

NASMHPD

Fiscal Year (FY) 2024:
Transformation
Transfer Initiative
Directory

For Federal Fiscal Year 2024, SAMHSA awarded 50 TTI awards of \$250,000 to states and territories on the following five (5) topics directly related to implementing and expanding 988 and crisis services:

1. Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care
2. State strategies to improve the capacity of the behavioral healthcare workforce
3. Improving access to supported employment for transition age youth
4. Crisis care and suicide prevention for high-risk populations (Black, Indigenous, and People of Color, American Indian/Alaskan Native individuals, LGBTQIA+ individuals, individuals with intellectual, developmental, and physical disabilities, deaf/hard of hearing, children and adolescents, etc.)
5. Improving the collaboration between 911 and 988

All projects were designed to improve services for populations experiencing Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).



ALABAMA: State strategies to improve the capacity of the behavioral healthcare workforce

Trauma-Informed Training for Alabama's Workforce

Overview

In preparation for its transformation to the Certified Community Behavioral Health Clinic (CCBHC) model, Alabama will develop, implement, and administer a statewide, comprehensive approach to identifying, treating, and healing trauma. The Alabama Department of Mental Health (ADMH) will equip its Community Mental Health Centers and direct-care staff with trauma-informed training curricula and program models. Further, the Department will build its capacity to administer and oversee trauma-informed behavioral health organizations.

Population of Focus

Direct care and Community Mental Health Center/CCBHC staff working with both children and adults.

Lived Experience

Alabama will include individuals with lived experience in each of its trainings for Department staff, as well as trainings for Community Mental Health Centers/CCBHCs and direct-care staff. These individuals will provide critical, real-world input and feedback into the hearts and minds of those they train.



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ALASKA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Geographical Landscape Assessment

Overview

Alaska will catalog and work to expand upon regionally specific services to families in both urban and rural areas where they may not be the population base or have infrastructure to support services specific to children and adolescents. They will solicit a vendor to develop a landscape assessment, cataloging and exploring specific behavioral health services in the state. This analysis will provide information necessary to help the state connect front door providers with access to care and a broader knowledge base of available services and supports.

The landscape assessment will focus on identification of services specific to each geographical region in the following categories:

- Behavioral health associated care coordination/case management services;
- Outpatient behavioral health providers for children and families;
- Community based behavioral health services for children and families,
- Integrated or co-located primary care and behavioral health providers;
- Schools offering integrated behavioral health services; and
- Detailed region-specific continuum of crisis services to include: psychiatric emergency services mobile outreach, peer crisis services, crisis observation and stabilization and crisis residential stabilization services.

Population of Focus

Alaskan families, children, and adolescents presenting to hospital emergency departments and inpatient units with behavioral health diagnoses.

Lived Experience

Alaska will include consultation of peers/individuals with lived experience in the assessment process. This will aid to help identify service gaps, barriers to care, needs, and strategies to improve the system of care. The information will develop and expand upon the understanding of how Alaskans experience getting their healthcare needs met, which will better inform the state to both challenges and opportunities. This collaboration may include various methods such as interviews, surveys, or focus groups. Emphasis will be placed on getting regionally specific input from people with lived experience in up to 9 geographical 1115 Waiver regions.





ALASKA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Geographical Landscape Assessment



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CNMI: State strategies to improve the capacity of the behavioral healthcare workforce

Professional Pathways Project: Phase II

Overview

The Commonwealth of the Northern Mariana Islands (CNMI) Community Guidance Center will enhance its Professional Pathways Project (PPP), funded by the 2023 TTI. This enhancement project will expand initial coordination and implementation of the PPP through the following activities:

- Continue implementing core Behavioral Health training that leads to certification for behavioral health workforce towards certification as Peer Specialists, Alcohol and Drug Counselors, and Prevention Specialists.
- Expanding core training to include the Behavioral Activation (BA) Training,
- Fully implementing, monitoring, and evaluating the Behavioral Health Aide (BHA) Program pilot launch.
- Collaborating with the Pacific Behavioral Health Collaborating Council/Certification Board (PBHCC/CB) to expand the BHA to other Pacific Jurisdictions and engage in heightened and sustainable local and regional workforce development efforts.

Population of Focus

Peer support specialists, behavioral health volunteers, Alcohol and Drug Counselors, and prevention specialists.

Lived Experience

Peers and people with lived experience will be involved in the planning and implementation of this initiative.



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COLORADO: State strategies to improve the capacity of the behavioral healthcare workforce

Crisis Professional Core Curriculum: Phase Two

Overview

Colorado was awarded TTI funding in FFY 2023 to develop a Colorado Crisis Professional Core Curriculum, which will be housed on BHA's learning management system. In FY24, Colorado BHA will expand on the previous TTI initiative, by establishing "phase two" of Colorado's Crisis Professional Core Curriculum, which will focus on the development of additional specialized training tracks, specifically for emergency responders and youth and young adults working as peers or seeking peer certification, offered at no cost to individuals serving those in crisis. The overarching goal of Colorado's Crisis Professional Core Curriculum is to provide accessible and standardized crisis training for key crisis system partners statewide. "Phase Two" of curriculum development will focus on the creation of modules to prepare emergency responders and youth/young adult peers for assisting those in crisis. The development of the additional modules will increase career pathways for youth and young adult peers and improve collaboration between 988 and 911.

Population of Focus

Emergency responders, Law Enforcement, youth, and young adults working as peers.

Lived Experience

Focus groups will be held with those with lived experience, youth and young adults as well as those in the first responder field to provide guidance on the curriculum and focus on incorporating the voices of those with lived experience into the crisis curriculum.



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CONNECTICUT: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Urgent Crisis Center Performance Improvement Center

Overview

Connecticut will implement a Performance Improvement Center (PIC) for a newly established statewide network of Urgent Crisis Centers (UCC) for youth and families. The UCC-PIC's will identify and develop effective practices within UCCs and establish performance indicators and benchmarks, using the Department of Children and Families (DCF) Provider Information Exchange to produce summaries of key performance indicators. The Performance Improvement Center will also train UCC staff in crisis management and working with high-risk populations. As part of continuous quality improvement, Connecticut will consult with providers to gather feedback as well as identify disparities in access to care and develop and implement improvement plans to address identified disparities.

Population of Focus

Youth and families seeking behavioral health crisis services.

Lived Experience

The Connecticut Behavioral Health Plan Implementation Advisory Board (CBHPIAB), which includes multiple system stakeholders representing state agencies, advocacy groups and individuals with lived experience, was the primary driver of Connecticut's development of UCCs. This project will engage the UCC programs' family peer support staff as a component of the core UCC staffing model.



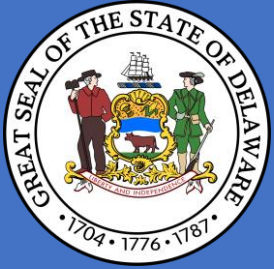
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DELAWARE: Improving the collaboration between 911 and 988

Enhanced Statewide PSAP Warm Transfers

Overview

Delaware plans to build upon previous TTI-funded work to deploy new mechanisms for its Enhanced 911 (E911) Public Safety Answering Point (PSAP) to transfer non-emergency behavioral health crisis calls to 988 or other crisis response services such as adult and children's mobile crisis. A designated 911-988 project coordinator will lead an effort to conduct research on existing 911 processes that involve an external entity (e.g., poison control center) and propose ways to adapt for a 911-to-988 warm transfer. They will also convene stakeholders on both 911 and 988 sides to refine the protocol and identify regional and national best practices.

The second phase of this project includes several components of early implementation. Together with Priority Dispatch, CAD system vendor, and relevant subject matter experts, the 911-988 project coordinator will work with 911 protocol and technology vendors to ensure unified statewide system update, manage relationships in process adoption, and continue to engage PSAP managers and assist in navigating the new processes.

