

WEBINAR SESSION

From Concern to Confidence: Strengthening 988 & 911 Coordination While Managing Risk and Liability

February 10, 2026



Funded by the Substance Abuse and Mental Health Services Administration



Disclaimer

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 (HHS) or SAMHSA, nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. government.



Funded by the 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.



AGENDA

- Welcome
- Housekeeping
- Overview of SAMHSA's Role
- Importance of 988/911 Interoperability
- Introduction of the Risk and Liability Toolkit
- Closing Remarks and Q&A



SAMHSA Welcome

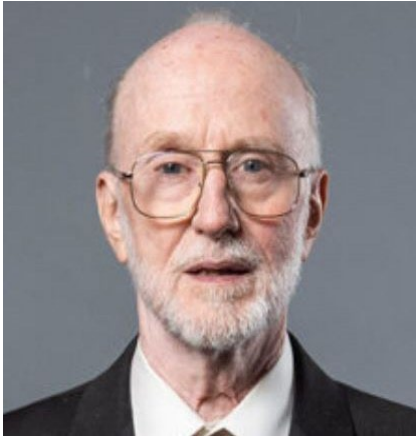


Jill D. Mays, MS, LPC

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 Speaker: Richard McKeon



**Dr. Richard
McKeon**

**Senior Advisor for
the 988 &
Behavioral Health
Crisis
Coordinating
Office (BHCCO)**

Richard McKeon received his PhD in Clinical Psychology from the University of Arizona and a Master of Public Health in Health Administration from Columbia University. He has spent most of his career working in community mental health, including 11 years as director of a psychiatric emergency service and 4 years as Associate Administrator/Clinical Director of a hospital-based community mental health center in Newton, New Jersey. In 2001, he was awarded an American Psychological Association Congressional Fellowship and worked in the U.S. Senate for Sen. Paul Wellstone, covering health and mental health policy issues. He spent 5 years on the Board of the American Association of Suicidology as Clinical Division Director. He has served on the Board of the Division of Clinical Psychology of the American Psychological Association. He is currently Senior Advisor in the SAMHSA 988 & BHCCO after serving 12 years as Chief for the Suicide Prevention Branch in the Center for Mental Health Services. There he oversaw all branch suicide prevention activities, including the Garrett Lee Smith State/Tribal Youth Suicide Prevention, Campus Suicide Prevention grant programs, Zero Suicide initiative, Suicide Prevention Resource Center, and Native Connections program. He has worked with the National Suicide Prevention Lifeline since its inception in 2005, including establishing the foundation for 988 as the national suicide prevention number. In 2008, he was appointed by the Secretary of Veterans Affairs to the Secretary's Blue Ribbon Work Group on Suicide Prevention. In 2009, he was appointed by the Secretary of Defense to the Department of Defense Task Force on Suicide Prevention in the Military. He served on the National Action Alliance for Suicide Prevention Task Force that revised the 2012 National Strategy for Suicide Prevention and the HHS project management team coordinating the 2024 revision of the U.S. National Strategy for Suicide Prevention. He also participated in the development of World Health Organization's first World Suicide Prevention Report. In 2023, he was awarded the American Association for Suicidology Dublin Award for Lifetime Achievement in Suicide Prevention. Also in 2023, he was a finalist for the Samuel J. Heyman Service to America Medal for his contribution to the establishment of 988 as the new U.S. national suicide prevention and mental health crisis number.

SAMHSA Speaker: Tiffany Russell



Tiffany M. Russell, MBA

Chief, Crisis and Justice Initiatives for the 988 & Behavioral Health Crisis Coordinating Office (BHCCO)

