

Addressing Crisis and Aftercare

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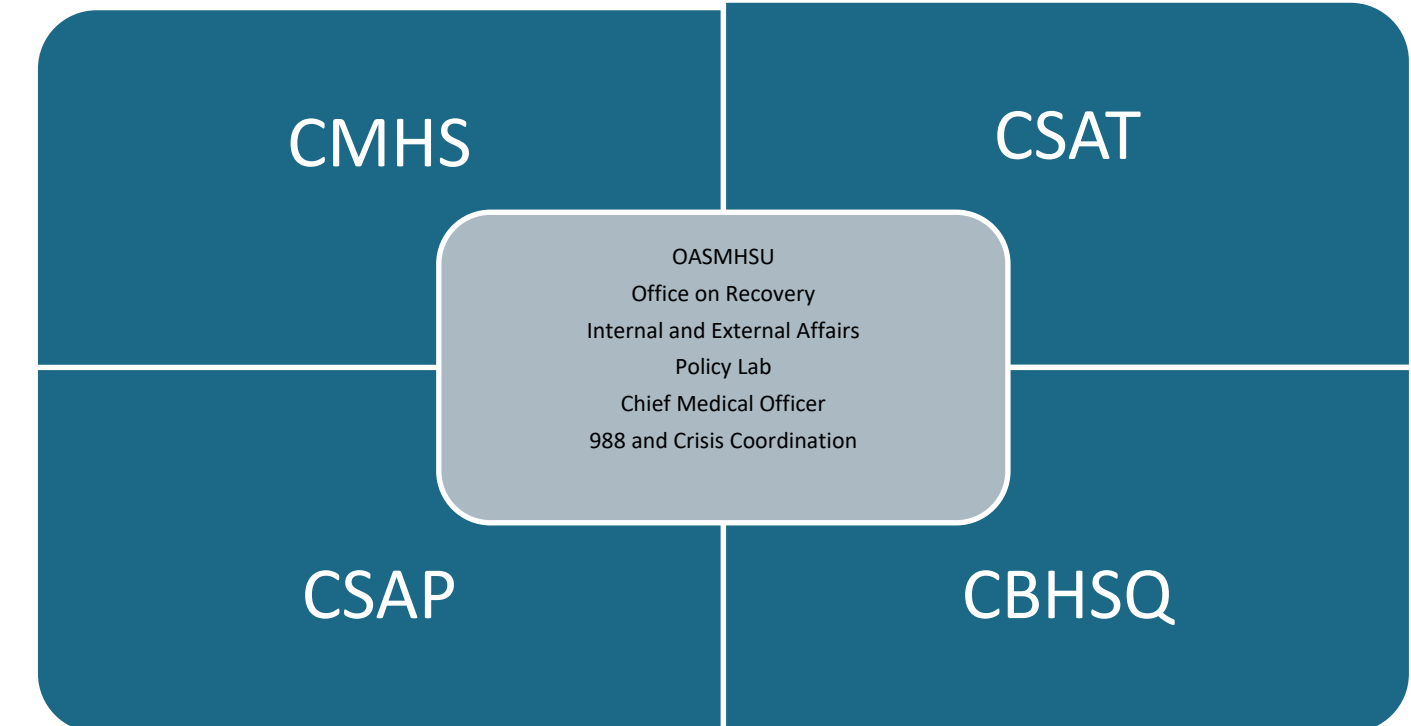
US HHS SAMHSA



