WEBINAR SESSION

Bridging the Gap: Building Capacity to Address the 988 and Crisis System Response Needs in Rural Populations

May 15, 2025

988 CRISIS SYSTEMS RESPONSE | TRAINING & TECHNICAL ASSISTANCE CENTER

Funded by the Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

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Crisis Systems Response TTAC

The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services and technical assistance, the Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.

Altarum

W2 Consulting CORPORATION

CHANGEMATRIX

Training Event

Today's event is a **training and educational opportunity** related to the design and operations of crisis systems. It is not intended to be a source for individual treatment recommendations or for resolution of concerns related to individual experiences or interactions with service providers.

To chat with a crisis counselor call or text 988.

For additional training and technical assistance support or feedback, contact the CSR-TTAC team at support@988crisisttac.org.

Learning Objectives

Objective

1

Understand the unique challenges in rural crisis response: Identify systemic or logistical barriers faced by rural populations in accessing crisis services, including 988.

Objective

2

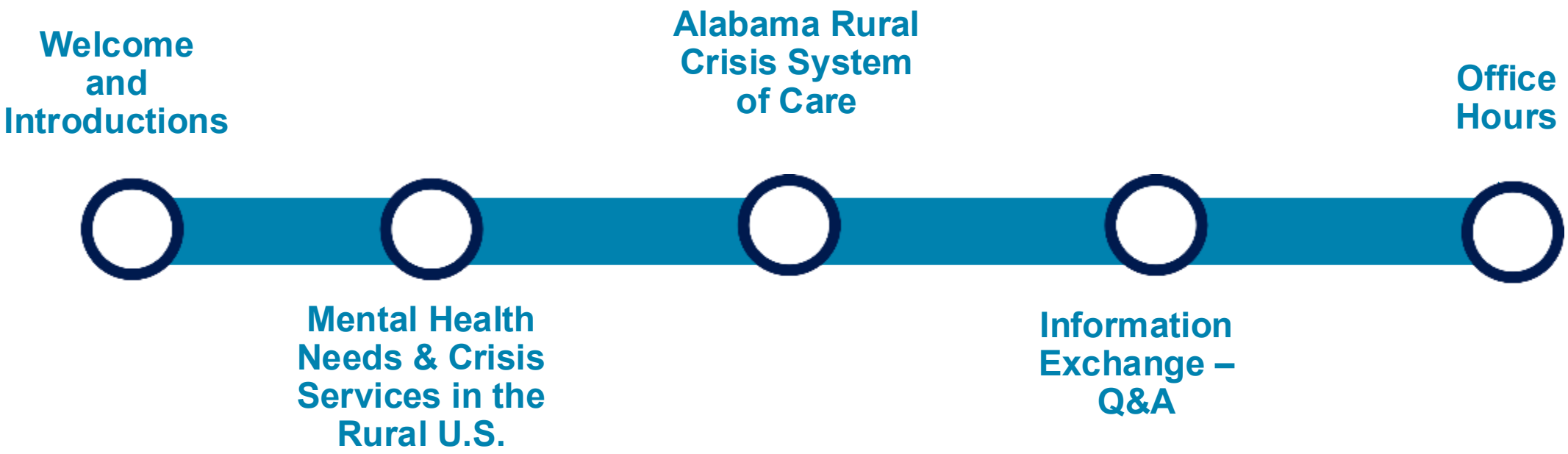
Explore strategies to enhance crisis system capacity: Describe evidence-based or promising practices tailored to improving crisis response effectiveness in rural areas.

Objective

3

Apply 988 implementation lessons: Demonstrate an understanding of 988's role in rural crisis systems by highlighting a state, Tribe, territory, or organization supporting accessibility and effectiveness in a rural context.

Agenda



This program is Approved by NBCC (Approval No. SP-4876) and NASW (Approval No. 886940817-3361) for 1 hour of CE credit.

Guest Speaker – Janessa M. Graves

Janessa M. Graves, PhD, MPH

Janessa M. Graves, PhD, MPH is the Director of the WWAMI Rural Health Research Center and Associate Professor in the Department of Family Medicine at University of Washington School of Medicine. She is also an Adjunct Associate Professor in the Department of Health Systems and Population Health in the UW School of Public Health. A long-time rural-dweller, Janessa has dedicated her career to improving access to healthcare services for rural and underrepresented populations. She has a specific focus on improving access to behavioral health services. She aims to improve access to care among underrepresented communities through a combination of meaningful community engagement and complex data analysis. Janessa holds a bachelor's degree from Columbia University in New York City and a Master of Public Health and Doctorate in Public Health from the University of Washington in Seattle, WA.

Guest Speaker – Brenda Mack

Dr. Brenda Mack, LICSW

Dr. Brenda Mack, LICSW is an Associate Professor and Program Director in the social work department at Bemidji State University (BSU) and owner of Brenda Mack DSW Consulting. Before joining the faculty at BSU, she worked at a rural community mental health center for twenty years as a program director, clinical supervisor overseeing a team of 30 mental health professionals, outpatient and in-home therapist, and mobile behavioral health crisis responder. Brenda co-created the 24/7 mobile crisis response services in six rural counties in NW Minnesota to better meet community needs. She continues to address and advocate for effective rural mental health systems of care on the local, state, and national levels. Additionally, the health and well-being of social workers, other helping professionals, farmers, ranchers, and their families are the focus of her research and scholarship. Brenda holds a Bachelor and Master of Arts in Social Work degrees from the University of North Dakota and a Doctorate in Social Work from the University of St. Thomas in St. Paul, MN.

Guest Speaker – Anthony Reynolds

Anthony Reynolds, LPC, CAC

Anthony Reynolds is a licensed professional counselor and a certified addiction counselor with over 40 years working in substance use and mental health treatment. During his career he has developed and managed treatment programs while always participating in direct clinical counseling. Mr. Reynolds is very passionate about meeting patients where they are and intervening to promote change when needed, especially for those suffering from substance use disorders and special populations. He has a very broad and unique knowledge of addiction and mental health having worked with literally thousands of individuals and families. He has direct experience working and managing inpatient, outpatient, hospital, and corrections-based programs. He currently serves the Alabama Department of Mental Health as the Crisis Care Project Director. In this role he provides oversight of the implementation of the Alabama Crisis System of Care.

PRESENTATION

Bridging the Gap: Building Capacity to Address the 988 and Crisis System Response Needs in Rural Populations

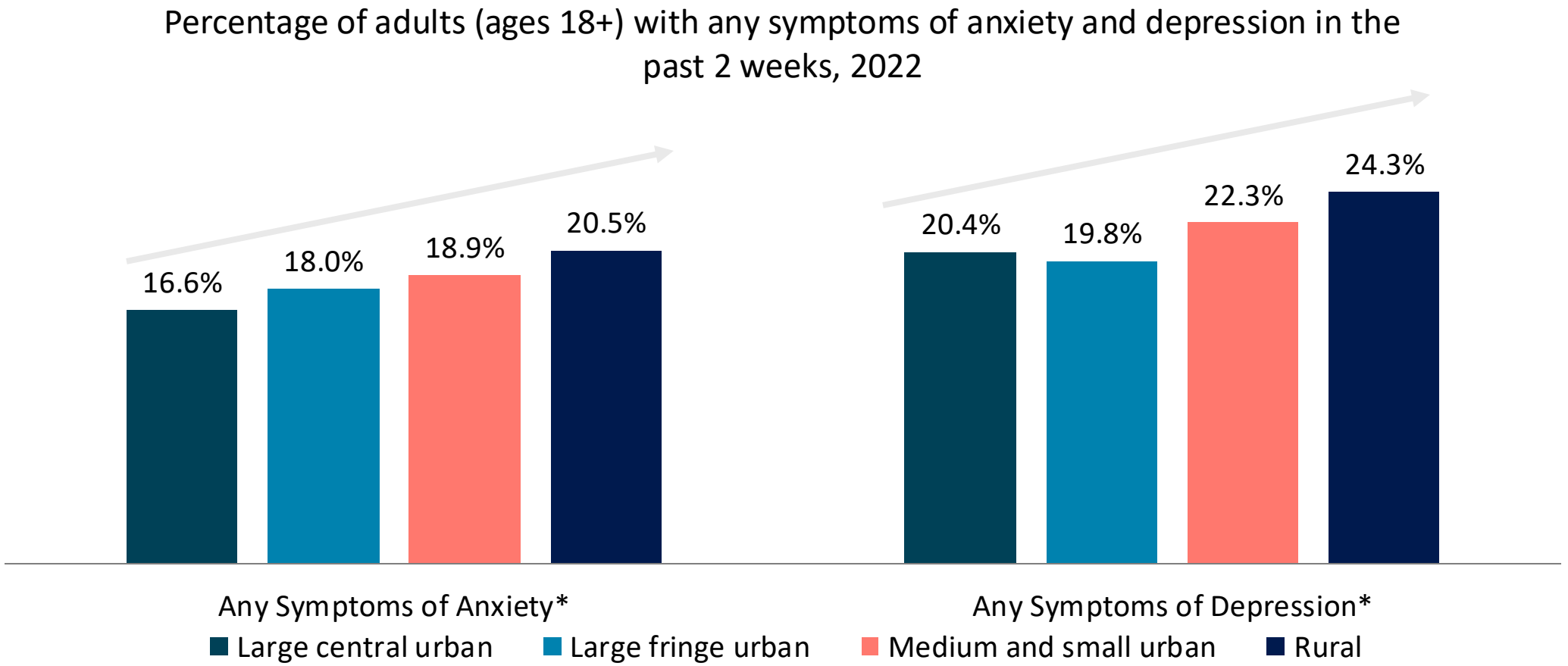
Janessa M. Graves, PhD MPH
Brenda M. Mack, DSW, MSW, LICSW

Objectives

- Summarize key trends of mental health needs in the rural U.S.
- Characterize key barriers to mental health care in rural communities
- Understand mental health crisis issues in rural communities
- Understand effective crisis response services in rural areas
- Learn about crisis response provider wellness and well-being

Mental Health Needs in the Rural U.S.

More rural adults report symptoms of depression and anxiety compared to urban adults



*Significant linear trend by rural-urban category.
Data Source: National Center for Health Statistics, National Health Interview Survey, 2022 (https://stacks.cdc.gov/view/cdc/164018)

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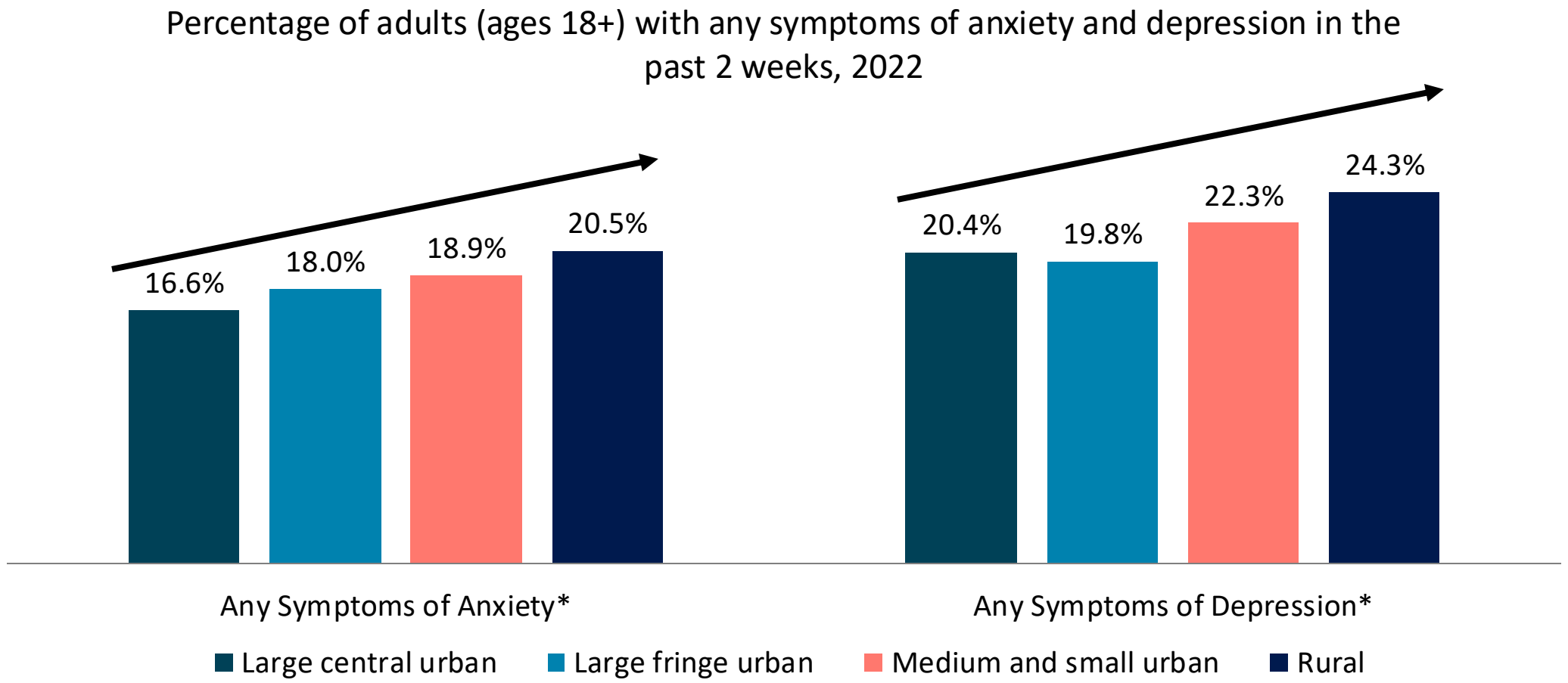
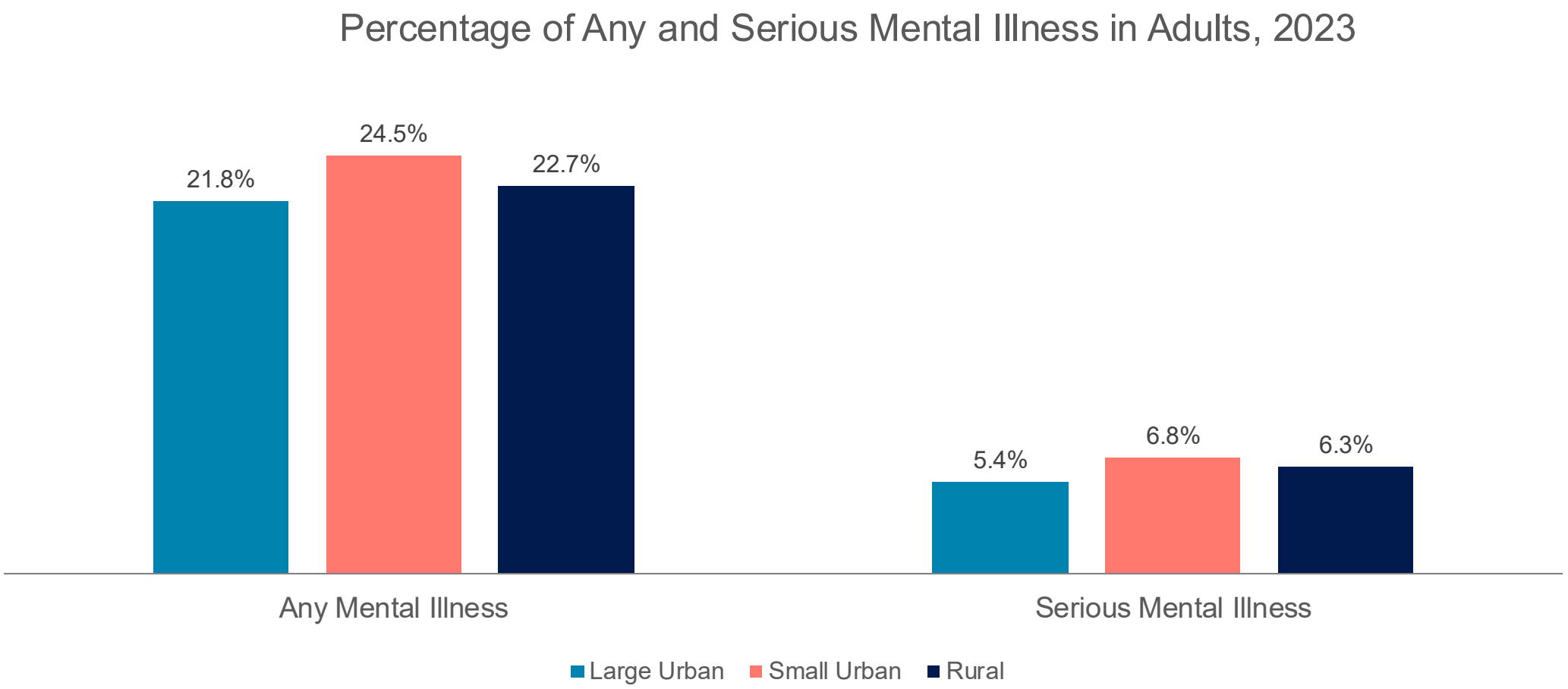


