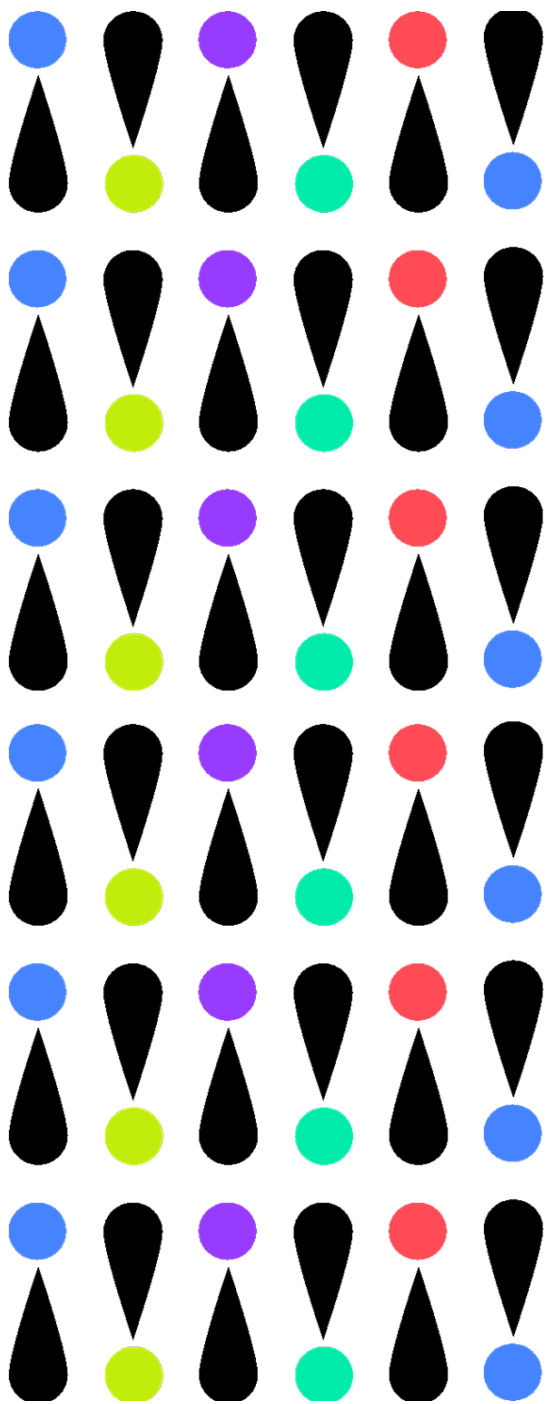




# Crisis Services State Planning (988)

September 15, 2021  
2021 NASMHP Annual Meeting  
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National Suicide Prevention Lifeline  
(Administered by Vibrant Emotional Health)



## Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.

# What should 988 & the Lifeline of the future provide?

## At Vibrant Emotional Health we believe:

### Vision



988 serves as America's mental health safety net. We will reduce suicides and mental health crises, and provide a pathway to well-being.

### Mission



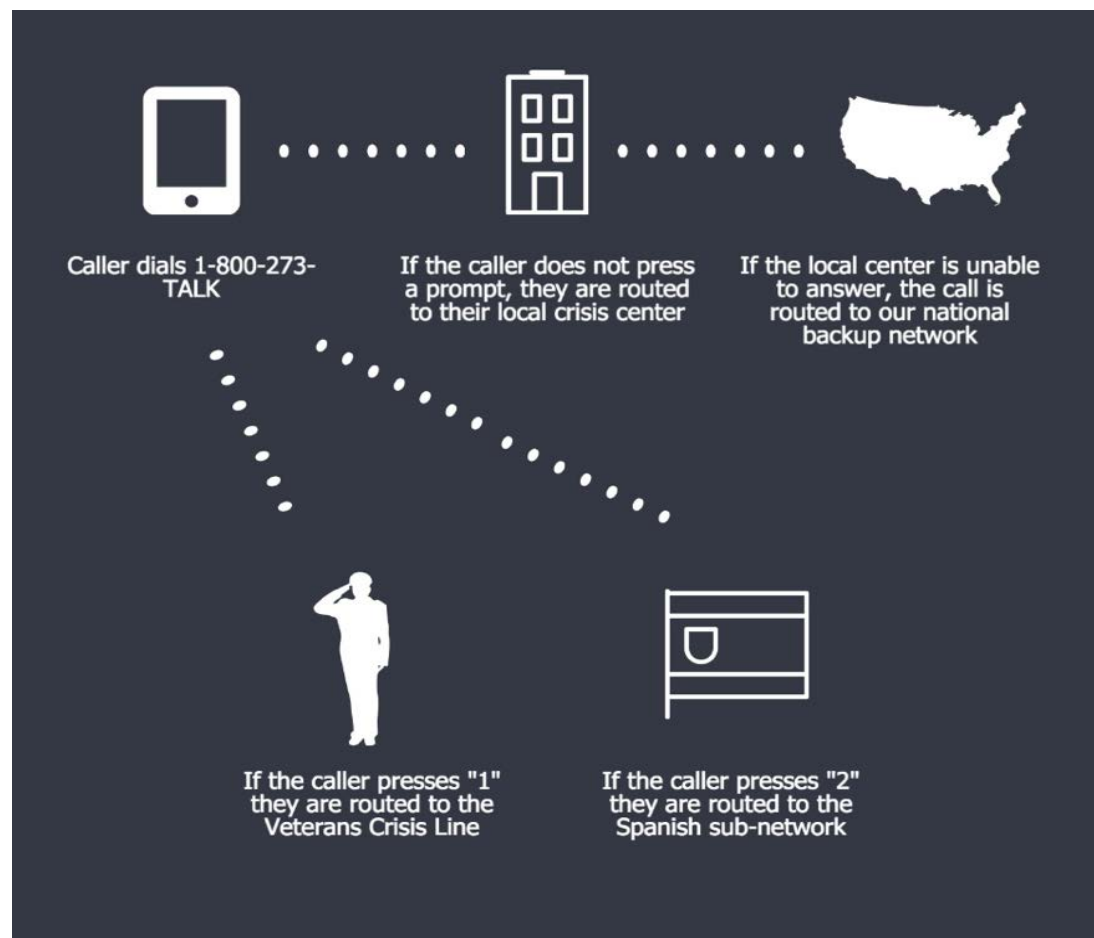
Everyone in the US and the territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through 988.

