

2021 ANNUAL REPORT

Serving People With Care



CRI
INTERNATIONAL

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A Message from Our CEO

"Gradatim Ferociter."

Jeff Bezos on Blue Origin's approach to space flight

It's Latin for **step by step, ferociously**. In July, Bezos and three others launched in a reusable rocket, visited space 60 miles above the earth and returned safely in a little over 10 minutes. It was the culmination of 20 years of tedious work, but, in a moment, our expectations of what might be achieved in the future changed.

Over the same two decades Arizona and Georgia have been systematically building a behavioral health crisis response, one that similarly inspires a radical view of the future. It's a vision that care is available to anyone, anytime, anywhere, without police response or detainment in a hospital ED.

Every Wednesday, the **988 "Crisis Jam"** hosts an active learning community that features these kinds of exemplars. We've seen how Georgia has mobile teams visiting the non-secure settings where the person is actually in crisis and doing so across the rural expanse of 159 counties. Arizona has Crisis Receiving Centers directly accessible to police reducing hospital boarding and incarceration by a staggering amount.

What's more is that these services rely heavily on trained peers, people with a lived experience of crisis that infuses them with the ability to engage and collaborate with someone on their worst day. They've been there. In addition to strengthening the impact, this diversification helps with the workforce shortages challenging us with medical and clinical staffing.

The success of Blue Origin has changed the starting point for commercial space travel and we'll see them and others step by step advance toward the moon, Mars and beyond in the coming decades. Here on earth, states have seen a different possibility about directly accessible crisis services. Together, let's continue step by step towards a more caring and supportive future for those in deep emotional pain.

David W. Covington, LPC, MBA
CEO & President, RI International



Board of Directors



**Shannon Jaccard,
MBA**
Board Chair



Steven Fasick
Vice-Chair



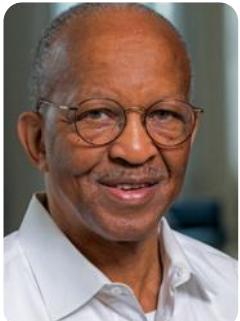
**Dennis Morrison,
PhD**
Treasurer



**DeQuincy Meiffren-
Lézine, PhD**
Secretary



Meena Dayak
Director



Ronald Forbes, MD
Director



**Rochelle Head-
Dunham, MD,
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Director



Jan Kasofsky, PhD
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Shelby Rowe, MBA
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Terry Russell
Director



**Kenneth
Thompson, MD**
Director



Joe Williams
Director



Michael Cason
Director Emeritus

Executive Team



**David Covington,
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CEO & President



**Paul Galdys,
MBA, CPRP**
Deputy CEO



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Chief Diversity
Officer



**Lisa St. George,
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VP of Peer Support
& Empowerment



**Chuck Browning,
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Chief Medical
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Brian Karr, CPA
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Chief Strategy
Officer



Deepa Avula, MPH
Chief Innovations
Officer



Karen Jones, MBA
Chief of Staff



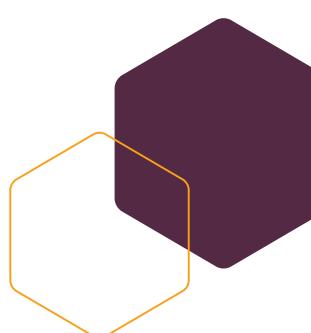
**Stephanie
Hepburn, JD**
Chief Content
Officer



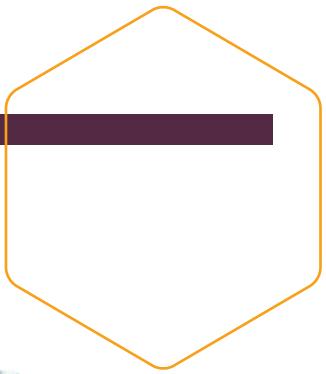
**Thomas
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Executive VP of
Treasury & Facilities
Development



Michael Forcht
Chief People Officer



Executive Team (continued)



Chris Damle
Chief Parity Officer



**Michael Riddle,
MD**
Associate Chief
Medical Officer



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VP of Consulting
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VP of Southwest
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**Marleigh O'Meara,
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LMFT, MBA**
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Executive Team (continued)



