

WEBINAR SESSION

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

February 26, 2026



Funded by the Substance Abuse and Mental Health Services Administration



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Crisis Systems Response TTAC

SAMHSA has selected Altarum to provide training and technical assistance (TTA) 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.



SAMHSA Acknowledgements



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Learning Objectives

Describe the unique value of Tribal elders and older adult peer specialists in crisis prevention, response, and recovery, including the role of lived experience and community trust.

Understand how elders and older adults can be integrated across the crisis continuum, including prevention and outreach, crisis response, peer support, care navigation, and follow-up.

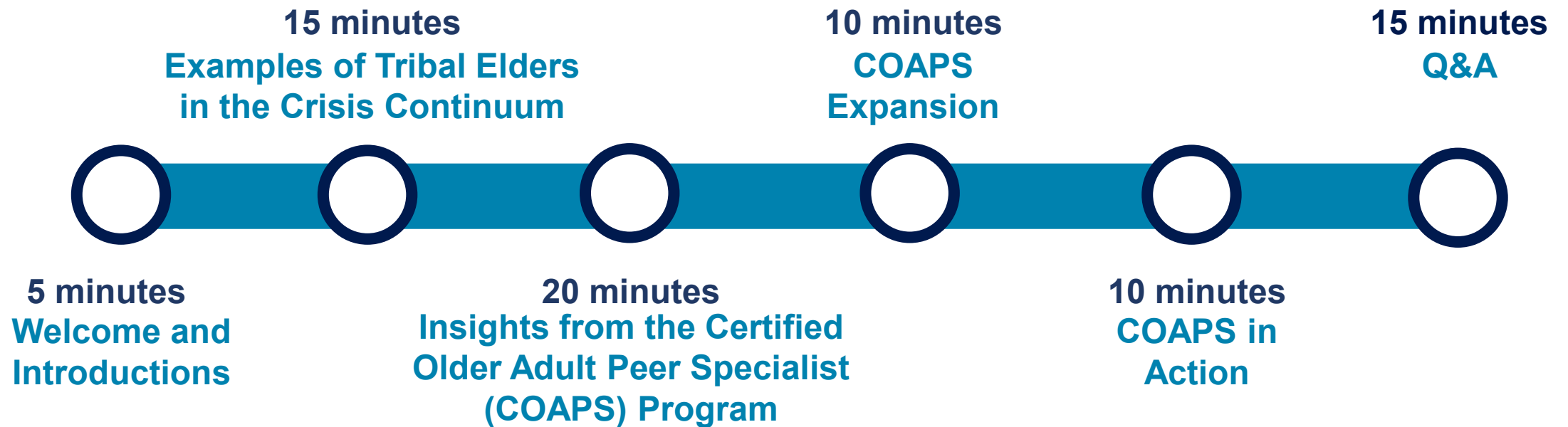
Identify models for embedding traditional wisdom and age-informed practices within evidence-based crisis and behavioral health frameworks.

Explore implementation strategies, training pathways, and lessons learned from state and community examples.

OVERVIEW:

As crisis systems evolve, it is increasingly important to elevate the role of individuals with lived experience, traditional wisdom, and deep community trust. Tribal elders and older adults are a vital yet underutilized resource in strengthening crisis prevention, response, and recovery, offering perspectives and relationships that can enhance awareness, trust-building, and continuity across the crisis continuum. This workshop examines how crisis and behavioral health systems can intentionally integrate Tribal elders and older adults into system design and service delivery, highlighting practical strategies, training pathways, and real-world examples that leverage their strengths in prevention, crisis response, care navigation, and recovery support.

Agenda



Poll: What Best Describes Your Work?

1. What Pillar of the Crisis System do you work in?
2. What is your role?



Guest Speaker – Taryn Patterson, PhD



Taryn Patterson, PhD

**Project Manager, Population
and Community Health,
Altarum; TA Specialist,
SAMHSA 988 CSR-TTAC**

Taryn Patterson is a Project Manager at Altarum, where she supports state, Tribal, and community partners in strengthening behavioral health and crisis system capacity. Her work focuses on integrating aging, long-term services and supports, and behavioral health systems, with particular attention to elevating strengths-based approaches to integrate special populations across the crisis continuum. Taryn has experience supporting SAMHSA-funded TTTA efforts, including work related to older adults, community-based care models, and system implementation. She brings a systems-level perspective to advancing culturally aware, sustainable crisis response strategies that reflect the strengths of older adults and community wisdom.

