WEBINAR SESSION

Advancing Integration: Overdose Prevention and Response in Crisis Care

December 4, 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

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 the 988 Lifeline and build a more robust crisis care system.

Altarum

w2 Consulting CORPORATION

CHANGEMATRIX

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SAMHSA Acknowledgement

Jill D. Mays, MS, LPC

Division Director of Crisis Systems Transformation for the 988 & Behavioral Health Crisis Coordinating Office (BHCCO)

Jill D. Mays is the Division Director for Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA. She currently leads the evolutionary and collaborative work of pillars two (someone to respond) and three (a safe place for help) of the 988 Behavioral Health Crisis Continuum. Before coming to SAMHSA, Mrs. Mays served as Director of the Office of Behavioral Health Prevention and Federal Grants at the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), where she most recently oversaw all substance misuse prevention, suicide prevention, and mental health promotion, and served as principal investigator for the agency's multimillion dollar portfolio of federal grants, including 988 and CCBHC grants and as planner for the mental health block grant. Additionally, as Assistant Director of the Office of Adult Mental Health at DBHDD, she was the Project Officer for Crisis Services. Mrs. Mays previously coordinated operation of SAMHSA's Disaster Distress Helpline (DDH) Core Regional Call Center in Atlanta, serving FEMA Regions III & IV. Mrs. Mays is a Licensed Professional Counselor, with over 30 years of experience in the behavioral health field and is a person with mental health firsthand experience.

Guest Speaker

Sarah Potter, MPA

Public Health Advisor

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Prevention (CSAP)

Ms. Potter currently serves as a Public Health Advisor and the Lead for External Partnership and Engagement at the SAMHSA Center for Substance Abuse Prevention (CSAP). Sarah is an accomplished executive and nationally recognized behavioral health leader with 25 years of experience building innovative approaches to drive better health outcomes. She brings a leadership background in health policy, workforce development, economic development, organizational growth strategies, and human service program design. Prior to joining SAMHSA, she held the role of CEO with the Addiction Professionals of North Carolina (APNC) where she led the association through significant growth and rebranding. Previously, she served the North Carolina Department of Health and Human Services as Chief of Community Wellness, Prevention, and Health Integration and the State of Illinois as the Policy Advisor to the Attorney General. Prior to her recent state and national service, Ms. Potter was Director of Development for the Illinois Association for Behavioral Health. Ms. Potter's experience has involved successful collaborative partnerships between workforce development, education, economic development, and business communities as well as working partnerships with courts, law enforcement, public health and mental health agencies. Ms. Potter holds her master's degree in public administration and bachelor's degree of social work from Southern Illinois University.

Agenda

LEARNING OBJECTIVES

SUBSTANCE USE IN CRISIS EVENTS

OVERDOSE RISK PREVENTION IN CRISIS SETTINGS

QUESTIONS

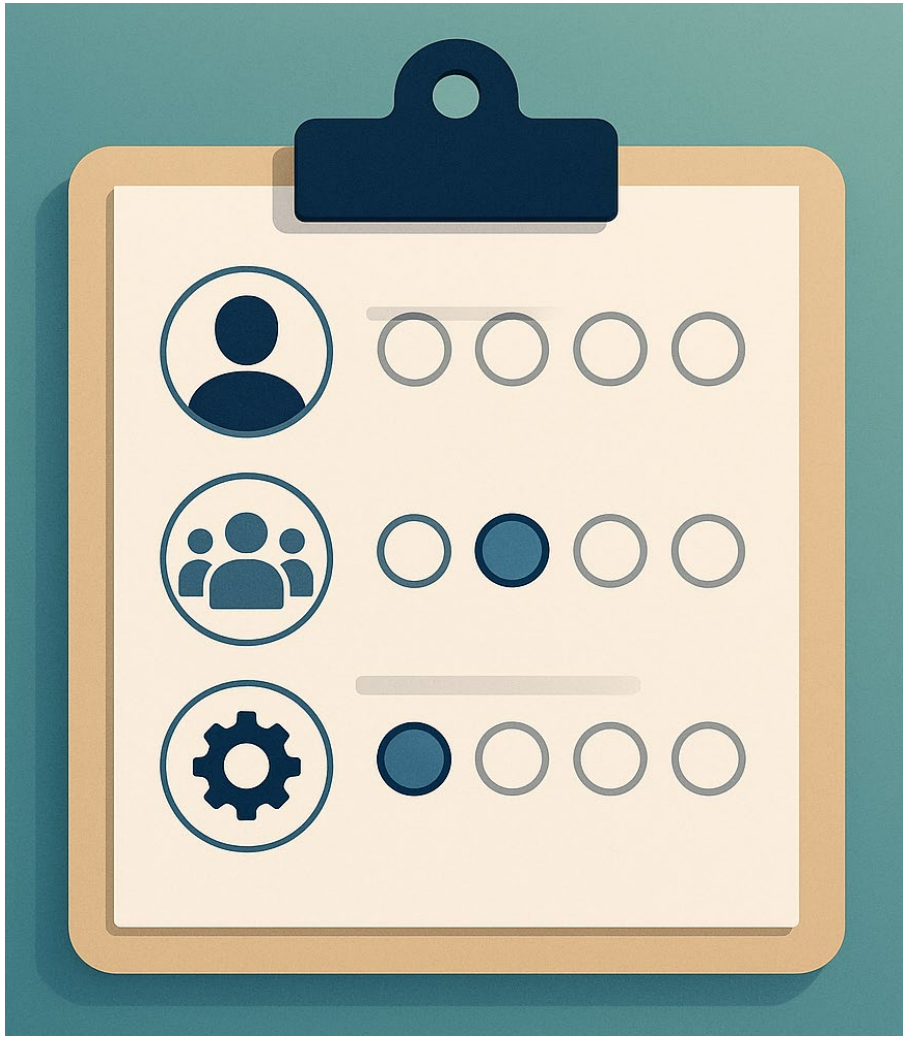
MINDFULNESS EXERCISE

WRAP-UP AND UPCOMING EVENTS

Poll

A little bit about you!