Elizabeth Becker
Director of Quality & Compliance



Serafina Butler
Contracts Director



Elizabeth Collins
Director of Central Billing Office



Aaron Foster, MA, LAC, CRC, CRSS
Director of Consulting & Education



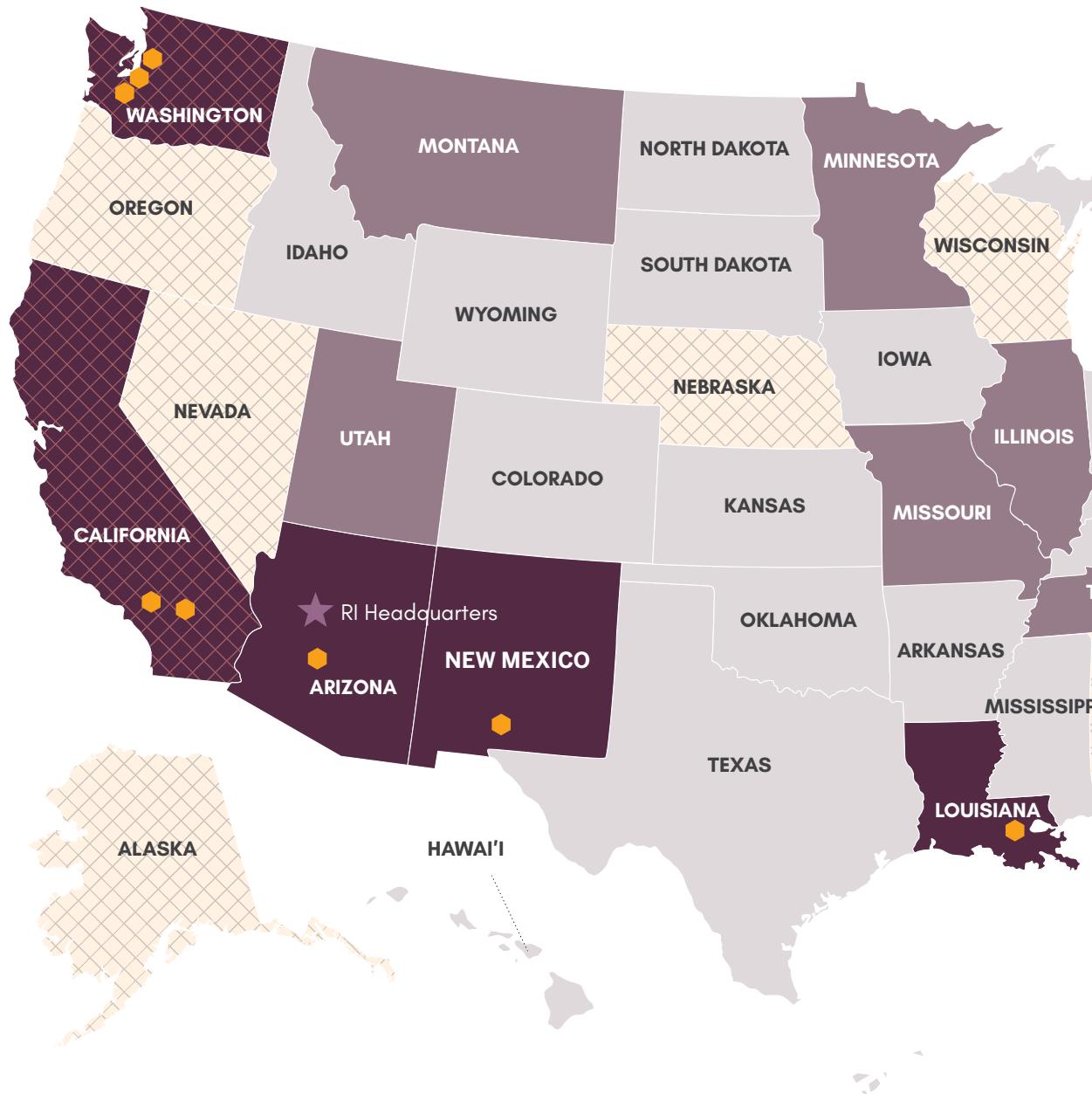
Mitch Vasquez, MS-IMPM, PMP
Director of EHR and Information Systems

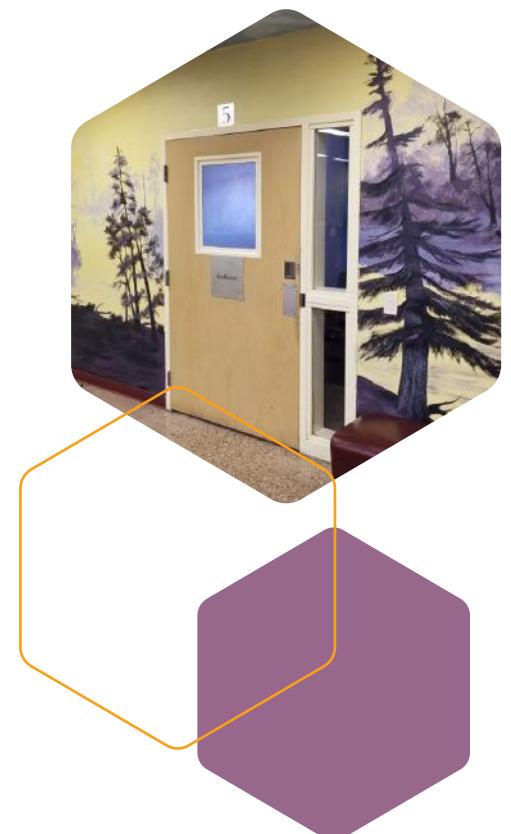
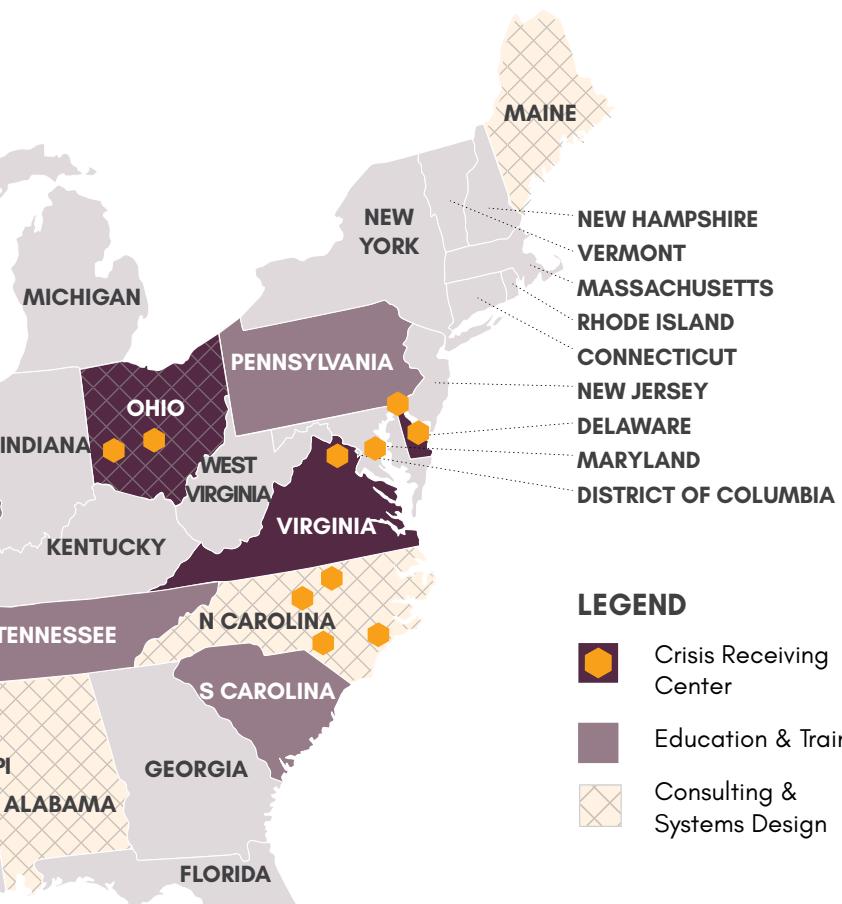