Guest Speaker – Jesslyn Jamison, PhD

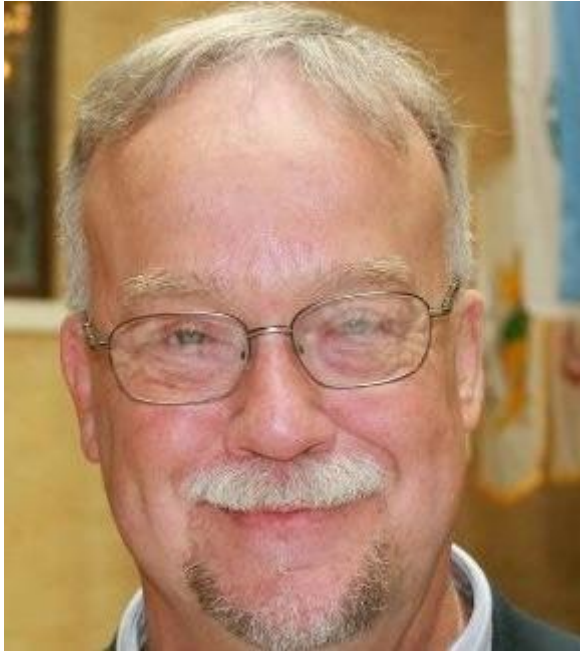


Jesslyn Jamison, PhD

**Assistant Professor of
Psychiatry, University of
Pennsylvania Perelman
School of Medicine; Co-
Leader, COAPS Program**

Dr. Jamison is an Assistant Professor of Psychiatry at the University of Pennsylvania Perelman School of Medicine and co-leader of the COAPS Program. She is a licensed psychologist and researcher. Her research focuses on peer-to-peer models where individuals who experience living with a mental health need go on to receive training to support others. She has an ongoing pilot project related to gathering peer provider perspectives on how they think they should be engaging with those thinking about suicide. Her work is also focused on Family Peers, who are caregivers of youth with mental health needs trained to support other caregivers.

Guest Speaker – Robert Walker, MS, CPS



Robert Walker is CPS and an External Consumer Engagement Liaison at the Massachusetts DMH. He is also a COAPS.

Robert Walker, MS, CPS

**Certified Peer Specialist
(CPS); COAPS; External
Consumer Engagement
Liaison at the
Massachusetts
Department of Mental
Health (DMH)**

Guest Speaker – James Klasen, CPS, CRS



**James Klasen,
CPS, CRS**

**CPS, Certified Recovery
Specialist (CRS) COAPS
Trainer, Advanced Level
Wellness Recovery Action
Plan (WRAP) Facilitator**

James Klasen (Jim) is a COAPS trainer and an Advanced Level WRAP Facilitator. He brings over 35 years of experience from the workforce development field. Jim has worked with youth, persons returning home from prison, and persons impacted by trauma, mental health, and substance-related challenges. Jim is also a CPS and brings lived experience sharing his recovery journey openly as evidence that recovery and wellness are both possible and probable. His journey has led naturally to his “encore career” lending his expertise to several organizations, including the Penn Collaborative.

PRESENTATION

Hardwiring Elder and Knowledge Keeper Roles Across the Crisis Continuum—Protocols, Policy Tools, and Workforce Pathways in Practice

Taryn Patterson, PhD



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Integrating Elders into the Crisis/Behavioral Health System

- **Why elders?**

- Elders and Knowledge Keepers are community-recognized holders of teachings and lifeways; their role is based on wisdom and responsibility—not merely age.
- They strengthen trust and continuity across prevention, response, and recovery.
[\(Indigenous Information Literacy, Chapter 22: Elders & Knowledge Keepers\)](#)
- In tribal crisis work, elders help align services with community values, sovereignty, and ceremony—key to engagement and post-crisis healing.

