


RESOURCE APPENDIX

THE FOLLOWING RESOURCES HAVE NOT BEEN DEVELOPED BY THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OR THE DEPARTMENT OF CRIMINAL JUSTICE SERVICES. NONETHELESS, THEY PROVIDE INFORMATION AND BEST PRACTICES THAT ALIGN WITH THE TRANSFORMATIONS THAT ARE BEING MADE TO REIMAGINE HOW INDIVIDUALS THROUGHOUT THE COMMONWEALTH ACCESS AND RECEIVE SERVICES FOR BEHAVIORAL HEALTH EMERGENCIES AND CRISES. THESE EXTERNAL RESOURCES EMPHASIZE THE NEED TO BOLSTER EXISTING AND FACILITATE NEW COLLABORATIONS IN ORDER TO CREATE A COORDINATED, RECOVERY- AND EQUITY-FOCSED CRISIS RESPONSE SYSTEM. NOTE THAT MANY OF THE RESOURCES LISTED HERE ARE REPOSITORIES OF INFORMATION IN THEIR OWN RIGHT, OR THEY HAVE ROBUST REFERENCE SECTIONS. THIS IS BY NO MEANS AN EXHAUSTIVE LIST!

ALL RESOURCES CAN BE ACCESSED BY CLICKING THE HYPERLINKS IN **GREEN FONT** OR CLICKING  THROUGHOUT THE DOCUMENT.

← USE THE BOOKMARKS PANE TO NAVIGATE THROUGH THE DOCUMENT USING THE HEADINGS.

A GUIDEBOOK TO REIMAGINING AMERICA'S CRISIS RESPONSE SYSTEMS: A DECISION-MAKING FRAMEWORK FOR RESPONDING TO VULNERABLE POPULATIONS IN CRISIS

 This guidebook provides an overview of the different types of programs that have emerged throughout the United States to provide non-traditional responses to individuals experiencing behavioral health crises. Its stated audience is policymakers and traditional first responders. Each of the chapters is structured around a key question, including “How do I know which program model to consider?,” “How do I know if I am actually achieving program goals?,” and “What if I want to do more than implement a particular program or program type in my local jurisdiction?.” There are three appendices filled with resources. For example, Appendix C provides sample logic models for different types of alternative response programs designed to intervene at Intercepts 0 and 1.

A ROADMAP TO THE IDEAL CRISIS SYSTEM

Full Roadmap  | Executive Summary 

As the title suggests, this 209-page document details concrete steps for creating a comprehensive, integrated crisis response and care system. Sample measurable criteria, example case studies, recommendations for action (beginning on page 177), a crisis system scorecard (beginning on page 197), and more are provided. The document is divided into three sections:

- Section I: Accountability and Finance,
- Section II: Crisis Continuum: Basic Array of Capacities and Services, and
- Section III: Basic Clinical Practice.

Section I highlights the importance of capturing meaningful data to monitor a system’s quality and impact and to ensure accountability. In addition, the first section emphasizes the need to secure sustainable financing. Section II addresses the specific components and capacity that a fully developed comprehensive crisis system should have. Section III details best practices in clinical care, including population-specific guidelines for youth, older adults, and individuals with cognitive disabilities (beginning on page 164). Given the length of the document, there is an accompanying 24-page summary document.

This resource was developed by the Group for the Advancement of Psychiatry and published by the National Council for Behavioral Health (see **section**). The National Council for Behavioral Health welcomes inquiries for consultation and technical assistance. Those requests for assistance can be initiated by emailing <Consulting@TheNationalCouncil.org>.

COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

“The Council of State Governments (CSG) Justice Center is a national, nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.” Their mission is to promulgate “research-driven strategies to increase public safety and strengthen communities.” Sign up for the **Justice Briefing** and other topic-specific newsletters to get the latest updates delivered directly to your inbox.

COMMUNITY RESPONDER TOOLKIT

[↗](#) CSG Justice Center released the first iteration of Expanding First Response: A Toolkit for Community Responder Programs on December 8, 2021. AS the CSG website notes, this toolkit will be continuously updated as new information from program implementers becomes available. Current sections of the **toolkit** include community engagement, needs assessment, conducting emergency call triage, program staffing, data-informed decision-making, and financial sustainability.