- What pillar of the crisis system do you work in?
  - Someone to contact (crisis contact center)
  - Someone to respond (mobile crisis response)
  - A safe place for help (crisis stabilization programs)
- What best describes your role?



Learning Objectives

Participants will learn to:

- Define overdose prevention and response within the context of crisis care
- Describe the historical and system-wide factors contributing to the opioid epidemic
- Demonstrate how to apply overdose prevention strategies in crisis settings
- Identify evidence-based approaches such as trauma-informed care, nonjudgmental engagement, and linkage to treatment and recovery services
- Integrate SAMHSA's overdose prevention guidance into workflows and protocols for crisis response teams

Scope of the Overdose Crisis

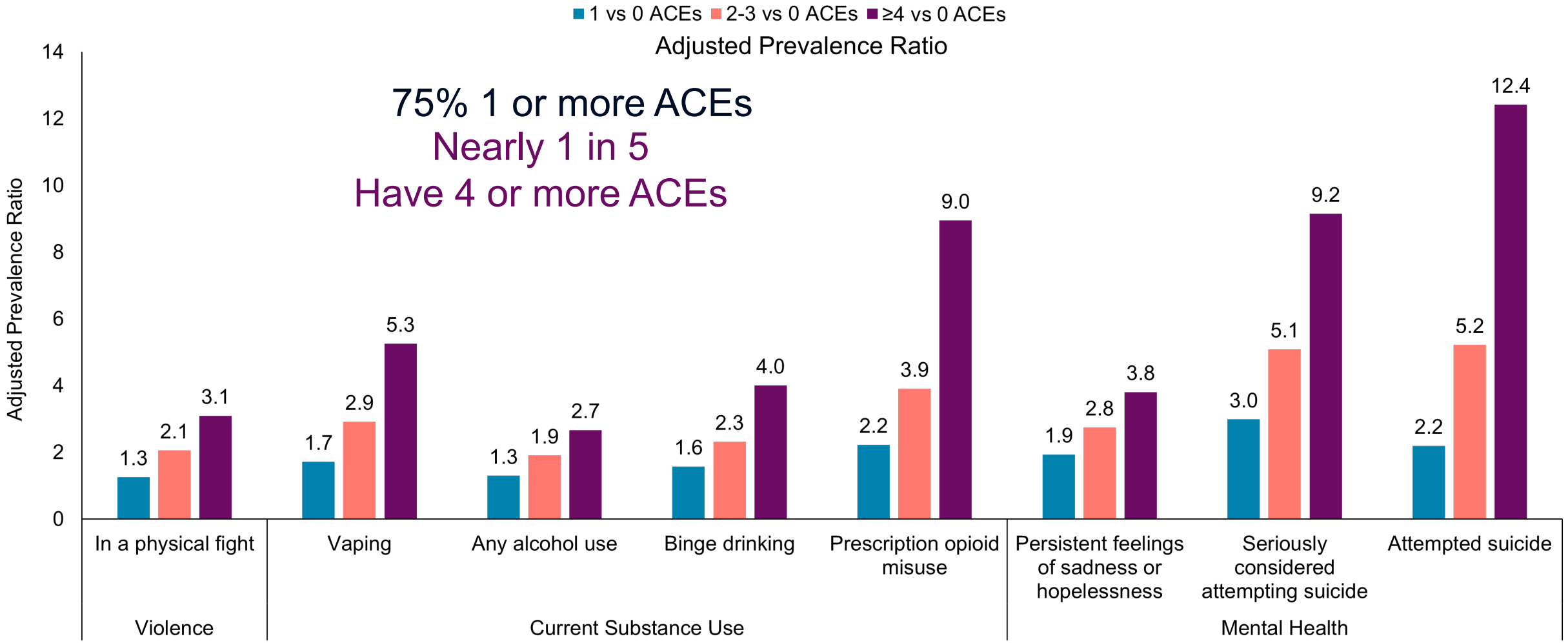
Snapshot of 2024 Data and Implications

- **40.7 million adults** (18+) with substance use disorder (SUD) did not get treatment
- **1.7 million adolescents** (12–17) with untreated SUD
- Over **92% of people with SUD go untreated**
- 3 of 4 high school students have more than 1 adverse childhood experience (ACE); **1 of 5 have more than 4 ACEs**
- **708 adolescents** died from drug-related causes

Estimated Combined Costs of Illicit Drug Use = $1.2 trillion*

**Based on CDC provisional estimate of 80,391 overdose deaths in 2024, including 25,648 overdose deaths involving drugs other than opioids (National Center for Health Statistics, 2025).*

ACES and Prevalence Implications



Adverse Childhood Experiences and Health Conditions and Risk Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2023 (PDF)

Snapshot of 2024 Data and Implications 2

- SUD is chronic and progressive – recovery requires supports and services
- Risk of **overdose** is 10–20 times higher in untreated OUD; given current rates for adolescents even 5% fatality = 400,000 + projected deaths
- 50% + have **co-occurring mental illness** that puts a burden on ERs, 988 and crisis to care programs, crisis response systems
- Youth with untreated SUD at higher risk of dropout, justice involvement, and early death

Need for Cross-Sector Collaboration

Sector	Need
Public Health	Escalating overdose deaths (especially opioids, polysubstance)
Mental Health	More psychiatric crises, suicidality, co-occurring disorders
Youth and Education	Lower graduation, higher justice involvement, ACEs predictor
Justice System	Recidivism, jail overcrowding, untreated behavioral needs
Healthcare	ER overuse, late-stage interventions, continued rising costs
Families and Generations	Trauma transmission, increased child welfare burden

System Fragmentation

- Disconnected data between EMS, hospitals, and public health.
- Indicator data linked to overdose severity is rarely used in system planning.
- Prevention and overdose response/crisis to care coverage is not distributed evenly.
- Inconsistent prescribing and care coordination across service levels and provider type.
- Lack of sustained, cross-sector coordination.
- Financing mechanisms are overly complex and amplify gaps in care and workforce shortages.