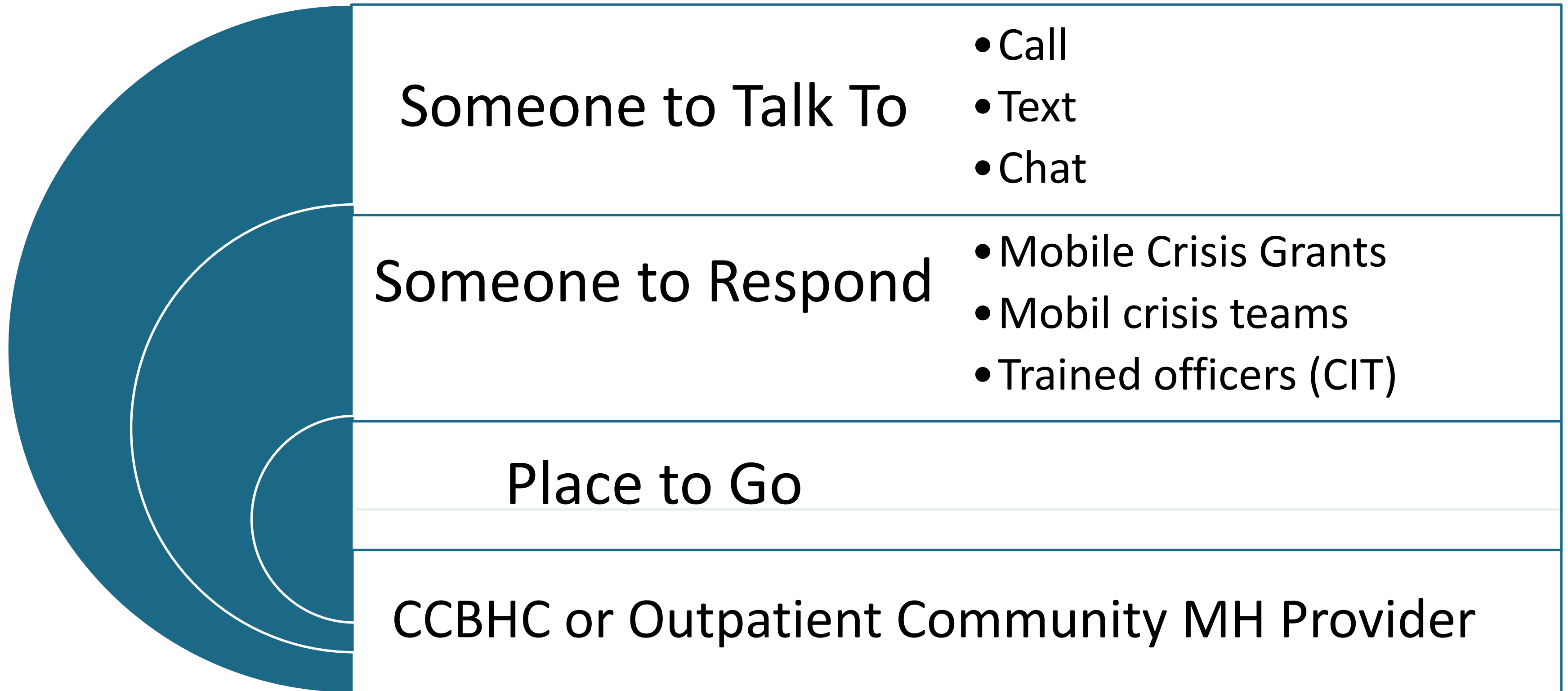
SAMHSA
Substance Abuse and Mental Health
Services Administration

About SAMHSA

- One of several agencies in the HHS family of agencies
 - Others: CMS, FDA, HRSA, AHRQ, NIH, NIMH, NIDA and NIAAA
- Authorized **1992** as **SAMHSA**
- Funding
 - **Block grants,**
 - **Discretionary grants**
 - Other contracts and/or cooperative agreements)
- SAMSHA Grants support services/infrastructure development
- General organization:
 - **CMHS: Center for Mental Health Services**
 - CSAT: Center for Substance Abuse Treatment
 - CSAP: Center for Substance Abuse Prevention
 - CBHSQ: Center for Behavioral Health Statistics & Quality



