Pacific Southwest (HHS Region 9)

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

LEARNING SUMMARY:
Rising Practices & Policies in the Workforce | Launching 988

About the 2022 Rising Practices & Policies Learning Series

In the Spring and Summer of 2022, the Pacific Southwest Mental Health Technology Transfer Center Network (MHTTC) brought together regional leaders and implementers in a four-part learning series on emerging issues for the mental health and school mental health workforce with the goal of identifying considerations and elevating promising practices.

Session 1: Launching 988: What Do We Need to Know and How Might It Go?
» **View the Webinar Recording Here**

MHTTC convened mental health crisis system professionals to learn how our region was preparing for the July 2022 launch of 988, the new front-facing number for suicide prevention and mental health crisis response. This new system operates through the existing National Suicide Prevention Lifelines, a network of 200 locally operated and funded crisis centers in the U.S. The launch of 988 created a universal entry point to trained crisis counselors and increased the nation's capacity to circumvent law enforcement response to mental health crises. The system also reduces the number of admissions through the emergency room for people experiencing a mental health crisis, freeing up beds for other patients and reducing the cost of care. Recognizing that this once-in-a-generation opportunity requires intentional change management, MHTTC's session explored considerations and strategies for 988 adoption and integration. Highlights from the panelists and group discussion, along with resources shared, are presented below.

Considerations	Rising Practices and Strategies	Resources
988 is only one element of a robust mental health crisis system, which should include *someone to talk* to (988), *someone to respond* (mobile crisis teams), and *somewhere to go* (crisis stabilization programs)	• 988 operators can support the goal of providing care in the least restrictive setting possible by resolving issues via phone, text, or chat; setting up face-to-face appointments; and arranging for observation at crisis stabilization facilities • In areas that do not (yet) have mobile crisis teams, it is essential to coordinate 988 and 911 responses; mental health crisis staff can be co-located at 911 call centers • Counties are considering needs for diverse staff and peers at each point of the crisis system	Roadmap to the Ideal Crisis System 988 implementation guidance playbooks Civilian Crisis Response: A Toolkit for Equitable Alternative to Police 988: Reimagining Crisis Response (NAMI)
Adequate infrastructure for 988 requires funding, which was not allocated in the 988 legislation	• States are pursuing legislation to establish funds and fees to support 988 and crisis services • States are taking advantage of SAMHSA grants to support 988 implementation	State Legislation on Fees for 988 Model Legislation

Considerations	Rising Practices and Strategies	Resources
Partnerships, system coordination, and data sharing are necessary to support a seamless response to mental health crises	• Counties/states are convening planning coalitions with law enforcement, hospital emergency providers, mental health and substance use providers, schools, people with lived experience, and other stakeholders • Counties/states are promoting cross-sector training among partners involved in crisis response • Counties are working to achieve regional and statewide consistency in how 988 operates • Counties/states are pursuing data and information sharing agreements among partners to facilitate a "no-wrong-door" approach for people in crisis	988 Crisis Jam Learning Community SAMHSA 988 Partner Toolkit NAMI Legislation Map and Monthly Cross-Organizational Call
The unique needs of children and youth must be addressed in 988 and crisis response systems	• Experts advise developing distinct programs for young people, rather than overlaying the adult system onto children, youth, and families • Counties/states are developing best practices for involving school systems in crisis response, such as training educators and adding the 988 number to student identification cards	National Guidelines for Child and Youth Behavioral Health Crisis Care Crisis Referral Process for Educators (Arizona) Behavioral Health in Schools Program (Arizona)
Tribal communities require focused strategies and funding to support access to 988 and mobile crisis response	• Counties/states recognize the need for collaboration agreements with tribes and tribal organizations • Counties/states are exploring adding Native liaisons on 988 calls originating in tribal communities and/or from Native callers • Counties/states are aware of funding needs for infrastructure (e.g., cell phone access) in many rural tribal communities	Native and Strong Lifeline (Washington State)

What current issues is our region facing in 988 implementation?

