
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.

**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.
Opening Remarks

Throughout this guide you can find guidance, best practices and noteworthy examples in areas that states and territories have had challenges in or seen opportunities. The NASMHPD team hopes these resources will aid in the important work being done in the field. We are grateful for the opportunity to assist the individuals who are tirelessly working to transform our systems.

The guide opens with SAMHSA/NASMHPD resources that will be useful to all TTI recipients. These resources touch on a wide variety of topics that relate to providing mental health services in a community from understanding homelessness, to creating sustainable programs. The guide then highlights 5 topics that the NASMHPD team believes affect every TTI project: the trauma-informed approach, health disparities and inequalities, peer support, rural behavioral health needs, and the implementation of 988.

Next is a section dedicated specifically to states and territories implementing Service Registries, working to create or enhance service registries in their states. “Resources for Registries.” Service registries present unique challenges requiring unique resources. This section includes the experiences of 23 previous TTI Registry participants and is intended to guide states as they build coalitions, organize services, and ultimately launch registries.

We hope this guide can be a useful tool in the complex process of implementing effective behavioral health initiatives. We are here to aid and support in any way we can. Thank you for the hard work being done at every level to transform the continuum of care. May the work you do sustain momentum to create an informed, equitable, and caring system.

From the Team at NASMHPD

Key:

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

Reminder Section: Many of the resources that are listed are helpful for more than just one topic. At the bottom of some sections you will find a reminder with a list of resources that appear previously, but will be useful for the current section.
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2020 Technical Assistance Coalition (TAC) Assessment Papers

A collection of papers that can be used to facilitate and enhance the delivery of behavioral health crisis services:

- **Crisis Services: Meeting Needs, Saving Lives:** This is the umbrella paper for the 2020 TAC research papers and provides an overarching view of crisis services for persons with urgent mental health and substance use needs and policy considerations for building that effective crisis service continuum. It encompasses examples of effective crisis services, pathways in crisis services, the evolving role of law enforcement and mobile crisis response, person centered crisis care, and crisis services during COVID-19 and beyond. (26 pages)

- **Addressing Substance Use in Behavioral Health Crisis Care:** This report identifies the essential principles that are crucial for effective integration, as well as practices that are more specific to the SUD population. The report also highlights states and programs that have had success in implementation of crisis call centers, mobile crisis response services, and crisis stabilization services. (21 pages)

- **Effective Crisis Care for Homelessness:** This report explores issues that should be considered in the design and implementation of core crisis system components, with specific consideration of the needs of individuals who experience homelessness. (19 pages)

- **Technology & Crisis Services:** This paper reviews the opportunities and challenges technology presents in the delivery of behavioral health crisis services. (23 pages)

- **Legal Issues in Crisis Services:** This paper aids the reader in navigating complex legal and regulatory issues that come up while implementing crisis services. The authors describe key legal issues relevant to providers working in crisis settings as well as discuss implications for systems considering policies and practices related to crisis services. (18 pages)

- **Financing Mental Health Crisis Services:** This report discusses how mental health crisis services were funded in 2020 and how the burden of funding those services can be more broadly shared by Medicaid and private insurance. It gives an overview of mental health crisis service systems, shows how the service systems are funded, and shows how individual service types are funded. (15 pages)

- **Diverse Populations in Crisis Settings:** This paper helps the reader understand the challenges and opportunities that happen while implementing crisis services in a diverse population. (25 pages)

- **Improving the Child and Adolescent Crisis System:** This paper discusses how community behavioral health crisis policies and practices are established. The unique needs of children and families must be considered across the developmental spectrum and across communities and cultures, while addressing issues of equity and racism. (33 pages)

- **Crisis Services and Law Enforcement:** This policy paper reviews best practices for law enforcement (LE) crisis response, outlines the components of a comprehensive continuum of crisis care that provides alternatives to LE involvement and emergency department utilization, and provides strategies for collaboration and alignment towards common goals. Finally, the paper discusses policy considerations regarding legal statutes, financing, data management, and stakeholder engagement presented to assist communities interested in taking steps to build these needed solutions. (21 pages)
• **Crisis Services in Rural and Frontier Areas:** This paper is divided into 7 sections. The first five sections discuss the challenges and opportunities related to particular barriers to crisis service delivery in rural areas, including workforce, distance to travel and transportation, sustainability, and the use of technology and broadband access. These sections are followed by a section discussing additional effects the COVID-19 pandemic is having on the delivery of behavioral health crisis services in rural and frontier communities, and the implications each of these challenges and opportunities have for policy makers. (20 pages)

**Crisis Now**

Crisis Now is a partnership between NASMHPD, the National Council for Mental Wellbeing (formerly National Council for Behavioral Health), 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 and jail by developing a continuum of crisis care services that match people’s clinical needs. Visit RI International, an organization that works with mental health and substance use, crisis services design-delivery, peer delivered care as well as more information on these crisis services strategies.