Continuum of Care: Crisis and Beyond

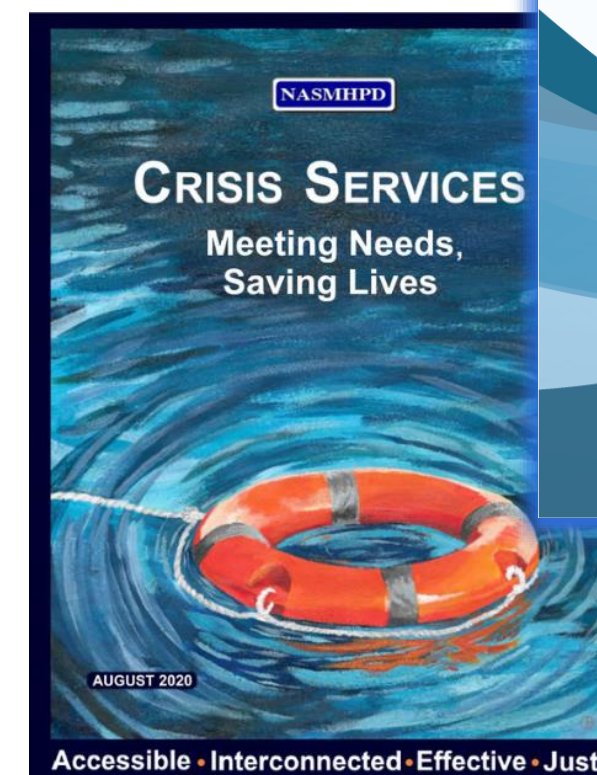
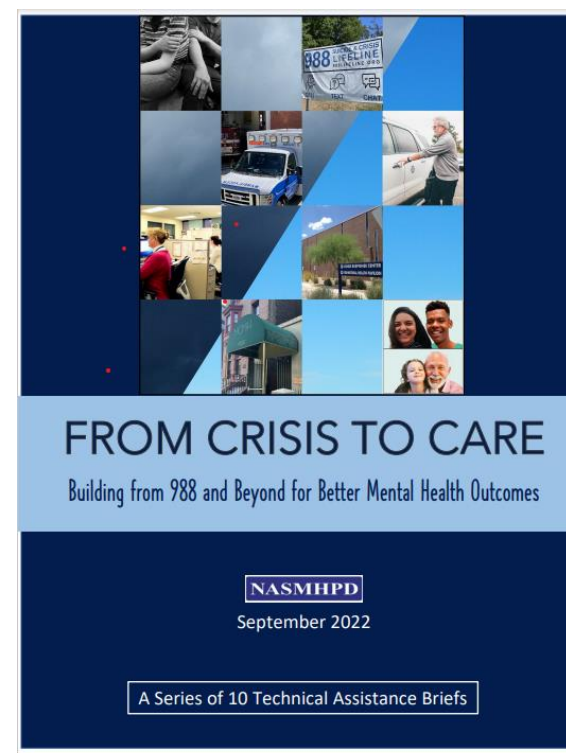
