

**WORKSHOP SERIES**

# Leveraging Local/Regional Resources and Partnerships to Address Workforce Shortages

April 30, 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 (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*

## Disclaimer 2

The 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.



We would like to thank *Purple Communications, Inc.* for providing American Sign Language Interpreters for this presentation.

# SAMHSA Team: Jill Mays



**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: CAPT Corey Palmer



**CAPT Corey Palmer,  
MS, MPH**

**Workforce Lead  
Crisis System Transformation  
for the 988 & 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



Speaker Introductions



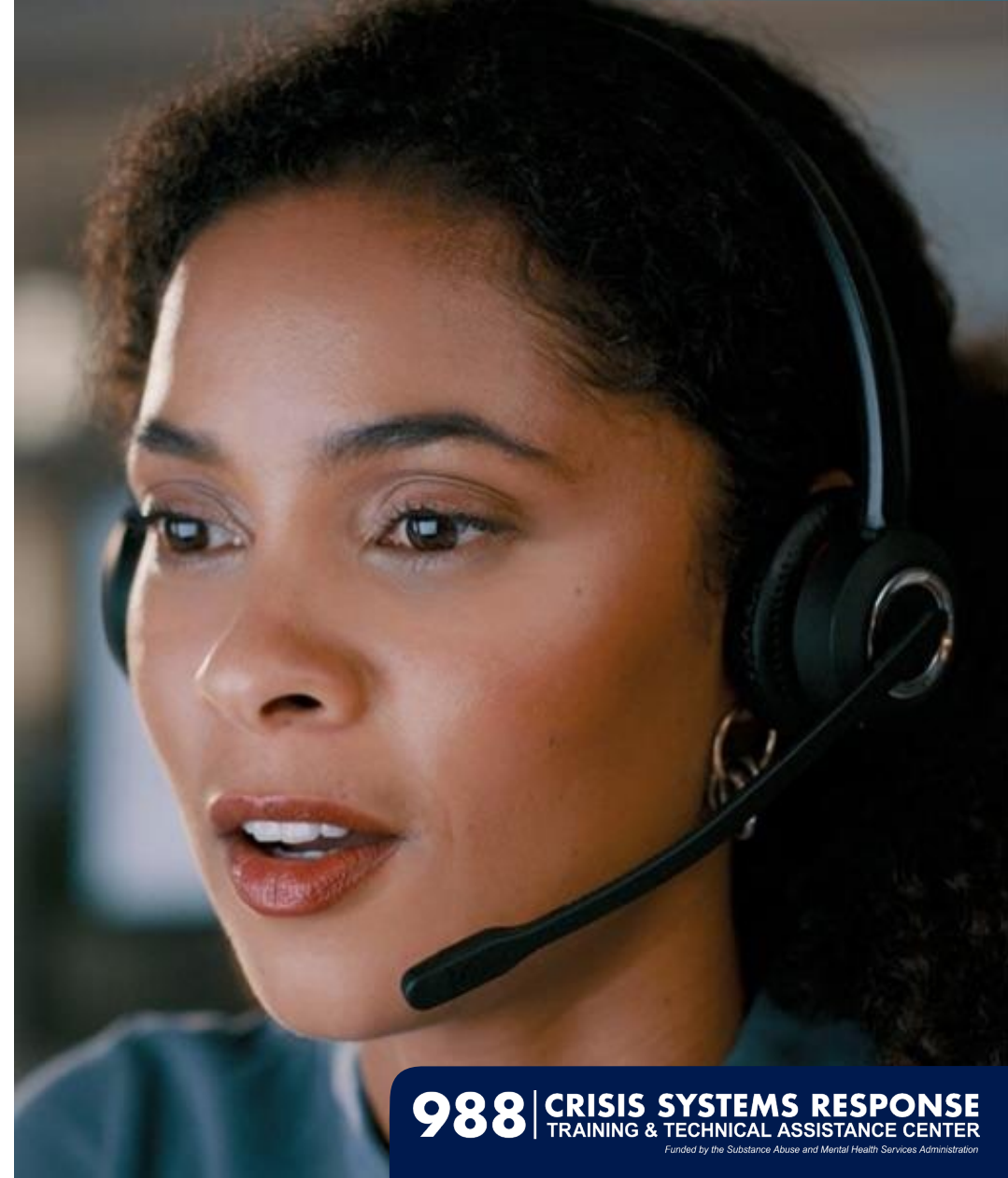
Presentation



Q&A



Wrap-Up



# Guest Speaker: Connie Sharp



**Connie Sharp, CWDP**  
Director of Membership,  
National Association of  
Workforce Boards (NAWB)

**Connie Sharp** is Director of Membership for the NAWB and has over 24 years of experience in workforce and talent development programs. In her current role, she designs and implements innovative membership strategies and partnerships that deliver value to NAWB members nationwide. A recognized labor market data expert, she has helped workforce boards leverage Lightcast (formerly Emsi) data to tell their story and strengthen their impact. Previously, as a local workforce board program and operations manager, she oversaw board monitoring, procurement and contracting, policy and procedure development, grant and proposal writing, and administration of eligible training provider systems. Earlier in her career, she spent 8 years in Student Services at Oklahoma State University and the University of Oklahoma Health Sciences Center, where she developed expertise in grant writing, earning certification in 2003. She is also a Certified Lightcast User (2014) and a Certified Workforce Development Professional (2015). Connie earned her Bachelor of Science degree from Oklahoma State University in 1996 and her Associate of Arts degree from Rogers State University in 1993.

