988 Crisis System Grantee and Partners National Conference – Improving Connections Across the Continuum

Call for Breakout Session Abstracts

About the Conference

The *988 Crisis System Grantee and Partners National Conference: Improving Connections Across the Continuum* will bring together 988 and behavioral health crisis system state, territory, and Tribal grantees, federal partners, subject-matter experts, crisis continuum providers, 988 Crisis Centers, and other key partners from across the country to learn from one another, share promising practices, and strengthen connections across the crisis continuum.

Through plenary sessions, breakout sessions, and peer-to-peer learning opportunities, attendees will explore emerging trends, practical solutions, and successful models that support the ongoing advancement of the 988 system and behavioral health crisis continuum.

A core component of this conference is shared learning among participants. We encourage grantees, crisis centers, state, territorial, Tribal, and local partners, researchers, and other invited attendees to submit abstracts for breakout sessions that highlight innovative approaches, successful initiatives, lessons learned, evaluation findings, and strategies that advance the goals of 988 and crisis care services.

Proposals should be grounded in best practices, informed by data or experience, align with the Substance Abuse and Mental Health Services Administration's (SAMHSA) mission, and support the continued development of effective and accessible crisis systems. All proposed content must also align with applicable Executive Orders and the U.S. Department of Health and Human Services (HHS) and federal administration priorities. Additional guidance will be provided to accepted presenters as part of the presentation development and review process.

Who Should Submit?

Abstracts are welcomed from:

- 988 Lifeline crisis centers
- State, territory, and Tribal grantees
- Mobile crisis team providers
- Crisis stabilization providers

- Behavioral health providers
- Suicide Prevention partners
- Researchers and evaluators
- State and local government agencies
- Health care and emergency response partners
- Individuals with lived and living experience; Peer Support Specialists
- Community-based organizations (behavioral health and/or crisis related)
- Other organizations supporting crisis system development and improvement

Submission of an abstract does not guarantee acceptance. All recommended breakout sessions and presenters are subject to final SAMHSA review and approval.

Conference Tracks

Please select the track that best aligns with your proposed presentation.

1. Crisis Continuum & System Coordination

Explores strategies to design, implement, and sustain an integrated crisis system across the full continuum of care in alignment with SAMHSA's *2025 National Guidelines*. Topics may include service delivery and coordination across "someone to contact, someone to respond, and a safe place for help," cross-system partnerships (intergovernmental, interagency, public-private, etc.), no wrong door access, and seamless transitions between services and settings.

a. **Mobile Crisis Response (MCR):** Highlights best practices and innovations in mobile crisis response models. Sessions may cover team composition, dispatch integration, response protocols, safety considerations, ethical considerations, partnerships (e.g., law enforcement, EMS), and approaches to improving access and outcomes.

b. **Crisis Stabilization (Hospital-Based Emergency Stabilization Units, Crisis Centers, Extended Stabilization Centers, Peer Crisis Respite, Referral-Based Crisis Residential Services, Sobering Centers, etc.):** Focuses on the role of crisis stabilization services within the broader continuum, including models such as CCBHCs and partnerships with FQHCs and primary care. Sessions may highlight service design, clinical approaches, operational and ethical considerations, outcomes related to diversion, stabilization, and connection to ongoing care.

c. **988 / 911 Interoperability:** Examines approaches to strengthening coordination and interoperability between 988 and 911 systems. Topics may include call routing, co-response models, shared protocols, data exchange, governance structures, ethical considerations, and lessons learned from implementation.

d. **Follow-Up and Continuity of Care:** Focuses on post-crisis engagement strategies that promote recovery and reduce repeat crises. Topics may include follow-up protocols, care coordination, warm handoffs, engaging peers, ethical considerations, and measuring impact on outcomes such as re-contact and service utilization.

e. **Tribal Crisis Systems & Coordination:** Focuses on developing and sustaining coordinated crisis systems that reflect Tribal priorities and community needs. Sessions may cover integration across the crisis continuum, coordination among Tribal, local, state, and federal partners, culturally informed crisis care, no wrong door access, referral pathways, data sharing and governance, and strategies to strengthen continuity of care across settings.

2. **Integrating Substance Use Prevention, Screening, Assessment, Treatment, and Recovery across the Crisis Continuum**

Explores how substance use prevention, screening, assessment, treatment, and recovery supports can be integrated at every point along the crisis continuum. Topics may include universal screening and assessment practices, withdrawal management and sobering services, medications for opioid and alcohol use disorder, overdose prevention and response, co-occurring disorder capability, ethical considerations, and warm handoffs to treatment and recovery support services.

3. **Crisis Care Across the Lifespan (Youth, Families, Older Adults)**

Explores how crisis systems can be tailored to meet the unique needs of individuals across developmental stages, including children and youth, adults, and older adults. Sessions may address family engagement, age-appropriate interventions, ethical considerations, and specialized service models.

4. **Tribal 988 Implementation & Innovation**

Focuses on the development, implementation, and sustainability of Tribal 988 programs. Sessions may cover governance, workforce development, call center operations, technology infrastructure, partnerships with state and regional 988 systems, sustainability strategies, and approaches that ground crisis services in Tribal traditions, and community strengths. Sessions may also highlight lessons learned and promising practices from Tribal 988 implementation.

5. **Peer Support and Services across the Crisis Continuum**

Highlights the integration and impact of peer support roles across crisis services, including 988 centers, mobile teams, stabilization settings, and follow-up. Topics may include role design, training, supervision, ethical considerations, and the value of lived experience in improving engagement and outcomes.