Based on national data from Lifeline-operated 988 call centers, 988 has led to *increased reach* (43% more contacts in December 2022 vs. December 2021) and increased connection (higher answer rates and lower wait times).[1] Below are key topics in 988 implementation nearing the one-year anniversary of its launch.

• **Responsive and accessible services.** There has been progress toward implementing 988 services that are aligned with callers' race/ethnicity, language, sexual orientation, and

[1] *Taking a Look at 988 Suicide & Crisis Lifeline Implementation.* (2023, March 2). KFF. https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation/; see SAMHSA performance metrics by state: *988 Lifeline Performance Metrics.* (n.d.). SAMHSA. https://www.samhsa.gov/find-help/988/performance-metrics

ability. There remain general needs to increase public awareness about 988 in addition to supporting access for specific populations.

- ◦ Lifeline launched a pilot for LGBTQ youth with the Trevor Project;

- ◦ SAMHSA provided grants funding to improve 988 response in tribal communities and the state of Washington launched the Native and Strong Lifeline;

- ◦ Lifeline plans to offer video chat, which supports access for people who are deaf or hard of hearing.[2]

- **Hiring and supporting 988 staff.** Many areas have struggled to fully staff their call centers. Low staffing impacts the quality of the crisis response as well as staff wellbeing. When calls cannot be answered by the local call center, they are routed to out-of-area call centers without knowledge of local resources, which can make a law enforcement response more likely.[3] Staff are at risk of depression, post-traumatic stress disorder, and burnout, and it is crucial that call centers support staff's mental health. Workforce strategies have included raising starting salaries, offering remote work options, adding managers, and engaging staff advisory committees.[4]

- **Ensuring sustainable funding.** As of January 2023, 16 states had created trust funds for 988 and related crisis services,[5] and only five states (including California and Nevada) had enacted legislation for fees on mobile phone lines to fund 988.[6] While federal funding for 988 exists and has increased, sustainable funding for 988 implementation and workforce development remains a need.

[2] Chatterjee, R. (2023, January 16). *988 Lifeline sees boost in use and funding in first months.* NPR. https://www.npr.org/sections/health-shots/2023/01/16/1149202586/988-lifeline-sees-boost-in-use-and-funding-in-first-months; *HHS Awards More Than $130 Million in 988 Lifeline Grants From the Bipartisan Safer Communities Act to Address Nation's Ongoing Mental Health and Substance Use Crises.* (2022, December 16). SAMHSA. https://www.samhsa.gov/newsroom/press-announcements/20221216/hhs-announces-988-lifeline-grant-funding-under-bsca#:~:text=Today%2C%20HHS%2C%20through%20SAMHSA%2C,988%20Suicide%20%26%20Crisis%20Lifeline%20services.

[3] Howey, B. (2022, November 19). *Santa Clara County crisis hotline is understaffed.* San José Spotlight. https://sanjosespotlight.com/santa-clara-county-san-jose-mental-health-crisis-hotline-phone-number-call-center-is-understaffed-988/

[4] Gorenstein, D., & Levi, R. (2022, June 13). *Call Centers Struggling to Hire for the New Nationwide Mental Health Crisis Line.* Slate Magazine. https://slate.com/technology/2022/06/988-mental-health-crisis-line-hiring.html

[5] Chatterjee, R. (2023b, January 16). *988 Lifeline sees boost in use and funding in first months.* NPR. https://www.npr.org/sections/health-shots/2023/01/16/1149202586/988-lifeline-sees-boost-in-use-and-funding-in-first-months

[6] *Taking a Look at 988 Suicide & Crisis Lifeline Implementation.* (2023b, March 2). KFF. https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation/

Pacific Southwest (HHS Region 9)

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LEARNING SUMMARY:
*Rising Practices & Policies in the Workforce | **Supporting War Refugees***

About the 2022 Rising Practices & Policies Learning Series

In the Spring and Summer of 2022, the Pacific Southwest Mental Health Technology Transfer Center Network (MHTTC) brought together regional leaders and implementers in a four-part learning series on emerging issues for the mental health and school mental health workforce with the goal of identifying considerations and elevating promising practices.

