MISSION
NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court.

VISION
Wellness, resiliency, and recovery through a seamless quality system of integrated care.

NASMHPD developed this guide to assist states and territories to enact change within their systems that promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders.
# TABLE OF CONTENTS

| 988 IMPLEMENTATION GUIDANCE PLAYBOOKS | 4 |
| 988 READINESS | 5 |
| FINANCING CRISIS SUPPORT | 8 |
| TRAUMA-INFORMED APPROACH | 10 |
| ADDRESSING HEALTH EQUITY AND DISPARITIES | 12 |
| PEER SUPPORT | 15 |
| AMERICAN INDIAN/ALASKA NATIVE (AI/AN) | 18 |

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**KEY:**

- Resource is a Pamphlet
- Resource is a Paper
- Resource is a Presentation
- Resource is a Toolkit
- Resource is a Video
- Resource is a Website
- Resource developed by NASMHPD
- Resource developed by SAMHSA

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NASMHPD - National Association of State Mental Health Program Directors
SAMHSA - Substance Abuse and Mental Health Services Administration
TTI - Transformation Transform Initiative
INTRODUCTION

Thank you for your work on the TTI and for helping to transform behavioral health in our country through the work you do every day in your respective communities. We are honored to work with you as you positively affect change. We have compiled these resources through our work with states and territories, as well as subject matter experts. Also included are promising practices in the field. We hope that by compiling these important resources into one guide with clear explanations and direct links, we will aid you and your colleagues in your important work.

This Resource Guide opens with resources that will be useful to all TTI recipients, including the very timely 988 implementation and financing crisis support, and then moves on to relevant topics that relate to providing mental health services in a community, including trauma-informed approach, addressing healthy equity and disparities and peer support. The Folios then delve into the subject matter for each topic that the 2022 TTI awards covered including American Indian/Alaska Native (AI/AN), LGBTQ+, Children and Adolescent, and Workforce.

We hope this Resource Guide can be a useful tool in the complex process of implementing effective behavioral health initiatives.

May the work you do sustain momentum to create an informed, equitable, and caring system.

We are here to consistently aid and support you,

Team NASMHPD
988 IMPLEMENTATION GUIDANCE PLAYBOOKS

SAMHSA, in conjunction with NASMHPD, worked with partners across critical sectors and stakeholders involved with 988 to develop 988 Implementation Guidance Playbooks (e.g., “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs).

PROGRAM HIGHLIGHT: WASHINGTON’S 988 LEGISLATION

Washington State was the first state to propose a bill for 988 implementation, which passed in May 2021. The state updated the bill’s language to incorporate newly released guidance and to enhance and expand behavioral health crisis response services. The legislation draws from the Crisis Now model, parts of which have been implemented in Arizona and Georgia, and SAMHSA’s National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. The passed legislation calls for a monthly telecom customer service fee to pay for 988-related services, high-tech crisis call center hubs to triage calls and link people to care, planning to expand mobile rapid response crisis teams and crisis stabilization services, with peers threaded throughout the crisis care system. See more information about Washington’s 988 implementation legislation here.

Lifeline Contact Centers: This playbook aims to help Lifeline Contact Centers prepare for the 988 transition, articulate the need for operational readiness, make progress on the criteria that are central to 988 readiness, and identify best practices and inspirational examples in the field today. (59 pages)

Mental Health and Substance Use Disorder Providers: This playbook is written for executive leadership of a community behavioral health center (e.g., CCBHCS, CMHCs) who provide mental health and/or substance use disorder services and treatments. The document sets out to help these providers articulate the need for operational readiness for 988, prepare for the 988 transition, and identify best practices and examples seen in the field today. (54 pages)

Public Safety Answering Points (PSAPs): This playbook aims to help PSAPs articulate the need for operational readiness for 988, prepare for the 988 transition, explain how to make progress on the criteria that are central to 988 readiness, and identify best practices and examples seen in the field today. (44 pages)

States, Territories, and Tribes: This playbook provides guidance on identifying operational readiness for 988 through self-assessment, and will help states, territories, and tribes prepare for the 988 transition. This playbook is written for state/territory directors of mental health, as well as tribal leaders who oversee mental health/substance use treatment services. Readers will learn how to make progress on the criteria that are central to 988 readiness and identify best practices and inspirational examples in the field today. (76 pages)
988 READINESS

TTI provides funding awards to States, the District of Columbia, and Territories to identify, adapt, and strengthen transformation initiatives and activities that can be implemented either through a new initiative or expansion of one already underway and should focus on one or multiple phases of the system change. As these states and territories prepare for 988, TTI provides technical assistance and the opportunity to connect with peers about their initiative’s gaps, opportunities, and successes.

