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.
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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

- **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).*

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**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](#).

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**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. (老龄 - 59 pages - 未)

**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. (老龄 - 54 pages - 未)

**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. (老龄 - 44 pages - 未)

**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. (老龄 - 76 pages - 未)
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)

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)

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)

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)
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 response system optimization. It facilitates new learning and insights to more effectively respond to a 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. ([#](#) - 37 pages - [#])

Additional 988 Readiness resources:

- Implementation of the 988 Hotline: A Framework for State and Local Systems Planning
- Children’s Crisis Continuum and 988 Implementation NASMHPD’s Meet-Me Call
- Children’s Crisis Services: A National Perspective and Two State Best Practice Examples
- Elevating Youth Voices
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
TRAVMA-INFORMED APPROACH

PROGRAM HIGHLIGHT: COLORADO’S “I MATTER” PROGRAM
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. ([27 pages](#))

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](#))

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](#))

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. ([90 pages](#))

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. ([Video] - 17 minutes - [N])

**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. ([Webinar] - 80-90 minutes each - [N])

**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. ([Manual] - 168 pages - [N])

**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. ([Module] - 76 pages - [N])

**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. ([Training] - 153 minutes - [N])

**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. ([Presentation] - 75 slides - [N])

**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. ([Webinar] - Part 1: 84 minutes; Part 2: 60 Minutes - [N])
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.

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.

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.

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.
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. 

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. 

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. 

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. 

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.” 

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 - SN)

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 - SN)

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 - SN)

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 - N)
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.

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.

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.

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.
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.

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.

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.

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.
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.

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.

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.

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.

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.
YOUTH PEER SUPPORT

PROGRAM HIGHLIGHT: NATURAL HELPERS
The Natural Helpers program provides training to students who have been identified as “listeners” by their peers and school staff. Natural Helpers are trained with helping and listening skills so that they may connect vulnerable peers to trusted adults and other appropriate resources. Students continue to cultivate their robust social networks to implement service projects that aim to support connection with their peers and that provide resources to promote mental wellbeing. In addition to their training at school, intensive training retreats are held in the fall and spring of each school year and provide a safe, comfortable, supportive, and confidential setting where Natural Helpers can learn about and discuss behavioral health issues such as depression, anxiety, substance abuse, risky behaviors, self-harm, and suicide. The Program Coordinator instructs Natural Helper groups in understanding and observing the warning signs and risk factors for suicide and how to take direct action to keep their peers out of harm’s way.

Ladder of Participation: This document discusses the degrees of youth engagement in community development. Using the analogy of a ladder, the degrees of participation are broken down into 8 steps, from youth experiencing manipulation by adults, to young people and adults sharing decision making power. (2 pages)

The Power of Peer Support in the Juvenile Justice System: From Incarceration to Inspiration: This webinar created by the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC) features three experts – certified peer counselors – who served young people and their families within the juvenile justice system. These peers encourage viewers to empower those who work with young people, promoting leadership and awareness to break the stigma on those who have touched the system. (62 minutes)

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

BIPOC & LGBTQIA2S+ Mental Health: What Helps, What Harms: This website documents the results of a series of focus groups conducted by the Youth Move Change Initiative (YMCI) in July of 2021. Youth were given the opportunity to share their experiences in the mental health system and beyond, using the What Helps What Harms framework. The questions addressed apply to all aspects of youth life, including services, culture, community, climate, and more. The findings of the focus groups informed the creation of two tip sheets. Tipsheet 1 (5 pages) reflects the experience of transgender and nonbinary youth. Tipsheet 2 (7 pages) reflects the experience of BIPOC and LGBTQ2S youth. This page provides an overview of the What Helps What Harms policy initiative.

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

PROGRAM HIGHLIGHT: OKLAHOMA SYSTEMS OF CARE
The Oklahoma Systems of Care (OKSOC) provides rapid, 24/7, community-based crisis services for children and their families to de-escalate emergencies and ensure access to a comprehensive array of behavioral health treatment and support services. This includes a place to call, a specialized children’s team to respond, and, if necessary, a place to go for further treatment or support. The centralized call center, located in Oklahoma City, is staffed with highly trained emergency responders, who are responsible for expediting the Mobile Crisis Team response by screening and assessing presenting issues. After responding to the crisis, the Mobile Crisis Team can then connect the family and crisis survivor with community-based services offered by one of twelve contracted agencies with the Oklahoma Department of Mental Health and Substance Abuse Services. If a higher level of care is required, such as inpatient or residential treatment, a process known as Community-Based Authorization can be used, wherein the Community-Based Authorization team works with the Oklahoma Health Care Authority to ensure access to a comprehensive array of behavioral health treatment.

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

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

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

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

Children’s Crisis Continuum and 988 Implementation NASMHPD’s Meet-Me Call: In this presentation,
Michelle Zabel, clinical instructor at The Institute for Innovation and Implementation at University of Maryland, provides an overview of SAMHSA's Crisis Systems Best Practice Toolkit that provides robust considerations for children and adolescent populations. Ms. Zabel covers the stakeholder engagement process of customizing the toolkit for youth and families and shares the vision for a redesigned children's crisis system. (55 minutes)

**Children's Crisis Services: A National Perspective and Two State Best Practice Examples:** In these presentations, state officials provide an overview of Connecticut's Mobile Crisis Intervention Services and Oklahoma's Youth Crisis Mobile Response. Both offer rapid response services to children and adolescents experiencing behavioral health crises and these presentations offer considerations for moving forward with 988. (CT: 12 minutes; OK: 24 minutes)