TAKING THE CALL CONFERENCE

[↗](#) This was a virtual conference held on October 20-21, 2021. It featured breakout sessions on 911 call triage, community responder models, ADA compliance, and much more. Recordings from plenary and breakout sessions as well as featured resources are available online.

POLICE-MENTAL HEALTH COLLABORATION (PMHC)

[↗](#) PMHC Self-Assessment Tool

Localities must create a free account in order to complete an assessment of their readiness to implement PMHC programs.

[↗](#) PHMC Program Checklists

There are multiple checklists available that are targeted to specific audiences: law enforcement leaders, law enforcement program managers, behavioral health leaders, and city/county leaders.

[↗](#) Law Enforcement Mental Health Learning Sites (CSG)

These sites have exemplary programs and are committed to sharing their insights and lessons learned. Note that Arlington, MA is a learning site, not Arlington, VA.

[↗](#) The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and De-escalation Training

This survey was completed by CSG and the International Association of Directors of Law Enforcement Standards and Training. It highlights the variability in law enforcement training for specialized responses to individuals with mental illnesses.

Continue on the next page.

BEHAVIORAL HEALTH FIELD NOTES

These quick guides provide content on a specific topic area in three to five pages and detail additional resources.

- [Advancing the Work of Peer Support Specialists in Behavioral Health-Criminal Justice Programming](#)
- [Developing and Implementing Your Co-Responder Program](#)
- [How to Successfully Implement a Mobile Crisis Team](#)
- [Financially Sustaining Behavioral Health-Criminal Justice Programs](#)

WEBINARS

The best way to find out about upcoming webinars is by subscribing to newsletters. Past webinar recordings and PowerPoint presentations are available on the [CSG website](#). Webinar recordings can also be found on the [CSG Justice Center YouTube page](#). There are dozens of relevant webinars, including those designed for participants in LEAD (law enforcement assisted diversion) and the Stepping Up Initiative.

- [Community Engagement: Planning and Ongoing Support for Community Responder Programs](#)
- [Collecting and Utilizing Data in Community Responder Programs](#)

TECHNICAL ASSISTANCE

There are multiple ways to seek assistance from the CSG Justice Center in addition to the sites.

- [Law Enforcement-Mental Health Collaboration Support Center](#)
- [Center for Justice and Mental Health Partnerships](#)

FUNDING OPPORTUNITIES

CSG frequently features time-limited funding opportunities, such as the Bureau of Justice Assistance's Connect and Protect solicitation. In addition to featuring time-limited solicitations, a guidebook on sustainable funding is provided.

- [Justice and Mental Health Collaboration Program \(JMHCPC\)](#)

There are three categories of JMHCPC grants. "Eligible applicants are limited to states, units of local government, and federally recognized Indian tribes and tribal organizations. Applications must demonstrate that the proposed project will be administered jointly by a criminal or juvenile justice agency and a mental health agency, although only one is responsible for submitting the application."

- [Getting Started: A Guidebook for Sustainability and Scaling](#)

Note that this will download as a zip file.

- [Federal Funding Opportunities Database](#)

Note that this will download as a zip file.

CROSS-SECTOR INFORMATION SHARING

Sharing information across disciplines can present challenges due to a lack of shared terminology, concerns about privacy laws, and differences in operations. Nonetheless, these challenges can be overcome.

[Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#)

[Sharing Behavioral Health Information within Police-Mental Health Collaborations](#)

CRISIS NOW

[Virginia Department of Behavioral Health & Developmental Services has opted to adopt the Crisis Now model as the blueprint for its comprehensive crisis system. “Crisis Now is a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match people’s clinical needs to care. Crisis Now partners are the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, National Council for Behavioral Health, and RI International.” There are a number of key resources offered by Crisis Now, including **tools** like infographics, assessments, and calculators.](#)

988 CRISIS JAM LEARNING COMMUNITY

[This learning community includes a weekly call with leaders in suicide prevention and crisis intervention most Wednesdays at 12PM ET. All calls are recorded, and recordings are available online. Featured presentations from weekly calls are also available online. For example, there is a **presentation** from Dr. Margie Balfour of Connections Health Solutions in Tucson, AZ on the Crisis Reliability Indicators Supporting Emergency Services \(CRISES\) framework for quality metrics. See her **full article** on metrics for the crisis system.](#)

#CRISISTALK

#CrisisTalk is a regularly updated repository of articles covering legislative issues, technological challenges, and model program across the country and around the world. #CrisisTalk is a product of the partner organizations behind Crisis Now. One can subscribe to the #Crisistalk newsletter so that the latest articles are delivered via email each week. See a small selection of featured articles below.