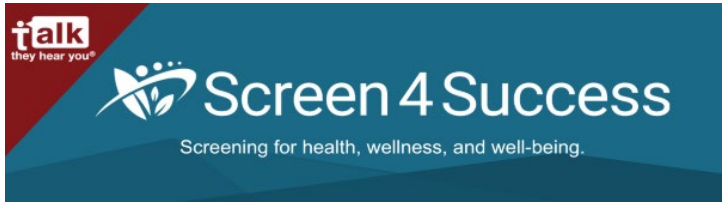
High-Impact Opportunities

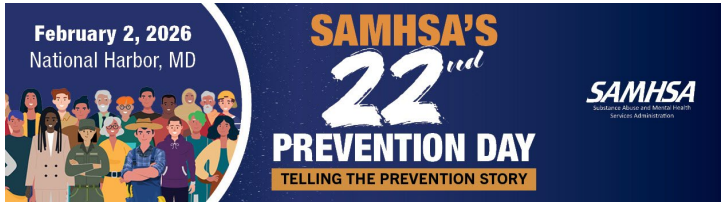
1. Naloxone access and adequate saturation.
2. Expanding use of non-clinical supports.
3. Expanding and retaining behavioral health, crisis continuum and overdose response workforce.
4. Addressing root causes and using indicator data to build service infrastructure.
5. Low-barrier access to Medications for Opioid Use Disorder (MOUD), clinical and non-clinical supports.
6. Data integration: shared dashboards and alerts.
7. Prescriber engagement: education and stewardship.
8. Cross-sector coordination and partnerships: memoranda of understanding (MOUs), warm handoffs, protocols. Social and peer networks.

Prevention Technology Transfer Centers (PTTCs)

[Prevention Technology Transfer Center (PTTC) Network]

SAMHSA's CSAP: Campaigns, Events, Observances





[Substance Use Prevention Campaigns, Events, and Observances]

Substance Use in Crisis Settings

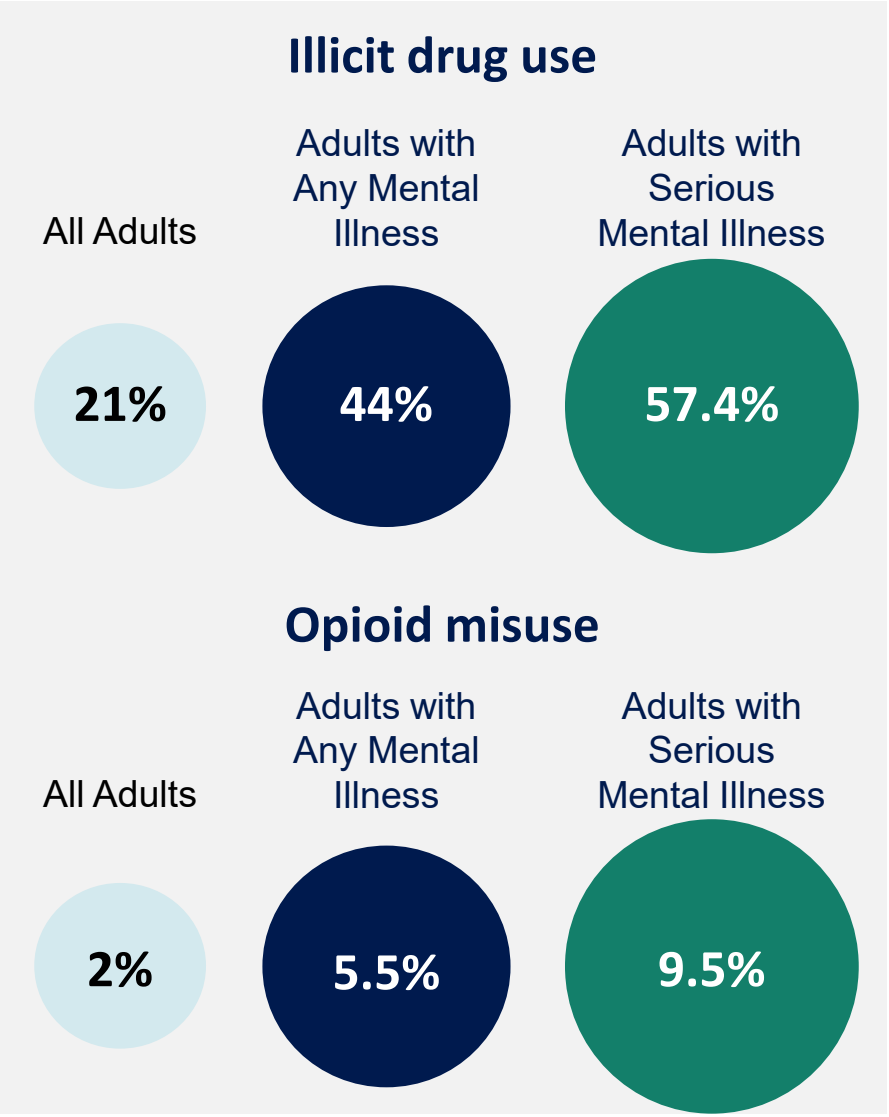
Substance Use: A Crisis Reality

People with mental health disorders are:

- More likely to misuse substances, including opioids
- More likely to develop a SUD (and vice versa)
- More likely to experience both fatal and non-fatal overdose

Why?