**Program Highlight: Oklahoma Crisis Intervention**

Oklahoma creatively used their TTI 2020 funds for the Mental Health Association of Oklahoma to identify needs among the homeless population through street outreach and leveraged other state funding to purchase tablets to ensure access to services.

Through this program being connected to providers through a partnership, they have connected at risk people with resources already downloaded on the tablet and crisis specialists that can be reached when in need. In addition, OK providers have given tablets to law enforcement; therefore, law enforcement can hand the tablet to someone in crisis for them to talk face to face with a crisis informed specialist. To ensure this initiative’s sustainability, they plan to use evaluation data demonstrating cost savings to justify budget proposals for the future. Tablets were priced at approximately $60 per tablet.

**TTI 2021 Informational Exchanges**

**What’s Trauma Got to Do With It? Everything**

This presentation discusses how individual trauma results from an event, series of events, or set of circumstances, that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014). Many individuals involved in crisis and/or criminal justice systems have histories of trauma. Often times this unresolved trauma manifests in behaviors that although at times troubling, are adaptive and serve to reduce the likelihood of re-traumatization. Educating individuals receiving services as well as staff supporting them can lead to a greater understanding of the meaning behind behavior providing insight into how to intervene prior to aversive consequences. (80 minutes)
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)  

Building Capacity to Address Behavioral Health Needs through Crisis Services

This paper provides an overview of the key components of a crisis system as outlined by SAMHSA’s National Guidelines for Behavioral Health Crisis Care. The author pays particular attention to the relationship between crisis systems and state budgets and funding sources. Crisis systems in Arizona, Georgia and Tennessee are highlighted as relevant “programs in practice.” (11 pages)  

SMI Adviser

SMI Adviser was established by SAMHSA and American Psychiatric Association (APA) to advance the use of a person-centered approach to care that ensures people who have SMI find the treatment and support they need. SMI Adviser offers clinicians access to resources, education, data, and consultations and has resources and answers from a national network of experts for individuals and families.  

**Trauma Informed Resources**

“Implementing trauma responsive services requires us to look beyond behavior by helping staff and those served understand the meaning behind it. Using this approach in all facets of the continuum of care, especially for those in correctional and congregate care settings, can facilitate safety, connectedness, and healing. We hope that these resources will support your efforts to create trauma-informed systems within your state.”  

- Joan Gillece  
  Director  
  NASMHPD’s Center for Innovation in Behavioral Health Policy and Practice  

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

This report develops a framework to understanding trauma and provides the basis for a trauma-informed approach by sharing its six principles which include: Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice, & Choice; and Cultural, Historical, & Gender Issues. (18 pages)
Webinar Series: 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 series was designed to create a values-based framework for moving from theory to practice. The six principles for creating a trauma responsive service delivery were presented. Organizations that serve victims of crime and those that have used their services lent their voices and experiences to share how they used the principles in creating trauma responsive services. The importance of recognizing and addressing unconscious or implicit bias and its impact on services was discussed. The principles serve as a non-prescriptive road map to assist with the implementation of trauma responsive services and the creation of an atmosphere where all victims of crime want to come for help/services. (80-90 minutes each)

Healing Neen

Healing Neen is a training version of the award-winning feature length documentary of the same name. Tonier “Neen” Cain experienced addiction and countless arrests for two decades in Annapolis, Maryland. It follows her journey from trauma to finding opportunity to go to a community trauma, mental health, and addiction program. This video makes a compelling case for trauma informed care. (25 minutes)

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)

TAMAR Facilitator's Manual

TAMAR was developed in the late 1990s as part of a federally funded, gender-specific program for incarcerated women in Maryland. It has since been implemented in multiple justice and behavioral health systems across the country. The original TAMAR intervention was updated in 2019 to create a clinical intervention that combines psychoeducation about trauma and its impact with concrete techniques designed to help participants of any gender identify their triggers and learn and practice skills for self-regulating trauma symptoms. (135 pages)

TAMAR-Youth

In each TAMAR-Y 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. (73 pages)

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) See “Peer Support” section starting on page 11 for further information.