*Significant linear trend by rural-urban category.

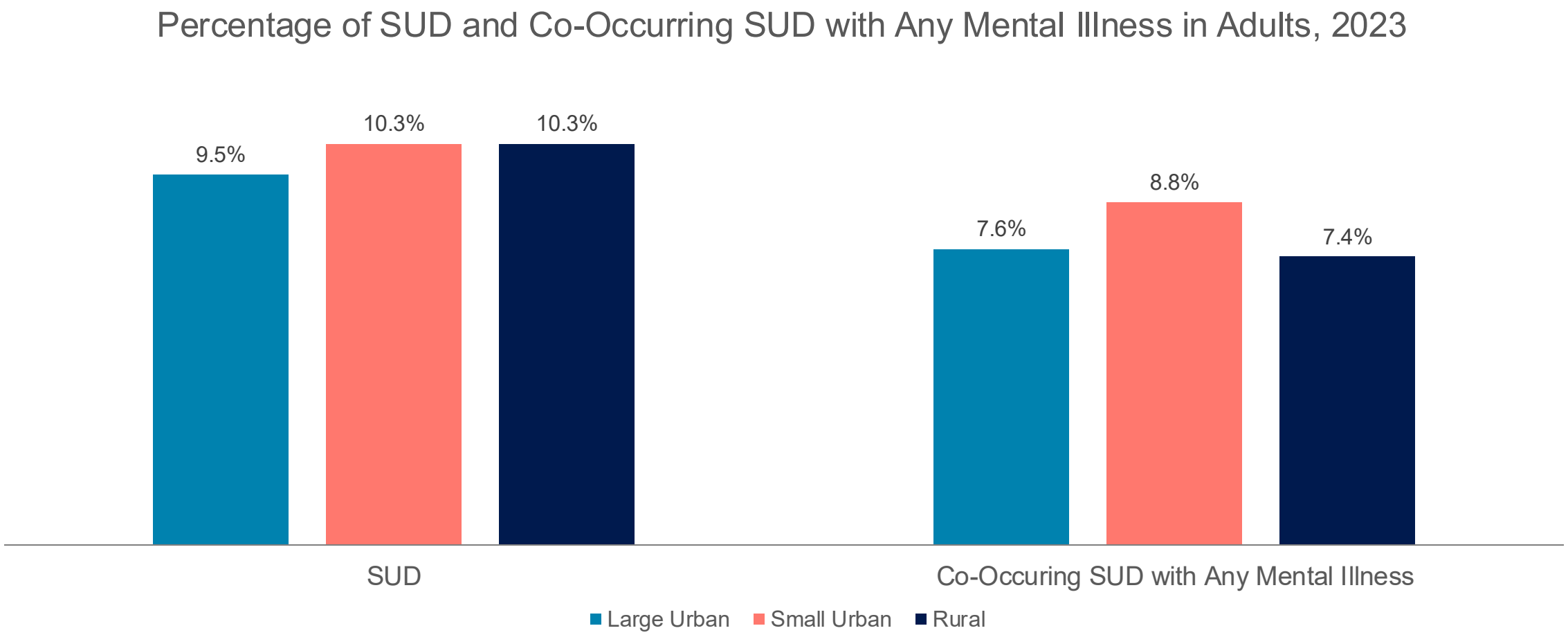
Data Source: National Center for Health Statistics, National Health Interview Survey, 2022 (https://stacks.cdc.gov/view/cdc/164013)

Rates of Diagnosed Mental Illness in Rural and Urban Adults are Similar



Data Source: National Survey on Drug Use and Health: Detailed Tables (SAMSHA), 2023

Rural Adults Also Have Similar Rates of Substance Use Disorder (SUD) Compared to Urban Adults



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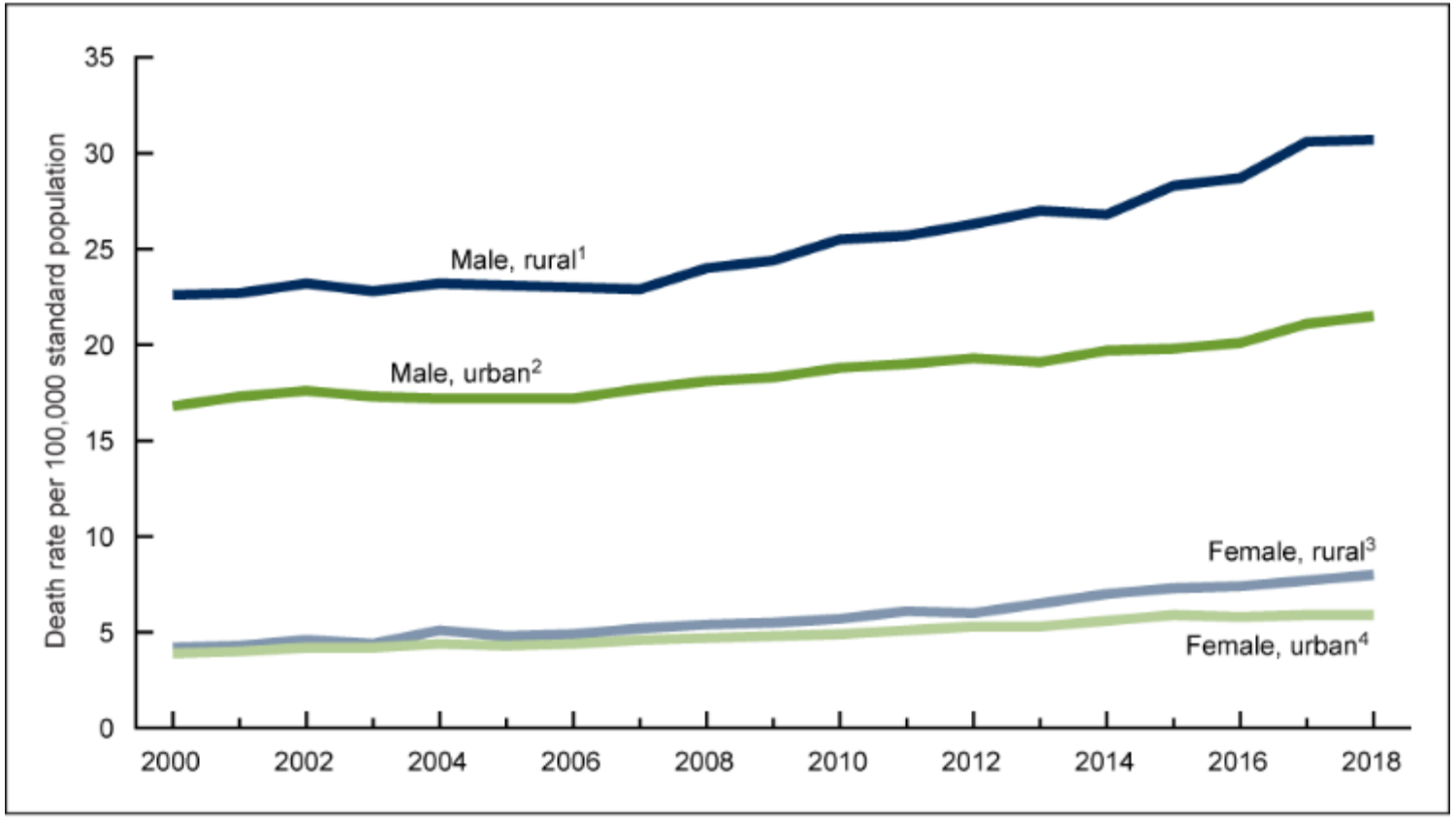
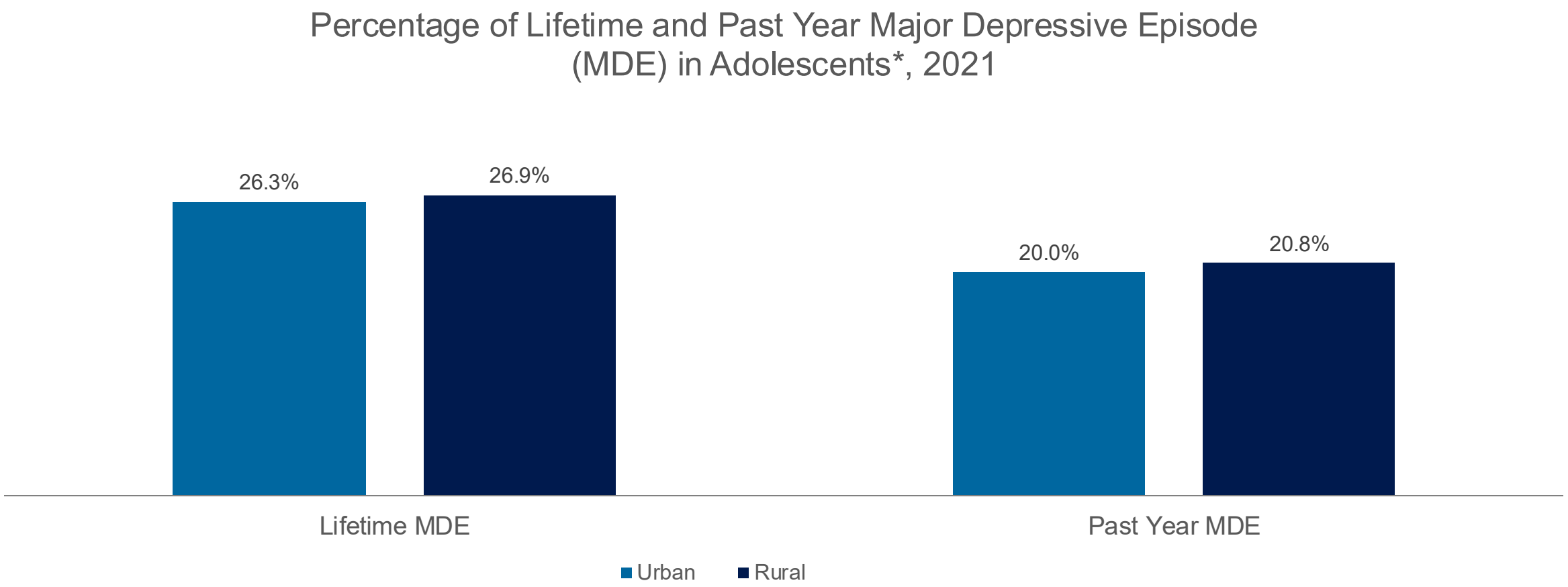
Rural Adults Have Higher Rates of Suicide

Figure 2. Age-adjusted suicide rates, by sex and urban–rural status: United States, 2000–2018



Data Source: National Center for Health Statistics, National Vital Statistics System, Mortality (https://www.cdc.gov/nchs/products/databriefs/db373.htm)

We See Similar Rates of Mental Illness in Rural and Urban Adolescents



*Ages 12 to 17
Data Source: National Survey on Drug Use and Health (SAMHSA), 2021

