

**WORKSHOP SERIES**

# Workforce Wellness Series: Supporting Wellness Through Supervision

January 15, 2026



*Funded by the Substance Abuse and Mental Health Services Administration*



# Disclaimer 1

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, SAMHSA nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. government.



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## Disclaimer 2

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.



# SAMHSA Team



**Jill D. Mays, MS, LPC**

**Division Director of Crisis System 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 lived experience.

# SAMHSA Team 2



**CAPT Corey Palmer,  
MS, MPH**

**Workforce Lead  
Crisis System Transformation  
for the 988 & Behavioral  
Health Crisis Coordinating  
Office (BHCCO)**

CAPT Corey Palmer is a Commissioned Officer in the U.S. Public Health Service with over 20 years of experience improving health outcomes and increasing access to quality healthcare. Currently, he serves as the Workforce Lead for the Behavioral Health Crisis Transformation Team in the 988 and BHCCO.

Prior to joining the SAMHSA, CAPT Palmer served in various leadership roles for the Administration for Children and Families (ACF), Health Resources and Services Administration (HRSA), Department of Defense (DoD), Defense Health Agency (DHA), and the District of Columbia Department of Health (DC DOH). He successfully spearheaded the redesign of three national health profession programs that focused on varying populations, coordinated the first Federal Roundtable on Workforce Pipeline Programs, and co-led the development of the Workforce Grand Rounds webinar series to increase the dissemination of evidence-based practices, innovative models, and promising approaches. CAPT Palmer provided leadership and direction in the development and implementation of policies, guidelines, regulations, and budget execution for national health professions programs, and advised other federal partners across the department on health career pathway programs. In addition, he worked with states and territories on the recruitment and placement of healthcare providers in rural and under-resourced communities for the National Health Service Corps. CAPT Palmer also managed healthcare programs, developed policies, and evaluated programs on local, state, and federal levels.

# Agenda



Learning Objectives



Presentation



Q&A



Wrap-Up



# Learning Objectives

By the end of this workshop, participants will be able to:

Describe	Describe how effective supervision enhances staff resilience and mitigates burnout in crisis service settings
Explain	Explain the connection between supervisory support and staff retention, performance, and overall well-being
Apply	Apply supervision strategies that foster reflective, supportive spaces where staff can process stress and emotions safely, while maintaining accountability and promoting professional growth
Integrate	Integrate evidence-based wellness and resilience practices into supervision to promote sustained staff well-being

## PRESENTATION

# Supporting Wellness Through Supervision: An Integrated, Performance-Based Approach

Presented by:

Brianna Green, Director of Virginia Programs

Amelia Lehto, Director of National Programs

HopeLink Behavioral Health

[hopelinkbh.org](http://hopelinkbh.org)

# Speaker 1



**Brianna Green,**  
Director of Virginia  
Programs, HopeLink

Brianna Green is an experienced crisis interventionist and supervisor with over eight years in crisis line leadership. She discovered her passion for crisis work as a teen volunteer and has since advanced from crisis worker to Director of Virginia Programs at HopeLink Behavioral Health. As a suicide loss survivor and advocate for lived experience, Brianna strives to create trauma-informed, person-centered crisis systems. Her work focuses on alternatives to hospitalization and carceral interventions and partnerships that divert mental health calls from 911 to the 988 continuum, thereby strengthening compassionate, community-based care.

# Speaker 2



**Amelia Lehto**  
Director of National  
Programs, HopeLink

Amelia Lehto is the Director of National Programs at HopeLink Behavioral Health, where she oversees the operations, strategic development, and quality assurance. With nearly 20 years of experience in crisis intervention, suicide prevention, and postvention support, she leads initiatives that ensure excellence in service delivery through strong standards, training, and program oversight.