Rethinking Crisis Strategies to Move from Crisis to Empowerment Workbook

This workbook was written by and for people who have lived through emotional distress, trauma and other crisis situations. Moreover, it provides them with the needed space for self-reflection and awareness, exposure to information and tips, and ideas of wellness tools and activities to build their resilience and enhance their overall physical, emotional, intellectual and spiritual well-being. (47 pages)
A Survivor’s Guide to Getting through Crisis during COVID-19 Workbook (Congregate Care)
This manual was designed for and written by people who have lived in congregate settings. It provides information about COVID-19. Included is a section on the different ways that they may be experiencing pandemic-related stress as well as strategies to stay well physically, emotionally, intellectually, and spiritually in challenging environments. There is also a section to inspire those in congregate settings to use their wisdom and survival skills to share with others that are in a similar situation right now. (48 pages)

Engaging Women in Trauma-Informed Peer Support: A Guidebook
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 in these or other settings 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 female trauma survivors. (90 pages)

Reminder:
- Crisis Services: Meeting Needs, Saving Lives: Description on Page 5

Addressing Health Disparities and Inequities

“When implementing any program, system change, or initiative, the impact on existing health disparities must be prioritized to ensure that all communities are served in a culturally appropriate and accessible way. In this way, our systems can tackle health disparities in a concrete and effective way. We hope these resources will aid in your efforts to increase equity.”

- Brian Sims
  Senior Medical Advisor
  NASMHPD
Addressing Systemic Racism and Health Disparities through a Trauma-Informed Lens Presentation with Dr. Brian Sims (from min 4:45-34:16), who discusses the different types of trauma, including racism. 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 on 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. (70 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, the director of the North Carolina Division of Mental Health, Developmental Disabilities, Substance Abuse Services at NC Department of Health and Human Services describes how people’s biases come from their disposition and lived experience. These biases have been woven into the fabric of behavioral health and the way behavioral health services are provided. 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)

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. “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.

Reminder:
- Diverse Populations in Crisis Settings: Description on Page 5
The benefits of effective peer support can have a transformative effect on whole systems, making them safe spaces for healing, wellness, and recovery to happen for everyone. Peer specialists build meaningful personal connections with their peers and can support healing for peers who have experienced trauma and alienation in systems intended to help them. We advocate peer involvement at every step along the way from planning to implementation. ‘Nothing about us without us’ is not just a slogan for us, it is our way of life. Thank you for making peer support a priority of your efforts.”

- Sharon Jenkins Tucker
  Executive Director
  Georgia Mental Health Consumer Network

Pillars

The name Pillars of Peer Support was chosen in 2009 by the first Peer Support Summit members, as the word Pillar means person, structure, and resource essential to hold up something. The Pillars of Peer Support provide ongoing resources to promote Peer Support Services in state mental health systems of care. The original Pillars of Peer Support Summits brought together nationally recognized experts from across the U.S. to identify fundamental elements that greatly facilitate the use of peer support services. Each Summit produced a unique toolkit for building a foundation for the successful implementation of peer support services. *Adapted from the Pillars of Peer Support, 2009 – 2014:

- Transforming Mental Health Systems of Care through Peer Support Services. (24 pages)
- Expanding the Role of Peer Support Services in Mental Health Systems of Care and Recovery (19 pages)
- Whole Health Peer Support Services (22 pages)
- Establishing Standards for Excellence (10 pages)
- The Role of Peers in Building Self-Management within Mental Health Systems or Care and Recovery (17 pages)
- Peer Specialist Supervision (13 pages)

Peer Services Note:

NASMHPD has seen many states and territories train and work with peers in specialized areas such as forensic or crisis services. For more information on the importance of peer involvement and peer services, please contact NASMHPD staff David Miller, Project Director at david.miller@nasmhpd.org or 703-682-5194 or Timothy Turner, Senior Training and Technical Assistance Advisor at timothy.tunner@nasmhpd.org or 703-682-5197.

