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CABINET FOR HEALTH  
AND FAMILY SERVICES

— Department for —  
Behavioral Health, Developmental  
& Intellectual Disabilities

# Kentucky's NSPL Capacity Building Plan: Routing

**Wendy Morris, Commissioner**  
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# Today's Topics

- 1 History of efforts to increase in-state answer rate
- 2 Overview of Kentucky crisis call system
- 3 Lessons learned from efforts to increase answer rate

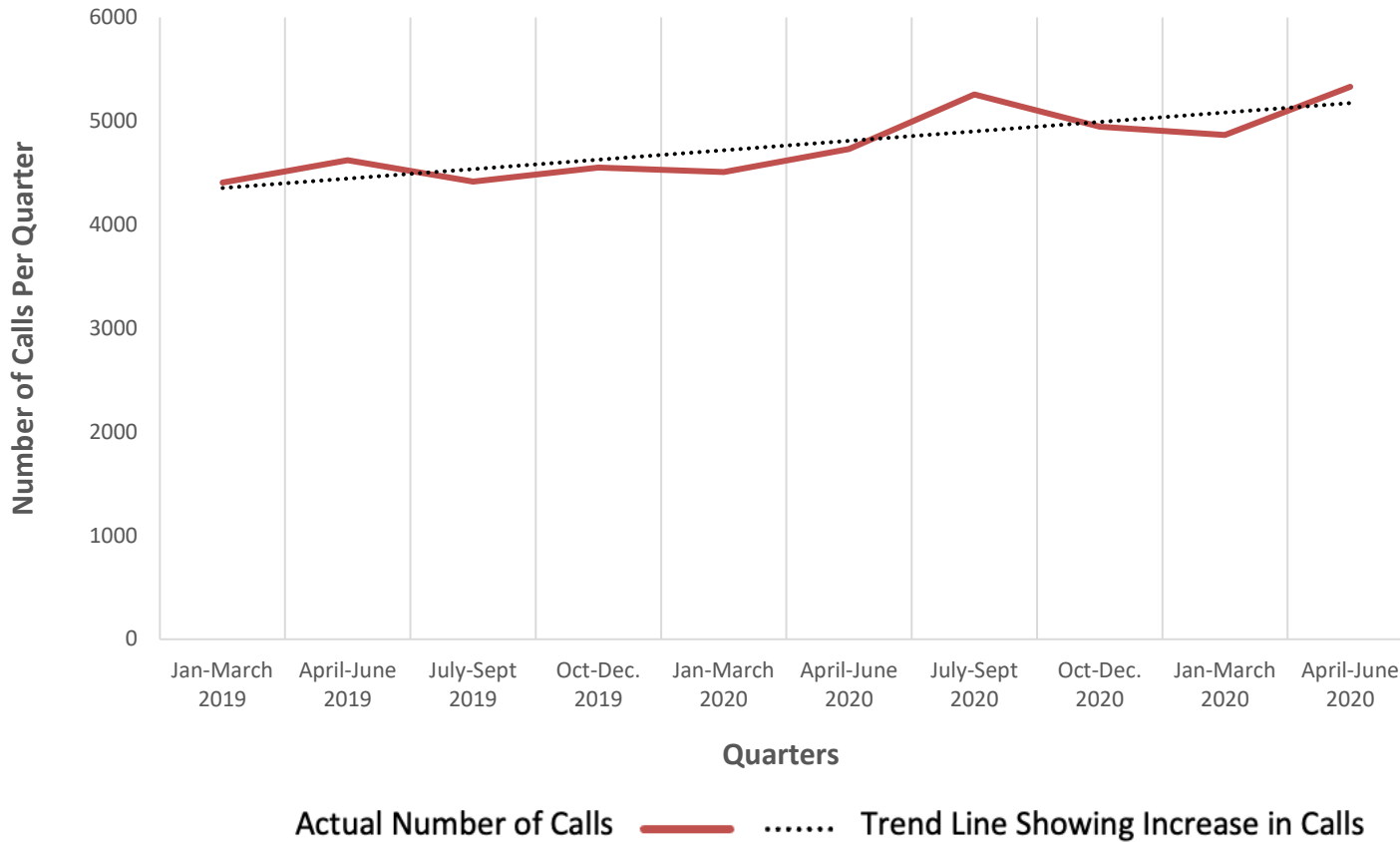
# Background

- Building capacity began in earnest in 2015
  - 3<sup>rd</sup> GLS grant
  - NSPL Capacity grant
  - 988 Implementation Planning grant
- 5 accredited centers in 2015
- 10 centers by April 2021
- 1/3 of counties have back-up coverage