# Lifeline Current State *(a refresher)*

The National Suicide Prevention Lifeline is a network of independently operated, independently funded local and state call centers. **The Lifeline is *not* one large national call center. It is a national portal for connecting to localized services.**

**2.4m calls  
received  
FY 2020**

**2020 Survey:  
Only 30% Lifeline  
centers received  
public funds to  
specifically  
answer Lifeline  
calls**



**190+ centers  
including**

- **9 national backups**
- **30 Crisis Chat Centers**
- **5 SMS Centers**
- **3 Spanish centers**
- **1 VCL backup**

# How is 988 different than 911?

“988 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operated through **the National Suicide Prevention Lifeline...**”.



## Centralized Network Routing

- Backups and Efficiencies
- Centralized quality assurance and operating standards



## A Crisis Care Service

- Effectively reduces emotional distress & suicidality (free and accessible to all, 24/7/365)
- Can also link to care & outreach services, follow-up
- Care is grounded in a focus of least restrictive intervention possible

# How We Talk About 988

From the National Suicide Hotline Designation Act of 2020 (10/17/20), 988 shall be the:

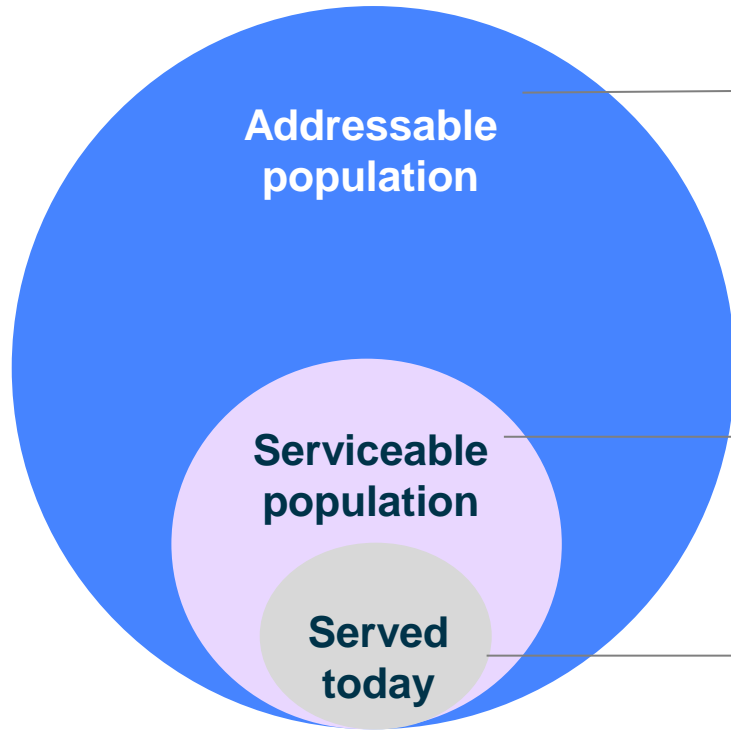
- “UNIVERSAL TELEPHONE NUMBER FOR NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH CRISIS HOTLINE SYSTEM.
  - 9–8–8 is designated as the universal telephone number within the United States for the purpose of the **national suicide prevention and mental health crisis hotline system** operating through the National Suicide Prevention Lifeline.”
- 
- **Vibrant recommends states and territories advertise 988 as a *crisis line*.** We **do not** recommend advertising this line for services that are not crisis related.
  - Lifeline centers, including our backup centers that may receive overflow calls, chats and texts from your state or territory, may not all have specialized expertise across a broader range of topics. For this reason, consistency in public messaging about 988’s scope of services, including its distinction from 911, is important.
  - Marketing 988 as something other than a crisis line may misrepresent the line's services and be problematic for people in distress.
  - If your state or territory has specific questions about how to advertise the range of services 988 provides, please contact SAMHSA.

# How We Talk About 988

**While some national and local telecom providers have been able to activate 988 locally, this service will not be available nationally until July 2022.**

**We encourage state and U.S. territory public and mental health agencies, 988 planning grant partners/coalitions, as well as people in crisis, to continue to call 1-800-273-TALK (8255) up until July 16, 2022.**

# How many people and who will 988 serve?



## Estimates and Definitions

### ~150 million people

Individuals with mental health and/or substance use disorders

Individuals with lifetime exposure to potentially traumatic events excluding those with mental health or substance use disorders

### ~39 million people

Subset of the addressable population that 988 could support (i.e., individuals exhibiting suicidal thoughts and/or serious psychological distress)

Excludes individuals who are institutionalized and/or not able to access a 3-digit number (i.e., do not have access to a phone/internet)

### ~12 million people

Number of people that use Lifeline, local/regional crisis centers, or 911 for mental health or suicide crises call, online chat, SMS

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Individuals in the potential addressable and potential serviceable populations for 988 may be at higher risk for emotional distress, and may move between and in and out of these categories throughout life.



# How will 988 impact contact volume?

There are 3 potential sources of volume under 988 that, together, will increase contact volume.

## Volume type

## Definition

### Baseline volume

Volume of **potential future Lifeline calls that may be serviced by 988** based on historical Lifeline patterns across call, chat, and text.



### Diverted volume

Volume of **non-Lifeline crisis center volume that may be serviced by 988** (instead of regional/local numbers) based on historical patterns and assumptions on individuals choosing to use 3-digit 988 number over local numbers.

Volume of **future 911 volume that may be serviced by 988** (instead of 911) based on historical 911 data, academic literature, and potential considerations around systems change related to 911 diversion.



### New volume

**New potential volume to 988** based on the estimated **share of the potential serviceable population** that has not been historically serviced by the Lifeline, local/regional centers, or 911, but may use 988 in the future (primarily driven by an assumption on potential effect of marketing and awareness of 988 in the general population).



