



 Behavioral Health Business  
**VOICES**

## **Gina Gibson**

Sr. Director, Behavioral Health  
Bamboo Health

In this Voices interview, Behavioral Health Business sits down with Gina Gibson, Senior Director, Behavioral Health at Bamboo Health, to talk about expanding access to crisis care by breaking down social and technological barriers. She explains how the 988 Suicide and Crisis Lifeline (“988”) has evolved since its inception and outlines the many challenges states face in expanding access to crisis care. She also discusses the steps communities can take to overcome these obstacles through partnerships with other resources like 211 and 911.

---

Editor’s note: This interview has been edited for length and clarity.

The Voices Series is a sponsored content program featuring leading executives discussing trends, topics and more shaping their industry in a question-and-answer format. For more information on Voices, please contact [sales@agingmedia.com](mailto:sales@agingmedia.com).

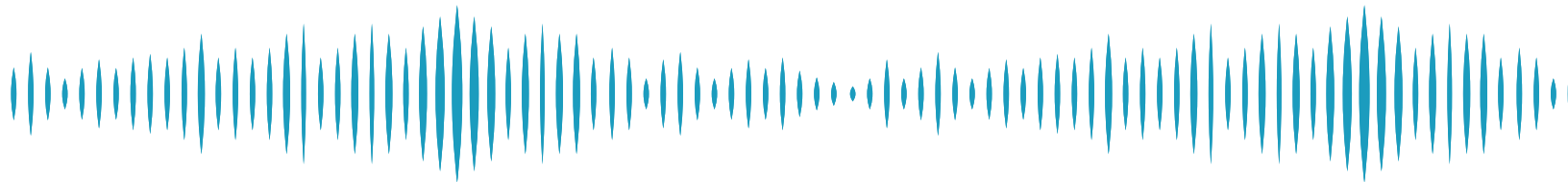
---

**Published:** September 25, 2024

**BROUGHT TO YOU BY**  
 **Bamboo Health**

**Q: Behavioral Health Business:** 988 recently celebrated its two-year anniversary. How has 988 evolved since its inception? Are there stats you can share highlighting its growth?

**Gina Gibson:** Since its inception, the 988 network has grown to over 200 centers. As of July 2022, the volume of calls, texts and chats processed by these centers has increased by nearly 60%. The best part is that the 988 number and the access it represents are now part of our everyday conversation. It's more visible, it's being talked about, and it has been woven into the fabric of our daily lives — on grocery store carts, in PSAs, on shows like Grey's Anatomy, and even on Melissa McCarthy's jacket when she was on RuPaul's Drag Race. It's encouraging that the word is getting out.



**Q: Behavioral Health Business:** What are some of the challenges states face in expanding access and integrating technology to improve individual outcomes?

**Gibson:** For some states, the biggest challenge is simply figuring out where to start. State health departments understand the need for crisis care, but there are so many different decision points around the workforce, the services provided, the technology and the budget. Identifying those ineffective and time-consuming aspects of the work so that teams can focus on the things that are exciting and important to them — like helping the individuals who reach out — is one way that technology can address this.

Being able to attract and retain a workforce, and in some instances, even changing the requirements for that workforce to do the job, allows states to maximize available resources. Many communities have workforce deserts without trained behavioral health professionals. When that happens, it's critical to reimagine what that workforce would look like to support that community.

Funding is always an issue. Sustainable funding is needed not only for the 988 centers, but also for downstream services like mobile crisis response services and open-access treatment centers, which can divert people from higher, more costly levels of care, like emergency departments. Finally, maximizing the use of technology across the entire spectrum — whether physical equipment or software — can expand, enhance and augment the work clinicians and care coordinators are doing to provide support and services.

**Q: Behavioral Health Business:**  
Talk about some of the ways people can change the narrative for underrepresented populations and increase care for these individuals.

**Gibson:** I recently attended a learning series hosted by the National Council for Mental Health Wellbeing's Social Justice Leadership Academy on bringing equity to communities and systems of care. One of the biggest lessons I learned is that words like "community" mean different things to different people. Understanding an individual's definition of community can help define ways to support them and gain their buy-in to participate in systems of care from which they have often felt disconnected.

We need to stop putting labels on people and start looking at the people themselves, providing person-centered care. There are many providers across the country doing good work, thinking forward on how to leverage certified community behavioral health clinics (CCBHCs) in rural and frontier areas, how to attract, train, and deploy Black and Indigenous and other practitioners of color to support those communities, and how to train individuals in a community to support those who are justice-involved in their re-entry efforts.

Identifying those resources and tracking and quantifying the results of deploying them can illustrate the progress made in improving behavioral health care outcomes and can be invaluable in securing sustainable funding.

**Q: Behavioral Health Business:**  
What are communities doing to break down barriers and form partnerships with other resources, including 211, 911, and other mental health services?

**Gibson:** In some areas, 211 actually operates the 988 Lifeline, creating cross-pollination. Others have incorporated 211 notifications of individuals' social needs (such as housing, transportation or food) into their behavioral health service referrals. These support organizations understand that it's hard to concentrate on taking medication every day if you don't have a roof over your head or food to eat, or if you have to choose between meeting basic needs or buying medication.

Bringing those services and resources in to support whole-person care is important, as is addressing the physical aspect of treatment. The 911 and 988 coordination is invaluable. Some communities rely on 911 because that's what they're used to; they call 911 and expect someone to come out.

988 provides an alternative for behavioral health concerns, ultimately freeing up law enforcement to handle public nuisance or safety issues for which they are better equipped. It's not fair to expect law enforcement to manage situations they are not trained for, just as it wouldn't be fair for a behavioral health professional to manage a crime scene. Let's put professionals where they are most needed, maximize their expertise and continue to communicate and work together.

988 cannot succeed without 911 support and the help of our first responders. We need memorandums of understanding and defined roles and responsibilities to build trust.

**Q: Behavioral Health Business:**  
**What life and career experiences do you most draw from in your role today?**

**Gibson:** My time as an Army officer introduced me to a myriad of people from all walks of life and reinforced the importance of working together as a team toward a common goal. Then, as a Chief Operating Officer, I oversaw the operational aspects of the statewide Georgia Crisis and Access Line, and the provision of mobile crisis response services covering two-thirds of the state. That experience gave me valuable insight and knowledge into the world of behavioral health that I had never known before.

Now, in my role at Bamboo Health, I leverage all of my experience to grow collective Bamboo Health knowledge in this ever-evolving space and match our technology with states' needs, allowing me to explore the best of both worlds.

**Q: Behavioral Health Business: Finish this sentence:**

**In the behavioral health space, 2025 will be defined by...**

**“... change.**

**A change in mindset, a change in how we operationalize our crisis continuum, a change in expanding access to services, and a change reaching out to underrepresented populations: all in pursuit of delivering more life-improving actions during pivotal moments.”**