Stephen Ward
Controller of Finance



RI Programs Map





LEGEND

- Crisis Receiving Center
- Education & Training
- Consulting & Systems Design



What Our Clients Say



“

I was respected and cared for. This facility really helped me during my crisis. The staff has helped me get to and maintain a healthier me, physically and mentally. I would love to thank the staff for all of the efforts and hard work.

“

You all saved my life. I can never thank you enough.

“

I was treated with respect and helpfulness as soon as I walked in the door. The staff was open minded and open for questions. Especially with what I was going through, I had a bad couple of days and the team was very helpful. If not for them, I would have walked right back to the streets.

“

The staff was very helpful and awesome to talk to. I felt understood and cared for. Great thanks to the staff.

“

Coming here really saved my life. I was in a very dark place and now I feel I can overcome my addictions and face them head on instead of running away.

“

When I first got here I was lost but now I realize that this place has changed my life and I am very grateful for all the love and support I have received from everyone. I am happy again.

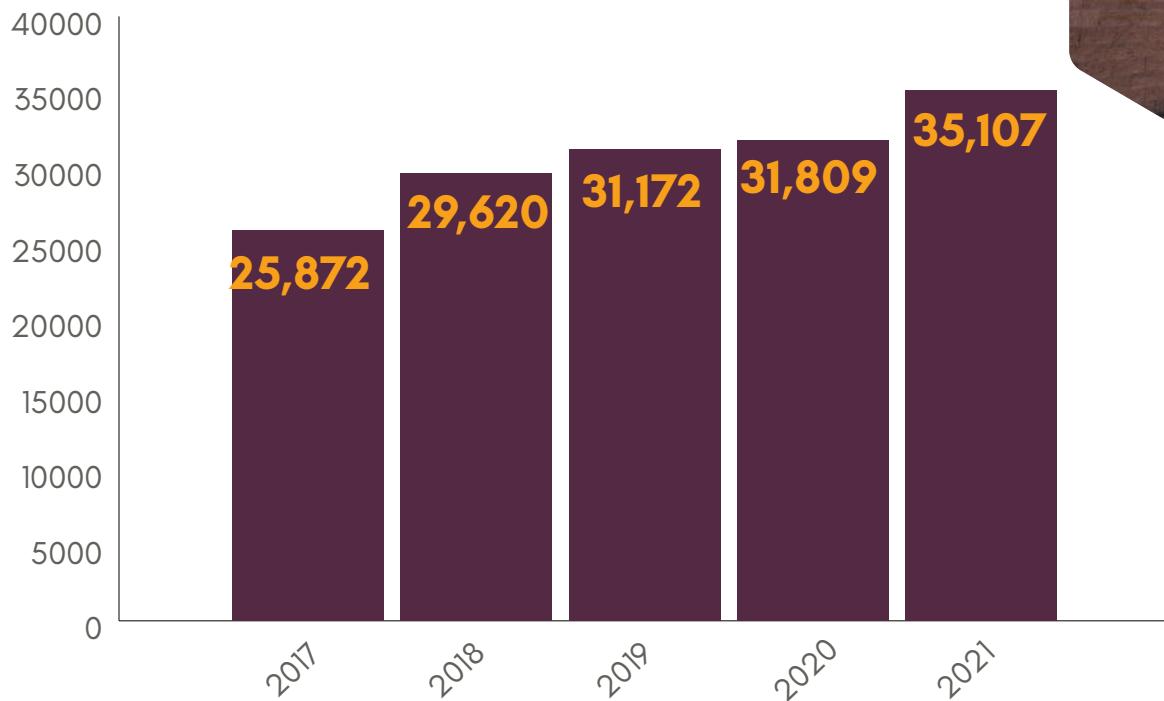
“

When I got here, I felt a wave of calmness I haven't felt in a long time. The staff made me feel supported and comfortable. Thank you.

“

Community Impact

PEOPLE SERVED IN CRISIS



PEER-POWERED



Community Impact

DIRECT DROP-OFFS BY LAW ENFORCEMENT OFFICERS AT CRISIS RECEIVING CENTERS



New Programs

NEW MEXICO - DONA ANA COUNTY CTC

In partnership with Doña Ana County, we opened our doors to the Doña Ana County Crisis Triage Center (CTC) on June 21, 2021, in Las Cruces, NM. We are proud to be the first no-wrong-door CTC in the state of New Mexico and RI International's 13th Crisis Center. The CTC is a 24/7/365 safe place for any adult who is experiencing a mental health and/or substance use crisis. We work diligently so that we can say "yes" to welcoming every guest and we serve voluntary adults, ages 18 and over, who are in need of crisis services. At the CTC, we serve guests for up to 23 hours and we provide a positive guest experience on what may be one of the worst days for some guests. While at the center, guests receive support from peers, licensed clinicians, RNs, and, if needed, telehealth appointments with a Psychiatric provider. We have a strong emphasis on continuing to build and strengthen community partnerships so that we can help guests transition smoothly from their short-term stay at the CTC to the community and continue to receive the level of care they choose.