### Total potential volume to 988

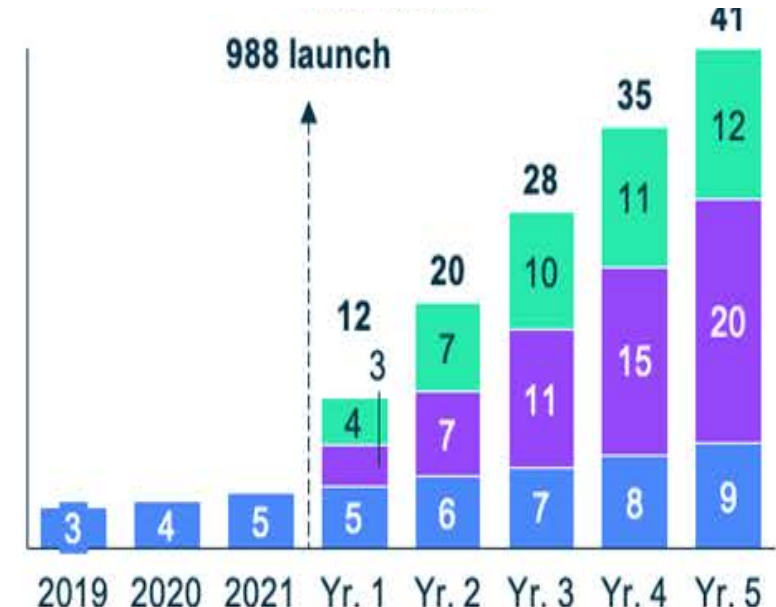
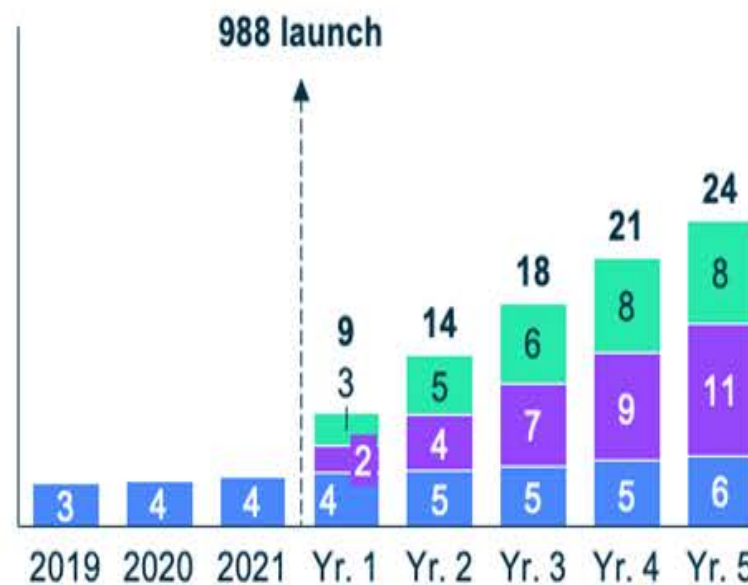
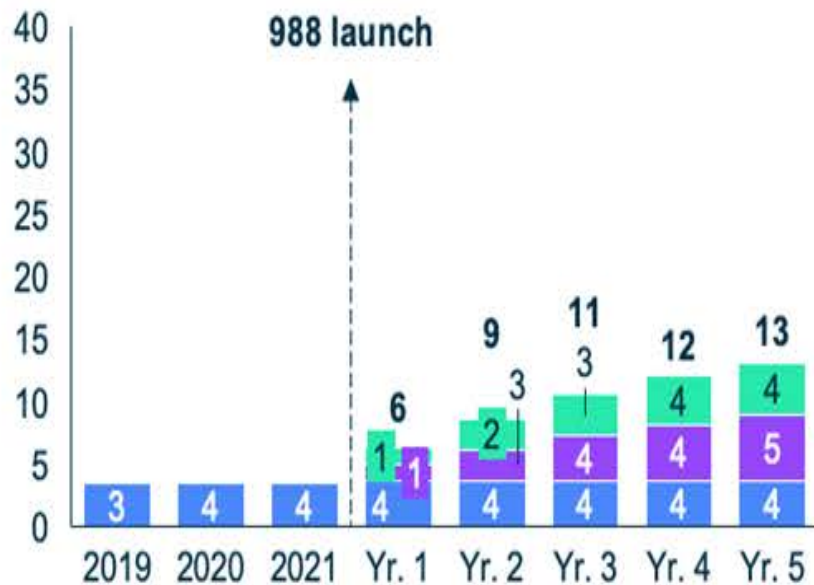
**Total volume reflects demand and will vary by design choices and over time.**

# Demand for 988 services may range from ~6-12M contacts in year 1 and ~13-40M contacts in year 5

**Scenario 1:**  
Low Volume

**Scenario 2:**  
Medium Volume

**Scenario 3:**  
High Volume



■ Baseline volume (Lifeline)    
 ■ Diverted volume from 911 and crisis centers    
 ■ New volume (previously un-served)

# State-level volume projections were adapted from national volume predictions to inform service planning (single state example)

**State level** forecasts focus on **potential utilization (total number of contacts handled)** to best inform service planning. In crisis work, it is common for callers to change their minds about talking to a crisis worker and hang up before a crisis worker can respond. Handled contacts are those that do not immediately disconnect. The most accurate estimates of are those based on the work required to handle contacts, so abandoned contacts are excluded from the state-level forecasts to best inform planning.

**Key assumptions that might change volume distribution across states as policymakers finalize decisions about the scope and structure of the services:**

- State forecasts assume:
  - Call, chat, and text are funded locally rather than nationally.
  - 988 network will have access to and utilize geolocation data.
- Specialized support for high-risk populations may be handled nationally reducing the overall work for each state.

