



# 2020 Annual Report

#thisiswhatwedo

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## Message from the CEO & President

What a decade 2020 has been. There's been over 300 days of COVID-19 and I'm so proud of our team nationwide as we've continued our Crisis Recovery Centers on the frontline unabated, standing in the gap for our hospital capacity and turning no one away. We even opened a new Crisis Recovery Center in Fayetteville, North Carolina, just a few months into the COVID pandemic. To achieve this, we redeployed staff from outpatient sites that had shifted to telehealth, kept vulnerable staff away from guest contact, fought for Personal Protective Equipment, battled through our own fears and prayed we'd not lose anyone (despite several partner organizations reporting multiple staff deaths).

We've also seen our own organization transformed by our staff of color following the killing of George Floyd. As part of responding to the need for diversity and inclusion, we added a Diversity and Inclusion Leadership Council and took our Board of Directors from 100% white to 50% within six months. Additionally, our Board added the important lived experience voices of Dr. DeQuincy Lezine, Dr. Pierluigi Mancini, Shelby Rowe, and Joe Williams. RI International turned 30 years old in 2020, and our leadership is finally starting to look like our teams and our guests. We aim to embed race and equity in our DNA, just like recovery and innovation.

As vitally important as it is to continue to serve our participants at our Crisis Recovery Centers, Outpatient clinics, and community-based teams, we must continue to push forward to transform the system of care. In that vein, RI has worked in tangent with our partners to advocate for legislation to fund the system we need, instead of the system we have. It was a major step forward in defining that system of crisis care with the SAMHSA National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Members of our team were proud to take part in the writing of the toolkit along with the National Association of State Mental Health Program Directors (NASMHPD), National Research Institute (NRI), various consultants that are experts in the fields, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

And, the FCC's designation of 988 as the mental health crisis and suicide hotline of the future, on par with 911 for medical emergencies and public safety, provides one of the most significant opportunities for transformation in our history. Maya Angelou said "every storm runs out of rain," and we're hopeful that we'll look back at this decade in the future and realize the seeds were planted in 2020 for real change, with hospitals, law enforcement and behavioral health working together in before unimagined ways.

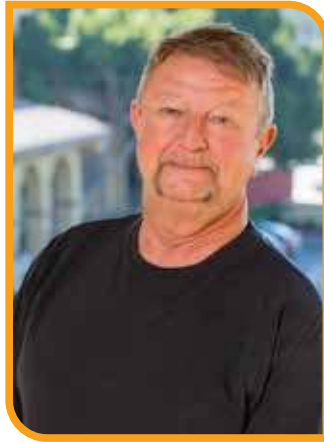


# Board of Directors

RI International (RI) is an incorporated, non-profit organization, governed by a volunteer board of directors with diverse backgrounds in the behavioral health space. These backgrounds include lived experience, professional service, and executive leadership roles. This RI International Board provides governance over all of our programs.



Shannon Jaccard, MBA  
*Chairperson*



Michael Cason  
*Vice Chairperson*



Steven Fasick  
*Secretary*



Kana Enomoto, MA  
*Director*



Ronald Forbes, MD  
*Director*



Rochelle Head-Dunham, MD,  
DFAPA, FASAM  
*Director*



Jan Kasofsky, PhD  
*Director*



DeQuincy Lezine, PhD  
*Director*



Pierluigi Mancini, PhD  
*Director*



Dennis Morrison, PhD  
*Director*



Shelby Rowe, MBA  
*Director*



Kenneth Thompson, MD  
*Director*



Joe Williams  
*Director*

# Executive Team

RI International's Executive Team is leading the national dialog to improve timely access to acute behavioral health services. Members of our team are internationally recognized leaders in the field of suicide prevention, crisis system design and implementation, and consulting services.



David Covington  
*CEO & President*



Paul Galdys  
*Deputy CEO*



Ruchi Sukhija  
*Chief Operating Officer*



Lisa St. George  
*VP Peer Supports & Empowerment*



Sue Ann O'Brien  
*Executive VP*



Dr. Chuck Browning  
*Chief Medical Officer*



Brian Karr  
*Chief Financial Officer*



Jamie Sellar  
*Chief Strategy Officer*



Karen Jones  
*Chief of Staff*



Thomas Castellanos  
*Executive VP Treasury & Facilities Development*



Joy Brunson-Nsubuga  
*VP Southeast Region*



Carlos Mackall  
*VP Northeast Region*



Marleigh O'Meara  
*VP Southwest Region*



Amy Pugsley  
*VP West Region*



Wayne Lindstrom  
*VP Business Development*



Stephanie Hepburn  
*Chief Content Officer*



Elizabeth Collins  
*Director of CBO*



Aisha DePriest  
*Contract & Rates Manager*



Aaron Foster  
*Director of Consulting and Education*



Matthew Holtsclaw  
*Chief Crisisologist*



Signa Oliver  
*HR Director*



Angela Pon  
*Director of Quality and Compliance*



Mitch Vasquez  
*Director EHR Operations*

# Response to COVID

## DELAWARE OUTREACH:

RI International was invited forward by Delaware Division of Substance Abuse and Mental Health (DSAMH) to support in the efforts of getting citizens in the community tested in beginning of COVID -19 Pandemic.

The efforts were throughout the State of Delaware. Our Restart teams were willing to serve. All Restart teams were geared in their PPE to remain protected throughout the efforts. Restart teams worked the State of Delaware with Dr. Peri (South) and Dr. Gibney (North). The efforts began on March 24, 2020 until December 18, 2020.

Restart participated in 98 outreach events, served 4,367 citizens of the community throughout the State of Delaware, and distributed 733 Narcan kits during our outreach events.