[How Co-Location at 911 Call Centers Strengthens Behavioral Health Connectivity, Whether In-Person or Virtual](#)

[Why Partnering With 911 and First Responders Is Crucial to the Success of 988](#)

[Dr. Matthew L. Goldman Says if Not Implemented Properly, 988 Is No More Than Rebranding](#)

[Dr. Warrior on How States Need to Include American Indians in Their 988 Plans](#)

[It’s Time the Behavioral Health Field Expand Their Definition of Lived Experience](#)

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NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION'S MENTAL HEALTH & SUICIDE PREVENTION NATIONAL RESPONSE TO COVID-19

This task force was developed to address to uptick in mental health concerns that emerged during the COVID pandemic. A series of five webinars about changing responses to behavioral health emergencies and crises was produced. The recordings can be accessed below.

- [🔗 Understanding the Problem: Crafting the Right Response](#)
- [🔗 Mental Health is Not a Crime: How 988 and Crisis Services Will Transform Care](#)
- [🔗 Rethinking Workforce](#)
- [🔗 Care Where We Need It](#)
- [🔗 Stop Crisis Before It Starts](#)

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS

🔗 NASMHPD has a Technical Assistance Coalition that completes a series of comprehensive assessment working papers each year. Assessment working papers from 2016 through the present are accessible. The working papers from 2020 are particularly salient to this work. There were a series of eleven papers produced in 2020; the eleventh paper is highlighted below.

1. Crisis Services: Meeting Needs, Saving Lives [🔗](#)
2. Effective Crisis Care for Homelessness [🔗](#)
3. Technology and Crisis Services [🔗](#)
4. Addressing Substance Use in Behavioral Health Crisis Care [🔗](#)
5. Legal Issues in Crisis Services [🔗](#)
6. National Best Practices for Behavioral Health Crisis Care [🔗](#)
7. Funding Mental Health Crisis Services [🔗](#)
8. Diverse Populations in Crisis Settings [🔗](#)
9. Improving Child and Adolescent Crisis Systems [🔗](#)
10. Crisis Services in Rural and Frontier Areas [🔗](#)
11. Crisis Services and Law Enforcement [🔗](#)

COPS, CLINICIANS, OR BOTH? COLLABORATIVE APPROACHES TO RESPONDING TO BEHAVIORAL HEALTH EMERGENCIES

🔗 This policy paper was developed as part of an eleven-brief series exploring crisis services beyond psychiatric hospitalization. The paper was authored by a multidisciplinary group of clinicians and law enforcement (LE), including psychiatrists Margie Balfour and Matthew Goldman. As the abstract states, this paper focuses on “*when, how, and with what support*” should LE respond to behavioral health emergencies not *whether* LE should respond to behavioral health emergencies. To that end, the policy paper details best practices for LE crisis response as well as “alternatives to LE involvement and [emergency department] utilization.” “Policy considerations regarding legal statutes, financing, data management, and stakeholder engagement” are also included.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

There are numerous topic-specific resources available on the SAMHSA website. This federal agency is also the funding source for the 988 planning grants being administered through **Vibrant Emotional Health**. Vibrant Emotional Health administers the **National Suicide Prevention Lifeline** (NSPL).

NATIONAL GUIDELINES FOR MENTAL HEALTH CRISIS CARE: A BEST PRACTICES TOOLKIT

🔗 From this link one can access both the 10-page executive summary and 80-page best practices toolkit. The toolkit elucidates the essential components—crisis hubs, mobile crisis teams, and crisis receiving centers—of a comprehensive crisis system. There are also sections addressing workforce capacity and development as well as the use of technology in crisis care. The final section details marketing and communication strategies. There are several articles and resources in the addendums.

SAMHSA GAINS CENTER FOR BEHAVIORAL HEALTH AND JUSTICE TRANSFORMATION

🔗 The SAMHSA GAINS Center has a wealth of resources. Sign up for the newsletter to stay abreast of upcoming webinars and funding opportunities. Some past GAINS Center webinar recordings are available on the **SAMHSA YouTube page**. Note that it is always worthwhile to register for webinars of interest: Recordings and materials are emailed to all registrants, even if they cannot attend live.

SMI ADVISER

🔗 This is a robust, searchable knowledge base for clinicians, family, and individuals developed by the American Psychological Association (APA) and SAMHSA. Individuals with severe mental illness (SMI) can also create a psychiatric advanced directive (PAD).

OVERVIEW OF EVIDENCE-BASED TOOLS AND APPROACHES ACROSS THE SEQUENTIAL INTERCEPT MODEL (SIM)

🔗 This is a webinar recording.

TAILORING CRISIS RESPONSE AND PRE-ARREST DIVERSION MODELS FOR RURAL COMMUNITIES

🔗 This guide addresses adaptations that rural communities might have to make to adapt models to their needs.

EXECUTIVE ORDER SAFE POLICING FOR SAFE COMMUNITIES: ADDRESSING MENTAL HEALTH, HOMELESSNESS, AND ADDICTION REPORT

🔗 This document presents models that aim to reduce law enforcement involvement.

PEER SUPPORT TOOLKIT

🔗 This toolkit is a sophisticated resource disseminated by the City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services. It is designed to help treatment organizations prepare to hire onboard peer support roles, starting with an assessment of organizational culture. This toolkit is comprised of four modules: preparing the organizational culture, service delivery, recruiting and hiring peer staff, and supervision and retention.

THE NATIONAL COUNCIL FOR MENTAL WELL-BEING

☑️ The National Council is “a membership organization” that advocates for policies intended to ensure equitable access to high-quality care. It seeks to “promote greater understanding of mental wellbeing as a core component of comprehensive health and health care.” The National Council is the developer of **Mental Health First Aid (MHFA)**. Note that technical assistance can also be requested through the **Center of Excellence for Integrated Health Solutions**.

THE JOURNAL OF BEHAVIORAL HEALTH SERVICES & RESEARCH

☑️ This is the official journal of the National Council. It is open-access, and it includes research “[examining] the organization, financing, delivery and outcomes of behavioral health services.” To that end, articles on a variety of topics are published. For example, an article entitled “**The Critical Role of Health Information Technology in the Safe Integration of Behavioral Health and Primary Care to Improve Patient Care**” was published in October 2021.

VERA INSTITUTE OF JUSTICE

☑️ Vera’s mission is “to end the overcriminalization and mass incarceration of people of color, immigrants, and people experiencing poverty.” To fulfill that mission, Vera engages in quality, novel research. Some of their work is highlighted below.

THE 911 CALL PROCESSING SYSTEM: A REVIEW OF THE LITERATURE AS IT RELATES TO POLICING

☑️ This July 2019 report is a great introduction to the inner workings of the 911 system. It provides an overview of a range of 911-related topics: from the history of 911 to the technical details about how location data are obtained. Telecommunicators’ well-being is also highlighted. The report emphasizes the challenges researchers face in using 911 data due to the lack of standardization nationally. Note that both the executive summary and 52-page full report can be accessed from the link.

UNDERSTANDING POLICE ENFORCEMENT: A MULTICITY 911 ANALYSIS

☑️ This comprehensive September 2020 report includes a literature review as well as the results of a mixed-methods research study. It highlights the complexities of 911 call processing. The study results emphasize the challenges in identifying behavioral health-related calls and other calls that could benefit from an alternative response. The footnotes include references to myriad other articles on 911 call processing for those who are interested. Note that both the executive summary and 316-page full report can be accessed from the link.

CRISIS RESPONSE SERVICES FOR PEOPLE WITH MENTAL ILLNESSES OR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES: A REVIEW OF THE LITERATURE ON POLICE-BASED AND OTHER FIRST RESPONSE MODELS

☑️ This article is part of Vera’s *Serving Safely: The National Initiative to Enhance Policing for Persons with Mental Illnesses and Developmental Disabilities* at the Vera Institute of Justice. The initiative is supported by a Bureau of Justice Assistance grant. This report resulted from an outcomes-oriented literature review. The outcomes of interest are detailed on page 11. A detailed table of contents is provided on page five.

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ADDITIONAL RESOURCES BY TOPIC

The above resources are not the only sources of information regarding best practices in police-mental health collaborations and innovative approaches for overhauling the crisis response system. Additional resources are provided below. The resources have been roughly categorized; however, the categories are not discrete. For instance, there is information regarding youth in the Crisis Intervention Team resources. Some of these topics (and more) are also detailed in the resources above. This list is not exhaustive.

COMMUNITY RESPONDER MODELS

[A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis](#) 

[Evaluation of the Indianapolis Mobile Crisis Assistance Team](#) 

[Minneapolis, MN Alternatives to Police Response](#) 

[Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#) 

[Harris County, TX Telehealth Implementation Guide](#) 

CRISIS INTERVENTION TEAM

[Designing CIT Programs for Youth](#) 

[Responding to Youth with Mental Health Needs: A CIT for Youth Implementation Manual](#) 


EMERGENCY COMMUNICATIONS

[APCO Operational, Technical, and Training Standards](#) 

Association of Public-Safety Communications Officials (APCO) is a professional organization for telecommunicators. There are multiple standards documents available for download.

[CAD Overview](#) 

CAD stands for computer-aided dispatch, which is the system PSAPs use to manage calls for service. This overview is intended for the layperson who is unfamiliar with public safety answering point (PSAP) operations.

[Next Generation 911 \(NG911\) Overview](#) 

[NG911 Roadmap: Connecting Systems Nationwide](#) 

[NG911 for Public Safety Leaders](#) 

[NG911 for Law Enforcement Leaders](#) 

[Telecommunicator Job Reclassification](#) 

[VDEM Virginia PSAP Characteristics Map](#) 

[VDEM Virginia NG911 Dashboard](#) 

INFORMATION SHARING

[Establishing an Information-Sharing Approach](#)

There are links to several resources, including sample memorandum of understanding (MOU) and **HIPAA business associate agreements** (BAAs), to help multidisciplinary programs navigate sharing information in accordance with privacy laws.

[Team Planning for Data-Driven Justice](#)

[Integrated Justice Information Systems Institute Reference Papers](#)

IJIS has a repository of white papers on public safety information sharing. One recent example is the 2017 white paper on **CAD-to-CAD projects**. There is also a 2017 white paper on **ASAP-to-PSAP case studies**. ASAP stands for automated secure alarm protocol, and it is a method for fourth parties (e.g., alarm companies) to communicate with the PSAP directly without a phone call.

LANGUAGE ACCESS AND 911

[Answering the Call for Help in All Languages](#)

[Text-to-911 Translation](#)


LEGAL ISSUES IN CRISIS RESPONSE

[Disability Response Team](#)

[HIPAA Privacy Rule and Sharing Information Related to Mental Health](#)

PEERS

[Enhancing the Capacity of the Mental Health and Addiction Workforce: A Framework](#)

[The Living Room, a Community Crisis Respite Program: Offering People in Crisis an Alternative to Emergency Departments](#) 

POLICE-MENTAL HEALTH COLLABORATION

[Types of PMHC Collaborations](#)

[Essential Elements of PMHC Programs](#)

[Sequential Intercept Model](#)

[Stepping Up Initiative Toolkit](#)

[Intellectual and Developmental Disabilities: 10 Facts Law Enforcement Officers Need to Know](#)

RACIAL EQUITY


[Systemic, Racial Justice–Informed Solutions to Shift “Care” From the Criminal Legal System to the Mental Health Care System](#) 

[A Toolkit for Centering Racial Equity Throughout Data Integration](#) 

“Cross-sector data sharing and integration transform information about individuals into actionable intelligence that can be used to understand community needs, improve services, and build stronger communities. Yet, use of cross-sector data can also reinforce legacies of racist policies and produce inequitable resource allocation, access, and outcomes.”

YOUTH

[Youth Mobile Response Services](#) 

[Preventing Risk and Promoting Young Children’s Mental, Emotional, and Behavioral Health in State Mental Health System](#) 

[Pediatric Behavioral Health Urgent Care, 2nd Edition](#) 

This report from the Children’s Mental Health Campaign includes “consideration for meeting the needs of children with autism spectrum disorders and intellectual and developmental disabilities.” The study detailed in this article differentiates between behavioral health emergencies and behavioral health crises (page 10). This article—which resulted from literature reviews, key informant interviews and focus groups, and expert panels and site visits—includes some conclusions specific to Massachusetts; nonetheless, some of the challenges and insights are universal. Note that both the 74-page report and the 10-page executive summary are available through the link above.