988 SUICIDE & CRISIS LIFELINE

988 and Crisis
System
Transformation

June, 2022

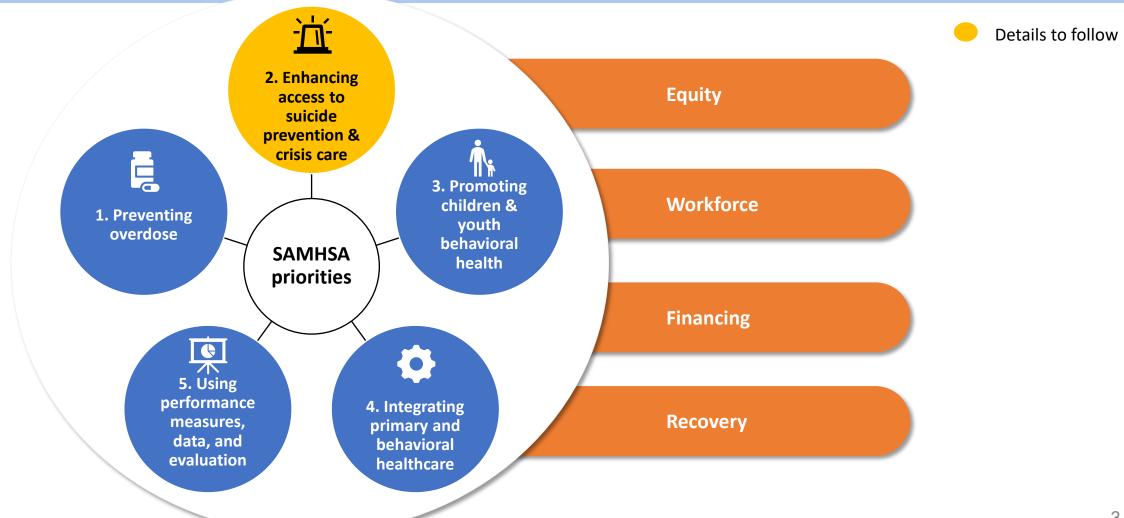


# Today's briefing

- America's mental health and substance use crisis
- 988 a transformative moment
- The existing Lifeline
- SAMHSA's actions to date
- What you can do



# SAMHSA's overarching priorities and cross-cutting principles



**TOO MANY PEOPLE ACROSS THE U.S. EXPERIENCE SUICIDAL, MENTAL HEALTH AND/OR** SUBSTANCE USE **CRISIS WITHOUT THE** SUPPORT AND CARE THEY NEED

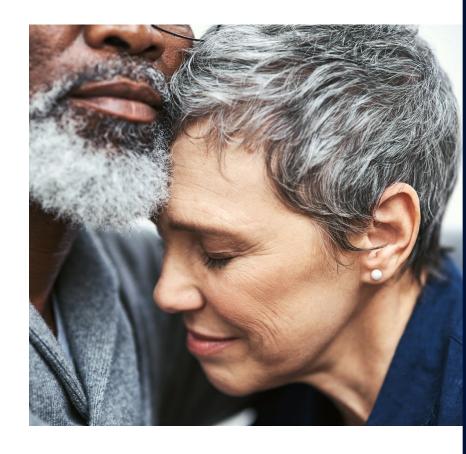
### In 2020

there was approximately one death by suicide every 11 minutes

### In 2020

for people aged 10–14 and 25–34 years, suicide was the second leading cause of death

From April 2020 to 2021 over 100,000 people died from drug overdoses



# Systems Gaps and Challenges for Individuals with Substance Use Conditions

988







COALITION BUILDING,
PLANNING AND DEVELOPMENT

**NEED FOR SCOPE CLARITY** 

SILOED FUNDING AND SERVICE STREAMS

## The Opportunity of 988

### A transformative moment for the crisis care system in the U.S.



### **Short-term goal**

A strengthened and expanded Lifeline infrastructure to respond to crisis calls, texts, and chats anytime

### **Long-term vision**

A robust system that provides the crisis care needed anywhere in the country

## **Crisis Contact Centers Are an Essential Component of a Broader Crisis Continuum**



LEAST Restrictive = LEAST Costly



Horizon 2: Mobile crisis services<sup>1</sup>
"Someone to respond"