# Guest Speaker: Tamara Barbee



## **Tamara Barbee, MPH**

**Public Health Analyst, Health Career and Financial Support Division, Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA)**

**Tamara Barbee** is a seasoned Senior Public Health Analyst within the HRSA, BHW, Division of Health Careers and Financial Support, where she leads the Area Health Education Centers (AHEC) Program portfolio, consisting of \$54 million in cooperative agreements across the country. Since 2018, Tamara has leveraged her expertise to drive strategic initiatives representing both the Health Careers Pipeline Branch and Division to advance cross-cutting health workforce programs through inter-agency projects that improve grant recipient/project officer processes, visibility, and overall programmatic impact. She has also been instrumental in providing technical assistance on draft legislation created by Congress regarding pathway and rural health workforce programs.

Tamara previously worked as a Community Health Educator and has over 20 years of experience in community health education and public health. Her career began in the U.S. Army as a Logistics Data Analyst, followed by roles in the private sector and academia, including Data Analyst for L3 Communication and Microbiology Student Researcher. Driven by a passion for public health, Tamara transitioned to roles as a Paraprofessional/Skills Trainer and Health Educator, developing expertise in health promotion, education, and program development. A notable achievement includes creating a sustainable health education program curriculum for teen mothers, achieving 80% outreach and facilitating long-term self-sufficiency.

Tamara's experience also includes serving as a Public Health Investigator at the Baltimore County Health Department, where she investigated health disparities, developed education programs, and partnered with community organizations. Ms. Barbee earned a master's in public health from the University of East Tennessee, and a Bachelor of Science in Health Science from the University of Hawaii, Monoa. Outside of her professional pursuits, Tamara enjoys exploring new cultures through travel and cuisine, further enriching her perspective and approach to community health education.

# Guest Speaker: LCDR Isabel Gorgoroso



**LCDR Isabel Gorgoroso** is a Team Lead for behavioral health programs in the BHW at HRSA. She manages a portfolio of professional training programs aimed to equip providers and expand services in rural and medically under-resourced communities. She is also a commissioned officer in the United States Public Health Service and has deployed to communities across the country providing clinical care and training during public health emergencies as a nurse and public health educator. She received a Bachelor of Science in Nursing from the University of Rochester and an MPH from the University of Massachusetts Amherst.

**LCDR Isabel Gorgoroso,  
BSN, MPH**

**Team Lead, Behavioral Health  
Division, BHW, HRSA**

# Guest Speaker: Carrie Dorn



**Carrie Dorn, LMSW, MPA**  
Acting Team Lead, Behavioral  
Health Division, BHW, HRSA

**Carrie Dorn** has more than 15 years of experience in behavioral health practice and policy and has worked at both the local and national levels. She currently serves as Team Lead and Senior Advisor for Behavioral Health Programs in the BHW at HRSA. In this role, she manages a portfolio of grants supporting paraprofessional and professional training programs, leads stakeholder engagement efforts, and provides subject matter expertise on behavioral health issues. Before coming to HRSA, she worked at the National Association of Social Workers, where she focused on health practice trends and policy issues affecting social workers and the communities they serve. Previously, she managed a program that delivered integrated primary care and psychiatric services to individuals experiencing homelessness in community-based sites across New York City. She holds a Master of Social Work and a Master of Public Administration from Columbia University.

---

# Workforce

Connie Sharp  
April 30, 2026

The logo for NAWWB features three curved, overlapping bands in dark blue, white, and red, set against a white background. The bands are arranged in a way that suggests movement or a stylized 'W'.

NAAWB

---

# Workforce System's Purpose

## Help job seekers

- Provide access to employment, training opportunities, and support services to help job seekers succeed in the labor market