Session 2: Mitigating Distress & Maximizing Supports for Refugees from War
» **View the Webinar Recording Here**

MHTTC convened leaders in the school and mental health workforce to share strategies for responding to clients and students who are refugees from current and previous wars. Highlights from the panelists and group discussion, along with resources shared, are presented below.

Considerations	Rising Practices and Strategies	Resources
Children and families have been affected by war in various ways. All have experienced displacement and some have experienced or witnessed violence directly. Many also face secondary trauma, be it from media about current wars or from geographic stressors (e.g., police raids) in their communities.	• It can be beneficial to broaden definitions of "war-impacted" to include both declared and undeclared wars/conflicts, and include children and families who are coming through traditional refugee resettlement programs, as well as asylees, unaccompanied youth, and newcomer students. • It is crucial that school teachers, staff, and mental health providers are mindful about how to engage children and families in sharing their experiences of war. Avoid asking them to recount their trauma repeatedly, but make space for them to tell their stories (in their own languages) if they choose. This can include making space for colleagues to share their own life experiences. • When wars and other tragic events are in the media, teachers and mental health providers can consider brainstorming with students about ways they would like to support others who are in need.	Resources to support refugees and asylum seekers Guidance on working with refugee children struggling with stress and trauma Talking to children about war Psychological first aid for displaced children and families Ways to Help Students in Response to World Events

Considerations	Rising Practices and Strategies	Resources
The approach of providers—particularly those with positional power—is essential to build trust and offer effective support, especially given the extent of trauma and structural barriers that refugees, asylum-seekers, and unaccompanied children face.	• *"Be reflective to be effective."* It is critical for providers to engage in self-reflection to understand their own beliefs and motivations for working with this population, with the goal of engaging not as saviors, but as partners. • *"Listen first, then speak."* Providers should lead with curiosity, asking students and families about their experiences and needs instead of assuming. • *"Practice patience and flexibility."* Providers can effectively support individuals and groups by attuning to the context and being willing to let go of planned content and processes. • *"Default to compassion."* If a client is expressing difficult behaviors, providers can offer support even without knowing their story.	[Cultural Humility Self-Reflection Tool for School Mental Health Professionals]
Healing trauma requires more than individual-level mental health interventions. The mental health response in school settings must also occur at the family, school, and district levels.	• Schools can consider hiring newcomer clinical social workers to support families in getting their basic needs met first, which makes it possible for mental health needs to be met. • Combining individual and school-level interventions allows for impact at multiple levels. In addition to individual case management and mental health services, it is helpful for schools/districts to: have mental health staff to respond to incidents in classrooms and on the school yard; create a welcoming physical environment (e.g., signs and materials in newcomers' languages); and educate teachers, staff, and leadership. • Schools can tailor administrative processes to support newcomer students. For districts with a large number of newcomer students, this may look like a central intake unit to gather information and triage students/families. • Schools can partner with community organizations to engage with families and communities to develop trust between communities and providers; provide education about culture, mental health, and community needs; and work to de-stigmatize seeking mental health services.	[Oakland Unified School District Newcomer Wellness Program] [School Mental Health ASSIST program] (Canada) [Creating Welcoming School Environments] (Canada) [I Am You: A Book about Ubuntu by Refiloe Moahloli] (children's book) [Trauma-informed group learning] [Trauma systems therapy for refugees] [The Community Resiliency Model in Schools]
Approaches to healing should elevate the strengths and cultural assets of children and families who have experienced war and violence.	• Mental health programs should focus not only on cultural humility, but also on cultural wealth. Programs may employ approaches such as the Cultural Wealth Model that recognize cultural assets, particularly of students of color. • It can be powerful for schools and community-based programs to focus on healing in community using culturally based interventions that recenter culture as a central element of well-being and identity restoration. • Programs can support students and families to reclaim their stories in empowering ways, such as through civic engagement and advocacy.	[988 Crisis Jam Learning Community] [Cultural Wealth Model] [Shifting from Trauma Informed Care to Healing Centered Engagement]

What current issues is our region facing in supporting refugees from war?