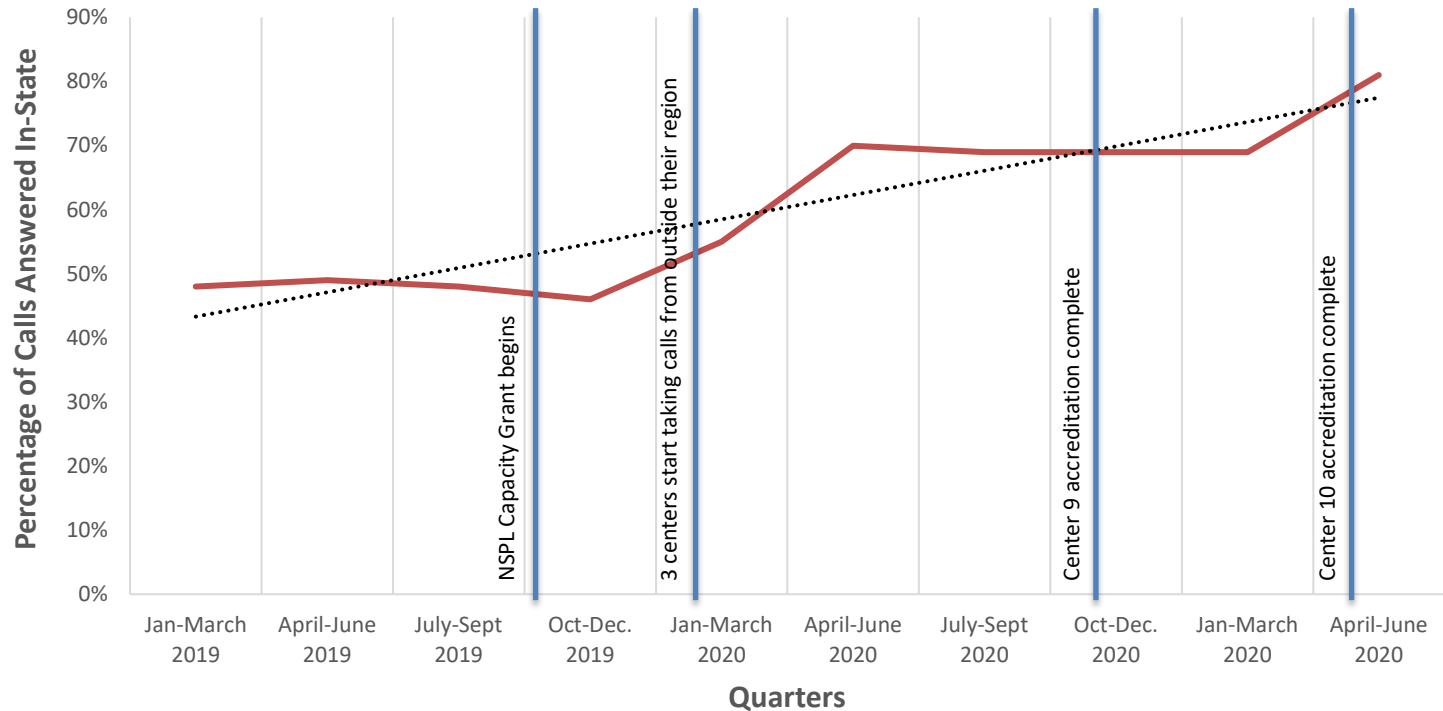
# 8% Increase in Call Volume

Number of NSPL Calls By Quarter, 2019-2021



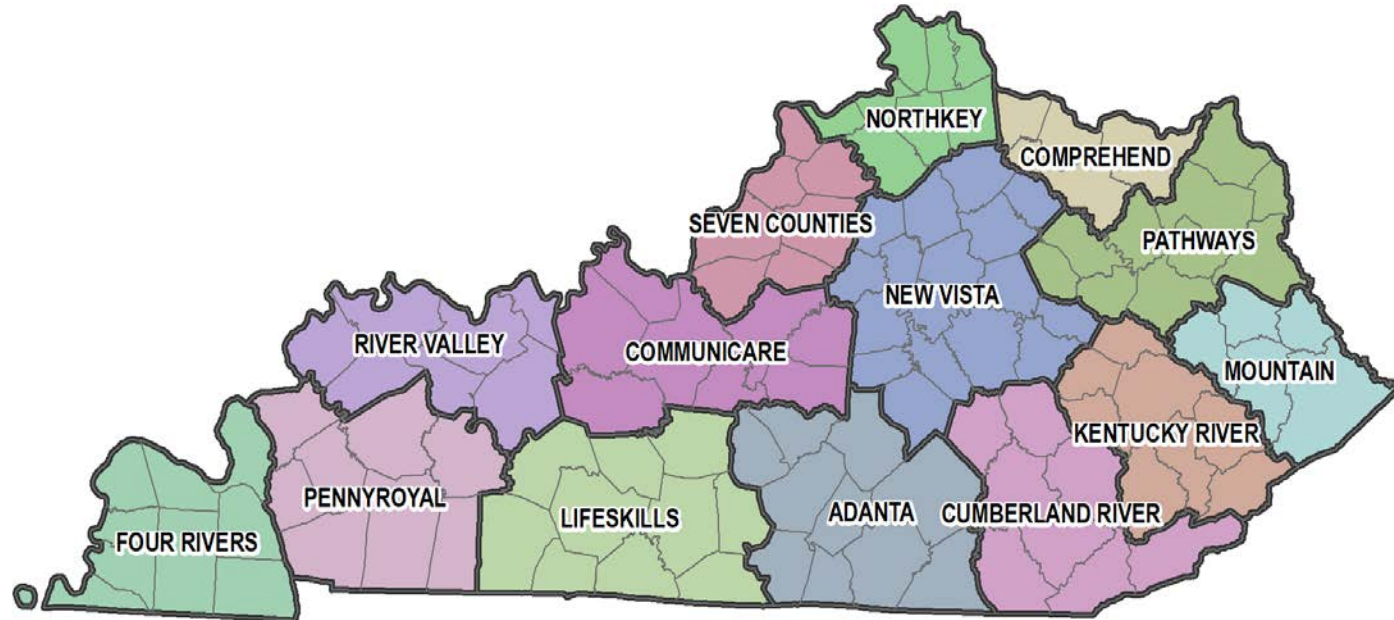
# 76% Increase in Volume of Calls Answered In-State