LOUISIANA - BRIDGE CENTER FOR HOPE

February 11th, 2022 marked the 1-year anniversary of The Bridge Center for Hope facility opening. Over the course of the year, we were able to serve over 2,200 individuals in crisis seeking mental health or substance use treatment. The Bridge Center for Hope remains the first and only Crisis Receiving Center in the state of Louisiana. The services we have been able to provide to the community of East Baton Rouge Parish have truly been remarkable and we have been able to see the positive impact it has had on first responders and law enforcement officers. According to parish officials, the facility's opening has given the first responders alternative destinations for individuals in crisis and has

shown to be beneficial to their ability to provide public safety. Through the relentless efforts and dedication of the staff at the facility, we have been awarded the possibility to expand our services within the state and provide exceptional crisis care to those who need it.

OHIO - ONEFIFTEEN LIVING

RI International, in partnership with OneFifteen Living, operates a 58-Bed Residential ASAM 3.1 facility that promotes recovery from substance use and supports independence. This program engages individuals 18 or older, both men and women, with substance use challenges. The goals with RI International's residential program are to prevent abuse of substances, overdoses, hospitalization and more-intense levels of care, when possible, by attaining what specifically helps an individual to recover and empowering them with personalized treatment and tools for success. This residential program encourages independence, sobriety, education, housing, healthy living, and positive life choices.

Our services are provided by a Clinical team and a team of Peer Support Specialists and they work daily to engage in groups working on independent living skills, coping skills, relapse prevention groups, and co-occurring groups. Services are meant to assist participants in augmenting their skills to reduce the likelihood of relapse, and increase opportunity for full recovery. All services are provided in a safe, supportive recovery-oriented environment directed to keep the person safe, reduce the risk of current symptoms and connect the person to continuing services based on the participant's needs, strengths and preferences.



AUSTRALIA - NEAMI

RI International joined **Neami National** to be awarded then launch Australia's first **Urgent Mental Health Care Centre (UMHCC)** in Adelaide, South Australia. Neami is one of Australia's largest and most respected specialist mental health agencies, delivering services across six states and territories in Australia via 1200 team members. RI's thought partnership has included model codesign, learning and development and joint governance. Since opening, the 18-recliner UMHCC has supported almost 3000 guests, with between 92-95% exiting the service home. Lived experience is embedded in centre codesign, service delivery and ongoing governance. Guest experience is central to the impact the centre is having which is best summed up by a recent guest: *"This place has twice saved me from harming myself when I was in a very bad headspace. If you need help or someone to talk to please come see them, the nurses, and social workers there are super caring and non-judgemental. I'm so grateful for them."*

Here is a link to our YouTube clip describing the UMHCC -

<https://youtu.be/zodygR6d-Rg>.

WASHINGTON - PARKLAND CRC

The Parkland Crisis Recovery Center (CRC) opened its doors in August 2021. The site is a crisis stabilization program designed for short-term, sub-acute care in which each person receives support for their unique behavioral health needs in a 24/7, safe and secure environment. The CRC serves as an alternative for crisis responders and emergency rooms with a focus on helping individuals develop and maintain skills that will increase and improve their functioning. Our recovery-oriented staff are highly experienced and skilled at providing specialized behavioral health services with a person-centered approach, in a respectful and encouraging manner to promote recovery in their time of crisis.

The CRC provides daily meetings with psychiatric providers, mental health professionals, peer support specialists and care coordinators. These services address psychiatric symptoms on an individual basis.



Consulting Team



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Chief Strategy Officer



Victor Armstrong
Chief Diversity Officer



Lisa St. George, MSW, CPRP
VP Peer Support Empowerment



Wayne Lindstrom, PhD
VP of Consulting and Business Development



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Georgea Madeira, LMFT, MBA
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Kristen Ellis, LMFT
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Director of Consulting and Education



Terrence Smithers, BA CPRP, CRPS
Manager of Training Development



Thomas Castellanos, CPA
Executive VP Treasury Facilities Development



Marie Eddy
Project Manager





Increased Reach of Consulting

As the premier consultancy in behavioral health crisis response systems and services, RI's Consulting Team experienced an increase in demand for its expertise due to the United States implementation of 988, which holds the promise of better outcomes as people receive crisis intervention and stabilization services and supports where they work, play, and live.

Many states, counties, and cities need support and technical assistance to redesign existing crisis response systems, and build the capacity, infrastructure, and financing to implement and sustain them. Equally critical is that there be adequate substantiation of projected need for these facilities and services and their associated costs.

Most recently, the Consulting Team worked with the Los Angeles County (LAC) Department of Mental Health to assess LAC's existing crisis care continuum, to complete an analysis of that system against best practices, and to create an implementation plan for an Alternative Crisis Response (ACR) System of Care that aligns with the expectations with 988. Similarly, RI has been working with the Oregon Health Authority (OHA) to develop strategic plans for coordination, capacity, funding, and communication strategies to best support the launch of 988 and an optimization of the State's crisis response system. In addition to this wider crisis response system work, RI has been working with counties that extend from coast to coast in planning, designing, and implementing various types of crisis services.

In order to meet the heightened demand, we continue to further develop the [Crisis Now Academy](#), which supports the creation of next-level solutions to a multitude of crises systems' challenges. This includes the creation of videos, tools, and products, many of which have been shared as an open source in the public domain [Crisis Now](#).



Education and Training

93%

of Peer Specialists Trained Through a Grant from the California HC4I Were Placed in Jobs in the California Healthcare System.



