHBG).
Peer support and recovery
• NASMHPD has been a strong advocate for peer support, and part of the current advocacy for the PEERS Act. Encouraging MC/MA/private payers to cover services by peers.

Parity
• Health insurance coverage for mental health and substance use disorder services, when provided, be no more restrictive than coverage for medical/surgical services. Enforcement of EMTALA.

Telehealth
• Use of telehealth and the use of audio-only phone calls to provide mental health and substance use services proved overwhelmingly beneficial during Covid.
The Promise of 988

- 988 will be as effective for behavioral health crisis as 911 is for physical health.
- The combination of 988 and the Crisis Now (www.crisisnow.com) model of crisis services will connect individuals in behavioral health crisis with services at the level that is needed.
- Law enforcement if safety is a concern
- Fees provide financial stabilization for the call centers and other crisis services. If not fees then other funding to sustain and grow this service.
No matter where you live in the U.S., you can easily access 24/7 emotional support.

Call or text 988 or visit 988lifeline.org/chat to chat with a caring counselor.

We're here for you.
Thank You!!

Brian Hepburn
Brian.Hepburn@nasmhpd.org
Robert Morrison
Executive Director/Director of Legislative Affairs
National Association of State alcohol and Drug Abuse Directors (NASADAD)
Title: Crisis System Design for States/Tribes/Territories

Objective:
To support States, Tribes, and Territories in coalition building, role clarity, and application of systems engineering/design principles to develop and improve policies and practices in the design of Crisis Systems
Program Components

**Preparation**
- Orientation to Policy Academy webinar
- Two virtual technical assistance planning meetings

**Policy Academy**
- 2-day in-person Policy Academy convening in Tucson, AZ.
- April 1-2, 2024

**Follow-Up**
- Follow-up virtual technical assistance meetings
- In-person site visit
Policy Academy In-Person Convening

• Select topics to be covered during the convening:
  • Systems Design
  • Funding Infrastructure
  • Embedding Equity to the Crisis System Response
  • Youth in Crisis
  • Integration of MH and SUD Crisis Response Models
  • Effective implementation of 988
  • Workforce: Development, Training, Recruitment, and Expansion

• Team discussion to strategize and plan facilitated by a SME and consultant.
The Policy Academy Team should be representative of cross-system leaders, change agents, decision-makers, and people with lived experience. The team will designate a travel team of eight (8) members to attend the in-person Policy Academy.
Policy Academy Team Composition

**Required**
- State/Tribe/Territory Mental Health Authority
- Single State Agency for Substance Abuse
- State Medicaid Authority
- Person with Lived Experience and/or Parent with Lived Experience of supporting Youth in Crisis
- 988 Center Leadership
- Mobile Crisis Provider
- Behavioral Health Youth Expert
- Community-based Organizations
- Judicial/Law Enforcement

**Recommended**
- State Public Health Agency
- Public Safety Answering Point (PSAP)
- Hospital/Healthcare System
- Public Safety (corrections/law enforcement)
- Judicial/Law Enforcement
- Employment/Workforce Development Agency
- State Education Department (school-based mental health/suicide prevention)
- Elected Officials/Decision Makers
- Suicide Prevention Coordinator
- Diversity/Equity focused representative
- Mental Health Block Grant (MHBG) Coordinator
Application Timeline

Dec 22 – Jan 31
Open Application Period

Feb 15
Successful applicants will be notified

March 1
Participants submit final Travel Team List

April 1-2
Policy Academy In-Person Convening
A complete application must include the following:

1. Completed Online Application Form
2. Completed Framework for State/Regional Crisis Self-Assessment
3. Upload a team member roster with the application.
CSR TTAC Upcoming Events:

Webinars

• “Embedding Equity Across the Crisis System Response Continuum”
  • January 31, 2024, at 1:00 pm EST.

• “Connecting to Serve: Promising Practices for 988/911 Collaboration”
  • February 15, 2024, at 1:00 pm EST.
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.

Contact Information

SAMHSA's 988 CSR TTAC
- support@988crisisttac.org
- 844-464-8338 (toll free)

Subscribe to the CSR-TTAC contact list to get the latest 988 news and invitations to our events, or use the QR code to the left:
https://lp.constantcontactpages.com/si/aUMAyq2