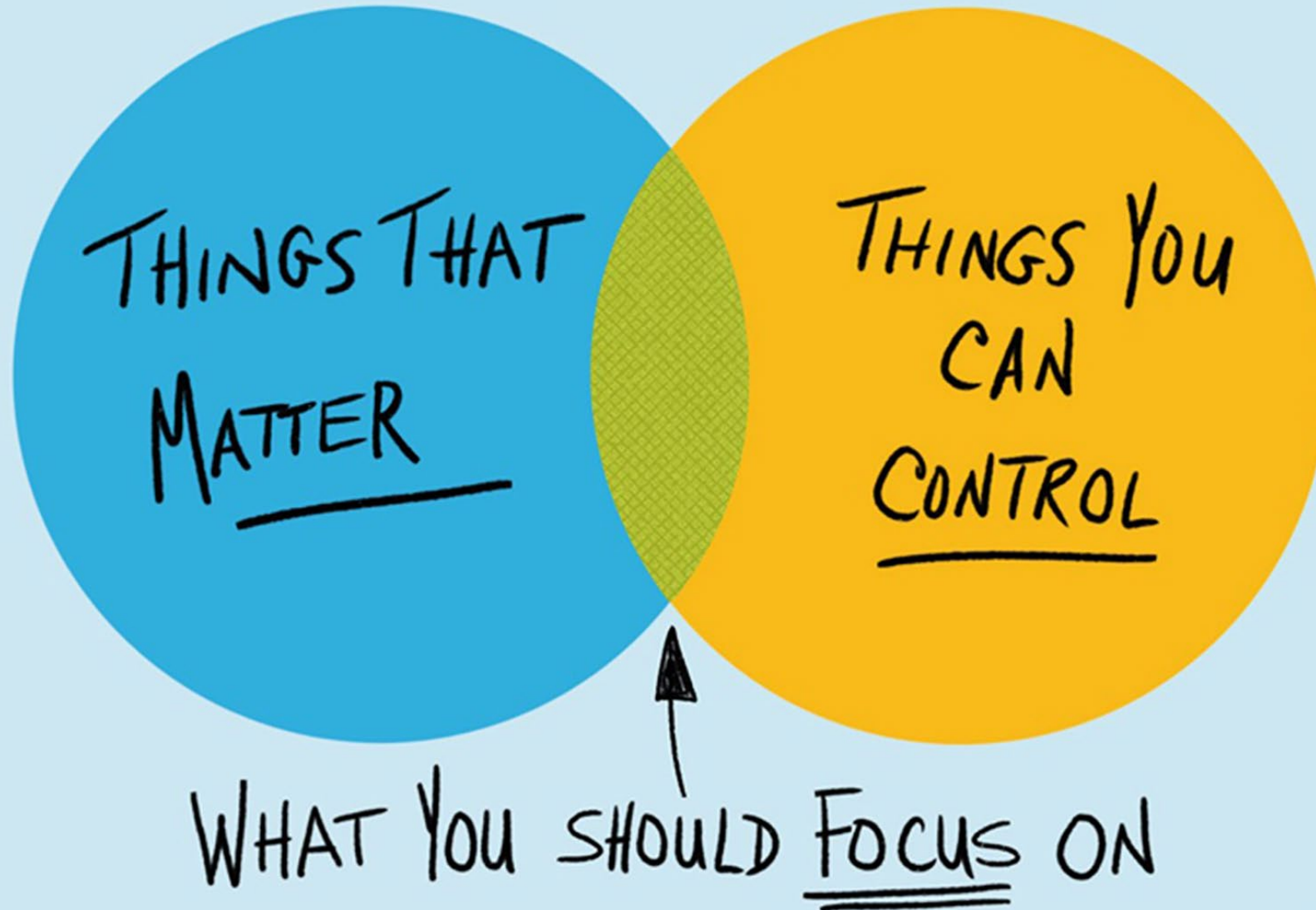
Her career began as a crisis line volunteer and has since encompassed leadership, consulting, and advisory roles with organizations such as SAMHSA, Six Feet Over, and Kevin's Song. Amelia's work reflects a steadfast commitment to strengthening the crisis continuum of care and advancing national best practices in behavioral health crisis response.

# Workshop Disclaimer:

This session focuses on supervisory practices related to job performance, workforce sustainability, and operational effectiveness.

It does not provide clinical, therapeutic, or diagnostic guidance.