Population of Focus

Individuals seeking behavioral health crisis services through E911 PSAPs.

Lived Experience

Delaware will involve stakeholders with lived experience in the planning and implementation of this initiative.



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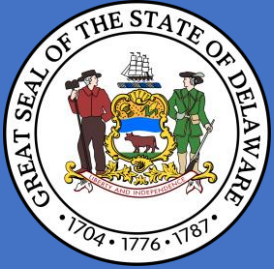
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DELAWARE: State strategies to improve the capacity of the behavioral healthcare workforce

Peer Services for Older Adults in Long-term Care

Overview

Delaware will expand on their pilot project from TTI 2022 that addressed workforce development with peer specialists. The Division of Substance Abuse and Mental Health (DSAMH) is building on a collaborative pilot project between the DSAMH and The Division of Services for Aging and Adults with Physical Disabilities, which is working to provide peer recovery services in a State Long-Term Care (LTC) facility, Delaware Hospital for the Chronically Ill (DHCI) to create a model that can be replicated both in the State and private sector. This work will improve and enhance services for individuals experiencing SMI with co-occurring SUD and chronic physical health. The goals of this initiative are to take lessons learned from the pilot to develop a specific training curriculum, SOPs, a model for funding sustainability at the State level, and a model for adoption in the private sector.

Population of Focus

Older adults with mental health needs in long-term care (LTC) settings.

Lived Experience

The proposed initiative aims to improve the capacity of Delaware's behavioral healthcare workforce with a particular focus on Peer specialists and services in long-term care (LTC) settings to better serve older adults with mental health needs.



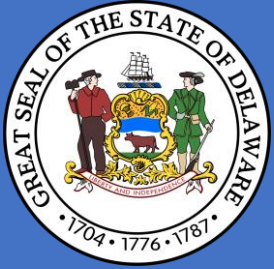
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DELAWARE: Crisis care and suicide prevention for high-risk populations

Peer Support for Veterans

Overview

Delaware will increase crisis care and suicide prevention services for veterans through peer support specialists with lived recovery experience and experience serving in the US military. The department will identify key stakeholders and recognize gaps in veterans' services to implement a Mobile Base Program, providing a variety of peer support services that fosters pathways to long-term recovery for Veteran users. Stakeholders will also assist with identifying sustainable funding and service resources, and enhancing data collection, program integrity, and quality monitoring infrastructure.

Population of Focus

Veterans seeking behavioral health services.

Lived Experience

This project is led by a person with lived experience and Delaware's Peer Support Service Administrator (a Certified Peer Recovery Specialist). The Project Refit Program is run by Veterans with lived experience and DSAMH is going to provide Technical and Logistic support.



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GEORGIA: State strategies to improve the capacity of the behavioral healthcare workforce

Crisis Peer Learning Collaborative

Overview

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) will create and implement a Crisis Peer Learning Collaborative which will provide training, improve communication and relationships across peers who work in the state-funded crisis system, and create a mechanism for DBHDD to get feedback from their provided network to address system challenges. The Collaborative will provide a platform for Certified Peer Specialists to improve their skills to serve individuals experiencing crisis, as well as network with other peers across the state. During the collaborative, peers will share information about areas of excellence and feedback about system needs to DBHDD, facilitate a mix of in-person and virtual bi-monthly Collaborative sessions, and share session recordings with other peers working in the crisis system.

Population of Focus

Certified Peer Specialists working with individuals experiencing behavioral health crises.

Lived Experience

DBHDD will collaborate with state funded providers who train and employ Certified Peer Specialists to identify the initial training topics by holding a project kickoff meeting in January. The feedback received from this meeting will be used to identify speakers for the first two Learning Collaborative meetings.



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GEORGIA: Crisis care and suicide prevention for high-risk populations

Supporting Certified Peer Specialist Pathways

Overview

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) will partner with community agencies who provide population-focused services to identify potential Certified Peer Specialist candidates who are reflective of population groups that are historically underserved and at high risk of suicide. DBHDD will collaborate with the Georgia Mental Health Consumer Network and the Georgia Council on Recovery to identify individuals who are interested in working in the Georgia behavioral health system to enhance its peer workforce. TTI funding will be used to engage community providers to identify CPS candidates and support training scholarships.

Population of Focus

Certified Peer Specialists (CPS) who are reflective of population groups which have been historically underserved and at highest risk of suicide such as people with limited English proficiency, the LGBTQ+ population, individuals who are deaf or hard of hearing, refugees, and people who live in rural areas.

Lived Experience

DBHDD will work with the Georgia Mental Health Consumer Network, Georgia Council on Recovery, and the Georgia Parent Support Network to identify key steps and metrics related to planning and implementation of this project. Further, DBHDD's Director of the Office of Recovery Transformation, Dana McCrary CPS-P, is a principal leader in this work and is leading the planning and implementation of the project for DBHDD.



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GUAM: Crisis care and suicide prevention for high-risk populations

Key Family Contacts for Intensive Peer Support

Overview

Guam will provide intensive peer support services to individuals admitted into Guam's Behavioral Health and Wellness Center (GBHWC) inpatient units, reduce recidivism into highest levels of care, and provide linkage and navigation to other system support services. This will be achieved by recruiting, training, and supporting a team of Peer Support Workers (PSWs)/Key Family Contact(s) (KFCs) and establishing a Peer Support Council. PSW/KFC training topics will include crisis intervention, empathy, active listening, and knowledge of local mental health resources. Integrating these peers into the crisis stabilization units (CSU) will ensure that repeat utilizers of CSU services receive empathetic, experience-based support alongside professional assistance.

Population of Focus

Peer specialist/Key Family Contact working with repeat utilizers of highest levels of care.

Lived Experience

GBHWC currently employs and partners with individuals with lived experience and will ensure their involvement in the planning and implementation of this initiative.



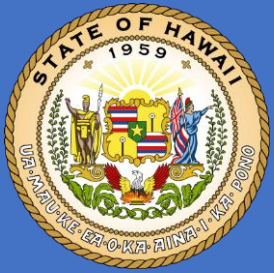
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HAWAII: State strategies to improve the capacity of the behavioral healthcare workforce

Forensic Peer Specialists on Big Island

Overview

Hawai'i will increase the workforce capacity to meet the needs of forensically involved adults with SMI across Hawai'i Island (also known as Big Island) by employing Forensic Peer Specialists (FPS) to work with the acting Forensic Coordinator (FC), Secretary, and crisis services. The goal is to have at least one FPS on each side of the Island, which will provide this population with support at court, connection to housing resources, help with registration for needed entitlements, and transportation to and from crisis shelters.

Population of Focus

Forensically involved adults with SMI on Hawai'i Island will be the target population.

Lived Experience

The Chief of Consumer Affairs, Jacob McPherson is a person with lived experience and Hawai'i Certified Peer Specialist. He also trains other peers to become Hawai'i Certified Peer Specialists. Graduates from the training will be invited to participate in the planning, implementation, and monitoring of the project on a board of team members with other peer volunteers. Meetings will be held virtually to allow participation from peers from other islands.