Action Alliance 988 Messaging Framework: This resource provides general guidance about when and how to develop messaging for 988. The framework introduces key considerations such as following best practices, tailoring 988 messaging for intended audiences, and amplifying messages across the crisis continuum. (5)

SAMHSA 988 Suicide and Crisis Lifeline Page: The resources and information on this page are designed to help states, territories, tribes, mental health and substance use disorder professionals, and others looking for information on understanding the background, history, funding opportunities, and implementation resources for strengthening suicide prevention and mental health crisis services. (5)

SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit: This toolkit is designed to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs. The information provided is based on the experience of veteran crisis system leaders and administrators as well as the individuals and families who have relied on these supports on their worst days. This toolkit includes distinct sections for: Defining national guidelines in crisis care, tips for implementing care that aligns with national guidelines and tools to evaluate alignment of systems to national guidelines. Sustainable actions are discussed in the toolkit on pages 38 and 53. (80 pages - 5)

Toolkit for Promoting the 988 Messaging Framework: This promotional toolkit helps encourage use of the 988 Messaging Framework among key partners across the crisis continuum. This resource provides broad guidance on identifying target audiences and developing public messaging that best meets the needs of populations served. (5)

Transition to 988: This video introducing 988 features the stories of several individuals with lived experience of serious mental illness and their experience in seeking behavioral health services. These valuable voices discuss elements of an ideal and supportive crisis system, provide feedback on what the current crisis system lacks, and highlight ways that 988 will transform crisis services as we know them. (13 minutes - N)

988 FAQs: A Small Price for Strengthening Suicide Prevention, Crisis Response, and Care: This document created by Vibrant and NASMHPD provides answers to frequently asked questions regarding 988, such as what is 988, what is the purpose of 988, what happens when someone contacts 988, how it can be used across the crisis continuum, etc. (3 pages - N)

Model Bill for State Behavioral Health Crisis Services Systems: This document consists of a model bill for states to use in proposing legislation for the expansion and improvement of behavioral health crisis services for prevention, intervention and throughout the crisis continuum. (7 pages - N)
Recommendations for Effective Communication Planning and Response with Deaf Communities for 988: This document gives recommendations on how to better provide crisis services across the continuum to communities that rely on American Sign Language (ASL). It also provides background on how this community's accommodations and resources have been insufficient and how that has caused historical trauma. (8 pages)

SAMHSA’s TA Coalition Webinar: 988 and What it Means for Families of People with Serious Mental Illness: In this webinar, hear from experts about the national rollout of 988, and how families and people with serious mental illness are involved. Learn from advocates working in two different states about what is going right and where efforts are coming up against challenges. Part two features a roundtable discussion focused on 988 and what it means for families. This session was hosted as a Q&A with opportunities for the audience to engage in open discussion with presenters. (Part 1: 1 hour and 25 minutes; Part 2: 59 minutes)

SAMHSA’s TA Coalition Webinar: Implementing the SAMHSA/NASMHPD 988 Convening Playbooks: In this webinar, presenters share strategies for implementation, case studies and other resources regarding 988. SAMHSA’s five-year plan for the continued implementation and enhancement of 988 and other services across the crisis continuum are also addressed. (Part 1: 1 hour and 22 minutes; Part 2: 59 minutes)

988 Factsheet: This fact sheet discusses how 988 is being implemented and the overall goal of the crisis hotline. It also discusses frequently asked questions such as what is lifeline and will 988 replace it, when will 988 go live nationally, how is 988 different from 911, how is 988 being funded, and is 988 available for substance use crisis. (2 pages)

988 and the National Suicide Prevention Lifeline Pamphlet: This pamphlet explains why 988 is needed, what it is, what is next to implement the program, and how it can be used throughout the crisis continuum. It also discusses why Lifeline crisis call centers are effective and how 988 improves health care and public safety costs. (2 pages)

Crisis Now: This group is a partnership between NASMHPD, the National Council for Mental Wellbeing, RI International, the National Suicide Prevention Lifeline (NSPL), the National Action Alliance for Suicide Prevention, the National Alliance on Mental Illness (NAMI), Crisis Intervention Team (CIT) International, Mental Health America (MHA), and Connections Health Solutions. This group has created this website to provide all communities a roadmap to safe, effective crisis care that diverts people in distress from the emergency department or jail by developing a continuum of crisis care services that match people’s clinical needs.

988 Crisis Jam Learning Community: This learning community comes together, every Wednesday at 12pm eastern, as a forum to learn from other states about how they are implementing 988 across the crisis continuum. It is for those seeking to learn about “best” practices to apply to 988 and crisis response system optimization. It facilitates new learning and insights to more effectively respond to a rapid 988 implementation trajectory. The registration for the Crisis Jams along with the past learning communities can be found here.

#CrisisTalk: #CrisisTalk publishes weekly articles related to crisis services and the transition to 988. Topics include strategies, challenges, voices of lived experience, and innovations for crisis services.
Crisis Resource Need Calculator: This webpage estimates the potential annual behavioral health acute inpatient and crisis care system cost. The calculator enables users to consider potential healthcare cost scenarios as using and expanding existing emergency departments and inpatient sites, adopting the Crisis Now model, and adopting a modified BH crisis care model.

States’ Experiences in Legislating 988 and Crisis Services Systems: This paper provides information on the states’ legislative experiences, various aspects of the laws they have attempted to enact or have successfully enacted, methods of financing their crisis systems across the continuum, and the interface between 988 and 911. The paper also includes an overview of online dashboards that track state-level 988 policy developments.