Idaho Forecast Volume			
Population	1,860,120	Percent of US Population	0.6%

		Low	Medium	High
Year 1	Offered	35,000	51,100	69,400
	Handled	26,100	37,800	51,700
	* Phone	14,500	21,000	28,700
	* Chat	11,100	16,100	22,000
	* SMS	500	700	1,000

Year 5	Offered	72,800	138,300	231,600
	Handled	53,900	102,700	172,700
	* Phone	28,300	55,200	93,000
	* Chat	21,000	39,100	65,700
	* SMS	4,600	8,400	14,000

## Vibrant and the Lifeline are planning for 988, and working with states on this planning, to ensure 988 includes:

- Universal and convenient access
- High quality and personalized experience
- Connections to resources and follow up

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# Planning & Preparation

Lifeline's  
State Capacity Building Grants (2019-2021)



# Vibrant's State Capacity Building Grants build toward 988



## Lifeline's State Capacity Building Grants:

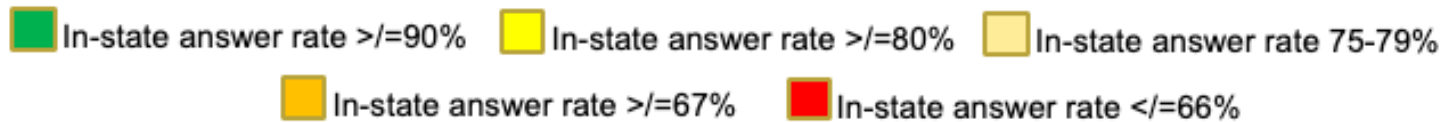
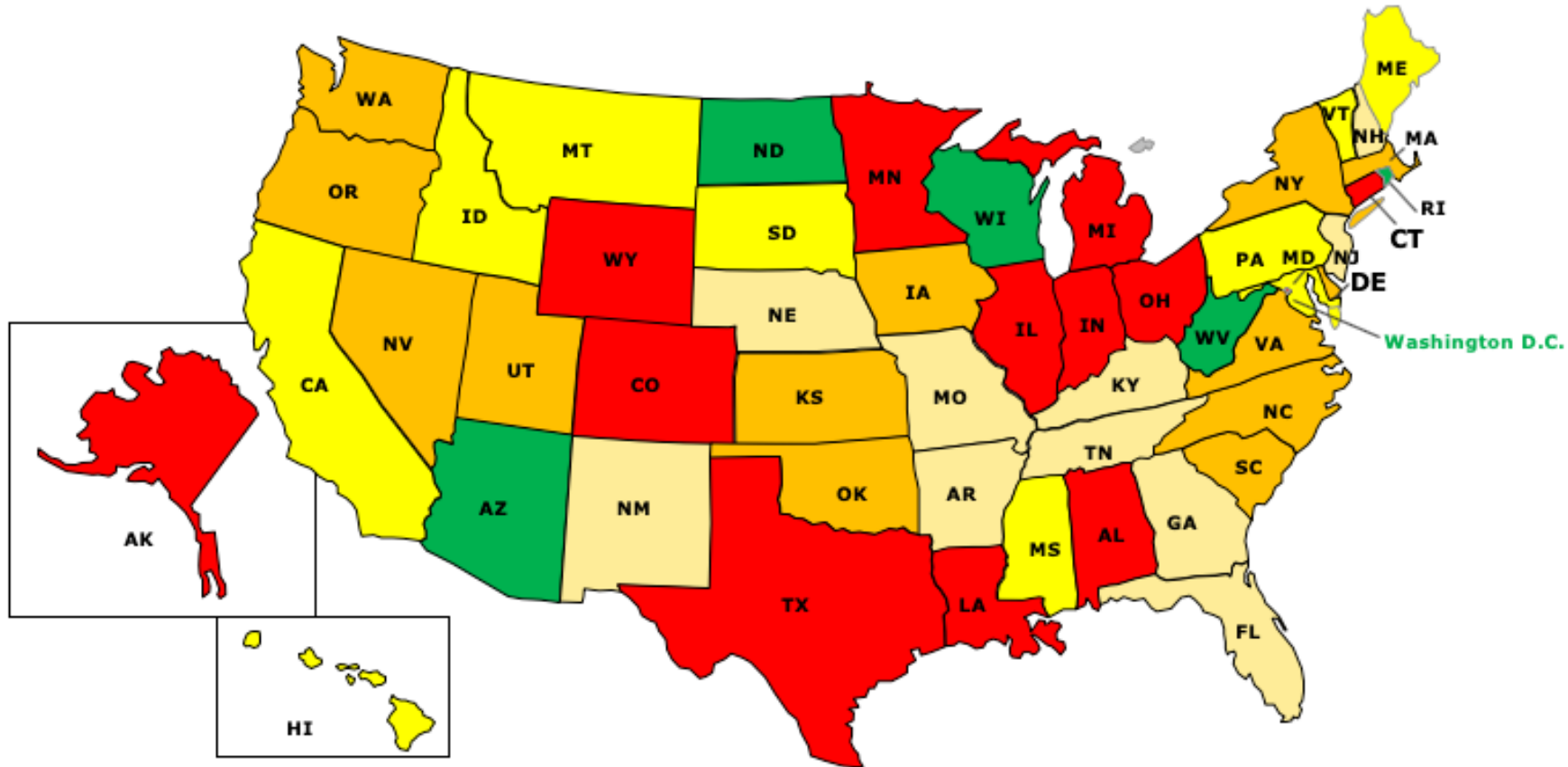
- Grant funds come from increases in SAMHSA award to Vibrant for NSPL -- **and from private donations.** These were the some of the largest grant awards Lifeline has made in its 15-year history.
- First two awards were made in 2017 to WA and MS (1-year awards)  
States moved from answer rates in the mid 40% range to the upper 70 and lower 80% range.  
States have impressively, to date, maintained investments.
- Fall 2019 and early 2020: Thirteen 2-year awards were made:

Indiana - \$584,475	Pennsylvania - \$1,366,999
Kansas - \$193,946	South Carolina - \$741,672
Kentucky - \$278,433	Tennessee - \$203,894
Massachusetts - \$330,844	Texas - \$3,080,806
Michigan - \$1,368,944	Vermont - \$135,728
Nevada - \$168,659	Virginia - \$328,413
New York - \$2,063,101	

# Gains in current 2-year capacity building grants

- 8 states have already exceeded their 2-year grant goals (varies by month)
- Tn is 3% points of meeting those goals, NY is w/in 4% points.
- Many states have plans in place to sustain gains with state funds.
  - States are in varying stages of sustaining investments (ex: MI, TX, VA, and IN (four of our high priority states due to volume) have committed or are in the process of committing multi year, multi million \$ funding year to sustain NSPL center level gains.)
- Relative to boosting in-state answer rates:
  - VT has increased their answer rate by +87% points (from 0%);
  - PA increased by 44% and SC gaining +52%% points
  - MI, NV, NY and KY have all increased +20%-30%