- **Defining “elder” (for this session)**

- “Elder” refers to people recognized by their community for spiritual/cultural knowledge and guidance (age may vary)
- “Knowledge Keeper” often denotes those entrusted to carry and share specific teachings.

- **System impact**

Being a Good Neighbor and Knowledge Keepers

Being a good neighbor

- Show up in relationship: invite elders early, follow local protocols, and prioritize reciprocity (compensation, gifts, and care)
- Practice warm coordination with aging and Tribal systems; honor community timelines and consent.

Knowledge Keepers

- Knowledge Keepers and Elders are teachers who share authorized teachings; they hold governance over what can be shared, when, and how. Plan **with** them, not **for** them.



Hardwiring Roles for Elders: Standards, Procedures and Policy

Where to “code in” elder roles

- **Crisis protocols (voluntary and involuntary):** Name elder/cultural advisor participation points, contact lists, and handoff patterns. Use templates already adapted for Tribal coordination.
- **Community Health Aide Program (CHAP) and Behavioral Health Aide (BHA) frameworks:** Certification pathways expect implementation and regular engagement with elders/knowledge holders.
- **Program standards:** Include consultation, sacred-knowledge protection, and consent processes when integrating traditional practices.

“True healing honors all paths to wellness—ancient wisdom and modern knowledge walking together in respectful partnership, each maintaining their authority while serving the common goal of human flourishing.”

Examples: Crisis Plans that Integrate Elders

Indian Health Service (IHS) and Tribal Partners

- **IHS American Indian/Alaska Native (AI/AN) Community Crisis Response Guidelines** recommend tailoring response teams with local Tribal resources; communities identify who to enlist (including elders and other supports) across acute, recovery, and long-term phases.
- **State-Tribal crisis coordination templates (Washington (WA) Health Care Authority (HCA))** embed sections to formalize Tribal protocols, contacts, and coordination adaptable to include elders/cultural advisors.
- **American Indian Health Commission (WA)** provides model language and draft templates to distinguish Tribal crisis response, including Tribal Designated Crisis Responder (DCR) and policy/procedure toolkits.

Administrative Tools You Can Adopt/Adapt

IHS and Tribal Partners

- **SAMHSA TIP 61 Tribal Practice Approval Form:** A practical form to document and approve traditional practices (e.g., “grandmother test,” elders’ approval, community feedback).
- **Traditional Healing Integration Guidelines:** Outlines sovereignty, sacred-knowledge protection, consent, and collaboration frameworks for respectful integration.
- **California Medi-Cal (CalAIM) benefit:** State guidance for covering traditional health care practices delivered by Indian Health Care Providers; a useful model for Medicaid alignment.
- **Continuity-of-Care and Readiness Tools (Medi-Cal Mobile Crisis TTA Center (M-TAC)):** Tribal crisis tools that explicitly map roles for natural helpers and traditional healers across transitions. (CAMobileCrisis.org)

NPAIHB BHA Program: Overview and History of Elder Integration

- **Program Approach**

- The Northwest Portland Area Indian Health Board (NPAIHB) BHA Education Program is built “by Native people, for Native people,” pairing academic pathways with community-based mentorship and elders’ guidance.
- The program convenes gatherings of Northwest (NW) Elders, Knowledge Holders, and Culture Keepers to weave Indigenous ways of knowing into curriculum and ongoing support, creating a wraparound system of care.

- **Standard and Supervision**

- The Portland Area CHAP Certification Board (PACCB) emphasizes a structure that normalizes elder engagement as part of professional formation.

- **Ongoing**

- Elders, Knowledge Holders and Culture Keepers ECHO sessions, co-led with NPAIHB, continually center elders in education on growing behavioral health healers.

What BHAs Actually Do

- BHAs provide prevention, screening, trauma-informed crisis counseling, case management, and psychospiritual education; advanced levels add Substance Use Disorder (SUD) assessment, treatment and family interventions—implemented with mentorship.
- National CHAP policy provides the tiered scaffold and supervision model that BHA programs follow in the lower 48 states, enabling tailored care.

**Mental Health
doesn't
discriminate.**

From childhood to older
adulthood, our well-being
matters at every stage of life.