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IDAHO: Crisis care and suicide prevention for high-risk populations

Supporting Youth Crisis Center Operations

Overview

The Strategy, Development, and Implementation Team of Idaho (SDI) will work with four identified agencies to support the ongoing operation and services of the Youth Behavioral Health Community Crisis Centers (YBHCCC). Three centers have successfully opened the doors to serve the Idaho population. The fourth center plans to open in January 2024. The YBHCCC's have been a vital request in the Idaho community and will play a crucial role in fulfilling the "somewhere to go" aspect of SAMHSA's three main priorities. The overall goal is to increase access for the vulnerable youth who need a place to de-escalate while avoiding an out-of-home placement. The YBHCCCs provide an alternative to hospital-based crisis services for youth and their families, especially in rural and frontier areas. The providers of the YBHCCCs can integrate the families and the youth the moment they walk in the door; they are able to do this by being part of the community and providing culturally and linguistically appropriate services. While the YBHCCCs are building up their staff, working on the training, and getting known by the community, additional operating costs are needed. To ensure the YBHCCCs are providing trauma-informed care, following Zero Suicide/Suicide Safer Care and building partnerships with their local Law Enforcement, Dispatch, Emergency Medical Services, Schools, Providers and others Idaho will support their operations using TTI funding.

Population of Focus

Currently, Idaho youth between the ages of 12 to 17 seeking crisis services, after one year of operation, extending services to children and youth ages 5 to 17.

Lived Experience

The Youth Crisis Centers in Idaho operate using SAMSHA's National Guidelines for Child and Youth Behavioral Health Crisis Care. One of the core crisis principles is to have a "significant role for peers." This includes hiring youth and family peer support providers whenever possible, ensuring ongoing support, training and supervision that is developmentally appropriate for the peer support providers. The centers have integrated peer supports throughout the teams of the crisis centers. When making referrals to the community, they ensure the youth and families receive referrals that include peer support services in their local area.





IDAHO: Crisis care and suicide prevention for high-risk populations

Supporting Youth Crisis Center Operations



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INDIANA: Improving the collaboration between 911 and 988

Law Enforcement Liaison

Overview

Indiana will hire a law enforcement liaison to solidify a 988-collaboration strategy with Indiana's existing interoperability committee. This position will then be able to assist with mapping state and local practices throughout the public-safety answering points (PSAPs), reviewing models and data, and develop processes to best support individuals experiencing mental health crises. The TTI will also support the following activities:

- Continue and increase strategy for expansion and increased involvement with the existing Indiana 911/988 interoperability committee.
- Map, analyze, and identify gaps in Indiana PSAPs and crisis response system.
- Identify and develop training needs for PSAPs specific to 988 and mental health crises.
- Complete a feasibility study regarding implementation of a direct, high-priority line for calls transferred from 911 to 988.
- Engage with and identify role and support for all local Justice Reinvestment Advisory Councils (JRACs).

Population of Focus

Law enforcement liaison and the Indiana 911/988 interoperability committee.



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Lived Experience

Indiana is building a Crisis Response System with heavy focus on peers/people with lived experience. Working with their Recovery team, they are utilizing funds from a different grant to support the increase of certified peer specialists in Indiana. Indiana will also be collaborating with this team to ensure insight and participation from peers wherever possible. Throughout the enhancement of 988 and the Crisis Response System, Indiana has engaged individuals with lived experience to participate in focus groups to provide insight and feedback into the current system and where improvements need to be made. As Indiana continues to build and enhance all three pillars of the crisis system, collaboration across pillars, within communities, and amongst people with experience will be implemented to ensure they maintain a person-centered approach.



INDIANA: Crisis care and suicide prevention for high-risk populations

Crisis Care for First Responders

Overview

Indiana will focus on identifying the mental health needs of first responders with a focus on suicide prevention. The state will conduct focus groups to identifying resources, needs and barriers to accessing help for First Responder in Indiana. Building on the feedback from the focus group, Indiana will develop a report that summarizes current data related to First Responders' health crises and suicide to measure success of future implementation efforts. The state will further enhance supports and services for the first responder community through the following:

- Identifying opportunities for engaging and learning from First Responders and their families about available crisis services.
- Identifying evidence-based and community/peer-based suicide prevention practice options for this population.
- Mapping entities that fall under the definition of First Responder per Indiana Code (law enforcement, paramedics, etc.) and all existing services and supports for these entities.
- Developing recommendations for pre-crisis intervention, suicide prevention, and service access strategies for First Responders.
- Developing a plan to engage and empower first responders to develop peer supports and outreach events within their community.

Population of Focus

All first responders across the state (law enforcement officers, firefighters, corrections officers, public safety telecommunicators, paramedics, county coroners, etc.).

Lived Experience

Indiana will engage first responders with lived experience and their families in the planning and implementation of this initiative.





INDIANA: Crisis care and suicide prevention for high-risk populations

Crisis Care for First Responders



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IOWA: Improving the collaboration between 911 and 988

Tandem Call Pilot Project

Overview

The Iowa Department of Health and Human Services (Iowa HHS), the State Mental Health Authority (SMHA) and the Single State Agency for Substance Use (SSA) will improve collaboration between 988 and 911 by implementing a 988 Tandem Call Pilot Project, a technique that includes first responders on initial 988 calls with callers experiencing crisis. The goal is to clear confusion around accessing the behavioral health crisis system by establishing 988 as a primary access point, while diverting people experiencing mental health and substance use-related crises from law enforcement intervention. This will include the following activities:

- Supporting pilot sites applicants in collecting data and participation in community planning groups.
- Providing facilitation for community planning groups to provide recommendations.
- Supporting 988 Centers in attending community planning group meetings and funding the development and implementation of training for first responders and 988 staff on tandem calls.

Population of Focus

First responders (law enforcement, fire departments, or emergency medical services).

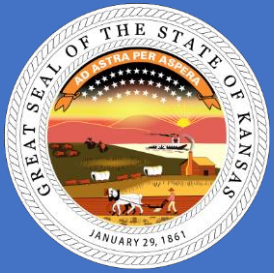


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Lived Experience

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.



KANSAS: State strategies to improve the capacity of the behavioral healthcare workforce

BH Tech Certification: Phase II

Overview

In FY23, Kansas used TTI funding to explore a Behavioral Health Technician certification. Recommendations included 12 core competencies (including recommended training/learning method and evaluation), certification entry points and pathways, the certifying body, training and program fidelity measures, recertification/continuing education requirements, and potential career pathways for those becoming certified.

This year, Kansas will use TTI funding to support the next phase of this project.

Activities will include the following:

- Building content for each competency.
- Identifying and developing agreements with training organizations.
- Developing curriculum and training methods to prepare trainers, and
- Finalizing the certifying process and authority.

Population of Focus

People seeking certification as Behavioral Health Technicians in KS, and those they serve.

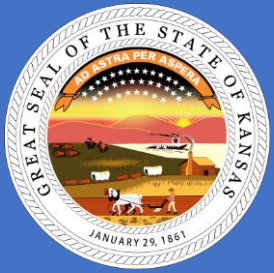
Lived Experience

As the creation of content is completed, Kansas will use current behavioral health technicians to take the course as created, review the materials, and provide feedback via survey and feedback sessions. Kansas will also pilot the training/curriculum for new staff in at least one pilot location as part of their onboarding.



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KANSAS: State strategies to improve the capacity of the behavioral healthcare workforce [2]

Peer Services Roadmap

Overview

In FY22 and FY23 Kansas used TTI funds to develop an implementation plan to increase efforts to recruit, train and retain individuals with lived experience to become certified as Peer Specialists, Parent Peer Support and Peer Mentors in the State of Kansas. This year, Kansas will use TTI funds to develop a Peer Services Roadmap for peers working within the crisis response system designed to promote access to toolkits and trainings that:

- Support their own individual recovery;
- Foster community involvement and strengthen connection within the soon-to-be-developed Peer Support Guild. The Guild will be a place, online, where Peer Support Professional and those interested in learning about Peer Support will be able to access resources, including training, career opportunities, self-care tools and more; and
- Provide career enrichment and advancement opportunities for the peer workforce in Kansas.