Horizon 3: Stabilization services<sup>1</sup>
"A safe place for help"

Horizon 1: Crisis contact centers<sup>1</sup>

"Someone to talk to"

90%+ of all 988 contacts answered in-state [by 2023]<sup>2</sup>

**80%+** of individuals have access to rapid crisis response [by 2025]

**80%+** of individuals have access to community-based crisis care [by 2027]

#### **Underlying principles**

Provide individuals experiencing suicidal, mental health, and substance use crises, and their loved ones, with caring, accessible, and high-quality support

Ensure integrated services are available across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)

Provide "health first" responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate lived experiences of peers and support for populations at high risk of suicide, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas

Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories

<sup>1.</sup> Inclusive of intake, engagement, and follow-up

<sup>2.</sup> Proportion may differ with chat/text vs. calls; "contacts answered" is defined as connected with a trained responder

## Overview of activities to support 5-year vision

988

## **Activity Leadership + operations Resourcing (including financing + workforce)** Data + technology **Communications Equity**

- Federal government
- States
- Localities
- Lifeline contact centers
- Behavioral health providers
- Public safety answering points (PSAPs)

List of partners is not exhaustive

## 988 & Behavioral Health Crisis – Examples of Federal Activities (non-exhaustive)

988

**Example Actions** 

**Horizon 1:** Crisis contact centers

Horizon 2: Mobile crisis Services

Horizon 3: Stabilization services

	■ SAMHSA: Establish 988 & Behavioral Health Crisis Coordination Office		
Leadership +	<ul> <li>States: Conduct self-assessment to determine readiness to answer calls/text/chats at local level</li> </ul>		
operations	<ul> <li>Lifeline contact centers: Build capabilities to support text / chat</li> </ul>		
	<ul> <li>Localities: Engage with the state health authority to understand how 988 will impact existing local crisis services</li> </ul>	 	
	■ SAMHSA: Announce proposed FY23 federal funding to advance 988 operational readiness		
Resourcing	<ul> <li>CMS: Awarded \$15M for state planning grants to bolster mobile crisis intervention services</li> </ul>		
Resourcing	States: Identify sustainable funding streams to support 988 & broader crisis services		
	• Tribes: Work with federal/state BH authorities and financing agencies to ensure crisis services are accessible to tribes		
	■ FCC: Implement 10 digit dialing in 82 areas to facilitate routing of 988 calls		
Data &	<ul> <li>Localities: Identify tech platforms used to manage crisis services and data across partners</li> </ul>		
technology	• States: Develop plans to integrate tech platforms / consolidate data across crisis services providers		
	<ul> <li>Providers: Work with state authorities and payers to identify data sharing mechanisms</li> </ul>		
	■ HHS: Launch targeted education and engagement about 988 (e.g. from HHS leadership, other federal partners)		
Communicat	• States: Conduct an inventory of which organizations and individuals require engagement to support 988		
ions	<ul> <li>Localities: Engage in implementing transition between 911 dispatch centers and 988 contact centers</li> </ul>		
	<ul> <li>Tribes: Communicate internally with tribe to inform members about 988 and available crisis services</li> </ul>		
	<ul> <li>SAMHSA: Delivered report to Congress on 988 Training and Access for High-Risk Populations</li> </ul>		
Equity	SAMHSA: Launch formative research on populations at high risk of suicide		
Equity	<ul> <li>Localities: Develop processes to report on crisis outcomes to ensure care is distributed equitably</li> </ul>		
	• Providers: Integrate screenings of social determinants of health / set up practices to refer individuals to social services		

## 988 Builds Directly on the Existing National Suicide Prevention Lifeline

988

### 2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

### 2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL)

### 2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

### 2020

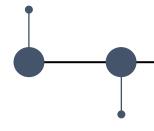
**Lifeline** began incorporating **texting** service capability in select centers

### 2021

SAMHSA/VA/FCC are responsible for submitting multiple 988 reports to Congress

#### 2022

988 fully operational for phone and text in July 2022



### 2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

### 2013

Lifeline began incorporating chat service capability in select centers

### 2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

#### 2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

### 2021

State 988 funding opportunity released, and states are responsible for submitting planning grants to Vibrant