RI Training collaborated to bring the **first ever Maternal Mental Health Peer Support Certification** to 30 Doulas from throughout the state of California.

We developed and delivered specialty training for three states and Britain and the Czech Republic. **We served 964 students** around the nation and abroad.



RI is now 80% virtual. The Canvas LMS allows RI instructors and students to **create a virtual classroom and provide collaborative learning** that is competency and skills-based.



RI Opioid Consulting Team

In response to the ongoing opioid crisis, RI International established the RII Opioid Consulting Team in 2019. The team met regularly throughout 2021. We developed and updated workflows, constructed an OBOT Readiness Tool, conducted trainings, and provided consultations with various RI International sites to initiate Medication Assisted Treatment (MAT) in Crisis Response Centers. Additionally, the team held the first annual RI Recovery Summit on Opioid Use Disorder and Overdose in August.

WHAT IS MEDICATION ASSISTED TREATMENT?

Medication-assisted treatment (MAT) is the use of **medications** in combination with counseling and behavioral therapies, which is effective in the **treatment** of opioid use disorders (OUD) and can help some people to sustain recovery”

Methadone		Buprenorphine	Naltrexone
How It's Taken	Liquid, edible wafer or tablet	Tablet, oral dissolving strip or implant	Tablet or injection
What It Does	A long-acting opioid medication that reduces cravings and symptoms of withdrawal and blocks euphoric effects of other opioids	An opioid medication that reduces cravings and symptoms of withdrawal and weakens euphoric effects of many opioids until the effects eventually level off	After mandatory 7- to 10-day withdrawal from all opioids, this non-opioid drug blocks effects of opioids and reduces cravings
How Often It's Taken	Daily	Tablet or strip: Daily Implant: Every six months	Tablet: Every one to three days Injection: Monthly
Where It's Available	Certified Opioid Treatment Program (OTP), also known as a methdone clinic	Doctor, nurse practitioner or physician assistant with training to prescribe in office-based setting or some opioid treatment programs	Doctor or pharmacist

WHAT DOES MAT INCLUDE?

- ✓ Medication (Methadone or Buprenorphine)
- ✓ Clients get counseling (individual and group) by either a licensed counselor, or certified substance abuse counselor.
- ✓ Clients receive case management
- ✓ Clients have access to medical professionals (nursing staff and medical providers).
- ✓ Accountability, structure, and support with daily attendance until take-homes are earned.



Looking forward, the RII Opioid Consulting Team will continue the expansion of Buprenorphine treatment in outpatient settings that are connected to established Crisis Recovery Centers as well as further education among staff and guests on Opioid Dependence, Overdose, Overdose Prevention, and Medication-assisted Treatment. Additionally, we are refining and streamlining workflows, protocols, and processes and advocating for equal access to treatment for BIPOC.

The team will also provide a second-annual **RI Recovery Summit** that will include a mix of education on the benefits of the treatment as well as the perspective from persons with lived experience who can share their own stories of recovery.

Diversity Equity Inclusion Leadership Council

In 2021, the Diversity Equity Inclusion Leadership Council (DEILC) spent the year building a strong foundation towards our goal of building a culture of inclusion.

The council incorporated more internal collaboration by working with the Peer Leadership Council and the Board of Directors. We built external relationships by having speakers such as Sean McElwee from Down for Dance and Frank Xu of San Diego Asian Americans for Equality come to speak. We increased cultural awareness by allowing employees to talk about their culture and personal experiences during our monthly DEILC conversations. Additionally, the DEILC hosted a week-long celebration in November 2021 to recognize the anniversary of the council's creation highlighting the council's vision, mission, and core values of Freedom of Voice, Equity, Growth, and Belonging.

Employee training was also rolled out to staff to assist with providing cultural competency and resources that better equip our staff to engage with one another as well as with the guests we serve. Data was gathered by the Cultural Assessment Pillar and presented at the end of year Annual Leadership Retreat to the Board of Directors and Executive Team in the form of an Executive Summary. The compiled data will help to set the stage for 2022, as the council continues to move forward with intention.



Peer Leadership Council

For the Peer Leadership Council, 2021 was a very active year that highlighted what a collective of individuals can accomplish when they jointly strive to bridge the gulf of distance, communication, and information of the various teams throughout the company.

This was shown with the many updates provided throughout the year during Town hall meetings and with the success of [**the annual celebration of Global Peer Support Day**](#) which showcased the significance that peer supports have in impacting the overall health and wellness of those we serve. Carrying on from initiatives in 2020, the Peer Leadership Council championed the review of the Peer Support's pay scale leading to an increase for these employees of which many were making significantly lower income based on the market standard of their respected local communities. Following with this improvement, the Peer Leadership Council also backed an exciting study into peers supporting others by performing the Brown-Stanley Safety Plans.

Wrapping up the year, the Peer Leadership Council reshaped themselves to better accomplish goals set for the year 2022 which will see the council building the four regional councils, building out the council to include two co-chairs, scribes, and multiple dual representation in the council to better bridge the bonds to other councils from within the company. It is the goal of the council that 2022 continues to see success in the goals that we have put in front of ourselves focusing on sharing information and tightening connections to one another. These include the continuation of relationship building and the establishment of four regional councils composed of different people spanning through various departments, teams, and states, a review of the various codes of conduct to generate one cohesive standard to support the RI Way, and a deeper connection with the New Hire Orientation process.



Medical Leadership Council

The Medical Leadership Council (MLC), established in 2021, provides clinical direction for RI International working closely with peers, leaders, and clinicians to deliver the fusion model to all that we serve.



The council and its members closely align with the **four KEYS of the RI Way: Safety, Engagement, Peer-powered, and Performance**. RI International values the role of clinical leaders as vital to providing a link between clinicians and administrative

management. RI's Medical Leadership Council is composed of Medical Leaders across the organization who support the utilization of the four KEYS and who share the goal of improving the quality and safety of care of both RI team members and the communities we serve.

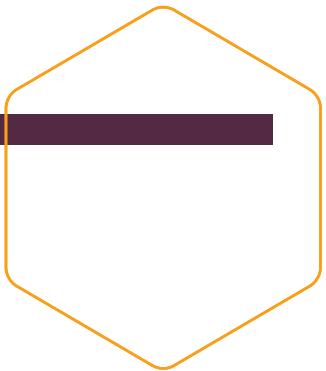
The MLC operates several subcommittees including **Nursing, Clinician, Electronic Health Record, Peer Review, Opioid, and Privileging** subcommittees that each focus on specific areas of clinical care.

During its first year of operation, the council worked closely with the Quality and Compliance department and Human Resources to assist with formulating COVID19 guidelines. Additionally, the council monitored the COVID19 situation and provided updates to the company's employees at the monthly Town Hall series regarding developments in the spread of the disease and provided information on vaccinations.

The council will continue its work in the new year and is focusing its efforts on improving workflows, identifying Key Performance Indicators, standardizing pharmacy and medical orders, performing site safety assessments, and working with EHR to improve assessments and daily notes for better accuracy and efficacy that impacts all staff.



988 Crisis Jam Learning Community



2,800

Subscribers to the
988 Crisis Jam
Members

65

National Organizations
Joined the
988 Crisis Jam

50 States

Represented plus
Australia, Canada, the
Netherlands and the
UK



Featured

A national three-digit mental health and suicide prevention crisis hotline is probably the most significant public policy initiative impacting behavioral healthcare since Medicaid expansion.

There are many questions that we all have and the learning collaborative is a forum for us to find solutions together. Increasing our collective knowledge is best achieved by engaging with subject matter experts, connecting with peers and other stakeholders, and sharing information. The outcome that we are looking for with the 988 Crisis Jam Learning Community is new learning and insights to more effectively respond to a rapid 988 implementation trajectory. This collaboration is stimulating, energizing, and fun, while the content and interchange is both pragmatic and enriching.

In the September 15th meeting, a record 367 people joined, a meeting the National Suicide Prevention Lifeline Executive Director Dr. John Draper has called a "feast" of information on all aspects of crisis services. Attendees represent the Office of Behavioral Health leadership in all 50 states including 10 states with Medicaid representatives, 50 plus national organizations. Our learning community includes innovators, experts in lived experience, state and local legislators, hospitals, courts, and more.

The 988 Crisis Jam page on #CrisisTalk provides a link to the meeting, ability to subscribe to weekly reminders and newsletters, and is the place for the the recordings of the 988 Crisis Jam, slides of the featured presentations, and the collection of 988 Crisis Jam tools. Check it out at talk.crisisnow.com/learningcommunity.

Legislative Impact

As we approach the implementation deadline for 988, it has become more and more apparent that advocacy and involvement in public affairs is vitally important for lawmakers to be aware of the changes needed for mental health initiatives and the funding necessary for crisis services. Part of RI International's legislative strategy is to be part of these discussions whenever possible. With that goal in mind, members of our team and partnering organization participated in two important Congressional Briefings during 2021.

MENTAL HEALTH IS NOT A CRIME CONGRESSIONAL BRIEFING

On Friday, April 2, 2021, the National Action Alliance for Suicide Prevention briefing series, "Action Needed: Tackling the Nation's Mental Health Crisis" addressed how 988 and crisis services will transform care. The panel included Joy Brunson-Nsubuga (Southeast VP, RI International), Tonja Myles (Set Free Indeed and RI International), Chief Murphy Paul (Baton Rouge PD), Dr. Matthew L. Goldman (UCSF), Dr. Richard McKeon and Ron Bruno (CIT International).

View the recording at <https://youtu.be/SOEvgN9ibil>

MENTAL HEALTH EMERGENCIES: BUILDING A ROBUST CRISIS RESPONSE SYSTEM

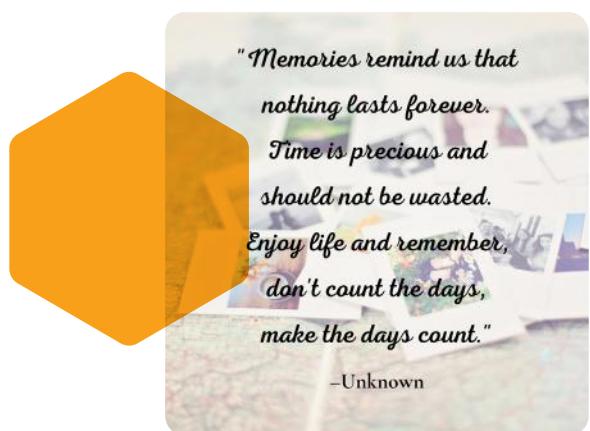
The Subcommittees of The Department of Labor, Health and Services, Education, and Related Agencies held a House Appropriations Subcommittee Hearing address the topic of Mental Health Emergencies on May 13, 2021. Witnesses included Steven Casstevens (International Associations of Chiefs of Police), Charles Dike (Connecticut Department of Mental Health and Addiction Services), Robert Gebbia (American Foundation for Suicide Prevention), Tonja Myles (Set Free Indeed and Bridge Center for Hope, RI International), and Chris Richardson (Mental Health Center of Denver).

<https://appropriations.house.gov/events/hearings/mental-health-emergencies-building-a-robust-crisis-response-system>



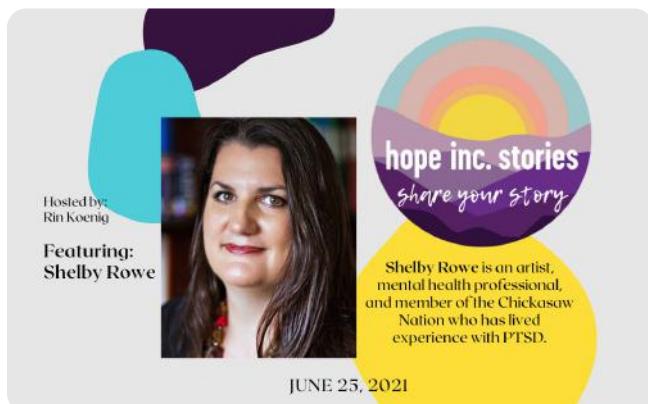
Hope Inc. Stories

The Hope Inc. Stories team believes in sharing the light and the dark of recovery through videos, motivation, and real recovery talk; all with hope as our driving force. The team believes they can change the way mental health care and recovery is seen and achieved, so to redefine what a journey looks like. In 2021, the team saw the need for togetherness and wellness. This resulted in adding Wellness Tools, to share a variety of ways to engage in self-care. They also began Share Your Story events on Instagram, to find a new way for us to connect while staying apart. These are all housed on the website for continued growth of this community.



RECOVERY TALK

<https://hopeinc.com/time-needs-to-count/>

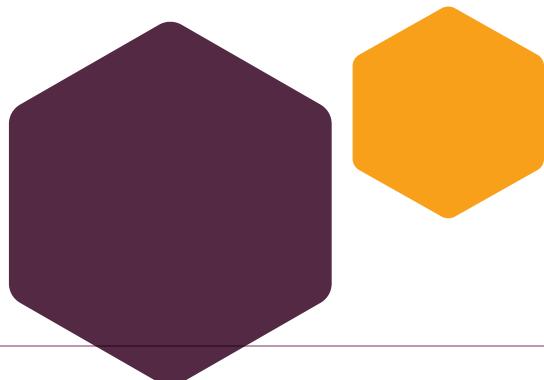


SHARE YOUR STORY - SHELBY

<https://hopeinc.com/share-your-story-shelby-rowe/>

ART

<https://hopeinc.com/tamed/>



#CrisisTalk



Since launching in 2019, #CrisisTalk has published over 169 articles, each a conversation with diverse experts on challenges, lived expertise, and innovations in behavioral healthcare.

As the Covid pandemic continues and 988 is around the corner, 2021 saw communities innovating and scaffolding their existing crisis systems as well as working to improve the linkages between 911 and behavioral health crisis care. State and local leaders are also increasingly aware that marginalized populations—including people who are [Black](#), [Latino](#), or experiencing a behavioral health emergency—are especially vulnerable to lethal harm from [police interactions](#).

Come July 16, 2022, all 988 calls will go to the SAMHSA-funded National Suicide Prevention Lifeline, commonly referred to as the Lifeline. However, most behavioral health calls currently go to 911, not the Lifeline. Callers to 911, reporting what later turns out to be a behavioral health or quality of life emergency, are often third-party callers reporting “strange behavior.” That means the information is often dependent on the caller’s perceptions, which are influenced by their biases, said Dr. Rebecca Neusteter, executive director at University of Chicago’s Health Lab. She [told](#) #CrisisTalk that the nature of the call taker role is “to hear one person’s perspective of a situation and to treat it as though it’s true.” She noted that equity and inclusion efforts must be at the forefront of 988 planning so the same mistakes aren’t repeated.

To help foster diversion from 911 call centers, one question community leaders have been asking is whether they should include co-location of behavioral health crisis responders at their local 911 call centers. And if so, whether they should be virtually or physically co-located. Marisa Aguilar, LPC, practice manager of Integral Care’s Expanded Mobile Crisis Outreach Team, [told](#) us that being on the 911 operations floor and integrating with the call center’s technologies was a game-changer.

Working on the same platform has also allowed for faster response times. “We no longer have dropped calls,” she [said](#).

However, physical co-location isn’t viable in larger communities. For example, places like Los Angeles County—where there are [78](#) primary 911 public safety answering points—are examining whether virtual co-location is right for them. In Tucson, Covid forced the behavioral health diversion team from physical to virtual co-location. Johnnie Gasper [told](#) #CrisisTalk that he had feared the shift would hinder the program—instead, it offered scalability. “We can make it fit any jurisdiction, whether rural, suburban, or urban,” he [said](#).

While it’s easy to point out the lack of connectivities between 911 and behavioral health services, Dr. John Franklin Sierra [told](#) us those aren’t the only ones lacking. He’s a health systems engineer and senior staff analyst at the Los Angeles County Department of Mental Health.

He [shared](#) with #CrisisTalk that communities must examine linkages between behavioral health services. For example, he pointed out that in LA County, 988 calls will be answered by Didi Hirsch Mental Health Services, a 988-Lifeline accredited call center. Yet, the call center isn’t connected to the Los Angeles County Department of Mental Health, which runs the county’s largest mobile crisis response. “Didi Hirsch provides crisis counseling over the phone, and we dispatch mobile crisis services,” he [said](#). “Our services complement one another, and while we are partners, there’s been a disconnect in the design of the pathways between our organizations that we’ve had to address.”

He echoed what many thought leaders shared with us in 2021—that while protocols and procedural changes and increased linkages within and between crisis systems are dire, so too is ensuring that trust is built between systems and the communities they serve.

Moving America's Soul on Suicide

Millions struggle and tens of thousands die every year by suicide, yet America shrugs. Time for hope.



During 2021, five additional episodes were filmed and three were released to the public. See "These Are Our Stories" Moving America's Soul on Suicide - Preview at <https://youtu.be/BNLBCkpgNZA> and the full episodes at masosfilm.com"

Anyone can get broken - Silouan Green was one tough Marine, and looked down on mere humans with "down days." He believed suicide was something that happened to other people.

A devastating jet crash changed it all, and it took several years to put back together a shattered life. Life taught him... anyone can get broken.. and anyone can find hope again.

Not just a white thing - For most of his life, Kevin Berthia was accustomed to struggling, and therefore attempting suicide was a myth. In Oakland, California reputation was everything and he never talked to anyone about his depression... prior to jumping over the rail of the Golden Gate Bridge.

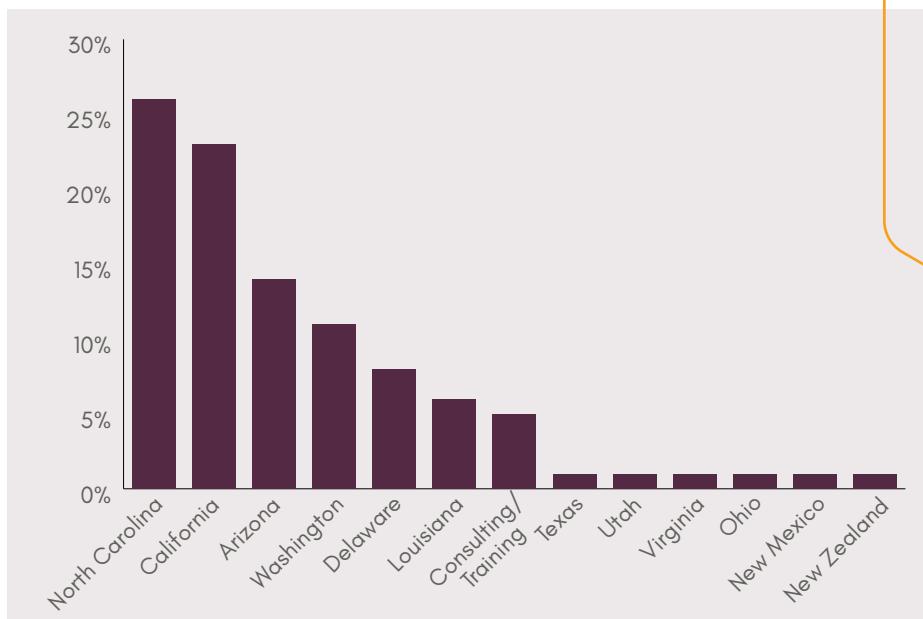
Fighting while wounded - Tonja Myles was recognized by Former President George W. Bush during a State of the Union for her groundbreaking faith-based recovery program. She had lived with addiction, suicide attempts, and sexual abuse. But... almost no one knew she was still far from healed. A diagnosis of PTSD would make the difference.

Visit our community of support at MASoSfilm.com for more stories of suffering, stories of courage.

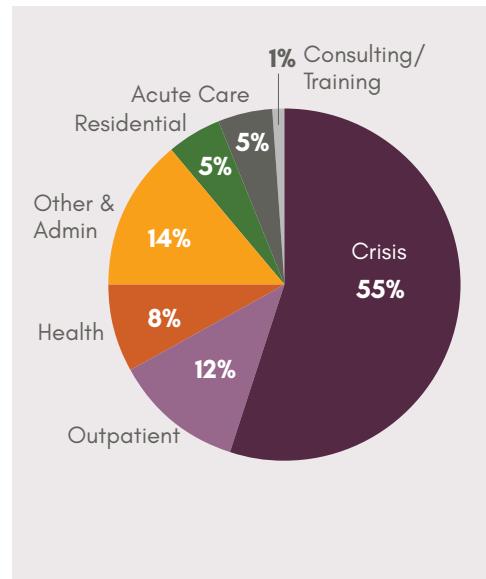
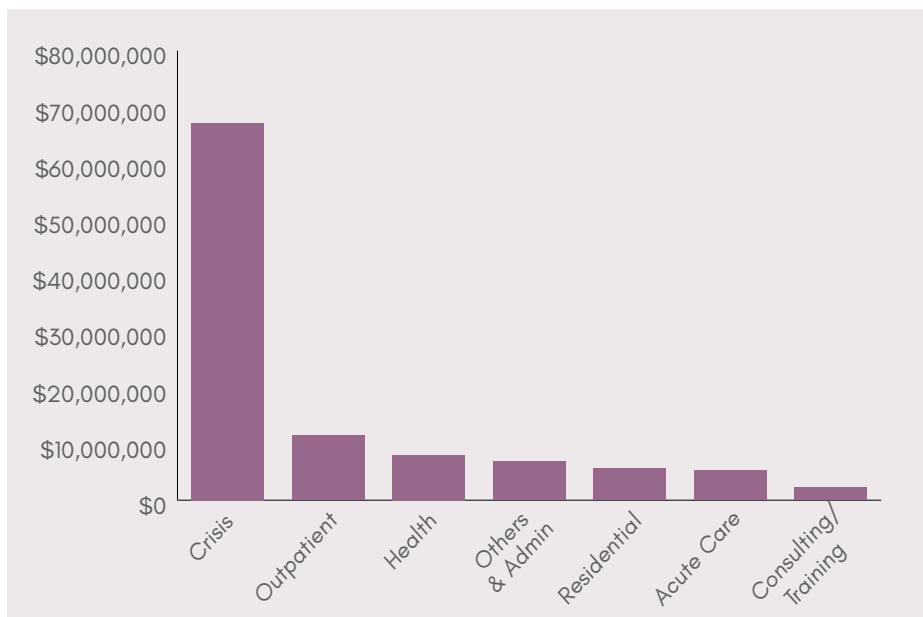


Financial Callouts

% OF REVENUE BY GEOGRAPHY



REVENUES BY LINE OF BUSINESS



Funders of Crisis and Outpatient Services