This will include the following activities:

- Connecting and consulting with organizations in other states who have successfully implemented peer support services into their own behavioral healthcare continuums and have a robust, self-sustaining peer workforce.
- Providing trainings and recovery services for Peer Support professionals, including Parent Peer Support and Peer Mentors.



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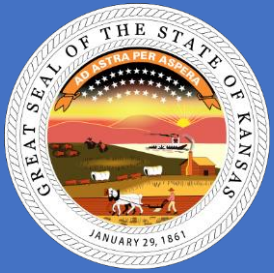
Ensuring Peer Support professionals have access to trauma-informed, culturally, and linguistically competent trainings for special populations, including, but not limited to, Veterans, individuals with Intellectual and Developmental Disabilities, individuals who are BIPOC and LGBTQ+.

Population of Focus

Certified Peer Support Specialists working within the crisis response system.

Lived Experience

Kansas will engage individuals with lived experience and community partners during the planning and implementation of this initiative.



KANSAS: Crisis care and suicide prevention for high-risk populations

Kansas Department for Aging and Disability Services (KDADS)

Overview

Kansas will work with several communities to enhance local suicide prevention efforts. These communities will include the BIPOC, LGBTQ+, IDD, AI/AN, faith-based, and Deaf/Hard of Hearing communities, service members, parents with lived experience, rural and frontier residents, and other marginalized communities at higher risk for suicide. The Kansas Department for Aging and Disability Services will collaborate with Wichita State University's Community Engagement Institute (CEI) for the projects implementation, while partnering with the Kansas Suicide Prevention Coalition (KSPC) to address suicide and crisis care for these special populations through educational and training opportunities. Both organizations include representation from community providers, community-based organizations, state agencies, and individuals with lived experience and individuals who are a part of high-risk communities. Members of both CEI and KSPC also participated in writing the State Suicide Prevention Plan.

Population of Focus

The prioritized population will be professionals serving the public with an emphasis on diversity, equity, inclusion, and belonging. Ideally, those attending educational events will build their capacity through improved cultural responsiveness in their services to marginalized communities and populations at higher risk for suicide.



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Lived Experience

Kansas will collaborate with two organizations/coalitions that include people with lived experience. They will include multiple Subject Matter Experts (SMEs) with lived experience in the design, development, and implementation of the project.



KENTUCKY: State strategies to improve the capacity of the behavioral health workforce

The Kentucky 988 Crisis Services Workforce Expansion Initiative

Overview

Kentucky will build on the lessons learned, job architecture, and position descriptions developed in TTI 2023 to enhance 988 crisis response capacity by launching the *Kentucky 988 Crisis Services Workforce Expansion Initiative*. The Kentucky 988 Crisis Services Workforce Expansion Initiative includes 1) development of evidence-based and culturally responsive workforce expansion, recruitment, and training strategies and 2) promoting standardization across the state's network of 988 crisis call centers as a comprehensive and statewide workforce expansion strategy. The purpose is to pilot initial implementation efforts focused on transformational strategies and using non-traditional workers in the crisis workforce.

Population of Focus

Kentuckians in crisis that are experiencing SMI/SED and/or SUD.

Lived Experience

Kentucky will compensate people with lived experience and people from historically underserved populations for their time and expenses to increase the pool of applicants for positions within Kentucky's crisis system.



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KENTUCKY: Crisis care and suicide prevention for high-risk populations

The Kentucky Black Youth Suicide Prevention Initiative

Overview

The Kentucky Black Youth Suicide Prevention Initiative will develop and empower a multi-disciplinary taskforce to enhance strategic engagement and collaboration with agencies and organizations that in some capacity support or serve Black youth, ages 5-24, with emphasis on serving individuals experiencing SED or SMI. This coordinated approach will support organizations and agencies that play a significant role in serving Black youth most at risk for suicide in the state.

Population of Focus

Black youth in Kentucky at risk for suicide.

Lived Experience

Kentucky plans to consult with and include folks with lived experience and their population of interest (Black youth in KY at risk of suicide) within the development and implementation of this project.



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LOUISIANA: Improving the coordination between 911 & 988

Louisiana Crisis Response System

Overview

Louisiana will use TTI funding to deliver a training that will inform local decision makers about 988 and the Louisiana Crisis Response System and the benefits of 911/988 collaboration. Training development will occur through multiple meetings with the consultant, ensuring their understanding of LA's behavioral health system, resources available through the existing system, and the specialized needs of the state in the context of both the existing and developing system. This training will be conducted by the two 988 Lifeline crisis centers in Louisiana and will have implications and utility for the larger crisis system.

Population of Focus

Local policy makers including 911 administrators, Sheriffs, police chiefs, and other local decision makers in each Louisiana parish.

Lived Experience

People with lived experience will be involved in all levels of planning and implementation.



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MARYLAND: Improving the coordination between 911 & 988 *Technology Transfer Learning Communities*

Overview

Maryland will establish 988 and 911 Technology Transfer Learning Communities across the state. Maryland's will facilitate up to three technology transfer learning communities, targeted to meet the needs of urban, suburban, and rural jurisdictions and stakeholder groups. Each technology transfer learning community is expected to meet several times over the course of the project. At the end of these sessions, the consultant will provide the state with themes across jurisdictions and recommendations for how the state can support its LBHAs in improving the collaboration of 988 and 911 at the local level.

Population of Focus

Maryland's target population are Learning Communities. Learning Communities that will be targeted are urban, suburban, and rural jurisdictions.

Lived Experience

The local champions in each jurisdiction through their work, will seek to include people with lived experience in their areas.



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MASSACHUSETTS: Crisis care and suicide prevention for high-risk populations

Mobile Crisis Intervention Services for Deaf & Hard of Hearing

Overview

Massachusetts Department of Mental Health (DMH) will enhance the Commonwealth's capacity to provide culturally competent mobile crisis intervention (MCI) services to Deaf individuals who use American Sign Language (ASL). Their team will achieve this goal by developing and disseminating three types of trainings across the Commonwealth:

- 1) An in-depth training on mental health, intended for ASL interpreters and Deaf interpreters;
- 2) A Deaf-accessible version of the *Question, Persuade, Refer* suicide prevention training, intended for Deaf laypeople as well as individuals working within the Deaf behavioral health field; and
- 3) A training film to teach hearing healthcare providers how to effectively interact with Deaf patients in ways that improve communication, increase quality of care, and decrease mistrust.

Population of Focus

Deaf and Hard of Hearing ASL users seeking behavioral health services.

Lived Experience

Massachusetts will involve individuals with lived experience of mental illness in the planning and implementation of this initiative. People who are Deaf and Hard of Hearing and who use ASL have been part of the initial work to adapt Question Persuade Refer (QPR) for people who are Deaf and Hard of Hearing and to develop the proposal for this TTI project.



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MISSISSIPPI: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Mobile Telehealth Initiative

Overview

Mississippi Department of Mental Health (DMH) will partner with Communicare, a local Community Mental Health Center (CMHC), to pilot a mobile telehealth initiative with local law enforcement partners and expand access to their peer-run crisis respite program. The project will provide 25-50 law enforcement officers with tablets to access a telehealth application that connects officers in the field with a member of Communicare's mobile crisis response team. The tablets will be provided in-kind by the Department of Mental Health or the law enforcement agency. Communicare's Mobile Crisis Response Team responds in person whenever requested of a law enforcement agency, but the distribution of tablets will increase the assistance crisis team members can provide during mental health-related calls, providing immediate access to a behavioral health professional when an individual is in crisis.

Population of Focus

Individuals in crisis who may come into contact with law enforcement and individuals in need of crisis respite.

Lived Experience

The local CMHC, Communicare is committed to peer involvement and inclusion of persons with lived experience, enhancing access to their peer-run respite program. Peers and people with lived experience will be involved in the planning and implementation of this project.