Additional 988 Readiness resources:

- Implementation of the 988 Hotline: A Framework for State and Local Systems Planning
- The Roots of Understanding Tribal Relations: Context for Connecting
FINANCING CRISIS SUPPORT

PROGRAM HIGHLIGHT: VIRGINIA’S 988 FINANCING SYSTEM
In 2021, Virginia passed a bill to designate a 988 call center and establish a crisis call center fund. The new legislation also provides a monthly telecom fee to fund crisis services, with an emphasis on ensuring sustainability. Money from the 988 fee goes into the newly created Crisis Call Center Fund to help pay for the crisis system along the entire continuum of care which includes the crisis call center, community care, mobile crisis teams, crisis stabilization centers, and the Mental Health Awareness Response and Community Understanding Services (Marcus) alert system. See more information on Virginia’s 988 financing system here.

Leveraging SAMHSA and Medicaid Resources to Establish a Comprehensive and Integrated Crisis System: This document features a presentation discussing the Substance Abuse Prevention and Treatment Block Grant (SABG). It also provides examples of what can be done under the block grant such as crisis response infrastructure, Mobile Response Teams, and Public Outreach and Education.

CMS Medicaid Initiatives Can Help States Fund 988: In this presentation, Kirsten Beronio JD, at time of the presentation, the Director of Policy and Regulatory Affairs at the National Association for Behavioral Healthcare and now is the Senior Policy Advisor Center for Medicaid and CHIP Services discusses the crisis continuum and opportunities to leverage state Medicaid funding for 988.
Parity and Payment Strategies for Coordinated Specialty Care and Crisis Services Meet-Me Call: Hear Henry Harbin from Maryland and Sheri Dawson from Nebraska discuss strategies for expanding reimbursement opportunities for behavioral health services in this presentation. (47 minutes)

All-State Medicaid and CHIP Call: 988 and Mobile Crisis Intervention Centers Administrative Claiming: This recent CMS presentation provides guidance on mobile crisis services and administrative claiming for crisis centers. The PowerPoint covers funding sources such as state government grants and community health center funding from HHS and Medicaid. (24 slides)

Federal Policy Recommendations to Support State Implementation of Medicaid-Funded Mobile Crisis Programs: This brief and recommendations from January 2022 identify actions that the executive branch and Congress could take to support successful implementation of new policies regarding Medicaid-funded mobile crisis programs. The brief and recommendations, which are consistent with recent State Health Official guidance, focus primarily on implementation of Medicaid mobile crisis provisions for individuals experiencing a mental health or SUD-related crisis, and identifies opportunities to develop a broader service continuum that meets the needs of people experiencing a behavioral health crisis. (23 pages)

Implementing Effective Medicaid Supported Mobile Crisis Services: This webinar from June 2022 is a moderated discussion between state leaders and experts. Panelists presented on: 1) the state planning and implementation process of Medicaid supported mobile crisis systems in the broader state crisis service system; 2) effective payment models and reimbursement strategies for mobile crisis; and 3) Medicaid data collection and metrics. (63 minutes)

Implementation of the 988 Hotline: A Framework for State and Local Systems Planning: This paper offers a framework for key stakeholders to use in organizing, planning, implementing, and sustaining an effective 988 crisis call system. Eight overarching activities are identified, along with examples of the types of tasks that should be part of each activity. Activities include: 1) Establish and commit to a systems-level planning process; 2) identify and address key considerations in 988 design; 3) identify and address coordination between 988 and 911; 4) develop sustainable financing mechanisms to pay for 988; 5) develop marketing and communications strategies for 988 implementation; 6) identify and address potential implementation and transition issues; 7) develop strategies to monitor performance and troubleshoot problems; and 8) ensure connections and access to upstream services. (14 pages)

Mobile Crisis Teams: A State Planning Guide for Medicaid Financed Crisis Response Services: This planning guide from January 2022 offers a review of the requirements of ARPA related to community-based mobile crisis intervention services, and identifies planning considerations for states in developing or refining mobile crisis services that qualify for the enhanced FMAP. Though the primary focus is on mobile crisis, this guide also highlights state considerations that will support a more robust crisis continuum, including 988 planning. (33 pages)

Additional Financing Crisis Support Resources:

- CMS Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services
In recognition of increasing and urgent youth mental health needs due to the COVID-19 pandemic, Colorado House Bill 21-1258 created a program that offers free therapy, in English and Spanish, to any youth in the state. Called “I Matter”, the groundbreaking program is funded by the Colorado Department of Human Services, Office of Behavioral Health and offers at least three free trauma-informed mental health sessions for any youth in Colorado and reimburses participating providers, who are licensed clinicians from agencies and independent contractors. Most of the sessions are provided via telehealth.