## The Lifeline's Impact to Date

Providing 24/7, free and confidential support to people in suicidal crisis or mental health-related distress helps

 National Suicide Prevention Lifeline helps thousands of people overcome crisis situations every day Proven to work – Lifeline studies

have shown that after speaking with a

trained crisis counselor, most callers

are significantly more likely to feel

- less depressed
- less suicidal
- less overwhelmed
- more hopeful



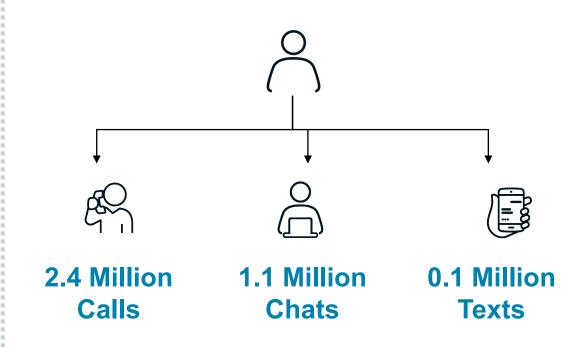
### **How The Lifeline Works**

## In FY21, the Lifeline received roughly **3.6 million contacts**

People who **call the Lifeline** are given three options:

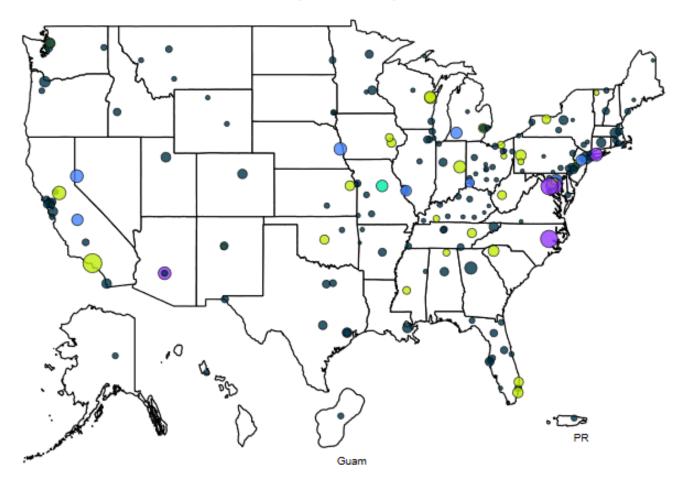
- Press 1 to connect with the Veterans Crisis Line
- Press 2 to connect with the Spanish Subnetwork
- Remain on the line and be connected to a local crisis center; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



## **Snapshot of the Lifeline Network**

Lifeline Centers Mar 01, 2022 - Mar 28, 2022



#### Networks

- Local
- Local + Backup
- Local + Chat/Text
- Local + Backup + Chat/Text
- Chat/Text

#### **Answered Contacts**

- O 2500
- O 5000
- 7500

## Lifeline state *call* answer rates: April 1 – 30, 2022

## 988

## 5 states with Lifeline answer rates above 90 percent

<u>State</u>	<u>Routed</u>	Answer Rate
AZ	3,009	90%
MT	561	96%
ND	341	90%
RI	308	99%
WV	807	90%

## 17 states with Lifeline answer rates between 80-90%

<u>State</u>	<u>Routed</u>	Answer Rate
CA	22,531	86%
CT	2,250	87%
DC	513	89%
ID	1,031	85%
MD	2,977	86%
MO	2,792	83%
MN	2,643	84%
MS	920	88%
NE	1,013	82%
OR	3,285	80%
PA	4,586	85%
SD	288	86%
TN	2,943	83%
UT	2,105	85%
VA	3,966	84%
VT	324	82%
WI	4,590	83%

## 22 states with Lifeline answer rates between 65-80%

<u>State</u>	<u>Routed</u>	<u>Answer Rate</u>
AK	616	66%
AR	1,180	79%
DE	378	69%
GA	4,391	68%
GU	32	<mark>69%</mark>
HI	937	72%
IA	1,399	70%
IN	3,158	77%
KS	1,447	69%
KY	1,926	70%
LA	2,243	66%
NC	4,483	65%
NH	586	78%
NJ	3,949	77%
NM	1,472	77%
NV	1,763	73%
NY	11,903	67%
ОН	5,355	69%
OK	1,649	69%
SC	2,342	76%
WA	4,110	69%
WY	241	75%