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MISSISSIPPI: Improving access to supportive employment for transition age youth

Individual Placement and Support Model

Overview

Mississippi will implement the Individual Placement and Support (IPS) model in Certified Community Behavioral Health Clinics (CCBHCs) located in up to three Community Mental Health Center (CMHC) regions to provide the needed support and services to assist youth and young adults in foster care who indicate that employment is one of their goals. Supported Employment IPS site(s) will provide at least (1) full-time equivalent (FTE) staff person with at least a Bachelor's degree dedicated to employment services. At each site, the trained IPS/Supported Employment Specialist will be mobile and develop relationships with local community providers for possible employment opportunities, will conduct job discovery with individuals served and find and maintain competitive work in the community.

Population of Focus

Youth/young adults in foster care system.

Lived Experience

Mississippi will require the selected CMHC CCBHCs implementing the initiative to hire Young Adult Certified Peer Support Specialists (YA-CPSS) with lived experience in the planning and implementation of this service. DMH will also collaborate with NAMI MS and/or OPEN UP MS to assist the CMHC's with the selection of a YA-CPSS.



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MONTANA: State strategies to improve the capacity of the behavioral health workforce

Peer Support Specialist Trainings

Overview

Montana will improve the capacity of their Behavioral Healthcare Workforce by creating training opportunities for Peer Support Specialists. Creating an opportunity for Peer Support Specialists to access appropriate training to meet the unique needs of their community and job requirements not only provides clients with a more robust experience, but provides employees with job satisfaction, leading to lower turnover rate. Specifically, Montana will improve access to culturally diverse competent training related to special populations identified by regions, including, but not limited to, gender, race, ethnicity, language, disabilities, and socioeconomic status.

Population of Focus

Peer support Specialists in Montana and the populations that they serve. Specifically, this initiative seeks to improve services for special populations including, but not limited to, gender, race, ethnicity, language, disabilities, and socioeconomic status.

Lived Experience

Montana will collaborate with The Montana Peer Network, a peer run non-profit recovery organization, during the planning and implementation of this initiative.



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NEVADA: Crisis care and suicide prevention for high-risk populations

Improving Access to Crisis Care Services for Indigenous People and Deaf and Hard of Hearing

Overview

Nevada will improve access to crisis services for Indigenous and Deaf and/or Hard of Hearing populations throughout rural and frontier Nevada. The project will be rural-focused and youth-centered. Outreach within tribal areas to engage persons identifying as Native American to serve as primary participants will take place. These initiatives are part of Nevada's larger transformation of developing a successful Crisis Care System, including the work being done on the 988 system.

Population of Focus

Indigenous communities, Deaf and Hard of Hearing communities, rural and frontier communities, and Youth.

Lived Experience

This project will include working closely with NAMI Western Nevada. NAMI Western Nevada has numerous support groups as well as the Teen Peer Support Text Line and Caring Connections. In addition, individuals with lived experience and hard of hearing individuals will be included in the work. Peers will be recruited by working closely with each organization.



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NEW JERSEY: Improving the coordination between 911 & 988

Building a Partnership between 988 Lifeline Centers & 911/PSAP Dispatchers

Overview

New Jersey will establish and enhance the working relationship and communication between the NJ 988 Lifeline Centers and 911 with the ultimate goal of developing a bi-lateral warm transfer protocol between the two systems. When implemented, this protocol will reduce police involvement in behavioral health crises whenever it is possible and safe to do so. It will also support an immediate warm transfer from 988 to 911 when emergency rescue, law enforcement (to ensure public safety) or emergency medical services are needed.

Population of Focus

SMI population, and 911 and 988 employees.

Lived Experience

New Jersey will collaborate with individuals with lived experience during the planning and implementation of this initiative.



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NEW YORK: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Development & Training of MyCHOIS app

Overview

New York will connect adult high-risk, high-need individuals with mental illness to resources and behavioral health supports. This includes individuals who are disengaged from treatment, high utilizers of psychiatric inpatient and emergency department services, and those identified as high risk due to mental health symptoms or co-occurring disorders. NYS OMH will develop an implementation plan to increase the use of mobile devices and technology to support individual service access, engagement, crisis management, and wellness. This project will focus on the development of the implementation activities, development of the MyCHOIS app, and development of training and guides. New York will develop training resources for individuals and clinicians to support understanding and utilization of the apps to increase engagement and access, as well as managing crisis. Training and guides will be made available to clinics via existing platforms, including the NYS OMH website and through contracting training entities.

Population of Focus

Adult high-risk high-need individuals, 18 years and older.

Lived Experience

New York will collaborate with individuals with lived experience (family members, peer workers, those accessing services) during the planning and implementation of this initiative.



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NEW YORK: State strategies to improve the behavioral healthcare workforce

Anti-Racist Training Modules

Overview

New York will create and implement a targeted training series that supports a racially and culturally diverse workforce in the behavioral health crisis response system, which serves diverse individuals across the state. This initiative will build on NY State's Office of Mental Health's (OMH) commitment to supporting diverse and inclusive workplaces in the mental health system and providing a robust training infrastructure for staff members delivering crisis services. The proposed training model will follow effective anti-racism training practices by extending self-awareness and unconscious bias content to include strategies for behavior change and tools for self-evaluation. Additionally, the model will provide trauma-informed practice training through a racial lens, which will strengthen the participants' skillset when working with members of communities of color in crisis. This learning framework is applicable for all disciplines in the NYS crisis workforce. The training will be free for all crisis workers and will include Continuing Education Units (CEU) and Continuing Medical Education (CME) for all licensed professionals.

Population of Focus

Black, Indigenous, Hispanic, Asian, and other communities of color seeking behavioral health services and the workforce that supports them.



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Lived Experience

The development and implementation of the training modules will be led by a training organization with a demonstrated commitment to anti-racist work as well as trainers who have the lived experience of racism and extensive experience training the workforce.



OHIO: Improving access to supported employment for transition age youth

Certified Youth Peer Supporter Workforce Pathway

Overview

Ohio will use TTI funding to build a workforce pathway for Certified Youth Peer Supporters (CYPS) in the state. This will allow CYPS to be better prepared to work successfully on a supported employment team. Specific activities include the following:

- Expanding the CYPS workforce by offering additional CYPS trainings across Ohio. This would provide a training opportunity for up to 30 individuals.
- Expanding knowledge about youth peer support to the community through targeted marketing efforts with state and other community partners.
- Piloting an addition of up to 4 Certified Peer Supporters to targeted supported employment teams; preference given to CYPS.
- Creating materials to assist with supported employment team structure guidance and employment service delivery for youth.
- Creating an advisory and support group for Certified Peer Supporters working as part of the supported employment teams. Includes up to four community members (up to 2 individuals with lived experience, up to 2 employment subject matter experts) to be part of advisory group.

These above activities will concurrently promote the larger goals identified in the Supported Employment for Transition Age Youth (SE-TAY) Policy Academy of providing technical assistance to supported employment teams and building capacity for peer support on supported employment teams.

Population of Focus

The Ohio behavioral health workforce and those they serve.

Lived Experience

The advisory and support group for this initiative will be made up of community members, including individuals with lived experience (of both substance use and mental health) and individuals from an established community employment provider. This initiative is geared towards Certified Peer Supporters in Ohio.