The need to support refugees, asylum-seekers, and other newcomers remains as critical as ever as the war in Ukraine intensifies, dozens of other armed conflicts continue throughout the world,[1] and, at the time of this brief, the Biden administration is restricting access to asylum at the southern U.S. border and is considering reinstating detention for migrant families who cross the border illegally.[2]

In this context, mental health and school mental health professionals must continue to assess, triage, and connect students and families to needed resources; support schools and districts in creating school climates and policies that support newcomers; and engage in culturally-rooted, community-based healing that lifts up the strengths of those who have migrated to the U.S. after experiencing the trauma of war and violence.

[1] *Today's Armed Conflicts - The Geneva Academy of International Humanitarian Law and Human Rights.* (n.d.). https://geneva-academy.ch/galleries/today-s-armed-conflicts

[2] Sullivan, E., & Kanno-Youngs, Z. (2023, March 7). *U.S. Is Said to Consider Reinstating Detention of Migrant Families.* The New York Times. https://www.nytimes.com/2023/03/06/us/politics/biden-immigration-family-detention.html

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LEARNING SUMMARY:
*Rising Practices & Policies in the Workforce | **Homelessness and Home Insecurity among Youth and Families***

About the 2022 Rising Practices & Policies Learning Series

In the Spring and Summer of 2022, the Pacific Southwest Mental Health Technology Transfer Center Network (MHTTC) brought together regional leaders and implementers in a four-part learning series on emerging issues for the mental health and school mental health workforce with the goal of identifying considerations and elevating promising practices.

Session 3: Working with Youth and Families Experiencing Homelessness and Home Insecurity

» **View the Webinar Recording Here**

Rates of homelessness and housing insecurity among children and youth in our region are staggering and have worsened since the pandemic. Because of their developmental stage, children and youth who experience homelessness are at increased risk for violence, mental health challenges, trafficking, and chronic homelessness. Many unhoused students cannot fully engage in school and either fall behind or do not complete high school.[1] MHTTC convened leaders in the school and mental health workforce to share strategies for responding to youth homelessness and housing insecurity in school and community-based settings. Highlights from the panelists and group discussion, along with resources shared, are presented below.

What considerations and rising practices emerged?

Considerations	Rising Practices and Strategies	Resources
Teachers and school staff are on the frontlines of responding to youth homelessness and housing insecurity, yet are often unaware of how to identify and address youth homelessness/ housing insecurity. This can perpetuate stigma and prevent students from getting needed support.	• In addition to training teachers and school staff to recognize youth who may be experiencing homelessness/housing insecurity, schools can educate teachers and school mental health staff about specific practices they can use with individual students, between peers, and in classrooms. • Schools can implement classroom/school-wide discussions to raise awareness about resources. • Teachers and staff can be mindful of stigma by using words like "youth safety" instead of "homelessness." • School and mental health staff can support skill-building for youth and families to communicate their needs and connect to resources.	Tips for Teachers & Staff: How to Support Students Experiencing Homelessness Local Homeless Education Liaisons: Understanding Their Role