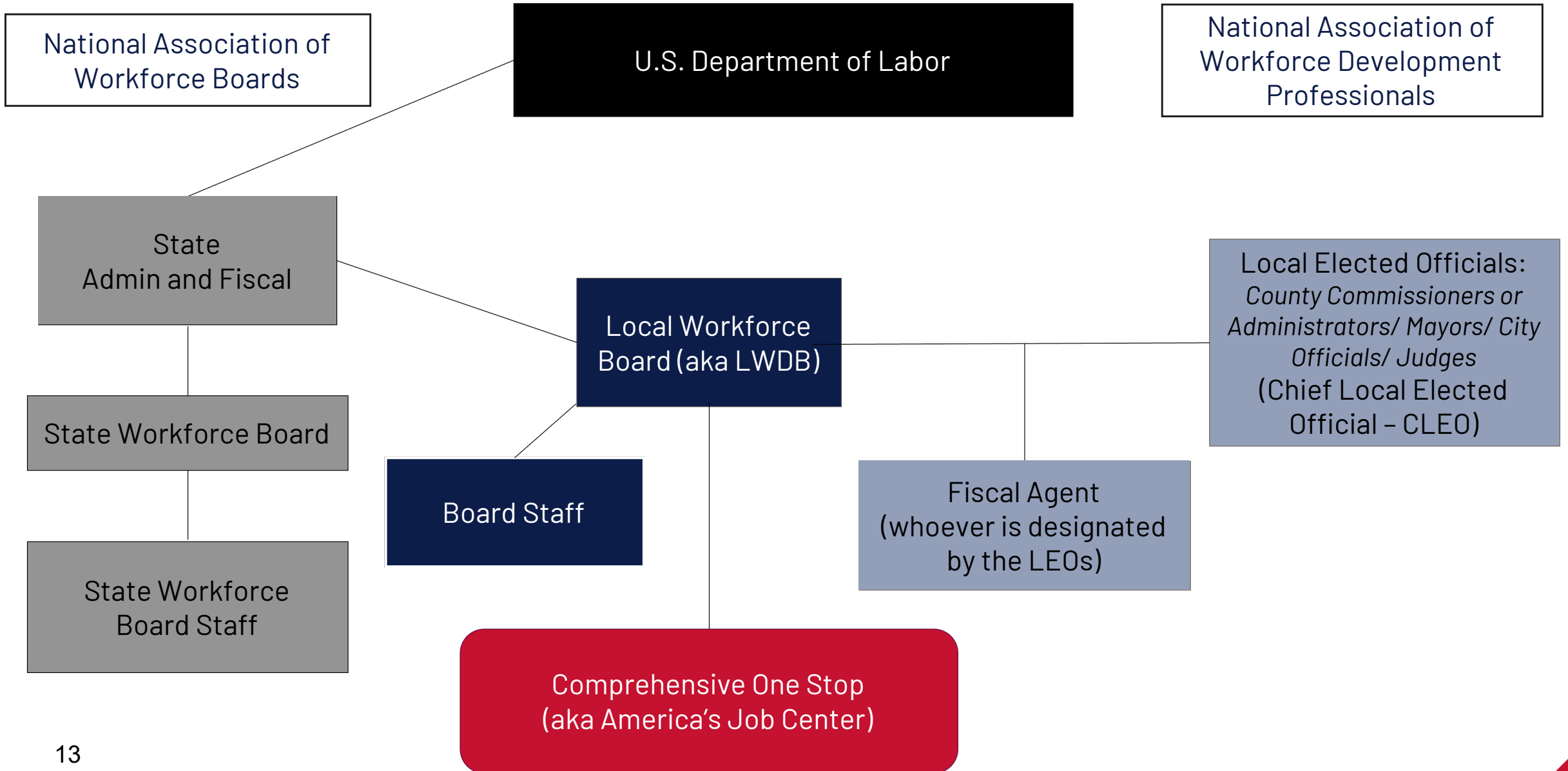
## Match employers with skilled talent

- Help employers find the skilled workers they need to compete in the global economy

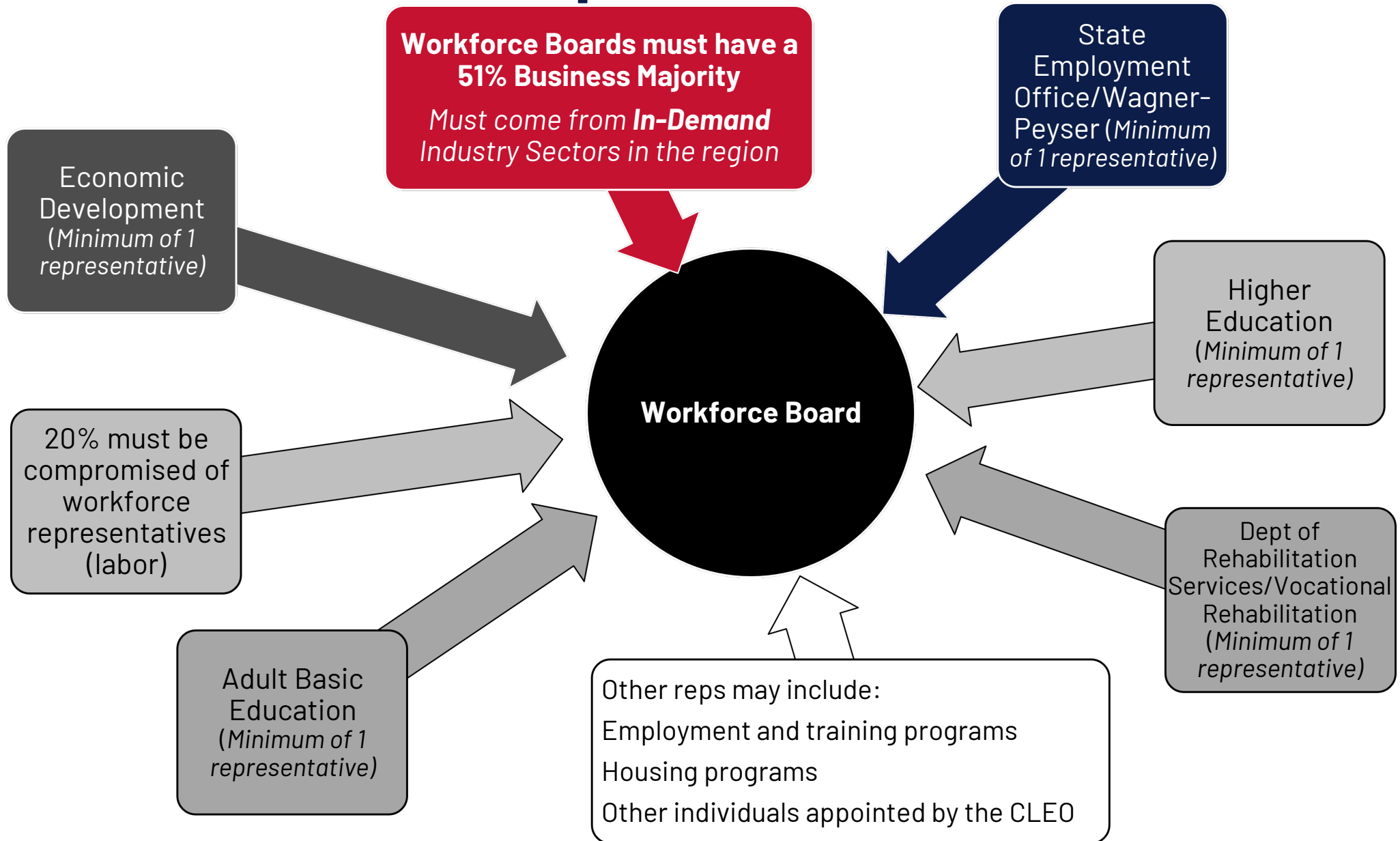
## Prioritize under-connected populations