988 | SUICIDE & CRISIS
LIFELINE

988 | **CRISIS SYSTEMS RESPONSE**
TRAINING & TECHNICAL ASSISTANCE CENTER

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University of Alaska Fairbanks Rural Human Services (RHS)

- **Program Design**

- 34-credit certificate for rural, village-based helpers; Elders are part of the instructional team, with monthly 1-week intensives over 2 years, integrating AN values and learning styles.
- Curriculum centers on rural behavioral health explicitly grounding content in Indigenous epistemologies:
 - Family systems
 - Addictions
 - Mental illness/recovery
 - Grief/healing
 - Case management

- **History and Impact**

- Kuskokwim Campus (Bethel) has served rural Alaska since the 1970s.

- Today, RHS cohorts move through a designed pathway where Elders teach alongside faculty and cohorts gather monthly in Bethel—sustaining transmission of knowledge while building the workforce.

Practical Steps for States, Tribes and Crisis Providers

- **Name the roles:** Add Elders and Knowledge Keepers to crisis org charts, Memoranda of Understanding (MOUs), and call trees; define compensated roles (advisor, responder, post-crisis healer).
- **Use existing templates:** Start with WA HCA protocols, American Interprofessional Health Collaborative (AIHC) model language, and SAMHSA's Tribal Practice Approval Form to operationalize procedures.
- **Align with CHAP/BHA: Partner with existing programs such as NPAIHB/Tribal Community Health Provider Program (TCHPP) to build elder-guided apprenticeships and supervised practice toward BHA certification.**
- **Support traditional healers:** Establish safeguards (consent, knowledge governance, sacred-knowledge protection) and financing pathways (e.g., Medi-Cal model).
- **Grow the pathway:** Leverage RHS-style cohort models that embed Elders as faculty and normalize culture-as-prevention.

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Thank You

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PRESENTATION

Insights from the COAPS Program

Jesslyn Jamison, PhD
James Klasen, CPS, CRS
Rob Walker, MS, CPS



Acknowledgments

We would like to acknowledge **Cynthia Zubritsky PhD**, who originally developed the COAPS program in collaboration with the **Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS)** and the **Pennsylvania Department of Aging**. Thank you to Rob Walker, Massachusetts DMH, for the state expansion partnership. We are also very grateful to all of the **COAPS** who have helped shape our program and provide valuable services to older adults in their communities.

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- Torrey Creed, PhD
- Jesslyn Jamison, PhD
- Jim Klasen, CPS, CRS
- Lauren Carone Cliver, MA
- Hilary Cantiello, MLA
- Anne Futterer, MS
- Ana Decesare, BA



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The authors have no relationships or conflicts of interest related to the subject matter of this presentation.

Peer Support Brief Overview

- Individuals with lived experience of mental or behavioral health needs and specific training to support others, known as peer specialists, represent a growing and promising workforce in the United States
- Peer specialists advocate for those they work with and utilize shared understanding, respect, and mutual empowerment to connect them to services and supports that help them remain engaged in the recovery process and reach their set goals (SAMHSA, 2021)
- Peer support is a widely used service across the United States and is reimbursable by Medicaid in most states (Kaiser Family Foundation, 2022)