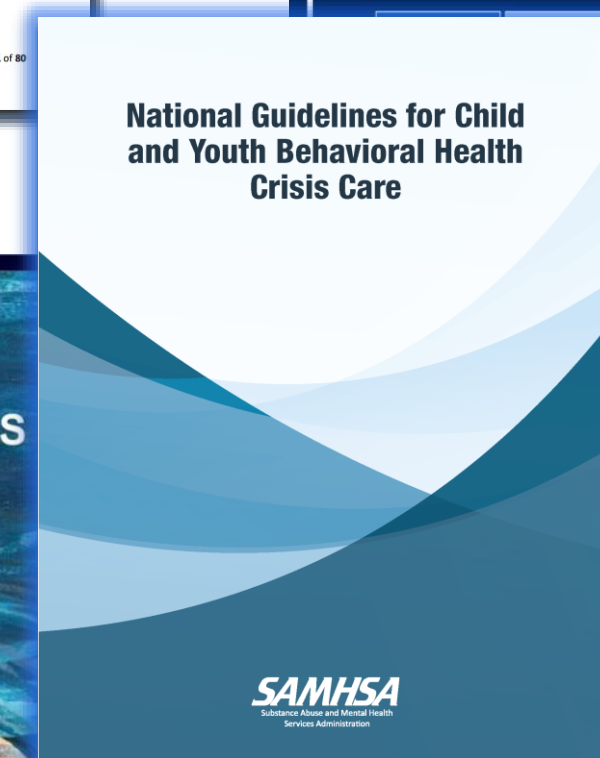
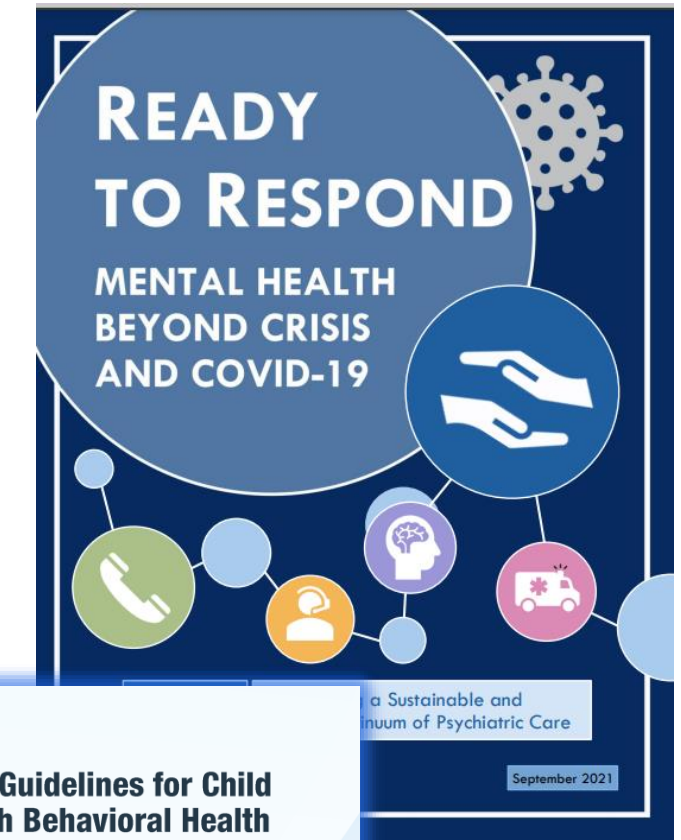
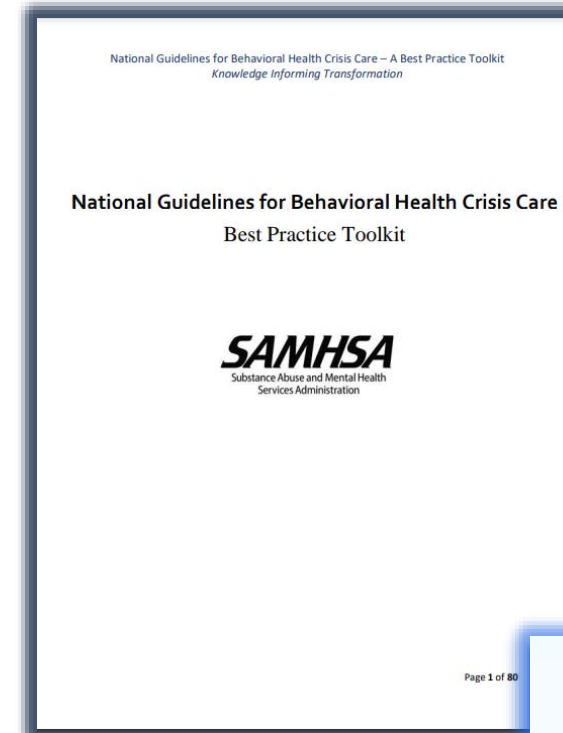