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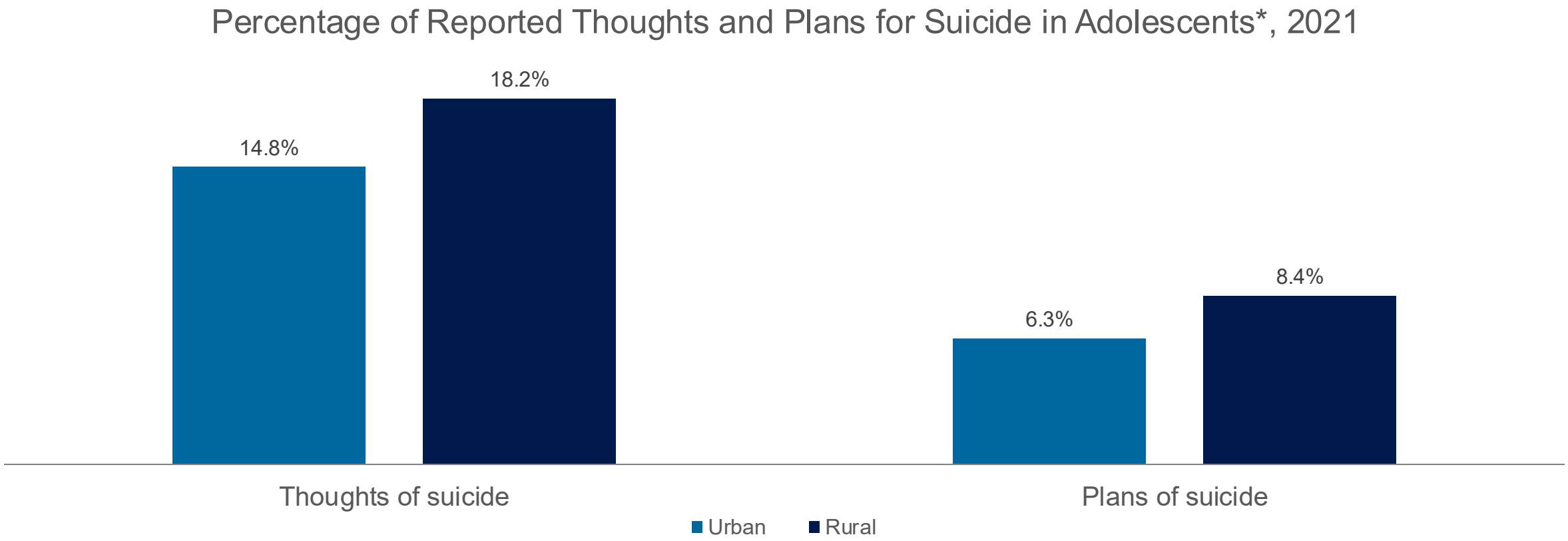
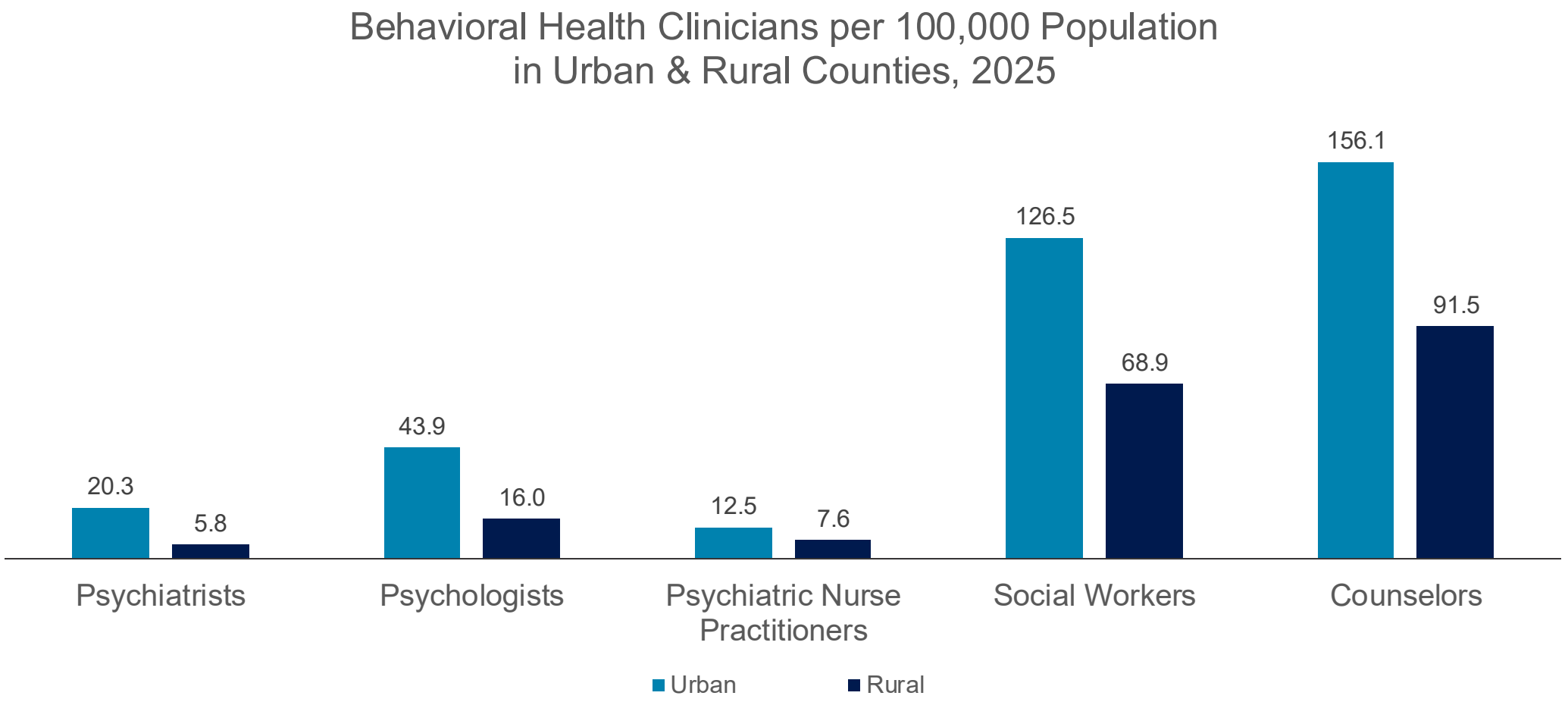
Rural Adolescents Have Higher Rates of Suicidal Ideation Compared to Urban Adolescents



*Ages 12 to 17
Data Source: National Survey on Drug Use and Health (SAMHSA), 2021

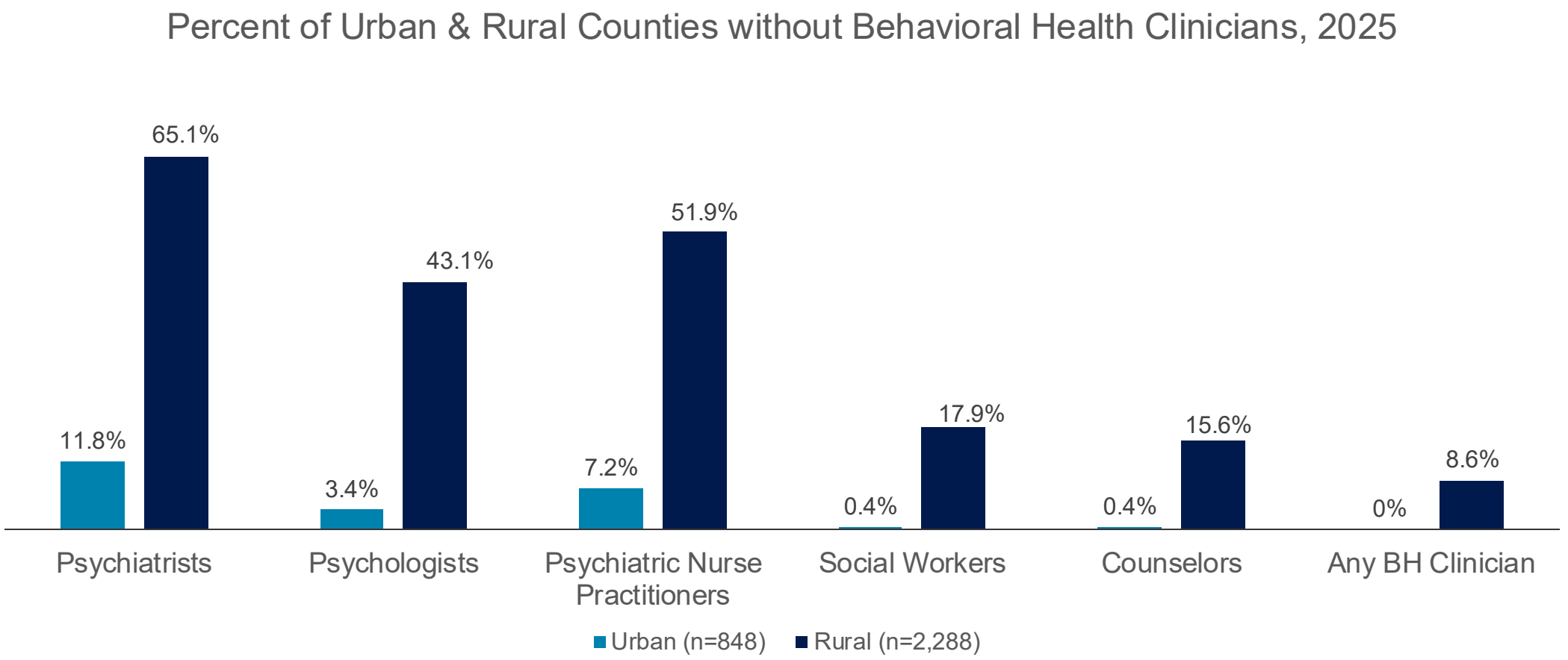
Rural Mental Health Workforce Supply

Rural Counties Have Significantly Fewer Behavioral Health Clinicians per Capita than Urban Counties



Data Source: National Plan and Provider Enumeration System National Provider Identifier data, January 2025.

More Rural Counties Have No Behavioral Health Care Clinicians Compared to Urban Counties



Data Source: National Plan and Provider Enumeration System National Provider Identifier data, January 2025.

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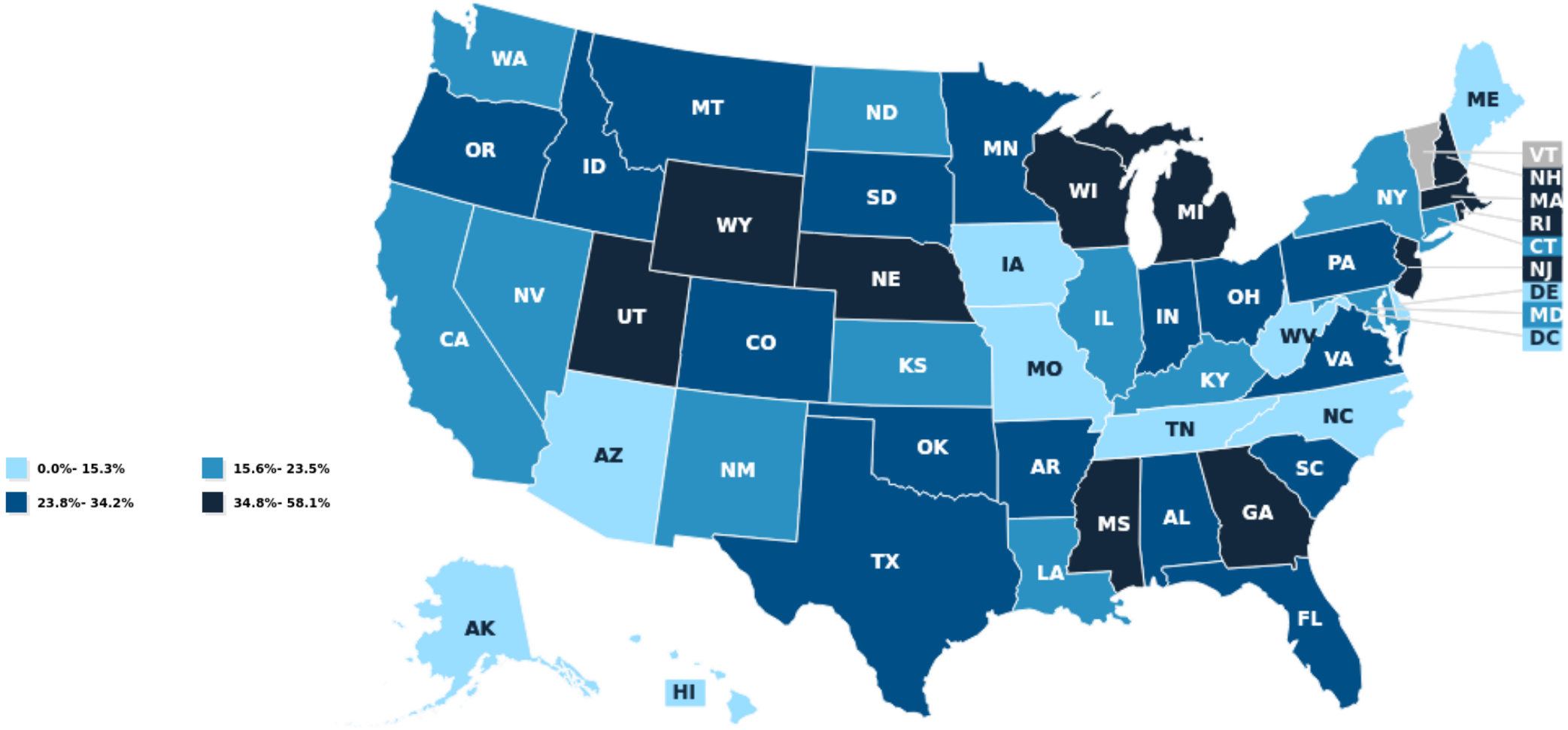
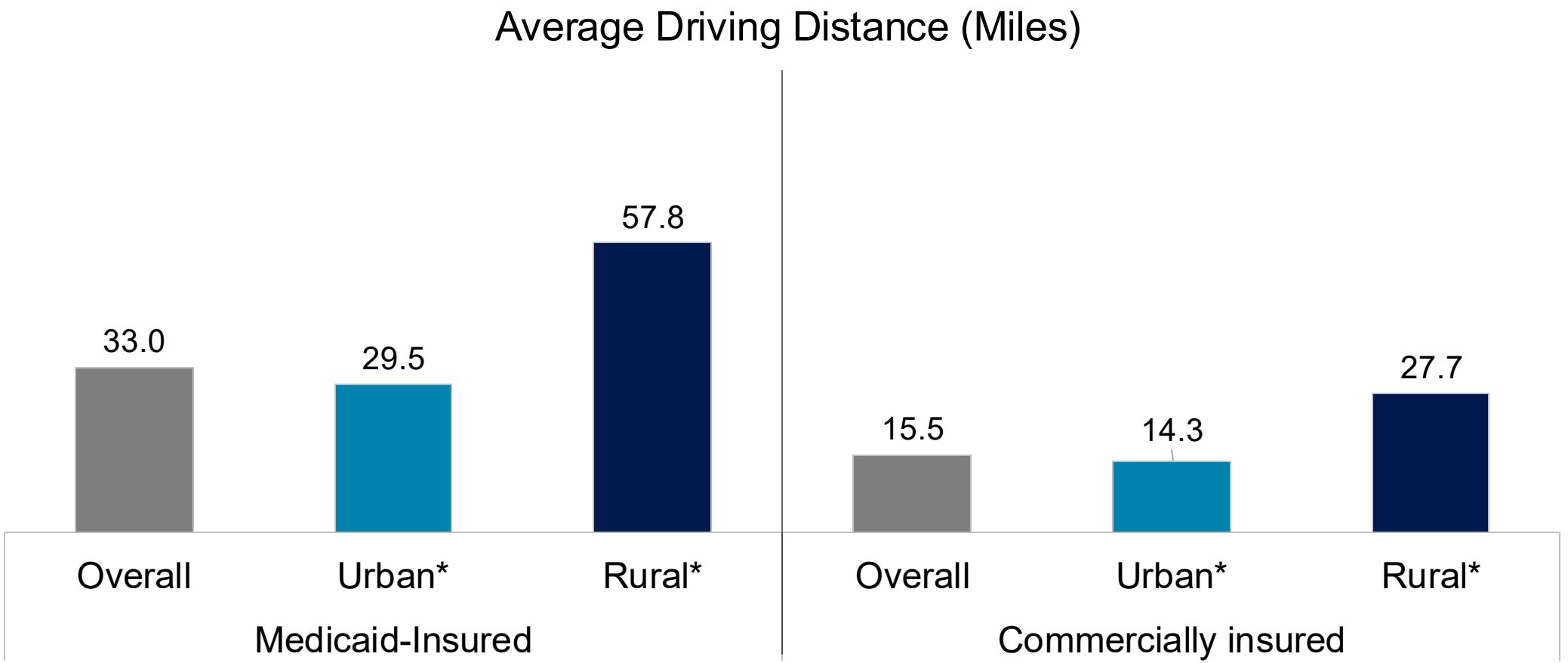
Many States Have a Need for Mental Health Care Professionals