To ensure the behavioral health needs of youth are met beyond the provisions of the I Matter program, a Continuity of Care Plan is in place and a small team of care navigators, including two bilingual care navigators, assist youth, families, and providers to coordinate continued behavioral health care beyond the I Matter-funded sessions, refer to other types of behavioral health services when indicated, and/or identify community resources beyond behavioral health needs. See the I Matter website here.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: This report develops a framework to understand trauma and provides the basis for a trauma-informed approach by sharing the six principles of trauma-informed care which include: Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice, & Choice; and Cultural, Historical, & Gender Issues. (PDF - 27 pages - S)

B'More Kind: A City's Response to Crisis: This video examines the work of Baltimore's Crisis Response team. In particular, it looks at their holistic crisis response that includes mental health professionals, police officers, EMTs, and volunteers. (23 minutes - N)

Compassion and Empathy: A Core Value In Crisis Services: At the American Visionary Art Museum (AVAM), the NASMHPD Center for Innovation in Health Policy and Practice gathered a unique assembly of providers and recipients to discuss the role of compassion in service. This video displays what compassion means in the attendees' lives, what causes a lack of focus on it and how to nurture and prioritize services. As states grapple with the enormous task of implementing the new crisis services National 988 call number initiative designed to divert individuals struggling with mental health emergencies from jail and hospitals, the logistics require collaboration across systems. (11 mins - N)

Engaging Women in Trauma-Informed Peer Support: This guide was created to help make trauma-informed peer support available to women who are trauma survivors and who receive or have received mental health and/or substance abuse services. It is designed as a resource for peer supporters who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into their peer support groups. The goal is to provide peer supporters of any gender with the understanding, tools, and resources needed to engage in culturally responsive, trauma-informed peer support relationships with trauma survivors who are women. (PDF - 90 pages - N)

Healing From Inside Out: For the past several years, NASMHPD has been working with the New York Department of Corrections and Community Supervision on a unique pilot project to bring trauma informed and responsive services to prison settings. Clinicians are trained in TAMAR (Trauma, Addictions, Mental health, And Recovery), a psychosocial intervention, and receive regular consultation from NASMHPD staff.
This video showcases the powerful experiences of TAMAR participants. Starting with seven facilities serving diverse populations (veterans, under 21-year-olds, general population, women, and men), staff received training in understanding the impact of trauma on our lives and information on the program being offered to incarcerated individuals. (🕒 - 17 minutes - ❌)

**Implementing the Principles of a Trauma Responsive Service System:** Based on SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach paper, this four-part webinar series was designed to create a values-based framework for moving from theory to practice. It reviews the six principles for creating a trauma responsive service delivery, organizations that serve victims of crimes, and the importance of recognizing and addressing unconscious or implicit bias and its impact on services. (🕒 - 80-90 minutes each - ❌)

**TAMAR Facilitator’s Manual:** This document provides curricular guidance for facilitating Trauma, Addictions, Mental health, And Recovery (TAMAR) groups to help provide a trauma-informed environment. It includes the TAMAR rationale, background, background for facilitators, and 15 learning modules. (📚 - 168 pages - ❌)

**TAMAR-Youth:** In each TAMAR-Youth module, youth learn about the impact of trauma on their lives and engage in structured exercises designed to help them creatively explore the concepts through visual art, poetry/spoken word, hip-hop/rap, and expressive movement. Including creative and expressive therapies in the TAMAR-Y intervention is well-suited to engage a youth population in learning about self-management of trauma symptoms. (✍ - 76 pages - ❌)

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

**Trauma-Informed Peer Support (TIPS) Curriculum:** This presentation covers what peers are and what they can do to support an individual. The presentation describes trauma and what that can look like, and the importance of trauma informed practices and why they are necessary. (🕒 - 75 slides - ❌)

**SAMHSA’s TA Coalition Webinar: Integrating Faith & Spirituality into Trauma Recovery:** In this webinar presenters Dr. LaNail Plummer, CEO of Onyx Therapy Group, and Shani Banks, founder of Holistic Muslim Healing discuss what trauma recovery consists of and the value of a faith- or spirituality-based approach; best practices for inquiring about a trauma survivor’s relationship with spirituality and integrating their beliefs into treatment and healing; and incorporating Islamic faith and spirituality into trauma work with the Black Muslim American population. (🕒 - Part 1: 84 minutes; Part 2: 60 Minutes - ❌)
ADDRESSING HEALTH EQUITY AND DISPARITIES

PROGRAM HIGHLIGHT: KENTUCKY'S USE OF GOVERNMENT ALLIANCE OF RACE AND EQUITY (GARE) FRAMEWORK

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) has created and implemented an intentional framework to tackle operationalizing racial equity throughout the state, inspired by the GARE framework. Kentucky works to involve the entire Health and Human Services Cabinet to ensure that their efforts are impactful throughout the agency. The initiative began with a series of intentional focus groups and programs to normalize discourse and information sharing around race, institutions and systems that lead to racial disparity in health care, and using data to quantify existing disparities and evaluation of programmatic changes. Key players identify leads from across the agency to create a learning community that builds action and sustainability plans, establishes accountability processes, and maintains consistent community engagement. The initiative is driven by specific and measurable goals with fidelity and transparency. Find out more about the GARE framework [here](#).