Considerations	Rising Practices and Strategies	Resources
Schools are where students spend the majority of their time and can make an impact by offering services onsite and adapting policies and practices to support students experiencing homelessness/housing insecurity	• Schools can provide wraparound services and Multi-Tiered Systems of Support (MTSS) through Community Schools. Even non-Community Schools can create wellness teams with social workers, school counselors, and family partners who can coordinate with McKinney-Vento and Title I liaisons. • Schools can change policies and practices to support students experiencing homelessness (e.g., having more class time to do homework, creating guidelines to prevent and address bullying and stigmatization based on clothing or hygiene).	Community Schools Playbook Multi-Tiered Systems of Support (MTSS) Centering Students Experiencing Homelessness in School District Plans
Meeting the needs of students and families experiencing homelessness requires a coordinated response involving schools and community-based organizations.	• Schools can partner with community-based organizations (CBOs) to provide culturally responsive wraparound supports and link students to services. Innovative school-based programs include mobile drop-in centers and shelters at schools. • Programs should align with the needs of young people at higher risk of homelessness due to structural inequities (including youth of color, LGBTQ+ and two-spirit youth, unaccompanied youth, and youth impacted by child welfare and/or probation systems). Programs should use a strengths-based approach that recognizes, *"We are not here to save people, we are here to serve them."* • Peers and family partners can help reduce stigma and increase cultural responsiveness. • Data sharing between schools and community programs supports service coordination.	Stay Over Program - School-Based Homeless Shelter Supporting the Education of Unaccompanied Students Experiencing Homelessness
Youth who are not in school and transition age youth (who may or may not be in college) need a different type of response.	• CBOs can conduct outreach in the community and use common locations—for example, convenience stores, fire stations, libraries, or buses—as access points to services. • CBOs can provide holistic services including shelter, hygiene, clothing, behavioral health services, and education and employment services. • Community college homeless liaisons can coordinate with K-12 homeless liaisons and CBOs.	Safe Place TXT 4 HELP Tips for Homeless Higher Education Liaisons
Effective interventions require sufficient staff capacity and funding, which are often stretched thin.	• Schools can pursue hiring school-level homeless liaisons to work with McKinney-Vento district homeless liaisons. • Schools and CBOs can engage youth and families in Know Your Rights trainings and policy advocacy to press systems to respond to youth homelessness. • In addition to government funding, schools and CBOs can pursue funding from philanthropy, corporate partners, and in-kind donations.	Dismantling Student Homelessness in California The Conditions and Outcomes of Homelessness Among California Students

[1] Burns, D., Espinoza, D., Ondrasek, N., & Yang, M. (2021). *Students experiencing homelessness: The conditions and outcomes of homelessness among California students.* Learning Policy Institute. https://learningpolicyinstitute.org/product/students-experiencing-homelessness-report

What current issues is our region facing in supporting youth and families experiencing homelessness and home insecurity?

Deeply rooted structural inequities mean that homelessness and housing insecurity will remain a challenge for years to come. Some topics at the forefront for school and school mental health professionals are:

- Hiring and supporting the capacity of district and school-level homeless liaisons, social workers, and other staff that support youth experiencing homelessness/housing insecurity.
- Supporting schools to offer onsite services and adopt the Community Schools model.
- Understanding and addressing the intersections of youth homelessness with policies and regulations related to immigration, Native youth living on tribal land, and transition age youth over age 18 who may have a criminal record.

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LEARNING SUMMARY:
Rising Practices & Policies in the Workforce | **Recruitment and Retention in the Mental Health and School Mental Health Workforce**

About the 2022 Rising Practices & Policies Learning Series

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Session 4: The Woes and Wonders of Recruitment and Retention in the Mental Health and School Mental Health Workforce

» **View the Webinar Recording Here**

Our region is experiencing a huge rise in need for mental health services in our communities and schools, and at the same time, experiencing a large attrition rate of providers—a situation that predated the pandemic but has been exacerbated by its effects. Beginning with the premise that issues of recruitment and attrition can be better framed as a *shortcoming of systems, rather than a staffing shortage*, this session addressed strategies for cultivating a healthy and sustainable school mental health workforce.[1] Highlights from the panelists and group discussion, along with resources shared, are presented below.

About the 2022 Rising Practices & Policies Learning Series

Considerations	Rising Practices and Strategies	Resources
It is necessary to shift policy and funding to achieve sustainable improvements in the availability and retention of school mental health professionals.	• States can enact policy—coupled with funding—that codifies nationally recommended staffing ratios and aligns pipeline programs and hiring accordingly. Examples of pipeline programs include: awareness campaigns about the school mental health field; health academies and dual credit programs for high school students; undergraduate minors in school-based mental health; and pathways from undergraduate to graduate degrees. • States can align licensing requirements and opportunities with school mental health workforce needs. For example: access to licensure for psychological services assistants (PSAs) to support administrative tasks and allow more time for counselors to work directly with students; and offering fully integrated pathways to licensure for clinicians along with school counseling credentials like the Pupil Personnel Services Credential (PPSC). • States can promote staff retention by codifying and funding educational stipends, loan forgiveness/repayment, and hazard pay.	State Strategies to Recruit and Retain the Behavioral Health Workforce National Association of State Mental Health Program Directors Workforce Resource Guide High School Health Career Pathway (California) ARTERY Pipeline Framework (Nevada)