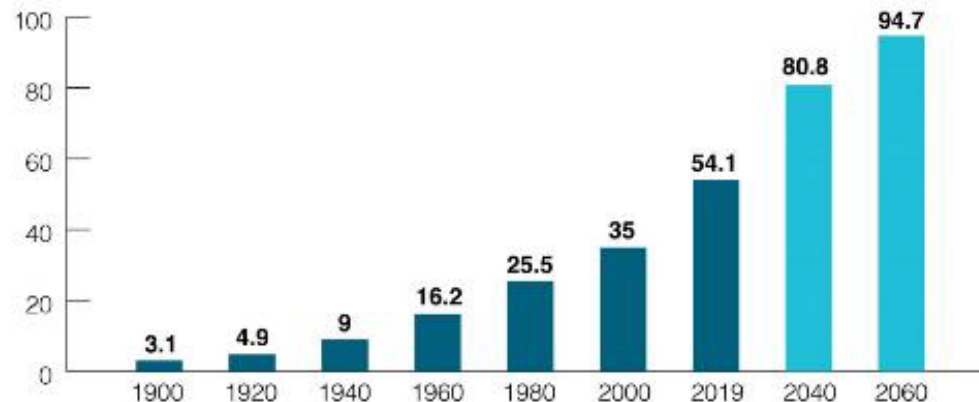
Peer Support Evidence Base

- Peer support models have been found to be effective across studies for those with mental health conditions and challenges (Bellamy et al., 2017)
- Some studies have shown reduced re-hospitalization and inpatient service needs to be associated with peer support (Bellamy et al., 2017)
- There is emerging evidence for peer support specifically for older adults (Thombs & Carboni-Jiménez, 2021)
 - Limited rigorous research in this area

Growing Aging Population in the United States

- The number of older adults in the United States is rapidly growing as the Baby Boomer generation ages
- The 2020 Census found that **54 million** Americans are aged 65 and older
 - **1 in 7** Americans is an older adult
 - The number of older adults has increased by **14 million** since 2010
 - The number of older adults is projected to reach **over 80 million** by 2040

Number of Persons Age 65 and Older, 1900 - 2060
(numbers in millions)



Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

Mental Health Needs Among Older Americans

- **1 in 5** US adults aged 50+ experience a psychiatric disorder (**53 million people**)
- About **5.7 million** adults aged 65+ report an SUD
- Actual numbers may be even higher, due to under-reporting (stigma, shame, limited access to providers for diagnosis)
 - Only **1 in 8** older adults who report feeling anxious or depressed seek professional help
 - Only **~27%** of older adults with a SUD seek treatment
- Almost **20%** of older adults say that their mental health is worse after the COVID-19 pandemic

(SAMHSA, 2019; Piette et al., 2020; AARP, 2021)

Social Isolation and Loneliness Among Older Adults

- The National Health and Aging Trends Study (2020, pre-pandemic) found nearly **1 in 4 (7.7 million)** older adults living in the community were socially isolated
 - **Over 1 million** were considered “severely socially isolated”
- **43%** of older adults aged 60 and older reported feeling lonely
 - Of these, **13%** reported feeling lonely “often”
- Older adults are at increased risk of social isolation and loneliness because they are more likely to live alone, have chronic illnesses that make it difficult to leave the home or interact with others (e.g., physical limitations, vision loss, or hearing loss), and face the loss of family and friends



(Donovan & Blazer, 2020; CDC, 2021)

Health Implications of Loneliness and Social Isolation

- Social isolation and loneliness are associated with increased:
 - Risk of death from all causes, rivaling that of smoking, obesity, and lack of physical activity
 - Risk **(50%)** of developing dementia
 - Risk **(29%)** of developing coronary artery disease
 - Risk **(32%)** of stroke
 - Rates of depression, anxiety, and risk of suicide
- In a study of heart failure patients, loneliness was associated with nearly **4 times** increased risk of death, **68%** increased risk of hospitalization, and **57%** increased risk of emergency department visits

(Donovan & Blazer, 2020; National Academies of Sciences, Engineering, and Medicine, 2020; CDC, 2021)

Peer Support for Older Adults

- Peer support may be particularly well-suited for older adults
- Obstacles for older adults to accessing traditional services (Lavingia et al., 2020)
- Peer may fill gaps not met by traditional service models
 - Social support
 - Addressing isolation and loneliness
- Also offers bidirectional benefits as older adults in recovery embrace purpose, social engagement, and employment as peer specialists



COAPS

- The COAPS program trains CPSs as older adult behavioral health specialists and wellness coaches
- COAPS Training and Certification Program is based at the University of Pennsylvania
- Has trained almost 400 people across the United States since 2008, in Pennsylvania, New Jersey, Massachusetts, Virginia, New Mexico, North Carolina.
- COAPS support older adults in recovery with:
 - Crisis support
 - Developing community roles and natural supports
 - Advocacy for healthcare services
 - Self-help
 - Self-improvement
 - Navigating healthcare and social service agencies

COAPS Goals

- Prepare a peer workforce to meet the health and wellness needs of older adults with behavioral health challenges and SUDs
- Strengthen the capacity of the workforce to meet the health and wellness needs of people with serious mental illness who are aging but whose health is often neglected
- Improve the quality of life of older adults