Center of Excellence Equity Toolkit: The new Center of Excellence for Infant and Early Childhood Mental Health Consultation’s (IECMHC) Racial Equity Toolkit is a collection of videos, tools, and resources that can help consultation systems leaders and all IECMHC practitioners build capacity in understanding race and systemic racism, bias, and culturally responsive practice and meaningfully embed equity in their programs and practices. This is a “living toolkit”, meaning new resources will be added on an ongoing basis. ([Video](#) - 73 minutes - [Download](#))

Creating a Healing Forest: The Entire African American Community as the Recovery Center: This [presentation](#) from SAMHSA’s African American Behavioral Health Center of Excellence discusses the paradigm shift which views the entire African American community as a recovery center. Topics covered include how to create “A healing forest” to promote recovery in African American communities; how to shift from the acute care model of addiction treatment towards a recovery-oriented system of care (ROSC) anchored in the natural environment; the use of ROSC Councils to promote recovery; the role of families and persons in long term recovery; the role of nurses, doctors, faith-based communities, and businesses in promoting recovery in African American communities; and how to mobilize the entire community to promote recovery. Examples are drawn from African American, rural, metropolitan, and Native American Communities. ([Video](#) - 73 minutes - [Download](#))

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

Social (In) Justice and Black Children’s Mental Health: In this [webinar](#) from SAMHSA’s African American Behavioral Health Center of Excellence, Dr. Sarah Y. Vinson discusses how social injustice shapes inequities in youth mental health and mental illness. Dr. Vinson walks viewers through the often-concealed parts of society’s history of structural injustice and how this affects the systems that serve our children today. ([Video](#) - 55 minutes - [Download](#))
Addressing Systemic Racism and Health Disparities through a Trauma-Informed Lens Presentation:
In this presentation, NASMHPD’s Chief Medical Advisor, Dr. Brian Sims, (from min. 4:45-34:16), discusses the different types of trauma, including racial trauma. He provides an overview on why it is important to look through this lens while implementing change within our systems. South Carolina (from min 37:35-51:58) presents an example of how they have implemented trauma-informed care from a statewide approach. Washington State (from min 52:30-1:10:26) shares their experience of their trauma-informed journey within their behavioral health system. After the presentations, Dr. Sims and the two state presenters take questions that discuss the major barriers others have seen while trying to address these challenges.

- 2 hours 4 minutes -

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

- 12 pages -

Centering Racial Equity: The Role of Sustained Community Partnership in Behavioral Health: This SAMHSA TA Coalition webinar provides a framework for understanding racism and its impacts, and boldly equips leaders and stakeholders with strategies for embracing racial equity as a system-wide value. Part one of this webinar provides strategies for engaging the community, building alliances, and sustaining partnerships in service to the health and wellbeing of marginalized populations. Through examples and case discussion, racial equity is centrally applied to the most pressing behavioral health issues. Part two of this webinar addresses equity through an in-depth roundtable discussion with Dr/ Medlock and her team. This includes a question-and-answer segment.

- Part 1: 56 minutes; Part 2: 66 minutes -

Implicit and Explicit Bias with Victor Armstrong: This webinar describes how implicit and explicit biases are created and the importance of understanding them as a policy maker and clinician. Mr. Armstrong, at the time of the presentation was the Director of the North Carolina Division of Mental Health and is currently the Chief Diversity Officer at RI International, Developmental Disabilities, Substance Abuse Services. He describes how biases come from people’s disposition and lived experience. Mr. Armstrong discusses why society needs to strive not only for cultural competence but also cultural humility through understanding that one can never fully understand someone else’s story.

- 60 minutes -

Racism and Psychiatry: Contemporary Issues and Interventions: Colorado Behavioral Health Commissioner, Dr. Morgan Medlock, provides an overview of her book, Racism and Psychiatry, discussing the historical context of racial disparities in health, the over-pathologizing of the Black experience, and relevant policies influencing access to mental healthcare. Dr. Medlock’s presentation offers insight for creating conditions for change and bridging the “empathy gap.”

- 59 minutes -

SAMHSA’s TA Coalition Webinar: Deflection, Diversion, and Mental Health Recovery: A Systems Approach and DEI Practice Perspective: In this webinar, Jac Charlier, Executive Director of TASC’s Center for Health and Justice, shares TASC’s history in deflection and diversion efforts as a systems-level evidence-based practice as well as introducing the original TASC model. Then, Joel Johnson, President and CEO, TASC
Inc., presents on individual-level, sensible alternatives to incarceration, and best practices in jail release and community reentry services for people with SMI. This discussion is framed through the lens of DEI inclusive of race, gender, sexuality, and income. (🕒 - Part 1 hour and 30 minutes; Part 2: 62 minutes - ⏰)

**SAMHSA’s TA Coalition Webinar: Courageous Conversations: Cultivating Cultural Humility and Managing Biases with Families Facing Serious Mental Illnesses and Serious Emotional Disturbances:** This webinar explores cultural self-awareness in working effectively across cultural differences with families facing serious mental illnesses. Based on the cultural humility core pillars of establishing a commitment to self-evaluation, fixing power imbalances, and committing to institutional accountability, participants learn practical strategies in working compassionately and authentically with diverse families facing serious emotional disturbances. In addition, this webinar explores implicit and explicit biases and managing biases in advancing behavioral health equity. (🕒 - 1 hour and 54 Minutes - ⏰)

**SAMHSA’s TA Coalition Webinar: Healing the Wounds of Racial Stress and Trauma in Racially and Ethnically Diverse Communities Facing Serious Emotional Disturbances:** This webinar explores four levels of racism: interpersonal racism, internalized racism, institutional racism, and systemic racism in Black, Indigenous and People of Color (BIPOC). Participants discuss historical trauma, biases, and systemic inequities as contributing factors to intergenerational trauma, racial stress and trauma, and community trauma. Healing-centered strategies to address racial stress and trauma and community trauma are emphasized. (🕒 - 1 hour and 47 Minutes - ⏰)

