

**NASMHPD**

FY23: Transformation  
Transfer Initiative  
**Initiative Directory**

And Self-Reported Summaries



# ALASKA: Workforce Development

## *Developing Universal Crisis Staff Training*

### **Overview**

While Alaska's current training infrastructure supports crisis services, it is not comprehensive and is unable to fully meet the needs of the workforce as we develop our crisis continuum of care. Increasing our workforce via peer support specialists as well as providing training to those individuals who are providing crisis response services will be critical in ensuring Alaska's success as we move forward. A series of universal trainings for crisis service workers will ensure a more structured and consistent approach in line with best practices, a common language as individuals work across regions, and provide the workforce with support in this difficult and challenging work. Finally, it will provide our rural providers who have limited resources with a valuable training resource for their staff. Training component goals include offering training at differing levels depending on the needs of the trainee, to include individuals seeking to become certified peer support specialists (adult, child/youth, family navigators), behavioral health aides serving villages, clinicians, substance use disorder counselors, and other professionals.

### **Population of Focus**

The target population is individuals working in the crisis system including Peer Support Specialists (including adult, child/youth and family navigators), behavioral health aides serving villages, clinicians, substance use disorder counselors and other professionals. This group was selected because these individuals are the "boots on the ground" doing the crisis work in their region.

We are attempting to support them and create more universal trainings they can participate in around crisis response services. Offering training in crisis services for any provider statewide also creates a common structure, approach, and language for those working in the crisis continuum. Additionally, it has the secondary gain of increasing the number of trained peer supports to bolster the behavioral health and substance use disorder system of care.

### **988 Integration**

This TTI is focused on increasing training for the workforce within the crisis response continuum in Alaska. We are currently working with the 988 call center and Careline to ensure connection to our behavioral health and SUD providers to ensure individuals in crisis are connected to these providers in their area who are doing the direct service work.

### **Lived Experience**

Peer support specialists are a part of this initiative and will benefit from the training.

### **Innovation & Challenges**

Creating a training system that will work statewide that will reflect the diversity of our state is both the innovation and the challenge. An additional challenge is bringing together many training approaches that are already being utilized.



# ALASKA: Workforce Development

## *Developing Universal Crisis Staff Training*

### **Data & Evaluation**

Outcome measures include:

- The number of new crisis services training modules developed for any provider (peer, behavioral health aide, SUD counselor, QAP, clinician) state-wide
- The number of unduplicated behavioral health & SUD providers registered for crisis services training,
- The number of unduplicated peer support specialists registered for crisis services training,
- The number of unduplicated behavioral health aides registered for crisis services training,
- The number of behavioral health & SUD providers who have completed crisis services training as evidenced by the number of completed trainings,
- The number of peer support specialists who have completed crisis services training as evidenced by the number of completed trainings by individuals,
- The number of behavioral health aides who have completed crisis services trainings as evidenced by the number of completed trainings by individuals,
- And the total number of hours of crisis services trainings completed.



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# AMERICAN SAMOA: Crisis & Community Trauma

## *Integrating Trauma-inclusive Approaches in Crisis Care*

### **Overview**

American Samoa will transform crisis response in the territory by integrating trauma-inclusive approaches and care for individuals and communities experiencing a crisis, specifically individuals with a Severe Mental Illness or Serious Emotional Disorder. The AS TTI 2023 Project is a new effort that focuses on training and building the capacity of Peer Support Specialists (in the community) in Trauma Informed Care and strengthening the coordination of community crisis and trauma response with the American Samoa 988 Crisis Helpline and Center. The collaboration between community-based crisis and trauma response and government crisis response services will enhance our capacity to respond to individuals experiencing a crisis and/or trauma.

### **Population of Focus**

We have selected to focus on crisis response workers both state and non-profit organizations who serve individuals experiencing crisis/trauma in the community, specifically individuals with a Severe Mental Illness and/or Serious Emotional Disorder. We chose this population with the intent of building their capacity to respond to crisis/trauma in the community with a specific focus on Peer Support services available in the community.

### **988 Integration**

This TTI project will help to improve and enhance the American Samoa 988 crisis response efforts through its coordination with community-based mental health Peer Support Specialists. There will also be ongoing support from the American Samoa 988 Coalition which consists of community and state crisis response service providers.

### **Lived Experience**

In addition to training individuals with lived experience and Peer Support Specialists, this TTI project relies significantly on existing (yet limited) peer support service delivery in order to reach individuals in the community who may be experiencing crisis/trauma. As such, one of our two goals for this project involves contracting local peer support specialists to engage at least 100 individuals from the community who are experiencing crisis/trauma and provide them crisis support or refer them to the American Samoa 988 crisis support services or to behavioral health treatment services as needed.

### **Innovation & Challenges**

For American Samoa, peer support services is lacking and the network of individuals with lived experience who can provide peer support during a crisis/trauma is very small. The most innovative aspect of our TTI project is the opportunity to collaborate with the limited existing peer support network on island and to help build their capacity to engage individuals in the community (with focus on individuals with SMI or SED) who are experiencing a crisis and/or trauma. Essentially, this project will allow us to build, strengthen and expand Peer Support services and network in the territory - for the first time.

### **Data & Evaluation**

Through the two goals intended for this TTI project, we plan to expand and improve 988 crisis services in the territory by training crisis response workers across the state and in the community (including NGOs) in Trauma Informed Care



# AMERICAN SAMOA: Crisis & Community Trauma

## *Integrating Trauma-inclusive Approaches in Crisis Care*

### **Data & Evaluation (Continued)**

approaches and increasing the accessibility of individuals in the community to crisis services through the use of community-based (NGOs) peer support specialists..

We plan on collecting the following data to substantiate the improvement of local 988 crisis services:

- 1) Volume of Calls to the 988 Crisis Helpline
- 2) Number of Crisis Response Workers, Peer Support Specialists and Individuals with Lived Experience Trained in TIC
- 3) Number of Referrals Received from community-based and state crisis response service

### **Other**

The level and extent of the coordination between state and local community-based peer support services that this project offers will be the first time for such a partnership.



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# ARKANSAS: Serving Under-Resourced Minority Communities

## *Developing LGBTQ+ Training Programs*

### **Overview**

Arkansas is developing training programs for a broad spectrum of persons with modules designed to reduce stigma and increase awareness and cultural sensitivity. Train-the-trainers will be included for sustainability. A documentary will be produced to illustrate LGBTQ+ community and struggles with mental health, stigma, and challenges accessing services. Implementation of Safe Places: Stigma-free Workplace program which will target management staff and stress the importance of effective conversations with staff as well as the importance of accessing services and supports.

### **Population of Focus**

Recent attempts to pass national legislation and legislation passed in Arkansas was very disheartening.

### **988 Integration**

988 is currently under the oversight of the Arkansas Department of Health although we have an excellent working relationship and often exchange information and ideas. DHS also assists with ensuring call center staff have the most up-to-date information on MH resources.

### **Lived Experience**

Arkansas has recently aligned SUD and MH Peers so that both receive the same core training coursework. While our Peer workforce is growing, it is still growing at a slower rate than hoped. Many have completed trainings,

but are not working as a Peer which prevents the ability for supervised work experience which is required for certification.

The driving force behind the 2022 and 2023 is the Arkansas Inclusive Network (AIN) which is comprised of persons who self-identify as LGBTQ+ or are active advocates.

### **Innovation & Challenges**

Equity and inclusion has become a mandatory training in many workplaces. However, the quality and accuracy of those trainings has come under question. Our hope is that the training developed under this grant can be adopted by multiple agencies and implemented across the state. Our biggest challenge will be dealing with the current work force deficits which may impede upon time for training our targeted population of first responders and crisis workers.

### **Data & Evaluation**

NAMI Arkansas will begin by assessing stakeholders, including individuals and external individuals or organizations interested in bridging the gap in mental health within the LGBTQ+ community. During this assessment, AR will look for specific gaps which need to be addressed.

NAMI Arkansas will track qualitative and quantitative meaningful outcomes. NAMI Arkansas will include a pre-test and post-test to track the training participant's knowledge of the mental health resources and available help, such as 988 and the NAMI Arkansas helpline.



# ARKANSAS: Serving Under-Resource Minority Communities

## *Developing LGBTQ+ Training Programs*

### **Data & Evaluation (Continued)**

NAMI Arkansas will be adding pre-test and post-test questions to capture training participants' changes in attitude and understanding of the LGBTQ+ community, especially during a crisis. This will ensure that the training participants can give culturally sensitive care regardless of the length of the crisis workers encounter.



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# NORTHERN MARIANA ISLANDS: Workforce Development

## *Coordinating Core Behavioral Health Training*

### **Overview**

This TTI project will improve behavioral health services and enhance 988 readiness by coordinating core behavioral health trainings in Mental Health; Substance Use Disorder Prevention, Treatment, and Recovery; Peer Support; and Crisis Response for all CNMI Commonwealth Healthcare Corporation: Community Guidance Center (CGC) employees on Saipan, Rota, and Tinian. These trainings, in addition to providing core, fundamental Behavioral Health training, also serve as required courses towards certification as a Prevention Specialist, Peer Specialist, Alcohol and Drug Counselor, and/or Behavioral Health Aide. As all 988 Program employees will be trained in the core behavioral health trainings, in addition to specific crisis response service training, the readiness of the team will be enhanced through increased knowledge and skill set development.

### **Population of Focus**

The population of focus is the CNMI CHCC Behavioral Health workforce, peers, and key partners in the CNMI and Pacific Jurisdiction. Behavioral Health workforce recruitment has and continues to be a challenge in the CNMI and Pacific region. The CGC leadership partners with Pacific Behavioral Health leaders to build workforce capacity from within by promoting ongoing professional development and certification opportunities for the existing workforce, as well as for new employees, peers, and partners across the CNMI and Region.

### **988 Integration**

Yes, the CNMI CHCC has a 988 Program. This TTI Initiative supports the ongoing work of the 988 team by extending all Behavioral Health training and workforce development planning activities and opportunities to them. In addition to specific 988 and crisis response training opportunities, the 988 team will have core Behavioral Health training as well that leads towards certification with the intended outcome of building local workforce capacity.

### **Lived Experience**

The Community Guidance Center embodies peer support services and activities in its Mental Health; Substance Use Disorder Prevention, Treatment, and Recovery; and Crisis Response programs, supports private and non-profit Peer Support Groups in the CNMI, and has include Peer Support training and certification in this initiative. The role of peers remains most crucial and is involved at every stage of assessment, planning, implementation, and evaluation for this initiative.

### **Innovation & Challenges**

The most innovative aspect is the effort to not only promote individual training but to plan training activities towards the pursuit of certification across the Behavioral Health disciplines. The development of a certification guide as well as a Behavioral Health Aide Program are also innovative in nature to the CNMI as new endeavors.



# NORTHERN MARIANA ISLANDS: Workforce Development

## *Coordinating Core Behavioral Health Training*

### **Data & Evaluation**

- 1) The number of staff, volunteers, peers, and partners trained and measurable outcome of training as it relates to impact on Behavioral Health work, inclusive of crisis response services, and the estimated number of Behavioral Health consumers the trained staff will interact with,
- 2) The number of staff trained in each of the identified train the trainer sessions, the number of trainings (or training participants) that the trainer will train, and the estimated number of Behavioral Health consumers (children, adolescents, and adult) that the trained staff will interact with,
- 3) The number of staff, volunteers, peers, and partners who pursue and complete certification requirements as a Prevention Specialist, Peer Specialist, Alcohol and Drug Counselor, and Behavioral Health Aide and the estimated number of Behavioral Health consumers that the certified individuals will interact with.



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# NORTHERN MARIANA ISLANDS: Facilitating Timely Access

## *Establishing Mobile Crisis*

### **Overview**

The Commonwealth of the Northern Mariana Islands is expanding services beyond the 988 Crisis Line to include the planning, implementation, and evaluation of Mobile Crisis Response services as part of comprehensive CNMI CHCC Behavioral Health Crisis Care services.

### **Population of Focus**

The population of focus is the CNMI CHCC Behavioral Health workforce, peers, and key partners in the CNMI and Pacific Jurisdiction. This population was selected as Behavioral Health workforce recruitment has and continues to be a challenge in the CNMI and Pacific region. To address the challenge, the CGC leadership partners closely with Pacific Behavioral Health leaders to build workforce capacity from within by promoting ongoing professional development and certification opportunities for the existing workforce, as well as for new employees, peers, and partners across the CNMI and Region.

### **988 Integration**

This TTI Initiative will support the ongoing work of the 988 team by extending all Behavioral Health training and workforce development planning activities and opportunities to them. The 988 team will have core Behavioral Health training as well that leads towards certification with the intended outcome of building local workforce capacity.

### **Lived Experience**

The Community Guidance Center embodies peer support services and activities in its Mental Health; Substance Use Disorder Prevention, Treatment, and Recovery; and Crisis Response programs, supports private and non-profit Peer Support Groups in the CNMI, and has include Peer Support training and certification in this initiative. The role of peers remains most crucial and is involved at every stage of assessment, planning, implementation, and evaluation for this initiative.

### **Innovation & Challenges**

The most innovative aspect is the effort to not only promote individual training but to plan training activities towards the pursuit of certification across the Behavioral Health disciplines. The development of a certification guide as well as a Behavioral Health Aide Program are also innovative in nature to the CNMI as new endeavors.

### **Data & Evaluation**

- 1) The number of staff, volunteers, peers, and partners trained and measurable outcome of training as it relates to impact on Behavioral Health work, inclusive of crisis response services, and the estimated number of Behavioral Health consumers the trained staff will interact with.
- 2) The number of staff trained in each of the identified train the trainer sessions, the number of trainings (or training participants) that the trainer will train, and the estimated number of Behavioral Health consumers (children, adolescents, and adult) that the trained staff will interact with.