## 11 states with Lifeline answer rates below 65%

<u>State</u>	<u>Routed</u>	<u>Answer R</u>
AL	2,357	61%
CO	3,976	53%
FL	8,189	60%
IL	7,046	19%
MA	4,425	63%
ME	490	64%
MI	5,195	45%
MP	9	0%
PR	22	0%
TX	12,265	45%
VI	97	0%

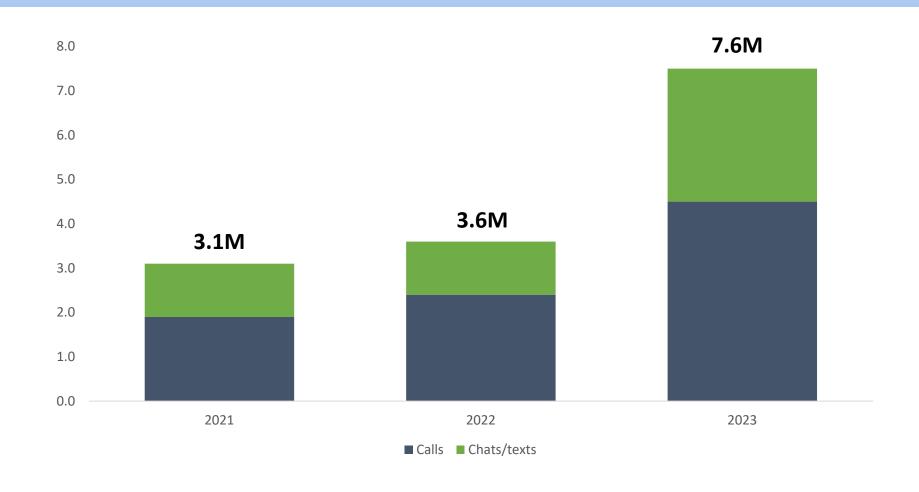
\*Indicates state that has passed legislation creating a 988 cell phone fee

\*Territory activation



## 

## Potential Future Lifeline Volume



## Announced \$282M to help transition Lifeline to 988

- \$177 million to strengthen and expand the existing Lifeline network operations, back-up center workforce, and telephone/chat/text infrastructure
- \$105 million to build up staffing across states' local crisis call centers



# **Additional Resources that Support 988 and Crisis Services**

### **SAMHSA:**

- 988 State and Territory Cooperative Agreement (12/22)
- Community Mental Health Services Block Grant 5% Crisis Services set-aside
- Certified Community Behavioral Health Center (CCBHC) grant
- Zero Suicide Grant
- Garrett Lee Smith Youth Suicide Prevention (GLS) Grant
- Rural Emergency Medical Services Grant
- State Opioid Response (SOR) Grant & Tribal Opioid Response (TOR) Grant
- Tribal Behavioral Health Grant (Native Connections)
- State Transformational Technology Initiative Grants (TTI-NASMHPD)
- Governors Challenges to Prevent Suicide Among Service Members, Veterans, and their Families

### CMS:

- Medicaid/CHIP Waivers 1915 and 1115
- Medicaid/CHIP State Plan Amendments
- CMS State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services (\$15M for 20 states)

### **SAMHSA Technical Assistance:**

- Suicide Prevention Resource Center
- Center of Excellence for Integrated Health Solutions
- National and Regional Mental Health Technology Transfer Centers
- GAINS Center for Behavioral Health and Justice Transformation
- National Child Traumatic Stress Network

# **Examples of How States Spend their Crisis Set-Aside**

Someone to Talk To	Someone to Respond	Places to Go
Call Center	24/7 Mobile Crisis Teams	Crisis Residential Programs
Suicide Prevention Lifeline	Rural Crisis Response Teams	Crisis Stabilization Programs
Air Traffic Control	Youth Mobile Response Teams	23-hour Crisis Stabilization
Youth Mediation & Supportive Counseling	Crisis Counseling Programs	Psychiatric Emergency Services
Peer Run/operated Warm Lines	Home-based crisis intervention program	Youth Stabilization Units
Crisis Text lines	Cahoots	Peer Respite Services/Apartments/Living Rooms
		Emergency Psychiatric Observation
		Community Triage Centers/Walk-in Centers