OHIO: Improving access to supported employment for transition age youth

Certified Youth Peer Supporter Workforce Pathway



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OKLAHOMA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Oklahoma County Court Ordered Outpatient Program (CO-OP)

Overview

Over the last year, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) partnered with the Oklahoma County court and treatment network to create the Oklahoma County Court Ordered Outpatient Program (CO-OP). The CO-OP intended to provide immediate access to crisis care and dismissal of criminal charges for individuals with serious mental illness facing low level criminal charges in Oklahoma County Detention Center. The ODMHSAS will take the success of the pilot project in operation in Oklahoma County and build a series of supports to replicate the program into a statewide model. Supports will include the following:

- Implementation Toolkit – the ODMHSAS will create a toolkit to provide template court orders, program policy manuals, treatment provider processes, data collection and evaluation guidance, etc.
- Technical Assistance – the ODMHSAS will provide technical assistance to counties interested in implementing the program in their jurisdiction.
- Community outreach and education – the ODMHSAS will provide community-based outreach to communicate and disseminate the success of the initiative.
- Evaluation – the ODMHSAS will build a statewide strategy to collect data and evaluate the statewide outcomes of the program.

Population of Focus

Individuals with mental illness in Oklahoma that encounter the justice system, and the workforce that serves them.

Lived Experience

The ODMHSAS will seek input from individuals with lived experience in the development and review of the project toolkit. This will be done through both involvement of Peer Recovery Support Specialist (PRSS) staff as well as through interviews of current program participants to get their perspectives on the current program operation.





OKLAHOMA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Oklahoma County Court Ordered Outpatient Program (CO-OP)



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OREGON: Crisis care and suicide prevention for high-risk populations [1]

Big River Trainings for the Latine Community

Overview

Oregon has a robust infrastructure of suicide prevention, intervention, and postvention training that are collectively called the *Big River* trainings. There is not a representative number of trainers for these programs from the Latinx/e community. Oregon will use funding to increase Latinx/e trainers in Big River programs and support for *Big River* trainings in and for the Latinx/e community, particularly for rural areas of Oregon. These funds will be used to address this disparity, enhance, and accelerate several current youth suicide prevention initiatives in Oregon by completing the following:

- Convening a Latinx/e Big River suicide prevention training workgroup.
- Engaging Latinx/e Community Based Organizations in Oregon for trainer recruitment and feedback.
- Providing logistical support for the Oregon Alliance to Prevent Suicide's BIPOC Caucus.
- Hosting Train-the-Trainer (T4T) events for Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); and Oregon Counseling on Access to Lethal Means (OCALM) with specific recruitment of Latinx/e and bilingual (English/Spanish) trainers.
- Providing curriculum support and stipends to Latinx/e and bilingual (English/Spanish) trainers for Big River trainings.
- Hosting trainer learning collaboratives specific for Latinx/e and bilingual trainers.
- Providing translation support for Spanish-speaking training participants.

Population of Focus

Latinx/e individuals in Oregon seeking crisis support and postvention.

Lived Experience

The Oregon Alliance to Prevent Suicide (Alliance) is a statewide coalition with 50+ members. Nearly two thirds of the members of the Alliance are people with lived experience, loss survivors, or peers. OHA's community engagement team is also focused on centering the voices of lived experience.





OREGON: Crisis care and suicide prevention for high-risk populations [1]

Big River Trainings for the Latine Community



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OREGON: Crisis care and suicide prevention for high-risk populations [2]

Black Youth Suicide Prevention

Overview

Oregon participated in SAMHSA's first Black Youth Suicide Prevention Policy Academy in Baltimore in July 2023. That team of ten leaders represent the Oregon Health Authority's (OHA) suicide prevention team, two community-based youth-serving organizations, the second largest school district in Oregon, a faith leader, a college student, a therapist, and two county suicide prevention leaders. The group consensus in Baltimore was to return to Oregon with the intention of launching a Black Youth Suicide Prevention Coalition and to support current work for Black youth suicide prevention, intervention, and postvention. Oregon will use TTI funding to support the coalitions' goals.

Specific activities will include the following:

- Enhancing Oregon's current Black youth suicide prevention project called the *Lifesustaining Practices Fellowship* program with Dr. Kenjus Watson and Dr. Tiffani Marie by offering support for potential Black leaders outside of the Portland Metro area to attend the Fellowship's gatherings.
- Enhancing the *Lifesustaining Practices Fellowship* program by increasing funding to supporting the pilot interventions that the Fellows develop over the course of the fellowship program and rooted in ancestral healing practices that focus on culture, connection, and consciousness.
- Providing stipends for Black youth suicide prevention coalition members, particularly youth.
- Funding staff time to support the Black Youth Suicide Prevention Coalition launch.

- Funding development of a Green Book for culturally relevant and safe resources for the Black community around Oregon.
- Providing support for the Black Youth Suicide Prevention Coalition to hold town hall events regionally to listen to community members and highlight the work.

Population of Focus

Black youth in Oregon experiencing SMI and/or at risk for suicide.

Lived Experience

The forming Black Youth Suicide Prevention Coalition (BYSPC) is led by Black, African or African-American leaders, and includes recruitment and support for up to 12 youth leaders. All of the founding members of the BYSPC have lived experience or are a family member of someone with lived experience.





OREGON: Crisis care and suicide prevention for high-risk populations [2]

Black Youth Suicide Prevention



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PALAU: Improving access to supported employment for transition age youth

Evidence-Based Practice Programs

Overview

Palau will support several evidence-based practices (EBPs) to expand the Crisis support and recovery system in the territory. TTI funds will support the territory's developmental and training needs for the local mental health workforce and implementation of EBP's, such as:

- Supported Employment (SE);
- Supported Education (SEd);
- Multisystemic Therapy (MST); and
- Family Functional Therapy (FFT) for transition-age youth.

Population of Focus

Communities, families, and children in the islands of Palau.

Lived Experience

The Supported Employment program works with peer leaders to engage peer-to-peer support in the planning and implementation of the initiative.



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PENNSYLVANIA: State strategies to improve the capacity of the behavioral healthcare workforce

Bridging Certified Peer Specialists With Work

Overview

The purpose of this collaborative effort between the Office of Mental Health and Substance Abuse Services (OMHSAS), the Department of Corrections (DOC), and the PA Peer Support Coalition is to build a bridge for currently incarcerated certified peer specialists to employment in the community-based system. The workgroup for this project includes two individuals who are current Certified Peer Specialists (CPS) that have previously been incarcerated. The workgroup is designing the educational materials that will be provided to connect peers to PA Peer Support Coalition upon their release. Certified peer specialists will deliver the services provided by this initiative.

Increasing the number of CPSs able to work as mobile crisis providers will ensure that 988 call centers are able to deploy mobile crisis 24/7 365 days a year. Many counties only have one-person teams because previous requirements did not call for teams.

DOC currently does not track employment outcomes for CPS upon their release. There is also little education about employment possibilities in community mental health services. Currently, it is difficult for a CPS released from DOC to navigate an employment search. These are all challenges and opportunities for innovation.

There are a few key data measures for this project: the number of recently released CPSs who utilize bridge services (zoom drop-in & employment coaching), the number of individuals who access those resources who secure employment as a CPS, and the number of recently released individuals with SMI that access standalone peer support as a part of their own re-entry plan.



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Population of Focus

There are currently about 500 incarcerated individuals who hold certification as peer specialists. This project aims to create bridges to employment within the crisis system and deliver peer support to individuals with SMI re-entering society.

Lived Experience

This entire project is focused on elevating individuals with lived experience to serve as part of the crisis workforce and ensure that services are delivered with compassion. The voices of those most impacted are shaping how messages are delivered.