Shared risk factors



Note: Illicit drug use includes cannabis, regardless of state law.

Overdose Risk within Crisis Settings

Overdose risk within crisis settings can show up in two key circumstances

Overdose Is the Crisis

An overdose itself can be a crisis, requiring urgent intervention and medical support for the affected individual.

Substance Use Co-Occurring with Other Crises

Substance use issues may co-occur with other crisis situations, compounding risks and complicating intervention approaches for crisis workers.

Addressing Overdose Risk in Crisis Settings

Mindset and Philosophy Shifts

Preparing staff and organizations to implement strategies effectively

Strategies and Techniques

Understanding the evidence-based strategies for overdose prevention and response in crisis settings

Staff Well-being

Taking care of staff who respond to and witness crises

Laying the Groundwork with Mindset and Philosophy First

Create a welcoming and safe crisis continuum for people who use drugs

How We Think

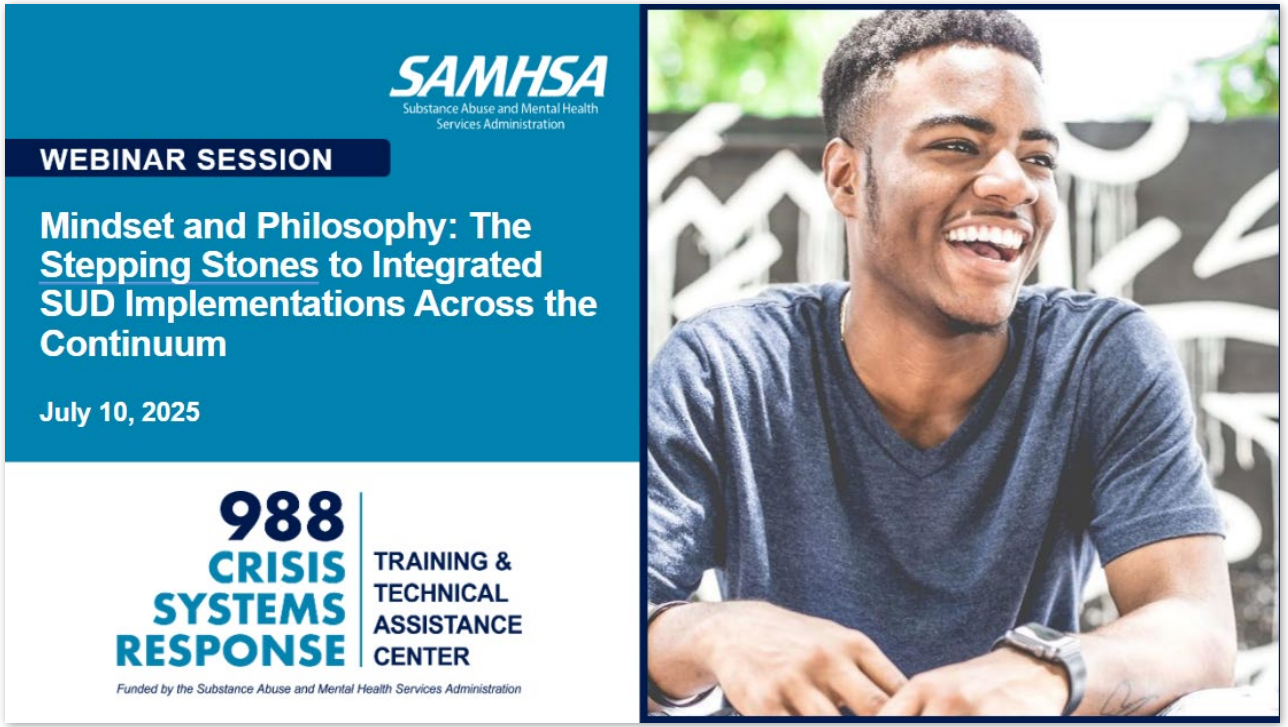
- Understanding SUD and Co-Occurring Disorders (COD)
- Nonjudgmental Stance