- Focus on providing services and support to populations that are under-connected or disconnected from the labor market, education, or training

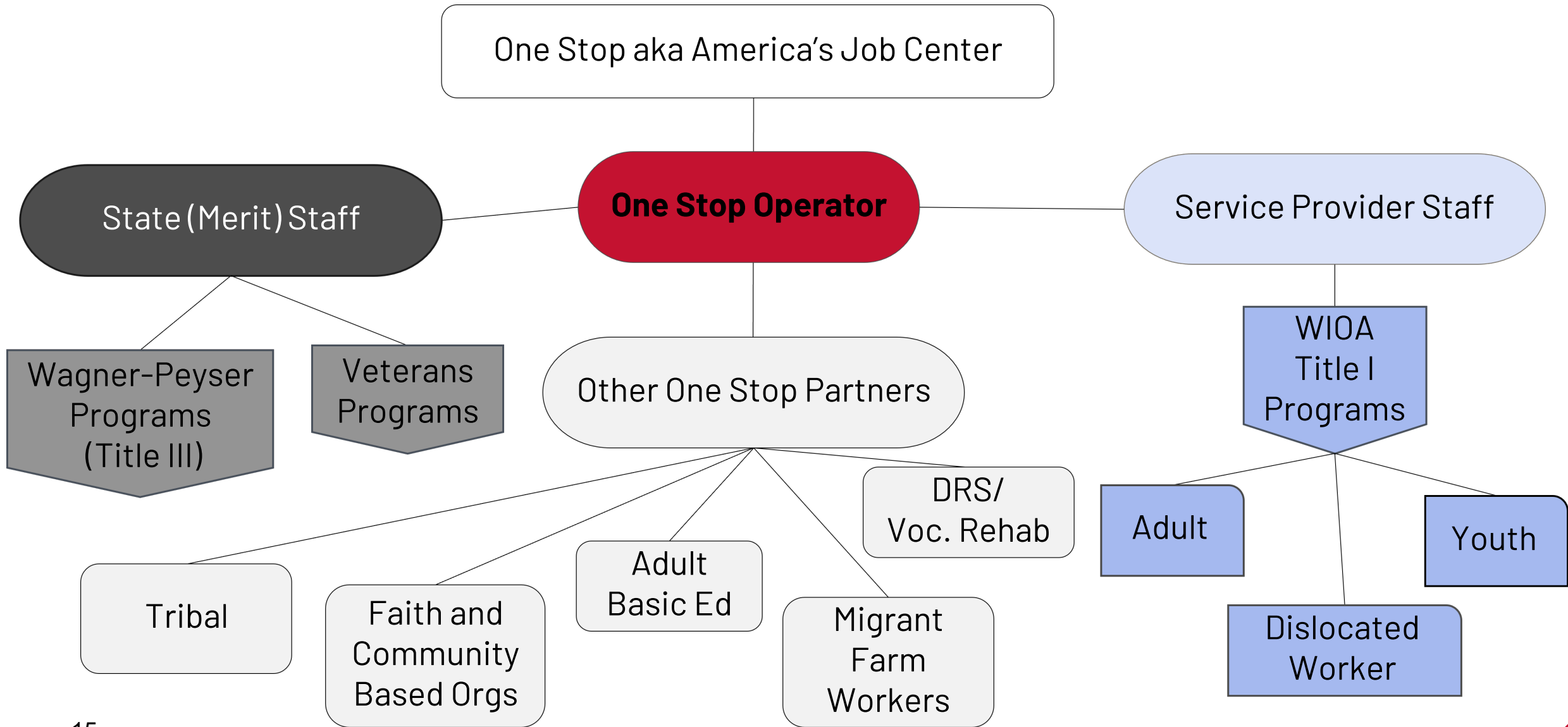
# Workforce System



# Workforce Board Composition



# Structure – Workforce System



# At Their Core, Workforce Boards Work to



...create a local system that enables individuals to become self-sufficient and continually upgrade their skills



...ensure employers have the skilled talent they need to compete effectively in a global economy



...connect unemployed and underemployed workers to jobs and careers

# Workforce Services



# Program Services: WIOA Programs – Title I

## Adult

- Universal Job Exchange Services which is called Core or Basic Career Service
- Individualized career and training services targeted to 18 through 64-year-old participants in priority categories determined by the state

## Dislocated Worker

- Impacted by plant closures, workforce reductions, and natural disasters that lead to job loss
- 5 categories (recently dislocated, plant closure or substantial layoff, loss of self-employment income, displaced homemaker, military spouses)

## Youth

- Serves 14 through 24-year-olds
- Can be in-school or out-of-school  
75% of funds must be spent on out-of-school youth
- 14 required program elements
- Prioritizes work experience through a federally mandated 20% minimum expenditure rate

# WIOA Programs – Additional Titles and Connected Programs

## Title II

### Adult Education

- Provides GED test preparation and testing
- Instruction in reading, writing, math, sciences, social studies, etc.
- Workplace education
- English language classes
- Distance education

## Title III

### Wagner-Peyser

- “Employment Service”
- Universal Service for job seekers and businesses
- Fidelity Bonding
- Work Opportunity Tax Credit
- Rapid Response
- Equal Employment Opportunity

## Title IV

### Rehabilitation Act

- Assists individuals with disabilities overcome barriers to employment and become gainfully employed

## OAA Title V

### SCSEP

- Low-income, unemployed individuals 55 years of age and older
- Part-time job training and employment program
- Participants work at community and government agencies and are paid state minimum wage.

---

# Services - Programs

Other Workforce Programs commonly found in the American Job Centers:

- Reemployment Services (RES)
- Career and Technical Education (Perkins Funding)
- Community Service Block Grants
- U.S. Department of Housing and Urban Development (HUD) Employment and Training Programs
- Job Corps
- National Farmworker Jobs Programs (Migrant Farm Worker (MFW))
- Health and Human Services Programs such as Childcare and Temporary Assistance for Needy Families (TANF)
- YouthBuild
