



**TRANSFORMATION
TRANSFER INITIATIVE (TTI)**

2023 RESOURCE GUIDE

NASMHPD

WELCOME TO THIS YEAR'S TTI RESOURCE GUIDE

In our effort to help you transform behavioral health in your communities, we've gathered resources through our work via TTI with states and territories, as well as subject matter experts.

We are also including promising practices to show examples in the field. We've compiled these into one guide with clear explanations of the resources and direct links to aid you and your colleagues in your important work.

This guide includes topics pertinent for the 2023 TTI recipients as they work to improve crisis services for individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED) including workforce, peer support, trauma informed care, addressing health equity and disparities, children and adolescents, and Certified Community Behavioral Health Clinics (CCBHCs).

We hope this guide proves a useful tool in the complex process of implementing effective behavioral health initiatives.

Thank you for the work you do each day to create an informed, equitable, and caring system.

Always at your service,

Team NASMHPD

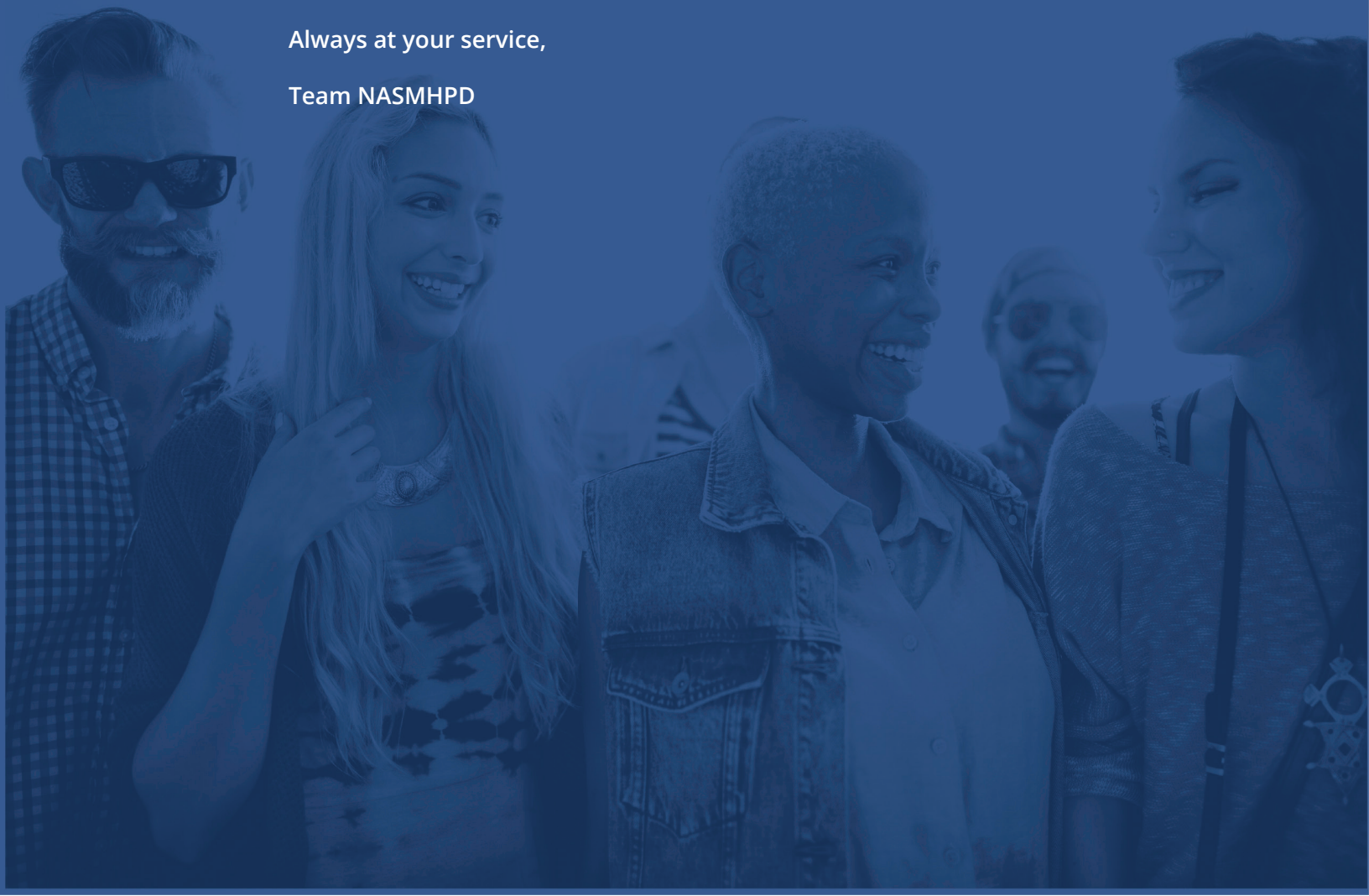


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KEY:



= Resource is a Pamphlet



= Resource is a Paper



= Resource is a Presentation



= Resource is a Toolkit



= Resource is a Video



= Resource is a Website



= Resource is a Workbook



= Resource is a Podcast



= Resource developed by NASMHPD



= Resource developed by SAMHSA

NASMHPD – National Association of State Mental Health Program Directors



SAMHSA – Substance Abuse and Mental Health Services Administration



TTI – Transformation Transfer Initiative


WORKFORCE


PROGRAM HIGHLIGHT: CONNECTICUT'S HEALTH HORIZON INITIATIVE


Connecticut Health Horizon is a collaborative partnership between Connecticut State Colleges and Universities (CSCU), the Office of Workforce Strategy (OWS), multiple state agencies, the University of Connecticut (UConn), the Connecticut Conference of Independent Colleges (CCIC), and the Connecticut Hospital Association. This \$35 million initiative is funded with federal American Rescue Plan Act money to address the state's healthcare workforce shortage. The program includes three categories: (1) Tuition assistance to incentivize low-income and minority students to enter accelerated and cost-effective nursing and social work programs, (2) faculty support to rapidly expand seat capacity and train the next generation of nurses and social workers, and (3) innovative programs to promote partnerships between healthcare employers and institutes of higher education to accelerate entrance into careers in nursing and social work. More information can be found [here](#).


988 Implementation Guidance Playbooks: SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g., "playbooks") for [States, Territories, and Tribes](#) (76 pages); [Mental Health and Substance Use Disorder Providers](#) (54 pages); [Lifeline Contact Centers](#) (59 pages); and [Public Safety Answering Points \(PSAPs\)](#) (📄 – 44 pages –  


- **SAMHSA TA Coalition Webinar: Implementing the SAMHSA/NASMHPD 988 Convening Playbooks:** In this [webinar](#), presenters share strategies for implementation, case studies, and other resources regarding 988. SAMHSA's five-year plan for the continued implementation and enhancement of 988 and other services across the crisis continuum is also addressed. (🗣️ – 82 minutes –  



988 Suicide and Crisis Lifeline Centers' Workforce Challenges and Barriers: Analysis and Recommendations: This [report](#) draws on focus groups and individual interviews to identify the main themes, common obstacles, and challenges associated with the 988 Suicide and Crisis Lifeline contact centers, and to suggest creative solutions where possible. (📄 – 19 pages – 

- **NASMHPD Meet-Me Call: 988 Suicide and Crisis Lifeline Contact Centers' Workforce Challenges and Barriers:** During this [webinar](#), staff from Vibrant Emotional Health and NASMHPD highlight the report's key findings and workforce recommendations. In addition, representatives from two 988 contact centers share their reflections. (🗣️ – 60 minutes – 



B'More Kind: A City's Response to Crisis: This [video](#) examines the work of Baltimore's Crisis Response team. It looks at their holistic crisis response that includes mental health professionals, police officers, EMTs, and volunteers. (🎥 – 23 minutes – 


Creating a Compassionate Crisis Response Workforce: This [information exchange](#) addresses the importance of connection, empathy, and compassion in first responders. Presenters discuss caring for and supporting the crisis workforce. Presenters include NASMHPD's Dr. Joan Gillece, Baltimore City Police Department CIT Outreach, and DC Crisis Services Peer Outreach Team. (🗣️ – 90 minutes – 

Crisis in Services: Self Care, Self-Directed Care, and the Use of Technology Supporting All: This [paper](#) discusses the challenges of workforce shortages and how technology could assist. It describes national and state-level responses to meeting supply and demand for behavioral health services, relief and recovery plans with self-directed care and support, and how providers and people seeking behavioral health care can navigate issues in the future. (📄 - 15 pages - )



Evidence-Based Strategies for Addressing Burnout and Enhancing Well-being for Mental Health Providers: This SMI Adviser [presentation](#) presents an overview of research on burnout and identifies strategies, based on theory and empirical evidence, that may be helpful in addressing burnout and enhancing well-being at work. *Please note that you will have to create a free account before accessing.* (🖥️ - 61 minutes -  )

Healing People Healing People: This [video](#) tells the stories of first responders, police, peer supporters, families and individuals served who have experienced crisis services firsthand. It highlights the importance of focusing attention on workforce development while implementing 988. (🎥 - 38 minutes - )


Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities: Rural and Remote Behavioral Health Workforce: In partnership with SMI Adviser, and developed by NASMHPD & NASMHPD Research Institute (NRI), this [report](#) is based on guidance from convening expert panel meetings, interviewing subject matter experts, and conducting a literature review. It offers strategies and key lessons for developing, implementing, financing, and sustaining behavioral health services for individuals living with serious mental illness and reside in rural and remote communities. The workforce section offers insight into innovative workforce expansion and retention and spotlights different organizations and state programs assisting with these efforts, including peer support training. (📄 - 14 pages -  )