# In-state answer rates for Lifeline calls in August 2021





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# Planning & Preparation

## Vibrant 988 State Planning Grants (2021)



# Key 988 Planning Grant Activities

1. **Landscape analysis of all state crisis services**, data survey of all Lifeline centers, data to state agencies (March- April 2021)
2. **Technical Assistance** session 2-3x per month September. Topics include:
  - Cost modeling and volume growth assumptions
  - Best practices in follow-up care
  - Operational performance metrics
  - Clinical standards
  - Equity and social justice considerations for centers and state planning/implementation coalitions
  - State legislation and 988 fee generation (similar to 911 fees)
  - Call center technologies (unified telephony platform and call management tools)
  - Public messaging for 988
3. Draft 988 Implementation Plan due from states to Lifeline **9/30/21**
4. Final 988 Implementation Plan due from states to Lifeline and SAMSHA **1/21/22**

# In the 988 Planning Grants, states will submit Implementation Plans based on Eight Core Planning Considerations

1. **24/7 statewide coverage** for 9-8-8 calls, chats, texts and follow-up services
2. Strategies for **diversified funding streams** for 988 centers, including consideration of 988 fees
3. Planning based on call, chat, and text **volume growth projections** provided by the Lifeline
4. States must support **Lifeline's operational, clinical and performance standards**
5. Multi-stakeholder **988 implementation coalitions** must be formed
6. 988 centers must maintain local **referral listings**, and assure **linkages to local crisis services**
7. **Follow-up services** based on Lifeline best practices and guidelines
8. **Consistency in public messaging** regarding range of services and how 988 is different from 911

# Example: Core Area 1: States making recommendations to the Lifeline and SAMHSA on routing preferences

- It is important that by 7/1/22 all states and territories **ensure there is 24/7, primary statewide coverage for 988 calls and some level of geographic coverage for chats/texts**
- While the Lifeline provides a national backup network for calls that weren't able to be answered in state, callers experience longer wait times, receive less localized care, and don't have access to local referral services by the time they are routed to the national backups.
  - Having **in-state backup is key** as a 2<sup>nd</sup> options for individuals in crisis.
  - States should **ensure there is statewide backup coverage by the start of the second year of 988** (July 2023)
- Routing **recommendations** provided from states/territories to Lifeline could include routing all calls/chats/texts to:
  - a single statewide center\*\*,
  - to a set of regional centers,
  - to the most local routing possible,
  - or to combinations of these options (ex: statewide backup or chat/text only)

# Where to direct the public who want to be engaged with 988 preparations

Members of the public can connect with their closest Lifeline member crisis contact center and see how they can support those center's 988 planning, resourcing and public awareness needs.

- Visit <https://suicidepreventionlifeline.org/our-network/> and click on the “Crisis Center Locations” map to find the name and contact information of the center closest to you.
- Reach out to their state or local chapters of the **American Foundation for Suicide Prevention (AFSP)**, The **National Alliance on Mental Illness (NAMI)** and **Mental Health America (MHA)**. In almost all states, these organizations are represented on the 988 Coalition Planning Groups convened by the state mental health agency. Additionally they could reach out to their state Suicide Prevention Coordinators

The screenshot shows the website interface for finding crisis center locations. At the top, there is a navigation bar with links for 'GET HELP', 'LEARN', 'GET INVOLVED', and 'PROVIDERS & PROFESSIONALS'. On the right, there is a phone number '1-800-273-8255', a 'CHAT' button, and language options 'En Español' and 'For Deaf & Hard of Hearing'. The main content area is titled 'Crisis Center Locations' and includes the instruction 'Find your local crisis center in the Lifeline national network.' Below this is a map of the United States with numerous green location pins. To the left of the map is a sidebar with 'Our Network' and 'Lifeline Network Crisis Centers' sections, containing links for 'Crisis Center Locations', 'Download Logos and Ribbons', and 'Order Brochures and Materials'. At the bottom of the page, there is a search bar labeled 'Search by location:' with a text input field 'Search by City, State, Zip Code' and a blue 'RESET' button.

Thank you for supporting national  
and state efforts to prepare for, and  
implement 988

**Matt Taylor**  
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**Prevention Lifeline**  
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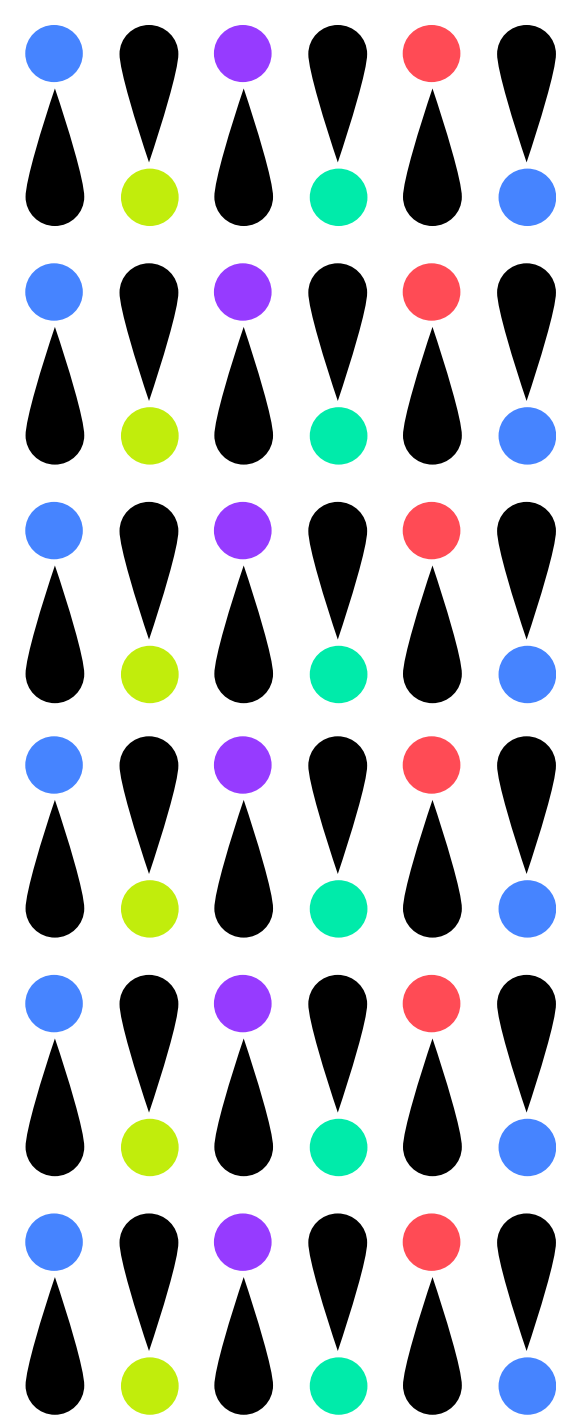


# Crisis Services State Planning and State 988 Legislation

Presented by Laura Evans

09.15.21





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# The Lifeline Mission

To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers.