# NORTHERN MARIANA ISLANDS: Facilitating Timely Access

## *Establishing Mobile Crisis*

### **Data & Evaluation (Continued)**

3) The number of staff, volunteers, peers, and partners who pursue and complete certification requirements as a Prevention Specialist, Peer Specialist, Alcohol and Drug Counselor, and Behavioral Health Aide and the estimated number of Behavioral Health consumers that the certified individuals will interact with



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# COLORADO: Workforce Development

## *Building a Crisis Work Curriculum*

### Overview

This project builds a comprehensive curriculum for crisis work to be used as foundational and specific skills aimed at empowering the crisis personnel to feel equipped to deescalate all types of crisis presentations. This effort centralizes all the required trainings on a learning management system and is available to anyone in the field or interested in pursuing crisis work.

### Population of Focus

This is required for all crisis staff and available to anyone interested in entering the field and/or adding specialty curriculum on top of existing credentials.

### 988 Integration

This is required training for all crisis staff and will be developed in close collaboration with the 988 answering organization in Colorado. We are exploring developing a call-center sub-track.

### Lived Experience

People with lived experience will sit on our advisory panel, which will have a range of oversight duties in the realm of curriculum development and approval.

### Innovation & Challenges

The centralized curriculum for a designated type of behavioral health worker (crisis) is a unique model. Our partnership with the community college system works to increase and enhance the workforce in this niche service of crisis work. The greatest challenge is that this is a huge undertaking and system-transformative.

### Data & Evaluation

The Learning Management System will track curriculum completion, so by June 30, 2024, we will know if 150 staff have it completed. Provider perception of empowerment, efficacy, and safety will be tracked through a pre- and post-curriculum self-assessment. Improvements of care quality will be tracked through chart audits as well as data reporting including the following measures:

- Reduction in rejected dispatch requests
- Reduction in referrals to higher levels of care (already in place is outcome measure of 65% of mobile calls are able to stay in the community- after the first year of the curriculum completion, will increase to 70%)
- Reduction in staff turnover



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# CONNECTICUT: Workforce Development

## *Improving Crisis Data Collection*

### **Overview**

This initiative supports the Connecticut Alliance to Benefit Law Enforcement's interest in collaborating with the Department of Mental Health and Addiction Services. CABLE is using funds to address notable data collection voids and to investigate new and innovative initiatives to achieve the following goals under the Workforce Development topic: 1) To assess the effectiveness of current crisis related services through data collection initiatives that inform the improvement and expansion of crisis services in Connecticut. 2) To examine the viability of a regional crisis response structure designed to expand the continuum of care and to encourage coalition-building and collaboration among community partners.

### **Population of Focus**

Populations of focus include law enforcement and the impact and efficacy of CIT training as well as individuals with mental health and/or substance use conditions that come into contact with law enforcement.

### **988 Integration**

Connecticut does have a 988 workgroup. This TTI is supporting the 988 work by examining the impact and efficacy of the current CIT trainings for law enforcement as well as expanding our data collection efforts.

### **Lived Experience**

Given CABLE's role as a liaison between mobile crisis teams and police departments, they are well-positioned to examine the feasibility of a regional CIT team through consultation with police departments both in Connecticut and other states and through the development of a multi-disciplinary task force of stakeholders focused on the issue. The task force will be comprised of CABLE staff, staff from the Evidence-Based Practices and Grants Division from the DMHAS Office of the Commissioner, representatives from state and local law enforcement agencies, representatives from local mental health authorities/mobile crisis teams, community service providers and those with lived experience.

### **Innovation & Challenges**

We believe that the most innovative aspect is piloting regional CIT Teams. The greatest challenge currently is staffing shortages across the state both in law enforcement and in the mental health system.



# CONNECTICUT: Workforce Development

## *Improving Crisis Data Collection*

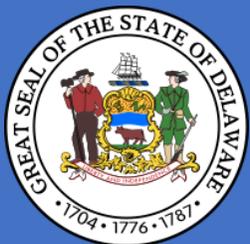
### **Data & Evaluation**

Data related to the Police Request for Emergency Evaluation (PREE) - a document used when law enforcement believes that someone is a danger to themselves or others to send them to the emergency department for further evaluation. Pre- and post- surveys for officers who complete the 40-hour CIT Training provided by CABLE - surveys will address not only if the learning objectives were met but also identify attitudes, stigma, and other potential outcomes of the training.



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# DELAWARE: Workforce Development

## *Expanding the Peer Recovery Specialist Pipeline*

### Overview

This project expands the peer recovery specialist workforce pipeline for Delaware's behavioral health crisis services. Activities include:

- Reviewing current curriculum and certification pathways,
- Growing peer recovery specialist workforce pipeline,
- Creating professional development pathways,
- Developing a youth and family crisis peer training program.

### Population of Focus

Those using Delaware's Behavioral Health System with a focus on Children, Youth, and their families.

### 988 Integration

We do have a 988 work group. TTI will help in our collaboration with the Division Of Developmental Disabilities Services to develop a training curriculum for 988 call centers, adult and youth mobile crisis teams, and other mental health service providers serving individuals with IDD or IDD/MH dual diagnoses.

### Lived Experience

Peer Support Specialists and those with lived experience are an integral part of the continuum of care in Delaware. DSAMH has aggressively in various capacities highlighted the strengths of the peers' roles within the care continuum but is also working to honor their important role by creating defined career paths, and training opportunities both within the State system but also the private sector.

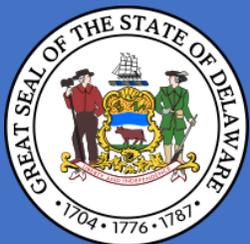
### Innovation & Challenges

Partnering with first responder communities we will co-create an IDD-related training module to be incorporated into their existing training. The CIT program is an innovative, community-based approach to improve the outcomes of these encounters, and NAMI-DE takes the coordinating role in providing CIT training to Delaware's police forces.

### Data & Evaluation

Goals include:

- Promote the peer certification process to youth, family, and adults in recovery and active in outpatient treatment to grow the pool of available youth, family, and adult peer staff,
- Create a true career pathway for certified youth, family, and adult peers (e.g., career and compensation ladders, promotion and advancement, continuing education, and employing peers in supervisory roles),
- Support and development of a crisis-specific peer continuing education process and create pathways for peer advancement within the crisis system of care.



# DELAWARE: Workforce Development

## *Expanding the Peer Recovery Specialist Pipeline*

### **Data & Evaluation (Continued)**

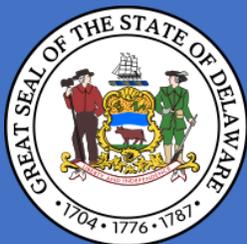
Data collected to substantiate this improvement may include

- The number of staff trained and the estimated impact on the quality of services as measured by improvements in client enrolment, timeliness of service, and treatment outcomes.



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# DELAWARE: Building Crisis Services that Serve Under-Resourced Minority Communities

## *Serving the IDD Population*

### Overview

This project strengthens the capacity for Delaware's behavioral health crisis continuum to serve neurodivergent individuals, especially those with intellectual and developmental disabilities (IDD) or dual IDD and behavioral health (BH) conditions. This will be done by collaborative learning system mapping, developing training curriculums and public resources, and partnering with first responder communities.

### Population of Focus

Individuals with intellectual and/or developmental disabilities and behavioral health conditions.

### 988 Integration

We do have a 988 work group. TTI will help in our collaboration with the Division Of Developmental Disabilities Services to develop a training curriculum for 988 call centers, adult and youth mobile crisis teams, and other mental health service providers serving individuals with IDD or IDD/MH dual diagnoses.

### Lived Experience

DSAMH intends to utilize a collaborative learning approach that will engage agency stakeholders, payers, and subject matter experts and individuals who have experience with the current system to better understand the knowledge gaps of the existing crisis workforce as well as gray areas related to caring for IDD and IDD/MH individuals in crisis.

### Innovation & Challenges

Partnering with first responder communities we will co-create an IDD-related training module to be incorporated into their existing training. The CIT program is an innovative, community-based approach to improve the outcomes of these encounters, and NAMI-DE takes the coordinating role in providing CIT training to Delaware's police forces.

### Data & Evaluation

To demonstrate that DSAMH's proposed project will assist in improving the 988 expansion and improvement of crisis services DE will use a combination of quantitative and qualitative measurements that will focus on the positive impact workforce development/training will have on the timeliness of service, client enrollment into treatment.

Data collected to substantiate this improvement may include:

- The Initial number of staff trained (train the trainer model), the number that the trainers will train, and the estimated number of consumers, children, families that the trained staff will interact with.



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# GEORGIA: Workforce Development

## *Providing Crisis System Staff Training*

### **Overview**

Our TTI will enrich the workforce by providing training to crisis system staff, training them to facilitate the training to others, allowing communication about crisis system strengths and areas of opportunity, and building relationship between and across DBHDD and provider network.

### **Population of Focus**

DBHDD selected workforce development to support our provider network. This workforce serves and supports those most in need in Georgia during times of crisis. DBHDD's priority population is comprised of individuals who are uninsured or under-insured. Often, these populations are at heightened risk of behavioral health crisis or suicide.

### **988 Integration**

The TTI will support 988 work by helping support the crisis workforce, allow building of leadership skills, and facilitate peer to peer relationship building. The goal is to improve service delivery across the crisis continuum as well as increase job satisfaction and decrease burnout/ turnover. DBHDD has multiple 988 workgroups. This work falls under Capacity Building/ Training.

### **Lived Experience**

Our TTI learning cohorts will include people with lived experiences as one of the practitioner types we will train is CPS staff.

### **Innovation & Challenges**

The most innovative part is to create a cohort of trainers that will be able to share their knowledge across their area with fellow crisis workers. This work will not only improve the skill set of the crisis workforce, as a whole, but enhance relationships and leadership skills among our provider network. The greatest challenge will be engaging a workforce that is already overwhelmed. We hope to counteract that force by helping staff and leadership understand how they can help impact the individuals they serve and the services they provider as well as provide them an opportunity to gain leadership skills.

### **Data & Evaluation**

Number of people trained.



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# GUAM: Workforce Development

## *Delivering Broad-based Training*

### Overview

The concept of this TTI is to retain knowledge for our staff. We plan on teaming with a source that can provide broad-based courses that will improve our services with trauma, whole person care, substance use, emotional disturbance, and mental illnesses.

### Population of Focus

GBHWC target population is ages 5 years of age to end of life. GBHWC already provides psychiatric services.

### 988 Integration

It will allow our team to improve our crisis services, ensuring that our staff have access to resources and continued education and training based on our scope of work as we deliver our services to our community.

### Lived Experience

GBHWC is teamed with TOHGE a non-profit organization that employs individuals with lived experiences. We will collaboratively provide the same training and education to their staff.

### Innovation & Challenges

The most innovative aspect of this TTI is the advancement of knowledge gained by our staff, the challenge would be ensuring all staff members take the time to adhere to such trainings/education.

### Data & Evaluation

The estimated number of consumers, children, families that the trained GBHWC will interact with.



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# HAWAII: Crisis and Community Trauma

## *Developing a Special Population Crisis Training*

### **Overview**

Our Special Population (LGBTQ) TTI allows the State of Hawaii to implement a training program for our Crisis response workers and contracted service providers specific to unique needs of LGBTQ+ individuals in crisis. It also allows for improving our State crisis webpage and increasing our digital media capacity to more effectively reach members of the LGBTQ+ community in crisis. Our Special Population (Native Hawaiian) TTI allows DOH-Hawaii to establish training statewide for our Case Management staff to allow them to initiate weekly support groups for our Native Hawaiian population living with SMI. This will fund that as well as help develop a program that is culturally relevant to the population we are serving. This opportunity allows the state of Hawaii to increase capacity and develop a curriculum for a train-the-trainer model. In terms of continued development of 988 crisis services response outcomes, this opportunity will likely improve post-crisis stabilization and decrease crises events among those who have received targeted peer group support services, and increase connection and support to mental health, substance use, and social services.

### **Population of Focus**

In Hawaii, we recently found that every year, nearly one in three youth identifying as LGBTQ+, and nearly one in five identifying as questioning in Hawai'i, attempt suicide. Hawai'i LGBTQ+ adults reported significantly greater prevalence of depressive disorders and were more likely to have experienced 14 or more days of poor mental health in the past month compared to heterosexual adults.

More than twice the proportion of LGBTQ+ respondents reported having a depressive disorder compared to heterosexual respondents. We also chose to focus on Native Hawaiians as a population of focus. In a 2020 report from the Department of Native Hawaiian Health, Native Hawaiians have among the highest incidences of behavioral health problems of all racial and ethnic groups in the U.S. The overall suicide rate among Native Hawaiians ages 15–44 is the highest compared to all of Hawai'i's major ethnic groups. It is another area of high need here in Hawaii.

### **Lived Experience**

Special Populations - LGBTQ - We are contracting the services of a leading health and harm reduction organization with 30+ years experience working with this population. Its Critical to success in our view. Special Populations - Native Hawaiians - We are partnering with a Native Hawaiian health organization to develop our new group support curriculums. Again, imperative to go to the source to be relevant.

### **Innovation & Challenges**

Special Population - LGBTQ - Utilizing the services of a digital media specialist to deliver our messaging to teens and young adults via social media platforms is very exciting. Special Populations - Native Hawaiian - Developing a Substance Use Disorder (SUD) as a well as a CBT wellness group curriculums through a cultural lens is also very exciting for us.



# HAWAII: Crisis and Community Trauma

## *Developing a Special Population Crisis Training*

### Data & Evaluation

Hawaii will develop a detailed evaluation plan for this initiative. Outcome measures will include some or all of the following:

- Number of training opportunities related to Trauma Informed Care (TIC) at HSH and Hawaii's CMHCs statewide,
- The number of staff trained and measurable changes in staff behavior, attitude, or performance pre and post as a result of the training or improvement to the training,
- The estimated number of consumers, children, families that the trained staff will interact with.



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# INDIANA: Workforce Development

## *Building a Culturally Reflective Workforce*

### **Overview**

As Indiana DMHA educates the community on the availability of crisis care throughout the evolution of Indiana 988, we proposed a similar need to educate our community on the importance of a rich and culturally reflective workforce to activate this critical support network. The successful application of a "no wrong door" approach to crisis care is dependent on the solid infrastructure of our response system - highly skilled and available workforce is critical. This project will improve sustainability of our 988-response network. We also believe that ensuring positions are fully staffed will also enhance the quality of care provided to those using 988-response services.