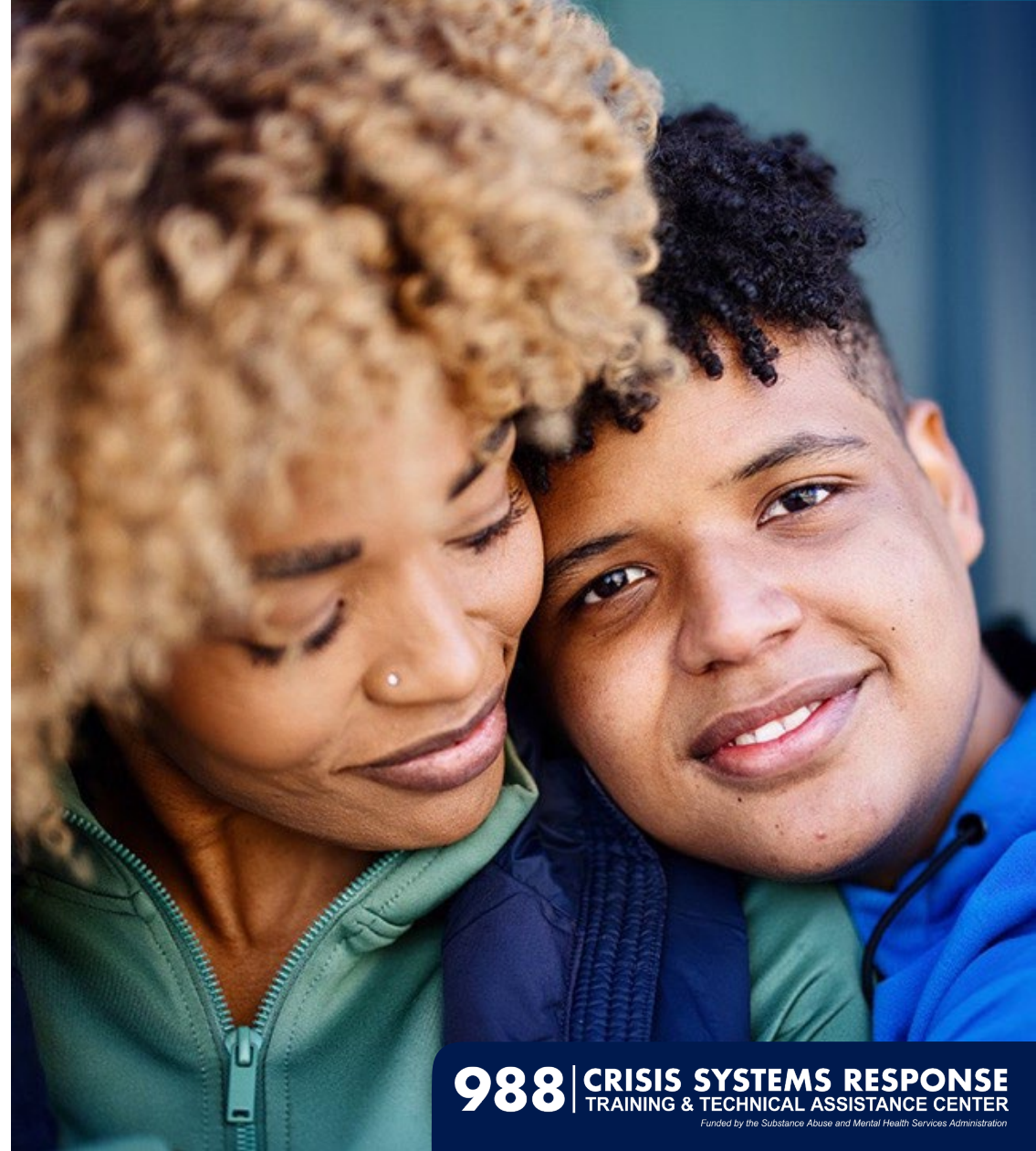
As the Chief of Crisis and Justice Initiatives with SAMHSA's 988 & BHCCO, Tiffany serves as an advisor to the 988 Director and other members of SAMHSA's senior leadership in planning and determining policy, programs, and activities that address complex challenges in coordination of 988 crisis centers with law enforcement, 911 call centers, and emergency medical service providers. She also develops, recommends, and implements programs and provisions of guidance related to improving crisis response and fair access to services for individuals with behavioral health needs that minimize unnecessary law enforcement involvement and promote diversion from the justice system.

Before joining SAMHSA, Tiffany directed the Mental Health and Justice Project which focused on improving behavioral health crisis responses in state and local governments for Pew Charitable Trusts. Prior to Pew, she served as the Director of Strategic Planning and Research Development in the District Court Administration for the Superior Court of Fulton County, Georgia, where she was responsible for building the court's capacity by developing policies, programs, and processes to enhance the administration of justice and increase access to justice for all. Tiffany also held several positions in grant management, research, strategic planning, public relations, and communications in nonprofit, government, and education organizations. Tiffany also holds a bachelor's degree in organizational leadership and a Master of Business Administration in Innovation from Mercer University.