Data Source: Kaiser Family Foundation, State Health Facts, Mental Health Care Health Professional Shortage Areas as of December 31, 2024. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas

Accessing Mental Health Services in Rural Areas: Transportation and Distance

Rural Adults With an OUD Travel Further for Health Care Services Than Urban Adults



Adults aged 18+
Clinician location is the ZIP code associated with their NPI number. For visits wherein the beneficiary and provider had the same ZIP, the driving distance was imputed as zero.
* Significant differences between urban and rural at p<.0001 and between urban and the four rural categories at p<.0001.

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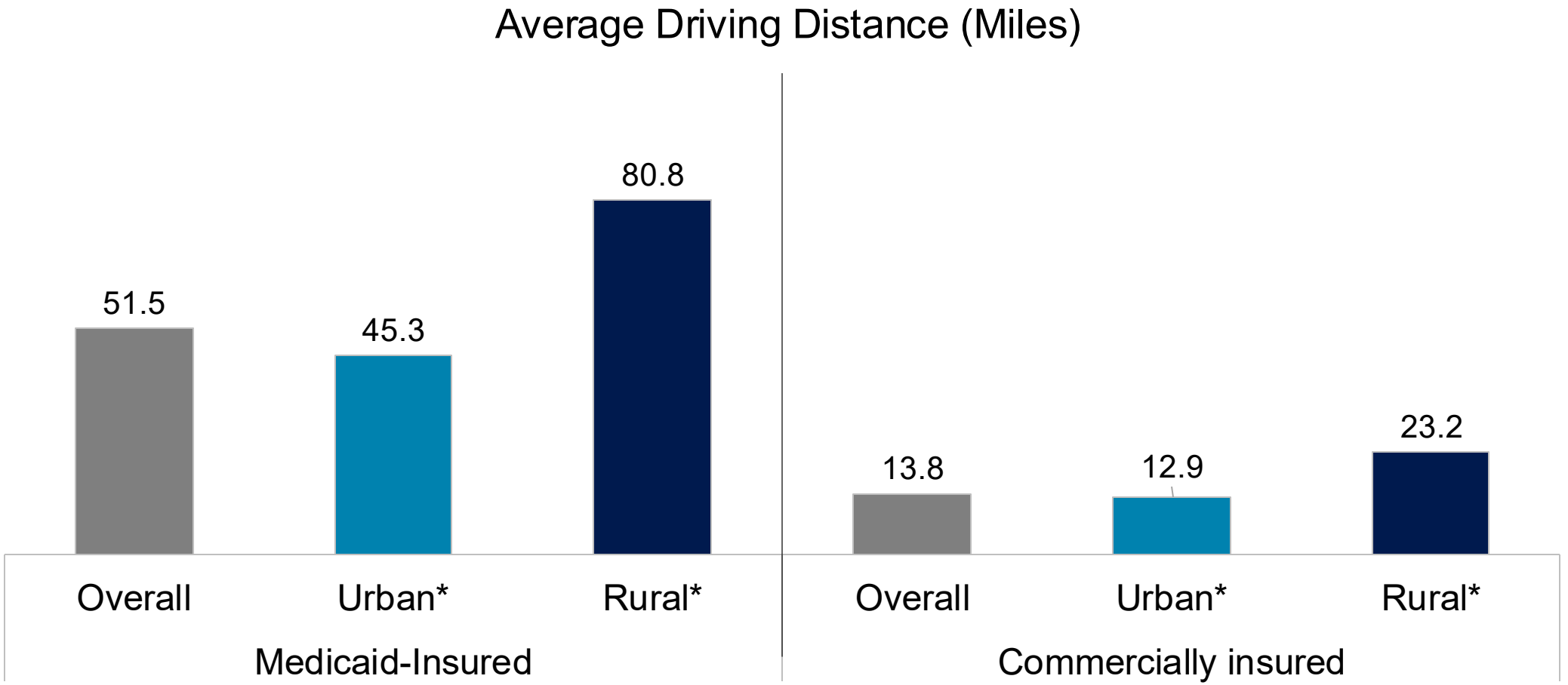
Rural Children With an OUD *also* Travel Further Than Urban Children



Youth aged 0-17 years
Clinician location is the ZIP code associated with their NPI number. For visits wherein the beneficiary and provider had the same ZIP, the driving distance was imputed as zero.
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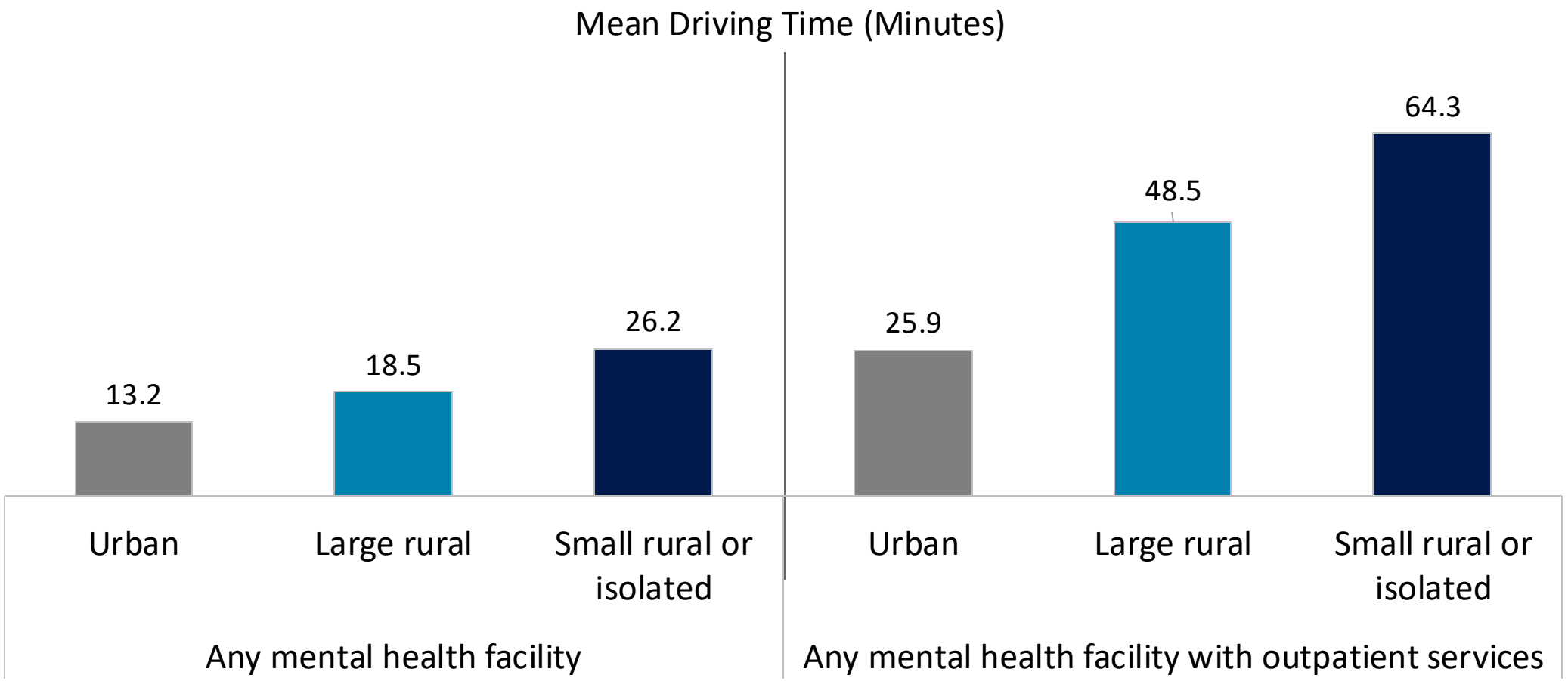
Similar Relationships Observed with Driving Time to the Nearest Mental Health Facility



Data based on the SAMHSA Behavioral Health Treatment Services Locator and American Community Survey
Significant differences across levels of rurality (p<.001)
Negaro et al. Health Affairs Scholar. 2023;1(6), qxad070, https://doi.org/10.1093/haschl/qxad070

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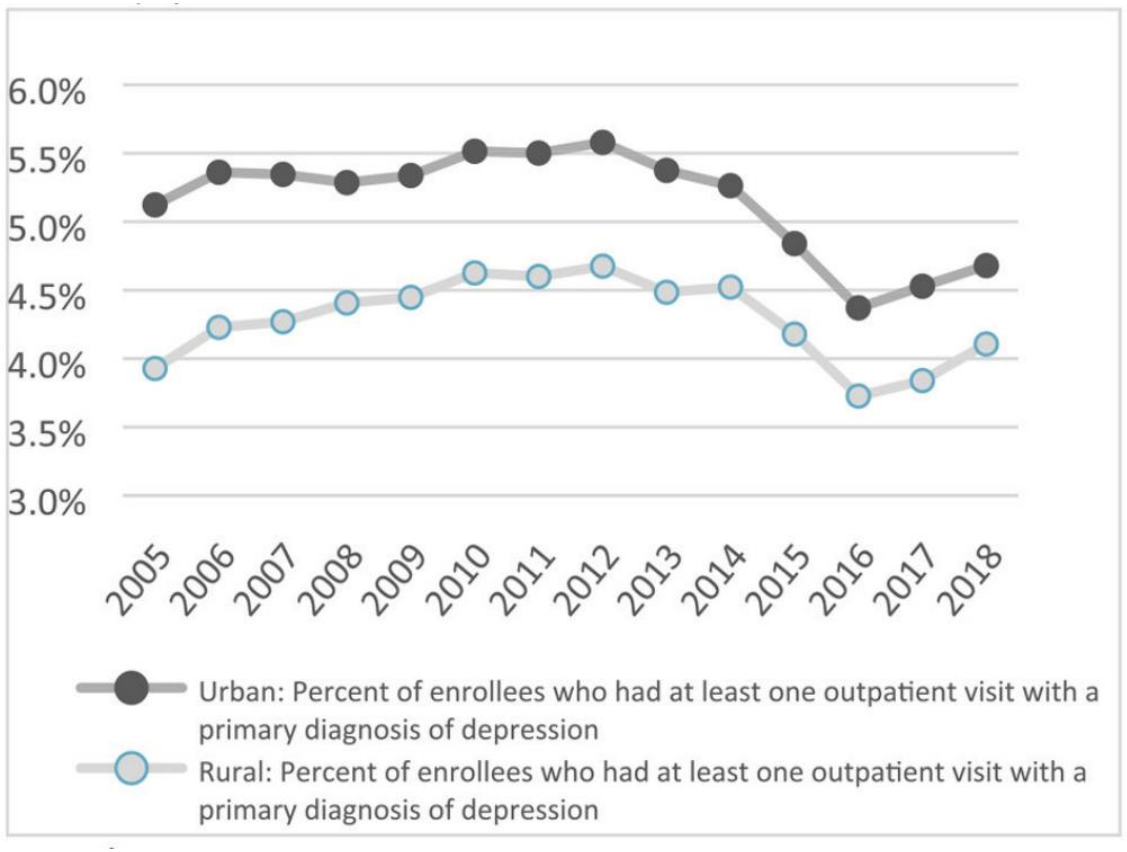
Utilization of Mental Health Care Services across Rurality

For Some Conditions, Like Depression, Rural Residents Have Lower Utilization Than Urban Residents

