

NASMHPD

Transformation Transfer Initiative (TTI) 2021 Resource Guide for Topic B Diversion from Jail

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.

“It is only through the most thoughtful and intentional relationship building that true change can happen. With the aid of NASMHPD, SAMHSA projects, such as the Transformation Transfer Initiative (TTI), have assisted states and territories to create innovative strategies that have generated more robust and effective Crisis Services helping to set up a stable foundation for new services such as 988 implementation. This resource guide should help states move forward in setting up service registries, diverting individuals from jail, improving mental health services in jail and maintaining those improved services after an individual returns to the community.”

- Anita Everett, M.D.
Director of Center for Mental Health Services (CMHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)

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.

The next section, *Resources for Prevention, Intervention, Diversion and Services in Jails and Post Detention*, provides information on these topics and models such as Crisis Now and LEAD that have helped many states.

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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SAMHSA/NASMHPD Resources

“SAMHSA has long been an indomitable partner with NASMHPD supporting development of important, relevant, and effective resources to help states and territories transcend systems. Regardless of which topic you’re working on, we hope these resources will benefit your initiatives. Thank you for your dedication to this life-changing work.”

*- David Miller
Project Director
NASMHPD*



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) **S**



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) **S**



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. **S**

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) **S**



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) **S**



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) **N**



B'More Kind: A City's Response to Crisis

This [video](#) examines the work of Baltimore's Crisis Response team. In particular, it looks at their holistic crisis response that includes mental health professionals, police officers, EMTs, and volunteers. (23 minutes) **N**



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) **N**



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) **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. (75 slides) **See "Peer Support" section starting on page 11 for further information.** **N**



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) **N**



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

Peer Support

“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

“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 ([RHInhub](#)) 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

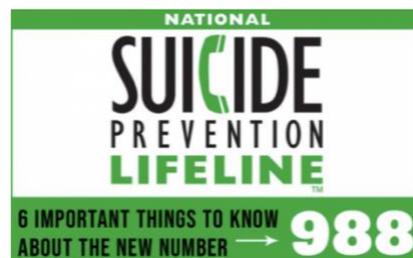
“As the implementation of 988 fast approaches, it is essential for states to carefully consider their comprehensive crisis continuum to create a system that appropriately supports those experiencing a crisis in every community. These resources on the 988 approach and suicide prevention can inform these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



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) **N**



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 Prevention, Intervention, Diversion and Services in Jails and Post Detention

“We hope that this range of resources, models and examples addressing Prevention, Intervention and Diversion will prove useful as you continue to progress in the work on your TTI projects. Whether your state’s work falls under topic A, B, or C, I am confident that Prevention, Intervention, and Diversion initiatives will be essential to your efforts. We thank you for making Prevention, Intervention and Diversion a priority of your work.”

*- David Morrissette
Senior Consultant
NASMHPD Research Institute*

Diversion Initiatives



Crisis Now

As discussed in the SAMHSA/NASMHPD Resource section this [website](#) is designed 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. There are many [tools](#) on the website to assist: 

- Infographic: Crisis No Innovation Timeline
- Infographic: The Crisis No Difference
- Assessment: How does Your Crisis System Rate?
- Assessment: How does your Crisis System Flow?
- Downloads: Crisis Resource Need Calculators
- Downloads: Crisis Now Assessment Tool
- Downloads: Staffing Calculator
- Video: It’s Been a Bad Day: This video explains that if you’re in a car accident or have chest pain, an emergency medical response system quickly provides supports and care, regardless of where you live in the US. But, if your crisis is a mental health challenge, perhaps with thoughts of suicide, there isn’t an equivalent set of services. This video explains how the Crisis Now Model outlines a tested and proven alternative (4 minutes)
- Video: The Crisis No Impact: This brief video summarizes the presentation at the National Dialogues for Behavioral Health conference on Beyond Beds, how a crisis continuum better serves community needs, reduces the burden on law enforcement and hospital EDs and decreases avoidable behavioral healthcare spending (9 minutes)
- Video: The Retreat Model is Today: The Retreat model shows a substantial effort to tackle the scourge of psychiatric boarding and ensure psychiatric inpatient capacity is maximized and available for those most in need, but with the strongest possible recovery approach. (7 minutes)
- Video: Transforming Crisis Services in Arizona: All too often those seeking help for a mental health crisis suffer for hours and even days awaiting treatment in hospital emergency rooms. This video was created for the people of Arizona to know that this state has specifically trained and accessible behavioral health providers who immediately respond to those in crisis. The video showcases multiple nonprofit behavioral health providers in Arizona who have no formal business affiliations. (8 minutes)
- Video: Air Traffic Control Model: Air Traffic Control systems provide a meaningful point of reference for the necessity of national availability of service, with consistent standards and functioning. The Air Traffic Control analogy teaches us important lessons in the value of real-time, technology-driven coordination and collaboration. Adopting a crisis hub model for crisis services could significantly reduce the incidence of suicide by individuals in crisis. (7 minutes)