Quarterly In-State Answer Rate by Quarter, 2019-2021



Actual Number of Calls — Trend Line Showing Increase in Calls

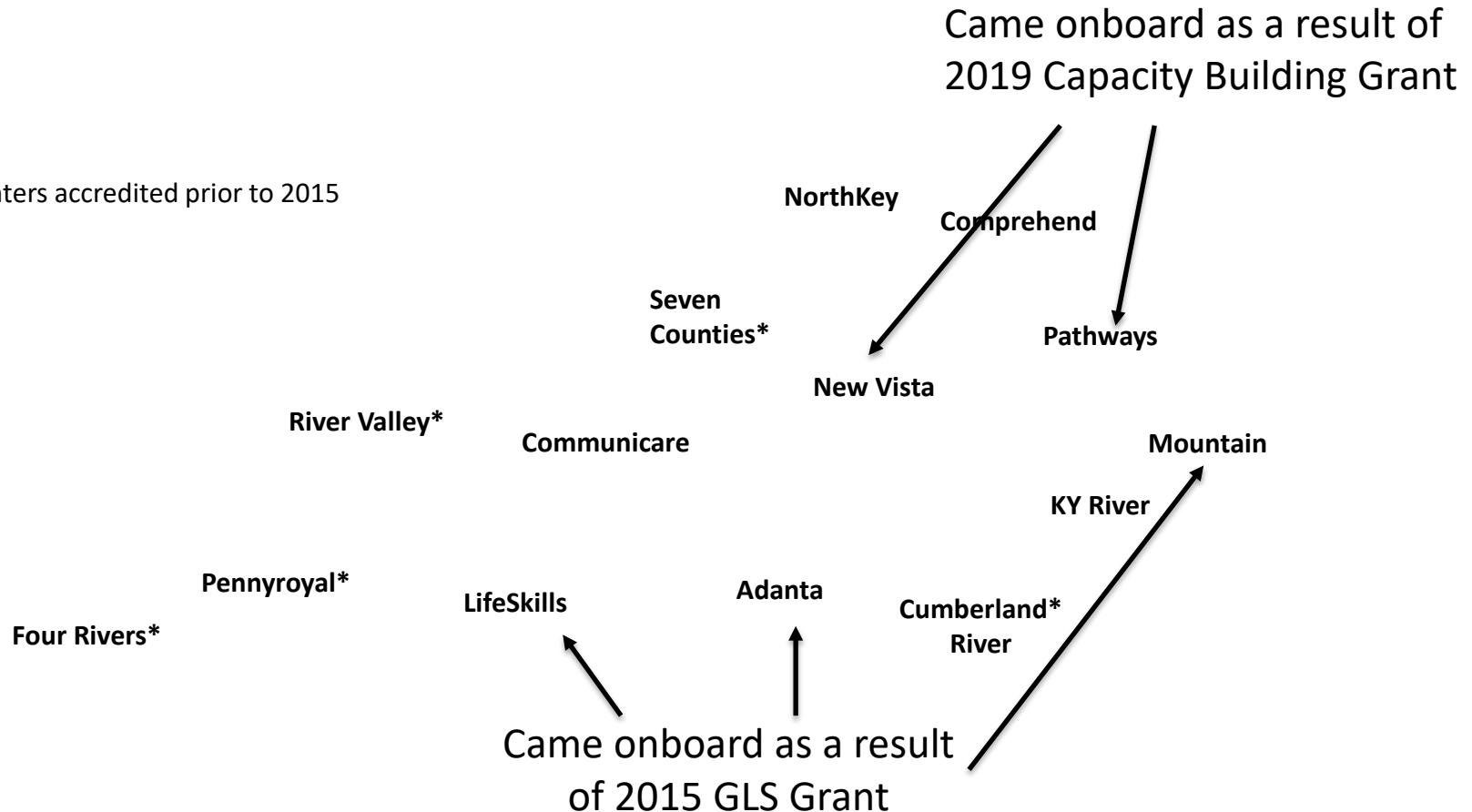
# Kentucky's Community Mental Health Centers