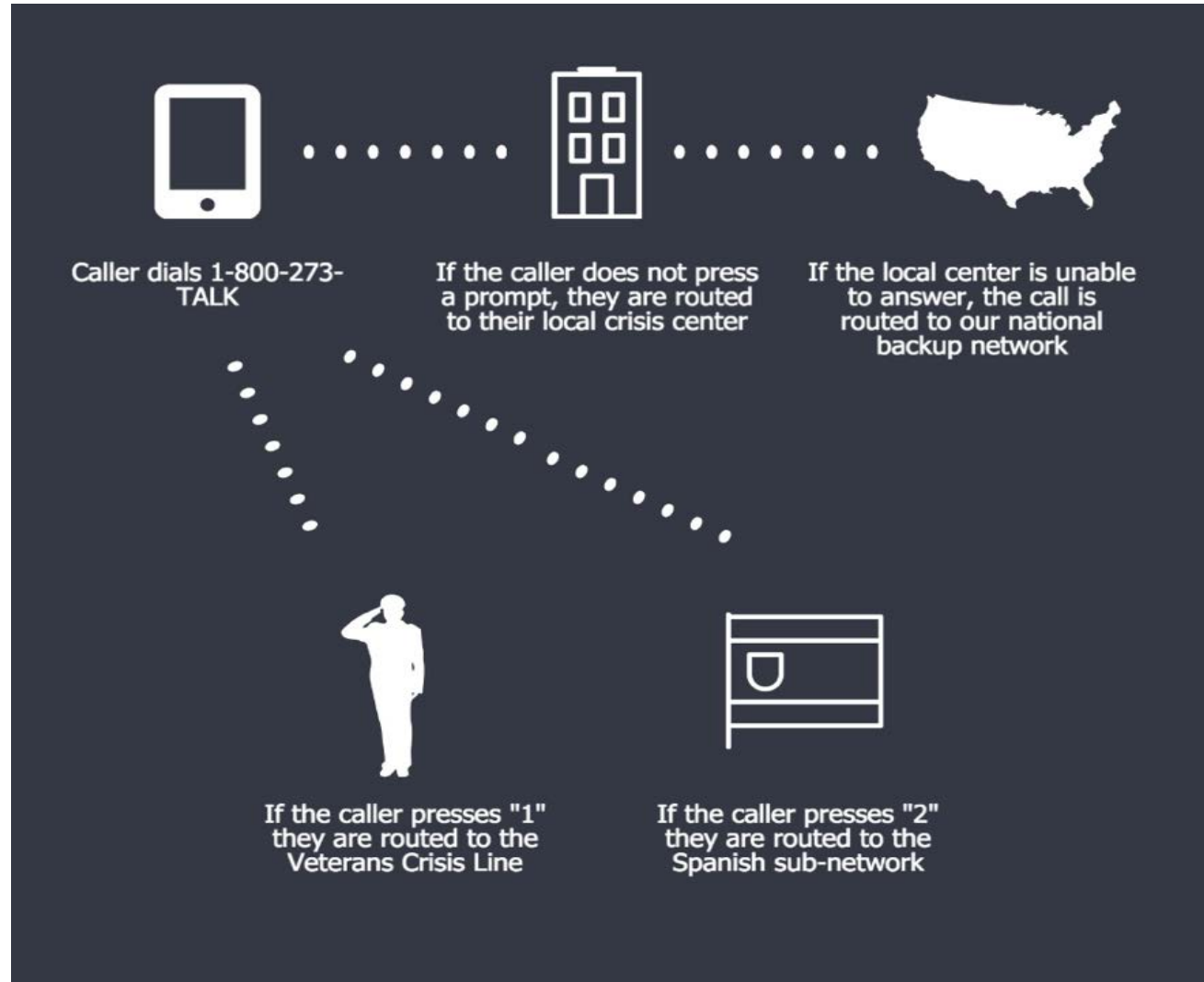


# A National Network of Crisis Centers

**Local centers vital component of crisis safety net**



# Lifeline Routing



# An Effective Intervention for Individuals in Crisis

- **316:** For every one person who dies by suicide, 316 people seriously consider suicide.
- **20,000,000:** The Lifeline has received over 20 million calls from people in distress looking for support when they needed it most.
- **95%:** Percentage of calls that are connected within 60-90 seconds.
- **≤2%:** Less than 2% of calls to the Lifeline involve emergency services. When emergency services, over half of these emergency dispatches occur with the consent of the caller.
- **≥ 90%:** Percentage of callers that reported the initial crisis calls stopped them from killing themselves.
- **≥ 90%:** Percentage of callers that reported follow-up services kept them safe.

# Increasing Lifeline Accessibility

## **Suicide prevention hotline to get three-digit phone number**

FCC chairman says he will move ahead following legislation, staff report

**988**

*“Crisis Centers save lives.... Increasing the convenience and immediacy of access to a national suicide prevention and mental health crisis hotline via a 3-digit dialing code will therefore help spread a proven, effective intervention. In short, we believe that designating the 988 code for a national suicide prevention and mental health crisis hotline system is highly likely to lower suicide mortality risk in the United States....and thus that the benefits of this action are quite likely to outweigh the costs.”*

*FCC Report to Congress, 8/14/2019*

# National Suicide Hotline Designation Act

- FCC must designate 988 as the three digit dialing code for the Lifeline
- FCC must complete a 6 month study on feasibility of providing geolocation/dispatchable information
- SAMHSA and VA must complete a 6 month study on federal resources necessary
- SAMHSA must complete a 6 month study outlining how to better serve high risk populations
- States are not prohibited from levying fee on mobile and IP enabled services to be used for 988 crisis centers and related services
- Signed into law on October 17, 2020



# 988 Fee Provision

(2) USE OF 9–8–8 FUNDS.—A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to—

(A) ensuring the efficient and effective routing of calls made to the 9–8–8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.