The Council of State Governments Justice Center

The [Council of State Governments](#) (CSG) Justice Center represents “state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.” CSG has communicated this policy expertise through a series of publications relevant to this year’s TTI Initiatives. Highlights include:

- [Just and Well: Rethinking How States Approach Competency to Stand Trial](#) (31 pages)
- [How to Successfully Implement a Mobile Crisis Team](#) (2 pages)
- [Building a Comprehensive and Coordinated Crisis System](#) (2 pages)



Justice and Mental Health Collaboration Programs

The [Justice and Mental Health Collaboration Program](#) (JMHP) is an effort of the Bureau of Justice Assistance (United States Department of Justice). JMHP supports innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. JMHP offers grants, trainings, publications, and other resources. Trainings, featuring instructor guides, participant guides, slides, surveys, certificates and more, are publicly available for free and do not require application or enrollment. [Training highlights](#) include: *Effective Community Responses to People in Mental Health Crises: A National Curriculum for Law Enforcement Based on Best Practices from CIT Programs Nationwide*; and *Academic Training to Inform Police Responses: A National Curriculum to Enhance Police Engagement with People with Behavioral Health Issues and Developmental Disabilities*.



Building a Comprehensive and Coordinated Crisis System

This [brief](#) presents the continuum of responses that are central to a comprehensive crisis system and offers best practices on how communities can build a system that aims to reduce crisis by prioritizing behavioral health needs through pathways to treatment and services. (11 pages)



How to Successfully Implement a Mobile Crisis Team

This [pamphlet](#) provides an overview of mobile crisis teams and offers four tips to ensure their success. (2 pages)



Just and Well: Rethinking How States Approach Competency to Stand Trial

This [report](#) provides examples that demonstrate how CST processes can be achieved in communities across the country. It also calls on local and state leaders to adopt strategies that will improve current practices in their own communities—improving health, saving money, protecting public safety, and making the legal process more just. This report reflects a consensus about the problems states face, as well as a shared vision of how an ideal CST process would look. (24 pages)



Building State Capacity to Address Behavioral Health Needs Through Crisis Services and Early Intervention

Many states are focused on building a coordinated continuum of behavioral health care. To help ensure patients experiencing a behavioral health crisis are able to get the right care at the right time in the right place, states such as Arizona, Georgia, and Tennessee have developed behavioral health crisis models of care that provide early intervention and divert individuals in crisis from hospitals, jails, and prisons. This [brief](#) highlights these 3 states’ work. (11 pages)



The Stepping Up Initiative

This initiative has resources to assist counties to develop and implement a systems-level, data-driven plan that can lead to measurable reduction in the number of people with mental illnesses in local jails. See the [Stepping Up](#) website for more information and the [Resource Toolkit](#) for more resources.





LEAD: Law Enforcement Assisted Diversion

In a [LEAD](#) program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle -- booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.



Program Spotlight: Harris Center

Harris County, Texas has created the [Harris Center](#) for Mental Health, Intellectual and Developmental Disabilities, a 911 crisis call diversion program. Behavioral health professionals work collaboratively with 911 dispatch to divert non-imminent risk behavioral health calls away from law enforcement and EMS response and toward a more appropriate behavioral health response which includes telephonic de-escalation, information and referral to community resources, and/or referral to Mobile Response Teams. "However you define crisis. Whatever that looks like for you," said Jennifer Battle. "It's a place where you can actually talk about those things without being judged and with it being normalized." (KHOU)

To learn about Harris County, see this [webinar](#) on Innovation, Collaboration, and Partnership between Crisis Services and 1st Responders; this [webinar](#) on Innovations in Telemedicine Platforms to Assist the Treatment and Recovery of People with SMI through Harris County's Clinician and Officer Remote Evaluation (CORE) program; and this [presentation](#) from the Harris Center on their innovative projects.

