# NASMHPD Annual 2023 Meeting

Facilitator Guide for small table discussions

July 28, 2023
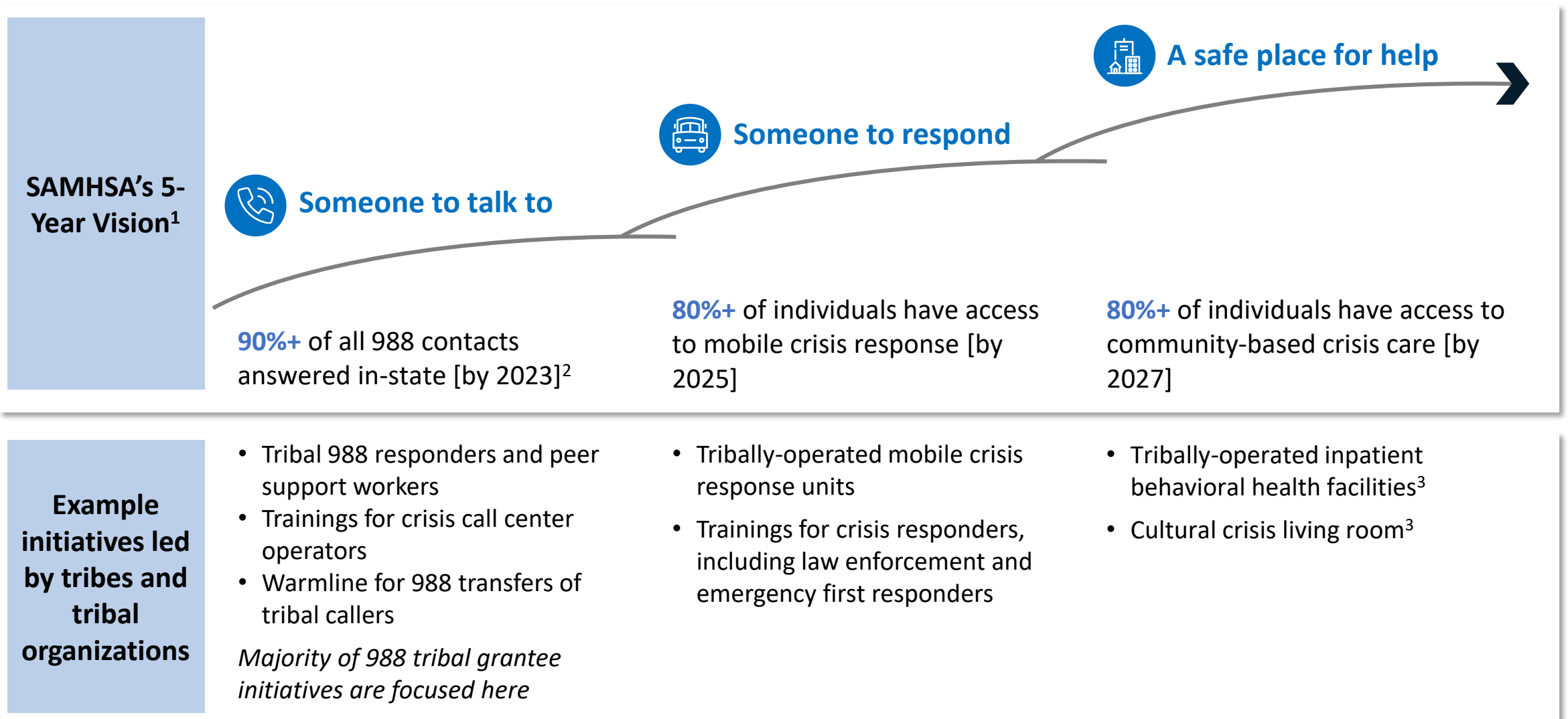
# Suggested agenda for breakout sessions

**Below is the suggested agenda for the afternoon table discussions. Before you begin, please designate a facilitator and notetaker for your table. Your insights and observations will be collected and shared out following the discussion.**

| Breakout session topic (duration) | Discussion questions |
|---|---|
| **1**   **Brief introductions (20 min)** | • What is your name and organization? Where did you travel from to attend the convening? |
| **2**   **Discuss what is needed to make SAMHSA's 5 – year vision for 988 and crisis services a reality within tribal populations (40 min)**<br><br>*Note: Consider discussing in pairs for 5 minutes and then ask each pair to share their discussion with the rest of the table* | • What are your initial reactions to SAMHSA's 5-year vision?<br>• What specific considerations and supports are needed to achieve these targets within tribal populations (e.g., achieving 90% of all 988 AI/AN contacts answered in-state)?<br><br>*Refer to "Vision for 988 and fully resourced crisis care system" and "Potential areas to explore" framework as helpful* |
| **3**   **Begin discussing opportunities for partnership in developing a crisis care system that serves tribal populations effectively and equitably (20 min)** | • What stakeholders need to be activated or engaged differently around crisis care within tribal populations to achieve that vision? Are there opportunities for new partnerships?<br>*Refer to "US Mental Heath and Substance Use Systems Map" as helpful* |
| **4**   **Synthesize the main discussion themes from your table (10 min)** | • Reflect on the conversations you've had at this table. What are 2-3 takeaways you would like to share with the larger group? |

# Vision for 988 and a fully resourced crisis care system



**SAMHSA's 5-Year Vision[1]**

**Someone to talk to**

**Someone to respond**

**A safe place for help**

**90%+** of all 988 contacts answered in-state [by 2023][2]

**80%+** of individuals have access to mobile crisis response [by 2025]

**80%+** of individuals have access to community-based crisis care [by 2027]

**Example initiatives led by tribes and tribal organizations**

- Tribal 988 responders and peer support workers
- Trainings for crisis call center operators
- Warmline for 988 transfers of tribal callers

*Majority of 988 tribal grantee initiatives are focused here*

- Tribally-operated mobile crisis response units
- Trainings for crisis responders, including law enforcement and emergency first responders

- Tribally-operated inpatient behavioral health facilities[3]
- Cultural crisis living room[3]

# Potential areas to explore when thinking about supports needed to develop a crisis care system that serves tribal populations equitably

| Key Area for Support | Guiding questions |
| --- | --- |
| **Workforce** | What workforce needs, including training, may accelerate progress on achieving community-based crisis care for tribal populations? |
| **Policy / Regulatory** | What policies (inclusive of federal, state, and tribal government policies), if any, support or challenge the ability to advance access to and quality of 988 and crisis care services for tribal populations? |
| **Communications** | How can information related to 988 and other crisis care services be better communicated, incorporating strategies to counter stigma, within tribal populations? |
| **Data & Information** | What is an appropriate and feasible way to track progress related to 988 and crisis care within tribal populations? |
| **Funding** | What is needed to continue to secure funding in support of 988 and other crisis care services for tribal populations? |
| **Products & Services** | What products and services need to be developed and deployed to accelerate progress on achieving community-based crisis care for tribal populations? |

# US Mental Health and Substance Use Systems Map:

Stakeholders and sectors impacting the experiences and outcomes of individuals and families

*The stakeholder map represents a system view and is not intended to highlight the specific groups and individuals within each subsector, (e.g., LGBTQ2S)*
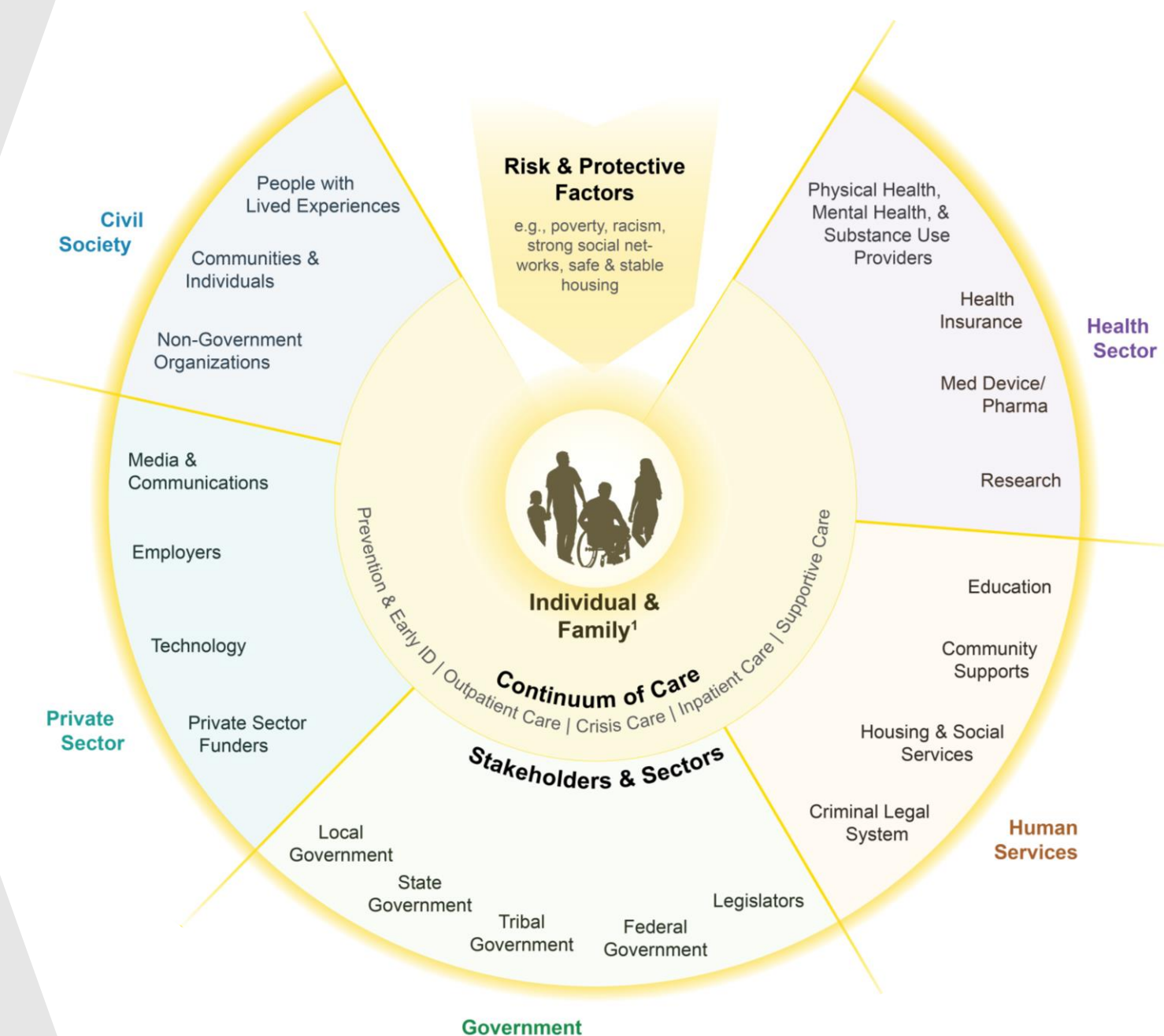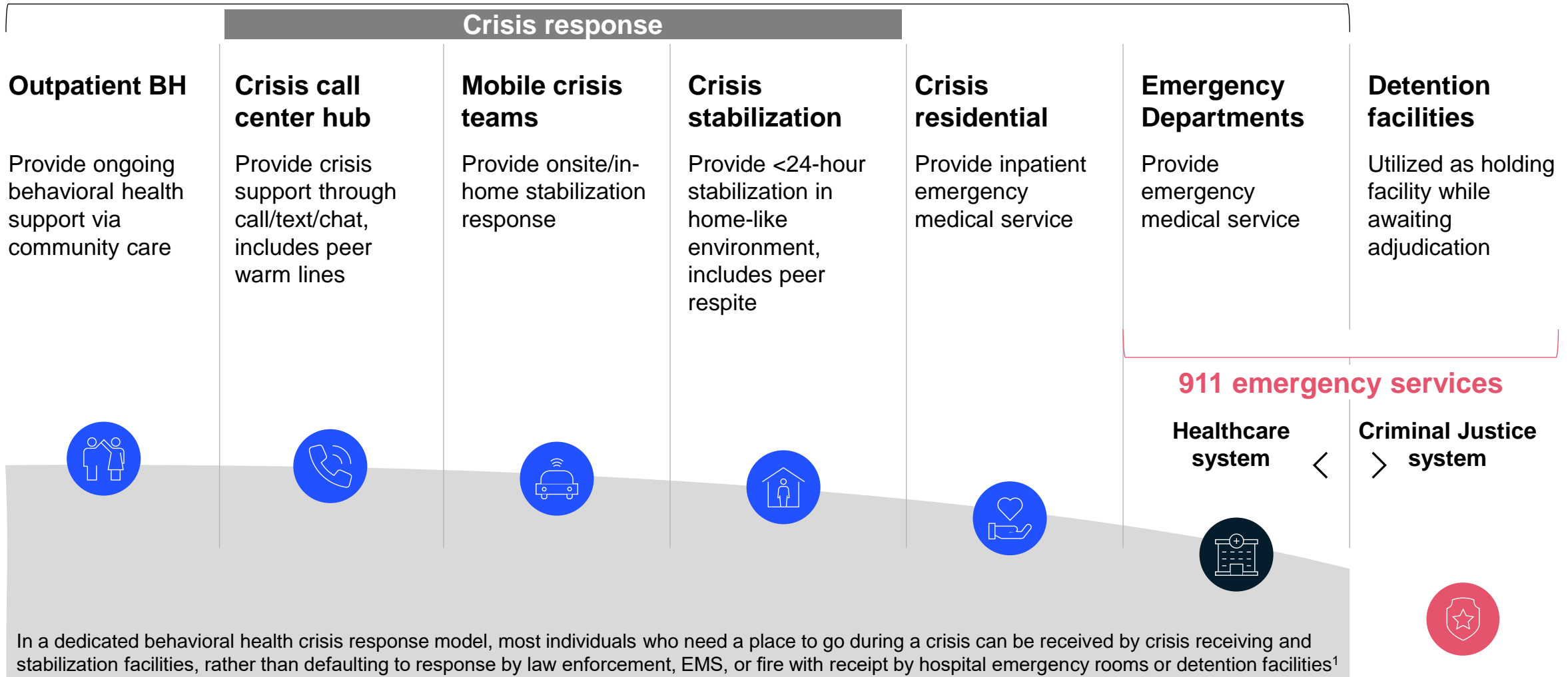
# Additional detail on stakeholder groups within each sector

| Sector | Subsector | Example stakeholders within subsectors |
|---|---|---|
| **Health sector** | Physical health, mental health, and substance use providers | Hospitals & health systems, Urban Indian Health Centers, Tribal health clinics, CCBHCs, mobile response units, crisis stabilization, residential treatment, telehealth, mental health providers |
| | Health insurance | Managed care organizations, pharmacy benefit managers, individuals/self-pay |
| | Med device/pharma | Pharmaceutical industry, medical device industry |
| | Research | Academia, think tanks |
| **Human services** | Education | Early childhood education, K-12, higher education, professional training programs |
| | Community supports | Faith-based communities / organizations, support groups, community groups |
| | Housing & social services | Housing, welfare, food, income support, transportation |
| | Criminal legal system | Tribal and state law enforcement, courts, jails/prisons, corrections, judicial system |
| **Government** | Local government | Counties, municipalities, special districts |
| | State government | State governors, state agencies |
| | Tribal government | Tribal councils, Tribal liaisons, Indian Health Boards |
| | Federal government | Federal agencies, regulators, military |
| | Legislators | Congress, state legislators |
| **Private sector** | Media and communications | Trade & medical publications, media, entertainment industry |
| | Employers | Small & medium-sized enterprises, large enterprises |
| | Technology | Electronic medical record systems, consumer health tech |
| | Private sector funders | Philanthropy, private equity, venture capital |
| **Civil society** | People with lived experience | Organizations that advocate on behalf of individuals with lived experience |
| | Communities & individuals | Historically underserved groups (e.g., LGBTQ2S, IDD, older adults) |
| | Non-governmental organizations | Non-profits, special interest organizations, peer organizations, advocacy groups |

# 988 crisis care continuum and 911 emergency services

■ Part of 988 crisis care continuum ■ Part of 988 crisis care continuum and 911 emergency services ■ Part of 911 emergency services continuum

## 988 crisis care continuum

### Crisis response

**Outpatient BH**

Provide ongoing behavioral health support via community care

**Crisis call center hub**

Provide crisis support through call/text/chat, includes peer warm lines

**Mobile crisis teams**

Provide onsite/in-home stabilization response

**Crisis stabilization**

Provide <24-hour stabilization in home-like environment, includes peer respite

**Crisis residential**

Provide inpatient emergency medical service

**Emergency Departments**

Provide emergency medical service

**Detention facilities**

Utilized as holding facility while awaiting adjudication

### 911 emergency services

**Healthcare system** < > **Criminal Justice system**

In a dedicated behavioral health crisis response model, most individuals who need a place to go during a crisis can be received by crisis receiving and stabilization facilities, rather than defaulting to response by law enforcement, EMS, or fire with receipt by hospital emergency rooms or detention facilities[1]

1. For both 988 and 911, a share of calls will be resolved without need for a facility. In some cases, individuals receiving care through a dedicated mental health crisis response model will need receipt by non behavioral health facilities, but this will not be a default response.