Depression, Commercially Insured Adults, 2005-2018



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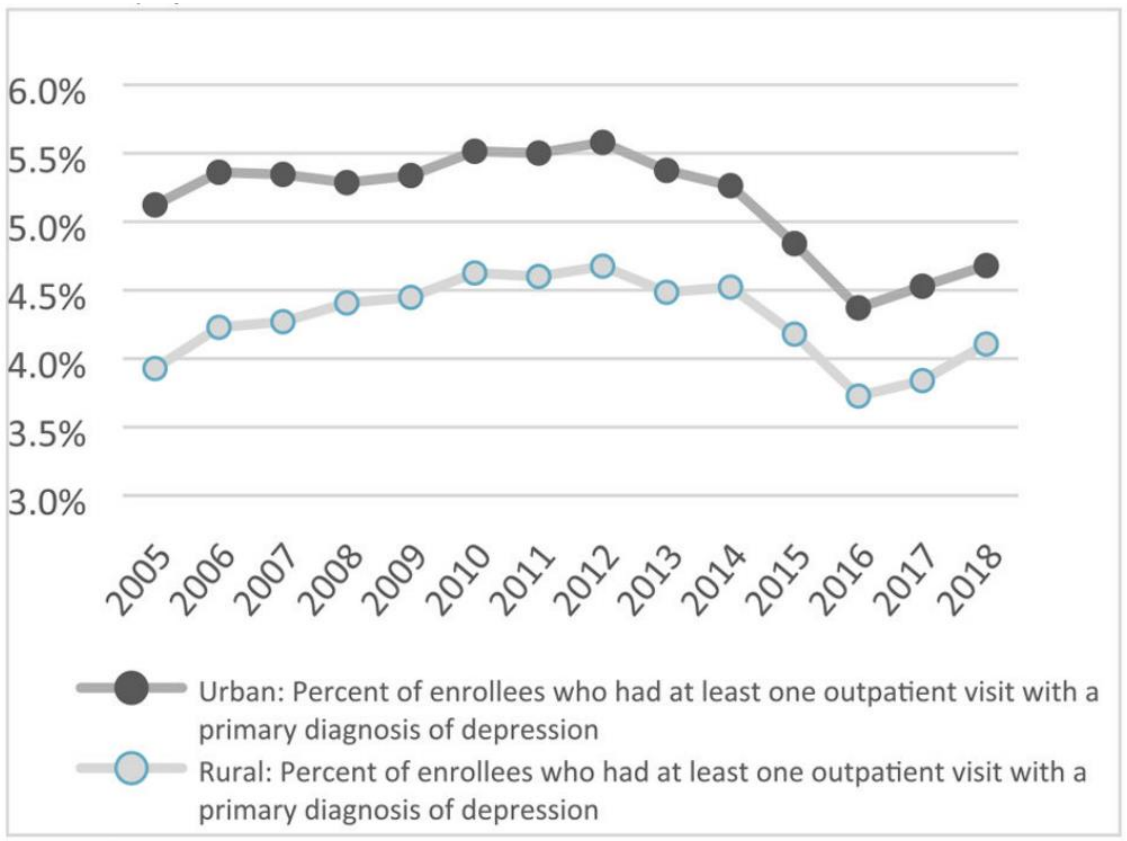

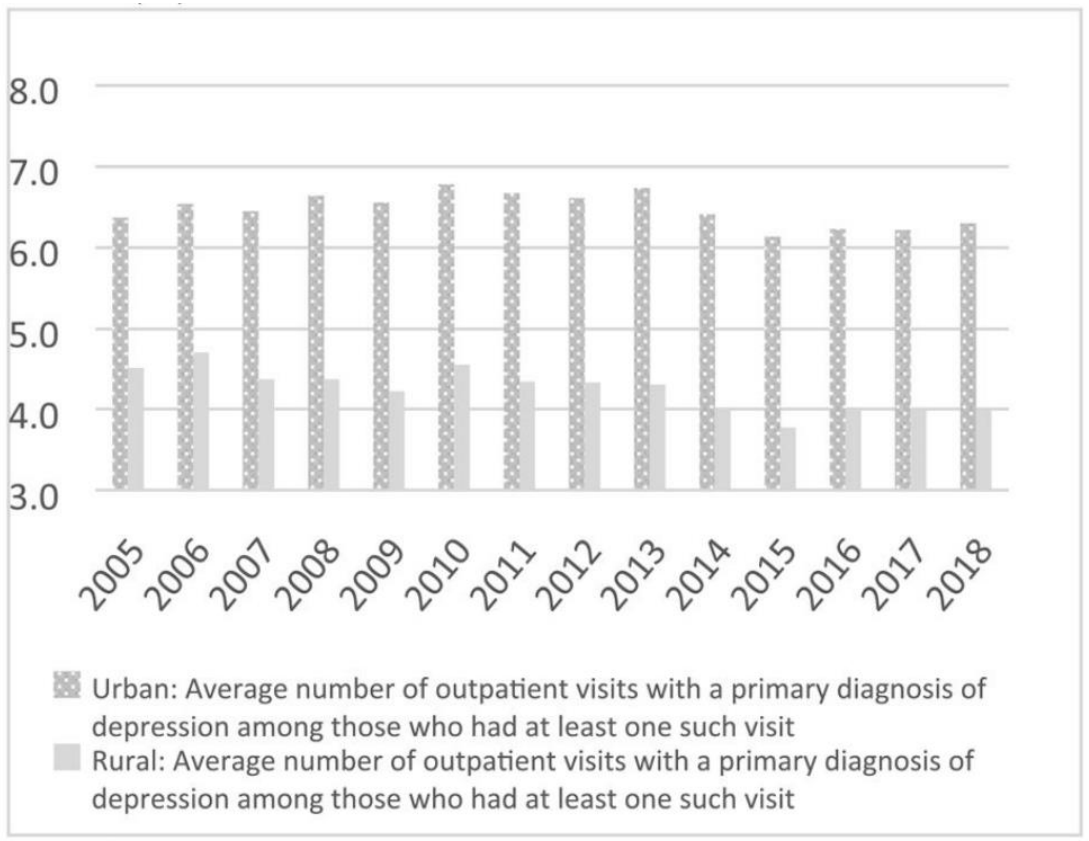

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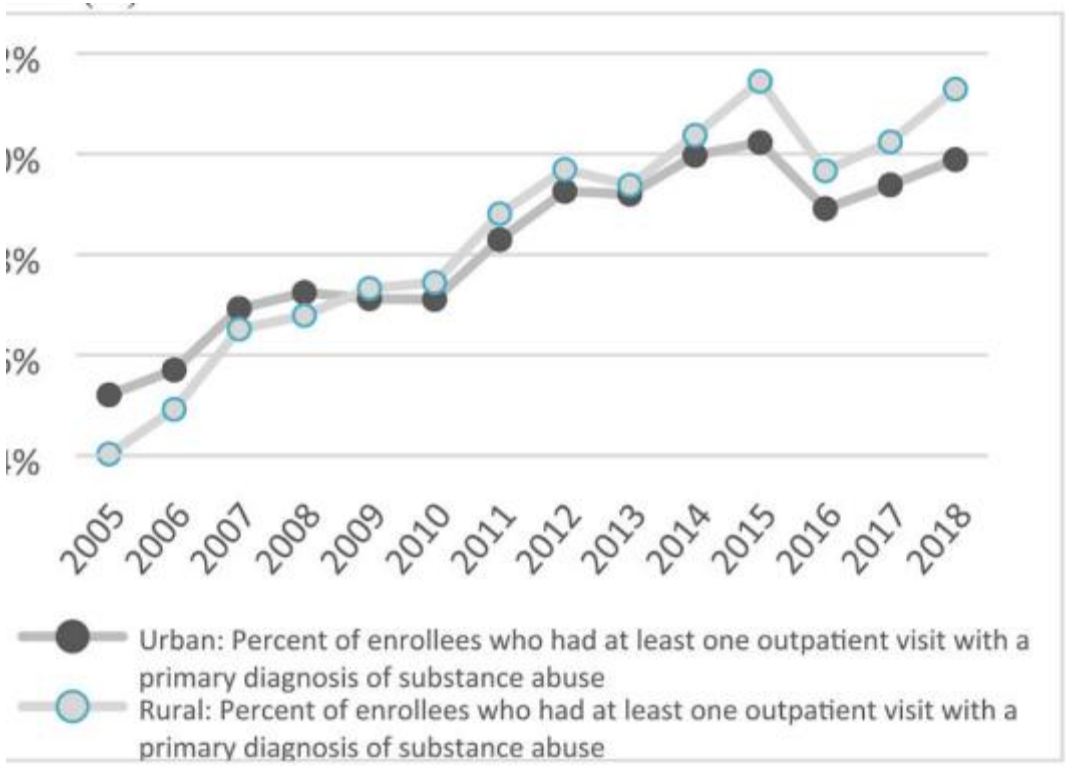
For Other Conditions, There is No Difference Between Adults From Rural or Urban Areas

Substance Use Disorder, Commercially Insured Adults, 2005-2018



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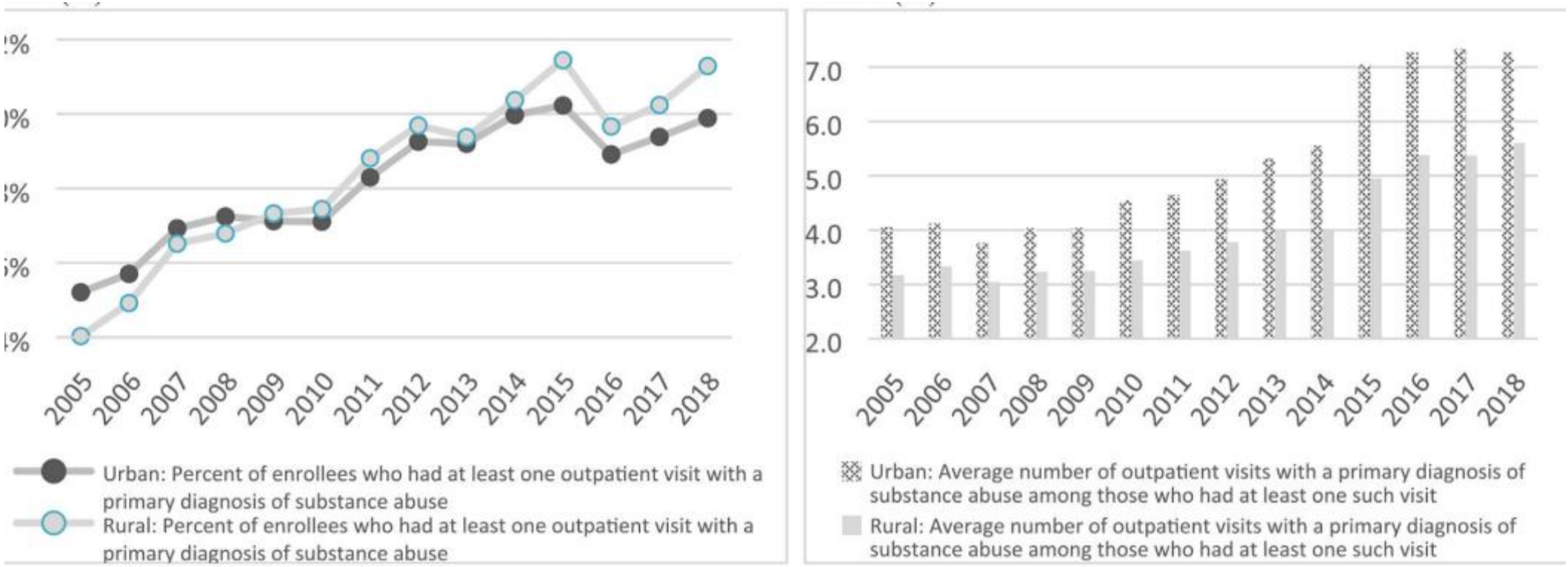

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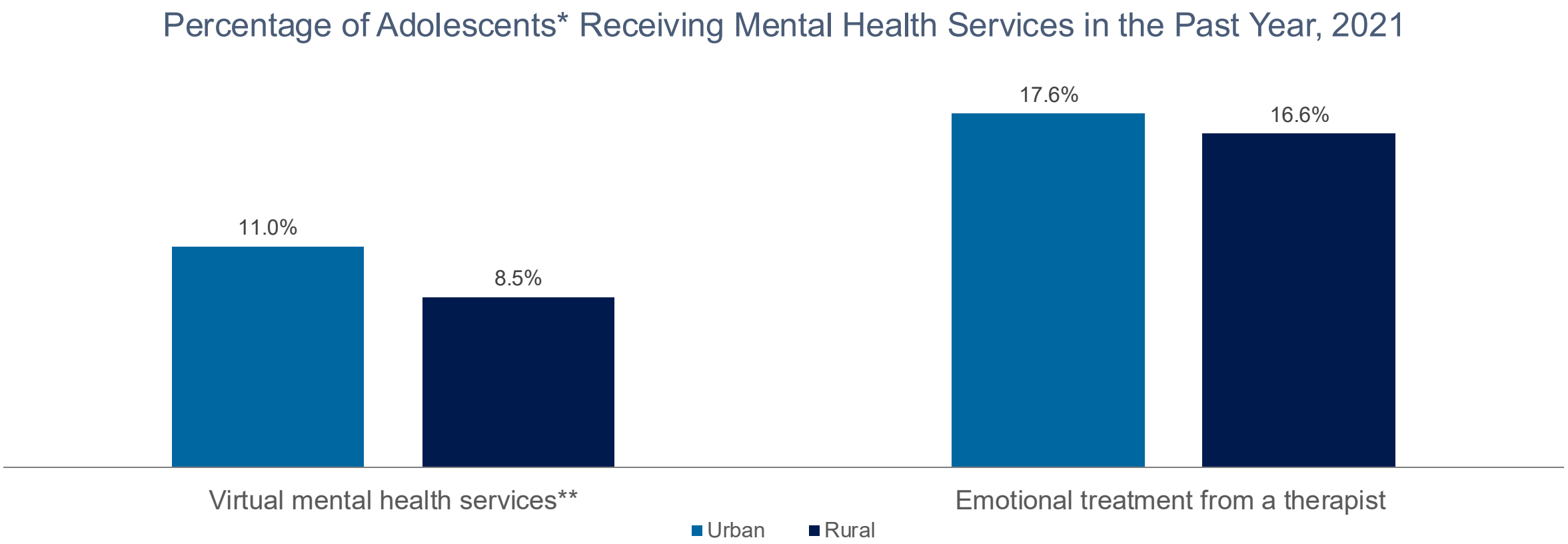
Fewer Rural Adolescents Received Mental Health Care Virtually in the Last Year, but This Was Not the Case for Outpatient Visits



*Ages 12 to 17, **p<0.05
Data Source: National Survey on Drug Use and Health (SAMHSA), 2021

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Key Takeaways

Workforce shortages

Distance from care

Rural residents face barriers to accessing mental health services

Some mental health conditions or disorders are more prevalent among rural populations

- Depression
- Anxiety
- Suicide
- Suicidal ideation

Utilization of mental health services varies between rural and urban communities for some conditions, but not others

- Virtual care

Mental Health Screenings and Service Delivery

- Prevention
- Informal Supports
  - Mental Health First Aid (MHFA)
  - QPR (Question, Persuade, Refer)
- Formal Services and Supports
  - 988
  - Local
- Crisis Assessment, Intervention, and Stabilization
  - Mobile
  - Site Based

Crisis Services Challenges in Rural Areas

- Access
- Transportation
- Stigma and embarrassment
- Provider shortages
- Need for culturally-responsive services
- Working with special populations, such as farmers, the elderly

Crisis Prevention in Rural Areas

- Promote health mental development across the lifespan
  - Primary care providers, educators, clergy and spiritual leaders
- Implement multiple strategies to decrease stigma
- Encourage community members and informal supports to engage in QPR and MHFA trainings
- Collaboration among providers is essential
  - Primary care, mental health, law enforcement, public health, K-12 and higher education

Crisis Assessment, Intervention, and Stabilization in Rural Areas

- Each rural community is unique, and services will vary among rural areas
- 988
- Local site-based services (emergency rooms, MH centers)
- Mobile crisis response services

Mobile Crisis Response Services

"Mobile crisis services are teams of mental health professionals and practitioners who provide psychiatric services to individuals within their own homes and at other sites outside the traditional clinical setting. Mobile crisis services provide for a rapid response and will work to assess the individual, resolve crisis situations, and link people to needed services."
(MN Department of Human Services, n.d.)