COAPS Topics Covered

**Physical Health
Changes**

**Caregiving and
Integration of
Other Family
Members**

Sexuality

LGB Identity

**Cognitive
Changes**

**Legal Issues
and Planning
for the Future**

**Substance Use
and Addiction**

Depression

Anxiety

Trauma

**Isolation,
Loneliness
and Social
Connection**

**Suicide Risk
and Response**

Elder Abuse

**Motivational
Interviewing**

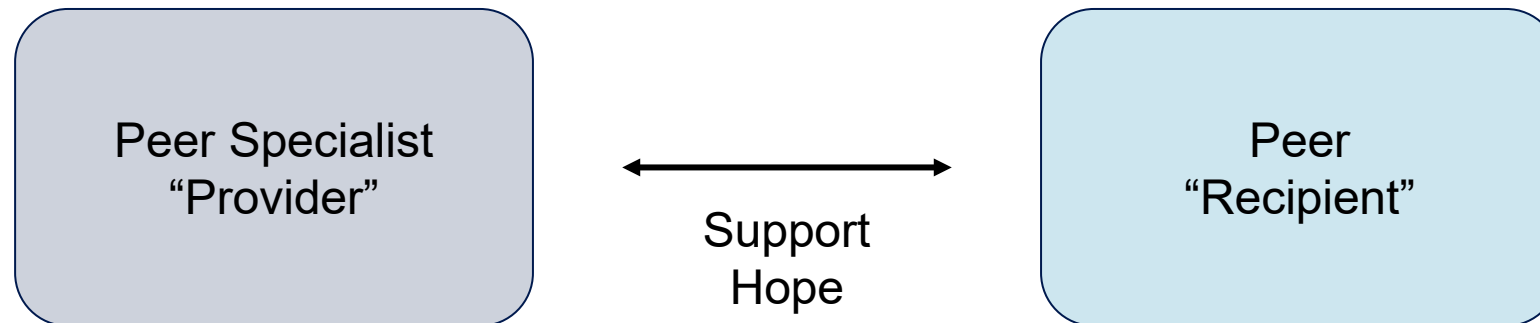
**Managing Our
Own Reactions
and Recovery**

Utilizing COAPS and Peer Support Workers

- COAPS are key members of the healthcare workforce working with and supporting older adults experiencing mental or behavioral health challenges
 - Trained specifically to work with older adults, particularly those most at risk for developing loneliness and social isolation (e.g., those facing mental and physical health problems, living alone, or reluctant to seek other forms of help)
 - Trained to spot mental health challenges, substance use concerns, social isolation and loneliness, and employ resources and knowledge to connect older adults with needed services and supports
- COAPS work in a variety of settings including health clinics, hospitals, long-term care, senior centers, recovery organizations, and senior housing

COAPS Impact and Bidirectional Effect 1/2

- COAPS report a positive impact on their own growth and development through working as a peer provider
- On average, COAPS rate the impact/importance of working with peers as **“extremely important”** to their own recovery



COAPS Impact and Bidirectional Effect 2/2

“It constantly gives me hope and gets me outside of myself”

“Providing peer support reinforces my own recovery, reminds me of the progress I’ve made, boosts my self-confidence, and gives me a sense of purpose.”

“Just the support of my peers and sharing our lived experiences. Feelings of not being alone in my recovery.”

“It reminds me how far I’ve come, how much I overcame to get here, and how strong I really am. I love helping people, so that builds my self esteem and makes me happy.”

How COAPS Support Older Adults in Crisis 1/2

- **COAPS are trained to identify and respond to early signs of emotional and behavioral health crises, including:**
 - Depression, anxiety, and emerging suicide risk
 - Recognizing changes in mood, functioning, or social withdrawal
 - Understanding how chronic health conditions and aging-related losses can increase vulnerability
- **Intervene on drivers of suicide risk like loneliness and isolation**
 - Address social isolation and loneliness through intentional engagement
 - Provide companionship, regular check-ins, and restorative conversations
 - Help reestablish routines that support emotional well-being