What Can You Expect to Learn Today

Participants will have a better knowledge of:

- Why does this toolkit matter?
- Real vs. perceived risk and liability
- Building readiness and partnerships
- Trust, training, and operations
- Policies, protocols, and risk reduction
- Jurisdictional and Tribal examples



Who Is This Toolkit for?

- State, Territorial, and Tribal 988 Administrators
- State and Local 911 leaders and PSAP staff
- Behavioral health crisis service providers
- Mobile crisis and co-response teams
- Policymakers and system champions



Why 988 and 911 Interoperability Matters

- Behavioral Health crises often enter through 911
- 988 provides specialized crisis response
- Coordination improves outcomes and safety
- Fragmentation increases risk for callers and responders



988 and 911 Coordination Efforts

- SAMHSA Publications
- 988 and 911 Partner Toolkit
- 988 & 911: Key Differences Fact Sheet
- Advising People on Using 988 Versus 911: Practical Approaches for Healthcare Providers
- National Behavioral Health Crisis Care Guidance
- SAMHSA Collaboration Publications
- NENA Standard for 9-1-1/988 Interactions – Coordination improves outcomes and safety



Why This Toolkit Was Created

- Field feedback identified liability as a major obstacle
- Many concerns are perceived rather than evidence-based
- Jurisdictions asked for practical, non-legal guidance
- This resource focuses on trust, clarity, and risk management

Real vs. Perceived Risk

- Common Concerns

- HIPAA violations
- Negligence
- Call transfers
- Contracting

- Reality

- Few documented negative legal outcomes
- Risk often increases when systems don't coordinate

Poll Question

Which concern most limits progress in your jurisdiction?

- HIPAA and information sharing
- Negligence or liability exposure
- Workforce capacity
- Governance or contracts

**PLEASE
SHARE**

Key Partners Matter

- 988 and 911 leadership
- State, Territorial, and Tribal authorities
- Behavioral health and mobile crisis providers
- Law enforcement, EMS, Fire
- People with lived experience

Assessing Readiness for Change

- Define the purpose and scope
- Identify resource gaps
- Assess leadership and sustainability
- Use structured readiness tools

Building Interorganizational Trust

- Start conversations early
- Clearly define roles and responsibilities
- Use workflow charts and decision matrices
- Maintain consistent communication

Memoranda of Understanding as Trust-Building Tools

- Establish shared expectations
- Clarify responsibilities
- Support early-stage collaboration
- Lay groundwork for future agreements

Cross-Training Without Role Confusion

- De-escalation and crisis identification
- Sit-alongs and ride-alongs
- Shared understanding of systems
- Does NOT mean dual-role staffing

Risk Assessment and Triage Framework

- Low risk
- Mild risk
- Moderate risk
- Higher risk

Staff and Responder Safety

- Compassion fatigue and burnout
- Employee assistance programs
- Critical incident debriefing
- Psychological safety as risk management

Continuous Improvement

- Quality assurance and audits
- Incident reporting and review
- Data sharing across systems
- Learning culture, not blame culture

Jurisdictional Examples

- Washington
 - Expanded liability protections
- Kansas
 - Good-faith protections for providers
- North Dakota
 - Immunity across 988, 211, and 911

Considerations for Tribal Nations

- Tribal sovereignty and jurisdiction
- Government-to-government consultation
- Capacity-sensitive approaches
- State-Tribal agreements

Your Next 60 Days

- Share the toolkit with a new partner
- Use one readiness or risk tool
- Schedule a follow-up discussion or TA

Questions



Upcoming Workstream Events

Crisis Is Not the Start: Prevention, Partnership, and Protection in CYF Crisis Care

February 19, 2026

2:00–4:00pm ET

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

February 24, 2026

2:00–3:30pm ET

Leveraging the Skills of Older Adults and Tribal Elders to Strengthen the Crisis System

February 26, 2026

1:00–2:30pm ET



[988 CSR-TTAC Upcoming Events](#)

We Value Your Feedback!

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



Certificate of Attendance

[Available by Request](#)



988 CRISIS SYSTEMS RESPONSE

TRAINING &
TECHNICAL
ASSISTANCE
CENTER

SAMHSA
Substance Abuse and Mental Health
Services Administration

Funded by the Substance Abuse and Mental Health Services Administration

Thank you for attending!

Have additional questions? Email us!

support@988crisisttac.org

This project is supported by SAMHSA, the agency within HHS that leads public health efforts to advance the behavioral health of the nation. The CSR-TTAC 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.