- Non-profits organizations
- Public Behavioral Health Safety Net
- Provide services to support behavioral health and developmental and intellectual disabilities.
- Each operate crisis centers that provide urgent behavioral health services and answer calls of those in crisis
- Crisis centers within these CMHCS who are accredited also operate Lifeline/988 calls that originate in Kentucky

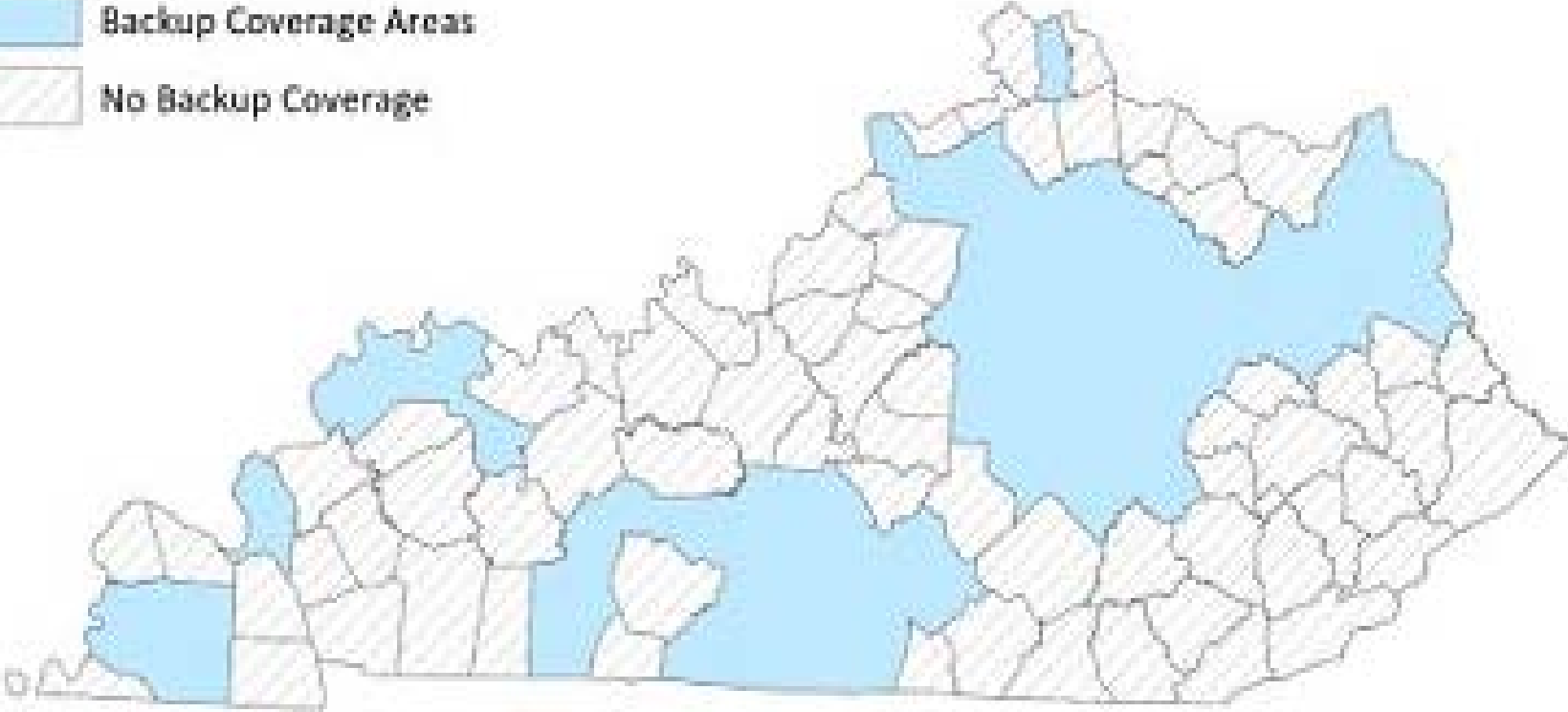
# Kentucky's NSPL Call Centers

\* Centers accredited prior to 2015



# Kentucky's NSPL Backup Coverage Areas

- Backup Coverage Areas
- No Backup Coverage





# LESSONS LEARNED



- Follow the data
- Leverage multiple funding streams
- Adjust contract language
- Provide technical assistance
- Designate a liaison between Vibrant and centers
- Make routing changes in real time if possible
- Celebrate the wins