State MHBG Block Grant Crisis Set Aside

- These funds have been used support:
 - **crisis call centers** coordinating in real time that are regional or state-wide
 - **mobile crisis units** that are centrally deployed 24/7
 - 44 states reported a total of 1287 MCTs
 - 78 mobile child/adolescent-dedicated crisis teams in 13 states
 - 26 states reported plans to establish 173 more MCT teams
 - **short-term crisis** stabilization services
 - About 75% of states fund or operate crisis stabilization units that are less-than-24-hour
 - 77% of states fund or operate crisis residential programs (>24-hour programs).
- Total MHBG Crisis expenditure alone in FY 21-23 is \$183 million
- Examples: Expanded data-tracking support for call centers, mobile crisis units, youth stabilization services. Training, peer integration, CCBHC expansion, statewide crisis coordinator,

Other Federal Resources to support Crisis Services

- Transformation Transfer Initiative
 - FY 21 = \$9.5 million to fund 37 state crises services development projects
 - FY 22 = \$ 14.2 million to 50 states
 - All on crisis workforce development:
 - general,
 - child and adolescent,
 - LGBTQI+,
 - AI/AN
- Products and documents
- Learning collaboratives
- Crisis Mapping in counties



Congratulations to our FY23 Awardees!



Workforce Development

Alaska	New Jersey [2]
Colorado	Nevada [2]
Connecticut	Northern Mariana Islands
Delaware	Oklahoma (LPN to RN Education)
Georgia	Oregon
Guam	Pennsylvania
Indiana	Palau
Kansas (Peer Training)	Tennessee [2] (Compassion Science/DBT, Peer Program Enhancement)
Kentucky	Wisconsin
Mississippi	West Virginia
Nebraska	

Building Crisis Services that Serve Under-Resourced Minority Communities

Alaska
Arkansas
Delaware
Indiana
Minnesota
North Carolina [2]
New York
Oklahoma
Washington
West Virginia
Vermont

Facilitating Timely Access to Community-Based Mental Health Resources

Iowa
Kansas
Louisiana
New York
Northern Mariana Islands
Rhode Island
Texas

Crisis and Community Trauma

American Samoa
Hawaii

Children & Adolescents

Mississippi
South Carolina [2]
Texas
Washington

MHBG funding is also being used for


- 23-hour respite units
 - Adolescent and adult units
- Technology advancement
 - iPad for officers to carry so they can connect directly to a mental health professional
 - Tele-health technology for mental health professionals to use
- 988 support
- Training for first responders
- Peer integration into crisis teams
- Improve processes for warm hand offs
- CCBHC expansions
- Crisis Residential

Establishing a Forensic Mobile Team in Eastern Missouri

“We are battling how to help individuals navigate the system they are currently in and getting them out, and hopefully engaging them in treatment services and keeping them out of the criminal justice system so we are not dealing with a revolving door”

As of July 2022, Missouri has used TTI funding to achieve the following outcomes:

- Developed an Eastern region forensic mobile team to conduct outreach and promote diversion for individuals with behavioral health needs from justice settings to the community. The forensic mobile team consists of a registered nurse, social workers, and a nurse practitioner.
- The mobile team reduced clinical due process wait time for involuntary medications from weeks to just a few days.



DMH Forensic Mobile Team

Forensic Mobile Team:

- DMH/DBH Community Behavioral Health Program
- Conducts outreach and provides services (either in person or via Zoom) to individuals in various locations (including county jails)

Meet the Team:

- Advance Practice Nurse (APN) - serves as program chief and conducts comprehensive medical/psychiatric assessments, ongoing medication/medical consultation, supportive psychotherapy, treatment planning, tele psychiatry, and prescribe medication
- Community Support Nurse (CSN) - conducts nursing assessments, screening tools, health assessment measures, and supports evidence-based practices such as DBT, supportive counsel, motivational interviewing, and rehabilitation strategies
- Diversion Recovery Coach (DRC) - provides case management support for the APN and CSN, conducts functional assessments, progress evaluations, and provides the warm handoff to ensure individuals are connected with a community behavioral health center.