- In extremely rare instances, Unemployment Compensation

# Want to Visit Your Local Workforce Board? Visit CareerOneStop

The screenshot shows the CareerOneStop website interface. At the top left is the CareerOneStop logo with the tagline "your source for career exploration, training & jobs" and a note that it is sponsored by the U.S. Department of Labor and is a partner of the American Job Center network. On the top right, there are links for "Login" and "Español", and a search bar labeled "Search CareerOneStop". A dark blue navigation bar contains the following menu items: "Explore Careers", "Find Training", "Job Search", "Find Local Help", "Toolkit", and "Resources For". Below this is a large blue banner with a network diagram background and a white box containing the text "Workforce Development Board Finder". Underneath the banner are icons for printing, email, and saving, along with social media icons for Facebook, Twitter, and LinkedIn. A section titled "About this data" explains that the information is compiled and maintained by CareerOneStop, with a "Help" link. The main content area states: "Find Workforce Development Boards in your area. WDBs direct federal, state, and local funding to workforce development programs. They also oversee the American Job Centers, where job seekers can get employment information, find out about career development training opportunities, and connect to various programs in their area. Get started by selecting your state below." At the bottom, there is a "Location" section with a dropdown menu labeled "Select a State" and a "Search" button.

[CareerOneStop Workforce Development Board Finder](#)

# Connie Sharp

Director, Membership  
[sharpc@nawb.org](mailto:sharpc@nawb.org)  
202-644-7147



---

# Questions?



# Area Health Education Centers Program

April 30, 2026

**Tamara Barbee, MPH**  
**Senior Public Health Analyst**  
Bureau of Health Workforce (BHW)

**Vision: Healthy Communities, Healthy People**



# Presentation Agenda

- 1 • AHEC Overview
- 2 • AHEC Activities
- 3 • Community Health Workers
- 4 • Behavioral Health
- 5 • Q&A



# Area Health Education Centers (AHEC) Overview



# AHEC Program Purpose and Goals



**Purpose:** Develop and enhance education and training networks within communities, academic institutions, and community-based organizations

**Goals:**

- Prepare a primary care workforce with a broad range of backgrounds and skills that reflects the populations served
- Improve health workforce distribution throughout the nation, particularly in rural and high-need areas
- Develop and maintain a health care workforce that is prepared to deliver high quality care in an evolving health care delivery system, with emphasis on rural and high-need areas