If you'd like more information,  
please don't hesitate to reach out to me at [wendy.morris@ky.gov](mailto:wendy.morris@ky.gov) or  
Beck M. Whipple, the State Suicide Prevention Coordinator at [beck.whipple@ky.gov](mailto:beck.whipple@ky.gov)



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# 988 State Planning Grant

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**Trina K. Ita, Associate Commissioner**

**Behavioral Health Services  
Health and Human Services Commission**

# Crisis Services in Texas

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- 39 local mental health and behavioral health authorities (LMHAs/LBHAs)
- LMHA/LBHAs are required to operate an American Association Suicidology accredited Crisis Hotline
- Crisis Hotline and Mobile Crisis Outreach services available 24/7
- Robust crisis continuum that includes Extended Observation Units, Crisis Respite, Crisis Residential, Crisis Stabilization Units, and Private Psychiatric Beds in the community
- Availability of services varies across local service areas



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# Lifeline in Texas

## (1 of 2)

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There are five affiliated Lifeline call centers in Texas:

- The Suicide & Crisis Center (Dallas)
- The Harris Center (Houston)
- Integral Care (Austin)
- Emergence Health Network (El Paso)
- ICARE Call Center of My Health My Resource Tarrant County (Fort Worth)



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# Lifeline in Texas (2 of 2)

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To be part of the Lifeline network, a crisis center must:

- Be certified, accredited, or licensed by an external body;
- Follow specific standards for answering Lifeline calls; and
- Be willing to participate in Lifeline evaluation activities.



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# Texas 988 Planning Grant (1 of 2)

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- The Health and Human Services Commission (HHSC) was awarded the 988 State Planning Grant on February 20, 2021
- HHSC is partnering with four Lifeline-affiliated call centers in the following areas: Austin, El Paso, Fort Worth, and Houston
- Grant period is February–January 2022 and funds total \$180,262



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# Texas 988 Planning Grant (2 of 2)

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- HHSC awarded funds to Lifeline centers to serve as stipends for strategic planning.
- Texas is collaborating with the Texas Suicide Prevention Collaborative, a statewide initiative to support suicide prevention across public and private partners at the local and state levels.



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# 9-1-1 and 9-8-8 Interoperability

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- HHSC is exploring the feasibility of 9-1-1 and 9-8-8 interoperability across the state.
- HHSC will address 9-1-1 and 9-8-8 interoperability in the final 988 State Planning Grant Implementation Plan.
- Rider 58, 87th Texas Legislature, 2021, Regular Session, requires a study related to existing National Suicide Prevention Lifeline infrastructure for readiness and recommendations for sustainable funding.
- HHSC will conduct a study and submit a report by September 1, 2022.



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# Workforce (1 of 2)

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- Dedicated statewide behavioral workforce coordinator
- Due to identified workforce shortage, Statewide Behavioral Health Coordinating Council established a Behavioral Health Workforce subcommittee with the purpose of developing a plan for increasing and improving the workforce in Texas to serve persons with mental health and substance use issues
- Workgroup representatives: state agencies, universities, professional organizations, providers, advocates



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# Workforce (2 of 2)

- The Behavioral Health Workforce Subcommittee published the [Strong Families, Healthy Communities: Moving our Behavioral Health Workforce Forward](#) report in December 2020
- Subcommittee identified 20 “next steps” and categorized these into short-, mid-, and long-term activities
- Other workforce activities include:
  - ▶ Reviewing the Texas Higher Education Coordinating Board application for loan repayment
  - ▶ Partnering with federal and state agencies to identify needs and potential partnerships
  - ▶ Offering technical assistance for HHSC-contracted providers for specific hiring issues