**Stress and Trauma Toolkit for Treating African Americans:** This introductory guide from the American Psychiatric Association offers an array of topics that are essential in understanding how to work with special populations experiencing stress and trauma in today's changing political environment. It provides basic information to raise awareness of the needs of special population patients and strategies to incorporate in care in psychiatric practices. The objective of this toolkit is to help a broader range of psychiatrists become familiar with best practices for treating special populations experiencing stress and trauma. Psychiatrists can consult the Resources & References section on each page for further reading. (🕒 - 3 pages)

**Stress and Trauma Toolkit for Treating Historically Marginalized Populations:** This introductory toolkit from the American Psychiatric Association offers an array of topics that are essential in understanding how to work with special populations experiencing stress and trauma in today's changing political environment. It provides basic information to raise awareness of the needs of special population patients and strategies to incorporate in care in psychiatric practices. (🕒 - 2 pages)

**Strategies for Providing a More Equitable Crisis Continuum for People of Color in the United States:** Kristen Neylon from the NASMHPD Research Institute (NRI) presents the findings of the paper, Strategies for Providing a More Equitable Crisis Continuum for People of Color in the United States. This presentation provides an overview of key strategies that states and providers are implementing to support a more equitable crisis continuum. Megan Lee (CO) and Lori Coyner (OR) join to discuss the efforts in their states to promote equity in behavioral health. (🕒 - 26 minutes - ⏰)
PROGRAM HIGHLIGHT: NEW JERSEY’S RECOVERY-ORIENTED COGNITIVE THERAPY

Through the 2020 cycle of TTI, New Jersey (Division of Mental Health and Addiction Services (DMHAS), The Beck Institute Center for Recovery-Oriented Cognitive Therapy and Rutgers School of Health Professions) developed a program to enhance peer support specialists’ skill sets to improve their work with peers enduring significant behavioral health challenges that were exacerbated by the pandemic, by applying Recovery-Oriented Cognitive Therapy (CT-R). The project entailed a 16-hour virtual workshop – interactive sessions that aligned peer values and core competencies with the trauma-informed, strengths-based understanding and strategies of CT-R. In addition, peers were provided with 9 months of weekly consultation sessions and collaborative meetings in which peer trainees and Beck experts creatively applied CT-R to specific people on each peer’s caseload. Another unique component of this project was the use of incentives in the form of gift cards to fund strategically developed purchases of specific value that tap into sources of intrinsic motivation (meaningful, built hope, and supported action toward important values and life directions) and that bolster social determinants of wellbeing. Peers became more skilled at creating positive, impactful action with their individuals, asking the right questions to help each make the most empowering and enduring meanings. To sustain the training longer-term, the program also included a train-the-trainer aspect, featuring Rutgers University staff, and the creation of online CT-R modules for peers to use on-demand. The project will culminate this successful approach by offering a virtual event to spotlight the successes of this initiative. Find more information in the State Spotlight of NASMHPD newsletter.

SAMHSA Peers: This SAMHSA webpage provides information about who peers are, the role of peer workers, and access to recovery-related resources about peer support and services. (7 pages)

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

Overcoming Barriers and Recognizing the Unique Value of Including Peer Support Specialists with Prior Justice Involvement in Recovery: This SMI Adviser webinar brings together individuals with lived experience of prior justice involvement, as well as state leaders who have hired individuals with prior justice involvement to discuss the significant positive impact they can have on recovery, the value they bring to the behavioral health workforce, and how they worked to affect change in their states to increase acceptance of individuals with lived experience and prior justice involvement. (64 minutes)

Peer-Led Innovations in Reentry Support Programming: Towards Holistic Recovery: This webinar from SAMHSA’s GAINS Center provides information about creating and sustaining reentry peer support programs to effectively serve people in transition from incarceration to the community. An expert panel discuss the peer work opportunities that come with training and education. They also discuss the policy and practice challenges of supporting people in recovery who are transitioning back into the community, including peer support specialists, themselves. (91 minutes)
Reframing Language: SAMHSA’s National Family Support Technical Assistance Center launched this infographic created in partnership with the National Federation of Families. It is designed to inspire new thinking and change the language about mental health and substance use to help better support individuals and families who are affected by these challenges. (-1 page -)

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

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

Personal Experience and Strategies: A Dialogue on Recovery Workforce Barriers and Solutions: During this information exchange, NASMHPD’s Recovery Support Systems Coordinator, Amy Brinkley, and Peer Support Specialist, Justin Volpe, share their personal stories and expertise, facilitating a discussion on the workforce issues facing local and state mental health treatment providers. They discuss the unparalleled importance of integrating peers throughout the continuum of behavioral health and recovery field. (-)

Crisis Response: Peer Leadership to Develop Community Solutions: In this webinar from the College for Behavioral Health Leadership, panelists share best practice examples of peer-led crisis response and prevention. Panelists also discuss opportunities to engage and promote peers into leadership positions to develop community solutions to behavioral health challenges. (- 89 minutes)

Engaging People with Lived Experience: A Toolkit for Organizations: This toolkit from the Suicide Prevention Resource Center provides information on how to create an inclusive organizational environment and improve suicide prevention strategies by involving individuals who have life experience with suicide in planning, strategy implementation, practice reviews, policy development, and leadership. (- 2 pages)