Supported Employment



Individual Placement and Support

See this [webinar](#) on Best Practices for Supported Employment. Individual Placement and Support (IPS) Supported Employment is a widely known and extensively studied evidence-based practice that helps people with serious mental illness get and keep jobs. Speakers provide a brief overview of Supported Employment services; how to create a culture of recovery and employment within existing employment support systems; provide an overview of Thinking Skills for Work Program (a set of cognitive enhancement services that can improve outcomes for people who are not responding to traditional IPS); and strategies for successfully navigating the Vocational Rehabilitation (VR) process to achieve employment for individuals with serious mental illness. (120 minutes)



Justice Involvement Issue Brief

Employment is a key to community reintegration for people with serious mental illness, especially those who have been involved in the criminal justice system. This issue [brief](#) summarizes the research on employment services for people with legal involvement, focusing on IPS research, and suggests several practices that IPS specialists can use to help people with criminal justice involvement reach their vocational goals. (6 pages)



COVID-19, Unemployment, and Behavioral Health Conditions: The Need for Supported Employment

Throughout the COVID-19 pandemic, job security has caused stress to many families. Understanding the behavioral health effects is important while advocating for legislation to support employment. This [paper](#) discusses that "a robust evidence base shows that supported employment combines vocational and behavioral health supports to enable unemployed people with behavioral health conditions find appropriate, competitive, integrated employment." (392 pages)

Program Spotlight: Mental Health America Nebraska

[MHA-NE Respond Empower Advocate Listen \(REAL\)](#) is a peer-run pre-booking jail diversion program that provides free non-clinical services to people in mental health or substance use crisis. REAL collaborates with law enforcement to support people in the long term, and to provide Wellness Recovery Action Plan training to the Lincoln PD. According to an [article](#) about the program, coordinator Tamar Byron works alongside Chad Magdanz and said she'll do everything from attending a garage sale with a client to simply picking up the phone and calling. "I'm calling you on Sunday and saying, 'what you been doing all week,'" Byron said. "'Hey Tamar, I've had a great week or it's been a rough week.' It's just a very humbling experience to know that doing something so small can mean so much." All three advocates have battled issues ranging from traumatic loss to addiction, and they said it helps them connect with the people they meet. However, it can still take time to build trust.

In an [article](#) by the Lincoln Journal Star, Peer supporter Amie (who asked that her last name not be used), said she knows how important it is for police to collaborate with mental health professionals. She found herself in need of a similar program nine years ago while living in Grand Island, where she said authorities mostly dealt with her by putting her in jail or hospitalizing her. "I have arrests for disturbing the peace, assault, traffic tickets, burglary, possession," she said. In all, Amie said, she has 53 criminal convictions, and no one tried to get to the bottom of why she was committing crimes or how she could be helped. If REAL had been available a decade ago, Amie said, her life might have been saved much earlier. "It's amazing to see people get their power back and know they can do anything," Amie said. "The program is successful because it helps divert unnecessary hospitalization and incarcerations."

Diversion Initiatives Including Outreach to Individuals Experiencing Homelessness



Netcare Access

[Netcare Access](#) operates a range of behavioral health crisis services for Franklin County, Columbus, OH. Individuals, businesses, and other providers can call Netcare's 24/7 crisis hotline to request assistance from a specialized mobile outreach service. This program effectively connects individuals experiencing homelessness and substance use challenges with treatment and shelter without the presence of Law Enforcement.



CAHOOTS (Crisis Assistance Helping Out On The Streets)

A 24/7 mobile crisis [team](#) started in Eugene, Oregon, CAHOOTS responds to calls involving individuals with mental and/or substance use disorders that come in through 911 as well as the police non-emergency line. The team also contacts and engages those identified by law enforcement for quality-of-life offenses to divert them from further justice system involvement.

Program Spotlight: The Baltimore Crisis Response Inc

[BCRI's](#) mobile crisis team, composed of a clinician and a nurse, is accessed through its mobile crisis hotline. The team is often called by shelter or transitional housing providers when a homeless individual is experiencing a crisis that is beyond the staff's ability to effectively manage. BCRI helps people like Jerome, an individual who had experienced, trauma, PTSD and addiction. BCRI's residential care and peer support resulted in a "spiritual awakening" for Jerome, who now plans to help others just like him.