[1] xxx

Considerations	Rising Practices and Strategies	Resources
It is critical to support the mental health of staff, including school mental health professionals and educators. Educators and school mental health staff are experiencing high levels of burnout, vicarious trauma, emotional exhaustion, and moral injury.[2] *"When staff are not ok, students are not ok."*	• Stakeholders can advocate for federal and state policy and funding to support educators' mental health.[3] • States/counties/districts can ensure educators and school mental health staff have access to mental health supports. These services should be highly visible and easy to access. An innovative approach for larger counties is to develop an employee assistance program specifically for educators and other school staff. • Counties/districts can provide training for educational leadership on how to facilitate cultures of wellbeing for their schools. • Districts/schools can use reflective supervision to support clinical and non-clinical staff in preventing burnout and vicarious trauma. • Districts/schools can offer training in trauma and crisis intervention (e.g., suicide prevention training, Youth Mental Health First Aid) for all levels of staff. • In a more upstream strategy, states/universities can revise curricula for teaching and counseling programs to better prepare professionals to respond to trauma and require trauma-informed continuing education courses.	[Addressing the Mental Health Needs of Workers Throughout and Beyond the COVID-19 Pandemic](#) [In-house employee assistance program (LA County)](#) [Using Reflective Supervision to Support Trauma-Informed Systems for Children](#)
Supporting staff wellbeing and retention requires a multi-faceted approach that includes support, experience, flexibility, and compensation.	• Counties/districts can *support* staff by building strong management and leadership that foster diversity, safety, belonging, dignity, and trust; fostering connections through mentorship programs; and, on a system level, by designing and funding school mental health teams so staff can reasonably fulfill their roles without burnout. • Counties/districts can further staff *experience* by offering pre-license supervision; providing training on current and emerging needs; and funding educational stipends for career advancement and/or licensure. • Counties/districts can offer *flexibility* via benefits such as family leave policies, support for family-building/reproductive benefits, and flexibility in schedules and remote work. • States/counties can change policy to provide *compensation* that honors the nature of the work and enables staff to live in the areas in which they work.	[State Strategies to Recruit and Retain the Behavioral Health Workforce](#) [State Strategies to Increase Diversity in the Behavioral Health Workforce](#)

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[2] *State Strategies to Recruit and Retain the Behavioral Health Workforce.* (2023b, March 30). https://www.ncsl.org/health/state-strategies-to-recruit-and-retain-the-behavioral-health-workforce

[3] Stanford, L. (2023, February 10). *Educators' Mental Health Gets New Attention in Federal Bill.* Education Week. https://www.edweek.org/policy-politics/educators-mental-health-gets-new-attention-in-federal-bill/2023/02

What current issues is our region facing related to recruitment and retention of mental health and school mental health professionals?

Federal and state legislation has been passed to increase funding for school mental health programs and workforce.[4] Many states, counties, and school districts have developed promising programs to support career pathways and staff retention. While the topic of workforce recruitment and retention is far-reaching, several current issues include:

- How counties/districts are handling immediate staffing gaps, given that pipeline programs will take time to generate the desired supply of workers.
- Success stories and strategies for increasing compensation for school mental health staff.
- Unique strategies to meet workforce needs in Native communities and the islands that are part of our region, where staffing needs may be even more severe.
- A deeper dive into hiring and retention of staff who are Black, Indigenous, and other people of color (BIPOC).

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[4] *The Landscape of School-Based Mental Health Services.* (2022b, September 6). KFF. https://www.kff.org/other/issue-brief/the-landscape-of-school-based-mental-health-services/