According to the Research

MCRs are:

- effective in preventing in-patient hospitalizations
- effective at linking individuals struggling with suicidal thoughts and ideation discharged from the emergency department to services~~,~~
- “better than hospitalization at linking people in crisis to outpatient services”
- “effective in finding hard-to-reach individuals” (MN Department of Human Services, n.d.)

MCRS in Rural Areas Focus on:

- Immediate health and safety concerns
- Interventions to help individuals return to a previous level of function
- Creating a plan of care that may include informal and formal supports
- Boostering session options

Crisis Provider Wellness and Well-Being

- Practice what you promote with patients or clients:
  - Self-assess for symptoms of stress and burnout
  - Remembering the importance of wellness and well-being plans
  - Understanding and completing your stress cycle (Nagoski & Nagoski, 2019)
  - Leaning into others to address stress and resilience

Thank You!

BRENDA MACK DSW
CONSULTING

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LinkedIn: www.linkedin.com/in/brenda-mack-dsw

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LinkedIn: Linkedin.com/company/wwami-rhrc/

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PRESENTATION

Alabama Rural Crisis System of Care

Anthony Reynolds, LPC, CAC
Crisis Care Project Director

ADMH
Alabama Department
of Mental Health
connecting mind and wellness

Alabama Rural Crisis Needs

- 55 out of 67 of Alabama counties are considered rural.
  - 42% of the entire Alabama population, lives in rural areas
  - MULTIPRONG: Must take a multiprong approach to address crisis needs in rural areas.
  - LEADERSHIP AND REQUIRED VISION: State-supported initiative by Governor Ivey, state legislature, and service providers aligning with ADMH leadership and vision.
  - BUY IN: Develop system of Someone to Call, Someone to Respond, and Some place to Go.
- Crisis Systems building funding opportunities:
  - State funds 2020 for Crisis Centers
  - MCT 5% Block Grant set aside funds
  - MCT State Planning Grant 2021 and SPA
  - CCBHC Planning Grant Award 2023: 1 of 15 states
  - CCBHC Demonstration State Award 2024: 1 of 10 states
  - 988 Improvement Grant Award 2023

Alabama Crisis Center: History

- 2017 ADMH visited the Restoration Center in San Antonio, TX
- A Request for Proposal (RFP) issued in 2020 to fund 3 sites in FY21
    - Selected:
        - AltaPointe Health (Mobile)
        - Carastar (Montgomery Area Mental Health Authority) (Montgomery)
        - WellStone Behavioral Health (Huntsville)
- RFP reissued in 2021 to fund 1 site in FY22
    - JBS (Birmingham)
- Funding for 2 sites approved in FY23
        - SpectraCare (Dothan)
        - Indian Rivers MH (Tuscaloosa)

Crisis System of Care

A comprehensive and fully integrated crisis system of care:

- Is the first line of defense in preventing tragedies of public and patient safety
- Protects civil rights, especially for people experiencing mental illness and disability
- Prevents loss of lives
- Prevents waste of resources

Alabama Crisis System of Care

ADMH
Alabama Department
of Mental Health
connecting mind and wellness

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Alabama's Crisis System of Care

- 988
- Mobile Crisis Teams
- Crisis Centers

"SOMEONE TO CALL.

SOMEONE TO COME TO YOU.

AND, IF NEEDED, SOME PLACE TO GO."

Dr. Anita Everett, SAMHSA

ADMH Alabama Department of Mental Health connecting mind and wellness

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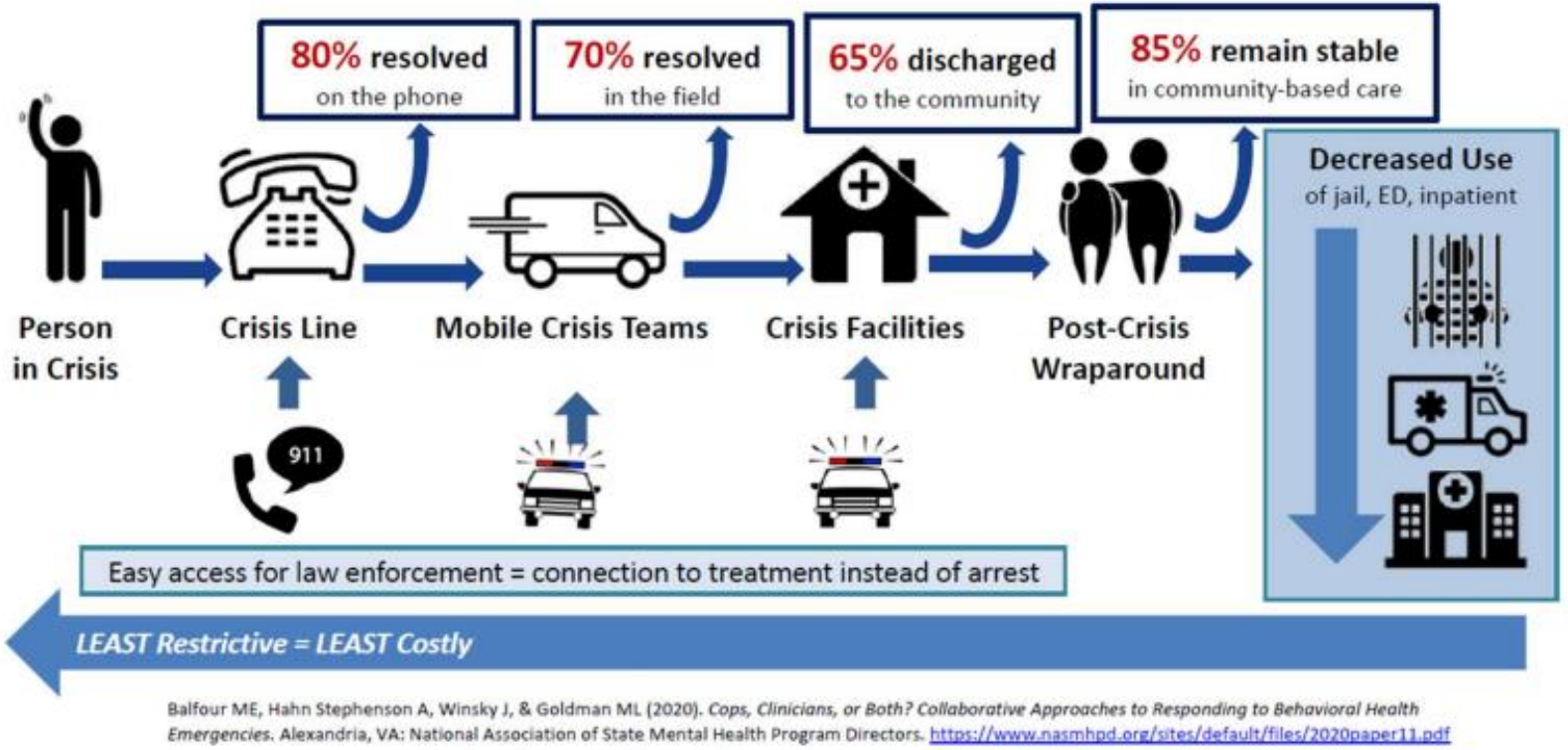
From 911 to 988

- 911 started in 1968 with the first call coming from Haleyville, AL on 2/16/1968. It took until the end of 20th century to cover 93% of the US population and 96% of the geographic U.S.
- 988 is a safety net for people experiencing a mental health or suicidal emergency
- ADMH secured grant funding in FY 2022 from SAMHSA to assist agencies in planning for the implementation of a new, national, three-digit number (988) for mental health crisis and suicide response
- The new 988 number is routed to the Lifeline's current number 1-800-273-TALK (8255) *PRESS 1 FOR VETERANS*
- Nationally implemented on July 16, 2022
- Geo-routing to nearest 988 Lifeline Call Center implemented on September 17, 2024

Example: Arizona's Coordinated Crisis System of Care

Three Major Components

1. Someone to Call
2. Someone to Respond
3. Some Place to Go

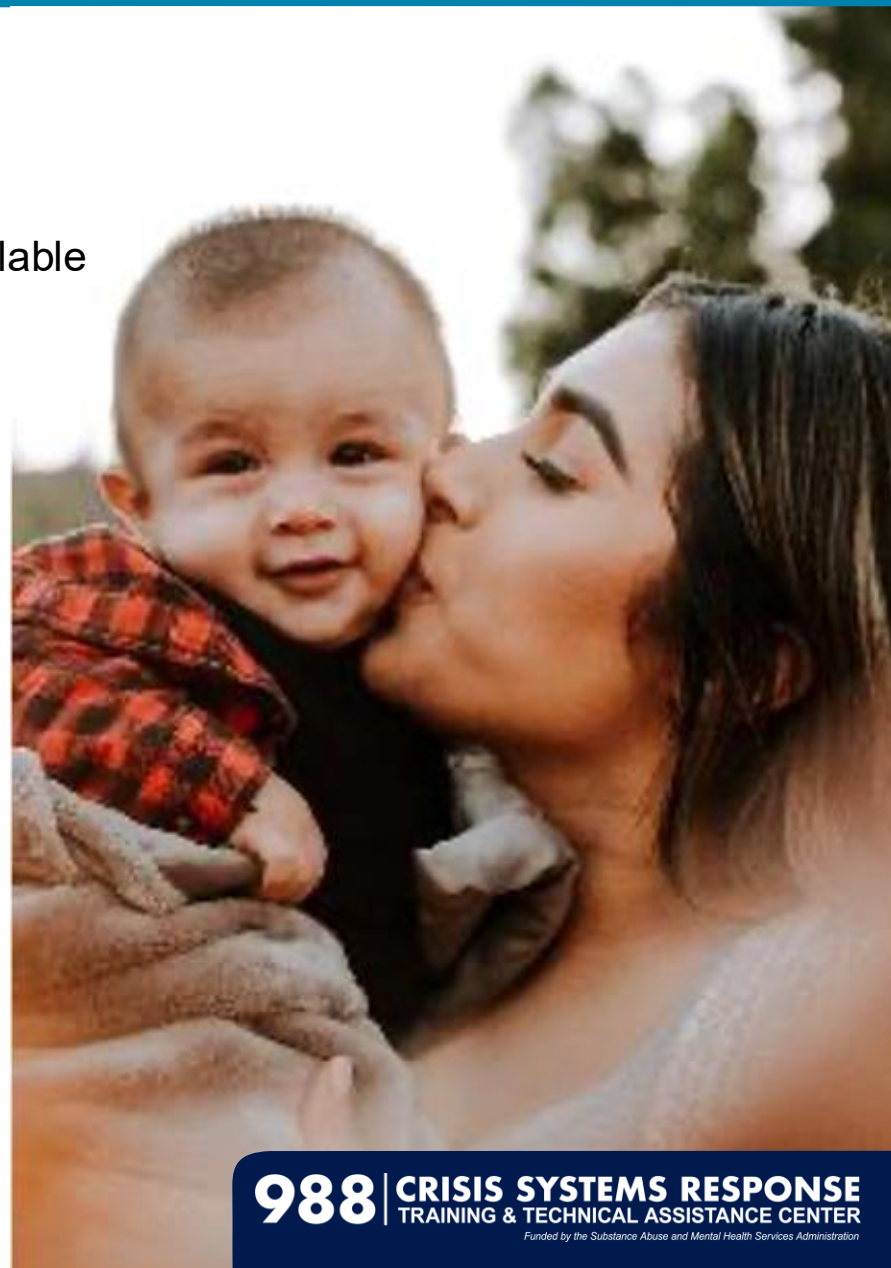


Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf

1. Someone to Call: 988

Several Options:

- 988 SUICIDE & CRISIS LIFELINE: 988; 1-800-273-TALK (8255) remains available
  Press 1 for Veterans
- Local mental health centers:
- ALABAMA LIFELINE CALL CENTERS (24/7/365):
  Members of the 988 Suicide & Crisis Lifeline
  - Crisis Center Inc. through JBS - Birmingham
  - AltaPointe Behavioral Health Crisis Center – Mobile
  - Wellstone Emergency Services Crisis Center – Huntsville
  - Spectracare - Dothan
- 988 (Suicide & Crisis Lifeline) nationally implemented on July 16, 2022
- Suicide prevention resources