### **Population of Focus**

We are completing and utilizing a regional landscape analysis as part of this project in an effort to better emphasize the need to cultivate local workforce resources that reflect the community. This includes an emphasis on strategic opportunity development for the BIPOC community across our state.

### **988 Integration**

For Phase I (TTI) We will be looking at 1) production of regional need / resource data review, and 2) production of draft comms materials for opportunity promotion - When comms campaign / opportunity resources become available locally, we will be reviewing: 1) position coverage, 2) applicant pool effectiveness and 3) peer review of comms consumables

### **Lived Experience**

This is a priority during the regional landscape analysis - we want to elevate those with lived experience as an under-utilized and under-represented resource. We will also prioritize consultation opportunities from those with lived experience every time that we can during this process.

### **Innovation and Challenges**

The focus on strategic and systemic WD is a different approach for our team - we are not offering random acts of WD - we are assessing need and resources across our state and creating a plan that is both data informed and locally guided. Biggest challenge = timeline. This project is about funding to build capacity...which for state government takes a lot of time to activate.

### **Data & Evaluation**

- 1) Content and measures for local needs / resource maps will be identified as a part of this project
- 2) position positing / positions filled ratios
- 3) number of applicants / qualifications of applicants
- 4) survey responses to comms campaign (positive regard; prompted action)



# INDIANA: Workforce Development

## *Building a Culturally Reflective Workforce*

### **Other**

We are looking forward to engaging with our learning community of practice during this process... I am looking for great examples of others who have effectively communicated and marketed workforce opportunity as models.



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Workforce Development

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# INDIANA: Serving Under-Resourced Minority Communities

## *Supporting Black Hoosiers*

### Overview

We are going into the community to learn about what resources are available, what communities need, and what are ways to engage individuals and families in those resources to prevent suicide in attempts in communities serving black youth and families.

### Population of Focus

We have chosen to focus on black youth due to the increase rates of suicide.

### 988 Integration

We do have a current 988 workgroup and this project will allow us the opportunity to further delve into the needs of an underrepresented community to improve the equity of resources and services within the 988 crisis response system.

### Lived Experience

People with lived experience are the main focus of this initiative. It is those with the lived experience that will be informing the outcomes of this project.

### Innovation & Challenges

The focus of this project is preventing a crisis from happening by gathering feedback directly from the communities to inform ways to improve the equity of the 988 crisis response system. Plans developed to improve the quality of life for communities will come from the communities themselves.

### Data & Evaluation

We will be gathering information from focus groups that will inform improvement plans. We will attempt to measure the change in self harm/suicide risk by Black youth in Indiana over time. We will be focused on improved engagement in services, improved accessibility of resources, and improved quality of care in communities serving Black families.

We will track: Change in suicide risk/self harm rates of Black youth in Indiana, qualitative focus group feedback, and number of community members that are given information about resources.



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# IOWA: Facilitating Timely Access to Community-Based Mental Health Services

## *Developing a Road Map for 988 Integration*

### Overview

Iowa HHS is working closely with Iowa's 988 Centers and additional stakeholders in implementing 988. Iowa is hiring a consultant with expertise in crisis systems and system change who will provide Iowa HHS with a roadmap for integrating 988 into Iowa's crisis system, providing consistent statewide access to crisis services, expanding crisis services to meet the needs of individuals experiencing a substance use disorder crisis, and connecting Iowans seamlessly to community-based behavioral health services. The consultant will gather and incorporate stakeholder input into their recommendations to provide Iowa HHS with system recommendations that meets the needs for individuals and families utilizing Iowa's behavioral health system. Iowa has all the components of a quality crisis care system but is lacking streamlined access and coordination between services. The TTI project will provide Iowa HHS with the information needed to improve our crisis and behavioral health system.

### Population of Focus

Iowa's population of focus is individuals experiencing serious mental illness, serious emotional disturbance, and individuals with co-occurring mental health and substance use disorder. This population was selected as they are individuals who would greatly benefit from a streamlined access point to the behavioral health system.

### 988 Integration

Iowa will hire a consultant with expertise in crisis systems and system change who will provide Iowa HHS with a roadmap for integrating 988 into Iowa's crisis

system, providing consistent statewide access to crisis services, expanding crisis services to meet the needs of individuals experiencing a substance use disorder crisis, and connecting Iowans seamlessly to community-based behavioral health services. Iowa is working closely with Iowa's 988 Centers and additional stakeholders in implementing 988 and this project will incorporate input from an expanded group of stakeholders.

### Lived Experience

Stakeholder engagement activities will include individuals with lived experience with serious mental illness and co-occurring mental health and substance use disorders and their families, and family members of children with serious emotional disturbance.

### Data & Evaluation

Based behavioral health services. Iowa is working closely with Iowa's 988 Centers and additional stakeholders in implementing 988 and this project will incorporate input from an expanded group of stakeholders.



Julie Maas-Program Planner

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# KANSAS: Workforce Development

## *Delivering Culturally-competent Peer Training*

### **Overview**

Our TTI project will help improve our continuum of crisis care services by ensuring all peer support professionals receive training to ensure services that are provided are culturally competent and meet the unique needs of all individuals in our communities.

### **Population of Focus**

Our population of focus is our peer support professionals to ensure they have appropriate training to be able to provide crisis services to meet the unique needs of all Kansans who are in need of mental health crisis services, including LGBTQ+, BIPOC, Veterans and the IDD community.

### **988 Integration**

Kansas is currently in the process of creating Mobile Crisis Response grants to ensure availability of 24/7/365 teams. Many of the teams will utilize peer support professionals.

### **Lived Experience**

The project specifically focuses on ensuring culturally competent training for peer support professionals. As part of the training development process, the consultants will utilize the expertise of people with lived experience to create and deliver trainings that are relevant and appropriate, while helping to support and increase workforce sustainability.

### **Innovation & Challenges**

Kansas is home to many diverse communities and our goal is to ensure each person receives the support and care they expect and deserve. As part of our

peer support network development, we hope to create training that ensures this need is met and exceeded at every opportunity. As we have begun work in this process, we have faced challenges related to creating a statewide network to ensure all peer support professionals have access to training and personal development opportunities. We are currently working to strengthen our peer support professional network to help ensure a central repository for housing these opportunities.

### **Data & Evaluation**

Kansas plans to create a database of specific trainings for peer support professionals that will allow tracking of trainings completed. This will also allow tracking of staff retention.

### **Other**

Kansas is thrilled at the opportunity being offered by NASMHPD to continue expanding the crisis continuum of care, while ensuring each person who reaches out receives thoughtful and intentional support that is respectful of their individual needs.



Laura Brake-Director of Crisis Services

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# KANSAS: Facilitating Timely Access to Community Based Mental Health Services

## *Promoting CLAS Standards*

### Overview

In Kansas, we require our 25 Community Mental Health Centers (CMHC) to have liaison positions within their organizations that are a bridge between outside entities such as state hospitals, housing, jails, and NFMH. The goal is to be able to transition people back to the communities with a direct connection to services to prevent individuals from not having continuous services and going into crisis. We have liaison positions with jail, housing specialist, PRTF, NFMH, and state hospital.

### Population of Focus

Uninsured and underinsured, especially at-risk populations. We are finding that this population often is not being connected in a streamlined way that prevents homelessness and crisis.

### 988 Integration

N/A

### Lived Experience

I oversee the peer support certification within our state as well as our agreements with our CROs and breakthrough clubs. The CRO agreements require CROs to provide services within the same organizations as where the liaisons are connected. The mapping event will require individuals with lived experiences and supporting their services with CMHC and outside community members.

### Innovation & Challenges

CLAS standards to support our CCBHC expansion and improve services for all consumers. Also, a mapping event that will be holistic in our endeavors to provide timely access to services. Greatest challenge is the culture change it will require for organizations to accept and see the benefits of the CLAS standards.

### Data & Evaluation

N/A

### Other

N/A



Jamie Wallen-Mental Health Program Manager

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# KENTUCKY: Workforce Development

## *Developing the 988 Call-taker Workforce*

### **Overview**

As part of Kentucky's larger behavioral health workforce innovation and development efforts, this TTI effort supports 988 readiness and capacity-building initiatives by specifically developing the 988 call taker workforce. This initiative is designed to promote consistency and quality across Kentucky's 988 call taker workforce by designing, implementing, and evaluating a comprehensive 988 call taker workforce package. The package will consist of standardized position descriptions, recruitment strategies, onboarding, professional development curricula, coaching and performance feedback structures, retention strategies and career pathways.

### **Population of Focus**

Population of focus is current and prospective 988 call takers, 988 call center supervisors, and agency leaders, including human resources staff, CEOs, CFOs, etc. This population was selected as they are critical to effective 988 implementation and sustainability.

### **988 Integration**

As the existing evaluator of 988 implementation efforts, REACH of Louisville will work with project staff and key stakeholders to identify workforce development metrics to evaluate the success of the proposed project as well as drive continuous improvement activities. REACH will design data collection tools and create mechanisms within the existing 988 data management system to collect, manage, analyze and report on the outcomes.

A dashboard of fidelity and performance data at monthly peer group meetings and facilitate discussions related to performance improvement activities.

### **Lived Experience**

KY's 988 Coalition includes a 988 Persons with Lived and Loss Experience advisory group that will be involved throughout the TTI effort, e.g., design and delivery of call-taker training, recruitment of 988 call takers, career pathway development.

### **Innovation & Challenges**

The most innovative aspect is the role of the state in co-creating a full workforce package for a key position in the system. The greatest challenge is the vast number of external influences on effective implementation and results. Through this TTI, KY will take an active implementation support role to mitigate the external barriers to implementation.

### **Data & Evaluation**

Measurable outcomes will include:

- # of centers implementing new standardized process and protocols,
- # of centers adopting uniform position descriptions, titles, and expectations,
- # of newly recruited call takers,
- # of call takers with lived experience,
- # of call takers from minoritized and marginalized populations,
- # of call takers trained in Call Taking 101, ASIST, and MI,
- # of call taker vacancy rates statewide and by center,
- # of call taker retention rates statewide and by center.



# KENTUCKY: Workforce Development

## *Developing the 988 Call-taker Workforce*

### **Data & Evaluation (Continued)**

- # of call takers from minoritized and marginalized populations,
- # of call takers trained in Call Taking 101, ASIST, and MI,
- # of call taker vacancy rates statewide and by center,
- # of call taker retention rates statewide and by center.



Beth Kuhn-Workforce Consultant

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# LOUISIANA: Facilitating Timely Access to Community-Based Mental Health Services

## *Launching a CCBHC Learning Collaborative*

### **Overview**

Louisiana's TTI will support the convening of the five (5) SAMHSA CCBHC grantees in Louisiana to establish a learning collaborative, conduct a needs assessment, and support the development of a CCBHC's in a manner that the services offered can be Medicaid reimbursable in Louisiana. The establishment and implementation of CCBHCs as a new service in Louisiana is a significant event and contributes greatly to expanding the state's Crisis Response System and 988 Suicide and crisis Lifeline, both of which were launched in 2022 in Louisiana. If CCBHC's become a Medicaid reimbursable service in Louisiana that other entities may wish to become providers which would ultimately result in an increase in crisis services in Louisiana.

### **Population of Focus**

Each of these five grantees represent different geographical areas, community cultures, and target populations within Louisiana. While the CCBHCs being established in the New Orleans and Baton Rouge areas represent the larger metropolitan areas of the state, the CCBHCs established in the Acadiana and Florida Parishes areas represent more suburban and rural areas. Even within the New Orleans area, there are two CCBHCs targeting different populations. Metropolitan Human Services District (MHSD) serves as the state's behavioral health entity for the Greater New Orleans area and Crescent Care (NO AIDS Task Force) is a Federally Qualified Healthcare Center (FQHC); therefore, they have variations in the target populations served by each entity.

### **988 Integration**

The goals during this initiative include:

- Identify and execute a contract with a National Consultant
- Create a needs assessment with program staff,
- Conduct the needs assessment and compile/distribute results
- Conduct focus groups and create a summary to include:
  - Data reviewed prior to focus group participation,
  - Number of focus groups conducted Number of focus group participants,
  - Number of stakeholder groups represented,
  - Demographic information on focus group participants to confirm diversity of representation comparable to the total population of the State of Louisiana, and
  - Aggregated comments resulting from the focus group.

Reach consensus within the Learning Collaborative regarding the recommended components of this Medicaid reimbursable practice model.

### **Lived Experience**

As indicated in the TTI grant application, LDH/OBH recognizes the importance of the voice and experience of individuals with lived experience and their families in expanding a comprehensive behavioral health system that is accessible. As such, individuals with lived experience with behavioral health conditions will be involved in all levels of planning and implementation.



# LOUISIANA: Facilitating Timely Access to Community-Based Mental Health Services

## *Launching a CCBHC Learning Collaborative*

### **Lived Experience (Continued)**

People with lived experience and Peer Support Specialists will be involved throughout this TTI initiative through focus groups and needs assessments, as well as part of the training team and staff for CCBHCs. Peers, individuals with lived experience with behavioral health conditions, are currently involved in statewide and regional advisory councils, incorporated into the training teams for the Louisiana Crisis Response System, and included as part of the treatment team in various inpatient and outpatient behavioral health care settings.

### **Innovation & Challenges**

As stated above, though we will be working with 5 different CCBHCs, the populations as well as the culture in the geographic areas where these CCBHCs are located are very distinct. So the models that are developed are likely to have to vary to truly meet the needs of each population. However, to be a Medicaid reimbursable service, some set components will have to exist within each of the 5 as well as any other CCBHC that may be developed in Louisiana. This TTI is innovative as it is an opportunity to bring the CCBHCs together during their planning and implementation phases so they can share successes and challenges in the implementation of this new service. One challenge is that the CCBHCs in Louisiana are in the planning stage. Trying to determine what would be most helpful to them in terms of an expert consultant will be extremely important. Likewise, trying to determine what the Medicaid reimbursable components of the services being provided will be difficult since each are so early in the implementation process.