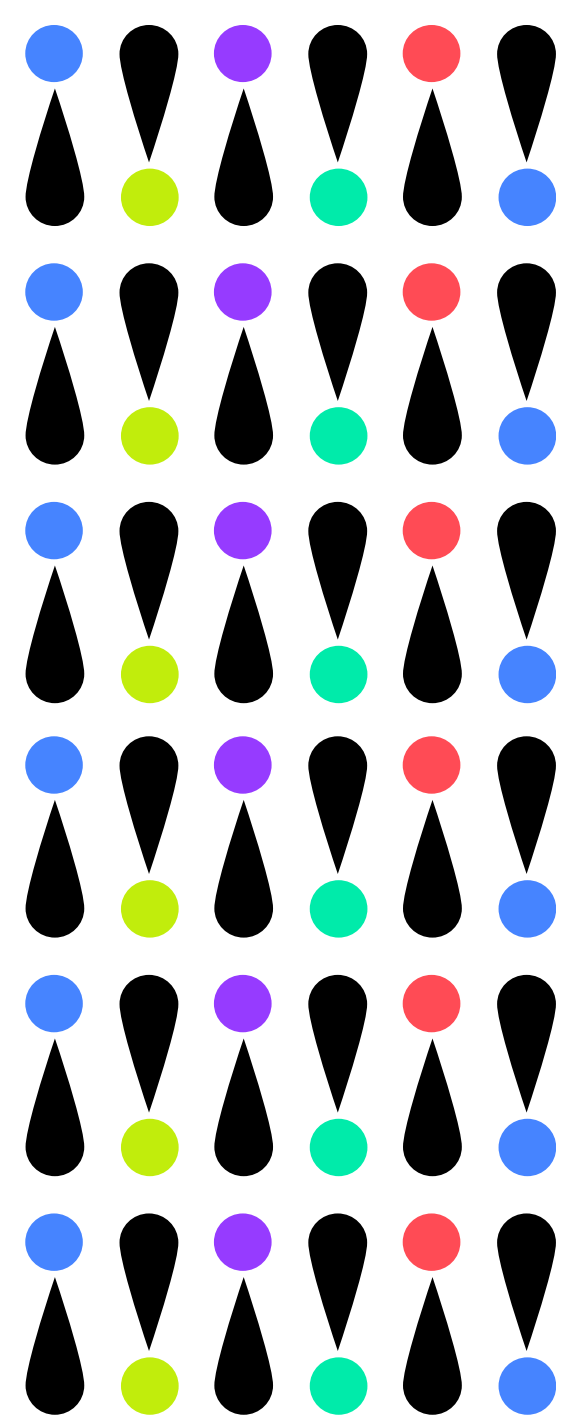
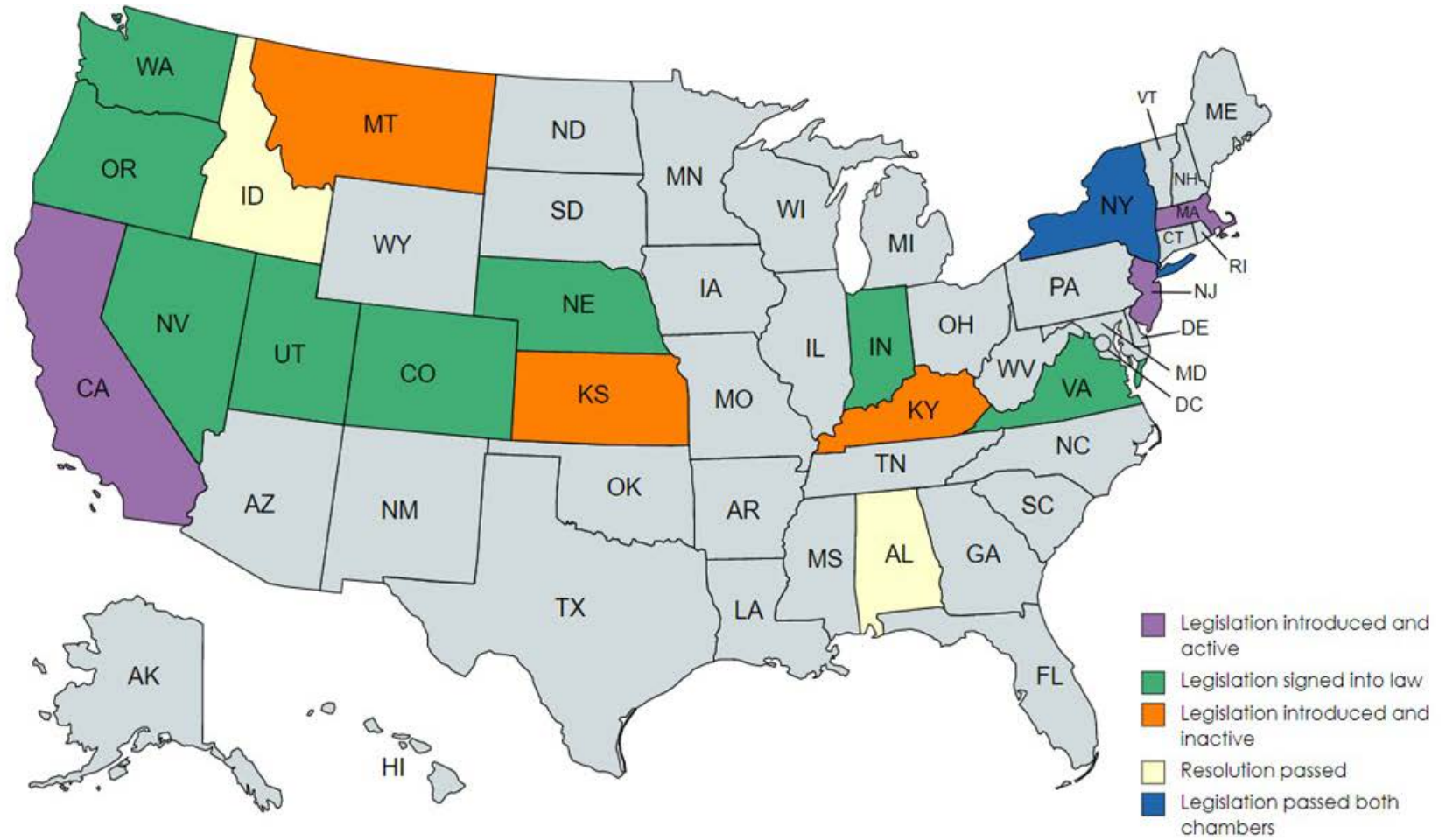
# Model Legislation for a Connected Crisis System