Goals:

1. Provide time-limited treatment and supports for individuals identified as SMI or SED who are:
 - a. Deemed incompetent to stand trial ([552.020 RSMo](#)) and are on the 'wait list' for a bed in a state psychiatric hospital
 - b. Returned from state psychiatric hospital and are awaiting court procedures
2. Connect justice-involved individuals ([Chapter 552 RSMo](#)) to the following community-based services:
 - a. Community mental health treatment
 - b. Substance use treatment
 - c. Housing
 - d. Employment
 - e. Other programs critical to recovery

Contact the Forensic Mobile Team When:

1. You are asked by jail staff for assistance with someone who has been deemed incompetent to stand trial
2. You are asked by jail staff for assistance with someone who has returned from a state hospital
3. You have encountered an individual in jail who is awaiting a pretrial evaluation

How to connect with the Forensic Mobile Team (map is on page 2):

Western Team:
Theresa Mueller, MSN, APRN, PMHNP-BC Theresa.Mueller@dmh.mo.gov 816-507-4180

Eastern Team:
Meghan Middleton, MA Meghan.Middleton@dmh.mo.gov 314-877-5768

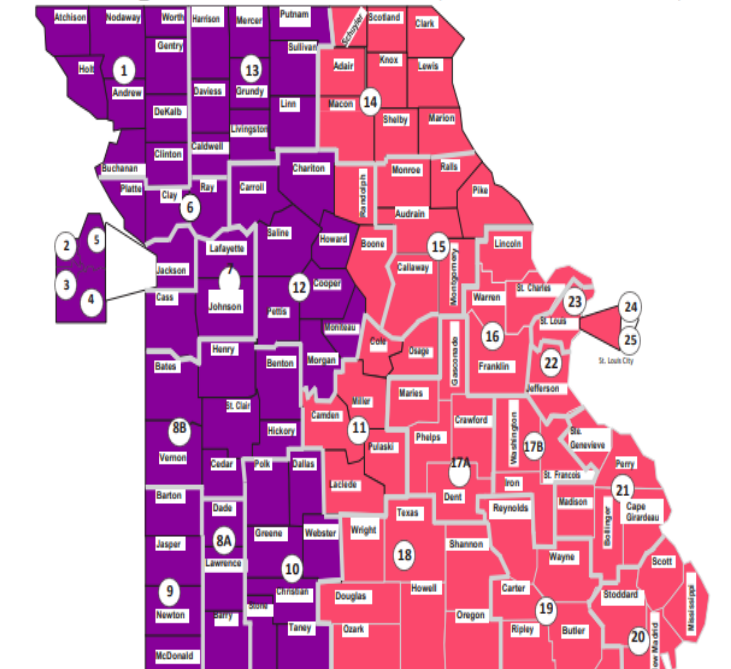
Director of Forensic Services:
Dr. Tim Wilson Timothy.Wilson@dmh.mo.gov

Deputy Director of Behavioral Health:
Dr. Jeanette Simmons Jeanette.Simmons@dmh.mo.gov

Reminder encrypt emails when sending PHI

**Missouri Department of Mental Health
Forensic Services**

**Court-Ordered Admission Service Areas
Incompetent To Proceed (552.020 RSMo.)**



Court-ordered commitments for individuals found Incompetent to Proceed pursuant to Chapter 552.020 RSMo. and charged with a Dangerous Felony (556.061.8), Murder, or Sexual Assault will be admitted to the Maximum Security facility at Fulton State Hospital, Fulton, Contact Katy Kliek - 573-592-4100. All others will be admitted as follows:

**Center for Behavioral Medicine (Kansas City)
Service Areas 1, 2, 3, 4, 5, 6, 7, 8A, 8B, 9, 10, 12 and 13
Contact: Bethany Van Lant - 816-512-7000**

**Forensic Treatment Center - North (St. Louis)
Service Areas 11, 12, 14, 15, 16, 17A, 17B, 18, 19,
20, 21, 22, 23, 24, and 25
Contact: Rachael Springman - 314-877-0501**

06/2022

FY22: Building the Crisis Workforce in American Samoa

“We were able to grow our local crisis response workforce with newly recruited and trained crisis counselors who will ensure that individuals who call the American Samoa 988 Helpline will get the care they deserve.”

As of August 2022, American Samoa has used TTI funding to achieve the following outcomes:

- Increased awareness of the crisis response worker position and job responsibilities across the network of local crisis response service agencies.
- Recruited and hired six individuals on one-year contracts to work as crisis response workers for the American Samoa 988 Suicide and Mental Health Helpline.
- Conducted and provided suicide and mental health awareness/assessment and crisis response training for individuals interested in crisis response work and newly hired crisis response workers.
- Through partnerships with the Department of Health, American Samoa developed Public Service Announcements around the services of the AS 988 Helpline. They collaborated with local mental health service providers and Miss American Samoa to promote mental health wellness and care for individuals in crisis.
- Promoted the value of crisis response work through presentations and trainings.
- Strengthened partnerships with the American Samoa Suicide Prevention Taskforce to increase and promote crisis response work in the territory.
- Through resources from NASMHPD, American Samoa prioritized the need to develop a crisis response workforce that were supported not just as professionals, but as individuals who are impacted by a variety of crises while serving as crisis response specialists and crisis counselors. American Samoa identified Trauma Informed Care (TIC) training as a need for their crisis response workers to enhance their capacity to understand the trauma of individuals calling the AS 988 Helpline.



American
Samoa's PSA
(Samoan)



American
Samoa's PSA
(English)

Mobile Community Crisis Response Services Grants SAMHSA CMHS *Discretionary Grants*

- 4 year grant for up to 750,000 per year
- The goals of this program are to:
 - Increase the capacity of mobile crisis response teams while expanding access in high-need communities;
 - Increase collaboration to improve crisis stabilization in the community for adults, children, and youth; and
 - Improve equity in the continuity of care and post-crisis follow-up, including for those with suicidal ideation and/or a previous suicide attempt. Community Crisis Response Partnerships cooperative agreements are authorized under Section 520A (42 USC 290bb-32) of the Public Health Service Act, as amended.