### **Data & Evaluation**

OBH hopes to pilot data collection with 1 or 2 of the CCBHCs and Medicaid regarding the number of referrals from the CCBHC to 988, the number of referrals from 988 to CCBHC, and the number of referrals from the CCBHC to Louisiana's New Medicaid Crisis Response System. It is hoped that OBH will be able to demonstrate through the collected data, if available, that over the course of the Collaborative, utilization of 988 and the Medicaid Crisis Response System has increased.

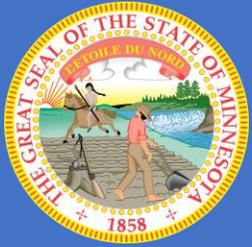
### **Other**

OBH is seeking a national expert to serve as a consultant in developing this Learning Collaborative. Each of the 5 CCBHCs are just beginning a 5 year grant and planning for the services they will provide. There has been no regular ongoing interaction between these entities and we believe the collaborative will be a model for how the lessons learned by each can be shared to avoid repeating similar mistakes as well as to share successes. In addition, working on Medicaid reimbursement plan will assure long term sustainability for the 5 currently funded as well as others who may be interested in providing this service in the future.



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# MINNESOTA: Serving Under-Resourced Minority Communities

## *Developing a 988 Call-taker Training*

### **Overview**

The TTI project will improve and expand the interaction between 988 crisis counselors and people who reach out to the Lifeline. 988 Lifeline Centers have reported they are experiencing an increasing volume of 988 contacts related to substance use and from individuals with serious mental illness (SMI) and families with children with Serious Emotional Disturbance (SED).

### **Population of Focus**

People struggling with substance use and serious mental illness (SMI) and Serious Emotional Disturbance (SED) is one of the target populations of this grant. This population was selected based on feedback from Minnesota 988 Lifeline Centers. 988 Lifeline Centers have noted an increase in the number of individuals calling 988 with substance use struggles and serious mental illness. 988 Lifeline Centers are requesting training for their staff to better support people calling the Lifeline. American Indians living in Minnesota is another population of focus. In Minnesota, American Indians have the highest rate of suicide. 988 Lifeline Centers have also requested additional trainings that would equip staff in providing more culturally informed support for American Indians accessing crisis care.

### **988 Integration**

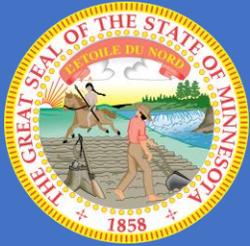
Data will be collected to evaluate progress towards implementing trainings, reach of trainings, and training relevance and integration into client services for mobile crisis, CCBHCs, and Lifeline center staff.

- Output measures such as the number of trainings delivered, and number of staff trained in each key topic area by staffing audience.

- Process measures such as participant satisfaction and perceived relevance to service context reported through anonymous post training survey; and outcome measures such as how the training influenced staff interactions with consumers and service design, or implementation policies and practices gathered through interviews with a subset of participating staff conducted approximately 3-6 months after training participation. Data collected will be analyzed for differences by training topic and/or by staffing audience. Findings from the evaluation will be shared with all program partners for quality improvement and ongoing implementation.

### **Lived Experience**

Hazelden Betty Ford Foundation's crisis response training aligns people and groups with evidence-based practices, as well as the lived-experiences of persons navigating substance use and co-occurring mental health disorders. The curriculum will be developed in collaboration with individuals who have lived experience. DHS and MDH work closely with peer support networks across the state as well as have peers working at the Lifeline, Mobile Crisis and CCBHCs. Both MDH and DHS have team members serving on this project who also bring the lived experience perspective. We will ensure those with lived experience can provide input and review into the curriculum throughout its development. DHS/MDH will invite tribal partners for the development and delivery of cultural humility and awareness training. Additionally, many of the 988 Suicide and Crisis Lifeline staff have lived experience. These staff will also be included when we are planning and implementing the training activities.



# MINNESOTA: Serving Under-Resourced Minority Communities

## *Developing a 988 Call-taker Training*

### **Innovation & Challenges**

Innovative aspects of the TTI are the populations of focus. This takes a deeper dive into expanding the knowledge of 988 crisis staff, along with mobile crisis and CCBHC providers, as it relates to substance use, serious mental illnesses, and cultural humility and awareness of Minnesota's American Indian communities. 988 Lifeline Centers, mobile crisis teams, and CCBHCs are staffed and operated 24/7. One challenge is creating a comprehensive culturally informed and relevant training that is applicable to providing these services and can be accessed by all staff regardless of what time of day they may be working.

### **Data & Evaluation**

Indicators will include the following:

- output measures such as the number of trainings delivered, and number of staff trained in each key topic area by staffing audience;
- process measures such as participant satisfaction and perceived relevance to service context reported through anonymous post training survey; and
- outcome measures such as how the training influenced staff interactions with consumers and service design, or implementation policies and practices gathered through interviews with a subset of participating staff conducted approximately 3-6 months after training participation. Data collected will be analyzed for differences by training topic and/or by staffing audience. Findings from the evaluation will be shared with all program partners for quality improvement and ongoing implementation.



Julie Pearson-Manager-CCBHC & Special Projects Unit

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# MISSISSIPPI: Children & Adolescents

## *Expanding Open Up Mississippi*

### **Overview**

Mississippi will work to enhance the crisis system so that all children/youth, adults, and families have access to crisis care. They will build on the work of a previous TTI project, Open Up Mississippi, a statewide leadership council whose mission is to engage youth and young adults to utilize their strengths and voice against the stigma of mental health. Continue to partner with Pine Belt Mental Healthcare resources to offer training to current Crisis Intervention Teams on how to effectively connect to children and their families during crisis situations.

### **Population of Focus**

Children and adolescents experiencing SED/SMI and their families. Selected this population because there are significant trends relating to COVID and mental health for U.S. adolescents.

### **988 Integration**

Improvement in 988 expansion and the expansion of crisis services for children, youth, and young adults will be demonstrated by training 10 young adults to respond to 988 calls initiated by their peers. Three additional Open Up MS chapters in key areas of the state will work to destigmatize mental health issues and challenges and promote the use of 988 to decrease the occurrence of suicide among this at-risk age group. "Let's Talk" presentations will increase awareness of and access to mental health crisis services. Young adult participation on Mississippi's 988 Planning and Implementation.

### **Lived Experience**

Open Up MS's activities include peer mentoring in schools.

### **Innovation & Challenges**

With our focus being children and adolescents experiencing SED/SMI, we have a statewide leadership council (Open Up Mississippi) that is led by youth and young adults that will be involved with supportive roles to help and support their peers. Our greatest challenge will be revitalizing our Young Adult Peer Support program.

### **Data & Evaluation**

Number of young adults trained as Crisis Line Specialists for CONTACT Crisis Line; number of calls responded to and facilitated by young adult Crisis Line Specialists; development of an MOU, designation of chapter leadership, and meeting sign-in sheets and minutes of three new Open Up school-based chapters; number of CIT trainings and number CIT officers trained in effective crisis response for children and families; number of "Let's Talk" presentations, and number of attendees/participants; number of awareness presentations by NAMI in partnership with Open Up Mississippi to parents; participation of specified youth on DMH's 988 Planning and Implementation Coalition with documented attendance to meetings.



Katherine Simmons-State FEP/ESMI Coordinator

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# MISSISSIPPI: Workforce Development

## *Developing Crisis Workforce Training*

### **Overview**

The goal of this project is for Mississippians to receive the same level of crisis response regardless of where they live in the state by providing crisis workers a standardized training curriculum and fostering collaborative relationships among the providers. This training will be a bridge to improve services.

### **Population of Focus**

The population of focus is crisis workers include 988 Center employees; Mobile Crisis Response Team staff members, and clinicians, peers and crisis response staff at Crisis Stabilization Units.

### **988 Integration**

The following outcomes are expected as results of these projects:

- Increased performance in Mobile Crisis Response Teams
- Improved outcomes for individuals receiving crisis response care
- Increased knowledge of resources, supports, and services of Mississippi crisis system partners
- Enhanced skills in culturally competent crisis response
- Improved and equitable crisis system responses for minority populations
- Improved timely access to behavioral health services
- Unified work processes of 998 Call Center, Mobile Crisis Response Teams, and Crisis Stabilization Unit staff
- Reduction in turnover of crisis system employees.

### **Lived Experience**

The consultant will also develop an ongoing training plan and uniform training modules for use at the conclusion of the interactive online training series.

These training modules will address topics identified by Call Centers, including persons with lived experience, to ensure effective services are provided to children, youth, adults, older adults, and special populations.

### **Innovation & Challenges**

The most innovative aspect of your current TTI is contracting with a professional consultant to host an one day in-person training and networking event for crisis workers.

### **Data & Evaluation**

DMH will collect data on number of people trained; frequency of crisis system partner work group meetings; feedback from crisis system providers; vacancies and turnover of crisis system employees; evidence of increased knowledge in crisis system topics; response times of Mobile Crisis Response Teams, percentage of warm hand-offs, and number follow-up appointments scheduled with the Community Mental Health Centers after a face-to-face engagement; number of admissions to the CSU and number of individuals diverted from a higher level of care.



Courtney Littleton- Division Director

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# NEBRASKA: Workforce Development

## *Operationalizing Training Standards*

### Overview

Nebraska will reconvene the NE 988 Planning Group to provide recommendations about how training standards can be operationalized in the state. Nebraska will ensure the training standards can guide implementation of consistent, convenient, cost-effective training to all of the Crisis Response Teams across the state. The result will also be applicable to other crisis services providers, walk in/urgent care centers, crisis stabilization units, etc. These activities may include supporting a training pilot program.

### Population of Focus

We will be focusing on our Crisis Response Teams. There is currently no standardized training, only training topics all team members are expected to receive training on. We wanted to ensure that crisis responders were receiving the best training to prepare them to respond to crisis events.

### 988 Integration

The desired outcomes are:

- Research conducted as evidenced by a report or a list of potential training resources.
- Key stakeholders convene, review the research report/list of potential training resources and make recommendations for a training model, delivery model, and training development resources, including replicability to other crisis services.
- Specific curricula /training model developed.
- Final recommendations from the stakeholder group will inform a statewide, quality standardized training plan for delivery of the training

### Lived Experience

Partners with lived experience (adults, parents/caregivers/ and youth) and Peer Support professionals will be included in the training development, planning, and implementation of the training.

### Innovation & Challenges

The innovative piece is the development of a type of training academy for crisis responders. I think the greatest challenge will be ensuring that the training meets the needs for rural providers, urban providers, tribes, youth, etc.

### Data & Evaluation

- The number of trainings conducted
- The number of people trained
- Training participant satisfaction - Fidelity to the training curriculum
- The number of mental health calls responded to by CRT and outcomes pre/post standardized training; establish baseline.

### Other

N/A



Michelle Nunemaker-System of Care  
Administrator/State 988 Planner

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# NEVADA: Workforce Development

## *Distributing Rural Workforce Stipends*

### **Overview**

Nevada's Workforce Development TTI award enhances 988-readiness by growing the number of LCSWs in the state's rural and frontier areas. There will be a one time, \$5,000 stipend to clinical site supervisors who oversee graduate-level interns seeking social work licensure.

### **Population of Focus**

The initiative's workforce development efforts focus on the university to professional pipeline, specifically that of incentivizing clinical site supervisors overseeing post-graduate social work students seeking licensure in rural and frontier NV. This scarcity of site supervisors for post-graduate social work internships, specifically in NV's rural communities, for students graduating from NV institutions of higher education, is an issue that repeatedly presents itself in discussions of BH professional retention challenges for the state. This further perpetuates the mental health social worker shortage and places a strain on the state's crisis response system.

### **988 Integration**

As the agency's Behavioral Health Workforce Analyst, my position will work closely with NV's 988 Crisis Response System Program Manager to ensure that the initiative's activities are aligned with supporting the System. This includes identifying workforce gaps and collaborating within our agency and through NV's 988 Coalition to determine how the funding can narrow those deficits.

### **Lived Experience**

The NV Bureau of BH, Wellness and Prevention (BBHWP) plans to ensure internship sites are working and learning environments that are conducive to supporting and working amongst individuals with lived experience by asking the chosen state-approved MSA vendor to ensure that internship sites are provided with the NV Recovery Friendly Workplace (RFW) Initiative training. This NVDHHS-led initiative's purpose is to "promote individual wellness by creating work environments that further the mental and physical well-being of employees "proactively preventing substance misuse and supporting recovery from addiction in the workplace and the community" as stated on their website. Additionally, BBHWP will work with NV Board of Examiners for Social Workers and the NV Certification Board Peer Support Specialist program to identify approved existing post-graduate clinical internship sites wherein Peer Recovery Support Specialists in the state are currently employed in order to prioritize the sites for individuals seeking social work licensure.

### **Innovation & Challenges**

The idea of compensating professionals for taking on additional responsibility certainly isn't novel, but it is, unfortunately, something that isn't executed as often as it should be. The challenge of this initiative will be in securing its sustainability. Behavioral health in Nevada has historically not received the funding needed to adequately build out its prevention, treatment, and crisis response services.



# NEVADA: Workforce Development

## *Distributing Rural Workforce Stipends*

### **Innovation & Challenges (Continued)**

The hope is that, if data from this initiative should demonstrate that stipends for clinical site supervisors has increased the number of internships for this subset of behavioral health professionals, the data could be leveraged to make a case for expanding the current budget to incorporate stipends long-term for further support of building infrastructure for Nevada's Crisis Response System.

### **Data & Evaluation**

The goal of implementing this workforce development initiative is part of Nevada's larger strategic plan for addressing healthcare professional shortages across the state. Nevada will work with the State of Nevada Board of Examiners for Social Workers to collect data to evaluate the impact this initiative has had to that end.