How We Behave

- Empathetic
- Compassionate

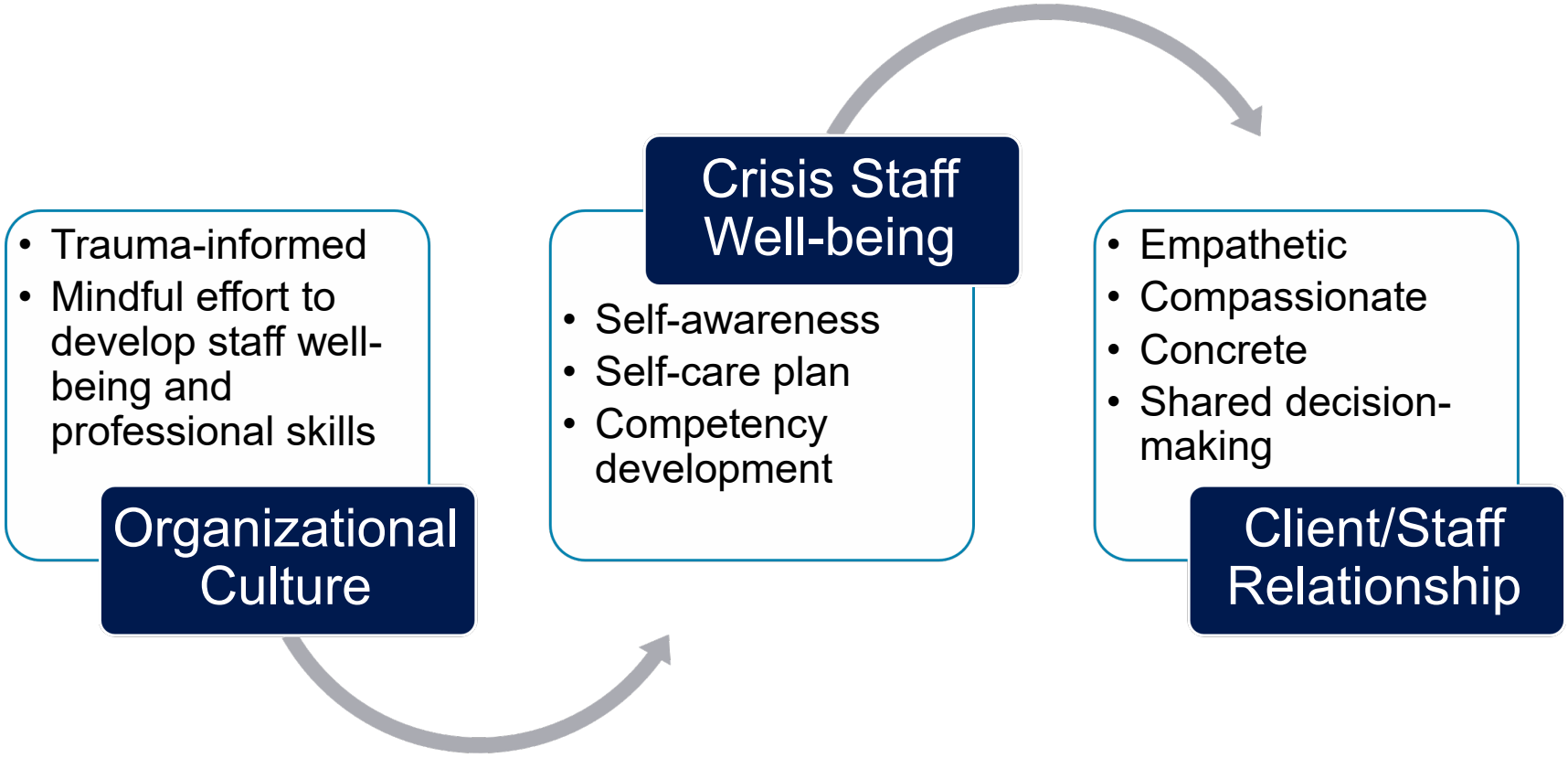
How We Integrate

- Engagement Focus
- No Wrong Door



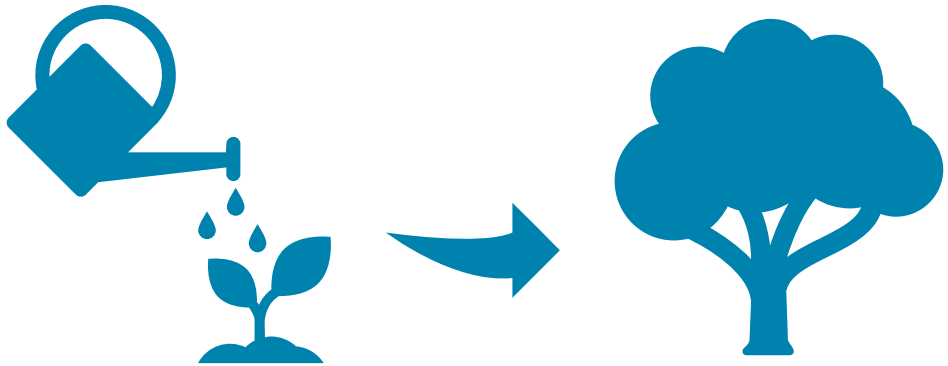
Mindset and Philosophy throughout the Crisis Response Structure

Mindset and philosophy shifts can happen on multiple levels, undergirding our efforts to integrate strategies that address overdose risk during crisis response.