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

**Improving the Child and Adolescent Crisis System: Shifting from a 9-1-1 to a 9-8-8 Paradigm:** This paper, part of NASMHPD's Beyond Beds series, makes the case for reforming Child and Adolescent Crisis systems as states prepare for the launch of 988. It touches on topics including equity, early intervention, and the role of schools in children's MH systems. This paper also features examples and outcomes from child and adolescent crisis response systems in several states. (33 pages)

**Making the Case for a Comprehensive Children's Crisis Continuum of Care:** This paper, from NASMHPD's Bold Approaches for Better Mental Health Outcomes series, lays out a vision for Youth Behavioral Health systems. A high-quality child and youth crisis continuum should be available 24/7 to all children, regardless of payer type. A comprehensive crisis continuum features screening and assessment, ideally using a validated screening tool; mobile crisis response; crisis stabilization services, and residential crisis services, where necessary; psychiatric consultation; referrals and warm hand-offs to home- and community-based services; and ongoing care coordination. (23 pages)

**Schools as a Vital Component of the Child and Adolescent Mental Health System:** This literature review examines the history and contemporary landscape of school mental health, offering evidence for schools as an essential component of the child and adolescent system of care and recommendations for advancing this vital care delivery system. It is part of NASMHPD's —Beyond the Borders: International and National Practices to Enhance Mental Health Care, series. (22 pages)

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

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

SAMHSA’s TA Coalition Webinar: Youth Empowerment and Self-Discovery through Emotional CPR in Schools: This webinar explores how Youth Emotional CPR, a public health program that teaches participants from ages 16 to 25 how to support themselves and each other amidst emotional distress, can be successfully introduced to the public-school setting and yield positive outcomes for the students who participate. The presenters explain how learning to connect (C), emPower (P), and revitalize (R) can teach youth about the power of mutual support, nonverbal connections, active listening, and finding the healer within. (Part 1: 90 Minutes; Part 2: 60 Minutes)

SAMHSA’s TA Coalition Webinar: How are Children experiencing SED and Parents Doing, Really? – Comparing 2021 to 2022: This webinar, facilitated by Lynda Gargan, Ph.D., Executive Director, National Federation of Families (NFF), offers a clinical perspective on data from the 2021 and 2022 NFF surveys of family experiences with the school and mental health systems. Dr. Hoover, a licensed clinical psychologist and Professor at the University of Maryland School of Medicine, updates participants regarding “lessons learned” from the pandemic and steps that educators are taking to support families. Both presenters provide exciting resources for the workforce that supports families during the event. (Part 1: 90 Minutes; Part 2: 60 minutes)

Center for Communities that Care (CTC): This organization distributes the CTC PLUS system and the Guiding Good Choices (GGC) parenting program. They help communities learn about and implement CTC PLUS and GGC through personalized training and coaching.

The Foundations of Youth Engagement and Parent Centers: This toolkit from Youth MOVE National is a resource for Parent Center professionals who may be new to working with youth. This toolkit helps to find a starting place, identify next steps and activities, and give readers an idea of what youth engagement can look like in Parent Centers. (24 pages)

School Mental Health Quality Guide: Needs Assessment & Resource Mapping: This toolkit is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine. This document provides guidance to help school mental health systems advance the quality of their services and supports. This guide contains background information on needs assessment and resource mapping, best practices, possible action steps, examples from the field, and resources. (11 pages)

PBS’ Hiding in Plain Sight: In this two-part Ken Burns documentary from PBS, follow the journeys of more than 20 young Americans from all over the country and all walks of life who have struggled with their mental health. Hiding in Plain Sight presents an unstinting look at both the seemingly insurmountable obstacles faced by those who live with mental disorders and the hope that many have found after that storm. The documentary premiered June 27-28, 2022. (2 parts - 112 minutes each)

Respect Youth Stories: A Toolkit for Advocates to Ethically Engage in Youth Justice Storytelling: This document provides guidance for advocacy organizations aiming to engage in ethical youth justice storytelling.
Young people giving first-hand accounts of their experiences often prove to be the most powerful lever for change, so it is critically important to establish an ethical approach to advocacy storytelling so that young people are not exploited or re-harmed in the process of sharing their experiences. (15 pages)

**Strategic Sharing:** This workbook covers why a youth might want to share their story, the benefits and risks of sharing, tips on being strategic, and more. Developed by the National Federation of Families in collaboration with The Research and Training Center for Pathways to Positive Futures at Portland State University, the Strategic Sharing Workbook was written from the perspective of someone who has lived through the foster care system and is easily adapted for any youth who wants to share their story for change. (48 pages)

**Youth Program Sustainability:** This video series provides tips on sustaining youth groups and other youth programming to maintain momentum and ensure long-lasting impacts in the community and youth-serving systems. (12 minutes total)

**Additional Children and Adolescent Resources:**
- SAMHSA's TA Coalition Webinar: 988 and What it Means for Families of People with Serious Mental Illness
- SAMHSA's TA Coalition Webinar: Courageous Conversations: Cultivating Cultural Humility and Managing Biases with Families Facing Serious Mental Illnesses and Serious Emotional Disturbances

**LGBTQ+ YOUTH**

**AFFIRM Interventions:** This recorded session explains how an organization can provide this evidence informed affirmative intervention to biological and foster parents, caregivers, kinship carers, and others who can support LGBTQ+ youth. (75 minutes)

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

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

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

**Family Acceptance Project:** This is a research, intervention, education and policy initiative to prevent health and mental health risks and to promote well-being for lesbian, gay, bisexual, transgender and queer-identifying (LGBTQ) children and youth, including suicide, homelessness, drug use and HIV — in the context of their families, cultures and faith communities.