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Workforce Analyst

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# NEVADA: Workforce Development

## *Improving Rural Crisis Services*

### **Overview**

This TTI grant will help improve services for the already existing Rural Crisis and Stabilization Teams. These Teams partner with 988 and will work to provide a warm handoff for individuals and families who live in rural Nevada and are in need mental health services.

### **Population of Focus**

The population is rural youth, families and individuals who are experiencing a behavioral health issue that needs immediate attention. Although the rural crisis teams have been operating for several years, there are still rural communities who are not of the services.

### **988 Integration**

The partnership with 988, including a scope of work, will help 988 have resources in rural communities. The media campaign will help improve current crisis teams, bringing awareness to rural communities.

### **Lived Experience**

We partner with NAMI Western Nevada and NV PEP for peer support. Every caller is referred to a peer program. We are also hiring Consumer Support Assistants (peer support) for our pilot mobile crisis program as team members.

### **Innovation & Challenges**

One of the goals with this TTI to provide incentives to young adults, who are transitioning from acute psychiatric care back into their rural communities. It is our hope that the incentives will help the emerging adults follow through with after care and prevent another crisis.

### **Data & Evaluation**

- Call volume
- re-hospitalization count
- number of referrals from 988



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# NEW JERSEY: Workforce

## *Supporting Clinical and Peer Staff*

### Overview

"We believe that training and supporting clinical and peer staff in these settings is critical to creating sustainable culture change in these environments, so they become beacons of hope and healing. We also believe that this is our opportunity to facilitate positive working relationships between peer crisis responders and clinical staff. We hope to standardize job descriptions and focus upon the development of a collaborative model to support these partnerships."

### Population of Focus

"We are focusing upon staff working in crisis service settings across the continuum of care. Our focus is to better respond to individuals with behavioral health challenges who are experiencing distress. Our goal is to provide services in a trauma-informed, person-centered and strength-based manner. We also intend to develop approaches that welcome and embrace marginalized populations in a manner that is accepting and inclusive of diversity."

### 988 Integration

NJ does have a 988 workgroup that has been very effective at providing compelling input into the best way for NJ to implement 988. It has changed the original plan, and includes peers as crisis responders.

### Lived Experience

"We will be including focus groups and needs assessments of persons with lived experience. We will also be convening Advisory Councils including peers who are subject matter experts on the delivery of crisis services. We will also empower and educate peers to effectively work in these settings."

### Innovation & Challenges

"Our greatest challenge is to create positive and collaborative relationships between peers and clinicians responding to crisis Training and technical assistance, as well as Communities of Practice within these settings will be a proactive approach to organizational culture change by bringing in peers with the lived expertise as valued members of treatment teams."



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# NEW YORK: Facilitating Timely Access

## *Enhancing 988 Readiness in East Flatbush*

### **Overview**

NYS's 2023 TTI grant will enhance 988-readiness by creating a roadmap for the efficient delivery of mobile crisis outreach services, identifying community resources and coordinating with existing crisis, treatment, and community services.

### **Population of Focus**

The community of East Flatbush, a neighborhood located in Brooklyn, NY. East Flatbush is a low-income and underfunded community. Its residents are prominently immigrants and, comparatively, fall below the poverty line at 17.6%, about 25% higher than the NYS rate. The community is also the casualty of gun violence. These disparities exacerbate the mental health challenges of the community. NYS has chosen to work with this community due to its diversity and increased level of need. East Flatbush Village, Incorporated (EFVI), a non-profit located in East Flatbush dedicated to enriching the lives of community members by providing the services based on need, will work with OMH as a partner on this TTI project.

### **Lived Experience**

Peer specialists are integral to crisis service programs throughout NYS. They are the leading experts on resilience and recovery-oriented support. As such, OMH includes peers and people with lived experience at every step of every process, including this grant initiative. OMH and EFVI will collaborate with peers to inform the described mobile crisis implementation plan.

### **988 Integration**

The successful delivery and connection to mobile crisis services is critical to developing a robust crisis response continuum – a key element of the 988 Lifeline. This TTI grant will support East Flatbush Village, Inc. to collaborate with the community to prepare a seamless connection between 988 contacts and needed mobile crisis responses by creating a clear implementation plan, developing a catalog of local services, and facilitating collaboration between East Flatbush and Vibrant/NYC Well/988 (the NYS Contact Center that serves East Flatbush).

### **Innovation & Challenges**

Some urban communities in NYS do not have the resources to apply for National RFPs for system and/or service development. New York's Office of Mental Health is excited about collaborating with an implementation-level community partner to provide a targeted solution that involves community stakeholders in every step of the process. Challenges include the need for services in the community and using this opportunity to take the time to identify and plan for the intervention(s) that best meet the needs of the community.



# NEW YORK: Facilitating Timely Access to *Enhancing 988 Readiness in East Flatbush*

## **Data & Evaluation**

Participants will evaluate each session with a follow-up form where they can provide feedback and recommendations for future improvements. OMH will assess the impact of this project by conducting a pre- and post-survey and a six-month follow-up for participants that take part in the trainings.



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# NEW YORK: Workforce *Utilizing ECHO MH/IDD*

## **Overview**

As part of the statewide 988-hotline implementation and crisis continuum development, NYS will contract with subject matter experts to utilize ECHO MH/IDD to consult, support and train across the crisis response continuum of care. ECHO MH/IDD will provide a series of didactic sessions for crisis workers, mental health practitioners, and other human service providers to increase their knowledge about intellectual and developmental disabilities (IDD), the intersectionality of co-occurring mental health diagnoses and IDD, and best practices for providing services to dually diagnosed individuals in crisis.

## **Population of Focus**

Individuals who are dually diagnosed with mental health symptoms and IDD present disproportionately in psychiatric or behavioral crisis care settings. Individuals with IDD are at risk of being placed in environments where demands exceed their cognitive or communicative abilities, which increase the risk and symptoms of crisis. Additionally, individuals with IDD are at high risk of under-identification of medical or psychiatric conditions that, without treatment, can lead to crisis presentations. People with this presentation, especially people of color, are at high risk for injury or mistreatment when in crisis as their challenges in responding may be interpreted as defiance or non-compliance.

## **Lived Experience**

Peer specialists are integral to crisis service programs throughout NYS. They are the leading experts on resilience and recover-oriented support. As such, OMH includes peers and people with lived experience at every step of every process,

including this grant initiative. OMH and EFVI will collaborate with peers to inform the described mobile crisis implementation plan.

## **988 Integration**

ECHO MH/IDD will provide a learning framework that applies across all disciplines to share support, guidance, and feedback to disseminate and implement best practices for 988 Counselors and other professionals that provide services for individuals that are dually diagnosed with MH and IDD. We will continue to interface with the existing 988 statewide initiative, including but not limited to making the trainings available in the statewide 988 learning management system.

## **Innovation & Challenges**

"One of the most innovative aspects of our TTI is the integration of the ECHO MH/IDD model of didactic trainings and tele-mentoring into the learning environment for crisis providers working in New York State. The ECHO MH/DD model can be expected to fill an important need for workforce competency and subsequently begin to fill the gap in appropriate and adequate care for this vulnerable population. Basic training for general (i.e., non-specialized) mental health staff has been shown to increase both appropriate care and self-efficacy in treating the dually diagnosed population. By increasing the knowledge base of providers in regards to mental health and IDD, it is likely that individuals can be identified earlier and responded to appropriately."



# NEW YORK: Workforce

## *Utilizing ECHO MH/IDD*

### **Data & Evaluation**

OMH will demonstrate that this project has improved 988 expansion and improvement and expansion of crisis services by developing a clear and direct path for the implementation of mobile crisis outreach services in an underserved community. Implementation plans will include a staffing model, program guidelines and standards, identification of data metrics that align with the state, sustainability plans, the development of a catalogue of services, community education opportunities, and coordination between East Flatbush and Vibrant/ NYC Well/988.



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# NORTH CAROLINA: Serving Under-Resourced Minority Communities

## *Serving the Deaf and Hard of Hearing Community*

### Overview

The NC proposal seeks to use TTI funds to improve the crisis response for this underserved community in the following ways:

#### Needs Assessment:

- Assess mental health crisis needs for Deaf, Hard of Hearing, and Deafblind individuals in North Carolina under system transformation.

#### Resource Tool Kit:

- Develop information and resource tool kit for community stakeholders specific to crisis services. The targeted stakeholders will be local management entities-managed care organizations, crisis service providers, hospitals and law enforcement.
- Advertise resources to Deaf, Hard of Hearing, and Deafblind individuals and stakeholders.

#### Trainings:

- Provide trauma-informed and culturally responsive crisis intervention trainings for interpreters to serve Deaf, Hard of Hearing, and Deafblind individuals needing behavioral health crisis services.
- Provide specialized training for providers serving Deaf, Hard of Hearing, and Deafblind individuals.

### 988 Integration

"Yes- We have a 988 coalition. We plan to have presentations for our 2 TTI grants during the March and April meetings."

### Population of Focus

For over 30 years, NC has provided specialized behavioral health services directly to Deaf, Hard of Hearing, and Deafblind individuals.

### Lived Experience

NC will involve people with lived experience in completing needs assessment. Deaf, Hard of Hearing, and Deafblind individuals with lived experience will also be engaged in the development of the resource tool kit.

### Data & Evaluation

Will survey training participants; will count number of opened emails when distributing tool kits; will count "hits" on websites for tool kit.



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# NORTH CAROLINA: Serving Under-Resourced Minority Communities

## *Improving ED Data*

### **Overview**

The North Carolina proposal seeks to use TTI funds to improve quality of ED data and more strategically identify BH holds. This initiative will improve the crisis response for underserved communities in the following ways.

### **Population of Focus**

Populations of focus include under 18, Black, LGBTQ+ identification, developmental delay, and lack of insurance as research shows that these populations are most at risk for prolonged ED stays.

### **988 Integration**

"Yes- We have a 988 coalition. We plan to have presentations for our 2 TTI grants during the March and April meetings."

### **Lived Experience**

NC will interview people with lived experience to better understand their experiences and opinion about ED data quality.

### **Innovation & Challenges**

Inclusion of individuals with lived experience in discussing about how ED data does and does not represent them.



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# OKLAHOMA: Workforce Development

## *Funding a LPN to RN Training Cohort*

### Overview

Oklahoma will use TTI funds to fund the prerequisites of several individuals seeking to join the LPN to RN cohort, by increasing the number of RN's in the workforce for the state of Oklahoma we will be able to provide more services to those who find themselves in a health crisis. According to a report by State Impact Oklahoma, prior to the Covid-19 pandemic, the state had approximately 700 registered nurses per 100,000 people compared to the national average of 1,050. With the creation and launch of the Oklahoma Comprehensive Crisis Response, the number of Oklahoman's having access to community-based crisis diversion services will dramatically increase, and the expansion poses a significant challenge for the existing behavioral health workforce.

### Population of Focus

Our target population is anyone in need of crisis services, increasing the number of RN's will increase the support to 988 services and anyone in need of mental health services including 988 and mobile crisis services.

### Lived Experience

ODMHSAS will work to identify cohort candidates with lived experience who if they meet the criteria can be trained as peer recovery support specialists. We would like to work with our BH Peers on creating a panel that will meet with the cohort as part of their per-requisite to hear about behavioral health hospitalization from the patient's perspective.

### 988 Integration

We do not have a 988 work group, but the 988 initiative and the entire crisis

continuum of care is something many within our agency work on. This TTI supports the ongoing work with 988 by increasing the workforce around the state and at Urgent Recovery/Crisis Centers- Urgent recovery centers (URCs) and crisis centers (CCs) that operate 24/7 and provide access to trained mental health staff, peer recovery support specialists, nurses, and psychiatrists. For those who call 988 and whose needs cannot be met over the phone, the call center will have the ability to dispatch state-wide mobile crisis teams, if needs are not met with intervention the mobile crisis team will transport them to the URCs and CCs. By increasing staffing and services at this level we can reduce the number of individuals needing longer inpatient psychiatric hospitalization.

### Innovation & Challenges

This project is innovative because we are looking to draw from a talent pipeline that already exists within our agency to attract, recruit, and retain those that are LPNs. The greatest challenge is identifying universities to partner with that are within proximity to the chosen candidate's location.



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# OKLAHOMA: Serving Under-Resourced Minority Communities

## *Building a more Inclusive 988*

### Overview

Oklahoma is focused on helping to expand appropriate referral processes for Tribal Citizens. Also, they are focusing on implementing sensory kits into mobile crisis response teams to help Oklahomans self-regulate. Oklahoma is also focusing on 988 readiness with underserved populations through language expansion including focusing on American Sign Language and Blind Oklahomans.

### Population of Focus

Oklahoma Tribal Citizens were selected because of the 39 Federally Recognized Tribal Nations in Oklahoma and wanting to help get Tribal Citizens the best care through Tribal Behavioral Health or State Providers. Populations that speak other than English and Spanish were selected because messaging has to be versatile to serve more Oklahomans. The other populations (Blind, Deaf, and Neurodiverse) were focused on because of their historic underrepresentation in the behavioral health field.

### 988 Integration

In Oklahoma there is an Oklahoma Crisis Continuum of Care meeting that meets regularly. They are also focusing on helping to support the work of 988 by adding additional languages, referral processes, and sensory kits to our crisis continuum of care.

### Lived Experience

During our TTI project we are working to have peers review the subject and to offer feedback. The feedback is valued because someone with lived experience may see elements of our decisions that could have negative impacts. I am a believer in you cannot do things for populations, without that population represented.

### Innovation & Challenges

The most innovative approach I believe is the implementation of sensory kits because I have not seen many other states implement sensory kits into mobile crisis teams. The greatest challenge will be to train the workforce to properly use the kits.

### Data & Evaluation

We plan to look at the amount of referrals, and impressions our advertisement has through Oklahoma and through our Partnership with Google. For our implementation of sensory kits, we will focus on number of kits, staff trained, and number of individuals benefiting from sensory kits.



Josh DeBartolo, Tribal & Multicultural Liaison

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# OREGON: Workforce Development

## *Launching a Crisis Response Training Academy*

### **Overview**

Oregon will develop and initiate a new, comprehensive Behavioral Health Crisis Response Training Academy. The purpose of this academy will be to provide a consistent, streamlined, and centralized source of training for all behavioral health crisis service providers and community partners who come in contact with individuals and families experiencing crisis. This TTI will be an entirely new effort for the state of Oregon and one that will become a permanent fixture in the behavioral health workforce development efforts.

### **Population of Focus**

Crisis workforce in Oregon. This population was selected because counties expressed a need to be able to complete required trainings in a cost effective, timely and efficient manner.

### **Lived Experience**

In Oregon's new administrative rules for mobile crisis intervention services, outlines what credentials an individual needs to be part of the qualifying mobile crisis two-person team. Peer support specialists qualify and are highly encouraged to be one of the two staff on a mobile crisis team. There are many counties who regularly utilize peer support specialists on their mobile crisis teams. Oregon also has a workgroup and a steering committee made up of individuals with lived experience who provide feedback and recommendations for the crisis system in Oregon.

### **988 Integration**

This TTI is supporting the startup of a training academy for Oregon's crisis workforce. This training academy will be inclusive of all required trainings in our Oregon Administrative Rules for mobile crisis work to streamline the onboarding of new crisis staff and offer Community Mental Health Program and other providers a one-stop shop for 988 and crisis system training. The list of required trainings was informed by communities with lived experience in Oregon through our Crisis System Advisory Workgroup. In Oregon there is an internal team focused on the development and implementation of 988 and the Behavioral Health Crisis System at the Oregon Health Authority, a workgroup with the Community Mental Health Programs across the state, a 988-911 collaboration workgroup, and the Crisis System Advisory Workgroup, a committee and work group made up of individuals with lived experience who provide us with feedback and recommendations for the behavioral health crisis system.

### **Innovation & Challenges**

Led by the understanding that behavioral health providers must comply with a wide variety of trainings that are often purchased through and led by different entities, Oregon plans to take an innovative approach to developing a comprehensive training academy for the crisis workforce.



# OREGON: Workforce Development

## *Launching a Crisis Response Training Academy*

### **Innovation & Challenges (Continued)**

A common concern we hear from our workforce is that trainings are cumbersome and require a lot of time and resources, so we have collaborated with our counties to take a new approach to providing trainings – through a defined number of days and offering all the trainings under “one roof” – allowing counties to send staff to the training academy to obtain all their training requirements and comply with state administrative rules. This will allow our workforce to spend less time searching and participating in training and more time in the field providing services to Oregonians. Oregon and our partners with the Association of Community Mental Health Programs will use best practices in adult learning delivery to include interactive and hands-on learning as well as other training delivery methods. Additionally, Oregon has never had a formalized training academy or process for its crisis workforce, making this the first-of-its-kind in our state.

### **Data & Evaluation**

Evaluation goals and methods may include some or all of the following: Expand skilled mobile crisis response workforce:

- Recruitment and training of mobile crisis workforce
- Numbers of trainees at mobile crisis academy from registration form with demographic information and certificate of completion
- Self-efficacy, confidence in using skills from mobile crisis academy – pre- and post-survey

- Intention to use skills learned from mobile crisis academy – post-survey and 3-month follow-up Improve quality of crisis interactions and outcomes
- Comparison of Baseline and Post-academy capacity to respond to mobile crisis – numbers of crisis responses and resolutions from Red Cap data collection
- Comparison of Baseline and Post-academy crisis outcomes, e.g., prevention of incarceration, reduction in ED use - from Red Cap data collection
- Improved interactions, e.g. expressed empathy, supporting self-efficacy, avoiding argumentation, etc. – through 3-month post-academy survey Improve statewide 988/mobile crisis system
- Organizational level improvement/enhancement – qualitative interviews with CMHP directors and mobile crisis teams
- Local crisis system improvement – qualitative interviews with people with lived experience and system partners,, e.g. hospitals, 988 Crisis Line, Law Enforcement, County and City Government officials, etc.
- Retention of trained mobile crisis workforce staffed at appropriate levels – compare baseline, post-academy, and 3-month follow up staff counts.



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# PALAU: Workforce Development

## *Delivering Suicide Prevention Training*

### Overview

Palau will train up to 100 providers on suicide prevention intervention and postvention. The long-term outcome of this initiative is increased evidence-based practice and services provided to communities, families, and children in the islands of Palau.

Training topics will include some or all of the following models:

- Zero Suicide,
- Mental Health First Aid (MHFA) for both adult and youth,
- Postvention,
- and Psychosocial autopsy.

### Population of Focus

Youth at risk with the recent spike of Suicide rates among youth.

### 988 Integration

Palau is not eligible for 988 funding nor the technology as an FAS.

### Lived Experience

Yes, we have peers and families with lived experience involved in all aspects of the development to ensure that we have community support.

### Innovation & Challenges

The development of the Psychosocial Autopsy PSA infrastructure to have data for information and decision making in the future.

### Data & Evaluation

Palau will assess measurable outcomes intended for the training initiatives using some or all of the following:

- Pre and post-tests.
- A 3-month follow-up survey to document implementation of the evidence-based suicide prevention, intervention, treatment, and postvention.

### Other

We are done with the initial training for certification.



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# PENNSYLVANIA: Workforce Development

## *Building a Crisis Intervention Certification*

### **Overview**

PA is building a crisis intervention certification in partnership with Temple University in effort to ensure crisis workers have the skills necessary to be effective and feel safe responding in community. An additional goal is to increase the number of bachelor level licensed social workers employed in the crisis system.

### **Population of Focus**

Individuals working at 988 call centers, as members of mobile teams and as staff of 24/7 walk-in centers are all the target population. The goal is to empower individuals regardless of whether they hold a degree or not with the ability to be an effective team member.

### **Peer Involvement**

Holding certification as a peer specialist qualifies someone to serve as a crisis intervention worker. As such, peers will earn the certification created by this project. Additionally, the voice of peers is included on the steering committee that will select content experts to design various components of the required training.

### **988 Integration**

As PA works to build the crisis system, the role of the 14, 988 call centers is central to the efforts. Employees at the 988 call centers are eligible to earn.

### **Lived Experience**

Holding certification as a peer specialist qualifies someone to serve

as a crisis intervention worker. As such, peers will earn the certification created by this project. Additionally, the voice of peers is included on the steering committee that will select content experts to design various components of the required training.

### **Innovation & Challenges**

Crisis Services are funded under rehab services within PA's SPAA requirement of that funding category is a recommendation by an appropriate licensed professional. PA created licensure for BSWs in 2020 and their scope of practice includes assessment for crisis services. The innovation and the challenge are one in the same- to create a pipeline of bachelor level social workers who elected to work at 988 call centers and as members of mobile teams.

### **Data & Evaluation**

Plan on collection data to evaluate an increase in the deployment of mobile teams by 988 call centers and an increase in the number of individual brought/directed to walk-in centers after a mobile team response in the community.



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# RHODE ISLAND: Facilitating Timely Access

## *Integrating Crisis Dispatch Software*

### **Overview**

Our TTI is a new effort to expand access to crisis services through establishing a tech solution to mobile crisis dispatch, as we have added enhanced mobile crisis services throughout the state. By bridging "someone to call" with "someone to respond," we are building out SAMHSA's vision for 988 in our state.

### **Population of Focus**

We are targeting all Rhode Islanders with enhanced mobile crisis access, including a special focus on children & families.

### **988 Integration**

We have a statewide 988 coalition as well as several smaller working groups, including an interagency partnership on mobile crisis services. This TTI will support ongoing 988 work in our state as we build out the crisis care continuum.

### **Lived Experience**

The new dispatch system will be piloted with the Rhode Island Outreach (RIO) team that includes peers and EMTs. It is modeled after the CAHOOTs program in Eugene, Oregon. Peers will be included in discussions of how the dispatch system will need to be implemented and they will be the "boots on the ground" when it is started in the Newport and East Bay areas.

The dispatch system is anticipated to be expanded when CCBHC is implemented statewide and 24/7 mobile outreach for youth and adults is put in place.

### **Innovation & Challenges**

The idea of introducing a tech solution for mobile crisis dispatch is innovative in-service delivery for our state. The greatest challenge will be finding the most appropriate vendor while dealing with state procurement policies.

### **Data & Evaluation**

Procuring mobile crisis dispatch software will allow Rhode Island to expand and improve 988 by giving 988 crisis counselors the ability to dispatch mobile teams to behavioral health-related crisis situations when appropriate. This will allow timely response to behavioral health emergencies by trained clinicians who can de-escalate situations and connect individuals to treatment. The planning stage will focus on analysis of vendor responses collected from our Request for Information (RFI) on mobile crisis dispatch/crisis care coordination software and/or platforms, the launch of an RFP (Request for Proposals) or some other state purchasing mechanism such as through an already existing contract, and selection of a vendor.



# RHODE ISLAND: Facilitating Timely Access

## *Integrating Crisis Dispatch Software*

### **Data & Evaluation (Continued)**

The implementation stage will focus on the platform launch and onboarding and training of the 988 call center staff as well as mobile crisis providers. Data will be collected throughout the planning and implementation stages of dispatch software procurement. The following data will be collected:

#### Planning Stage:

- Number of responses to the RFI.
- Number of responses to the RFP.
- Implementation Stage:
  - Number of staff members and community partners trained to use the software.
  - Number of staff members and community partners actively using the software.
  - Change in staff self-efficacy and knowledge about dispatching mobile teams pre-training to post-training.
- Counselor satisfaction with the training through pre- and post-surveys.
- Number of mobile crisis team dispatched using the software.



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# SOUTH CAROLINA: Children & Adolescents

## *Creating a Screening Platform*

### **Overview**

There are several barriers to accessing care, such as lack of awareness regarding services available, challenges to accessing systems of care, stigma regarding accessing care, uncertainty of the level of care needed, etc. SCDMH will be partnering with AFSP to create a screening platform, Hope Connects SC Kids, offered statewide for parents/caregivers who are concerned about their children under the age of 18. This platform will serve as an early intervention tool, as well as a connector to appropriate mental health and substance use services needed. This groundbreaking screening platform for parents/caregivers will offer additional information on resources available, such as 988 Suicide and Crisis Lifeline, Mobile Crisis, local treatment providers and the Crisis Text Line. It will also include messaging addressing stigma and myths to accessing care or supporting those in crisis. SCDMH will collaborate with the SC Suicide Prevention Coalition and its partners to market the platform. Funding will also be used to partner with NAMI Piedmont Tricounty (NAMI PTC) to develop a resource app that will integrate technology and provide immediate support and information resources to parents/caregivers of minors who are in crisis or at risk for suicide. This app, developed in collaboration with those who have lived experience from NAMI PTC, will give users resources based on location within the state. Resources will include a one-stop crisis intervention resource, with direct links (e.g., Lifeline/988, SCDMH Mobile Crisis, Crisis Text Line, ISP). The NAMI app will also include links to local agencies who address social determinants of health (SDOH) needs (e.g., domestic violence agencies, housing

crisis agencies, food banks, etc.) for an upstream suicide prevention intervention addressing SDOH risk factors. The NAMI app participants will access services quickly without adding the burden of finding resources during a crisis.

### **Population of Focus**

SC is ranked 24th in the nation for suicide deaths in 2020 and experienced a slight increase (1%) in suicide deaths, despite a 3% decrease nationwide. Suicide is the 3rd leading cause of death for ages 10-24 in SC. From 2016-2020 in SC, there were 39 suicide deaths for ages 10-14 and 80 suicide deaths for ages 15-17. Ages 15-19 had the highest rates of suicidal ideations and attempts treated in SC Emergency Departments. Ages under 9 and 10-14 had the highest increases in SC EMS self-harm calls of any age group (93% and 94% respectively) when comparing 2020 vs. 2021. Suicide attempts and mental health traumas (i.e., PTSD, physical abuse) treated in SC emergency departments were mostly female and White. Rate increases in 2020 for suicidal ideation and attempts included those identifying as Asian, American Indian, Hispanic, and African American. According to a new nationwide study, 3 out of 4 US high school students experienced one Adverse Childhood Experience during the pandemic, with these students being more likely to experience poor mental health and suicidal behavior. On the 2017 SC Youth Risk Factor Survey, both LGBTQ and Hispanic youth reported higher rates of seriously considering suicide and planning an attempt. SC is ranked 41st in child well-being, with 23% of children living in poverty and 5% uninsured.



# SOUTH CAROLINA: Children & Adolescents

## *Creating a Screening Platform*

### **988 Integration**

SCDMH oversees SC's implementation of the entire 988 Comprehensive Crisis System of Care, i.e., call centers, Mobile Crisis, CSUs and CRUs. The screener will be an additional layer in this system of care. SCDMH leads SC's 988 Advisory Board and Co-Chairs the SC Suicide Prevention Coalition, which has been instrumental in the work to implement 988.

### **Lived Experience**

We will be partnering with AFSP and NAMI, both organizations are composed of those with lived experience, and in some cases have PSS on staff. SCDMH currently hires PSS to work within our community mental health centers, who are referral points for the screener.

### **Innovation & Challenges**

SC is the only state in the country to offer an interactive MH screener for everyone over the age of 18, linking the participant to a counselor who can connect them to care in their individual communities. It is unique in that the counselor is able to dialogue with the participant through the care transition process and help address any barriers to accessing care. The Hope Connects SC Kids will be the first in the country to be offered to caregivers of those under the age of 18, again linking them to care and working to address any barriers. The resource app will be the first for our state as well and will be guided by those with lived experience and peers.

Our greatest barrier will be recruitment of partners to engage in the counselor teams and continuous updating of the app. We are hopeful about plans to address these barriers.

### **Data & Evaluation**

We will be tracking the use of both technology platforms, which will include 90-day follow-up opportunities for the screener.

We will track: Number of participants, County call totals, PHQ9 Scores, Suicidal Thoughts and Behavior questions, Demographics, and other participant data will be collected and analyzed.