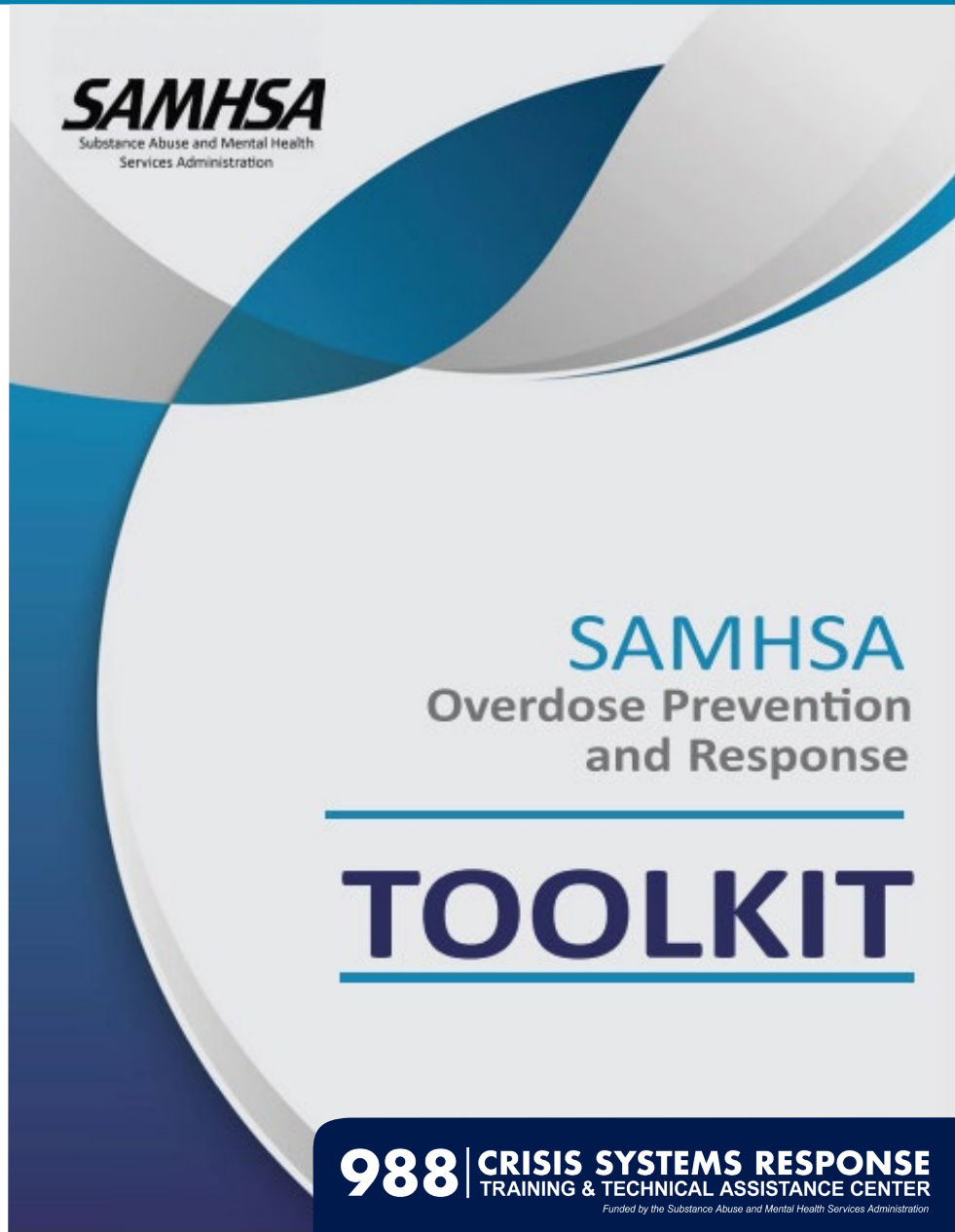
Moving from Knowledge and Mindset to Implementation

- An understanding of the overdose epidemic and people who use drugs builds a strong foundation for how to address these issues in crisis settings
- Effective, evidence-based practices exist for how to respond to an overdose, as well as prevent future overdoses
- **SAMHSA's Overdose Prevention and Response Toolkit** provides an important framework for discussing these strategies in the context of the crisis continuum



SAMHSA's Overdose Prevention and Response Toolkit

- **Toolkit Purpose**
  - The toolkit educates audiences on overdose causes, risks, signs, and response strategies.
- **Opioid Overdose Reversal Medications (OORM)**
  - Information on naloxone and nalmefene, which can reverse opioid overdoses when given promptly.
- **Community and Provider Engagement**
  - The toolkit enhances training programs and promotes community and provider education.
- **Empowerment Through Information**
  - Accessible and accurate information empowers individuals to take preventive and response actions.



Risk Reduction – Before, During, and After an Overdose

Before

Any non-overdose crisis is an opportunity to:

- Assess substance use and overdose risk
- Educate and provide OORM
- Offer connection to SUD treatment *in-line with the person's recovery goals*

During

Respond to a suspected overdose by:

1) Checking for a response
2) Giving OORM
3) **Supporting breathing** (rescue position or rescue breathing)
4) Calling 911 (if EMS not present)

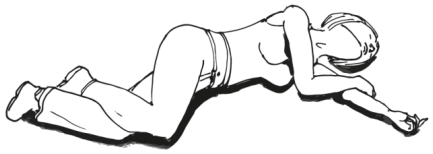


Figure 2. Recovery Position

After

If someone regains consciousness after overdose:

- Provide OORM and test strips to *all present*
- Discuss risk reduction strategies
- Provide connection to treatment or other ongoing care as applicable

For OORM trainings, check: Get Naloxone Now

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Addressing Overdose Risk Prevention in Crisis Settings

Risk Assessment and Information

Assess individual risk and gather relevant personal health information to proactively reduce overdose risk during and after an overdose or non-overdose crisis event.

Managing Withdrawal Symptoms

Post-overdose or while substances clear the system, individuals may face withdrawal symptoms such as body aches and nausea, which are usually not life-threatening but do require attention. *This may be part of stabilization if an individual is intoxicated during a crisis event.*

Treatment and Support Options

Offering treatment, peer support, and behavioral health resources is vital to aid recovery after any crisis event, including an overdose reversal.

Risk Awareness and Monitoring

If individuals decline further care after an overdose, ensuring they understand risks and have monitoring for at least four hours is critical. If a non-overdose crisis, ensure individuals know risks of substance use and strategies for reducing their risk. *Always provide OORM.*

Additional Strategies for Overdose Risk Reduction

Targeted OORM Distribution

Focused distribution of overdose prevention resources to people who use drugs, their friends, and families enhances effectiveness. *Crisis settings are targeted distribution.*