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**Questions?**

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# Thank you

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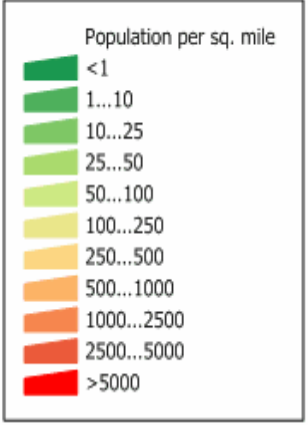
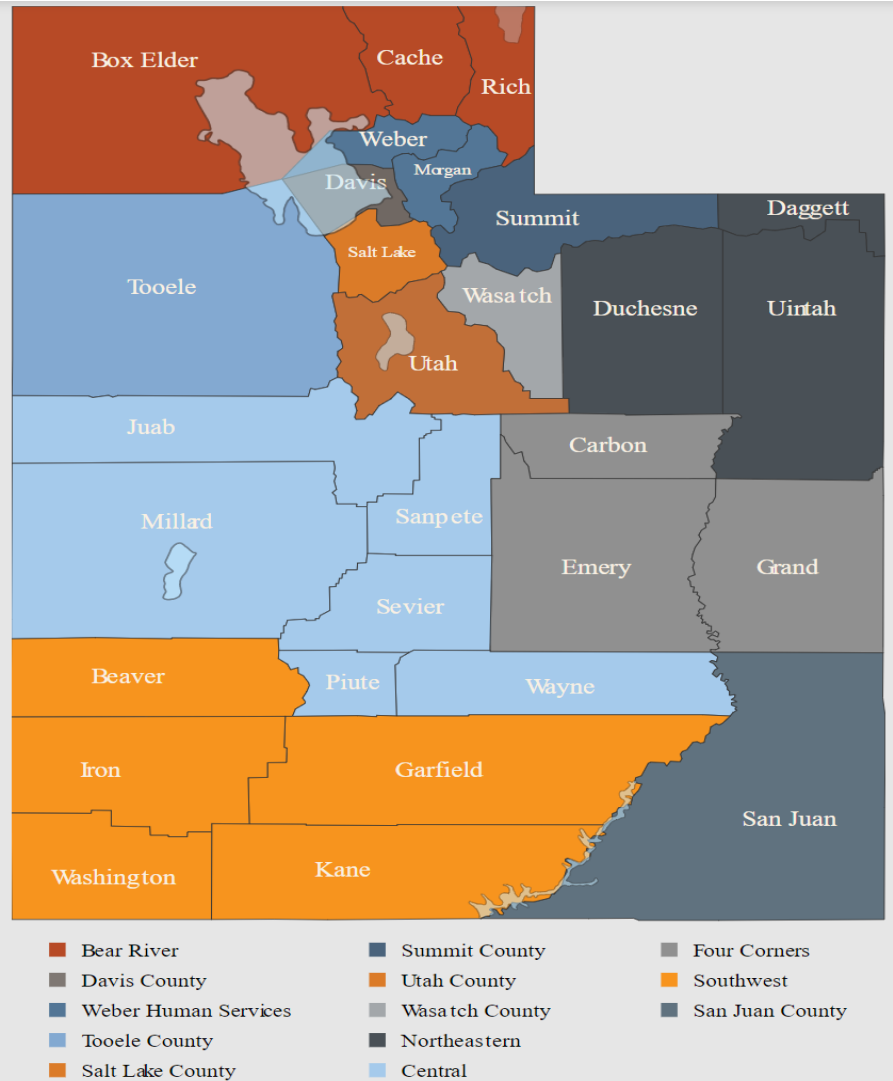
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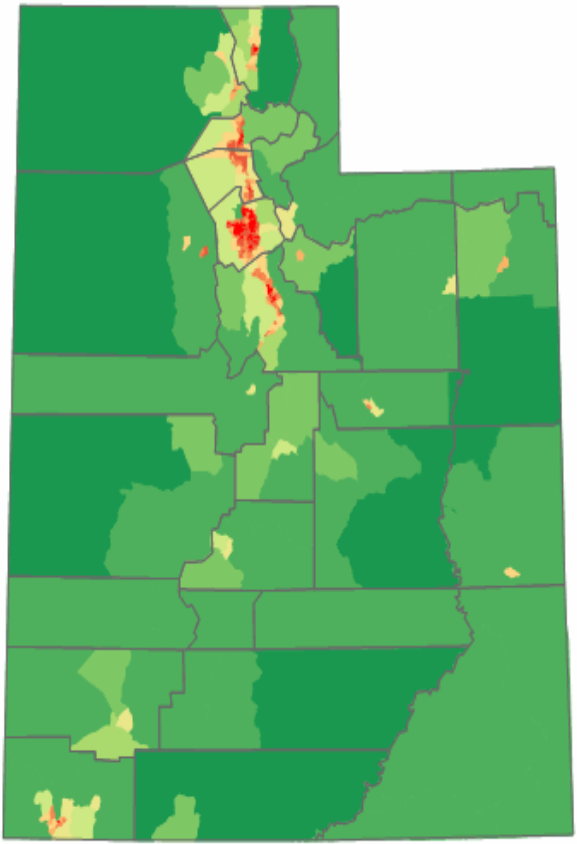
988 Implementation and Follow-Up Services  
September 2021

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Doug Thomas, LCSW  
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH



Source: U. S. Census Bureau  
Census 2000 Summary File 1  
population by census tract.