# **Transformation Transfer Initiative (TTI) Grants**

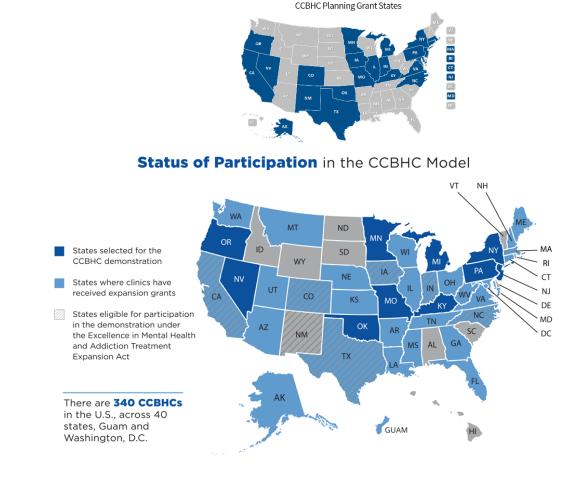
- Center for Mental Health Services created the Transformation
   Transfer Initiative (TTI) to assist states in transforming mental health systems of care
- The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs.
- This year's TTI holds relevance and value for all states and territories as the focus is 988 readiness and improvement and expansion of crisis services.

**CCBHC Model** 

988

- Expanding Model
- Core Elements:
  - Staffing
  - Access
  - Care coordination
  - Scope of services
  - Quality
  - Governance and Accreditation

21



## **Native Connections Grant Program**



### **Awards and Requirements**

No. of Awards: Cohort 1 = 20, Cohort 2 = 69 Cohort 3 = 13 Cohort 4=46 Cohort 5=26 Cohort 6=40 Cohort 7=29 (TOTAL = 242)

Award Amount: \$250,000/year

Length of Project Period: 5 years

Target Population: Native youth up to age 24

#### Purpose:

- to prevent and reduce suicidal behavior and substance misuse among Native youth
- Reduce the impacts of trauma, substance misuse and mental illness on AI/AN communities through a public health approach
- allow AI/AN communities to support youth and young adults as they transition into adulthood



## **Future Directions to Enhance Crisis Capacity**

988

Training –e.g.,
SBIRT,
Motivational
Interviewing

Mobile overdose response, outreach and prevention

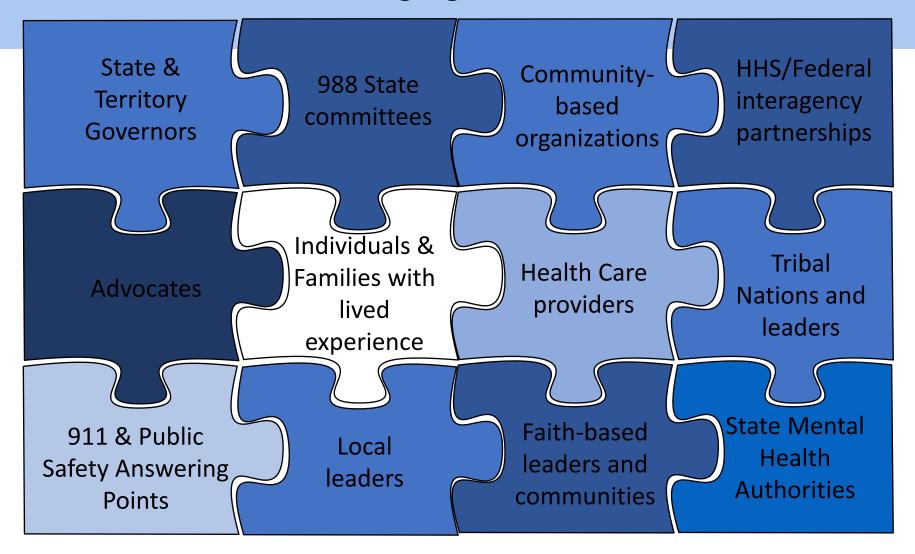
Withdrawal management—incl low barrier MOUD