Peer Specialist Training and Certification Programs

This document, assembled by the Texas Institute for Excellence in Mental Health at the University of Texas at Austin provides a state-by-state overview of peer specialist certification programs. This includes information on peer qualification, exams, certification, employment, funding sources and much more. Links are included for those interested in learning more about specific programs. Please note this document, (revised in January of 2017), does not reflect the explosion of specialized peer certification programs seen in recent years. Though some programs listed may no longer be active, they show a large range of programs to learn from. (136 pages)
Forensic Peer Specialist: Training, Employment and Lived Experience
Despite calls for increased peer support services for individuals involved with the criminal justice system, little is known about the training, employment, and characteristics of forensic peer specialists (FPSs). Pennsylvania developed the nation’s first FPS program and remains at the forefront of the field. This paper responds to three research questions regarding forensic peer support in Pennsylvania, assessing: (a) employment patterns and demographic characteristics; (b) work tasks and sites; and (c) challenges and benefits of working as an FPS.

Program Highlight: From Prison to Purpose: Georgia’s Forensic Peer Mentoring Project
Developed by the Georgia Department of Behavioral Health and Developmental Disabilities in partnership with the Georgia Department of Corrections, this project provides mentoring, peer support, and community resource linkage “to promote the successful transition of adults with behavioral health diagnoses returning to communities of their choice following psychiatric in-patient hospitalization.”

Program Highlight: Pennsylvania Mental Health Consumers’ Association – Forensic Peer Support Project
PMHCA is a state-wide member organization dedicated to the support of all people who seek aid for recovery from a mental illness at any stage in their journey. They also provide training nationwide for peer support specialists.

NASMHPD Webinar on Peers as Crisis Service Providers
This webinar provides an example of a Montana pilot project for implementing community based peer support as well as developing Crisis Intervention Training (CIT) packets for law enforcement. The presentation discusses the range of crisis services that peers can provide, the benefits of integrating peer specialists into crisis services, and common pitfalls to avoid. It includes presentations from representatives of the Montana Peer Network, Projects to Empower and Organize the Psychiatrically Labeled (PEOPLe), Optum Health, and Common Ground an Oakland crisis center. (60 minutes)

SAMHSA Peer Support Resources
SAMHSA offers a set of resources for peers. These resources define and address the value of peers, as well as offer evidence-based practices for peer support. The resources are regularly updated and include topics such as the value of peers, peer support recovery from mental health conditions and peer support recovery from substance use disorders.

Value of Peer SAMHSA Infographic
This infographic shows how peer support “encompasses a range of activities and interactions between people who have shared similar experiences of being diagnosed with mental health conditions.”

Recovery Oriented Cognitive Therapy (CT-R)
CT-R is a treatment approach designed to promote empowerment, recovery, and resiliency in individuals with serious mental health conditions. This approach focuses on activating adapting modes of living. It is particularly applicable for people who might otherwise not engage in treatment due to mistrust, chronic institutionalization, limited access to motivation, limited verbalization, or intensity of symptom presentation.

Reminder:
- Trauma Informed Peer Support (TIPS) Curriculum: Description on page 8
Faith Based Resources

“For many people in recovery, connecting to a higher power is a key component of their journey. The faith community can provide a welcoming supportive network, and we hope states avail themselves of these resources.”

- Charryse Wright
  Trauma Consultant
  Just Wright Ministries, Inc.

Early Serious Mental Illness Guide for Faith Communities
NASMHPD’S guide for Faith Based Community that describes what psychosis is, the importance of treatment, and action steps for faith based leaders. (6 pages)

Tennessee’s Faith-Based Initiative Toolkit
From the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) this toolkit was designed to equip, connect, and empower faith-based organizations that wish to serve people who are struggling with addiction. TDMHSAS welcomes any community of faith to join the TN statewide network of Certified Recovery Congregations, with 740 achieving this status to date. This toolkit compiles what TN Faith-Based Initiatives has learned about how to engage and equip faith-based organizations to begin providing vital recovery supports. Learn more about TN’s Faith-Based Initiatives here.

Faith-Based and Community Initiatives (FBCI)
“FBCI is a model for how effective partnerships can be created between federal programs and faith-based and community organizations.” Has trainings and technical assistance to help the effectively implement behavioral health services within the faith-based community.

Rural Behavioral Health Resources

“For rural regions have unique challenges and opportunities in providing comprehensive behavioral health services to their communities. We hope these resources help you create culturally and geographically relevant systems that reflect these considerations.”