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

Peer Support Program Toolkit: The University of Colorado School of Medicine’s Behavioral Health & Wellness Program designed this toolkit for use by a broad spectrum of organizations, including hospitals, healthcare clinics, and community agencies. Organizations that serve populations that would benefit from a peer support program, such as those with behavioral health needs, chronic medical conditions, justice-involvement, military backgrounds, and homelessness are encouraged to use this toolkit. These materials are intended for administrators, healthcare providers, support staff, and peer specialists. (- 51 pages)
Peer Specialist: Copeland Center for Wellness and Recovery: This database has information about peer specialists broken down by state. The data includes whether a state has an endorsed certification process, what is the average cost for CPS training, who tracks CEUs, etc. It also allows for the sharing of additional information and updates about a state.

Promoting Health and Wellness Through Peer-Delivered Services: Three Innovative State Examples: This article provides examples of the development, implementation, and funding of peer-delivered health and wellness services in three states. Information was compiled from the authors' experiences as champions in three states (Georgia, Michigan, and New Jersey) and NASMHPD, as well as documents from and discussions with local state and national sources. (pdf - 7 pages)

CMS Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services: This recent guidance from the Center for Medicare and Medicaid Services (CMS) addresses the scope of payments for qualifying community-based mobile crisis intervention services authorized by section 9813 of the American Rescue Plan Act of 2021. Specifically, it offers advice on incorporating trained peers into Mobile Crisis Teams. (pdf - 17 pages)

Using Peers to Support Physical and Mental Health Integration for Adults with Serious Mental Illness: The National Academy for State Health Policy created this brief for state policymakers interested in better integrating peer services into care for individuals with serious mental illness. The brief provides an overview of the use of peer support in state mental health systems and offers examples of the emerging use of these non-clinical staff as part of an integrated care approach. Also included are key questions for state policymakers to consider as they explore the use of peer services to promote integrated care for Medicaid enrollees with serious mental illness in their state. (pdf - 9 pages)

988 Preparedness Survey Results (RAND): This working paper from the RAND Corporation describes a survey of 180 officials designed to ascertain their preparedness for the launch of 988. Questions in the survey addressed four domains: strategic planning, financing, infrastructure, and service coordination. This was followed by qualitative interviews with a subset of 15 surveys. The goal is to encourage respondents to better understand how their jurisdictions are preparing for the launch of 988. (pdf - 68 pages)

SMI Adviser Peer Specialist Resources: SMI Adviser has a webpage linking numerous articles, webinars, and other resources related to peer support services.

Successful Co-Responder Programs: This article highlights five successful co-responder programs. These programs, spanning from Gainesville, Florida to Johnson County, Kansas illustrate the diversity of successful models, and provide inspiration to those looking to develop or refine models of their own.
AMERICAN INDIAN/ALASKA NATIVE (AI/AN)

PROGRAM HIGHLIGHT: ALASKA’S BEHAVIORAL HEALTH AIDES (BHAS)
The Behavioral Health Aide Program is designed to promote behavioral health and wellness in Alaska Native individuals, families and communities through culturally relevant training and education for village-based counselors. They often respond to community behavioral health concerns by hosting prevention activities and participating in or organizing local events. They also provide a breadth of direct and case management services. “BHAs know their communities and their community members; they know when someone is not doing well,” said Dr. Xiomara Owens. “Some are in recovery themselves from substance abuse or mental health concerns,” she said. “They want to give back by helping others.” BHAs are often the first to identify when someone is experiencing a crisis and are the first to respond to traumatic events in the communities they serve. This resource helps with the culturally competent implementation of crisis services in rural and tribal areas.

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

Center of Excellence for Infant and Early Childhood Mental Health Consultation: Information on IECMHC and Tribal Nations: This website was created to support programs, local governments and tribal nations in creating better services and systems for their infants, toddler and young children and their families through an IECMHC (Infant and Early Childhood Mental Health Consultation) program. Listings and sections are to be used as a supporting reference for the journey to building relationships with tribal communities/programs and for tribal communities to build their own IECMHC systems. (8 minutes)

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

Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention: The following four webinar clips, adapted from the Suicide Prevention Resource Center's Tribal Community of Learning Series, feature expert advice on addressing the root causes of mental health issues and suicide in AI/AN communities by drawing on community strengths. (5-8 minutes each)

The Roots of Understanding Tribal Relations: Context for Connecting: In this information exchange, AI/AN national behavioral health subject matter experts, Andy Hunt and Dolores Jimerson, discuss and examine ways states may work with tribal and Urban Indian communities and behavioral health systems, sharing their expertise on how the historical mistreatment of tribal communities influences present-day efforts to rebuild trust as states/territories plan for 988 implementation and the expansion of crisis services. (83 minutes)
The Roots of Understanding Tribal Relations: An Open Discussion: This information exchange is comprised of a dynamic conversation with AI/AN national behavioral health subject matter experts Dolores Jimerson and Andy Hunt. John Oliver from HI and Lucilla Mendoza from WA talk about their TTI projects focused on AI/AN populations, and presenters answer various questions regarding native/tribal engagement and the expansion of crisis systems. (86 minutes)

Dr. Anitra Warrior on All Nations Crisis Hotline: This Crisis Jam Learning Community presentation features Dr. Anitra Warrior. Beginning at 46:20, Dr. Warrior discusses the All Nations Hotline, a culturally driven text-based crisis service line in Nebraska that is operated exclusively by local, Native individuals. Dr. Warrior covers the planning, marketing, design, strategy, and launch of the hotline. (64 minutes)

Dr. Warrior on How States Need to Include American Indians in Their 988 Plans: In this #CrisisTalk article, Dr. Anitra Warrior discusses the importance of tailoring behavioral health interventions to suit the cultures and communities of American Indians seeking services. She references the inspirational Tribal 988 line pioneered by Washington state, and other innovations to enhance behavioral health services within and for AI/AN communities. (64 minutes)

Tele-Native Youth Webinar Series: The Center for Native American Youth (CNAY) created the ongoing Tele-Native Youth webinar series in response to the COVID-19 pandemic and limitations on in-person congregation. In these webinars, Native youth speak with professionals in the field on topics amid the pandemic such as mental and behavioral health, physical wellbeing, connecting to the outdoors, and more. Some other webinars in this series include “Indigenous LGBTQ+2S Youth Celebrate Pride” and “Art is Medicine.” (50 minutes)

National Indian Child Welfare Association (NICWA): NICWA is a nonprofit, membership organization based in Portland, Oregon that works to support the safety, health, and spiritual strength of American Indian and Alaska Native children along the broad continuum of their lives. NICWA provides a wide range of trainings and technical assistance to tribes upon request. Training topics include Positive Indian Parenting, Understanding the Indian Child Welfare Act, In-Home Services, and more. (50 minutes)

A Native Youth Round Table – Adverse Childhood Experiences and Paths to Resiliency: The Leadership Academy, the Trauma Grant, and the Tribal College and University Initiative hosted a Native Youth Round Table to kick off the SAMHSA National Child Traumatic Stress Initiative Category II TSA Center. The panelists explored a youth perspective on historical trauma, the adverse childhood experiences it has caused, and the resiliency it has inspired. (1 hour and 17 minutes)

ECHO: This website has resources, programs and no cost trainings about Behavioral Health, Substance Use Disorders, Trauma-Informed Care, etc. The programs they provide are friendly, interactive online learning environments where clinicians and staff serving American Indian and Alaska Native patients can connect with peers, engage in didactic presentations, collaborate on case consultations, and receive mentorship from clinical experts from across Indian Country. (50 minutes)

A Guide to Suicide Prevention for American Indian and Alaska Native Communities: This guidebook is to serve as a first of its kind broad-based resource for Native people at all community levels. Its purpose is to help us learn more about suicide and create a response plan for our communities. The guidebook is meant for tribal and community leaders, schools, religious institutions, mental health agencies, law enforcement, and any other organizations or individuals that desire to address this painful and critical problem. (100 pages)
Community-Led Life Promotion Plans for Indigenous Youth and Communities: Canada’s Center for Suicide Prevention created this guide in collaboration with indigenous/First Nations communities to address the prevalence of indigenous youth suicide. The guide is an invitation to bring together youth, Elders, Knowledge Keepers, and those who work with young people to plan and implement life promotion strategies and actions that support the community. This guide leads readers through the process of developing a life promotion plan for youth based on a 5-section framework: life, people, strengths, activities, and implementation. (📖 - 40 pages)

Supporting Native Youth and Families: In this installment of Youth MOVE National’s Ask the Expert Series, Solome Tibebu, Director of The Upswing Fund, and Dr. Virgil Moorehead, Executive Director of Two Feathers Native American Family Services, discuss the unique needs of Native youth and families and what it means to support their mental health in a culturally responsive manner. Listeners will gain the perspective of organizations serving Native youth and families, learn strategies for positive engagement with Native communities, and hear about what it means to offer culturally responsive support to these communities. (🎧 - 7 minutes)
Culture Forward: A Strengths and Culture Based Tool to Protect our Native Youth from Suicide:
Through listening sessions with tribal leaders, Elders, traditional healers, and other tribal members, the Johns Hopkins Center for American Indian Health created this guide as a response to the overwhelmingly deficit-based literature and resources for AI/AN youth suicide prevention. The guide is strengths- and culture-based, promoting healthy Native youth development through holistic community and resource engagement. (10-part - 106 pages total)

Hope for Life Day Toolkit: Engaging Native Youth: This toolkit helps community organizers take specific steps to change the conversation about suicide, spread awareness, and foster hope to help address suicide in their communities. Organizers are encouraged to host culturally tailored activities to promote hope, life, cultural connection, and community transformation.

We Matter Campaign: We Matter is an indigenous youth-led organization dedicated to Indigenous youth support, hope, and life promotion. They create and distribute materials and resources designed for those supporting and working with Indigenous youth, while also building Indigenous youth capacity in schools and communities by helping to implement Indigenous youth-led initiatives and enabling peer-to-peer support.

We Matter Campaign Toolkits: The organization has created toolkits for indigenous youth, teachers, support workers, and mini-toolkits for kids including resources and videos to utilize while discussing hope, healing, and youth mental health in indigenous communities. (~25 pages each)