Breakdown of Outreach per County:

New Castle County - 59 Outreach Events - served 3,409

Kent & Sussex County - 39 Outreach Events - served 958

## ESSENTIAL WORKERS

During a worldwide pandemic where concerns about the risk of being exposed at work outweighed the certainty of protection, the Peoria AZ Crisis Recovery Center continued to provide round-the-clock treatment to those in acute mental health crisis. The center experienced unprecedented numbers in 2020 with total guests served soaring past 6100 community members in crisis. To address specific COVID-19 related issues, we implemented a stringent screening process for guests and staff alike that included temperature checks along with a questionnaire related to COVID-19 symptoms. We converted a portion of our Retreat into a COVID-19 seclusion area to "quarantine" guests that exhibited COVID-19 symptoms. We additionally transitioned all of our psychiatric providers from on site to work at home settings to ensure assessments and evaluations would not be disrupted by the virus.

## TELEHEALTH

2020 was a difficult year for most but one bright spot was the increased access to care through the expansion of telehealth services. In North Carolina, transportation to appointments and crisis services in our rural counties has always been one of the top barriers to care. While we have long advocated for telehealth services, it was forced into the forefront of conversations when stay at home orders went into effect in late March 2020. Thankfully, our local funders have expanded telehealth billing codes and allowed all of our services to continue throughout the pandemic! The NC Outpatient clinics alone had over 7,400 interactions delivering individual and group peer supports to participants that would not have been able to receive any care otherwise. The transition to telehealth made a true difference in continuing to deliver care to the participants that would have faced even higher barriers than the norm due to the need for quarantine. As we head into 2021, we are finding an even higher need for telehealth services for outpatient therapy and peer support services in North Carolina and in each of the states that we serve.



# Peer Leadership Council

In early 2020, the Peer Leadership Council focused on several initiatives. We assisted with the development of new tools designed to promote the Fusion Model and the RI Way: the Recovery Vitals Tool, the Engagement Tool, and the Organizational Peer Powered Assessment.

Bringing a voice to our peer staff and supporting the team in finding a resolution is an essential function of the Peer Leadership Council. To meet this goal, we provided consult to various RI Teams and individual employees who brought concerns to our attention and supported them throughout the process to resolve their concerns. Additionally, we participated in “Dialogues with the Peer Leadership Council” at Wildly Important Goals Meetings in February to share with leaders across the country about what we do as a Council.

As the health and social justice crises of 2020 emerged, our focus changed. In response to the Coronavirus pandemic, we helped develop strategies for disseminating PPE, routinizing cleaning, adapting service delivery, and recognizing employees for outstanding service. Communicating in the company Town Halls was a vital part of supporting the organization and connecting with teams across the country who were faced with one of the most challenging health crises that our country has battled in many years. Additionally, we provided support to employees who reached out to us with feelings and concerns related to the pandemic. We provided a 2-day training to North Carolina Wellness City Teams: “NC Peer to Peer: Thriving through COVID-19.” The focus was on employee wellness and morale and to provide tips for effective delivery of phone-based and virtual services.

When George Floyd was killed in May, the Peer Leadership Council (PLC) assisted in communications to the RI Community, taking a strong stance against systemic racism and brutality against people of color. We collaborated on plans of action for increasing diversity and inclusion within RI International and within our own Council. We collaborated with the RI Diversity and Inclusion Leadership Council (DILC) on the development of a new Peer Leadership Council application process toward this end. In addition, we partnered with the DILC on the creation of a rotation schedule; every Peer Leadership Council Meeting now includes a representative from the Diversity and Inclusion Leadership Council and vice versa.

In late 2020, the Peer Leadership Council helped move forward the important conversation about pay equity for Peer Support Specialists, many of whom earn significantly below market standard in their local communities. We forwarded concerns about this to the RI Executive Team in December 2020, and in January 2021, David Covington announced that the issue of Peer Support Pay Scale was being elevated to a top-tier priority.

The Peer Leadership Council looks forward to continued collaboration and progress with the entire RI Team in 2021.



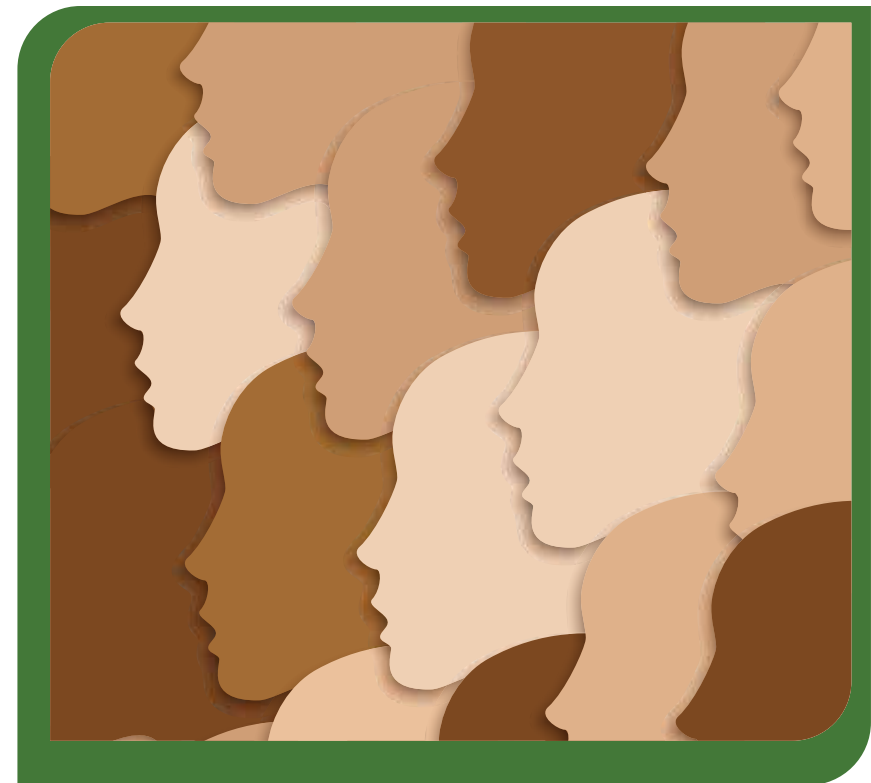
# Diversity and Inclusion Leadership Council

In 2020, the Diversity and Inclusion Leadership Council (DILC) was established in response to some of the tragedies that changed our nation forever. RI's CEO and President, David Covington, along with the Executive Leadership team exhibited a strong commitment to diversity and inclusion company-wide with the establishment of the DILC. Dr. Beverly Muhammad provides consultation to the DILC to support tangible initiatives.

The DILC is comprised of leaders from different regions of the company representing a diverse team with varying perspectives, lived experiences, and unique talents, and yet a unified vision for establishing the Diversity and Inclusion framework. The DILC's unified vision and teamwork was the impetus for the accomplishment of the following undertakings, each achieved in the last half of 2020:

- Established the DILC Infrastructure including the DILC Charter, Mission Statement, and Core Values.
- Established DILC Roadmap for integration of diversity and inclusion company-wide and identifies Executive Sponsors, Cultural Champions, and Support Squad members
- Partnered with the Executive leadership team to provide a generous donation to the Black Emotional and Mental Health Collective (BEAM)
- Published monthly DILC Newsletter to ensure regular company-wide communication
- Created the RI DILC YouTube Channel
- Established a framework for Network Groups
- Conducted monthly D&I Conversations open to all employees and hosted by the council to discuss various topics that were chosen by employees via the D&I Conversation surveys.
- Underway are the creation of the DILC Orientation for new champions, board members and new members as well as the formation of employee, networks.

As we transition into 2021, the DILC is very optimistic and looking forward to seeing our vision unfold, building new relationships, and ingraining diversity and inclusion within the DNA of RI International. It was a challenging, and yet a rewarding year as we witnessed our leaders' commitment to enhancing every aspect of our company.

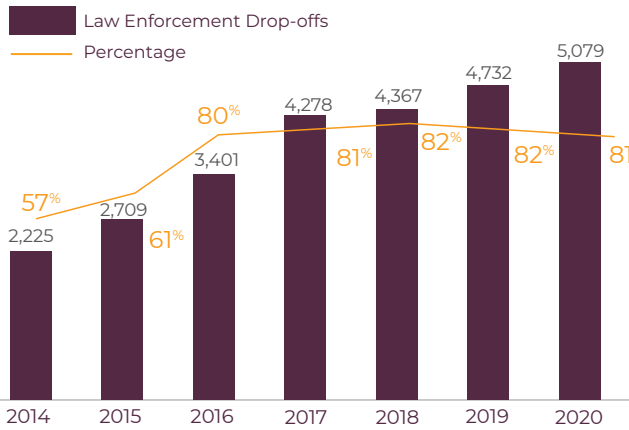


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# Community Impact

## PEORIA CRISIS RECOVERY CENTER LAW ENFORCEMENT DROP-OFFS



**Client  
Satisfaction**  
91%

One of the largest employers of peers in the world

**50%** of employees  
**with lived  
experience**

**Originators**  
of the **living  
room model**  
in crisis care in 2002

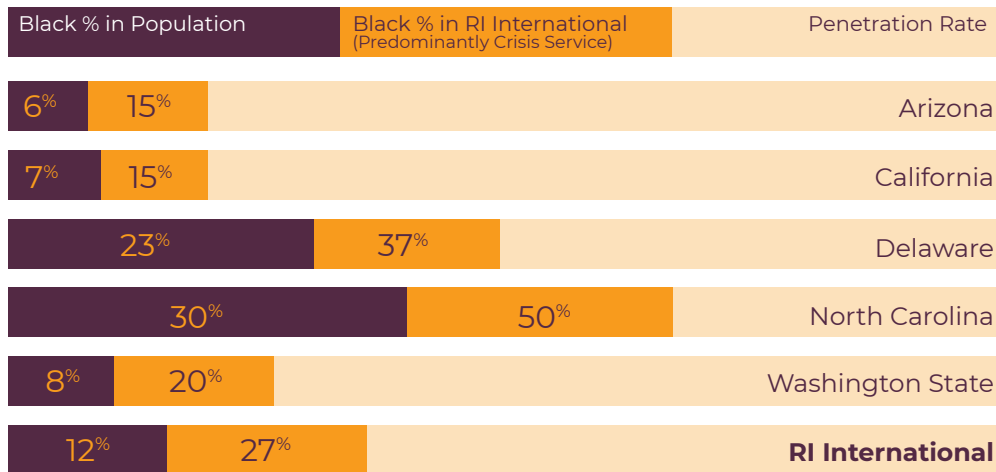
Contracted for  
**direct  
services** in  
**10 States**  
**2 Countries**

Largest peer  
credentialing training  
provider in the world

**21 States**  
**4 Countries**

**Law  
Enforcement  
Drop-Offs:**  
**6,735**

## Providing Access for African American Clients and Communities



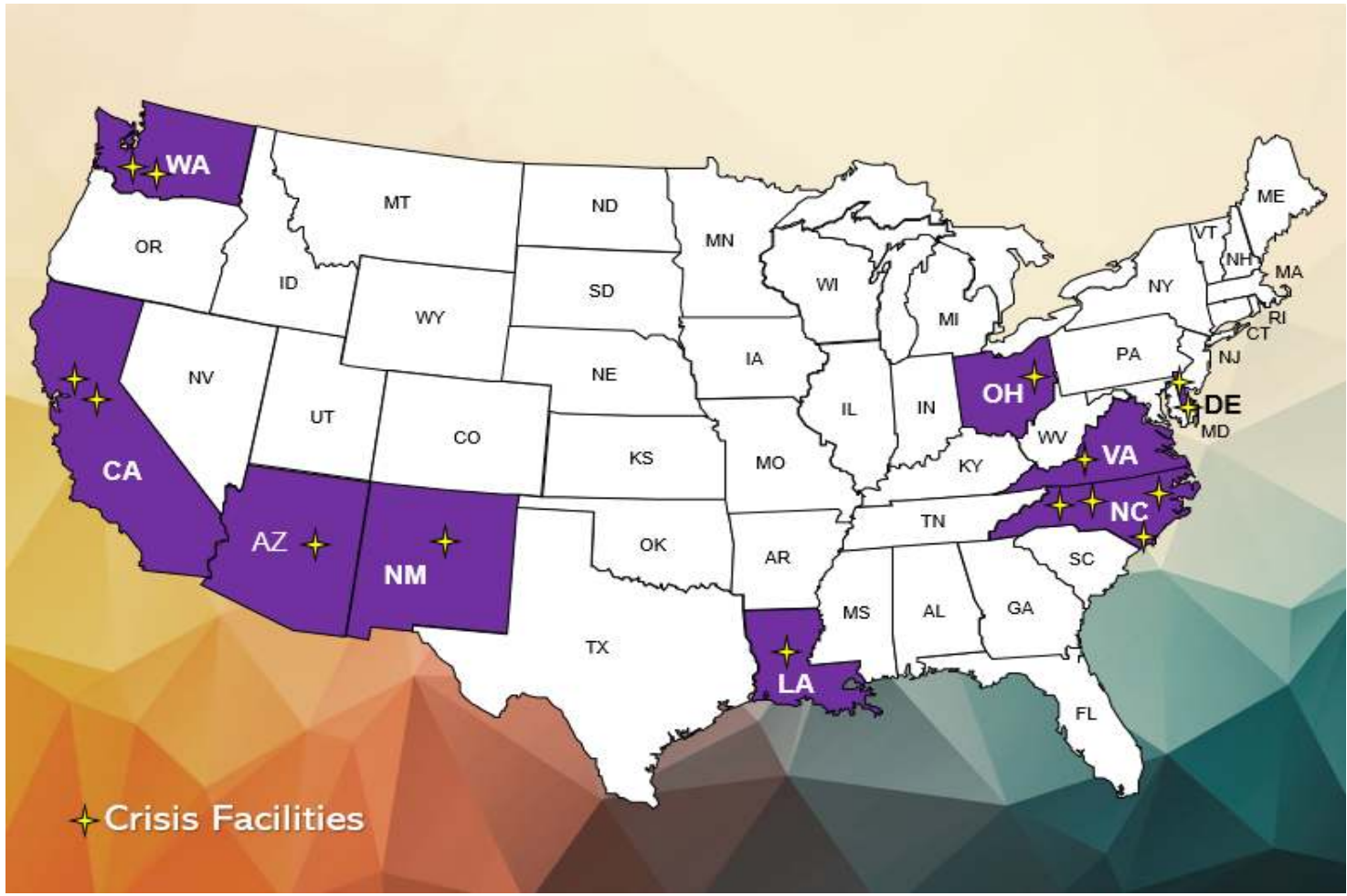
**918**  
**2020 Peer  
Employment  
Training (PET)  
Graduates**

**14,560**  
**PET  
Graduates  
Total to date**

**Lives  
Touched  
by Crisis  
Programs:**  
**31,809**



# RI Programs Map



# New Programs and Growth



## LOUISIANA

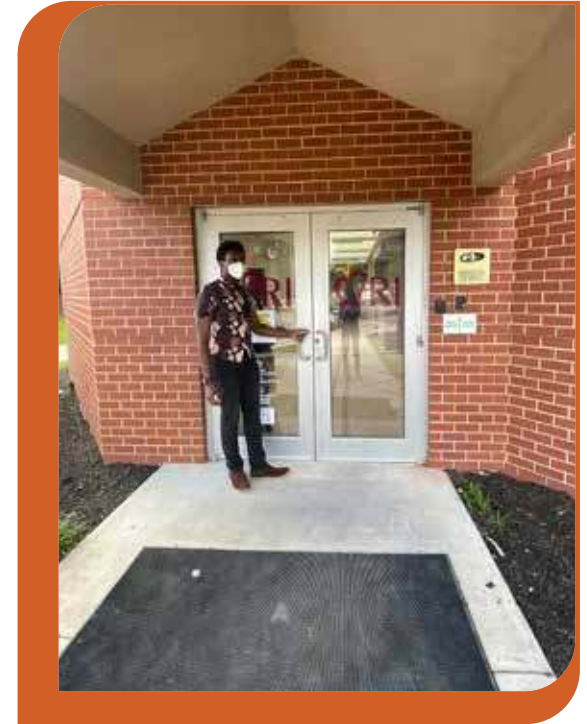
RI's Bridge Center for Hope in Baton Rouge, Louisiana, showcases a full Campus of Connection and will offer multiple services in one location to enhance immediate access to care. The Bridge Center for Hope will provide behavioral health crisis intervention and treatment that will serve as a center of excellence for the rest of the nation. This campus of connection supports the Crisis Now principles of ensuring that the services are delivered by behavioral health professionals and peer support specialists resulting in a decreased need for the triage of those with behavioral health related crises in Emergency Departments and/or confined within the Parish Detention Center. This campus will offer a 24/7 Mobile Response Team, Crisis Assessment Center which consists of a 23 hour Crisis Stabilization/Observation Unit and a Psychiatric Short Term Stay Unit, a Detoxification Unit, a Respite Unit and a Care Management Team.



## NORTH CAROLINA

The Cumberland Recovery Response Center is the newest campus of connection in North Carolina. It is located in Fayetteville and is a planned, phased project to be built over time. This campus is planned to have a 10 chair Observation Unit/Retreat, a 16 Bed Facility Based Crisis/Living Room, and an office based opioid treatment clinic. The services will include 24/7 walk in access and assessment, stabilization for mental health concerns, support for all behavioral health crises, non-hospital medical detox and stabilization, and medication assisted treatment. RI was awarded the contract for services in April 2019 and construction started in December 2019. The Retreat unit has been completed and opened on May 18, 2020.

To date it has cultivated a culture of the RI Way and has already served 776 guests. The construction on the Living Room unit is scheduled to be completed in March 2021 with an open date within that month. The office based opioid treatment clinic will open soon after. This is the 4th crisis facility campus in North Carolina.



# Crisis Now Academy



The Crisis Now Academy was developed in 2020 to support California counties in optimizing their behavioral health and substance use disorder crisis system and was sponsored by the Mental Health Services Oversight and Accountability Commission (MSHOAC). The program is a 10-month learning community designed to support California Counties in optimizing their behavioral health and substance use disorder crisis system.

By sharing the course modules, participants will more deeply explore well-founded and provocative Crisis Now related topics, forge relationships with one another, and develop productive learning habits, including making thoughtful connections among courses. Active participants will gain the knowledge and skills necessary to transform their current crisis systems.

As we move forward into 2021, the Crisis Now Academy will be available to meet the unique needs of the communities across the United States searching for the processes, systems, and people to further develop their community's continuum of care as 9-8-8 is implemented in 2022.

Find out more at <https://crisisnowacademy.com/>



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# Crisis Now Academy Faculty

## Architects of Crisis Now, SAMHSA's National Guidelines, and Zero Suicide



David Covington,  
LPC, MBA



Margie Balfour,  
MD, PhD



Erica Chestnut-  
Ramirez, MC, LISAC



Michael Hogan,  
PhD



Thomas Betlach



Wayne Lindstrom,  
PhD



Joy Brunson-Nsubuga,  
MA, LMFT, LCAS, CCS



Amy Pugsley,  
MA, CHC



Jamie Sellar,  
MA, LPC



Pierluigi Mancini,  
PhD



Lisa St. George,  
MSW, CPRP



DeQuincy Lezine,  
PhD



Rochelle Head-Dunham,  
MD, DFAPA, FASAM



Kenneth Thompson,  
MD



Alex Giovannetti



Marleigh O'Meara,  
MC, LPC, NCC



Carlos Mackall,  
MS, CAADC



Chuck Browning,  
MD



Ronald Forbes,  
MD



Joe Williams



Shelby Rowe,  
MBA



Stephanie Hepburn,  
JD



Gregg Graham,  
MA, MBA



Sue Ann O'Brien,  
LPC, MBA



Michael Claeys,  
LPC, MBA



Ruchi Sukhija,  
MS, MBA



Paul Galdys,  
MBA, CPRP



Karen Jones,  
MBA



Georgea Madeira,  
LMFT, MBA



Lysha Best,  
MA, MBA



Shannon Jaccard,  
MBA

# Consulting and Support

Despite the obvious challenges in 2020, RI International continued to grow its consulting, training and support programs both nationally and internationally. The consulting department supported dozens of communities that wanted to optimize their behavioral health or substance use services. These supports were tailored to each individual community. Services ranged from the creation/implementation of Learning Communities, to program service design, to wholesale system re-organization. Clients included providers, funders, and government entities. Below is a partial list of clients of Crisis Now Academy services in 2020.



Health



Traditionally, the facilitators of education and training travel across the United States and abroad throughout the year to offer courses to our clients. However, the COVID-19 global pandemic provided significant obstacles as travel was all but halted in 2020. Marshalling over 100+ years of combined training experience, the team successfully devised creative solutions to offer training to those most in need. Some clients received training virtually and when an in-person training was needed the team found ways to do so.

We were honored to include the Department of Veterans Affairs.

708 Individuals trained

52 trainings offered

virtual trainings 20

Peer employment trainings 38

20 states receiving trainings

## Peer Education and Training

Dept of Veterans Affairs

Fairfax Falls Church

Kern Behavioral Health and Recovery Services

Northern Tier Counseling

Northland Counseling

MH Assoc of Franklin & Fulton Counties/Open

OSHPD

Path of Life Ministries

Sunny Acres Living Community

Peerstar, LLC

Recovery Partnership

VA Central CA Health Care System

RI - Jacksonville

RI Consulting Sponsored

Volunteers of America - Los Angeles

RI Wilmington

Wellspring Community Support Services

Rincon

Sober Grid



# RI Publication Contributions

## SAMHSA NATIONAL GUIDELINES FOR BEHAVIORAL HEALTH CRISIS CARE IN 2020:

### THE NATIONAL GUIDELINES FOR CRISIS CARE – A BEST PRACTICE TOOLKIT

Advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs. This toolkit includes distinct sections for: Defining national guidelines in crisis care; Tips for implementing care that aligns with national guidelines; and Tools to evaluate alignment of systems to national guidelines.

### WASHINGTON DC DECLARATION. INVESTING IN THE COMMUNITY CRISIS RESPONSE SYSTEM:

Participants from eight countries came together in September 2019 for the IIMHL / Crisis Now Academy 2 in Washington DC. These community leaders and behavioral healthcare experts worked collectively on what would become the Washington DC Declaration, released in 2020. The declaration outlines the principles of a comprehensive and integrated crisis network that would be the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. Over sixty delegates of the 2nd Crisis Now summit call on governments, leaders, and communities to deliver crisis care that is par with medical emergency care. They could not foresee how these principles for crisis care would be catapulted in importance by COVID-19 and the surge in demand for hospital care in early 2020. Now is the time for change.





# Transforming Crisis Services: the Crisis Now Model



An effective crisis care system can save lives and dollars. It requires a systemic approach with key components supported by essential practices and principles and the technology platform to provide traffic control. To assess your crisis system and see the Crisis Now Difference, go to [www.crisisnow.com](http://www.crisisnow.com)

## Crisis Call Center Hub



A call center hub provides 24/7/365 access to crisis services via phone, text, or chat. Call center hubs resolve approximately 90% of the callers' concerns telephonically, and can provide real-time connections to care for the 10% who need additional support. Integrated software solutions ensure enhanced coordination of care, and a robust data interfaces drives process improvement, accountability, and transparency.

## 24/7 Mobile Crisis



Mobile Crisis teams offer community-based intervention to those in crisis wherever they are - home, work, or anywhere in the community. There is no restriction based on location or the day or the time. Crisis has no schedule. Teams connect individuals in a mental health crisis to facility-based care as needed by providing warm hand-offs and coordinating transportation.

## Crisis Facilities



Crisis stabilization programs such as the Crisis Recovery Center offer short-term sub-acute care for those who need support and observation but who do not require ED holds or medical inpatient care. These sites are at lower costs and without the overhead of hospital-based acute care.


# Campus of Connection


The Campus of Connection model is founded on the Crisis Now model and in adherence with the SAMHSA National Guidelines Informed Practice. Each campus is founded on the core values of Peer Powered (Peer First/Peer Last), Direct Law Enforcement Drop-off (no medical clearance), and Fully Integrated/Mental Health, Substance Use and/or IDD.


Receiving facilities are the linchpin for the Campus of Connection. 23 Hour Temporary Observation & Treatment (The Retreat) are the main point of entry into the campus.


Other crisis services that the campus includes are Short Term Crisis Beds (The Living Room), Respite/Residential, Urgent Care/Lobby Services, and Pharmacy., The campus also offers services that support individuals on the next step on their journey as they transition into the community. Integrated Health Home/Outpatient, Care Management/Peer Navigator, Life Room/Drop In Support


## Crisis Recovery Center Campus of Connection Model



  
Call Hub

  
Mobile Teams

  
Receiving Facilities

  
Technology Platform

Three Core

<b>23 Hour Temporary Observation &amp; Treatment (The Retreat)</b>	<b>Short Term Crisis Beds (The Living Room)</b>
Respite/Residential	Urgent Care/Lobby Services
Pharmacy	Integrated Health Home/Outpatient
Care Management/Peer Navigator	Life Room/Drop In Support


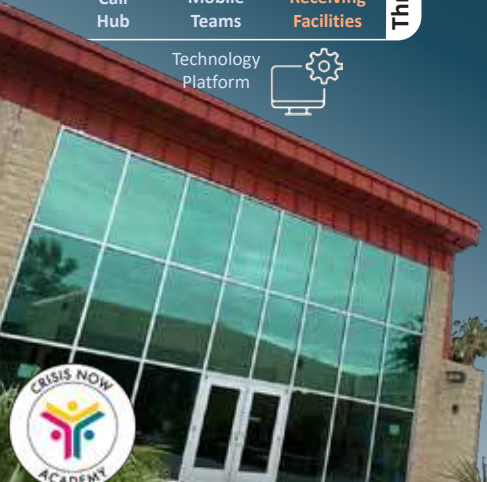
*Included Services and Programs*

Peer Powered (Peer First/Peer Last)

Direct Law Enforcement Drop-off (No Medical Clearance)

Fully Integrated/Mental Health, Substance Use and/or IDD

*SAMHSA National Guidelines Informed Practice*

Some Place to Go

# Partnerships and Advocacy

## PARTNERSHIPS

- i. NASMHPD: National Association of State Mental Health Program Directors (NASMHPD) is the lead organization for crisisnow.com. RI International is proud to be one of the founding partners and has worked closely with the team on #CrisisTalk publications and the Crisis Now Report.
- ii. National Action Alliance for Suicide Prevention was the driving force by the report Crisis Now: Transforming Services is Within Our Reach which was the foundation of the Crisis Now model. The report was one that RI International was proud to work on alongside other key partners. The partnership also yielded the Framework for State/Regional Self-Assessment, and Suicide Care in Systems Framework.
- iii. Behavioral Health Link (BHL) has been a key partner for the past six years. With it's more than 25 years of experience innovating on the Crisis Call Center Hub model, BHL has become the gold standard of call center crisis care nationally. In addition, BHL's suite of proprietary software solutions allow real-time connections to care and provide much-needed transparency and accountability to funders.

## ADVOCACY

RI International became a member of the Mental Health Liaison Group (MHLG) in March 2020. MHLG, it is a coalition of national organizations, headquartered in Washington DC, representing consumers, family members, mental health and addiction providers, advocates, payers and other stakeholders committed to strengthening access to mental health and addiction care. The roughly 75 national member organizations are dedicated to elevating the national conversation around behavioral health by working together to advance federal policies that support prevention, early intervention, treatment and recovery services and supports.

Both in partnership with MHLG and various other partners, RI International has advocated for advances in the crisis system continuum and the funding necessary to support a true continuum of care.

## LEGISLATION

RI International has actively participated and supported several legislative items that may enhance or fund behavioral health crisis systems across the country.

**988 Crisis Hotline Bill:** In late May, members of RI International were active in the support and shaping of the National Suicide Hotline Designation Act (H.R. 4194/S.2661) S. 4441 Enhance Mobile Crisis Outreach: RI International signed on in support of S. 4441 introduced by Senate Finance Committee Ranking Member Ron Wyden (D-OR) and Senator Catherine Cortez Masto (D-NV), the CAHOOTS Act, to enhance the provision of mobile crisis outreach through additional funding and Medicaid coverage.

**COVID-19 Mental Health and Substance Use Bills:** RI signed the MHLG Support letter that encourages Congress to appropriate \$8.5 billion to meet growing mental health and addiction needs, ensure access to telehealth, increase Medicaid FMPA an additional 7.8 percentage points, include the Medicaid Re-entry Act, and include bipartisan suicide prevention and youth mental health legislation.



# Hope Inc. Stories



Hope Inc. Stories creates a tapestry showing that recovery is possible and everyone has a different way of getting there. It aims to paint fuller pictures of connection and conversations about life.

The team believes they can change the world for the better by sharing stories of Hope, the other days, and the better days.

Video: "I Can Be Happiness" - Behavioral Health Link's Star Carter first noticed her spark for comedy in fourth grade, but after her first husband died of a heart attack when she was just 23 years old, humor was a path out of the darkness. Filmed in May 2020, Star hopes to bring a piece of joy during the worst of times.

RT: "We soldier on" (Joy Brunson-Nsubuga) - My generation hears about these historic moments in time. We do not hear of the tiredness, the ache, and the disappointment that occurred as they marched on but the consistent focus on the end goal. And sometimes that was just to survive. On a daily basis, we are leaving a trail, a path for others to follow who will experience their own adversity in the future whatever that may be. May we pull ourselves up every day to leave that path for them.

Art: "Earned Accomplishment" (Craig Miller) - Because the pain is just too intense — I think very seriously about giving up. Never enjoying the things I love or knowing that incredible feeling of earned accomplishment. Instead, I choose to throw myself deeper into the things I love and push through what sometimes feels like torture. But when I've completed what it is I set out to do, no matter how badly it hurts, I feel alive in a way that is unmatched by anything else in life.



*"Do not go where the path may lead.  
Go instead where there is no path,  
and leave a trail."*

-Ralph Waldo Emerson



# #CrisisTalk

Since launching in 2019, #CrisisTalk has published over 85 articles, each a conversation with diverse experts on challenges, lived experience, and innovations in behavioral healthcare.

For many of us, 2020 felt like 10 years in one. It came with an onslaught of unexpected challenges resulting from Covid, and our dialogue at #CrisisTalk quickly pivoted to reflect what was happening in our day-to-day lives: a pandemic that turned life as we knew it upside down.

We spoke with April Naturale, Ph.D., a leading traumatic stress specialist, on the trauma, grief, and growth that typically goes hand-in-hand with recovery and community resilience during and after a disaster. Jeannette David, disaster mental health coordinator at DBHDD in Georgia, shared with us that increased demand for behavioral health services often has a delayed curve. "It's usually when the helpers have picked up and left that we begin to see the spike in mental health calls," she said.

Covid also made racial health disparities undeniably clear. Psychiatrist Rochelle Head-Dunham, M.D., executive and medical director at MHSD in New Orleans, told us that the collision of the pandemic and systemic racism unveiled unequivocal racial disparities, with Black and Latino people dying at 2.3 and 1.5 times the rate of their White counterparts. Head-Dunham compared racism in America to a kettle percolating, just waiting for the right amount of heat.

Head-Dunham said that the pandemic's timing, racial disparities in Covid cases and deaths, the political climate, and the murder of George Floyd by four Minneapolis police officers on May 25 was the heat.

We spoke with Vic Armstrong, MSW, on 988, the nationwide three-digit number that mirrors 911 for behavioral health crises that must be available nationwide no later than July 2022. Armstrong, who is the director of North Carolina's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, hopes that in implementing 988, states will build corresponding community infrastructures.

He said that while 988 has the potential to divert people in crisis from police interaction, it can only do so if there are meaningful alternatives like mobile crisis teams so that call centers aren't stuck sending law enforcement.

Armstrong asks that mental health providers not make assumptions based on their perceptions. "Don't ask me to come in and give me what you want me to have, in the way you want me to have it," he says. "Instead, listen."

#CrisisTalk is a publication of Crisis Now, which is led by the National Association of State Mental Health Program Directors (NASMHPD) and its partners: the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the National Council for Behavioral Health, and RI International (d/b/a for Recovery Innovations, Inc.).



## #CrisisTalk



# Moving America's Soul on Suicide

*Suicide can happen to all of us, anyone can get broken.*

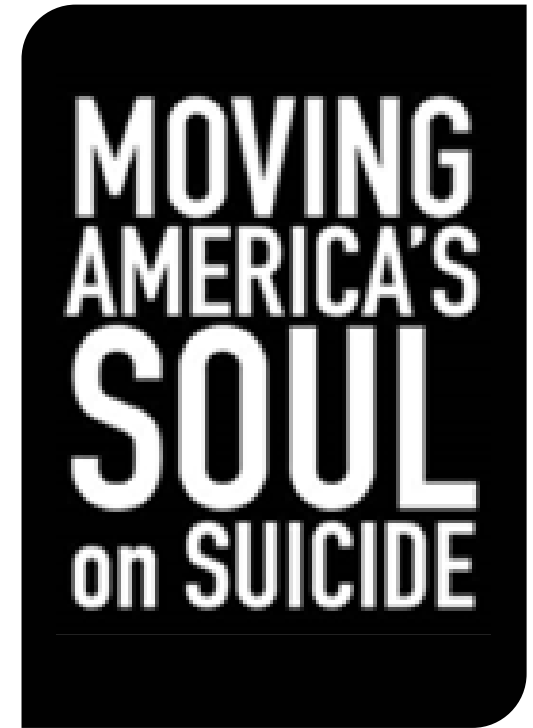
After Robin Williams' death in 2014, the USA Today article was death rates up... and "America simply shrugs." Four years later, Anthony Bourdain and Kate Spade reignited the public's attention but USA Today repeated nearly the same title. Death rates up, beloved figures gone, but society still mostly indifferent. We're not really sure what to think or feel about someone who dies. But the reality is that suicide doesn't just touch all of us... it can happen to any of us, and the lives of those who have come close give us a tremendous look, what happens when you find your connection to community and purpose tragically severed. These stories of intolerable pain provide the key into the heart of human experience and the possibility of hope and recovery.

Over the course of 2020, three episodes have been filmed that will be released in 2021.

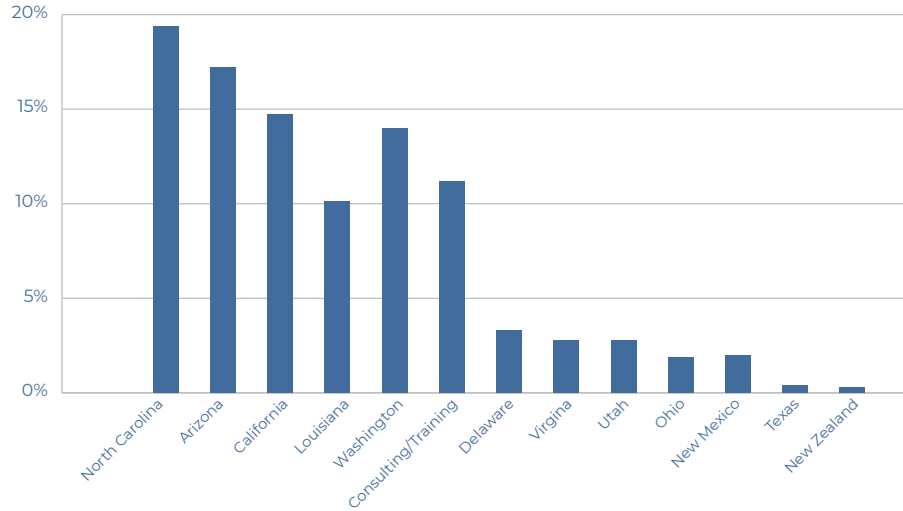
**Anyone Can Get Broken:** "Suicide can happen to all of us, anyone can get broken. One of the nation's top Marines in 1994, Silouan Green looked down on mere humans who have down days. But, a devastating jet crash changed all that, and it took several years to put back together a shattered life after being disability discharged.

**It's Not Just a White Thing:** "Suicide can happen to everyone, it's not just a white thing. That black people are accustomed to struggling and therefore wouldn't attempt suicide is a myth. In Oakland, California, reputation was everything and Kevin Berthia never talked to anyone about his depression... prior to jumping over the rail of the Golden Gate Bridge.

**Love and Work:** "We've made it complicated...It's all about contribution and community." In 2005, Why People Die by Suicide pointed to unwanted loneliness and perceived burdensomeness. In our core, humans need to be connected to each other and believe they are making a contribution. Similar behavior has even been found among other species. When an ant or bee becomes injured to the point they cannot do their "job," they separate themselves from the group, become very agitated... and die.



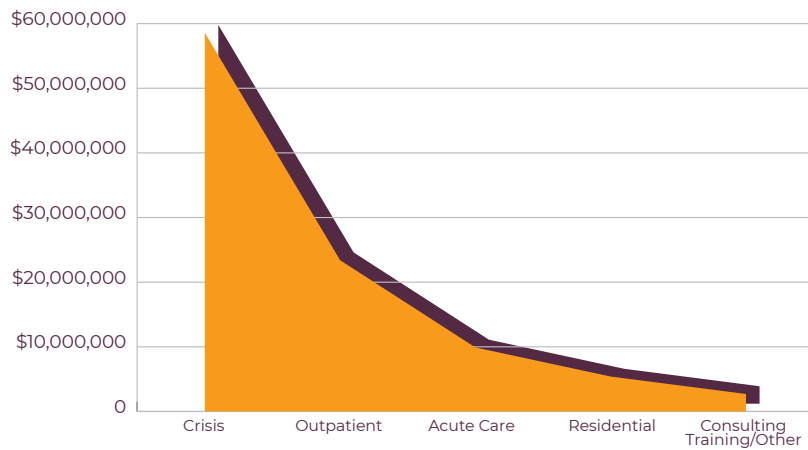
## CONTRACTS WON BY GEOGRAPHY



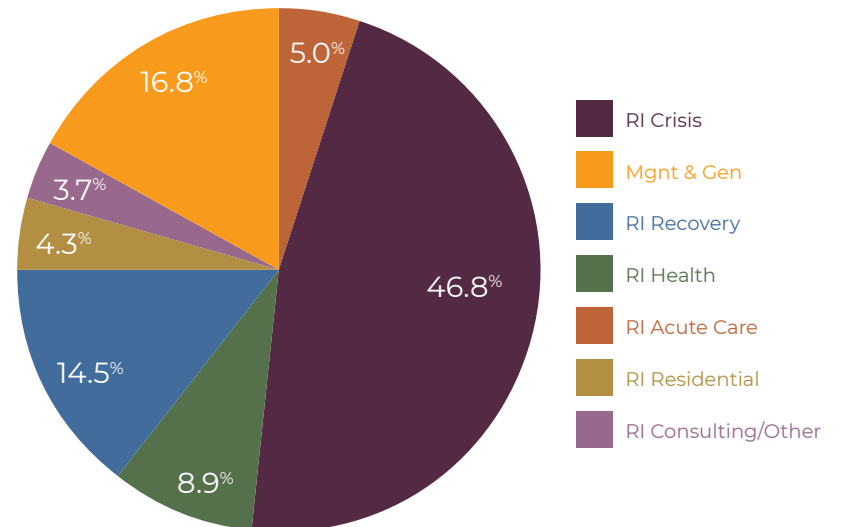
## Finances



## CONTRACTS WON BY REVENUE



## PROGRAM EXPENSES



 **DHSS** Delaware Health and Social Services



Funding made possible by Trillium Health Resources