PENNSYLVANIA: Crisis care and suicide prevention for high-risk populations

988 Black Youth Suicide Prevention

Overview

The Pennsylvania Black Youth Suicide Prevention workgroup will work collaboratively with the PA 988 Advisory Board to help inform strategies relevant to the crisis continuum and suicide prevention. As part of the 988 Crisis roll-out, DHS will collaborate with partners to set a priority on the reduction of suicides in the at-risk groups of Black Youth and LGBTQIA+. PA will lift their voices by establishing a seat at the table for them to inform the state of what they need and how to aid them. PA will convene regional meetings around the commonwealth involving Black youth, families/loved ones, friends, faith-based communities and leaders, academic partners, community-based organizations, local leaders, and politicians. The meetings will occur in various cities across the state. The core team has yet to be fully determined but will include individuals from state agencies including Human Services, Health, and Education. It will also include people with lived experience (youth and family).

Population of Focus

Black Youth and LGBTQIA+ individuals experiencing SMI/SED in Pennsylvania.

Lived Experience

The core team involved in the planning and implementation of this initiative will include people with lived experience (youth and families).



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SOUTH CAROLINA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

The Safe Place Project

Overview

As a part of the robust array of crisis options needed for youth, the South Carolina Department of Mental Health (SCDMH) is using TTI funding to launch an initiative, *The Safe Place Project*, that focuses on connecting children, youth, and young adults to a safe place to go for crisis stabilization that incorporates engaging, developmentally appropriate behavioral health and transition services. This initiative will operate in conjunction with its transformative *Roads of Independence (ROI)* Initiative, local area school districts, and hospitals in the Santee-Wateree region of SC and will build on previous TTI funding which focused on an alternative educational setting by addressing the pipeline in the schools feeding the alternative educational setting. Funding will be used to support the following activities:

- Adding crisis staff to the existing multidisciplinary team, including a mental health clinician, peer support staff, engagement specialists, and a family nurse practitioner to provide services generated through this initiative.
- Supporting community-based support, linkages to the school, and evidence-based strategies for strengthening families through Family and Schools Together (FAST).

Population of Focus

Students experiencing behavioral health challenges in the Sumter School District.

Lived Experience

An important component of the Roads of Independence program incorporates Youth and Family Peer Support Specialists who work closely with youth/families on independent living and social skills, developing wellness and recovery support plans, and supporting the attainment of goals on transition and treatment plans. The Safe Place Project will continue to use this approach for clients in crisis to strengthen their recovery skills and navigate through school-level and other agency service systems. One Youth Peer Support Specialist will be hired as part of their multidisciplinary team to work together to assist families with the presenting crisis and help create a customized, goal-focused, crisis plan to receive the necessary counseling, life skills, guidance, treatment, and support geared specifically to their needs.





SOUTH CAROLINA: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

The Safe Place Project



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SOUTH CAROLINA: Improving access to supported employment for transition age youth

Individual Placement and Support Transition Employment Specialists

Overview

South Carolina will increase access to Individual Placement and Support (IPS) services for Transition-Age Youth experiencing SMI in seven rural, under-resourced counties in the state. The new program, in tandem with the Beckman Center for Mental Health Services (BCMHS, one of the state's Community Mental Health Centers [CMHC]), will provide career opportunities for youth with SMI ranging from 16-25 years in high schools, technical schools, and colleges. BCMHS will hire two new full-time IPS Transition Employment Specialists to support these youth and young adults. While employed, the specialists will provide mental health supports, including connections to the BCMHS treatment team, to ensure that their program participants receive a full range of mental health services, including counseling and medication management. Additionally, the IPS specialists will provide services to the following:

- Work-based learning;
- Self-advocacy;
- Job and educational opportunities counseling;
- College research and admissions;
- And work-readiness training; and
- Psychosocial Rehabilitation Services (PRS).

Population of Focus

Transition age youth experiencing SMI and/or SED.



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Lived Experience

BCMHS is committed to ensuring that people with lived experience with SMI are given opportunities to provide guidance, feedback, and insights about the best ways to provide services to and help clients. Peer Support Services are regularly provided by BCMHS. This award will pay for two full-time staff positions, and BCMHS plans to prioritize the hiring of a person who has experience with SMI to serve as a new IPS specialist. The search committee will closely review job applications to ensure that candidates with lived experience are selected for interviews. BCMHS is guided by its Patient Advisory Board. With the support of this award, BCMHS will explore the possibility of developing a Youth Patient Advisory Board, which would provide staff members with deeper insights into the best way to provide services for youth, especially transition-age youth with SMI.



SOUTH DAKOTA: Crisis care and suicide prevention for high-risk populations

Crisis Stabilization Services for Children & Adolescents

Overview

South Dakota will fund a series of improvements to crisis stabilization services for children and adolescents across the continuum of care. Activities will include the following:

- Retention of a subject matter expert to assess SD's current response systems and understand their appropriateness for youth in crisis.
- Identification of opportunities to provide more holistic care and better coordinate direct care, case management, and follow-up care between partners.
- Development of a baseline understanding of children's crisis care needs informed by historical data.
- Development of a plan to adopt or adapt national best practice models available for youth crisis care to existing crisis care systems established in South Dakota, identifying areas that could be modified to accommodate youth crisis care in a more holistic way than presently available.
- Dedication of time and resources through both contracted and state staff to move this discussion forward in a way that can be leveraged for future state budget requests and/or other sources of implementation funding for solutions identified.
- Development of a training plan for existing and new staff across all levels of the crisis continuum, including emergency departments, child protection services, law enforcement and other first responding agencies, and providers working in outpatient or inpatient child psychiatric services, that allows for implementation of national best practice models available for youth crisis care.



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Population of Focus

Children and Adolescents experiencing SMI/SED and/or at risk of suicide.

Lived Experience

Project planning and implementation will seek feedback from stakeholder group members with lived experience and those representing youth-crisis service providers.



TEXAS: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Youth Peer Support in Rural Communities

Overview

Texas will implement a pilot program placing Certified Mental Health Peer Specialists (CPS) and Certified Family Partners (CFP) with specialized training to serve youth, young adults, and adults in non-clinical settings for individuals seeking recovery in Bastrop and Burnet Counties. These are rural counties located in Central Texas that had higher-than-average access to crisis services according to data from fiscal years 2017-2021. CPSs and CFPs will connect with youth, families, and adults in the community and will also provide follow-up care following a crisis event in the location chosen by the service user. Texas will also work with CFPs and CPSs for discharge and aftercare plans for youths and families served in Guadalupe and Williamson Counties.

Population of Focus

Youth, young adults, families, and adults seeking crisis services in Texas.

Lived Experience

Texas will engage Certified Mental Health Peer Specialists during the planning and implementation of this initiative.



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TEXAS: State strategies to improve the capacity of the behavioral healthcare workforce

CAT Training for Caregivers of People with Serious Mental Illness

Overview

Texas will support the informal caregivers of people with Serious Mental Illnesses (SMI) by providing their caregivers with evidence-based training and tools for daily living with SMI. Texas will support the development, testing, and refinement of Cognitive Adaptation Training (CAT) and tools specifically designed for informal caregivers. CAT is a motivational, evidence-based psychosocial intervention designed to help people with SMI bypass challenges in daily living, enabling them to live more independently in their communities.

Population of Focus

Informal caregivers for individuals with Serious Mental Illness (SMI).

Lived Experience

Texas will engage peers and family members during the planning and implementation of this initiative.



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TEXAS: Crisis care and suicide prevention for high-risk populations

Suicide Prevention for Children, Youth, & Families

Overview

Texas will enhance their behavioral health crisis and suicide prevention services for children, youth, and families. First, they will create youth and young adult focus groups to better understand factors that affect youth/young adult suicide help-seeking behaviors, preferred recovery services and supports, and helpful suicide postvention strategies. These focus groups will be comprised of youth and young adults with lived experience with suicidality, suicide attempts, or lived experience of a suicide death or attempt of a loved one. The state will also develop the following:

- A suicide prevention toolkit focused on children, youth, and young adults to inform training and technical assistance efforts to reduce suicide attempts and suicide deaths in these populations.
- Video messaging aimed at strengthening crisis supports. The target audience for these initiatives are community healthcare and behavioral healthcare providers who treat children, adolescents and young adults who may be at risk for suicide.