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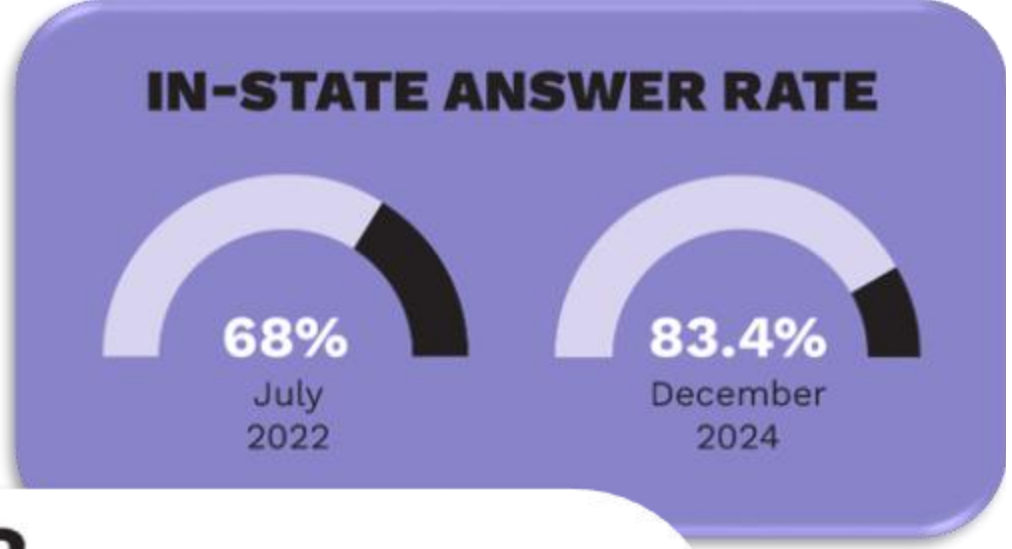
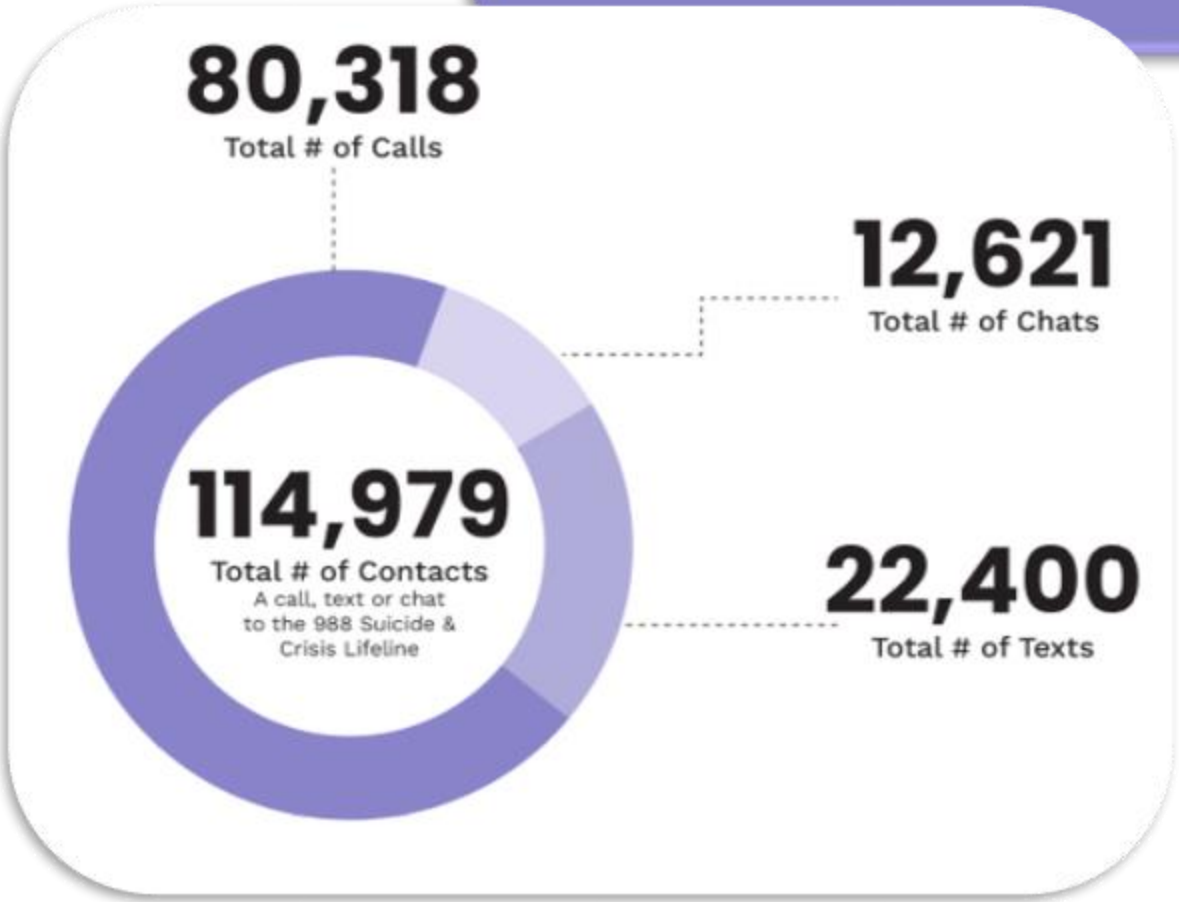
Someone to Call: 988

Cumulative data from
July 2022-December 2024





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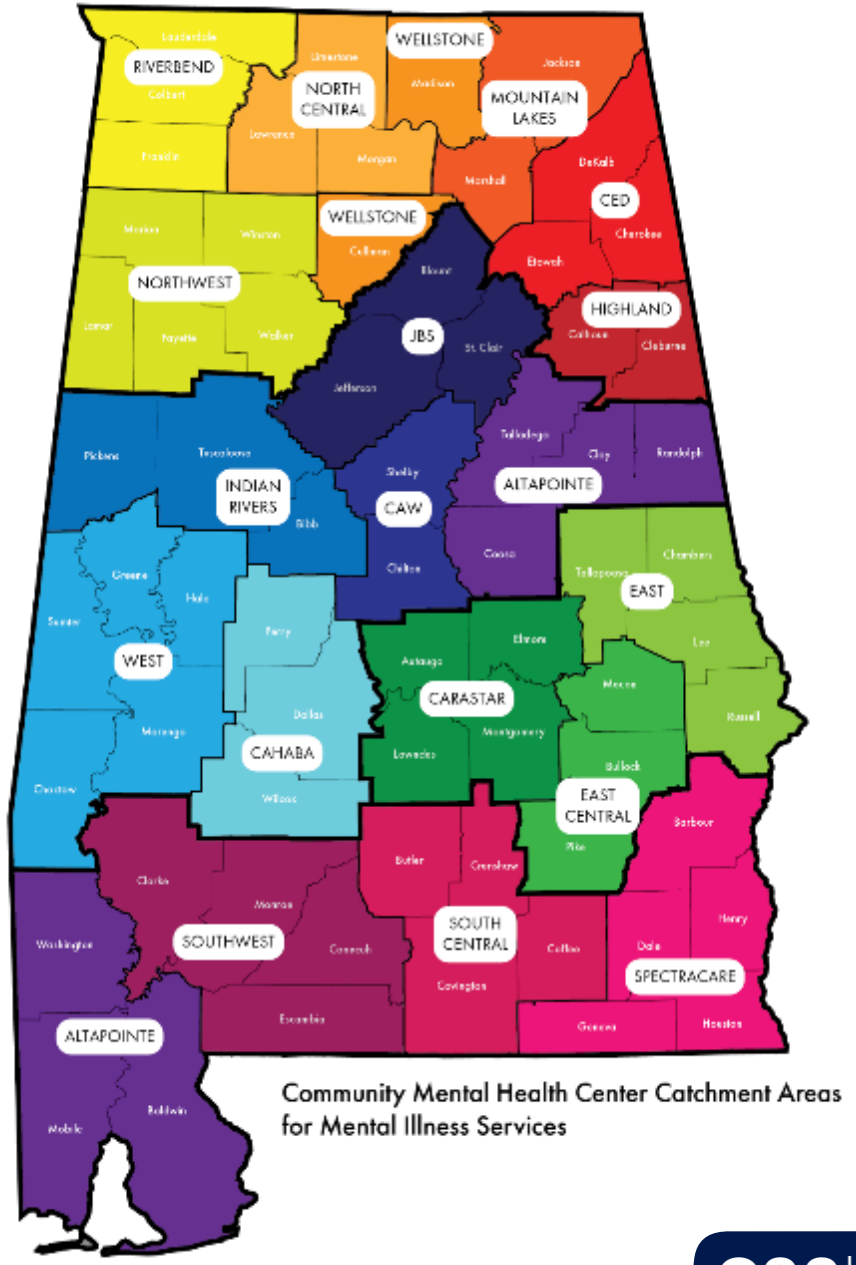
Nineteen Community Mental Health Centers

Offering services throughout the state



Community Mental Health Center Catchment Areas for Mental Illness Services

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2. Someone to Respond: Mobile Crisis

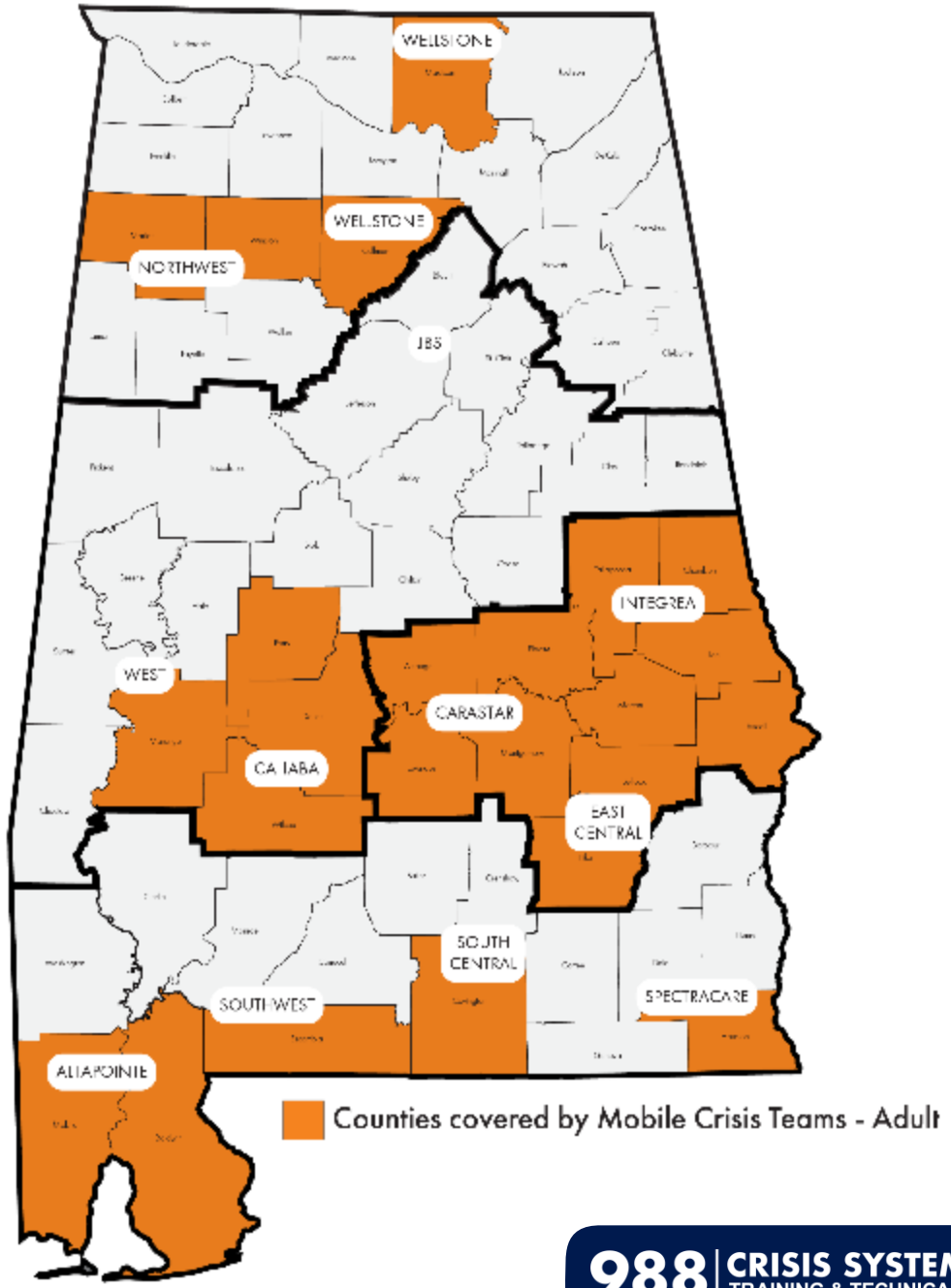
Several Options:

- Suicide intervention
- Mobile crisis teams (MCT) and services
- 14 adult MCT
- 5 child/adolescent MCT
    - Mobile Crisis Planning Grant: Two-year grant from 9/30/21-9/29/23
    - ADMH, Alabama Medicaid, and VitAL recently completed in-depth interviews with the providers who provide Mobile Crisis Services (MCS) in Alabama.
    - VitAL released a 600-page report on 4/25/23
    - Completed provider visits in July 2023 to review each of the provider MCT reports.

Someone to Come to You: Mobile Crisis Care

Cumulative data from October 2022-November 2024

1,140 children and 8,802 adults have been served by mobile crisis teams since October 2022.