How COAPS Support Older Adults in Crisis 2/2

- **Equipped with the skills and resources to connect older adults to the right supports**
 - Strong working knowledge of local crisis hotlines, mobile crisis teams, emergency services, aging network supports, and community mental health programs
 - Ability to accompany someone (in person or virtually) as they seek help
 - Use of Motivational Interviewing to build readiness for care, reduce fear, and support decision-making
- **Normalize the experience of crisis and promoting help-seeking**
 - Use lived experience to validate feelings and reduce shame, stigma, or hopelessness
 - Model resilience by sharing personal recovery stories
 - Encourage early outreach before a situation escalates

COAPS' Role within the Crisis Response System 1/2

- **Walking alongside an older adult throughout the crisis continuum**
 - Provide “warm handoffs” between agencies, programs, and levels of care
 - Support people during transitions, such as from home to crisis stabilization units, emergency departments, or back to community-based services
 - Assist with understanding care plans, expectations, or next steps
- **Bridging connections across the crisis and aging services systems**
 - Help older adults maintain engagement with community-based crisis supports, outpatient care, and long-term services and supports
 - Reduce gaps in care that often occur due to mobility challenges, cognitive changes, transportation barriers, or unfamiliarity with the system



COAPS' Role within the Crisis Response System 2/2

Offering unique value through both knowledge and lived experience

- Experienced in navigating the mental health, Medicaid, aging, and social service systems
- Build trust with older adults who may be hesitant to engage with providers
- Serve as a consistent, non-clinical support who can stay involved longer than crisis responders typically can



State-Level COAPS Expansion Example: Massachusetts 1/2

- In 2016, the Massachusetts DMH identified that COAPS could improve outcomes for older adults.
- **Cross-Agency Collaboration:** DMH partnered with the State Unit on Aging, the Executive Office of Aging & Independence (AGE), and MassHealth (the State Medicaid Authority).
- **Policy Integration:** COAPS were added to the Home- and Community-Based (HCB) Frail Elder Waiver, administered through AGE.
- **Workforce Development:** Approximately 200 certified peer providers were trained as COAPS over the past decade.
- **Statewide Implementation:** COAPS are now working across Massachusetts.

State-Level COAPS Expansion Example: Massachusetts 2/2

- **Program Structure**

- Authorization required from a Home Care Agency Case Manager
- Services delivered by external partner agencies
- Funded through Medicaid
- COAPS receive training from DMH and a Boston College School of Social Work grant
- Program oversight from AGE and DMH

- **Innovation During COVID-19**

- Massachusetts partnered with Dr. Karen Fortuna (Dartmouth) to create SOAR (Serving Older Adults Remotely), a virtual peer-to-peer support model for older adults.

COAPS in Action

Mr. Klasen shares:

- How I came to the COAPS Program
- How becoming a COAPS has impacted me
- The importance of COAPS for our systems



James (Jim) Klasen, CPS CRS
COAPS Trainer

Who Can Host a COAPS Training?

- COAPS training can benefit any group that utilizes trained peer providers or works with an older population
 - State peer networks
 - Local mental health and SUD recovery organizations
 - Hospitals, nursing homes, and assisted living facilities
- Training cohorts are ~25 participants
- For more information or to host a COAPS training for a group of CPS/CRSs please contact COAPSupenn@gmail.com or visit [Perelman School of Medicine, University of Pennsylvania COAPS](#) (or use the QR Code)



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Thank You.

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External Consumer Engagement Liaison at the Massachusetts Department
of Mental Health

We Value Your Feedback!

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



Certificate of Attendance

[Available by Request](#)



Upcoming Events

The Work After the Work: Embedding Long-Term Recovery in CYF Crisis Systems

March 19, 2026
2:00pm ET

Emergency and First Responder Partnerships: Post-Crisis Support

March 26, 2026
2:00 pm ET

Trusted Messengers: Faith Community Partnerships to Strengthen the 988 Crisis System

March 31, 2026
2:00 pm ET



[SAMHSA CSR-TTAC](#)
[Upcoming Events](#)

**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

For additional TTA support or feedback, contact the CSR-TTAC team at
support@988crisisttac.org

[Subscribe to the CSR-TTAC contact list](#)



988 CRISIS SYSTEMS RESPONSE

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Thank you!

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.