Population of Focus

Youth and young adults at risk for suicide, and the various entities that serve them.

Lived Experience

Texas will incorporate the voices of lived experience throughout the planning and implementation of this project through focus groups for youth and young adults.



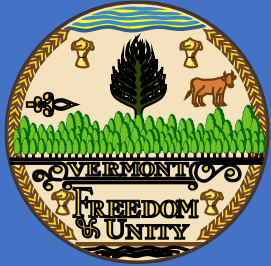
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VERMONT: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Mental Health Urgent Care with Peer Support

Overview

Vermont is establishing a Mental Health Urgent Care Clinic in Chittenden County through partnerships with the Howard Center, which is in turn working with the University of Vermont Medical Center, Pathways Vermont, and the Community Health Center (the local Federally Qualified Health Center [FQHC]). This project will support the peer service component of this Mental Health Urgent Care Clinic, with a special focus on serving marginalized populations. This will include developing, implementing, and integrating the peer services and sustainability plans throughout the clinic. Vermont will use funding to support Pathways Vermont to provide same-day and follow-up services to clients at the urgent care clinic, and to increase the visibility of peer support on-site, which adds a valuable treatment component and reduces stigma. Funding will also be used to support protocol development.

Population of Focus

Adults aged 18 years and older experiencing acute mental health crises.

Lived Experience

Vermont will involve and engage peers with lived experience during the planning and implementation of this initiative. This project also focuses on supporting the Peer Service component of the county's Mental Health Urgent Care Clinic.



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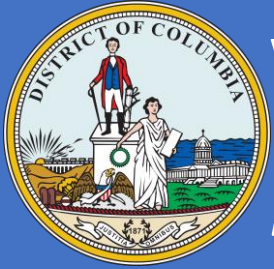
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WASHINGTON, DC: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Development of Crisis Call Center Geo-Location Tools

Overview

Washington, DC will contract with a nationally recognized crisis services provider or group to complete a gap analysis and develop a strategic plan for the expansion of high-quality, same day/rapid access to care (urgent care). The successful offeror will first conduct an overall “fidelity” assessment of the District’s crisis continuum to determine how well Washington, DC aligns with emerging best practices (such as those put forth in SAMHSA’s National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, the National Council, and the Group for the Advancement of Psychiatry’s Roadmap To The Ideal Crisis System). Finally, The District will enlist the selected offeror to guide the design of state-of-the-art geo-location tools to allow the crisis call center to track mobile teams in the field and to deploy the most appropriate resources in real time.

Population of Focus

Crisis service workers in the District of Columbia.

Lived Experience

Individuals with lived experience are employed by each component of the DBH-operated crisis program (call center, mobile crisis, and Comprehensive Psychiatric Emergency Program, or CPEP) and will contribute to the planning and implementation of this initiative. Furthermore, individuals with lived experience, including family members who have lost loved ones to suicide, will participate fully in the 988- stakeholder group and the Behavioral Health Planning Council.



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WASHINGTON STATE: Establishing same day/rapid access to behavioral health care for crisis prevention and follow-up care

Bed Registry Tools

Overview

Washington will provide support related to implementing and expanding 988 and crisis services by supporting rapid access to behavioral health (BH) care for crisis prevention and follow-up care. This will be achieved through several activities:

- Increasing behavioral health provider awareness of the need for, barriers to, burdens, and benefits of bed registry and referral tools;
- Developing materials for behavioral health providers to support the meaningful use of these tools; and
- Gathering information about the type of information from a bed registry that people with lived experience would find useful and how this information could be made available.

Population of Focus

The target population will be internal planning organizations (e.g., persons who oversee and manage contracts for behavioral health programs) and external organizations including providers (e.g., behavioral health, first responders), individuals with lived experience, and payers.

Lived Experience

Washington will involve individuals with lived experience in the information gathering activities of this initiative by collaborating with members of the Lived Experience Subcommittee of the Crisis Response Improvement Strategy Committee.



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WASHINGTON STATE: Improving the collaboration between 911 and 988

Cross Training of 911 Public Safety Access Points (PSAPs) & 988 Call Centers

Overview

Washington will support the cross-training of 911 Public Safety Access Points (PSAPs) and 988 call centers. Activities will include:

- Conducting an environmental scan that details existing resources/processes followed by 911 telecommunicators across the state when receiving a mental health crisis, current 911 Computer-Aided Dispatch (CAD) processes, and opportunities to initiate transfers to 988. This environmental scan will include exploration of potential quality improvement efforts post-implementation.
- Developing evidence-based, adaptable statewide 911-to-988 warm transfer protocols, as agreed upon by relevant partners.
- Developing, implementing, and evaluating train-the-trainer programs for 911 on the role of the 988 Lifeline and how to implement the warm transfer protocols.

Population of Focus

911 and 988 call takers in Washington state and the populations that they serve, with specific impact for those navigating mental health challenges.

Lived Experience

Many of the workers in the field have lived experience and these workers will be consulted to ensure the funding reaches those with the most need. Additionally, people with lived experience will also be engaged in planning and quality improvement efforts for feedback through public comment, engagement of Tribal communities through Government-to-Government efforts, and engagement of partners through the Crisis Response Improvement Strategy (CRIS) Committee and its Subcommittees, specifically the Lived Experience Subcommittee.





WASHINGTON STATE: Improving the collaboration between 911 and 988

Cross Training of 911 Public Safety Access Points (PSAPs) & 988 Call Centers



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WEST VIRGINIA: State strategies to improve the capacity of the behavioral healthcare workforce

Data & Reporting on the Crisis Staff Workforce

Overview

West Virginia will improve their crisis staff workforce capacity by developing and disseminating a strategic action plan and facilitating state-to-state peer learning. They will incorporate in-state subject matter expertise to focus on minoritized communities and the voices of people with lived expertise. Specific activities will include:

- Developing and disseminating a strategic action plan for the West Virginia behavioral health workforce, as modeled by Advocates for Human Potential (AHP)'s Center for Technical Assistance.
- Leveraging funding for in-state subject matter expertise.
- Supporting state-to-state peer learning to enhance data analysis strategies and reporting on the impact of behavioral health workforce vacancies on the programs BBH funds. Deliverables may range from lessons learned noted in monthly reports to a separate report.

Population of Focus

The Behavioral Health Crisis Workforce and those they serve.

Lived Experience

West Virginia will incorporate in-state subject matter expertise to focus on minoritized communities and will include the voices of people with lived expertise in the planning and implementation of the initiative.



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WISCONSIN: Crisis care and suicide prevention for high-risk populations

Youth & Family Peer Support in Counties & Tribal Nations

Overview

Wisconsin will embed Certified Peer Specialists (CPSs) and Certified Parent Peer Specialists (CPPSs) throughout crisis response agencies within up to 4 Wisconsin counties or Tribal Nations. The counties/Tribal Nations will be expected to integrate these Peer roles into their mobile response teams serving youth and families. These agencies will:

- Hire a Wisconsin CPS and/or CPPS, or contract with an agency that employs CPS and/or CPPS.
- Develop policies within their existing crisis or behavioral health system that will embed CPS and/or CPPS into their mobile response teams when responding to youth and families.
- Develop a sustainability plan utilizing the Wisconsin enhanced Medicaid rate which provides new modifiers for peer specialists and allows for up to three providers per date of service.
- Report specific metrics to help determine effectiveness of program.

Population of Focus

Children and families utilizing mobile response and other crisis services.

Lived Experience

This project is focused on the involvement of Certified Peer Specialists throughout the state's mobile crisis system.



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