6. **Suicide Prevention, Sentinel Events & Imminent Risk**

Focuses on methods and approaches for identifying, assessing, and responding to imminent suicide risk. Sessions may include crisis intervention strategies, ethical considerations, postvention and sentinel event review, and use of data to inform prevention and quality improvement efforts.

7. **Data, Evaluation & Quality Improvement**

Explores effective approaches to data collection, analysis, and use in crisis systems. Topics may include data governance and privacy, performance measurement, dashboards, quality improvement processes, evaluation of service impact, and use of data to drive decision-making and accountability.

8. **Technology, AI & Cybersecurity**

Examines the role of technology in enhancing crisis system operations and outcomes. Topics may include AI-enabled tools, digital platforms, interoperability solutions, data sharing, cybersecurity considerations, and emerging innovations.

9. **Funding, Finance & Sustainability**

Highlights strategies to finance, scale, and sustain crisis services. Sessions may include braiding and blending funding streams, Medicaid and reimbursement models, grant management, cost analysis, and demonstrating return on investment.

10. **Behavioral Health Workforce**

Focuses on strategies to recruit, develop, and retain a skilled and resilient crisis workforce. Topics may include workforce pipeline development, partnerships with higher education, training models including use of the Lifeline Learning Portal, ethical considerations, staff wellness, and organizational supports.

11. **Grantees 101 (Implementation Basics)**

Provides foundational content for new or early-stage grantees. Sessions may cover implementation planning, governance, partner engagement, service design, compliance requirements, and common challenges and solutions.

12. **Communications, Public Awareness, and Marketing**

Explores strategies to increase awareness and understanding of 988 and crisis services. Topics may include public messaging, outreach campaigns, branding, community engagement, and addressing stigma and trust, particularly in historically under-resourced communities.

13. **Population Specific**

Focuses on approaches to serving populations with unique needs or elevated risk. Topics may include but not limited, veterans, culturally aware practices and tailored service models for populations such as rural communities, youth, older adults, and individuals experiencing homelessness.

14. **Other (Leadership, Governance & Systems Change)**

Explores the role of leadership in planning, implementing, and sustaining crisis systems. Topics may include governance structures, policy and legislative engagement, cross-system leadership, and strategies for driving large-scale systems change at the state, territory, or Tribal level.

Presenters may submit more than one abstract, but each abstract must focus on a single primary track.

Presentation Formats

Didactic Presentation

- Traditional presentation focused on sharing information, strategies, research findings, implementation experiences, or lessons learned.

Panel Discussion

- Multiple presenters offering various perspectives on a topic, program, initiative, or challenge.

Interactive Workshop

- Highly engaging session designed to provide practical tools, examples, facilitated discussion, and skill-building opportunities for participants.

Breakout Session Duration

Most breakout sessions will be 60 minutes with a limited number of sessions of 1 hour 15 minutes. You may indicate whether you prefer one or the other or can accommodate both. Presenters should plan their content and participant engagement activities accordingly, including appropriate time for participant questions and discussion.

Proposal Review Criteria

Abstracts will be reviewed using SAMHSA-approved rubric. Review considerations are expected to include:

- Relevance to the conference theme, tracks, priorities, and audience
- Clarity and significance of the issue, initiative, practice, or experience being presented
- Practical applicability and transferability
- Quality of outcomes, evaluation, or lessons learned
- Presenter expertise
- Contribution to shared learning across crisis systems
- Appropriate opportunities for audience learning and engagement
- Alignment with applicable SAMHSA, HHS, and federal requirements and priorities

Preference may be given to proposals demonstrating measurable outcomes, partnerships, innovative practices, and actionable strategies that attendees can apply within their own organizations or communities.

All submissions are subject to final SAMHSA review and approval.

Key Dates

Activity	Date
Call for Breakout Session Abstracts Opens	Friday, Sept 11, 2026
Abstract Submission Deadline	Monday, Oct 5, 2026
Notification of Acceptance	Monday, Oct 19, 2026
Presenter Confirmation Due	Thursday, Oct 22, 2026
Final Presentation Materials Due	Friday, Nov 6, 2026
National Conference	Dec 15-17, 2026

Presenter Responsibilities

Accepted presenters agree to:

- Register for the conference, if required. Registration is free.
- Participate in presenter orientation sessions, if scheduled.
- Use the provided branded PowerPoint template and accessible presentation practices. (See guidance on AI usage and slide creation below.)
- Submit fully editable presentation materials by the established deadline for accessibility and content review.
- Ensure all content complies with applicable SAMHSA, HHS, conference, and federal requirements and guidance.
- Present original content and appropriately cite all materials and sources.
- Complete requested revisions following the initial review and SAMHSA's final review and approval process.
- Deliver the approved presentation during the assigned breakout session.
- Presenters may highlight product utilization and development but may not use the presentation nor exhibitor platforms to promote or sell products.

Dates are subject to change. Accepted presenters will receive additional instructions regarding presentation development, review, and approval.

AI guidance for content and presentation development

While we recognize that AI can be a valuable tool for developing presentation materials, we ask that all slide decks be submitted in a fully editable format: all text in text boxes separate from images and/or graphics. Slides created as single, non-editable images cannot be modified to meet Section 508 accessibility requirements. Because all presentation materials shared publicly must be 508 compliant, fully editable slide content is required to ensure any necessary accessibility updates can be made.

Travel and Reimbursement

Speaker fees, lodging, mileage, per diem, and other travel expenses will not be provided or reimbursed by SAMHSA unless specifically identified through a conference-supported grant program or other approved arrangement.

Additional travel guidance will be provided to accepted presenters, as applicable.

Questions

Questions regarding the Call for Abstracts or conference programming may be directed to:

Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC)

Email us: support@988crisisttac.org

Call us: 844-464-8338 (toll-free)