# AHEC Collaborative Agreement



## Grant Details

- Established in 1971
- Project Period  
9/1/22 – 8/31/27
- FY 2026 Funding  
\$47 Million
- 49 Programs

## Academic Year 2024–2025

- Trained **373k** participants at  
over **4.7k** sites
- Enhanced partnerships with  
key stakeholders

# AHEC Model



**Maximize Impact & Outcomes**



# Partnerships

---

- Community-driven collaborations to align academic training and experiences with the needs of rural and high-need communities
- Strengthen the health workforce by partnering with various stakeholders:
  - Primary Care Associations
  - Local workforce boards
  - Rural health associations
  - Nonprofit organizations
  - State and community organizations
  - Clinics and hospitals
  - Academic institutions
  - School systems



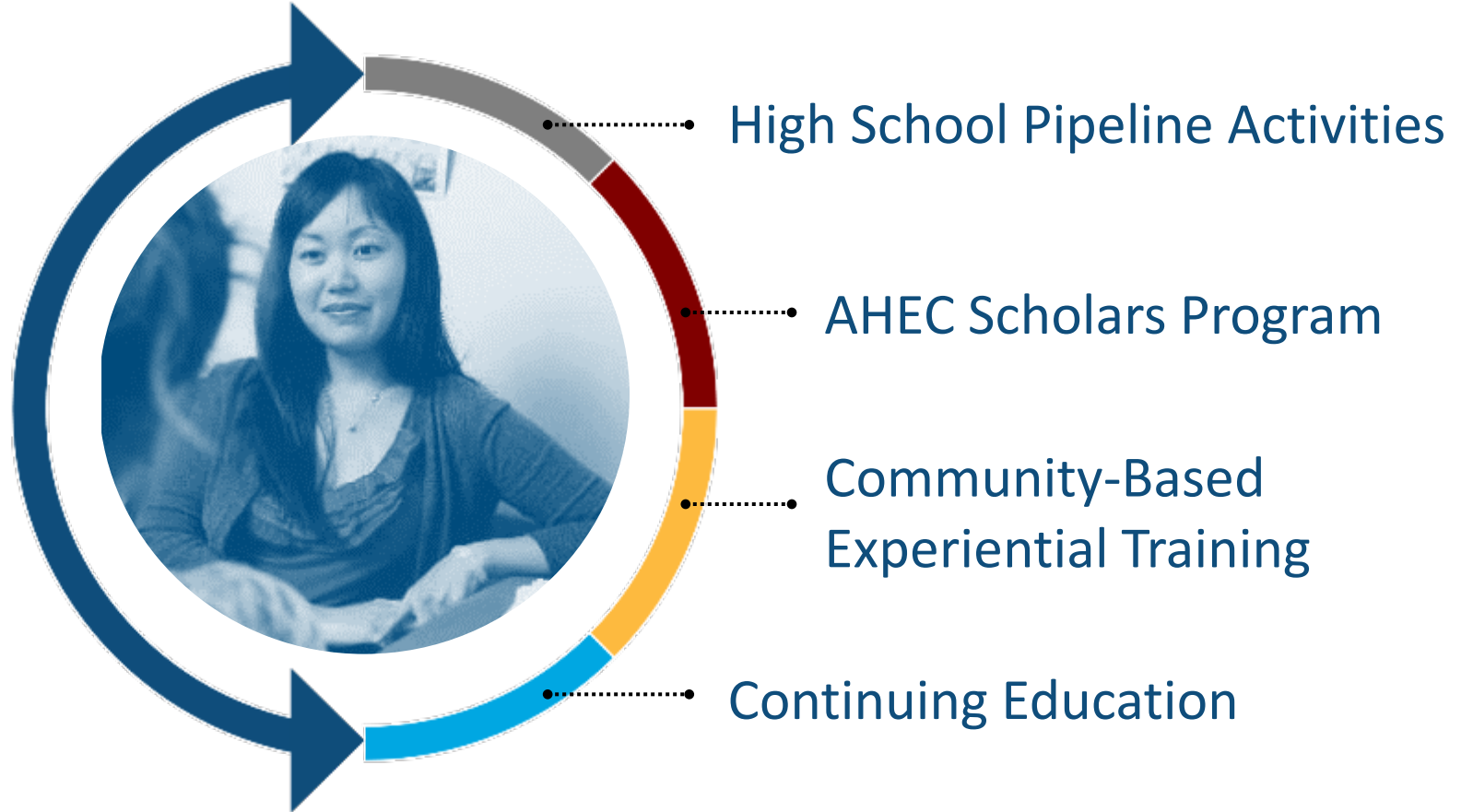
# AHEC Activities



# AHEC Requirements

## Core Topic Areas:

- Interprofessional education
- Behavioral health integration
- Connecting communities and supporting health professionals
- Virtual learning and telehealth
- Practice transformation
- Current and emerging health issues