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# SOUTH CAROLINA: Children & Adolescents

## *Launching Project Connect*

### **Overview**

This is a much-needed opportunity to educate and provide interventions timely in the community. This will also serve as a bridge to an existing System of Care initiative for those 16 and older providing in an healthy transitions initiative

### **Population of Focus**

Youth whose involvement in the school setting lands them in an alternative educational setting, and without the needed interventions places them on the trajectory for dropping out, justice involvement, and poverty.

### **988 Integration**

We plan to be a resource for our mobile crisis teams. We plan to provide an opportunity for a more coordinated and proactive approach for families in crises as a result of their children's involvement in the school setting.

### **Lived Experience**

Project Connect will hire Peer Support specialist to assist with the engagement process as well as Family Peer Support with lived experiences to provide the "Someone to Call" when behaviors begin to become unmanageable.

### **Innovation & Challenges**

This is an attempt to model getting ahead of the crises as well as impacting the overrepresentation of youth of color landing in the justice system. This model would increase access to treatment as well as an opportunity to infuse strategies to educate, engage families and communities and CONNECT young people 16 and older to an existing drop in center providing life skills to assist

with individual goals. Schools in rural community lacks access to behavioral intervention and we will partner with the school to train this individual to provide trauma skilled interactions.

### **Data & Evaluation**

Objective Performance Target To increase access to MH services for youth attending Brewington Sumter Academy alternative school. 100 youth screened and assessed; 80 youth receiving clinical services To ensure that youth have an individualized high school graduation plan by 10th grade. 95% of those assessed To provide comprehensive wraparound support through the development and implementation of a transition plan for the return to school and future education, employment, or life skills. 90% of those assessed To improve daily functioning for those with diagnosable MH conditions (as measured by DLA-20 scores) Average score shows 50% improvement (baseline to six-month reassessment) To ensure that those who leave Brewington to return to their home schools remain there through the end of the project. 80% remain at home school after return from Brewington To provide training to school staff, mental health clinicians, parents, and youth in topics such as mental health, trauma-informed care, substance use, street gang dynamics, conflict resolution, parent/family solutions; suicide prevention (districtwide; focus on Brewington families and staff). At least 150 school staff/administrators, youth, families, clinicians will be trained district-wide on trauma-informed care practices in schools; Cognitive Behavior for Trauma



# SOUTH CAROLINA: Children & Adolescents

## *Launching Project Connect*

### **Data & Evaluation (Continued)**

Intervention in Schools; and gang violence prevention. Expand its existing partnerships through the SCDMH/ROI initiative. At least three new formal partnerships will be formed for sustainability after grant.

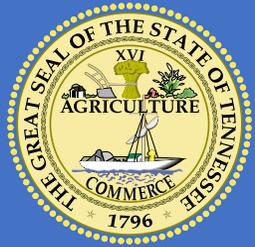
### **Other**

S.C. schools tend to remove children that have any contact with law enforcement. These places many youth of color in this county in a setting where they could struggle to have positive educational outcomes as a result of struggles resulting from trauma, anxiety, depression, and substance use. The alternative school, formerly known as Brewington Academy, expressed pleasure and excitement of the afforded opportunity to address the mental and behavioral health challenges they experience daily.



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# TENNESSEE: Workforce Development

## *Supporting the Peer Workforce*

### **Overview**

Through the employment of peers, community mental health centers and agencies have an untapped group of potential employees who have a unique skill set that often leads to greater engagement in recovery and resiliency. To improve the crisis array this paraprofessional workforce could assist in easing strain on systems and decrease wait times for services and supports, while cultivating a viable and effective workforce.

### **Population of Focus**

Individuals with lived experience seeking to be certified or are certified as a peer in the State of Tennessee. They were chosen because this is a population that is an underutilized resource that can work within the crisis continuum and provide unique perspectives that can potentially lead to more effective services and supports.

### **988 Integration**

Both projects support the work of 988 by preparing a qualified and trained workforce that is able to respond and understand crisis needs. In addition, these projects will allow for a workforce that can provide promotion and prevention efforts related to mental health that will decrease need for restrictive services.

### **Lived Experience**

Peers are a consistent piece in both projects.

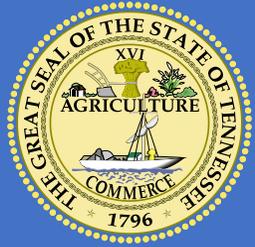
### **Innovation & Challenges**

The innovative aspect to this project is the focus on continued professionalization of the peer workforce. This project allows Tennessee to continue to build on the foundation of peer work in TN and take it to another level by increasing the workforce, solidifying a training structure, recruiting for certification, and providing the technology to give an integrated experience to peers. The greatest challenge will be the timeline.

### **Data & Evaluation**

The plan is to demonstrate an increase in outreach and awareness of peer careers through an increased media presence; provide training for the workforce by increasing access to cost prohibitive training and increasing the number of trainers; and provide a toolkit for agencies and an electronic platform to reinforce the professionalism of the peer role.

1. Number of impressions from social media, news, and other media outlets.
2. Number of peer users utilizing the CADRE training and certification system throughout the state.



# TENNESSEE: Workforce Development

## *Supporting the Peer Workforce*

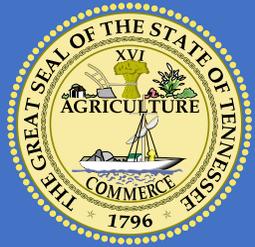
### **Data & Evaluation (Continued)**

3. Number of trainings performed following the initial train the trainer.
4. Number of individuals receiving a scholarship to attend the Family Support Specialist competency course.
5. Number of employer toolkits disseminated, what type of agency, and is ongoing training and technical assistance requested.



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# TENNESSEE: Workforce Development

## *Delivering Compassion Science & DBT Training*

### **Overview**

The initiative will enhance the crisis continuum by providing the latest evidence-based practices that will promote improving client/patient care as well as self-care concepts/skills for staff that are directly providing crisis services. As well researched, crisis work is stressful, challenging, and often contributes to both secondary trauma and higher burnout levels. Compassion Science (Compassionomics) and Dialectical behavioral Therapy (DBT) are the two models that will be used to address workforce development for staff employed.

### **Population of Focus**

the population of focus are providers within the crisis continuum and they were selected as they deal with sometimes intense situations that without good self care and an understanding of those they serve will lead to burn out, secondary trauma, and other possibly negative situations. They will be able to receive training and education that will assist with their own self care as well as learn ways to decrease work stress.

### **988 Integration**

Both projects support the work of 988 by preparing a qualified and trained workforce that is able to respond and understand crisis needs. In addition, these projects will allow for a workforce that can provide promotion and prevention efforts related to mental health that will decrease need for restrictive services.

### **Lived Experience**

Peers are consistent piece in both projects.

### **Innovation & Challenges**

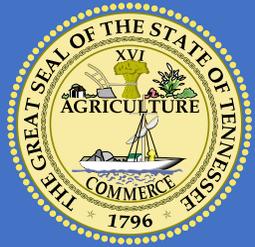
The most innovative aspect of this project is that it is taking a person-centered approach with staff. Ideally this will lead to greater job satisfaction, a healthy workforce, and an educated workforce that can provide compassionate care to consumers. The greatest challenge will be the timeline.

### **Data & Evaluation**

The plan is to demonstrate a model designed to support a retention model as a result of the workforce shortage by providing the latest evidence-based practices that will promote improved client/patient care as well as self-care concepts/skills for staff that are directly providing crisis services.

Staff and client surveys will be administered quarterly.

1. The medical record will be reviewed monthly for any needed data collection.
2. Standardized tools will be administered, reviewed, and collected according to the DBT model.



# TENNESSEE: Workforce Development

## *Delivering Compassion Science & DBT Training*

### **Data & Evaluation (Continued)**

4. The Professional Quality of Life (ProQOL) will be used to survey staff. The ProQOL is a 30 item self-report questionnaire which measures compassion fatigue, compassion satisfaction and burnout in helping professionals. Specifically, it measures, compassion satisfaction (pleasure you derive from being able to do your work well), burnout (exhaustion, frustration, anger, and depression related to work), and secondary traumatic stress (feeling fear in relation to work-related primary or secondary trauma).
5. The Center's existing satisfaction survey will be updated to reflect compassion-oriented questions for clients to answer.



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# TEXAS: Children & Adolescents

## *Establishing a Juvenile Justice Learning Collaborative*

### **Overview**

HHSC will increase awareness of and access to the 988 Suicide and Crisis Lifeline and other crisis services for justice-involved youth and juvenile justice professionals through the proposed learning collaborative and by training juvenile justice stakeholders to provide justice-involved youth with accurate and timely suicide screening, safety planning, counseling on access to lethal means, and informing them about 988 as a resource to them when someone is in a suicide crisis.

### **Population of Focus**

We chose justice involved youth as our target population as this population has a disproportionately high suicide rate.

### **988 Integration**

We do not have a 988 work group.

### **Lived Experience**

Texas will engage individuals with lived experience with suicide loss, suicide attempt and/or the justice system to participate in the learning collaborative calls. Texas will also encourage juvenile justice stakeholders to collaborate with individuals with lived experience on policy development as new Zero Suicide policies are being formed across the state.

### **Innovation & Challenges**

There are several aspects of our TTI that are innovative including the population we have chosen, the variety of stakeholders we will be working with, the tailoring of the framework we will be doing among others. Our greatest challenge will be to ensure we have all of the right stakeholders at the table as we move forward.

### **Data & Evaluation**

HHSC will use self-report responses from juvenile justice stakeholders on the final learning collaborative evaluation survey to gauge effectiveness of the collaborative. This evaluation will assess awareness and appropriate use of 988, awareness on access to crisis services, implementation of best practice screening tools, implementation of safety plans, and improved continuity of care outcomes. HHSC will use self-report responses from juvenile justice stakeholders on the final learning collaborative evaluation survey to gauge effectiveness of the collaborative. This evaluation will assess awareness and appropriate use of 988, awareness on access to crisis services, implementation of best practice screening tools, implementation of safety plans, and improved continuity of care outcomes.



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# TEXAS: Facilitating Timely Access

## *Establishing a Criminal Justice Learning Collaborative*

### **Overview**

People with serious mental illness (SMI) are disproportionately represented in the criminal justice system. In Texas, timely and appropriate community re-entry planning in local county jails that helps people transition back to their community is a significant gap in the behavioral health care continuum. TTI funding will be used to establish a learning collaborative for criminal justice, behavioral health, and community stakeholders to improve re-entry planning for people with mental illness (SMI) who are exiting jail, including after forensic hospitalization.

### **Population of Focus**

This TTI will focus on people with mental illness (SMI) who are exiting jail, including after forensic hospitalization. This population can experience significant barriers in accessing community-based behavioral health services due to the provision of limited or delayed services in criminal justice settings. Barriers to care can increase risk of decompensation and recidivism for this population.

### **988 Integration**

9-8-8 is an essential resource for justice-involved people who may experience a behavioral health crisis. However, stakeholder awareness of 9-8-8 is limited, especially in rural, remote, and/or frontier communities in Texas.

This TTI will include education and outreach on 9-8-8, as well as other ways in which to connect with behavioral health services, crisis or otherwise, for people exiting the criminal justice system.

### **Lived Experience**

Texas HHSC's Peer and Recovery Service Programs team oversees the Mental Health Peer Support Re-entry Pilot program that connects qualifying candidates in county jails with a Peer Support Specialist who helps them develop a plan to ensure their behavioral health needs are met upon release. The participation of the Peer and Recovery Services Program staff, as well as LMHA/LBHA staff who operate the Peer Re-entry Pilot, will ensure that the proposed initiative incorporates the perspective of clinicians and peers working in re-entry. In addition to collaboration with HHSC's Peer and Recovery Service Programs team, the Technical and Project Management Contact assigned to this project is a person with lived experience with behavioral health and criminal justice systems.

### **Innovation & Challenges**

TTI funding will be used to establish a learning collaborative that will empower local behavioral health and criminal justice stakeholders to (1) identify ways in which to leverage data and local knowledge to better understand barriers to continuity of care, (2) develop strategies to streamline and improve access to community-based care prior to or upon release, and (3) foster peer-to-peer re-entry learning.



# TEXAS: Facilitating Timely Access

## *Establishing a Criminal Justice Learning Collaborative*

### **Data & Evaluation**

Texas HHSC will partner with local and statewide stakeholders to develop a learning collaborative that supports communities in: (1) Leveraging data and local knowledge to define the scope of re-entry barriers, as well as inflection points in the delivery of behavioral health services to justice-involved people with SMI; (2) developing strategies to streamline and improve access to community-based care prior to or upon release from jail; (3) fostering peer-to-peer re-entry learning; and (4) providing expert consultation to address specific challenges experienced by underserved communities. A toolkit and video series that support adoption of evidence-based and promising practices that promote successful re-entry will also be developed.

Quantifiable measures to demonstrate progress toward project goals will include: (1) Pre- post-collaborative surveys of participants to measure efficacy in: (a) Utilization of common data points that may define the scope of need and identify opportunities to improve the delivery of re-entry services, (b) consideration or implementation of guidance/recommendations to improve the continuum of care, including access to 9-8-8 and community-based crisis services, for people transitioning from jail to the community, and

c) Establishment or enhancement of peer-to-peer networks to support ongoing efforts related to community re-entry; (2) data collection, analysis, reporting, and monitoring of utilization and efficacy of re-entry services provided by collaborative member entities; and (3) issuance of a toolkit with guidance/recommendations to local and statewide partners.



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# VERMONT: Serving Under Resourced Minority Communities

## *Establishing CAHOOTS in Chittenden County*

### **Overview**

Now more than ever, there has been an increased need for additional mental health crisis services driven by the direct impact of the pandemic as well as cascading socioeconomic impacts, delayed access to treatment, and ongoing traumatic experience. One way this has manifested in Burlington has been an increase in violent crimes, many involving those with mental health and substance use disorders, and a significant distrust in law enforcement leading to an unprecedented reduction in police force. Another element of mental health crisis that has been trending in the wrong direction is suicidality. In order to provide innovative solutions to the current situation, in collaboration with the City of Burlington, the Burlington Police Department, and the designated mental health providers in the area, DMH is seeking to co-sponsor a pilot program to establish a proven model of mobile crisis intervention, Crisis Assistance Helping Out On The Streets (CAHOOTS).