Supported Housing

The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity

This [paper](#) discusses the importance of permanent supportive housing (PSH), in serving people with serious mental illness in the community, and the role PSH can play in determining an area's psychiatric inpatient bed capacity. (14 pages) 



[C4Innovations](#)

Using a person-centered, recovery-oriented, and trauma-informed approach, [C4Innovations](#) advances recovery, wellness, and housing stability for people who are marginalized. They partner with service organizations, communities, and systems to reduce disparities and achieve equitable outcomes. C4Innovations offers training and technical assistance through live and self-paced online courses on a myriad of topics including recovery support, the opioid response, equity, and best practices in person-centered care. They also have customized consulting opportunities to facilitate transformation at every level, as well as partner with universities and organizations to conduct research and evaluation on best practices.



[National Alliance to End Homelessness](#)

The purpose of the [National Alliance to End Homelessness](#) is to use research and data to find solutions to end homelessness. Their [Center for Learning](#) provides comprehensive online resources, learning tools, and technical assistance to help frontline service providers, stakeholders, and system leaders throughout the homelessness responses system understand and implement best practices and effective strategies to end homelessness. On their website, there is information on what causes homelessness, who experiences it, and statistics on the state of homelessness. There are also solution and policy recommendations, as well as resources with data, graphics, publications, and toolkits and training materials.



[Center on Budget and Policy Priorities' Housing Resources](#)

The Center on Budget and Policy Priorities has a specific section of their website dedicated to [housing resources](#). This page has numerous reports, policy briefs, and graphics on topics such as housing vouchers, renters' credit, and funding for comprehensive housing assistance.



[Technical Assistance Collaborative](#)

[Technical Assistance Collaborative](#) advances proven solutions to the housing and community support services needs of low-income people with disabilities and people who are experiencing or at risk of homelessness. They provide policy and advocacy leadership on affordable and permanent supportive housing and health and human services, customized technical assistance and training, strategic development, program development and implementation, financing and reimbursement strategies, and evaluation and quality improvement. They also provide resources through publications on addressing behavioral health and homelessness effectively.



[A Place to Call Home: A Vision for Safe, Supportive and Affordable Housing for People with Justice System Involvement](#)

Everyone should have a safe, stable place to live—not just access to shelter, but to a place to call home. Housing is a fundamental human need that lays the foundation for success in every aspect of our lives. This [document](#) makes the case for providing dignified housing that meets the needs of those with criminal justice histories, and providing it as quickly as possible upon reentry. (16 pages)



[Supportive Housing & Olmstead: Creating Opportunities for People with Disabilities](#)

This [paper](#) discusses the role of supportive housing in addressing the mandates established by the Supreme Court's Olmstead v. L.C. decision. The paper answers the question "What is supportive housing?" It outlines different approaches for creating supportive housing and addresses how these approaches address the mandates of Olmstead, including integrated independent living, diversity of housing options and tenant choice. (9 pages)



[Summary of State Actions: Medicaid and Housing Services](#)

This [guide](#) recognizes the importance of supportive housing as part of a robust system of mental health services. It addresses Medicaid funding mechanisms, target populations, and status of 22 program models in 18 states. The guide includes links where readers can learn more about the specific programs. (10 pages)



NASMHPD Housing Taskforce

[NASMHPD's Housing Task Force](#) provides, technical assistance, advocacy and resources related to housing and homelessness. 

Program Spotlight: Wichita PD Homeless Outreach Team (HOT)



[HOT officers](#) in Wichita, KS respond to 911 calls and direct referrals from the community to assist people experiencing homelessness to access behavioral health and housing resources. When a person faces charges for violating a public ordinance, HOT officers can address/remove charges retroactively if the person engages in services, or to request the person participate in mental health or drug court instead of entering the judicial system. Officers even offer assistance in resume building and networking.

Reminder:

- [Crisis Services: Meeting Needs, Saving Lives](#): Description on Page 5
- [Legal Issues in Crisis Services](#): Description on Page 5
- [Crisis Services and Law Enforcement](#): Description on Page 5