Innovation and Determination: How Three States Are Achieving Comprehensive, Coordinated, and Sustainable Behavioral Health Crisis Systems: This [paper](#) discusses, in a stepwise approach, how three state programs (Arizona, Utah, and Virginia) created their new crisis service systems and their success in developing diverse and sustainable financing methods. They disregard the old mindset that all behavioral health system changes are funded through grants, utilize Medicaid opportunities, and use legislation to benefit their new design. (📄 - 31 pages - )

Knowledge Bite: Effective Coordination Between Crisis Services and Upstream Supportive Housing and Supported Employment Programs:





- This [handout](#) discusses the key program features and strategies to support crisis prevention, mitigation, and recovery. (📖 - 3 pages - )
- This [recording](#) is presented by Jordan Gulley and Rachel Post from the Technical Assistance Collaborative (TAC). They review the key points of the handout and provide recommendations. (🖥️ - 18 minutes - )



Knowledge Bite: Maximizing Medicaid Coverage for Crisis Response, Housing Services, and Employment Supports:




- This [handout](#) discusses the background of crisis services, housing support, and supported employment. It goes into the changes and opportunities in the funding landscape and provides recommendations to coordinate systems and align interventions. (📖 - 3 pages - )



- This [recording](#) is presented by Laura Conrad (she/her), Senior Consultant at TAC, and Sherry Lerch (she/her), Director at TAC. They discuss how these services have been funded and the importance of access to Medicaid. ( – 23 minutes – )



Knowledge Bite: Systems of Care: Designing Mobile Response and Stabilization Services for All:

- This [handout](#) discusses the background of mobile response and stabilization services. It then reviews opportunities to build an equitable crisis system and defines the role of mobile response. ( – 3 pages – )
- This [recording](#) is presented by Dayana Simons, Senior Consultant, and Jordan Gulley, Senior Associate at TAC. They discuss the background, current opportunities, and how to build a more equitable crisis system. ( – 28 minutes – )

NASMHPD Meet-Me Call: State Innovative Strategies on Crisis Care Workforce: This Meet-Me [call](#) features presentations from four different states on their TTI 2022 plans for crisis care workforce innovation, including 988 call center readiness. Learn about Utah’s Crisis Worker Certification process, Washington’s 988 peer involvement and Tribal considerations, Nebraska’s college recruitment camp, and Louisiana’s partnership with a local university. Presentations begin at timestamp 8:39. ( – 59 minutes – )

SAMHSA TA Coalition Webinar: Crisis Services and Diversion: How State and Local Partnerships Can Make a Difference: Most efforts to reduce incarceration of people with psychiatric diagnoses have occurred at the county level due to county control over correctional and law enforcement systems. Medicaid is the primary payer of community mental health services; however, states have an important role to play in planning for the expansion of services necessary to reduce the incarceration of people with psychiatric diagnoses. [Part one](#) explores how states can collaborate with counties to expand the availability of community services and housing, including crisis services, needed to reduce incarceration and comply with the ADA’s integration mandate. [Part two](#) is a deeper discussion of the barriers to, and opportunities of, these collaborations. ( – Part 1: 87 minutes; Part 2: 59 minutes –  )

Supporting the Behavioral Health Workforce: Enhancing Immune Health: This [information exchange](#) discusses the modules of intervention that reduce health risks by helping people adopt an immune-supportive lifestyle that includes adequate sleep, reduced stress, a well-balanced diet, use of immunity aids backed by research evidence, vaccinations, and annual health screenings. ( - 78 minutes – )

- **Enhancing Immune Health Curriculum:** This [manual](#) has 5 modules and is designed for people in recovery from mental health conditions. It can be used by anyone wanting to understand and enhance their immune health. ( – 83 pages)
- **Journey to Wellness Guide:** This [guide](#) helps find new ideas to begin or continue a personal wellness journey. It includes the eight dimensions of wellness, daily actions for wellness, and the importance of connecting, unplugging, getting adequate sleep, and doing good for yourself and others. ( – 20 pages)

Workforce Development Learning Community: As part of the 2023 Transformation Transfer Initiative, a workforce development learning community was created to allow grantees to come together to discuss workforce opportunities, creative solutions, and issues they have faced within their state or territory.



- **Session One:** Led by NASMHPD's Senior Behavioral Health Advisor, Wendy Morris, accompanied by Kentucky's Beth Kuhn and Vestena Robbins. They discuss how Kentucky has transitioned to a purposeful and intentional concentration on Workforce Development. (📺 – 59 minutes – **N**)
- **Session Two:** Led by NASMHPD's Senior Behavioral Health Advisor, Wendy Morris, joined by Ann Darling, Program Manager of Consumer Recovery at the Louisiana Office of Behavioral Health, and Stephen Phillippi, Chair of Behavioral & Community Health Sciences at the LSU School of Public Health. They discuss the Louisiana Crisis Response System and the future of the behavioral health crisis service for Louisiana. (📺 – 60 minutes – **N**)
- **Session Three:** NASMHPD's Peer Support Coordinator, Justin Volpe, is joined by Rebecca Boss, Senior Consultant, Technical Assistance Collaborative, Sheamekah Williams director of Children, Youth, and Family Services, Oklahoma Department of Substance Abuse, and Neil Cambell, Director of Georgia Council for Recovery. They discuss building and supporting a peer workforce across the behavioral health continuum and across the lifespan. (📺 – 59 minutes – **N**)
- **Session Four:** Led by NASMHPD's Senior Behavioral Health Advisor, Wendy Morris and Senior Consultant at the Technical Assistance Collaborative, Rebecca Boss, joined by Vesper Moore, Chief Operating Officer at the Kiva Centers, Shaunna Edwards, Clinical Director of First Responder Support Network and Nze Okoronta, Peer Service Director at SOAR. They discuss identifying and responding to the needs of the different areas across the crisis workforce. (📺 – 60 minutes – **N**)
- **Session Five:** Led by NASMHPD's Senior Behavioral Health Advisor, Wendy Morris, joined by Healthy Minds Alliance's Celia Meyer, and River Farley, Mobile Dispatch Supervisor for Rocky Mountain Crisis Partners. They discuss the Healthy Minds Alliance Crisis Call Centers and how they can help fill workforce gaps. (📺 – 47 minutes – **N**)








Data

PROGRAM HIGHLIGHT: INDIANA USES DATA TO PROMOTE RECOVERY AND RESILIENCY

Indiana has made key policy changes at a state and agency level that facilitate data sharing across agencies. The [Recovery Support Workgroup](#) of the Indiana Division of Mental Health and Addiction (DMHA) uses this data to evaluate gaps in key recovery supports, make recommendations for block grant funding and programming, and track recovery and resiliency outcomes. The Recovery Support Workgroup is comprised of more than a dozen state agencies, 26 [statewide stakeholders](#), and more than 50% of individuals with lived experience. The Recovery Support Workgroup has taken existing data and begun to sub-categorize it within SAMHSA's Dimensions of Recovery: Health (managing one's disease, supporting physical and emotional wellness); Purpose (conducting meaningful life activities); Home (having a stable and safe place to live); and Community (having relationships and social networks). The Recovery Support Workgroup meets regularly to discuss their data, what additional analysis is needed, and what the data shows in terms of which recovery supports have had positive results. Through this work, Indiana moves towards person-centered, data-driven decision-making for recovery and recovery support services.

NASMHPD Meet-Me Call: Data Drives Funding: This [webinar](#) led by Rebecca Farley David, Senior Advisor, Public Policy & Special Initiatives, National Council for Mental Wellbeing includes different strategies being adopted by states across the country to track the best clinical outcomes from programs like 988 and CCBHCs. Rebecca is joined by Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disability Services and Valerie Huhn, Director, Missouri Department of Mental Health with moderation by AJ Peterson, VP & GM, Care Guidance, Netsmart. ( - 60 minutes - )

Telling the Story: Data, Dashboards, and the Mental Health Crisis Continuum: This [paper](#) discusses the critical data elements State Behavioral Health Authorities (SBHAs) collects to monitor the effectiveness of their crisis services continuum, and which data elements are meaningful and realistic to report to SAMHSA. This report also discusses how SBHAs presents their crisis services data in the form of reports and data dashboards, and how these reporting mechanisms can be used to inform key stakeholders about crisis service successes, needs, and trends. ( - 50 pages - )


- **SAMHSA TA Coalition Webinar:** Telling the Story: Data, Dashboards, and Mental Health Crisis: This webinar, [Part 1](#) and [Part 2](#), includes a brief overview of 12 states that were interviewed by the NRI, with Georgia, Tennessee, and Utah presenting their use of Crisis System data. States share Data Dashboards, Output Reports, and other visualizations found to be important in monitoring their system. ( - Part 1 and 2: 60 minutes each -  )


PEER SUPPORT


PROGRAM HIGHLIGHT: WEST VIRGINIA'S FIRST CHOICE SERVICES: SECOND CHANCE HIRING FOR PEERS WITH CRIMINAL BACKGROUNDS


“Our organization knows that people who are struggling can recover” says Lata Menon, MSW, CEO of First Choice Services, who shared that hiring people with lived experience of the criminal justice system, substance use, and/or mental health challenges are an integral part of their workforce. To effectively be a second-chance employer, it is essential to understand, destigmatize, and create solid support for all employees, including having policies and procedures in place to address any relapse or other challenges that any employee might experience. People with the right orientation to the work and a commitment to openness in their approach can be trained to be excellent staff members, regardless of education level. More information about the West Virginia collaborative of agencies that provide West Virginians in recovery the opportunity to obtain career training and ultimately secure meaningful employment can be found [here](#).

Building New Horizons: Opening Career Pathways for Peers with Criminal Justice Backgrounds:

This [guide](#) aims to provide a blueprint to assist organizations—from human resources, clinical staff, peer support staff, and legal teams to executive leadership—to adopt recovery-friendly hiring practices to hire, integrate, and retain peer support workers with a criminal history background. A person with lived experience of both SMI/SUD and justice involvement should be treated the same as any other employee, and the organization should proceed without any bias or stigma toward this employee. This guide can be a start to the many changes required to create a more accessible and effective peer workforce. (📄 – 57 pages – )

Core Competencies for Peer Workers: This [paper](#) discusses the critical knowledge, skills, and abilities needed by anyone who provides peer support services to people with or in recovery from a mental health or substance use condition. SAMHSA’s Core Competencies are intended to be delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by peer specialists, recovery coaches, parent support providers or youth specialists. (📄 – 7 pages – )

Developing Culturally Relevant, Peer Supported Crisis Response Systems: This [presentation](#) is presented by the Technical Assistance Collaborative’s (TAC) Kevin Martone, Rebecca Boss, Sheamekah Williams, and LaMont Green. They discuss the importance of community engagement to understand how to effectively implement crisis services. (🗨️ – 63 minutes – )

Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention: This [toolkit](#) is designed to be a resource guide for community providers and state hospital administrators working to integrate peer providers into their recovery-oriented services or to expand existing peer support. A wealth of material has been written on recruiting and hiring, but very little on supervision and retention. This toolkit emphasizes these two areas. (👜 – 30 pages – )

Leading Practices for State Programs to Certify Peer Support Specialists: This [document](#) features findings from interviews of program officials at the Government Accountability Office in selected states. They cited six leading practices for solidifying the competency of peer support specialists. (📄 – 39 pages)

NASMHPD Meet-Me Call: The Power of Peer Support in Crisis Services: In this [call](#), Keri Waterland, Division Director, and Mo Bailey BSW, CPC, Recovery Support Services Supervisor from Washington State's Division of Behavioral Health and Recovery, highlight their Transformation Transfer Initiative (TTI) project that created a training for Certified Peer Support Specialists working in crisis settings titled "The Power of Peer Support in Crisis Services." (🎧 - 53 minutes - 📺)

Overcoming Barriers and Recognizing the Unique Value of Including Peer Support Specialists with Prior Justice Involvement in Recovery: This [webinar](#) brings together individuals with lived experience of prior justice involvement, as well as state leaders who have hired individuals with prior justice involvement, to discuss the significant positive impact these individuals can have on recovery, the value they bring to the behavioral health workforce, and how they worked to affect change in their states to increase acceptance of individuals with lived experience and prior justice involvement. A free SMI Adviser account is required to access this webinar. *Please note that you will have to create a free account before accessing.* (🎧 - 65 minutes - 📺)

Peer-Led Innovations in Reentry Support Programming: Towards Holistic Recovery: This [webinar](#) from SAMHSA's GAINS Center provides information about creating and sustaining reentry peer support programs to effectively serve people in transition from incarceration to the community. An expert panel discusses the peer work opportunities that come with training and education. They also discuss the policy and practice challenges of supporting people in recovery who are transitioning back into the community, including peer support specialists, themselves. (🎧 - 91 minutes - 📺)

Personal Experience and Strategies - A Dialogue on Recovery Workforce Barriers and Solutions: During this [information exchange](#), NASMHPD's Peer Recovery team, Justin Volpe and Amy Brinkley, share their personal stories and expertise, and facilitate a discussion on the workforce issues facing local and state mental health treatment providers. Viewers can expect to hear from Recovery SMEs on the peer workforce barriers and solutions in the age of crisis services, service expansion, and the 988 rollouts across all states and territories. (🎧 - 98 minutes - 📺)

Reframing Language: SAMHSA's National Family Support Technical Assistance Center launched this [infographic](#) created in partnership with the National Federation of Families. It is designed to inspire new thinking and change the language about mental health and substance use to better support individuals and families who are affected by these challenges. (📖 - 1 page - 📺)

SAMHSA Peers: This SAMHSA [webpage](#) provides information about who peers are, the role of peer workers, and access to recovery-related resources about peer support and services. (🌐 - 📺)

SAMHSA TA Coalition: Oklahoma's Peer Recovery Support Specialist Crisis Track Training: This two-part webinar, [Part I](#) and [Part II](#), discusses Oklahoma's recently developed virtual training on a Peer Recovery Support Specialist Crisis Track. A wide range of materials are shared to orient peer support specialists and new peer specialists who work in crisis services, to their roles on mobile crisis teams and more. (🎧 - Part I: 109 minutes; Part II: 60 minutes - 📺 📺)

SAMHSA TA Coalition Webinar: Peer Support Across the Continuum of Community Mental Health Center Services: In this two-part webinar, [Part I](#) and [Part II](#), peer leaders from MHA of South Central Kansas share the history and implementation of integrating peer support specialists in the continuum of care in Kansas State. They provide an overview of the implementation of peer training and integration of peers in care from crisis services, through community mental health programming, and into independent living for members they serve. (🎧 - Part 1: 61 minutes; Part 2: 58 minutes - 📺 📺)

SMI Adviser Peer Specialist Resources: SMI Adviser has a [webpage](#) linking numerous articles, webinars, and other resources related to peer support services. (🌐)

Suicide Prevention Resource Center (SPRC) Lived Experience Webpages: These webpages, [About Lived Experience](#) and [Centering Lived Experience](#) from the SPRC discuss what suicide-centered lived experience is and the importance of engaging lived experience in developing effective suicide prevention efforts. It also shows what to consider when incorporating lived experience in prevention. (🌐 – 📄)

Trauma Informed Peer Support (TIPS) Curriculum Training Manual: This training [manual](#) is for people who provide peer support in peer-run programs, as well as those who receive or engage in peer support services. It is also useful for those who are wishing to gain a better understanding of implementing a trauma-informed peer support program framework. (📄 – 55 pages – 📖)

- **Trauma Informed Peer Support (TIPS) Curriculum:** This [presentation](#) is for training Trauma Informed Peer Supporters. It provides a curriculum on how to train someone in Trauma Informed Peer Support and tips on best practices and strategies that are effective. Sections include: healing from trauma, cultural considerations, and personal narrative sharing. (📄 – 75 slides – 📖)
- **Trauma Informed Peer Support (TIPS) Training Handouts:** This [guide](#) provides tools, resources, and handout examples to support trauma informed peer support specialists. The handouts are designed to help support women who received or have received services in behavioral health or other human service systems. (📄 – 7 pages – 📖)

Other Peer Support Resources in this Guide

[Workforce Development Learning Community: Session Four](#) timestamp 36:28






Youth Peer Support


PROGRAM HIGHLIGHT: MISSISSIPPI YOUTH/YOUNG ADULT FOR CRISIS RESPONSE

Mississippi's 2022 and 2023 TTI has been working on aiding young people with mental health challenges by increasing the number of youth and young adults available to provide peer-to-peer support during crisis calls. During TTI 2022, Mississippi worked with [Open Up Mississippi](#) to facilitate several focus groups with youth and young adults related to mental health. Open Up Mississippi is dedicated to ensuring youth and young adults use their voices to empower others in their age group to openly talk about mental health without stigma, and improve the responses of parents, mental health practitioners, and first responders who engage them. In 2023, Mississippi's TTI has had members complete the Crisis Line's 32-hour training program and have started answering calls.

SAMHSA TA Coalition: Lessons from the Field: Creating Smooth Transitions for Youth Peers Experiencing Serious Emotional Disturbances Who are Moving to the Adult Peer Workforce:

This two-part webinar, [Part I](#) and [Part II](#), discusses how many states and/or organizations have an age cap for Youth Peers. Many of these Peers want to move into Adult Peer work, but what do states and organizations require for this to occur? A successful transition reflects a multifaceted approach that includes planning, additional credentialing, and organizational readiness. During this webinar, experts at the state and organizational levels talk through important strategies to include in these transition plans. Learn about their experiences as they share successes, challenges, and lessons learned. ( – Part I: 83 minutes; Part II: 57 minutes – )

What Helps, What Harms: This [resource](#) is an initiative for young adults in each of Youth MOVE National's chapters to spend time in facilitated discussions analyzing their community network, resources, services, and environment. Discussions are framed with two simple questions: What is helping us? What is harmful to us? These questions are applied to systems, service providers, education settings, homes, etc. Responses are categorized into themes, as identified by the young adult participants. ()

- **BIPOC & LGBTQIAS+ Mental Health: What Helps, What Harms:** This [resource](#) is an initiative for young adults in each of Youth MOVE National's chapters to spend time in facilitated discussions analyzing their community network, resources, services, and environment. Discussions are in the context of the needs of BIPOC and LGBTQIAS+ and are framed with two simple questions: What is helping us? What is harmful to us? These questions are applied to systems, service providers, education settings, homes, etc. Responses are categorized into themes, as identified by the young adult participants. ()


Youth MOVE Peer Center: This [page](#) reflects services offered by the Peer Center such as learning communities, product development, training, and direct technical assistance. They serve peers across the lifespan, their families, and providers of all ages, to grow the youth peer movement across the United States.






TRAUMA INFORMED CARE


PROGRAM HIGHLIGHT: ILLINOIS' HEALING THROUGH JUSTICE (HTJ): A YOUTH-LED BREAKTHROUGH STRATEGY FOR HEALING-CENTERED COMMUNITIES


Over the past 10 years, Communities United developed the HTJ model, a youth leadership approach that acknowledges that the process of young people acting on their vision and solutions to address issues impacting them and their families can lead to transformative health and mental health outcomes. This model is a youth-led movement for healing from trauma, reframes narratives of young people of color harmed by systemic racism, and promotes healing through community-led action. The young people of color who are a part of this work conduct youth-led research, build alliances, and lead strategies and advocacy campaigns that are grounded in their lived experiences to create change in their communities. More information can be found [here](#).

Healing From Inside Out: This [video](#) showcases the New York Department of Corrections and Community Supervision's unique pilot project to bring trauma-informed and responsive services to prison settings. Clinicians are trained in TAMAR (Trauma, Addictions, Mental health, and Recovery), a psychosocial intervention, and receive regular consultation from NASMHPD staff. Starting with seven facilities serving diverse populations, staff received training in understanding the impact of trauma on our lives and information on the program being offered to incarcerated individuals. (🎥 – 17 minutes – )

History, Context, Capabilities, and Working Together with States: During this [call](#), Brian W. Flynn, Ed.D., Associate Director of Health Systems in the Center for the Study of Traumatic Stress (CSTS), describes the history and structure of CSTS, including their broad scope of activities. CSTS works in an extensive range of extreme situations including violence, disasters, war, accidents, and other forms of community trauma. Their work focuses on studying the trauma of service members, as well as a wide range of individuals, families, and communities impacted by traumatic events and how they can be best served to promote community healing and resilience. (🗣️ – 60 minutes – )

SAMHSA's TA Coalition Webinar: Integrating Faith & Spirituality into Trauma Recovery: In this two-part webinar, [Part I](#) and [Part II](#), Dr. LaNail Plummer, CEO of Onyx Therapy Group, and Shani Banks, founder of Holistic Muslim Healing, discuss what trauma recovery consists of and the value of a faith- or spirituality-based approach; best practices for inquiring about a trauma survivor's relationship with spirituality and integrating their beliefs into treatment and healing; and incorporating Islamic faith and spirituality into trauma work with the Black Muslim American population. (🗣️ – Part 1: 84 minutes; Part 2: 60 Minutes –  )

TAMAR Virtual Training: This [video](#) training explains how to incorporate the elements of the intervention into a trauma-informed learning environment in a culturally competent manner. This includes guidance on effectively using creative expression, as well as addressing potentially difficult topics, such as abuse and neglect. The training also provides an opportunity for facilitators to preview the videos used in the intervention. (🎥 – 153 minutes – )

- **TAMAR Participant Workbooks:** These workbooks, tailored for [women](#) and [men](#), are to record any thoughts and feelings one has while participating in TAMAR and what they are learning. The workbook includes modules and exercises for mind-body skills practices, relaxation, and many other approaches for dealing with triggers during tough times. These writing exercises are intended for personal use by the participant and are not expected to be shared. (📄 – 126 pages – )

Trauma Addictions Mental Health and Recovery for Youth (TAMAR-Y) Facilitator’s Manual: This [manual](#) provides best practices and guidance for facilitators in Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y). Approaches include expressive art, hip-hop therapy, mind-body skills therapy and many more. (📄 – 75 pages – 📄)

Trauma Addictions Mental Health and Recovery (TAMAR) Treatment Manual and Modules: This treatment manual and modules, available in [English](#) and [Spanish](#), are tailored to teach best practices to facilitators trained in TAMAR (Trauma, Addictions, Mental Health, and Recovery). TAMAR offers an opportunity for everyone, regardless of previous experience, to manage symptoms of traumatic stress in a creative, life-affirming way. Information provided for facilitators includes creating a trauma-informed learning environment, mind-body skills practice, and many others. (📄 – English: 174 pages; Spanish: 183 pages – 📄)

Triumph Over Trauma: Engaging Religious Communities in Crisis Prevention and Response: In this [information exchange](#), Dr. Joan Gillece, Reverend Neelley Hicks, and Bishop Peggy A. Johnson provide practical ways that faith-based organizations can support crisis service work. A new trauma-focused support group manual is presented and discussed as a part of this exchange. (🗣️ – 83 minutes – 📄)

Other Trauma Resources in this Guide:

- [Trauma Informed Peer Support \(TIPS\) Curriculum Training Manual](#)
 - [Trauma Informed Peer Support \(TIPS\) Curriculum](#)
 - [Trauma Informed Peer Support \(TIPS\) Training Handouts](#)



EQUITY

PROGRAM HIGHLIGHT: WASHINGTON'S HEALTH EQUITY TOOLKIT



The Washington State Health Care Authority (HCA) health equity policy No. 1-36 requires all analyses of core business and processes, including bill analysis and issue papers, to include an equity lens. Health Equity Liaisons play a key role in advancing Washington HCA's goal of exemplifying a culture of health equity. Liaisons are accountable for communication, training, and alignment of their division's equity efforts across the agency. Liaisons serve on committees that focus on creating a database of health equity projects/efforts, developing agency-wide health equity training, applying a health equity lens to their work, and developing a process to share health equity efforts across the agency.

Additionally, each division's Health Equity Liaison, under the guidance of the Equity, Social Justice and Strategy Manager, will build division-specific tools relevant to the functions of their divisions. Specifically, Washington's Health Equity Toolkit subcommittee has developed a Health Equity Toolkit as a guide to help employees apply an equity lens to their work and will continue to be transformed according to the needs of the agency. See the Health Equity Toolkit [here](#).

Addressing Systemic Racism and Health Disparities through a Trauma-Informed Lens

Presentation: In this [presentation](#), NASMHPD's Chief Medical Advisor, Dr. Brian Sims, (from min. 4:45-34:16), discusses the different types of trauma, including racial trauma. He provides an overview of why it is important to look through this lens while implementing change within our systems. South Carolina (from min. 37:35-51:58) presents an example of how they have implemented trauma-informed care from a statewide approach. Washington State (from min 52:30-1:10:26) shares their experience of their trauma-informed journey within their behavioral health system. After the presentations, Dr. Sims and the two-state presenters take questions that discuss the major barriers others have seen while trying to address these challenges.


( - 124 minutes - )



Center of Excellence Equity Toolkit: The Center of Excellence for Infant and Early Childhood Mental Health Consultation's (IECMHC) Racial Equity [Toolkit](#) is a collection of videos, tools, and resources that can help consultation systems leaders and all IECMHC practitioners build capacity in understanding race and systemic racism, bias, and culturally responsive practice and meaningfully embed equity in their programs and practices. This is a "living toolkit," meaning new resources will be added on an ongoing basis. ( - )




Creating a Healing Forest: The Entire African American Community as the Recovery Center:




This [presentation](#) from SAMHSA's African American Behavioral Health Center of Excellence discusses the paradigm shift which views the entire African American community as the recovery center. Topics covered include how to create "A healing forest" to promote recovery in African American communities; how to shift from the acute care model of addiction treatment towards a recovery-oriented system of care (ROSC) anchored in the natural environment; the use of ROSC Councils to promote recovery; the role of families and persons in long-term recovery; the role of nurses, doctors, faith-based communities, and businesses in promoting recovery in African American communities; and how to mobilize the entire community to promote recovery. Examples are drawn from African American, rural, metropolitan, and Native American Communities.



( - 73 minutes - )

Culturally Competent Care for Black American Adults with Serious Mental Illness: Addressing Barriers and Enhancing Clinical Practice: It is imperative to deliver culturally competent care that is tailored for Black Americans. This [guide](#) helps enhance practices and provide culturally competent care for Black American adults with serious mental illness (SMI). It addresses common barriers to access mental health services and provides practical strategies to overcome them. ( – 8 pages)





Culturally Competent Community of Learning Info Exchange: This [presentation](#) discusses progressive procurement practices that were used during the pandemic. It also gives an introduction to a New Tool: Guidance, Actionable Steps, and Examples to Begin to Address Behavioral Health Care Disparities & Bring Racial Equity within the Behavioral Health Care System. ( – 85 minutes – )

Guidance, Actionable Steps, and Examples to Begin to Address Behavioral Health Care Disparities & Bring Racial Equity within the Behavioral Health Care System: NASMHPD's Children, Youth, and Families Division has developed, under SAMHSA funded TTI, the following [paper](#) which provides suggested inward and outward-facing actionable steps, and examples as a guide for State Behavioral Health Agencies to address disparities and promote racial equity in the behavioral health care system. Everyone should have an equitable (fair and just) opportunity to be as healthy as possible, no matter where they live, work, or play. To achieve this, there is a need to address social problems, unfair practices, and unjust conditions that can weaken the health of specific groups of Americans. ( – 12 pages –  )

- **SAMHSA TA Coalition: Guidance, Actionable Steps, and Examples to Address Behavioral Health Care Disparities Webinar:** This webinar, [Part I](#) and [Part II](#), promotes guidance, actionable steps, and examples to begin to address behavioral health care disparities and bring racial equity within the behavioral health care system as a beginning guide and tool with innovative ideas and strategies. Presenters include Eric Yoshio Jesús Tadehara, LCSW, MPA Assistant Director, UT Office of Substance Abuse and Mental Health, Louise K. Johnson, Director of the Division of Children, Adolescents and their Families for the SC Department of Mental Health, and Diana Cockrell Section Manager in the prenatal for WA in the Division of Behavioral Health and Recovery at the Health Care. ( – Part 1 68 minutes: Part 2 69 minutes –  )

Implicit and Explicit Bias with Victor Armstrong: This [webinar](#) describes how implicit and explicit biases are created and the importance of understanding them as policy makers and clinicians. Mr. Armstrong, at the time of the presentation was the Director of the North Carolina Division of Mental Health and is currently the Vice President for Health Equity & Engagement at the American Foundation for Suicide Prevention. He describes how biases come from people's disposition and lived experience and discusses why society needs to strive not only for cultural competence but also cultural humility through understanding that one can never fully understand someone else's story. ( – 62 minutes – )

Knowledge Bite: How to Address Overdose Risks Among People Experiencing Homelessness:

- This [handout](#) provides recommendations to coordinate systems and align interventions to create and expand culturally responsive harm reduction, housing treatment, and recovery support services. ( – 2 pages – )
- This [recording](#) is presented by Rebecca Boss, Senior Consultant at TAC, and Rachel Post, Senior Associate at TAC. They discuss culturally responsive & coordinated strategies in support of individuals experiencing homelessness with co-occurring disorders to reduce overdose risk. ( – 20 minutes – )

Parity Playbook: This [playbook](#) explains the laws and regulations that pertain to behavioral health parity, how enforcement of laws and regulations take place, and the roles that the state behavioral health agencies play in achieving the goal of parity. Additionally, it provides insight on how insurance policies can interfere with managed care and cost containment processes, which can limit access to care. (📄 – 59 pages – 📺)

Pursuing Racial Equity in Mental Health Care: Laying the Foundation in Organizational Readiness:

In this hands-on [seminar](#) from SAMHSA's African American Behavioral Health Center of Excellence, Dr. Nzinga Harrison provides an understanding of concepts, concrete tools, processes, and strategies that will enable listeners to contribute to cultural change management and development of sustainable initiatives to address race and identity inequity and health disparities in their workplace. Dr. Harrison walks attendees through the [Race Matters Organizational Assessment](#), which assesses organizational equity. (📺 – 78 minutes; 📄 – 2 pages – 📺)

SAMHSA TA Coalition: Centering Racial Equity: The Role of Sustained Community Partnership in Behavioral Health:

This two-part webinar, [Part I](#) and [Part II](#), provides a framework for understanding racism and its impacts and boldly equips leaders and stakeholders with strategies for embracing racial equity as a system-wide value. Part one of this webinar provides strategies for engaging the community, building alliances, and sustaining partnerships in service to the health and well-being of marginalized populations. Through examples and case discussion, racial equity is centrally applied to the most pressing behavioral health issues. Part two of this webinar addresses equity through an in-depth roundtable discussion with Dr. Medlock, the Colorado Behavioral Health Commissioner, and her team. This includes a question-and-answer segment. (📺 – Part 1: 56 minutes; Part 2: 61 minutes – 📺 📺)

SAMHSA TA Coalition: Courageous Conversations: Cultivating Cultural Humility and Managing Biases with Families Facing Serious Mental Illnesses and Serious Emotional Disturbances:

This [webinar](#) explores cultural self-awareness in working effectively across cultural differences with families facing serious mental illnesses. Based on the cultural humility core pillars of establishing a commitment to self-evaluation, fixing power imbalances, and committing to institutional accountability, participants learn practical strategies in working compassionately and authentically with diverse families facing serious emotional disturbances. In addition, this webinar explores implicit and explicit biases and managing biases in advancing behavioral health equity. (📺 – 114 minutes – 📺 📺)



SAMHSA TA Coalition: Deflection, Diversion, and Mental Health Recovery: A Systems Approach and DEI Practice Perspective: During this two-part webinar, [Part I](#) and [Part II](#), Jac Charlier, Executive Director of TASC's Center for Health and Justice, shares TASC's history in deflection and diversion efforts as a Systems-Level DEI practice as well as introducing the original TASC model. Then, Joel Johnson, President and CEO of TASC Inc., presents individual-level, sensible alternatives to incarceration, and best practices in jail release and community reentry services for people with SMI. This discussion is framed through the lens of DEI inclusive of race, gender, sexuality, and income. (📺 – Part I: 90 minutes; Part II: 63 minutes – **S** **N**)

SAMHSA TA Coalition Webinar: Healing the Wounds of Racial Stress and Trauma in Racially and Ethnically Diverse Communities Facing Serious Emotional Disturbances: This [webinar](#) explores four levels of racism: interpersonal racism, internalized racism, institutional racism, and systemic racism in Black, Indigenous and People of Color (BIPOC). Participants discuss historical trauma, biases, and systemic inequities as contributing factors to intergenerational trauma, racial stress and trauma, and community trauma. Healing-centered strategies to address racial stress trauma and community trauma are emphasized. (📺 – 107 Minutes – **S** **N**)

Self-Assessment for Modification of Anti-Racism Tool (SMART): This [presentation](#) is given by Rachel Talley, M.D., Assistant Professor of Clinical Psychiatry at the University of Pennsylvania, and Dr. Sosunmolu Shoyinka, Chief Medical Officer for the Department of Behavioral Health and Intellectual Disability Services (DBHIDS). They discuss how SMART is a tool or roadmap for community behavioral health providers that provides metrics specific to disparity and inequity issues in community behavioral health, extends beyond cultural competency and linguistic appropriateness to incorporate structural inequity, and promotes a stepwise, concrete quality improvement process that could be adapted for self-directed use in community behavioral health settings. (📺 – 69 minutes – **N**)

Social (In) Justice and Black Children's Mental Health: In this [webinar](#) from SAMHSA's African American Behavioral Health Center of Excellence, Dr. Sarah Y. Vinson discusses how social injustice shapes inequities in youth mental health and mental illness. Dr. Vinson walks viewers through the often-concealed parts of society's history of structural injustice and how this affects the systems that serve our children today. (📺 – 55 minutes – **S**)

Strategies for Providing a More Equitable Crisis Continuum for People of Color in the United States: Kristen Neylon from the NASMHPD Research Institute (NRI) presents the findings of the paper, Strategies for Providing a More Equitable Crisis Continuum for People of Color in the United States. This [presentation](#) provides an overview of key strategies that states and providers are implementing to support a more equitable crisis continuum. Megan Lee (CO) and Lori Coyner (OR) join to discuss the efforts in their states to promote equity in behavioral health. (📺 – 26 minutes – **N**)

There is No Parity without Equity: This [presentation](#) is presented by Victor Armstrong, Vice President for Health Equity & Engagement at the American Foundation for Suicide Prevention. The goal of the presentation is to think differently about how to engage with community partners to help minimize disparities in the behavioral health system. (📺 – 54 minutes – **N**)

Other Equity Resources in this Guide:



- [BIPOC & LGBTQIAS+ Mental Health: What Helps, What Harms](#)

LGBTQIA2S+



LGBTQIA2S+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify.



PROGRAM HIGHLIGHT: ARKANSAS ESTABLISHES SAFE FORUM FOR LGBTQ+ COMMUNITY



Arkansas used their 2022 TTI funding to establish a safe forum for individuals from the LGBTQ+ community to provide insight into their needs, challenges, ideas, and desires related to behavioral health services and inclusion. Their goals include developing materials to de-bunk myths related to the LGBTQ+ community, sharing ideas related to coping skills/resilience, and fostering community actions for inclusion and awareness. They will also support current efforts to develop new resources within existing structures, and enhance knowledge, awareness and understanding of LGBTQ+ issues to those who would service this group, particularly in crisis situations, through trainings.




Center of Excellence on LGBTQ+ Behavioral Health Equity: This [organization](#) provides behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities and expressions. Through training, coaching, and technical assistance, they implement change strategies within mental health and substance use treatment systems to address disparities affecting LGBTQ+ people across all stages of life. ( - )

Listening to the Voices of Peers in the LGBTQ+ Community: What Will Make a Difference for 988: In this [information exchange](#), Dr. Joan Gillece, Project Director for NASMHPD, is joined by Rainbow Heights Director of Peer Services, Randy Killings, and Producer Augie Praley to discuss behavioral healthcare in the LGBTQ+ community. ( - 86 minutes - )

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children: This [resource guide](#) offers information and resources to help practitioners in health and social service systems implement best practices to engage and help families and caregivers support their LGBT children. ( - 18 pages - )

Promoting the Wellbeing of LGBTQ+ People and Their Families: This [website page](#) from the SOGIE (sexual orientation, gender identity and gender expression) Center has several manualized and evidence-informed programs that are specific to the populations' needs which take into consideration the complexities of disclosing LGBTQ+ identities, the possible rejection from family and friends, and affirming medical care that many LGBTQ+ individuals need. ( - )

Responding to the Needs of LGBTQ+ Youth and Their Families: This [presentation](#) discusses disparities experienced by LGBTQ+ youth and young adults, as well as the impact COVID has had on this population and their mental health needs. The presenter explains best practices in the safe collection of SOGIE data, developments in culturally responsive services, and opportunities to promote culturally responsive practice with LGBTQ+ youth and their families. ( - 70 minutes - )

SAMHSA TA Coalition Webinar: The Intersection of Mental Health, the Corrections System and Individuals Who Identify as LGBTQ+ and who experience SED/SMI: This webinar, [Part 1](#) and [Part 2](#), explores the many dimensions of support that are needed to create a safe, supportive environment for this population and delve into the explanations as to why these individuals experience disproportionate incarceration rates. Using a "table talk" format, the session shares the experiences of one man who identifies as LGBTQ+ and who has been incarcerated on several occasions. These experiences are contrasted with the cutting-edge programmatic development that is occurring at the District of Columbia Jail. ( - Part 1: 84 minutes; Part 2: 54 minutes -  )

PROGRAM HIGHLIGHT: NEW YORK'S LGBTQ+ WORKFORCE TRAINING

New York used their 2022 TTI funding to develop a statewide crisis workforce training that centered around responding to the needs of LGBTQ+ individuals across the lifespan experiencing a crisis. They worked with the Rainbow Heights Club in Brooklyn, NY to tour their facilities and meet with their staff. This trip produced a great discussion in which staff and directors gave feedback on the crisis system in New York State and how to improve the crisis workforce through training. New York also contracted with the SOGIE Center of Excellence to create two training modules relevant to serving LGBTQ+ individuals across the lifespan experiencing a crisis. This project has allowed the Office of Mental Health to make community connections that are expected to extend far beyond the scope of this singular project.

SOGIE Glossary of Terms: This glossary of terms related to sexual orientation, gender identity, and gender expression (SOGIE) is a resource for behavioral health practitioners to better understand language commonly used in LGBTQ+ communities. The glossary is available in [English](#), [Spanish](#), and [Portuguese](#). It should be noted that people use terms in different ways, and the best practice is always to honor language an individual uses to identify themselves. (📄 – 5 pages, Spanish: 7 pages, Portuguese: 6 pages – 📄)

Who I Am – LGBTQ+ Discuss Experiences with Crisis Service: This [video](#) looks at Rainbow Heights which is a Brooklyn-based support and advocacy program for LGBTQ+ individuals served by the mental health system. It features the voices of Rainbow Heights members discussing their thoughts and experiences with crisis services. (🎬 – 19 minutes – 📺)

Other LGBTQIA2S+ Resources in this Guide:



- [BIPOC & LGTBQ+ Mental Health: What Helps. What Harms](#)






Deaf and Hard of Hearing


PROGRAM HIGHLIGHT: ALABAMA'S "DON'T LET THIS BE YOU" INITIATIVE


In 2021, the Alabama Department of Mental Health (ADMH) recognized a need and opportunity to develop a new strategic plan to guide the Department. As a result, ADMH formulated strategies to ensure health disparities are being addressed and health equity is promoted and attained at state and local levels. ADMH has developed disparity impact statements, statewide trainings are provided in the area of health disparities, and local services are implemented to ensure all Alabamians have the opportunity to attain optimal health, wellness, and independence, one such example is the "Don't Let This Be You" - Alabama Institute for Deaf and Blind (AIDB)/Agency for Substance Abuse Prevention (ASAP) collaboration. ASAP created "Don't Let This Be You" in collaboration with AIDB to provide needed awareness to a community that is often overlooked. AIDB is the world's most comprehensive education, rehabilitation, and service program serving individuals of all ages who are deaf, blind, deafblind, and multi-disabled and their families. With this understanding and knowing that alcohol is the most misused substance among youth in the blind, deaf, and hard-of-hearing population, ASAP created this commercial in hopes of empowering an under-resourced and underserved community. "Don't Let This Be You" is planned to air on multiple media outlets throughout the State of Alabama in January 2023. Find more information [here](#).


988 and Deaf Services: In this [article](#) from Crisis Now, Steven Hamerdinger, Director of the Office of Deaf Services at the Alabama Department of Mental Health, explains how important it is to make sure there is adequate access to communication for deaf people. He emphasizes that it is extremely important for the 988 — National Suicide Prevention Line to have deaf-specific options. Hamerdinger provides solutions to how crisis services can better serve the deaf community. ( - 3 pages - )

Addressing the Complex Crisis Response Needs of Deaf and Hard of Hearing Individuals: This [information exchange](#) has panelist Dr. Stephanie Logan, the Executive Director of DeafLEAD in Missouri, Ivy Velez, a grassroots Latina Deaf advocate in Massachusetts and the current Statewide Coordinator for the Deaf and Hard of Hearing Supports at the Department of Developmental Services (DDS), and moderator Michelle Niehaus, the Program Administrator for Deaf and Hard of Hearing Services for Kentucky. They discuss their experiences providing culturally and linguistically appropriate mental health and crisis intervention services for Deaf people, including children and individuals with developmental or intellectual disabilities. ( - 88 minutes - )

Deaf Services — Education & Training: This [website](#) by the Missouri Department of Mental Health provides various education materials and training for those seeking deaf services. Examples of education materials include Captioning and Visual Accessibility for Information Communication Technologies, Beyond Accessibility: Understanding Language Inclusion, and Mental Health Interpreting. Training provided includes Deaf Services Advocate Training, Deaf Services Training, Training Materials for Substance Use Treatment Counselors. ()

Deaf Services — Information for Providers: The Missouri Department of Mental Health provides on their [website](#) various resources for providers working with deaf services. Resources include downloadable documents and guidelines for General Information, Behavioral Health, Developmental Disabilities, HIPAA FAQ and Guidelines from HHS, and Fact Sheets. ()

NASMHPD Recommendations for Effective Communication Planning and Response with Deaf Communities for 988: This [paper](#) provides recommendations and background that focus on those whose preferred language is American Sign Language (ASL). NASMHPD recognizes the unique needs of people who are deaf and hard of hearing and has consulted with the Deaf Community to develop recommendations for accessing 988 for people who are Deaf/deaf and primary users of ASL. (📄 – 8 pages – )

Promising and Emerging Approaches and Innovations for Crisis Interventions for People Who are Deaf, Hard of Hearing, and Deafblind: This [paper](#) addresses the need for linguistically and culturally appropriate crisis interventions for people who are deaf, late-deafened, deafblind, and hard of hearing. These interventions often include the use of technology. This paper provides background on the use of technology in communication for deaf people, technological approaches, and provides recommendations for establishing linguistically and culturally appropriate crisis services for people who are deaf, and as well as proper implementation of programs. It shares the need to understand the lived experience of deaf people who effectively implement crisis service response for this population. (📄 – 22 pages – )

Intellectual and/or Developmental Disabilities (IDD)


PROGRAM HIGHLIGHT: VIRGINIA'S REACH PROGRAM


The REACH program in Virginia is the statewide crisis system of care designed to meet the crisis support needs of individuals who have a developmental disability (DD) and are experiencing crisis events that put them at risk for homelessness, incarceration, hospitalization, and/or danger to themselves or others. REACH services are available statewide, with one regional program located in each of the Commonwealth's five DD regions (Southwestern, Western, Northern, Central, and Eastern). REACH provides services such as:

- 24/7 crisis assessment and intervention designed to address and resolve crisis situations for individuals with DD who are experiencing a crisis event of a behavioral and/or psychiatric nature.
- Brief residential crisis therapeutic services at an Adult or Youth REACH Crisis Therapeutic Home for stabilization of a crisis, planned prevention, or as a step-down from a state hospital, training center, or jail.
- Training and education to the larger community (e.g., CSBs, families, providers, law enforcement, hospitals) both on REACH services and on topics that are pertinent to the population which REACH serves.


For more information view [here](#).

Advocacy Series: Involving Advocates in Policy Work: During this [podcast](#), Max Barrows and Hasan Ko from Green Mountain Self Advocates discuss how state leaders can advocate and propel disability policy work. Topics discussed include: making sure individuals with lived experience always have a seat at the table, how states can support people with lived experiences and encourage mentorship, and ideal approaches when working on policy. (🎧 – 20 minutes)

If I Was Captain of This Ship: In this [podcast](#), Robin Cooper, a Medicaid expert and former employee at National Association of State Directors of Developmental Disabilities Services (NASDDDD), discusses what she learned working in the disability field and her hopes for the future. Discussion topics include what can states do to help others join the field, and what are the biggest challenges for the service delivery systems. Cooper also discusses how to best plan and prepare for these challenges, and ways to try to avoid challenges all together. ( – 12 minutes)

Intellectual and/or Developmental Disabilities (IDD) and Mental Health Support Briefs: These papers, listed below, from NASDDDD offer outlined modifications to personalize traditional mental health treatments for persons with IDD. Targeted to mental health practitioners, the briefs hope to effectively improve outcomes, particularly for those people with I/DD and co-occurring mental health conditions. ()



- [Adaptations to Assertive Community Treatment for IDD](#) (2 pages)
- [Adaptations to Cognitive Behavioral Therapy for IDD](#) (7 pages)
- [Adaptations to Dialectical Behavior Therapy for IDD](#) (8 pages)
- [Adaptations to Positive Parenting Program for IDD](#) (4 pages)
- [Adaptations to Trauma Focused CBT for IDD](#) (5 pages)
- [Adaptions to EMDR for IDD](#) (3 pages)
- [Adaptions to Multisystemic Therapy for IDD](#) (4 pages)



National Association of State Directors of Developmental Disabilities Services' (NASDDDS) State Agencies Map: This [website](#) lists all 50 state's intellectual/developmental disabilities agency addresses, phone numbers and state websites. Search through the interactive map or state name list below. ()

American Indian and Alaska Native (AI/AN)



PROGRAM HIGHLIGHT: NEBRASKA'S FRONTIER AREA RURAL MENTAL-HEALTH CAMP AND MENTORSHIP PROGRAM (FARM CAMP)



Nebraska's Frontier Area Rural Mental-Health Camp And Mentorship Program (FARM CAMP) is a week-long summer program for high schools on reservations designed to introduce rural students who are interested in behavioral health careers to the field and connect them with mentors working in rural communities. The program is also intended to help with the drastic shortage of mental and behavioral health providers in Nebraska's most rural settings. Students learn about careers in behavioral health, as well as psychology, mental health treatment, and ethics. Participants earn college credit through Little Priest Tribal College. Outside of their classes, students participate in full wellness activities and worked on a PhotoVoice project about life on the reservation. The program is funded in part by the Behavioral Health Education Center of Nebraska (BHECN) at the University of Nebraska Medical Center. Find more information here. For more information view [here](#).

Approaches to Support Justice-Involved Tribal Members: This [webinar](#) from the SAMHSA GAINS center presents considerations and recommendations for developing culturally relevant programming for Tribal members who are justice-involved. ( – 94 minutes – )

Indigenous Partner Engagement Fact Sheets: The TTI team created these Fact Sheets for FY2022 grantee states to share information and ideas about fostering appropriate, mutually beneficial relationships with local Indigenous communities. ( – )

- **States with Tribal Nations:** [Connecticut](#), [Delaware](#), [Indiana](#), [Iowa](#), [Kansas](#), [Louisiana](#), [Maryland](#), [Mississippi](#), [Nevada](#), [New York](#), [Oklahoma](#), [Rhode Island](#), [South Carolina](#), [Texas](#), [Washington](#)
- **States without officially recognized Tribal Nations:** [Arkansas](#), [Kentucky](#), [Pennsylvania](#), [Tennessee](#), [West Virginia](#)
- **Pacific Jurisdictions:** [American Samoa](#), [Commonwealth of the Northern Mariana Islands](#), [Guam](#), [Hawaii](#)

Making Relatives: Healing Soul Wounds: In this [information exchange](#), AI/AN national behavioral health subject matter experts, Andy Hunt and Dolores Jimerson, introduce their innovative, culturally appropriate guide “Making Relatives” which was developed to address the unique needs of different Tribal reservations. This written guide focuses on identifying and fostering natural helpers within communities to support individuals experiencing crises. ( – 88 minutes – )

- **Making Relatives: A Guide for Healing Soul Wounds:** This [workbook](#) aims to promote prevention by connecting people in communities to help eliminate the sense of being alone, of being a burden, of not having someone who understands and to increase connection to each other. This is for family, friends, community members, and anyone who wants to be prepared in the event they recognize someone needs support. ( – 33 pages – )

PROGRAM HIGHLIGHT: WASHINGTON’S NATIVE AND STRONG LIFELINE

In 2021 and 2022, Washington launched the Native and Strong Lifeline (Tribal 988 line) supported by various partners including the TTI grant. The Native and Strong Lifeline is a National Suicide Prevention Lifeline designed specifically to serve Native communities and the and provide capacity building support to the Native Resources Hub, provides culturally attuned resources to families and Indian Health Care Providers navigating complex health systems. Through TTI, the programs operated by the Volunteers of America (VOA) developed training materials for their Native and Strong Lifeline staff and Tribal Behavioral Health Aides.

TTI also supports The Native Resources Hub in accessing electronic storage for their library of culturally aware behavioral health information and local resources. This archive helps callers access behavioral health, social services, and crisis resources that are specific to Native health. Providing this vital knowledge and sharing it with the community is crucial to the success of these programs. In addition to the TTI funded project, leveraging additional resources, the Native and Strong Lifeline has hired and trained fourteen Native dispatchers. The Lifeline has also worked with local Native artists to develop culturally relevant logos and promotional materials. For more information on the Washington Native and Strong Lifeline, check out their website [here](#).

The Roots of Understanding Tribal Relations, Part I: In this [information exchange](#), AI/AN national behavioral health subject matter experts, Andy Hunt and Dolores Jimerson, discuss and examine ways states may work with Tribal and Urban Indian communities and behavioral health systems. They share their expertise on how the historical mistreatment of Tribal communities influences present-day efforts to rebuild trust as states/territories plan for 988 implementations and the expansion of crisis services.

(📺 - 83 minutes - **N**)

The Roots of Understanding Tribal Relations, Part II: This [information exchange](#) is comprised of a dynamic conversation with AI/AN national behavioral health subject matter experts, Dolores Jimerson and Andy Hunt. John Oliver from HI and Lucilla Mendoza from WA talk about their TTI projects focused on AI/AN populations. Presenters answer various questions regarding Native/Tribal engagement and the expansion of crisis systems. (📺 - 86 minutes - **N**)

Tribal Courts are Problem-Solving Courts: The Healing to Wellness Model: In this [webinar](#) from the SAMHSA GAINS Center, experts on Tribal law, policy, and behavioral health systems present strategies for implementing the Healing to Wellness court model to engage Native American individuals with mental and substance use disorders. Tribal Healing to Wellness Court brings together treatment, healing resources, and the tribal justice process by using a team approach to achieve healing of the participant and to promote Native nation-building and the well-being of the community. (📺 - 92 minutes - **S**)



CHILDREN AND ADOLESCENTS

PROGRAM HIGHLIGHT: TENNESSEE'S SHIELD OF CARE

Tennessee's 2022 TTI project was funded to expand the utilization of Shield of Care, a research-informed suicide-prevention curriculum that teaches juvenile detention staff strategies to prevent suicide within youth detention settings. The expanded initiative provides staff in these centers with suicide prevention skills, self-efficacy in suicide prevention, and knowledge of suicide risk and protective factors to reduce incidents of suicide within their facilities. Shield of Care Partnered with Youth Villages, a statewide children and youth mental health provider, who hired staff, familiarized themselves with the curriculum, and developed a master plan. The goal is system-wide suicide prevention communication, policy and procedure knowledge, connectedness between staff and youth, and self-efficacy to work through facility-level barriers to suicide prevention. More information on Shield of Care can be found [here](#).



Achieving Positive Outcomes: Using Family Engagement as a Core Strategy: This TTI 2023 [Information Exchange](#) from the Family-Run Executive Director Leadership Association (FREDLA) covers the following learning objectives: understand the outcomes associated with engaging families, identify how more than 30 years of research can shape efforts toward priority outcomes, identify one strategy that can be applied to promote increased family engagement in respective states and describe the value of partnerships with families to institutional culture and practice. (📺 - 57 minutes - 📌)



- **Part 1:** In this [information exchange](#) Pat Hunt, from FREDLA, discusses achieving positive outcomes by finding where families and systems meet. (📺 - 62 minutes - 📌)
- **Part 2:** In this [information exchange](#), Pat Hunt from FREDLA discusses realigning services and working with families to realize the value of community-based options confirmation. (📺 - 49 minutes - 📌)

Center of Excellence for Infant and Early Childhood Mental Health Consultation: IECMHC, a SAMHSA-funded [website](#), is a prevention-based approach resource that pairs a mental health consultant with adults who work with infants and young children in different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention, and in their home. Mental health consultants develop relationships with adults and caregivers in young children's lives to build their capacity and skills to strengthen and support the healthy social and emotional development of children before formalized intervention is needed. (🌐 - 📌)





Community Youth Resource Mapping: This [graphic](#) provides guidance on elevating the voices of youth in community mapping efforts. Community youth resource mapping is a process that identifies what resources and opportunities are available to youth in a community. Mapping also identifies current community needs. When community resource mapping is youth-driven, the resulting map reflects both the resources available and the resources that youth choose to access and utilize. (📖 - 1 page - 📌)

Elevating Youth Voices: This [presentation](#) focuses on elevating youth voice and choice by using the Youth/Young Adult Voice at Agency Level (YVAL) toolkit for gauging meaningful youth engagement, evolving appropriate crisis services, and 988 readiness for adolescent and young adult populations. Hear from Youth Program Specialist, Shayn MacDonald and Youth Program Coordinator, Lydia Proulx of Youth MOVE National, a youth-driven organization that advocates for youth rights and agencies in mental health systems. (📺 - 88 minutes - 📌)







Implementing Trauma Informed Approaches at the State Level to Promote Resilience in Infants, Toddlers, Young Children, and Their Families: This [webinar](#) from the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), discusses a systemwide approach to mitigating trauma and early adversity through training and other workforce supports available to infant, toddler, and early childhood staff at all levels of the system. NTTAC discusses how Building Strong Brains Tennessee emerged with support from the executive branch, the TN legislature, and stakeholders across sectors. Participants consider how the work in TN can inform efforts to implement trauma-informed approaches on an organizational level and within initiatives serving young children, particularly in the context of the pandemic and recovery. ( – 44 minutes – )

Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: This [resource](#) from SAMHSA provides a state-by-state look at Intensive Care Coordination (ICC) and wraparound services for children and youth. Highlighted programs span from pre-implementation to implementation and sustainability phases. Topics addressed include funding, youth peer support, screening and much more. ( – 437 pages – )

Knowledge Bite: Using Telehealth and Parent and Youth Peers on Mobile Response Teams to Address Workforce Issues in Rural Areas:

- This [handout](#) discusses the background of telehealth and how parents and youth with lived experience can aid this tool. ( – 2 pages – )
- In this [recording](#) presented by Dayana Simons (she/her), Senior Consultant at TAC, and Sheamekah Williams (she/her), Director of Children, Youth, and Family Services at Oklahoma DMHSA they discuss Oklahoma’s innovations with telehealth and how it has improved in Mobile Response Teams. ( – 32 Minutes – )