- Model Legislation Provisions include:
  - Designation of one or more crisis centers to serve 988 contacts
  - Mobile Crisis Team Utilization
  - Funding of Crisis Receiving and Stabilization Services
  - 988 Fund and Fee
  - Resource: [NASMHPD Model Legislation](#)





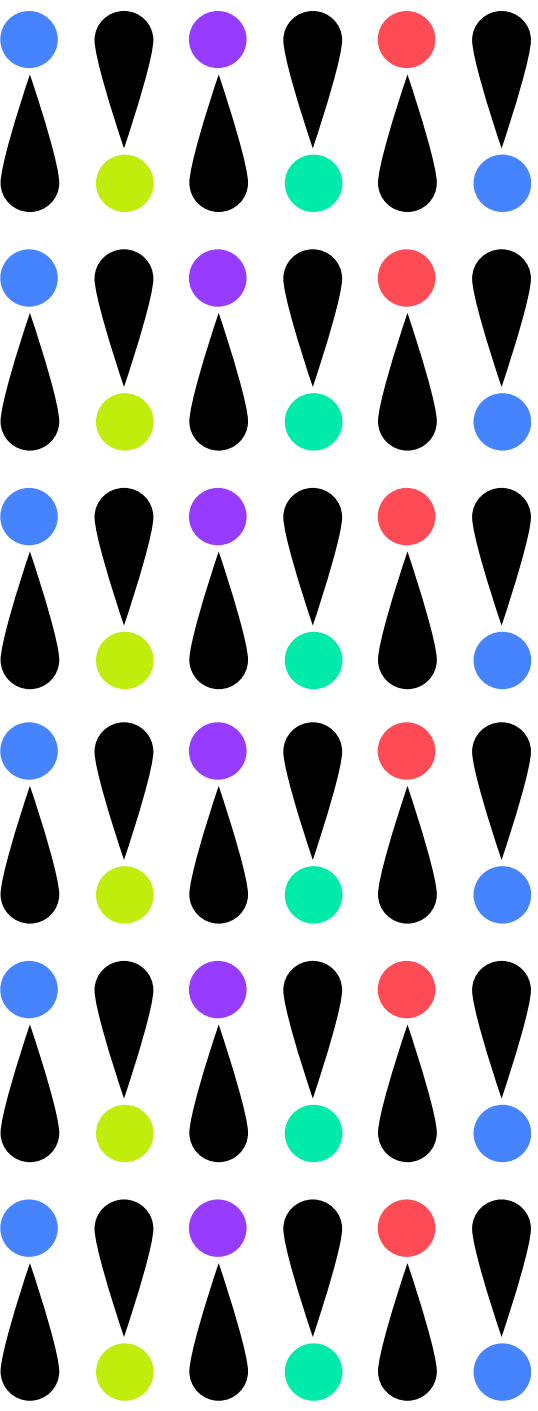
# State Legislative Activity Snapshot





State	Fee Uses	Anticipated Revenue	Anticipated Center Funding
Alabama	N/A	N/A	N/A
California*	Funding to be used in accordance with the Designation Act	\$192 million	Unknown
Colorado	Funding to reimburse services provided by newly created 988 Enterprise of crisis hotline, outreach, stabilization and acute care	\$6.3 million	\$5 million for crisis contract
Idaho	N/A	N/A	N/A
Indiana	N/A	N/A	N/A
Nebraska	N/A	N/A	N/A
Nevada	Funding to be used to carry out 988 provisions outlined in bill	Unknown	Unknown
New York	N/A	N/A	N/A
Oregon	N/A	N/A	N/A
Utah	Crisis line first, followed by offsetting any negative 911 impacts, then mobile crisis teams	N/A	N/A
Virginia	Crisis centers	\$9.2 million	\$9.2 million
Washington	For purposes provided within the Designation Act	\$17.9 million	\$15.6 million estimated to come from the 988 fee/Another \$1.4 million to come from Medicaid*based on last fiscal note from Health Authority

# Considerations for State 988 transition

- 
- How will state achieve complete 24/7 coverage for Lifeline contacts?
    - Centralized vs Regional crisis center hubs?
    - Is there sufficient capacity for the current and anticipated contact volume?
  - How can sufficient capacity be achieved?
    - What are the crisis center needs?
    - What workforce issues need to be addressed?
  - What is the existing array of crisis services?
    - How can gaps be addressed?
    - How can these services be coordinated?
  - What funding options are available?
    - Will the state exercise authority to levy 988 surcharge?
    - What is the role of public and private payors?

# Capacity Building – Workforce



- Training and empathy are key
- Average crisis counselor for a crisis center in the Lifeline network has over 90 hours of training
- Additional training opportunities as the transition to 988 occurs

## How other states are approaching workforce:

- Incorporating peers and others with lived experience
- Nevada legislation included provision for regulations defining the term “person professionally qualified in the field of behavioral health”
- Washington legislation directed implementation steering committee to form sub-committee on credentialing and training in order to study minimum requirements for crisis center staff

# 988: An Opportunity



- **Appropriate Funding**
- **Text-to-988 Availability**
- **Access and Inclusion**
- **Geolocation**
- **Crisis Services Coordination**
- **Public Safety Collaboration**



# Thank you!

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