- Kristin Neylon
  Senior Project Associate
  NASMHPD Research Institute

Rural Behavioral Health Resources
At the federal level, SAMHSA and the Health Resources and Services Administration (HRSA) teamed together to develop the SAMHSA-HRSA Center for Integrated Health Solutions that provides resources on behavioral health integration, such as the three standard frameworks for integrated care-coordinated care, co-located care, and integrated care. To further support rural health issues, HRSA created the Rural Health Information Hub (RHIhub) that includes mental health resources such as the Mental Health in Rural Communities Toolkit. The toolkit primarily focuses on adult mental health by outlining evidence-based practices and promising practices to help rural areas develop and sustain mental health programs.
Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities

“This brief features a few current strategies and technologies that rural communities can adopt to increase opportunities for crisis response and pre-arrest diversion of individuals with mental and substance use disorders from the local criminal justice system.” (6 pages)

Project ECHO (Extension for Community Healthcare Outcomes)

This innovative, distance-health education model allows rural primary care professionals providing treatment for patients with more complex mental health needs to collaborate with specialty mental health providers, such as psychiatrists. Originated in 2003 by Sanjeev Arora, MD, University of New Mexico Health Sciences Center, Project ECHO connects specialists to primary care clinicians in rural and underserved areas to improve accessibility of care and treatment outcomes.

Program Highlight: Highway to Hope (H2H)

South Carolina’s RV project, H2H, began in Charleston, SC when the Department of Mental Health bought an RV and converted into an office to go into rural areas across the region to engage communities in need of additional services. They were able to partner with primary care providers to receive referrals for clients in need of mental and behavioral health services. H2H also partners with EMS. If EMS arrives on a call and see that it is not a primary health issue, the RV will come to that location, and the ambulance will return to service. The RV can then telehealth to mobile crisis and give recommendation. In an expansion of the RV model, the teams will include an advanced practice registered nurse (APRN), the availability of a child and adult psychiatrist, peer support, and a care coordinator. Feedback shows that the primary care relationship has worked well, particularly given existing relationships with primary care in rural communities.

Reminder:

- Crisis Services in Rural and Frontier Areas: Description on Page 6
988-Readiness Resources

“As the implementation of 988 fast approaches, it is essential for states to carefully consider their comprehensive crisis continuum to create a system that appropriately supports those experiencing a crisis in every community. These resources on the 988 approach and suicide prevention can inform these efforts and transform how individuals in crisis receive care.”

- Christy Malik
Project Manager
NASMHPD

988 and the National Suicide Prevention Lifeline Pamphlet
This pamphlet explains why 988 is needed, what it is, and what is next to implement the program. It also discusses why Lifeline crisis call centers are effective and how 988 improves health care and public safety costs.

988 FAQ with Vibrant
This question-and-answer guide reviews the most common questions and answers about 988 and how it improves the lives of people with mental health and/or substance use conditions. This resource also explains the difference between 988, 911, and 211.

988 Serviceable Populations and Contact Volume Projects
To support the development of appropriate infrastructure and operations for 988, Vibrant Emotional Health has compiled models to project the populations likely to utilize 988 and the potential volume of contacts via phone, SMS, and online chat for the first five years of 988’s service. This report includes some best estimates of factors likely to affect volume, such as the extent and duration of public promotion and marketing of 988, and the depth of integration within healthcare service systems.

SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practices Toolkit
Executive Summary
This toolkit advances national guidelines in crisis care that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for defining national guidelines in crisis care, implementing care that aligns with national guidelines, and evaluating alignment of systems to national guidelines. (12 pages)

988 Model Legislation for Core State Behavioral Health Crisis services Systems
This document is a model bill for the goal of improving the quality and access to behavioral health crisis services. The purpose of complying with the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission’s rules adopted July 16, 2020, is to assure that all citizens and visitors of a given state receive a consistent level of 9-8-8 and crisis behavioral health services no matter where they live, work, or travel in the state. (6 pages)
The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time

Like a physical health crisis, a mental health crisis can be devastating for individuals, families and communities. Too often, that experience is met with delay, detainment and even denial of service that can all add to a person’s trauma history. This short video discusses how the National Action Alliance for Suicide Prevention Crisis Now model shows communities how to invest in a crisis response and continuum of services that works, in a partnership with hospitals and law enforcement where those entities attend to their core missions instead of being the de facto, patchwork response. (4 minutes)
Resources for Service Registries

“As you prepare to create or enhance your state’s service registries, we hope that these resources will be helpful in guiding you. In particular, we hope that you will be able to learn from the experiences of the 23 states that participated in the TTI 2019 service registry cohort, as you build connections, strengthen your services, and ultimately launch successful registries. Congratulations on taking the first steps to this goal.”