NASMHPD Children, Youth and Family Division 2023 Virtual Annual Meeting:

- **Session 1: EMTALA and its Relevance to Children & Youth Hospital Admissions:** In this [presentation](#), Dr. Debra Pinals with the Michigan Department of Health and Human Services and NASMHPD provides an overview of the Emergency Medical Treatment & Labor Act (EMTALA) that regulates admissions and care of Medicaid-receiving psychiatric hospitals. She discusses its application to the current crisis of children and youth with high acuity needs in emergency departments. Dr. Brian Hepburn, NASMHPD Executive Director, provides a state example of how EMTALA was enforced and its impact. ( – 67 minutes – )
- **Session 2: Improving Collaboration between Child Welfare and Behavioral Health:** In this [presentation](#), Julie Collins with the Child Welfare League of America (CWLA) provides an overview of the national landscape of child welfare and CWLA’s engagement with public and private agencies and partners to advance best practices. Collaboration between state behavioral health and child welfare agencies is highlighted by representatives from Kentucky and Kansas. ( – 86 minutes – )
- **Session 3: Infant and Early Childhood Mental Health Best Practices:** In this [presentation](#) Amy Hunter and Emily Aron, with the Georgetown Center of Excellence for Infant and Early Childhood Mental Health (IECMH), present on national best practices for prevention and early intervention, including the Certificate in Infant and Early Childhood Mental Health. Exemplary early prevention and intervention initiatives are highlighted by Maryland and New York. ( – 72 minutes – )

- **Session 4: First Episode Psychosis Initiatives:** In this [presentation](#) Dr. Iruma Bello of OnTrackNY provides an overview of coordinated specialty care (CSC) – a recovery-oriented, team approach to treating early psychosis – and focus on how to have a statewide approach. Dr. Jessica Pollard discusses the elements of successful early detection of psychosis campaigns. (📺 – 88 minutes – 📄)


A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth: This [paper](#) reviews the need for and components of crisis stabilization services for children, youth, young adults, and their families. While mobile response can and should be designed to respond to immediate incidents, de-escalate situations, and begin the process of stabilization, states and localities must ensure they also have sufficient capacity to refer and deliver stabilization services. This paper describes crisis stabilization services, like 988, and their importance for supporting youth and families, focusing on System of Care values and principles. (📄 – 29 pages – 📄)


SAMHSA TA Coalition: 988 and What it Means for Families of People with Serious Mental Illness: During this two-part webinar, [Part I](#) and [Part II](#), hear from experts about the national rollout of 988, and how families and people with serious mental illness are involved. Learn from advocates working in two states about what is going right and where efforts are coming up against challenges. Additionally, hear how families can prepare to use 988, with practical tips for crisis planning. (📺 – Part I: 85 minutes; Part II: 59 minutes – 📄 📄)

SAMHSA TA Coalition: Meeting the Mental Health Needs of Youth Before Crisis: Utilizing Warmlines: This [webinar](#) is presented by Shannah Mulvihill, Executive Director of Mental Health Minnesota Michelle Aune, Executive Director for MHA of Montana Genea Fields, Program Director for MHA of Montana. They discuss the importance of having someone to talk with, making a connection, and finding resources can help prevent youth struggling with their mental health from reaching a point of crisis. (📺 – 93 minutes – 📄 📄)

SAMHSA TA Coalition Webinar: Helping Every Student in Need: A 5 Year Vision for School-Based Mental Health: In this two-part webinar, [Part I](#) and [Part II](#), Amy Kennedy, Education Director for The Kennedy Forum, and Duncan Young, CEO for Effective School Solutions, make the case for instilling a Multi-Tiered System of Support for Mental Health Frameworks in Schools. Topics include the importance of universal mental health screenings, how to identify permanent and sustainable funding streams for mental health service delivery, and how to create a School-Based Mental Health Scorecard to measure key performance indicators. (📺 – Part 1: 60 Minutes; Part 2: 60 Minutes – 📄 📄)

SAMHSA TA Coalition: Social Connectedness — A Key Component to Youth Mental Wellness, Including Youth with Serious Mental Illness or Emotional Disturbances: This two-part webinar has the Wisconsin Office of Children’s Mental Health (OCMH) and the Maine Resiliency Building Network discuss their approaches to promoting the mental health and well-being of youth. [Part I](#) highlights both programs and includes program directors and people with lived experience discussing their role in the work. [Part II](#) is a fishbowl discussion with questions from participants. One or two representatives from each organization answer questions and have a discussion with each other about the importance of collaboration, community involvement, and how we can all do this work more collectively and effectively. (📺 – Part I: 78 minutes; Part II: 46 minutes – 📄 📄)

SAMHSA TA Coalition: Youth Residential Homes — We know there are problems, what can we do to improve community-based services: In this two-part webinar, [Part I](#) and [Part II](#), reviews recent reports and news stories documenting the issues with youth residential facilities and discuss work in two states (Maine and Massachusetts) to foster the creation of community-based services for youth with serious mental illness and serious emotional disturbance. Speakers review specific remedies that have been implemented at the state and local level, as well as some recently proposed initiatives. (📺 – Part 1: 91 minutes; Part 2: 56 minutes – )

Understanding and Planning for Children’s Mobile Crisis: In this [presentation](#), Elizabeth Manley discusses the fundamentals of tailoring crisis systems to the youth population and why it is crucial to invest in children’s crisis and stabilization services, peer involvement, and interrupting care pathways. Elizabeth Manley is a subject matter expert in Mobile Response Stabilization Services and Children’s Crisis Services, specializing in technical assistance for children’s behavioral health service innovation. (📺 – 79 minutes – )

Other Children & Adolescent Resources in this Guide:


- [Trauma Addictions Mental Health and Recovery for Youth \(TAMAR-Y\) Facilitator’s Manual](#)
- [Youth Peer Support Section](#)





CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)


PROGRAM HIGHLIGHT: GUAM'S MOBILE CRISIS RESPONSE TEAM PILOT PROGRAM


In 2022, the Leon Guerrero-Tenorio Administration announced their initiatives to assist the people of Guam who are in crisis through behavioral health treatment provided collaboratively by the new Mobile Crisis Response Team (MCRT) pilot program. The program was established by Guam Behavioral Health and Wellness Center (GBHWC) and funded by a SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Expansion grant, also known as Project Ågang (aw-gang), which means “call” in Chamorro - Guam’s indigenous language. Led by GBHWC in partnership with the Guam Police Department and Guam Fire Department, the program allows for a team of behavioral health specialists to either respond alone or alongside first responders to crises involving mental health, suicide, depression, homelessness, and substance use and links the individuals to the appropriate care they need.

Approaches to Sustainability for CCBHCs: Guidance for Grantees: This [paper](#) aims to summarize CCBHC Expansion Grantee’s efforts and identify impactful strategies being utilized to achieve sustainable funding. It shows that the most promising course of action seems to be partnerships to create a permanent CCBHC funding mechanism at the state level. ( – 12 pages)

CCBHCs and the Prospective Payment System: This [cheat sheet](#) explains the Prospective Payment System (PPS) supports clinics’ cost of expanding services and provides more flexibility. ( – 2 pages)

CCBHC Communications Toolkit: This [toolkit](#) is a compendium of resources CCBHCs can use to promote education, provide awareness and buy-in on the model internally and externally. The materials are designed to be a starting point and can be tailored to the needs of the organization. The toolkit is available in English and Spanish and includes an Introduction Slide Deck, Criteria On-Demand Lessons, Grant Public Relations Toolkit, and Value Proposition Guide. (

CCBHC Evidence-Based Practice Reference Guide: This [resource](#) serves as a brief reference for CCBHCs on the most common implementation requirements and established EBPs across CCBHCs. It provides information on identifying and incorporating the target populations, staffing considerations, and training and fidelity resources available to aid implementation. ( – 23 pages)

CCBHC New Grantee Resource Package: This [resource](#), available in English and Spanish, provides SAMHSA CCBHC grantees, especially those new to the grant program, with information on CCBHC implementation practices and management of the expansion grant requirements. The resource includes guidelines, references, an adaptable sample work plan, a compilation of frequently asked questions, and direct links to relevant CCBHC templates and toolkits. ( – 35 pages)

CCBHC Success Center: This [site](#) through the National Council for Mental Wellbeing gives information about CCBHCs, how they work, and the data and impact of them. It also has an interactive map to learn about where and how CCBHC’s are being implemented nationwide. (

Responding to and Preventing Crises: CCBHCs, Urgent Care and an Example of One Health System in Maryland and its Approach to Crisis Services within an Accessible Psychiatric Care Continuum: This [paper](#) can help state leaders aiming to establish their own crisis services systems. It highlights the Crisis Now model for community-based crisis prevention and postvention, which is the model for Certified Community Behavioral Health Clinics (CCBHCs). This paper also showcases the Sheppard Pratt Health System in Maryland, which operates a CCBHC funded by an expansion grant, and describes how it links crisis response efforts to services that meet population needs. (📄 – 31 pages – 📄)

Understanding CCBHC Funding Streams: This [document](#) outlines the key elements and differences between the two CCBHC funding mechanisms: Medicaid Demonstration and SAMHSA CCBHC Expansion Grants. (📖 – 1 page)

Other CCBHC Resources in this Guide:

- [NASMHPD Meet-Me Call: Data Drives Funding](#)





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