# How to Focus on What Matters Most



# About HopeLink



Trusted, Accredited 24/7/365 Crisis Support



Provide Statewide Lifeline Operations in the State of Virginia and National Back-Up Lifeline Operations



Integrated Statewide Crisis System Leader

# The Presenting Problem

- Remote and distributed workforce environment
- High work intensity and reactive service conditions
- Supervisory emphasis on risk protection rather than performance coaching
- High proportion of entry-level supervisors
- Staff retention challenges
- Workforce engagement challenges
- Workforce changes impacting supervision, including:
  - Evolving organizational norms and operational expectations
  - Shifts in workforce engagement drivers
  - Variability in role clarity and job expectations
  - Compensation considerations

# Feedback from Staff

- Skills were not being worked on: focused more on asking questions and receiving procedural answers
- Limited consistency in supervisory relationships
- Insufficient clarity and predictability in supervision
- Not receiving meaningful feedback
- Not discussing root issues

# What Supervision Looked Like

- Supervisor was not always scheduled on the same shift as employee
- Procedural, performative, and operationally misaligned
- Highly standardized and documentation-focused
- 1 hour, every 2 weeks for full time staff
- Supervisor to employee structure 1:1

# Existing Data and Performance Measures

- Comprehensive performance and operational data
- Standard key performance indicators (KPIs)
- Supervision meeting frequency and completion
- Quality Improvement/Quality Assurance (QI/QA) data
- Training completion and certification status
- Schedule and shift adherence
- Workload and effort indicators

# Observed Outcomes Prior to Rollout

- Persistent attendance and schedule adherence challenges
- Limited understanding of performance data and individual impact on outcomes
- Overemphasis on KPIs outside of individual or supervisory control
- Greater reliance on corrective action rather than performance-based coaching

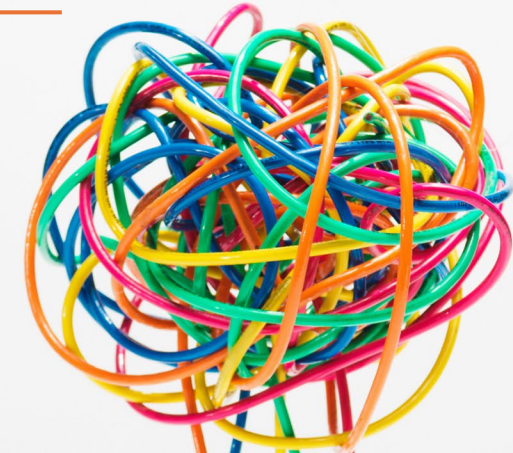
# Building the Foundation

- Clearly defining the role and purpose of supervision in crisis service operations
- Using existing data intentionally to support performance review and decision-making
- Establishing clear supervisory accountability at the manager and supervisor level
- Linking individual performance to organizational goals and service outcomes
- Providing feedback focused on work outputs and performance standards rather than personal traits
- Aligning supervisory practice with operational expectations

# Supervision

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- Collaborative
- Employee-focused
- Not therapy, not a debrief
- Required creation of roles
- Adjustment in responsibilities for existing roles



# Building Blocks

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## QA Review

- Data
- Skill review
- Driver of feedback
- Completed by Quality Assurance Managers (QAM) for consistency
- Feedback provided by QAM for consistency
- Uses the interaction review form

## 1:1 Meetings

- With a coach
- Once a month
- Review of several interactions
- Focused on performance
- Review of performance-based data
- Review of prior meeting notes

## Process Groups

- Debrief or skill-based
- With clinical team
- Topical
- Work-related concerns and challenges
- Running many times a week
- Facilitated independently of direct performance evaluation