Certified Community Behavioral Health Clinics

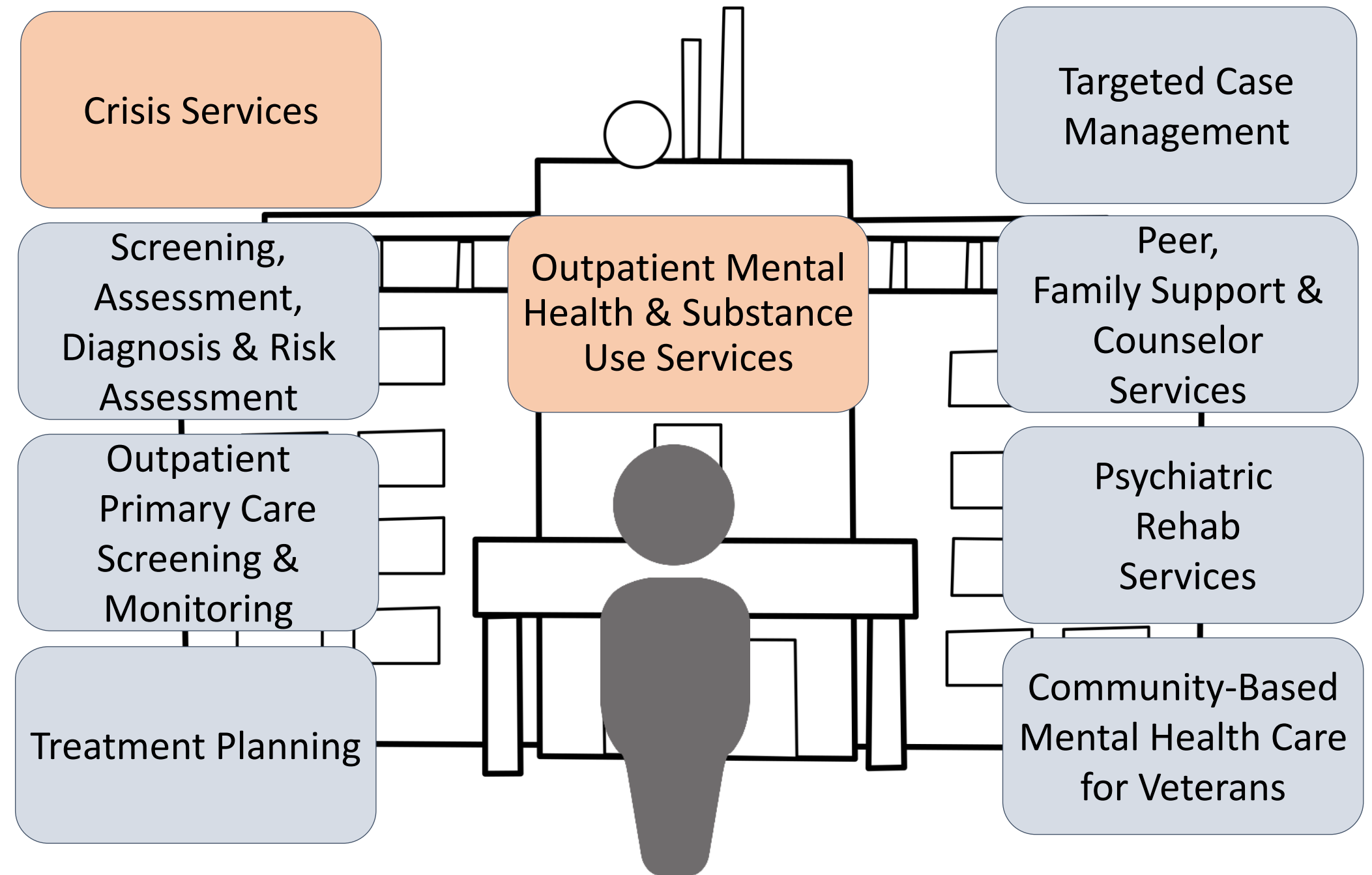
There are currently over 500 CCBHCs across 46 states, two territories, and the District of Columbia



FILE - In this Oct. 31, 1963 file photo, President John F. Kennedy signs a bill authorizing \$329 million for mental health programs at the White House in Washington. Bill Allen, AP

- 1. Staffing:**
- 2. Availability and Accessibility of Services:**
- 3. Care Coordination:**
- 4. Scope of Services:**
- 5. Quality and Other Reporting:**
- 6. Organizational Authority and Governance:**

Nine Required Services



The current criteria are available at:

Resources

- **National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit**
(<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>)
- **Crisis Services: Meeting Needs, Saving Lives**
(https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referrer=from_search_result)
- **Ready to Respond: Mental Health Beyond Crisis & COVID-19**
(<https://www.samhsa.gov/sites/default/files/ready-to-respond-compendium.pdf>)
- **National Guidelines for Child and Youth Behavioral Health Crisis Care**
(<https://store.samhsa.gov/product/national-guidelines-child-and-youth-behavioral-health-crisis-care/pep22-01-02-001>)
- **National Association of State and Mental Health Program Directors (NASMHPD)**
(<https://www.nasmhpd.org/content/tac-assessment-papers>)