### **Population of Focus**

[Individuals aged 6 years or older in mental health crisis in the City of Burlington, the largest municipality in Chittenden County, Vermont. According to the United States Census Bureau, Vermont's population was estimated to be 645,570 as of July 1, 2021; 168,865 (26.2%) in Chittenden County of which 44,781 (7%) in the City of Burlington. This data set also shows that Burlington is significantly more densely populated than the county or state (population per square mile 4,339.3, 313.3, 69.8, respectively)

and has more racial and ethnic diversity when compared to the state, where 84.8% in Burlington identify as White alone vs. 94% statewide.

### **Lived Experience**

The desire for this model to be implemented in Burlington is specifically driven by stakeholder engagement, including those with lived experience. This model is not inherently staffed by peers, but the clinicians and EMTs working at the program may identify that way. Vermont is working towards peer credentialing that could eventually tie into programs such as CAHOOTS.

### **Innovation & Challenges**

The CAHOOTS model for mental health urgent care is not novel, but it is innovative in its approach and will be a new program for Vermont. The greatest challenge will be sustainability, both from a staffing and financial standpoint. One of the key concepts of the model is that services are non-billable and provided regardless of client insurance status; therefore, it must be funded independently. The plan after this pilot acts as a proof of concept, it can be fully funded by the city or other available resources.

### **988 Integration**

This particular work will operate tangential to the 988 initiatives in Vermont. The CAHOOTS program will provide services in the City of Burlington, and maybe be a referral resource for that area for the 988 lifeline call centers.



# VERMONT: Serving Under Resourced Minority Communities

## *Establishing CAHOOTS in Chittenden County*

### **Data & Evaluation**

There may be some overlap in marketing and shared resources/referral to one another, but 988 and CAHOOTS will operate in parallel. In terms of the expansion of access to crisis services we will be able to gather data on CAHOOTS outcomes as well as the emergency department utilization and whether there is a reduction in crisis assessments occurring the emergency department.

Vermont will develop an evaluation plan that will measure some or all of the following:

- Qualitative feedback from the community, people who interact with CAHOOTS teams, and other partners including the local hospital and its emergency department,
- Response times,
- Number of interventions,
- Number of ED crisis evaluations.

### **Other**

Vermont is excited for this opportunity to add the TTI funding to this work to help get it off the ground quickly and effectively with the goal of reducing Emergency Department utilization for mental health crisis and to make this level of support more readily accessible.



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# WASHINGTON: Serving Under-Resource Minority Communities

## *Supporting Tribal Mobile Crisis Teams*

### **Overview**

Our TTI project intends to support one or more Tribes in capacity building funding for a Tribal Mobile Crisis Response team. In Washington State, each Tribe is different in the range of health and behavioral health service that are provided; however, the State of WA has not provided direct funding to Tribes to stand up or sustain a MCR team within a Tribal community setting. This project intends to partner with Tribes to support a Tribal MCR project and to develop resources for other Tribes intending to stand up MCR programs within the State of WA.

### **Population of Focus**

This project is focused on Tribal communities and their community members. Our Office of Tribal Affairs with the WA State Health Care Authority works with Tribal governments in a government-to-government fashion to address the needs of the tribes while honoring tribal sovereignty. HCA and our team are working on strategies to increase the health outcomes of AI/ANs in partnership with Tribes, urban Indian health programs, tribal organizations, tribal consortia and advocacy groups, and other non-tribal state and federal partners. This work has been prioritized as important by the Tribes, and our team functions to support Tribes in the health priorities that they have identified. The Tribes are working at various levels to increase crisis prevention and crisis response services within their communities to offer culturally attuned services for AI/AN individuals across the state.

### **988 Integration**

This project is important for the implementation of the 988 programs. With our Native and Strong Lifeline now available, our goal is to increase crisis services that will both interact and support the Native and Strong (Tribal 988) crisis line.

### **Lived Experience**

Tribal MRC programs will incorporate natural helpers, community cultural specialists, and peers within their programs. The inclusion of peers is inherent within tribal communities and will be embedded throughout.

### **Innovation & Challenges**

This project is innovative, because it will be the first time, we are funding a Tribally operated Mobile Crisis Response team. Our team is also working to develop a guidance and best practices document for Tribal MCR teams and to build sustainable efforts in providing financial support for Tribal MCR programs as we support other MCR programs in the state. This will improve access for culturally based care for the Native population.

### **Data & Evaluation**

Given this project is intended to provide support for the Tribe to build capacity, it is not likely that we will gain enough data to complete a full data analysis. The intent of this project is to work with the Tribe to develop outcome measures that are appropriate for the tribal community and the tribal MCR program.



# WASHINGTON: Serving Under-Resource Minority Communities

## *Supporting Tribal Mobile Crisis Teams*

### **Other**

Our partners are hoping to extend our work to coordinate with other states and Tribes working on Tribal MCR programs. Please reach out to our team if you are aware or also supporting Tribal MCR programs.



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# WASHINGTON: Children and Adolescents

## *Joining the MRSS Quality Learning Collaborative*

### **Overview**

Washington will purchase participation in the MRSS Quality Learning Collaborative for teams launching MRSS services to expand upon the design work accomplished in year one. This will support implementation and continuous quality improvement. This opportunity provides monthly coaching calls, facilitated peer-to-peer learning opportunities, data collection activities and access to resources and tools to support design and implementation. More specifically, WA will participate in technical assistance and coaching provided by MRSS QLC faculty designed to support WA in all or some of the following areas:

- Developing skills so that MRSS teams can appropriately provide services to youth and families requesting mobile response and stabilization,
- Developing the appropriate levels of expertise among providers,
- Implementing care pathways developed in year one,
- Implementing and monitoring practice standards that were developed in year one to align with MRSS best practices,
- Responding to needed alignment of WA's policy, practice, workforce, and financing with MRSS best practices as identified in the year one environmental scan,
- Meeting system indicators associated with best practice system design and improved outcomes as identified in year one through administration of the MRSS System Readiness Tool.

### **Population of Focus**

Child and Youth Mobile Response Team members and other crisis staff, as well as those they serve.

### **Lived Experience**

Washington is partnering with the Center of Parent Excellence (COPE) and the Statewide Family Network to guide the development and implementation of MRSS teams. Both networks are comprised of individuals with lived experience with behavioral health systems experience.



# WASHINGTON: Children and Adolescents

## *Joining the MRSS Quality Learning Collaborative*

### Data & Evaluation

- Washington plans to participate in the MRSS Quality Learning Collaborative, which includes:
  - 12 Individual Coaching Sessions
  - 20 QLC Peer Meetings
  - Cross-QLC Data Reported and Analyzed using Plan-Do-Check-Act CyclesWashington will work with a state peer-run training hub to develop expertise in MRSS to develop and provide in-state trainings to support implementation.
- Washington will report on the Policy Development and Workforce Development that result from TTI grant activities.

Data may include:

- Number of Policy Changes completed as a result of the Transformation Transfer Initiative Grant
- Number of individuals in the behavioral health and related workforce trained and/or receiving technical assistance in the MRSS model and related practices (such as, trauma-informed care, assessment, issues of consent, etc.)

### Other

N/A



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# WEST VIRGINIA: Workforce Development

## *Supporting Recruitment, Retention, and Training*

### **Overview**

West Virginia was fortunate to receive 2 TTI awards to expand and improve 988 and the mobile crisis service teams. The Workforce TTI initiative will focus on entry-level workforce recruitment, retention, and training for 988 crisis counselors and staff who work with adults with SMI.

### **Population of Focus**

The Workforce Development TTI population of focus is the WV Crisis System Workforce and those they serve.

### **988 Integration**

As of January 2023, WV has a new 988 Coordinator at the state level. This individual will be involved in both TTI initiatives. The WV TTI Project Manager is a member of the State 988 Workgroup and can update and bring recommendations, and potential new membership, forward.

### **Lived Experience**

Members of the WV Behavioral Health Planning Council will be invited to participate in activities, e.g., call(s) with the Texas 988 Learning Collaborative; review/recommendation process for the First Choice Services entry-level/supervisor recruitment and retention plan and/or person-centered trauma-informed care training and/or retention survey.

The WV Behavioral Health Planning Council will be invited to participate in activities, such as call(s); and/or review/recommendation processes for outreach materials, outreach plans, call scripts, and SAMHSA's indigenous partner info sheets, for improvement of 988 and mobile crisis teams, with First Choice Services, the WV Behavioral Health Workforce and Health Equity Training Center, and with state and national subject matter experts' support.

### **Innovation & Challenges**

Providing a tangible entryway to engagement between the stakeholders we have identified at multiple perspectives and positions is probably the most innovative aspect of this TTI initiative. The greatest challenge is implementation - the stakes are high and the time of all involved is limited.

### **Data & Evaluation**

For its Workforce Development TTI initiative, WV plans to demonstrate 988 expansion and improvement and expansion of crisis services with recruitment, retention, and training efforts focused on entry-level staff to lessen turnover and vacancies.



# WEST VIRGINIA: Workforce Development

## *Supporting Recruitment, Retention, and Training*

### **Data & Evaluation (Continued)**

For its Workforce TTI Initiative, WV plans to measure: number of entry-level staff trained; number of entry-level staff surveyed; and the length of time entry-level staff are retained before/after the initiative to determine the impact on turnover as a result of the implementation of this initiative.

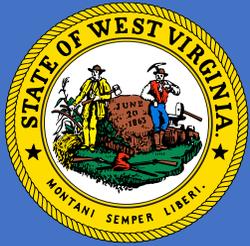
### **Other**

We look forward to learning from the other states and the TTI Team as well as the other entities we have highlighted.



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# WEST VIRGINIA: Serving Under Resourced Minority Communities

## *Developing Inclusive Outreach and Engagement*

### **Overview**

The Building Crisis Services that Serve Under-Resourced Minority Communities initiative will engage BIPOC and LGBTQ+ focused organizations, existing state government champions, and national SMEs to pool these 3 groups subject matter expertise to engage with WV's 988 vendor, BBH's pilot Behavioral Health Workforce Training Center, and WV's mobile crisis providers to review outreach and engagement plans and materials, such as call scripts, marketing materials, and protocols for recommendations on how to make WV's crisis system and 988 more culturally appropriate.

### **Population of Focus**

The Building Crisis Services that Serve Under-Resourced Minority Communities population of focus is Adults with SMI, focused on BIPOC and LGBTQ+ individuals. WV identified that there was a need to focus on these populations.

### **988 Integration**

As of January 2023, WV has a new 988 Coordinator at the state level. This individual will be involved in both TTI initiatives. The WV TTI Project Manager is a member of the State 988 Workgroup and can update and bring recommendations, and potential new membership, forward.

### **Lived Experience**

Members of the WV Behavioral Health Planning Council will be invited to participate in activities, e.g., call(s) with the Texas 988 Learning Collaborative; review/recommendation process for the First Choice Services entry-level/supervisor recruitment and retention plan and/or person-centered trauma-informed care training and/or retention survey.

### **Innovation & Challenges**

Providing a tangible entryway to engagement between the stakeholders we have identified at multiple perspectives and positions is probably the most innovative aspect of this TTI initiative. The greatest challenge is implementation - the stakes are high and the time of all involved is limited.

### **Data & Evaluation**

For its Under-Resourced Minority Communities Initiative, WV plans to demonstrate 988 expansion and improvement, and expansion of crisis services, as the result of more culturally appropriate collaboration, outreach, and engagement through this initiative.



# WEST VIRGINIA: Serving Under Resourced Minority Communities

## *Developing Inclusive Outreach and Engagement*

### **Data & Evaluation (Continued)**

For its Under-Resourced Minority Communities Initiative, WV plans to measure:

- consensus among group members towards adopting changes to outreach materials, outreach plans, protocols, and call scripts;
- recommendations issued by both state and national subject matter experts;
- volume of calls/requests for services, consumers engaged, and/or referrals received as a result of this initiative.

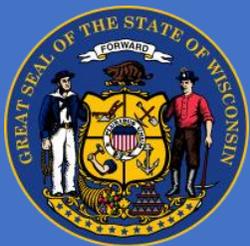
### **Other**

We look forward to learning from the other states and the TTI Team as well as the other entities we have highlighted.



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# WISCONSIN: Workforce Development

## *Establishing a Unified Crisis Staff Training*

### **Overview**

The Wisconsin DHS Transformation Transfer Initiatives (TTI) application proposes to assess the training needs of crisis related positions across the state; identify the core competencies required for these positions; develop or contract for training on these core competencies; deliver the training on a pilot basis to select agencies; assess the effectiveness of these trainings; make recommendations for scaling up the trainings so they can be provided state-wide and on an on-demand basis whether this be in person or virtually; and make recommendations for sustainability of the initiative

### **Population of Focus**

The population of focus is the county-level crisis staff. They are on the front lines of crisis response in WI. Counties are often understaffed in these positions and staff often have imposter syndrome by feeling inadequately prepared for the work they are doing. Our TTI will work to bridge this gap by identifying and providing key training to staff which will improve retention and reduce imposter syndrome.

### **988 Integration**

Wisconsin does have a 988 work group. This TTI will support 988 efforts by building up the core competencies of the "someone to respond" component of the crisis system in WI.

### **Lived Experience**

PLEX individuals will serve as advisors to the initiative on the advisory committee. They will provide key insights into the diverse needs of the populations to be served. The advisory committee will meet 5-7 times over the course of the project.

### **Innovation & Challenges**

The most innovative aspect is the piloting of the training with a sample of counties and then completing a PDA cycle with these pilot counties with the plan to scale up state-wide.

### **Data & Evaluation**

Using a PDS approach, the project will learn from the pilot and identify ways to scale up state-wide. This will lead to a higher level of competency amongst county crisis staff who provide the someone to talk to and someone to respond components of the crisis system in WI. Data will be collected to substantiate that improvement:

State-wide survey data on need. Pre-project and post-project survey data on implementation. Recommendations for scaling up as a result of the pilot.



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