-Ted Lutterman
Senior Director
Government Research, NASMHPD Research Institute

**Bed Registry Fact Sheets**
These documents provide brief summaries of the Bed Registries developed by each of the 23 states that participated in the FY2019 Bed Registry TTI project. These fact sheets illustrate the basics of each registry and provide contact information for those interested in forming connections. Those interested can also find “Meaningful Metrics,” illustrating the data collection strategies used in 2019. (50 pages)

**Building Successful Partnerships to Establish and Expand Bed Registries**
This webinar, led by Leah Holmes-Bonilla and Genna Bloomer of NASMHPD, discusses how to identify potential partners, understand the importance of messaging, and looks at how to build and maintain meaningful partnerships. Along with Ms. Holmes-Bonilla and Ms. Bloomer’s presentation, five of the TTI 2019 states present on partnerships they have developed to support and expand their registries. (80 minutes)

**CMS EMTALA FAQs**
This document, compiled by the Center for Medicare and Medicaid Services (CMS) addresses frequently asked questions states may have regarding the role of Emergency Medical Treatment and Labor Act (EMTALA) legislature in psychiatric hospitals. (5 pages)

**Improving Access to Behavioral Health Crisis Services with Electronic Bed Registries Paper**
This document provides an overview of the 23 TTI 2019 bed registry projects. Here, readers can see an at-a-glance breakdown of the 2019 cohort. It answers important questions such as, why are the TTI states developing bed registries? How are TTI states engaging stakeholders in planning bed registries? How are bed registries organized? Who builds and manages the websites? and more. (74 pages)

**Program Highlight: Delaware Treatment and Referral Network (DTRN)**
DTRN mobile crisis teams have access to OpenBeds, a treatment referral website that allows the teams to make appointments for follow-up services at all levels of care. This creates effective coordination between all levels of care to connect individuals with the most appropriate resources and to the correct setting. Effective transitions to the appropriate level for care by individuals knowledgeable about the situation allows for reduced LE involvement in crisis and post-crisis placement.

Susan Dembowczyk, who is in recovery from alcoholism and works as a peer recovery specialist, remembers sharing her story with a man fighting alcoholism and depression. When she finished, tears rolled down his face as he told her, "Oh my goodness, I'm not alone anymore," she recalled. "I can look into the eyes of people who are suffering just as I had been and provide hope for them," Dembowczyk said. (Delaware Online)
TA Coalition Webinar: Establishing and Building Bed Registries Systems Highlighting the Successful Outcomes of the 2019 TTI Projects

This two-part webinar took place in August of 2020. The webinars provide insight into how recipients created or expanded their bed registry systems in the hope that their experiences will offer guidance for other states and communities undertaking similar projects. In Part I, titled *Understanding the Essential Elements of an Effective Statewide Bed Registry*, Georgia and Delaware illustrate the key components of a successful Crisis Services/Psychiatric bed registry and its role in improving crisis services in their states. In Part II titled, *Establishing and Building Statewide Crisis Service/Bed Registries: Three Different Models for Success*, Rhode Island, North Carolina, and New Mexico showcase their bed registry efforts, each using a different model for success. The three models for bed registries used by TTI 2019 recipients are: 1) search engine system, 2) referral system, and 3) referral network. (85 minutes each)

TTI Virtual Technical Assistance Sessions (2019)

These 6 webinars were used to guide the FY2019 cohort as they established their bed registries. Highlights include: [Please note, you may need to register an email address for access to the webinars.]

- **State TTI Crisis Bed Registries Kickoff Webinar** (90 minutes)
- **Demonstration of a Working Crisis Bed Registry** (65 minutes)
- **Building Successful Partnerships to Establish and Expand Bed Registries** (85 minutes)
- **Measuring the Operations and Outcomes of Crisis Bed Registries** (85 minutes)
- **Crisis Now - Analyzing the Outcomes and Business Case for Bypassing the Hospital ED** (90 minutes)
- **Utilizing EMTALA to Improve and Enhance Bed Registries** (90 minutes)