Integrated crisis stabilization services

Technical
Assistance and
Performance
Evaluation

## 

## Partner Engagement



## **HHS** Regional Engagement

### **Regional offices:**

- 1. Develop and sustain critical partnerships with state, territory, tribal and local leaders
- 2. Represent the HHS Secretary and Assistant Secretaries' priorities
- 3. Amplify Federal policy, resources and initiatives
- 4. Identify key health and human services needs and opportunities that shape national policy, programs, and initiatives

### Regional Offices and 988 Implementation:

- 1. Emphasize national strategic importance of 988 and State-Federal partnership for successful implementation
- 2. Recognize State/Governor's commitment to strengthening and expanding state crisis response system for all constituents
- 3. Communicate importance of multi-sector state, local and tribal leadership to successfully modernize the 988/crisis response system (technology, workforce, financing, communications)
- 4. Encourage and support States and Territories flexible use of Federal, State, and local resources to support immediate and long-term expansion of the crisis response system
- 5. Emphasize the commitment of HHS/SAMHSA to support and partner with state as it readies for the transition to 988 on 7/16/2022 and beyond
- 6. Connect/bridge State, Territory, Tribal, and local stakeholders to trusted national and regional 988/Crisis Service System Partners

## SAMHSA 988 Playbooks & External Partners

## 988

NEVADA HEALTH BESDONSE

peopleusa

### 988 PLAYBOOKS

- Holistic view of readiness for implementation of 988 for:
  - states, territories, tribes
  - crisis contact centers
  - public safety answering points (PSAPs)
  - behavioral health providers
- Created with external partners across critical sectors
- Publishing on NASMHPD Website
  - www.nasmhpd.org

### SNAPSHOT OF EXTERNAL PARTNERS







🚱 BJA



























ACTION S

ALLIANCE

Center for Societal

through





Camppro

ОРТИМ

















**GMHCN** 

**OIAED** 













C'RI

dmhas

Advocates

OT







## 988

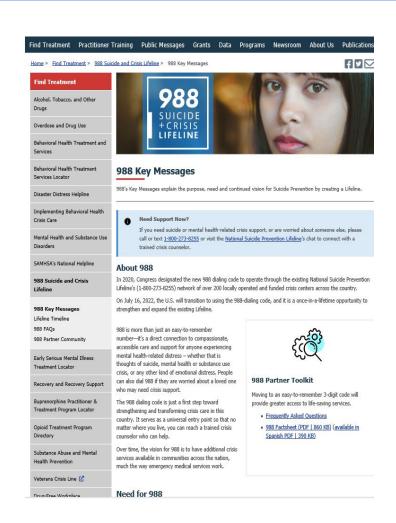
### **ONE-STOP-SHOP FOR 988 RESOURCES**

- URL: www.samhsa.gov/988
- ABOUT 988
- PARTNER TOOLKIT
- DATA
- LIFELINE HISTORY
- MORE TO COME OVER TIME



### PARTNER TOOLKIT ASSETS AS OF APRIL

- FACT SHEET (English and Spanish)
- KEY MESSAGES
- FAQS (Adding others as needed over time)
- E-NEWSLETTER TEMPLATE
- LOGOS & BRAND GUIDANCE
- SAMPLE RADIO PSA SCRIPTS
- 988 SLIDE DECK



### Goal: Research-based campaign to encourage life-saving actions



## **Formative Research Project Overview**

- Partnering with Action Alliance and Ad Council
- Kick off meeting June 6, 2022
- Timeline (6-9 months)
- Initial focus on populations at high risk of suicide



## 988 Behavior Change Campaign Efforts

### **Formative Research Purpose**

# Identify knowledge, attitudes & beliefs of populations at higher risk of suicide, exploring:

- risk perceptions
- motivating factors and barriers to help-seeking, including using a service like 988
- influencers
- channel preferences for health information seeking





### **Formative Research: Initial Focus**



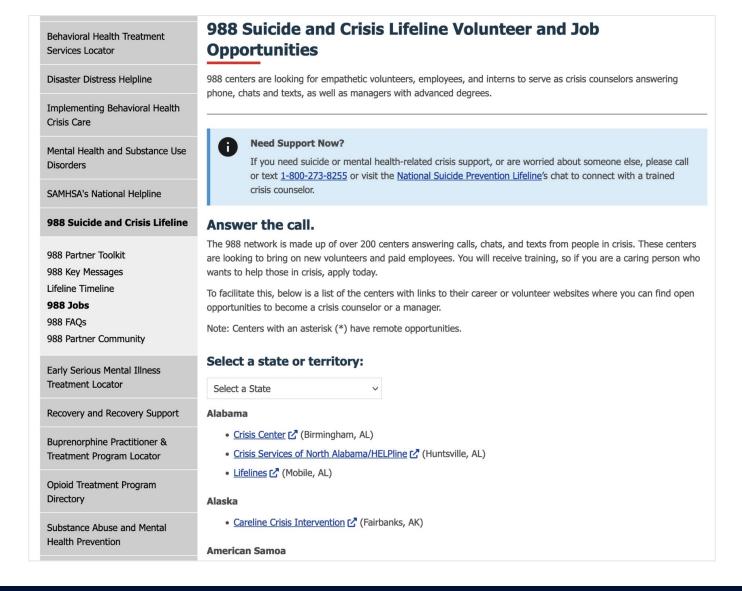
## Audience segmentation set against populations at higher risk of suicide:

- **1.** Black & Hispanic youth & young adults (ages 13-34) seeking a mix of genders, racial diversity, geographic diversity and range of SES
- 2. AI/AN youth & young adults (ages 13-34) seeking mix of genders, Tribal representation, geographic diversity (urban & rural) and range of SES
- **3. LGBTQI+ youth and adults (ages 13-49)** seeking mix of gender identity/sexual orientation, geographical, SES and racial/ethnic diversity
- **4.** Rural older men (ages 49 +) seeking mix of geographical and racial/ethnic diversity (with over sampling for white males), as well as range of SES
- 5. Survivors of suicidal attempt/crisis (ages 18 55) seeking mix of genders, geographic & racial/ethnic diversity, with range of SES



## 988 Workforce: samhsa.gov/988-jobs

988



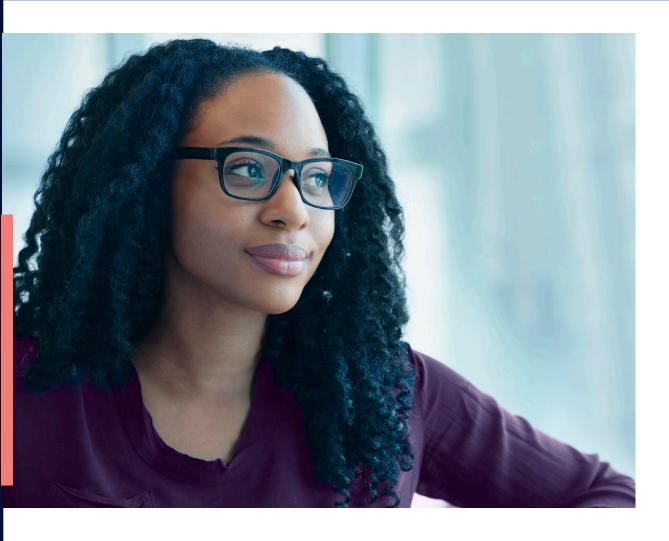
Central directory provides the **first aggregated resource** for job
applicants and volunteers to find crisis
centers across the network

In communications, this can serve as a call to action to direct applicants to a central resource to find openings across the network)

Is anticipated to be **improved on over time**, and represents an agile & iterative approach to building the 988 workforce



### What You Can Do



### **DRIVE A COMMON 988 NARRATIVE**

- Use 988 Messaging Framework
- Use 988 Key Messages & FAQs
- Use and Share 988 Toolkit Resources

### **SHARE OUR RESOURCES**

- Download 988 fact sheets
- Use and Share Playbooks

### Resources

- National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit
  - Serves as the main paper for crisis services
- Crisis Services: Meeting Needs, Saving Lives
   <a href="https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from-search result">https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from-search result</a>)
- National Association of State and Mental Health Program Directors (NASMHPD)
- https://www.nasmhpd.org/content/tac-assessment-papers

## Thank you!



And you can email questions to us at

988Team@samhsa.hhs.gov