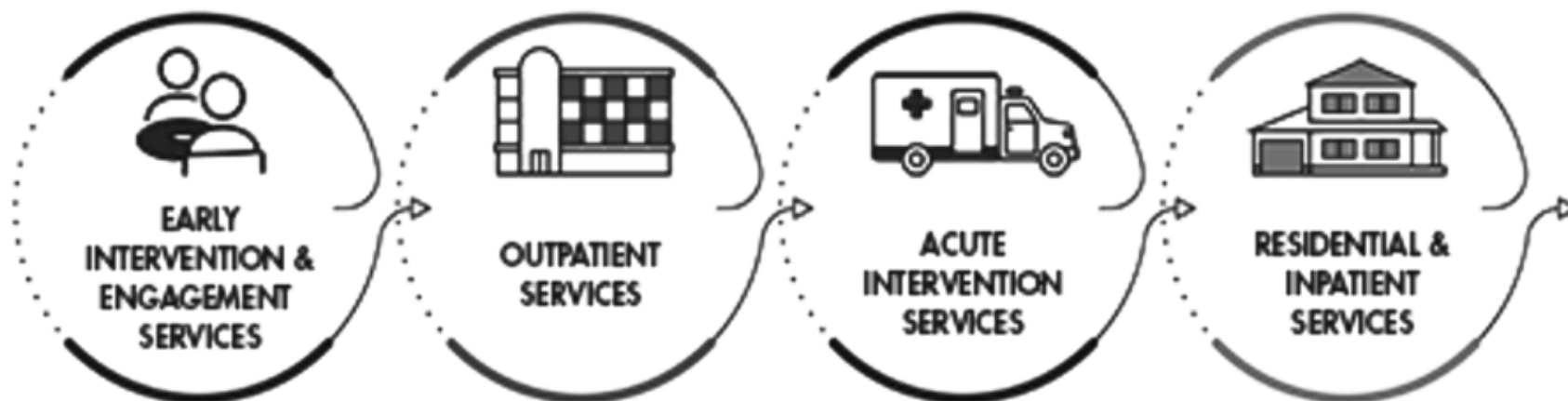
Vision

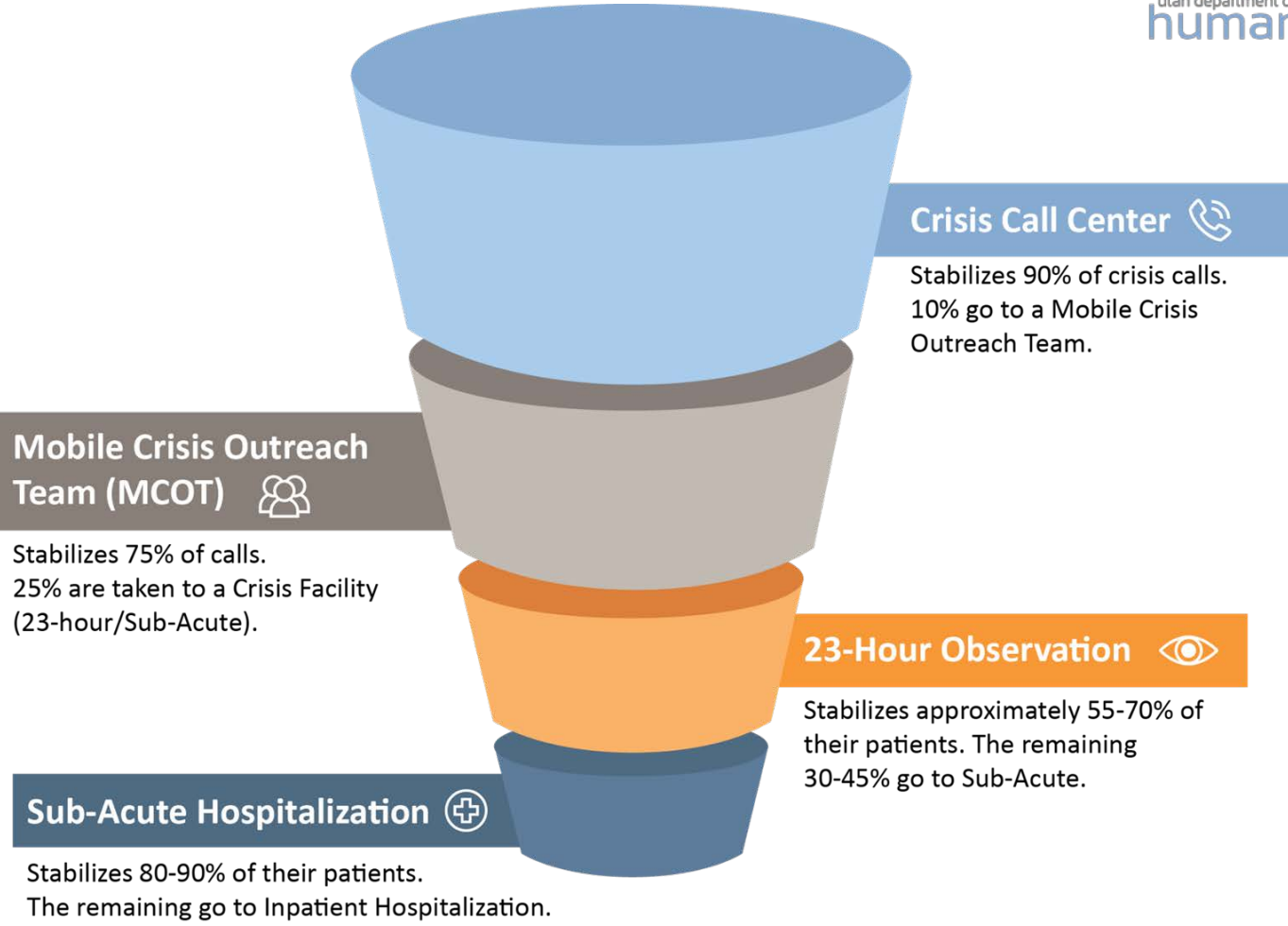
A Behavioral Health crisis system is more than a single crisis program, and it addresses more than suicidal crises. It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent Behavioral Health crisis needs for the people of Utah.