# AHEC Scholars Program



## HRSA/AHEC branded interprofessional education programs includes:

- Student cohorts from varied backgrounds
- Longitudinal program with interdisciplinary curricula
- Community-based clinical training in rural and/or high-need settings
- Individual-level data collected on program participants, including required one-year post-completion follow-up data

# AHEC Scholars Disciplines

- Medicine
  - Dentistry
  - Physician Assistant
  - Nurse Practitioner
  - Nurse Midwifery
  - Psychology
  - Pharmacy
  - Optometry
  - Community Health Workers
  - Public Health
- Nursing
  - Social Work
  - Dental Hygiene
  - Occupational Therapy
  - Physical Therapy
  - Respiratory Therapy
  - Nutrition/Dietetics
  - Other Allied Health Professionals



# Community-Based Experiential Training



Interprofessional clinical training in rural and/or high-need areas

Training sites may include:

- Community clinics
- Federally Qualified Health Centers and look-alike clinics
- Community-based support programs
- Hospitals
- Behavioral health facilities

# Community Health Workers (CHWs)



# AHEC and CHWs

## AHECs:

- Lead or support statewide certification programs
- Include CHW learners in AHEC Scholars Program
- Offer continuing education
- Foster peer learning environments
- Provide support to supervisors
- Host CHW conferences
- Educate stakeholders
- Serve on advisory boards and councils



# Variety of CHW Trainings

## Texas AHEC *Promotores* of South Texas Training Program

- 8 required core competencies
- 180 hours of training includes practicum experiences

## Pennsylvania AHEC CHW Apprenticeship Program

- 12 months
- 144 hours of didactic training
- 2,000 on-the-job training hours and wage increases as skills develop

## Montana Pathway of a Messenger CHW Training

- 40-hour in-person training
- Supportive, customized curricula to specific Montana Tribes



# Behavioral Health



# AHEC and Behavioral Health

---

## In Academic Year 2024–2025:

- 441 behavioral health students in AHEC Scholars Program
- 10,311 behavioral health providers received continuing education
  - 112 behavioral health integration courses
  - 67 substance use disorder trainings
  - 50 clinical communication skills trainings
  - 83 other behavioral health courses
- Created and enhanced behavioral health curriculums



# Behavioral Health Trainings



AHECs partner with numerous behavioral health organizations

Variety of behavioral health trainings and immersions for students and practicing professionals:

- Prenatal
- Adolescent
- Agricultural
- Health care resiliency
- Mental Health First Aid certification

# Wellness Trainings

**Offered via continuing education, webinar series, and resource pages**

- Addresses clinician burnout
- Identifies key aspects of compassion fatigue
- Provides tools and strategies to mitigate burnout
- Improves provider wellness



# Contact Us

---

**Tamara Barbee, MPH**

Senior Public Health Analyst  
BHW, HRSA

Phone: 301-443-5273

Email: [TBarbee@hrsa.gov](mailto:TBarbee@hrsa.gov)

Website: [bhw.hrsa.gov](http://bhw.hrsa.gov)





# Q&A





# Behavioral Health Workforce Development Programs

**April 30, 2026**

**LCDR Isabel Gorgoroso and Carrie Dorn**  
**Team Leads, Behavioral Health,**  
**HRSA, Bureau of Health Workforce**

**Vision: Healthy Communities, Healthy People**



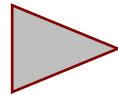
# Bureau of Health Workforce

**MISSION** Improves the health of underserved populations by

- Strengthening the health workforce
- Connecting skilled professionals to communities in need



**EDUCATION**



**TRAINING**



**SERVICE**

# HRSA Workforce Program Aims



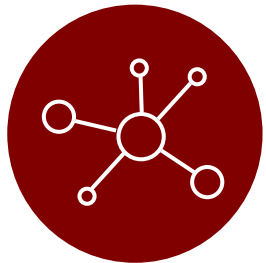
## **ACCESS**

Make it easier for people to access health care



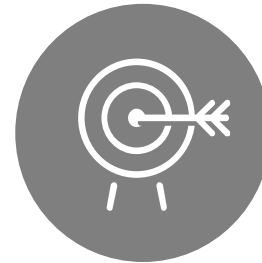
## **SUPPLY**

Balance the supply of health workers with the demand for care



## **DISTRIBUTION**

Improve distribution of the health workforce



## **QUALITY**

Improve the quality of the health workforce and the care they provide

# Behavioral Health Workforce Education and Training Program for Professionals (BHWET-Pro)

**Goal:** Increase the supply of a behavioral health workforce to provide integrated behavioral health care and committed to work in high-need and high-demand areas.

**Project Period:** July 1, 2025–June 30, 2029

**Number of Awards:** 105

## **Objectives:**

- Increase partnerships with training sites in high-need and high-demand areas.
- Promote training models to integrate behavioral health services into primary care settings.
- Recruit a behavioral health workforce interested in working with children, adolescents, and young adults.
- Recruit and expand the capacity of clinical supervisors to mentor and support behavioral health trainees.





