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

1. Preventing overdose
2. Enhancing access to suicide prevention & crisis care
3. Promoting children & youth behavioral health
4. Integrating primary and behavioral healthcare
5. Using performance measures, data, and evaluation

Equity
Workforce
Financing
Recovery

Details to follow
<table>
<thead>
<tr>
<th>TOO MANY PEOPLE ACROSS THE U.S. EXPERIENCE SUICIDAL, MENTAL HEALTH AND/OR SUBSTANCE USE CRISIS WITHOUT THE SUPPORT AND CARE THEY NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In 2020</strong> there was approximately one death by suicide every 11 minutes</td>
</tr>
<tr>
<td><strong>In 2020</strong> for people aged 10–14 and 25–34 years, suicide was the second leading cause of death</td>
</tr>
<tr>
<td><strong>From April 2020 to 2021</strong> over 100,000 people died from drug overdoses</td>
</tr>
</tbody>
</table>
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

- Person in Crisis
- Crisis Line
- Mobile Crisis Teams
- Crisis Facilities
- Post-Crisis Wraparound

Decreased use of:
- Jail
- ED
- Inpatient

LEAST Restrictive = LEAST Costly
Vision for 988 & Crisis Services

Horizon 1: Crisis contact centers¹
“Someone to talk to”

Horizon 2: Mobile crisis services¹
“A safe place for help”

Horizon 3: Stabilization services¹
“Someone to respond”

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

¹. Inclusive of intake, engagement, and follow-up
². 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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership + operations</td>
<td>• Federal government</td>
</tr>
<tr>
<td>Resourcing (including financing + workforce)</td>
<td>• States</td>
</tr>
<tr>
<td>Data + technology</td>
<td>• Localities</td>
</tr>
<tr>
<td>Communications</td>
<td>• Lifeline contact centers</td>
</tr>
<tr>
<td>Equity</td>
<td>• Behavioral health providers</td>
</tr>
<tr>
<td></td>
<td>• Public safety answering points (PSAPs)</td>
</tr>
</tbody>
</table>

*List of partners is not exhaustive*
# 988 & Behavioral Health Crisis – Examples of Federal Activities *(non-exhaustive)*

**Example Actions**

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

The above activities are illustrative of the types of actions being undertaken to support the 988 vision across Horizons; many other partners not captured above are also making vital contributions.

**Horizons**

- **Horizon 1**: Crisis contact centers
- **Horizon 2**: Mobile crisis Services
- **Horizon 3**: Stabilization services
988 Builds Directly on the Existing National Suicide Prevention Lifeline

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)

2005
National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013
Lifeline began incorporating chat service capability in select centers

2015
Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

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

2022
988 fully operational for phone and text in July 2022

2021
State 988 funding opportunity released, and states are responsible for submitting planning grants to Vibrant
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

- 2.4 Million Calls
- 1.1 Million Chats
- 0.1 Million Texts
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
- 2500
- 5000
- 7500
### Lifeline state call answer rates: April 1 – 30, 2022

**5 states** with Lifeline answer rates above 90 percent

<table>
<thead>
<tr>
<th>State</th>
<th>Routed</th>
<th>Answer Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>3,009</td>
<td>90%</td>
</tr>
<tr>
<td>MT</td>
<td>561</td>
<td>96%</td>
</tr>
<tr>
<td>ND</td>
<td>341</td>
<td>90%</td>
</tr>
<tr>
<td>RI</td>
<td>308</td>
<td>99%</td>
</tr>
<tr>
<td>WV</td>
<td>807</td>
<td>90%</td>
</tr>
</tbody>
</table>

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

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

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

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

**11 states** with Lifeline answer rates below 65%

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

*Indicates state that has passed legislation creating a 988 cell phone fee
*Territory activation
The majority of states have no pending 988 legislation, and we anticipate many states will not have legislation in place involving user fees prior to July 2022. There is significant variation in state general revenue support of crisis call services.
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

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

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

There are 340 CCBHCs in the U.S., across 40 states, Guam and Washington, D.C.
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

- 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

- State & Territory Governors
- Community-based organizations
- HHS/Federal interagency partnerships
- Advocates
- Individuals & Families with lived experience
- Health Care providers
- Tribal Nations and leaders
- 911 & Public Safety Answering Points
- Local leaders
- Faith-based leaders and communities
- State Mental Health Authorities
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
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
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
988 Behavior Change Campaign Efforts

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
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

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
  (https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from_search_result)
- 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