Single Statewide Crisis Line-Supported by Local Crisis and Sub-Acute Services and Supports working as a single system



# Continuum of Care





**Crisis Call Center** 

Stabilizes 90% of crisis calls.  
10% go to a Mobile Crisis Outreach Team.

**Mobile Crisis Outreach Team (MCOT)** 

Stabilizes 75% of calls.  
25% are taken to a Crisis Facility (23-hour/Sub-Acute).

**23-Hour Observation** 

Stabilizes approximately 55-70% of their patients. The remaining 30-45% go to Sub-Acute.

**Sub-Acute Hospitalization** 

Stabilizes 80-90% of their patients.  
The remaining go to Inpatient Hospitalization.

# What 988 is doing for Utah's Crisis System:

## SB155: Mental Health Crisis Assistance

- Creates General Fund that restricts crisis related monies to certain distribution channels
- Prompts legislative study by Legislatively Appointed Behavioral Health Crisis Commission exploring policies, procedures, needs and funding of crisis system
- Allocates an additional 15.9m in ongoing funding to crises

# How to Prioritize Funding and Services?

#1. The Statewide Mental Health Crisis Line, (working with 911 emergency service, coordination with local substance abuse authorities and mental health authorities)

#2. Mitigation of any negative impacts on 911 emergency service from 988 services;

#3. Mobile Crisis Outreach Teams

#4. Behavioral Health Receiving Centers

#5. Stabilization services

#6. Mental Health Crisis services provided by local substance abuse and mental health authorities to provide prolonged mental health services for up to 90 days after the day on which an individual experiences a mental health crisis.

# Goal of BHCC: Operationalizing 988

1. Engage stakeholders and audit infrastructure surplus and needs
  - a. Workforce
  - b. Technology
  - c. Resources
  - d. Peers/lived experience
  - e. Marginalized populations
2. Systemically develop sustainable funding systems and crisis resources to adequately support projections and implementation
  - Crisis Line
  - Mobile Crisis
  - Receiving Centers
  - Stabilization Services
3. Foster, develop, and maintain structured policies and develop workforce to adequately prepare for transition

# Critical Quality Components

- Adequate Coverage: Calls are answered in a timely manner, in state, and by qualified crisis workers
- Standardized Response I: Acute Risk, both suicide and violence, assessment; critical support and de-escalation and sub-acute risk, so it doesn't rise to acute levels
- Standardized Response II: Coordinating connections, activating resources, facilitating transport and referrals

# Maintaining Support Throughout the Crisis and Beyond

**Caring Contacts:** Verify Safety and Stability following crisis phone, MCOT, and Receiving Center contact. *Follow up support offered between 72hrs and 90 days*

**Warm handoffs:** Inching towards an Air Traffic Control Model. *Crisis lines and MCOT providers must report shared client outcomes.*

**Stabilization and Mobile Response:** Keeping Children and Families together in their homes. *8 weeks of intensive in-home/community intervention for children youth and families*

**Statewide Warm Line:** Always having someone supportive to talk to

**SafeUT:** Crisis Text/Chat services for youth and first responders/others. Tips and safety alerts

**MyStrength App:** Digital platform to provide self help in interim



# Mental Health Crisis Resources for Law Enforcement

**ISSUE:** The safety and support of individuals presenting mental health emergencies and suicidal ideation is a community responsibility. Law enforcement called to a scene are first-response partners in connecting individuals to emergency mental health care to prevent harm to self or others. Utah is building its crisis response options across the state for telephonic triage, mobile dispatch and drop-off locations for law enforcement to rapidly de-escalate a scene and connect an individual to clinical help.

## CURRENT AVAILABLE CRISIS SERVICES:

