

**Catholic Charities USA Comments
The Substance Abuse and Mental Health Services Administration
December 5, 2024**

Catholic Charities USA submitted the following comments in response to the Substance Abuse and Mental Health Services Administration's request for information on the following questions:

1. Feedback on the 'Someone To Contact: 988 and Other Behavioral Health Lines' Element:

Catholic Charities agencies work closely with individuals and families facing crises, including behavioral health challenges. These agencies witness firsthand the critical need for accessible, compassionate, and well-coordinated crisis response systems. Below are some recommendations to enhance the 'Someone to Contact' element of the model:

Provide Stronger Connections to Local Resources: Many individuals rely on trusted local community organizations such as Catholic Charities for long-term support. While 988 is a critical entry point of support, it would be strengthened by this proposal which highlights the need for coordination with local service providers, including faith-based organizations, food banks, and housing services. Strengthening these connections ensures individuals receive holistic care beyond the initial call.

Enhanced Language Access: Many clients at Catholic Charities come from diverse cultural backgrounds and speak languages other than English. Therefore, to make 988 fully inclusive, the draft should provide access to interpreters and translation services. Addressing these needs would better serve persons whose primary language is not English.

Public Awareness Tailored to Underserved Communities: Many of Catholic Charities clients are unaware of 988 or are unsure whether it applies to them. Public education campaigns, particularly those targeted at rural areas, immigrant communities, and individuals experiencing homelessness, are essential to ensure everyone knows this service is available and trustworthy.

Offer Flexible Crisis Response Options: Providing multiple ways to contact 988 (e.g., call, text, and chat) ensures accessibility for individuals with varying needs and preferences. Some clients have limited access to a phone or feel safer texting, and others have access to chat features through a public library computer. A wide range of communication options could further enhance 988 services.

Connections to Case Management Services: Clients receiving Catholic Charities services often face compounded crises, such as homelessness, domestic violence, or substance use. The draft should consider including provisions for 988 responders to quickly identify and address the needs of these high-risk populations, by connecting them to specialized services such as Catholic Charities case management.

2. Feedback on the 'Someone to Respond: Mobile Crisis and Outreach Services' Element

Catholic Charities agencies across the country work closely with individuals and families facing behavioral health crises. Mobile crisis and outreach services are a critical component of an effective response system, ensuring that those in need receive immediate, compassionate, and appropriate care. The following recommendations are offered to strengthen this essential element:

Partnerships with Local Service Providers: Many individuals served by mobile crisis teams are already connected to community organizations like Catholic Charities for food, housing, and ongoing support. Strengthening coordination between mobile crisis teams and trusted local providers ensures comprehensive care and smoother transitions from crisis response to sustained support.

Culturally Responsive and Accessible Services: Individuals in crisis often belong to diverse cultural, linguistic, and faith communities. Mobile crisis teams should receive robust cultural competency training and have access to interpreters and translation services to ensure equitable care. Attention to these needs can help build trust and improve outcomes for underserved populations, including immigrants and refugees.

Timely Response: In Underserved Areas Rural and underserved urban areas often experience longer response times due to resource constraints. Emphasizing strategies to improve geographic equity, such as expanding coverage through telehealth or embedding responders in local organizations, would address disparities and ensure timely care across all communities.

Trauma-Informed and De-Escalation Approaches: Crises are often rooted in complex trauma. All mobile crisis teams should be trained in trauma-informed care and de-escalation techniques to reduce harm and create a sense of safety during interventions. This approach aligns with the dignity and respect owed to every person in crisis.

Awareness and Community Outreach: Many individuals in need of mobile crisis services are unaware of their availability or are hesitant to seek help due to stigma. Public education campaigns should promote awareness of mobile crisis teams and their role, particularly in schools, workplaces, and faith communities.

Mobile crisis and outreach services are vital to ensuring that individuals in behavioral health crises receive compassionate and timely care. By enhancing accessibility, coordination, and responsiveness, these services can help stabilize lives and connect individuals to the long-term support they need.

3. Feedback on the 'A Safe Place for Help: Crisis Stabilization Services' Element

Crisis stabilization services are vital to providing individuals in behavioral health crises with immediate care and a pathway to recovery. To strengthen this essential element, Catholic Charities USA (CCUSA) recommends focusing on the following areas:

Enhance Coordination with Community-Based Services: Crisis stabilization centers should prioritize collaboration with community organizations like Catholic Charities, which provide housing, food, counseling, and other essential services. Many individuals in crisis face challenges that extend beyond their immediate behavioral health needs, such as homelessness or food insecurity. By establishing strong referral pathways and integrating care plans with local providers, stabilization centers can address the root causes of crises and set individuals up for long-term success. This partnership approach reduces the risk of repeated crises and ensures continuity of care.

Expand Access in Underserved Areas: Individuals in rural and underserved areas often face significant barriers to accessing crisis stabilization services. To ensure equitable access, stabilization centers should explore the use of telehealth for initial assessments and coordination of care. Additionally, funding and resources should be allocated to regional centers in high-need areas, reducing reliance on emergency departments or law enforcement. Mobile units that serve as temporary stabilization facilities could also be a solution for remote regions, ensuring timely care when transportation to a physical center is not feasible.

Include Trauma-Informed and Person-Centered Care: Catholic Charities agencies provide wrap-around services to their clients to support all aspects of poverty. Many individuals entering crisis stabilization services have histories of trauma. These facilities should adopt trauma-informed practices that prioritize safety, empowerment, and respect. This includes training staff to compassionately de-escalate situations and involve individuals and other support they might already receive in creating their care plans. A person-centered approach acknowledges the unique needs and preferences of each individual, ensuring care is both effective and respectful of their dignity.

4. Additional Comments/Feedback

Through these comments, CCUSA emphasizes the importance, and the potential enhancement of these areas found in the document:

- The crucial need for trauma-informed care

- Language accessibility
- Focus on underserved communities like the homeless, immigrants, and those living in rural areas
- Enhance case management services and/or link them to social service providers such as Catholic Charities for the “social drivers of health” (social determinants of health)
- The need for crisis response teams to partner with providers of social services such as Catholic Charities and other community benefactors
- The need to be culturally competent

CCUSA also appreciates the “Behavioral Health Crisis Services Glossary” (p.80-88) and the much-needed standardization of definitions. Thank you!