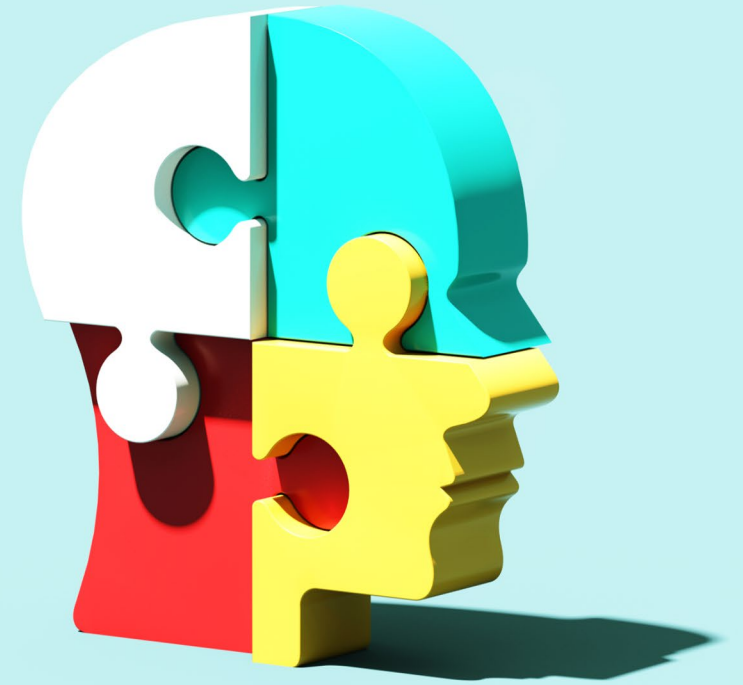
## Coaching Groups

- Small group
- Same shift
- Focus on KPIs and performance enhancements
- Operational skills
- Procedural skills
- On the job training format
- Can be structured or open questions and answers
- Once a month

# Building Blocks 2

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- Call answer rate
- Shift adherence
- Average handle time
- Time of day
- Past performance



# Data and Impact

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- What you have, what can be automated
- Contacts longer than 20 minutes
- Police interventions
- Current suicidal ideation
- Follow-ups
- Mobile crisis referrals



# PM 101: Preparing for Implementation

## Interactive Reflection & Group Discussion

- As the model gets ready to roll out, **how are you preparing** supervisors to deliver personalized feedback effectively?
- What **systems or tools will be in place** to ensure data becomes a supportive coaching resource rather than a punitive measure?
- What **training structures** are being built in to strengthen role sustainability and empowerment?
- What one word best describes the **biggest challenge** you anticipate as the model moves into day-to-day use?



[Menti Question 1](#)

# Outcomes – Quality Practice

- Quality practice is clearly defined, consistently reinforced, and integrated into all supervisory conversations and meetings
- Standardized language is used to define and evaluate quality practice across roles and teams
- Quality expectations are directly aligned with the Safety Assessment Model and operational standards

NOTE: Quality practice refers to observable, role-related behaviors and performance standards aligned with organizational policy and the Safety Assessment Model.

# Outcomes – Workforce Development

- Individual growth connected to performance
- Work-focused collaboration
- Performance improvement is expected and supported
- The Coach serves as a consistent performance resource
- The Coach can be an advocate if needed
- Employees know what to expect and how to get their needs met

# Outcomes - Operational Expectations

- Addressing performance is expected and not viewed as disciplinary
- Employees understand the KPIs and what is changeable
- Greater accountability between workers and with direct supervisors
- Less “corrective action” focused on mandated behavior correction and greater emphasis on policy and performance concerns

# Questions?

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## Contact Information:

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[brianna.green@hopelinkbh.org](mailto:brianna.green@hopelinkbh.org)

# Questions



# Upcoming 988 CSR-TTAC Events



[Upcoming Events,  
988 Crisis Systems Help](#)

## **Suicide Prevention in Follow-Up Care: Strengthening Safety Planning and Risk Monitoring**

January 29, 2026

1:00pm – 2:30pm ET

## **Partnering with Emergency and First Responders: Collaborative Models of Crisis Response**

February 12, 2026

2:00pm – 3:30pm ET

## **Beyond the Moment of Crisis: Coordinated Approaches to Prevention and Long-Term Recovery for Children and Adolescents**

February 19, 2026

2:00pm – 4:00pm ET

## We Value Your Feedback!

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



# Attendance Certificate

Available by request:  
[Certificate Request Form](#)



# 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