# BHWET-Pro: Partnerships

- Community recovery organization
- Afterschool program
- Multi-specialty health and human services agency
- Substance use treatment center
- Outpatient counseling services
- Interdisciplinary student counseling center
- Outpatient mental health clinic
- Juvenile detention center
- Indian Health Service site
- Behavioral health clinic
- Health center
- School-based clinic
- Ambulatory practice sites
- Federally Qualified Health Center (FQHC) or look-alike
- Community mental health center
- Pediatric clinic (Wellness center)
- Preschool
- Academic setting/School
- U.S. Veterans Administration (VA) medical centers and clinics



# Behavioral Health Workforce Education and Training Program for Paraprofessionals (BHWET-Para)

**Purpose:** Develop and expand community-based experiential training such as field placements and internships to increase the skills, knowledge and capacity of students preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals.

**Project Period:** September 1, 2025 – August 31, 2029

**Number of Awards:** 25

## **Objectives:**

- Provide paraprofessional certificate training program(s) through curriculum development and experiential learning.
- Expand access to quality behavioral health services in high need and high demand areas.
- Use team-based models of care in interprofessional behavioral health and primary care settings.
- Recruit a workforce interested in working with children, adolescents, and young adults.



# Opioid-Impacted Family Support Program (OIFSP)

**Program Goal:** Increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on interprofessional teams providing services to families impacted by Opioid Use Disorder (OUD) and SUD. Special focus on supporting children and adolescents who have experienced trauma and are at risk for mental health disorders.

**Project Period:** September 1, 2024 – August 31, 2028

**Number of Awards:** 31

## Objectives

- Provide paraprofessional certificate training program(s) through curriculum and experiential learning.
- Leverage partnerships with community-based and non-traditional community organizations that serve high need and high demand areas.
- Establish a component that provides “on-the-job training” through a registered apprenticeship.



# Paraprofessional Training: About the Cohorts

## Examples of Paraprofessionals Trained

- Community Health Workers/*Promotoras*
  - Peer Support Specialists
  - Recovery Coaches
  - Substance Use/Addiction Workers
  - Outreach Specialists /Outreach Counselors
- Behavioral Health Aide
  - Family/Parent Peer Support Provider
  - Case Managers/Case Workers
  - Chemical Dependency Counselor



# Paraprofessional Training: Types of Training Settings

---

- Community-based Organizations
- Outpatient mental health centers and recovery services
- Certified community behavioral health clinics
- Tribal Health Organizations
- Residential intellectual and developmental disability facilities
- Community housing services
- Judicial settings
- County Health Departments
- Child and Family Services



# Paraprofessional Training: Training Levels

---

## Level 1: Pre-service training

- Includes didactic and experiential field training
- Provide paraprofessional certificate
- Most of BHWET-Para cohort focus on level 1

## Level 2: In-service training

- “On-the-job” training at a Registered Apprenticeship site
- Required in OIFSP
- Optional in BHWET-Para



# Integrated SUD Training Program (ISTP)

---

**Program Goal:** Foster robust clinical training and augment expertise among clinicians who see patients at access points of care and provide mental health and addiction prevention, treatment, and recovery.

## **Objectives:**

- Increase individuals completing clinical training requirements for licensure and practitioners trained to provide mental health and SUD/ODD services.
- Operate a 12-month, full-time (24 months half-time) training program and care delivery model in underserved, community-based settings.
- Integrate primary care, mental health, and SUD/ODD prevention, treatment (including medications for ODD (MOOD)), and recovery.

Three cohorts (ending June 2026, June 2027, and June 2028)



# ISTP: About the Cohort

## Eligible Disciplines:

- Nurse Practitioners
- Physician Assistants
- Health Service Psychologists
- Social Workers
- Counselors\*
- Nurses\*

\*added in 2023



## Training Levels:

- Fully licensed providers
- Provisionally licensed providers including individuals completing clinical training requirements for licensure

# ISTP: Partnerships

## Clinical Training Sites:

- Primary Care and Ambulatory Clinics
- Rural Health Clinics
- Outpatient Addiction Clinics
- Community Health Centers/FQHCs
- Academic and Teaching Health Centers
- Hospitals
- School-based Clinics



## Innovative Training Approaches:

- Supervision of clinical hours for licensure
- Interprofessional team-based care
- Unique training experiences, for example:
  - Community outreach through mobile outreach vans
  - Balint groups



# Contact the Presenters

---

## **LCDR Isabel Gorgoroso**

Telephone: 301-443-2351

Email: [IGorgoroso@hrsa.gov](mailto:IGorgoroso@hrsa.gov)

## **Carrie Dorn**

Telephone: 301-443-1960

E-mail: [CDorn@hrsa.gov](mailto:CDorn@hrsa.gov)



# Connect with HRSA

---

Learn more: [HRSA.gov](https://www.hrsa.gov)

Sign up for HRSA eNews: [HRSA Email Updates](#)

Follow us: [Facebook](#), [X](#), [Instagram](#), [LinkedIn](#), [YouTube](#)



# Questions

---



# Additional Questions?



## 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 for attending!

Have questions about the CSR-TTAC?

Email us!

[support@988crisisttac.org](mailto:support@988crisisttac.org)

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