Drug Checking Services

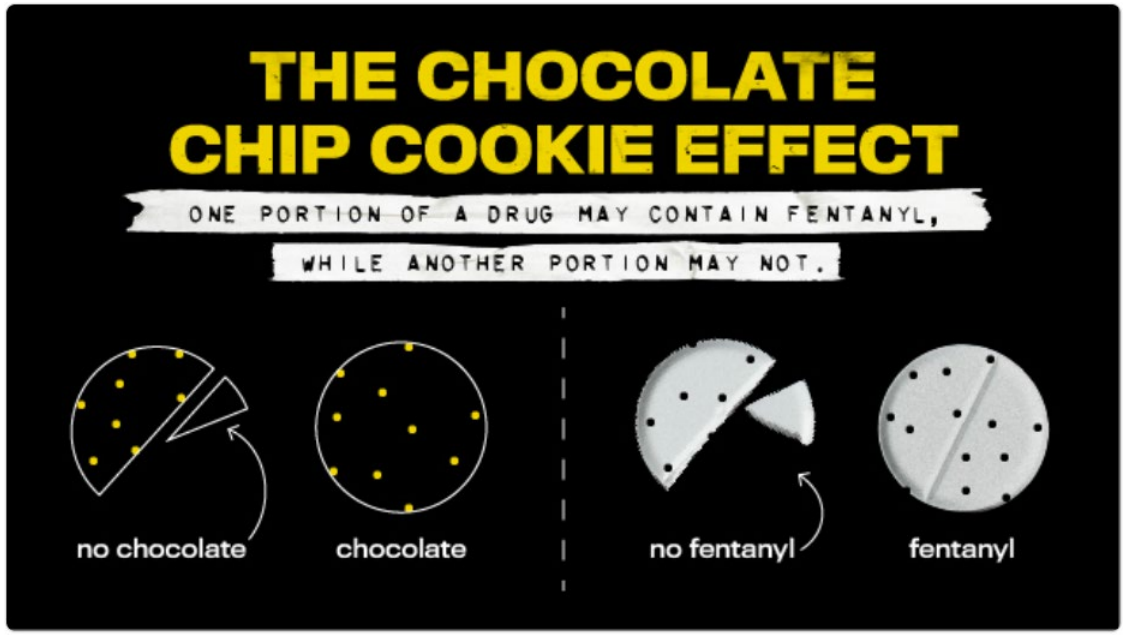
Fentanyl or xylazine test strips and drug checking provide vital information to promote safer usage decisions.

Positive Public Communication

Health campaigns focusing on positive messages inform the public about overdose risks and OORM access. This can also help reduce stigma.

Coalition Building

Collaboration among communities, service providers, law enforcement, and EMS creates sustainable prevention efforts *in all facets of crisis response*.



From: What You Can Do to Test for Fentanyl

Evidence-Based Approaches to Treatment as Overdose Risk Reduction

MOUD

FDA-approved medications manage opioid use disorder and other SUDs by reducing opioid cravings and reducing overdose risk.

Behavioral Interventions

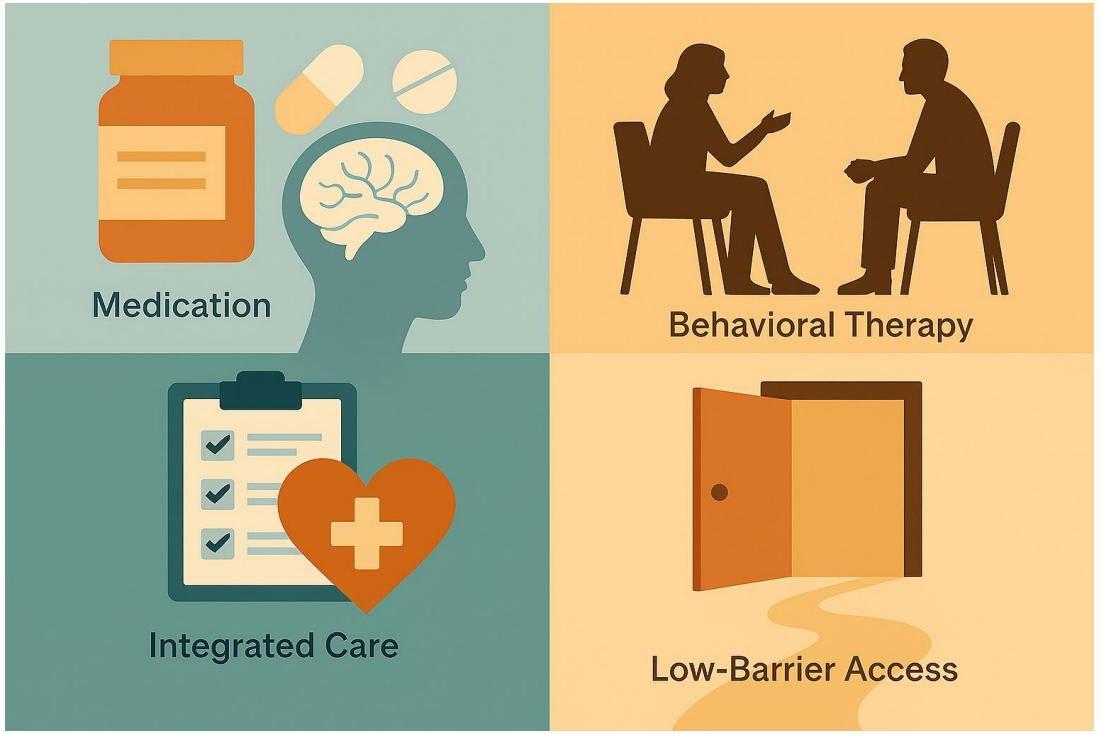
Contingency management supports SUD recovery through behavioral incentives and counseling.

Integrated Care Approach

Combining medication treatment with psychosocial support improves outcomes for individuals with SUDs.

Low-Barrier Access

Ensuring treatment access without mandatory participation in specific services promotes engagement and recovery.