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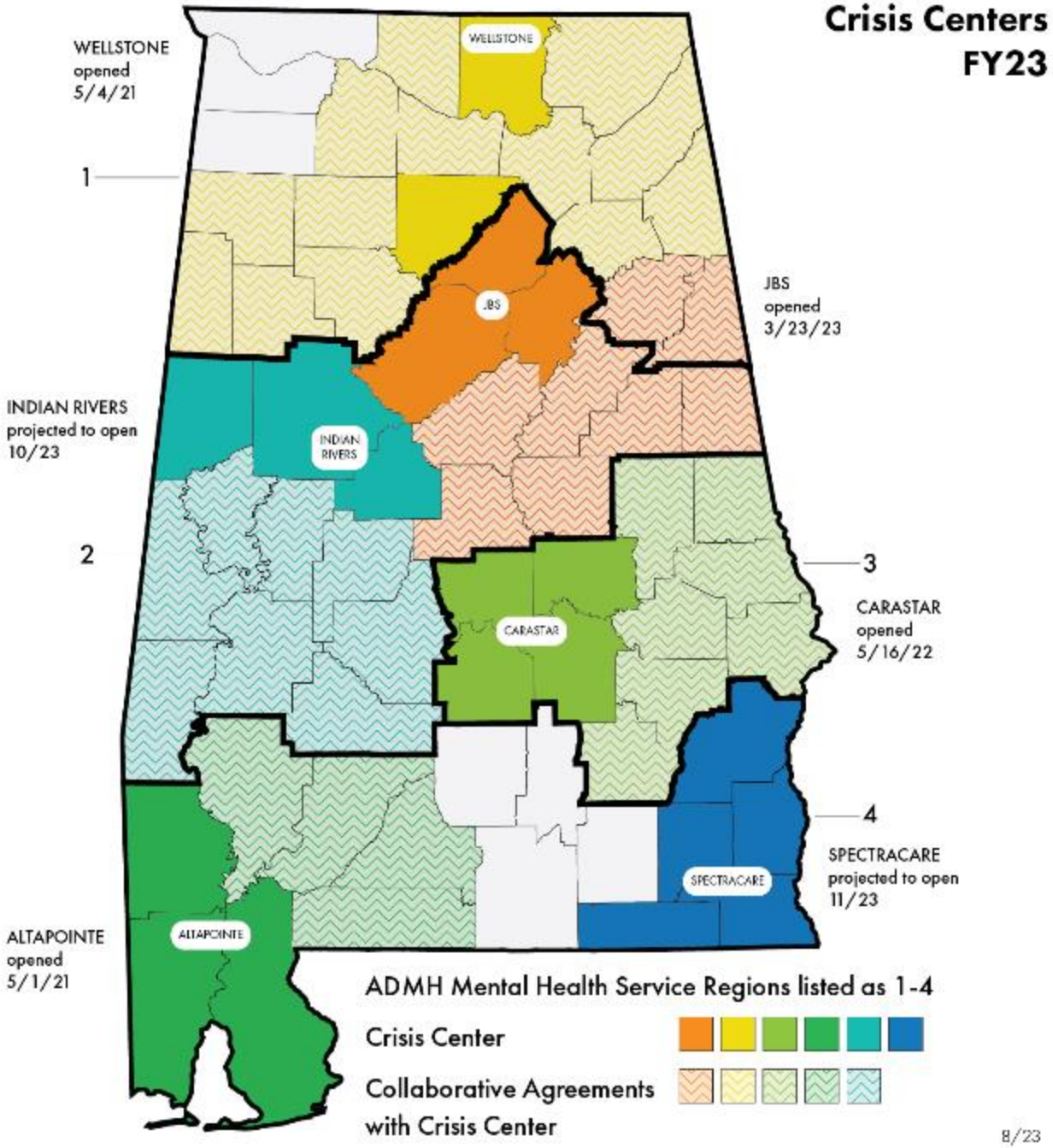
3. Some Place to Go: Crisis Centers

Crisis Centers are individualized to the unique needs of the communities they serve.

- **AltaPointe Health: The Behavioral Health Crisis Center** is located in Mobile County and serves Baldwin, Washington, Clark, Conecuh, Escambia, and Monroe Counties. The address is 2401 Gordon Smith Drive, Mobile, AL 36617. The phone number is 251-450-2211. Opened 5/1/21
- **Carastar Health (formerly Montgomery Area Mental Health Authority)** The Carastar Health Crisis Center is located in Montgomery, serving three adjoining counties and the counties of Chambers, Lee, Russell and Tallapoosa, in partnership with community mental health centers of East Alabama and East Central Alabama. Mobile Crisis Services are operational, in conjunction with law enforcement and first responder partnerships. The address is 5915 Carmichael Road, Montgomery, AL 36117. The phone number is 1-800-408-4197. Opened 5/16/22
- **WellStone**: **Wellstone Emergency Services** is located in Huntsville serving Cullman and Madison counties, and the surrounding counties, Dekalb and Etowah. Mobile Crisis Services are in operation, in conjunction with law enforcement and first responder partnerships. The address is 4020 Memorial Parkway SW, Huntsville, AL 35802. The phone number is 256-705-6444. Opened 5/4/21
- **Wellstone: Wellstone Emergency Services Pediatric Unit** is a 24-bed crisis care center, serving 12–18-year-olds. The phone number is 256-705-6444. Opened 9/23/24
- **Jefferson, Blount, St. Clair Behavioral Services: The Craig Crisis Care Center** will serve the named counties, in addition to surrounding counties. The address is 401 Beacon Pkwy, W, Birmingham, AL 35209. The phone number is 205-263-1701. Opened 3/23/23
- **Indian Rivers Behavioral Health: Hope Pointe Behavioral Health Crisis Center** located at 1401 Greensboro Avenue, Tuscaloosa, AL will serve surrounding counties. The phone number is 205-391-4000. Opened 10/18/23.
- **SpectraCare Health Systems**: This center is located in Dothan and serves surrounding counties. The address is 2740 Headland Ave., Dothan, AL. The phone number is 334-778-7188. Opened 2/17/25.

Crisis Centers FY23



8/23

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Somewhere to Go: Crisis Centers

Cumulative data from
May 2021-December 2024

BY THE NUMBERS

16,558 Evaluations

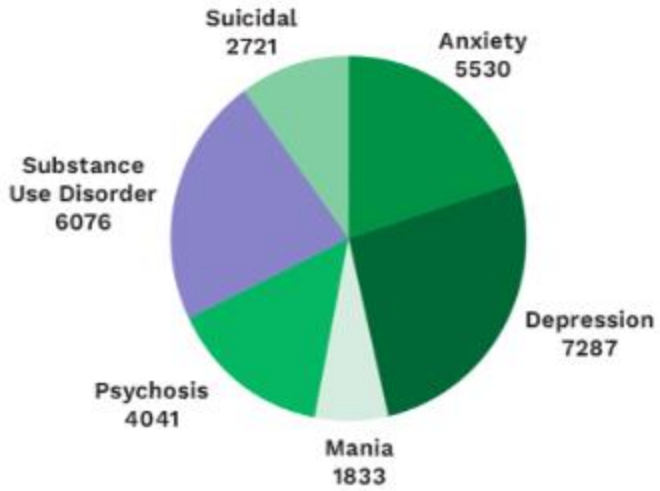
12,457 Individuals who Avoided ER Admission[1*]

2,760 Individuals who Avoided Jail Admission[1*]

1,252 Law Enforcement Drop-offs*

PRESENTING SYMPTOMS*

Individuals may present with Multiple Symptoms



FOLLOW-UP & READMISSION

Rate of Follow-up

Rate of Readmission
(within 30 Days)

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3. Some Place to Go

Aspects of a Crisis Center

- No wrong door for access to mental health and/or substance use crisis
- Assessment, treatment, and referral
- < 23 hour temporary observation
- < 7 days extended observation
- Voluntary admissions
- Not for civil commitments

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Be a Lifeline

Do you know someone in crisis?

You can be a lifeline & help support them!

Here are five steps you can take that are known to help:

1. ASK:

Are you thinking about suicide? How do you hurt? How can I help?

2. BE THERE:

In person or on the phone. Show support. Listen. Keep promises to connect.

3. HELP KEEP THEM SAFE:

If the person in crisis is suicidal, details matter: Do they have a plan, or ideas about timing or method? You can call 988 to support their crisis care.

4. HELP THEM CONNECT:

When someone is in crisis, connecting them with ongoing supports can help establish a safety net. Remind them they can call, text or chat 988 to connect with a trained crisis counselor 24/7.

5. FOLLOW UP:

After the immediate crisis is over, check in. That text or call afterwards makes a real difference.

988 SUICIDE & CRISIS LIFELINE

SOURCE: #BeThe1To @https://www.bethe1to.com/bethe1to-steps-evidence/

CS333007-A

YOU ARE YOUR BROTHERS/ SISTERS KEEPER.

- **YOU** FAMILY, FRIEND, COWORKER. (BE PREPARED)
- **YOU** GO.
- **YOU** MAKE REFERRAL.

- SEE One.
- DO One.
- TEACH One.

Simplify Your Search

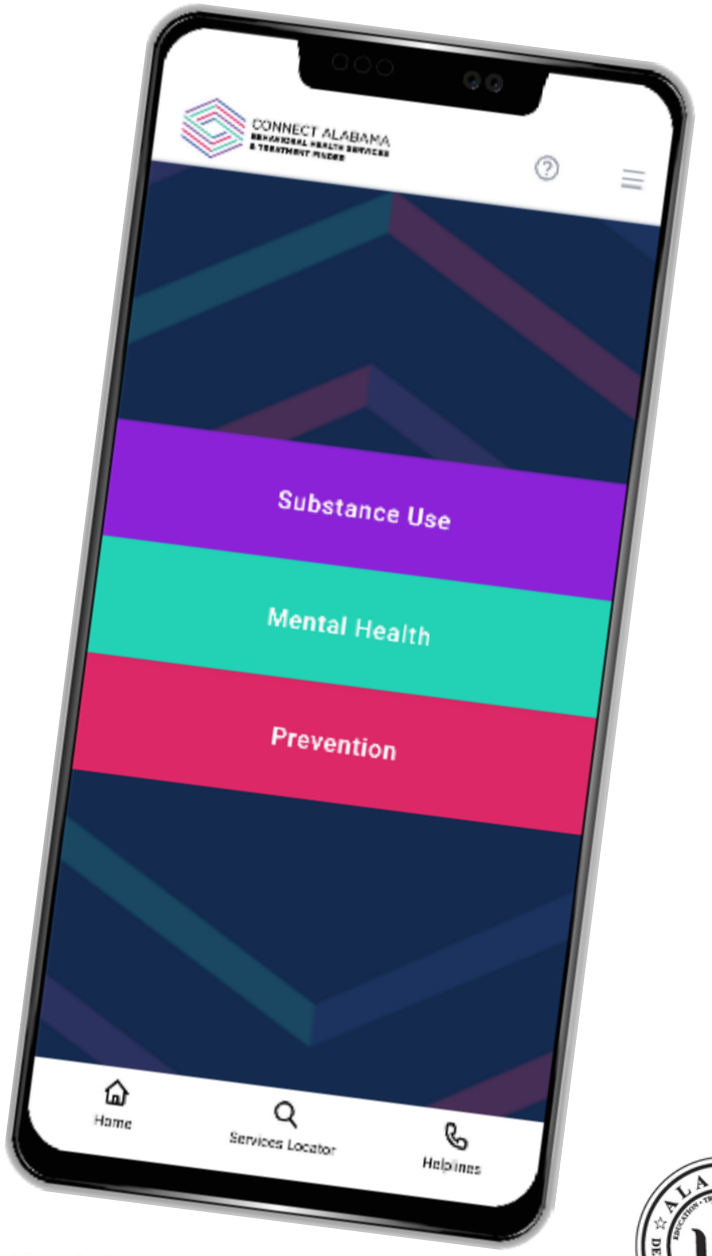
The Connect AL App is Live!

GET IT ON Google Play

Scan Me for Google PLAY

Available on the App Store

Scan Me for the App Store



esearight@ua.edu

QPR INSTITUTE

NREPP
Included in SAMHSA's National Registry of Evidence-based Programs and Practices

Ask A Question, Save A Life.

QUESTION. PERSUADE. REFER.

Learn How to Reverse an Overdose With Free Naloxone

Learn how to reverse an overdose
JEFFERSON COUNTY
DEPARTMENT OF HEALTH
and get free naloxone

Jefferson County Department Of Health

HOW do I get my FREE Kit and FREE Training?

1. Go to **www.jcdh.org/naloxone** or scan the QR code below.
2. Register online. Watch a quick video on naloxone and how to use it.
3. Pick one of the options to get your free naloxone kit:
   - Have kit mailed to you for free anywhere in Alabama
   - Pick up kit at JCDH (1400 6th Ave South, Birmingham, AL)
   - Pick up kit at a participating pharmacy

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Crisis Centers In Alabama

Crisis Centers are open 24/7, 365 a year, and utilize the "No Wrong Door" approach, offering evaluation, admission, or referral to anyone with a mental health, substance use or suicidal crisis.

The centers are designated places for families, communities, law enforcement, first responders, and hospitals to assist an individual who is in mental health or substance use crisis. At the center, the individual could receive stabilization, evaluation, psychiatric, substance use treatment services and/or referral.

Governor Kay Ivey has prioritized establishing a mental health crisis continuum of care, with support from the Alabama Legislature. This continuum of care, called the Alabama Crisis System of Care, includes Crisis Centers.

AltaPointe Behavioral Health Crisis Center

251-450-2211

2401 Gordon Smith Drive, Mobile 36617
Baldwin, Clark, Conecuh, Escambia, Monroe, & Washington counties

Carastar Crisis Center

800-408-4197

5915 Carmichael Road, Montgomery 36116
Autauga, Bullock, Chambers, Elmore, Lee, Lowndes, Macon, Montgomery, Pike, Russell, & Tallapoosa counties

Hope Pointe Behavioral Health Crisis Care

205-391-4000

1401 Greensboro Avenue, Tuscaloosa 35401
Bibb, Choctaw, Dallas, Greene, Hale, Marengo, Perry, Pickens, Sumter, Wilcox, & Tuscaloosa counties

JBS Craig Crisis Care Center

205-263-1701

401 Beacon Parkway W, Birmingham 35209
Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Randolph, St. Clair, Shelby, & Talladega counties

SpectraCare Health Systems

334-778-7188

2740 Headland Avenue, Dothan 36303
Barbour, Dale, Geneva, Henry, & Houston counties

WellStone Emergency Services

256-705-6444

4020 Memorial Parkway SW, Huntsville 35802
Cherokee, Cullman, Dekalb, Etowah, Fayette, Jackson, Lamar, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Walker, & Winston counties

Rural Crisis Takeaways

- Develop a coalition
- Become the champion for crisis services
- Be the person and challenge others:
  - Someone to call
  - Someone to go
- Funding: explore all options

Questions?

Please share your feedback on the event via the Zoom Poll!

Continued Education Credit

Please scan the respective QR code to earn 1.0 Continuing Education credit

988 CSR-TTAC NASW CEU Post Event Survey: Capacity Building Webinar 5

NASW

988 CSR-TTAC NBCC CEU Post Event Survey: Capacity Building Webinar 5

NBCC

Upcoming Event

Upcoming Events | 988 Crisis Systems Help (samhsa.gov)

Family and Systems Integration in Crisis Services for Children and Youth Webinar

May 22, 2025
2 PM EST

Office Hours

988 CRISIS SYSTEMS RESPONSE | TRAINING & TECHNICAL ASSISTANCE CENTER

Funded by the Substance Abuse and Mental Health Services Administration

Thank You

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.

SAMHSA
Substance Abuse and Mental Health Services Administration