Well-being After a Crisis

Acknowledge and Manage Stress

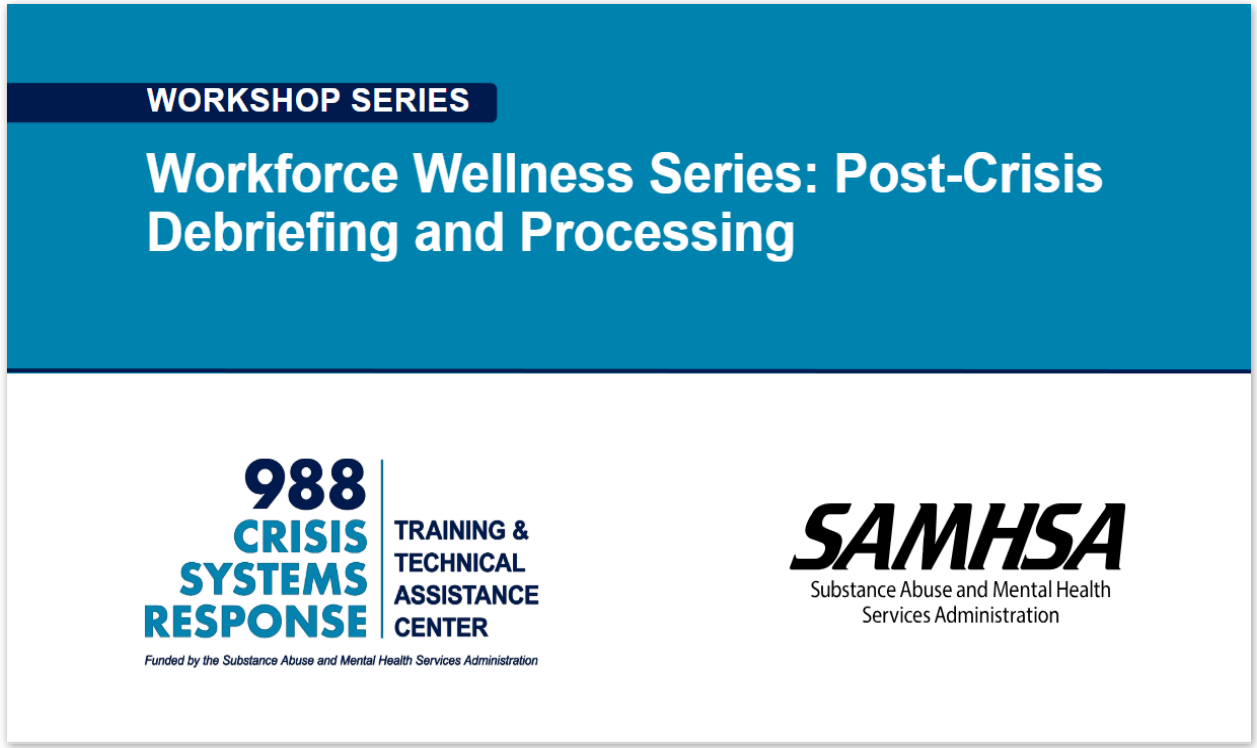
Responding to overdose situations can be emotionally intense and may trigger feelings of helplessness, anxiety, or secondary trauma. Recognize these reactions as normal and take time to process your experiences after a crisis event. Give staff formal and informal spaces to do so.

Provide Support through Structured Debriefing

Crisis workers can't carry the burden alone. It's important for staff to be able to debrief and share feelings in a structured and facilitated manner. Anyone affected by the event should never have to facilitate a debrief.

Support Staff Wellness

Establishing formal support structures in crisis response organizations is critical. Consistent staff wellness and self-care practices prevent burnout and help crisis workers maintain the resiliency needed to continue to support others effectively.



In Conclusion

- Substance use is common in crisis settings because of overlapping risk factors.
- Crisis organizations and staff must prepare through mindset and philosophy shifts, as well as training and substance use-related resources.
- Addressing overdose risk means knowing how to respond before, during, and after an overdose.
- After-care is necessary both for individuals experiencing the crisis, and responders.

Questions?

Mindfulness Exercise

Upcoming 988 CSR-TTAC Events

SAMHSA CSR-TTAC Upcoming Events

Partnering with Emergency and First Responders: Dispatch Call Center Diversion
January 7, 2026
2:00pm – 3:30pm ET

CYF Webinar: Beyond the Diagnosis: Supporting Children with Chronic Illness Across the Crisis Continuum
January 8, 2026
2:00pm – 4:00pm ET

Workforce Wellness Series: Supporting Wellness Through Supervision
January 15, 2026
2:00pm – 3:30pm ET

Suicide Prevention in Follow-Up Care: Strengthening Safety Planning and Risk Monitoring
January 29, 2026
1:00pm – 2:30pm ET

New 988 CSR-TTAC Learning Collaborative

🚨 **Applications Open!** 🚨

Join the 988 CSR-TTAC **Partnerships with Emergency and First Responders Across the Crisis Continuum of Care Learning Collaborative!** This four-month Learning Collaborative will support first responders and crisis response partners in strategically developing and implementing collaborative response models to establish and sustain cross-agency coordination.

✅ **What's in it for you?**

- 4-month virtual Learning Collaborative
- Expert-led sessions and peer learning
- Optional 1:1 technical assistance
- Create a **Collaborative Community Response Blueprint** for your community

🗓️ **Deadline:** December 17, 2025

- 📩 Apply now to secure your spot! More information can be found here: Partnerships with Emergency and First Responders Across the Crisis Continuum of Care

Certificate of Attendance

Certificate of Attendance Available

We Value Your Feedback!

Please take a minute to complete the evaluation poll on your screen.

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Contact Information

SAMHSA's 988 CSR-TTAC

- support@988crisisttac.org
- 844-464-8338 (toll free)

Subscribe to the CSR-TTAC contact list to get the latest 988 news and invitations to our events or use the QR code.

Welcome to the CSR-TTAC

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.