

Implementing 988 to Strengthen Mental Health and Suicide Prevention: Insights and Lessons Learned So Far

2:00 p.m. – 3:30 p.m. EST | September 22, 2022

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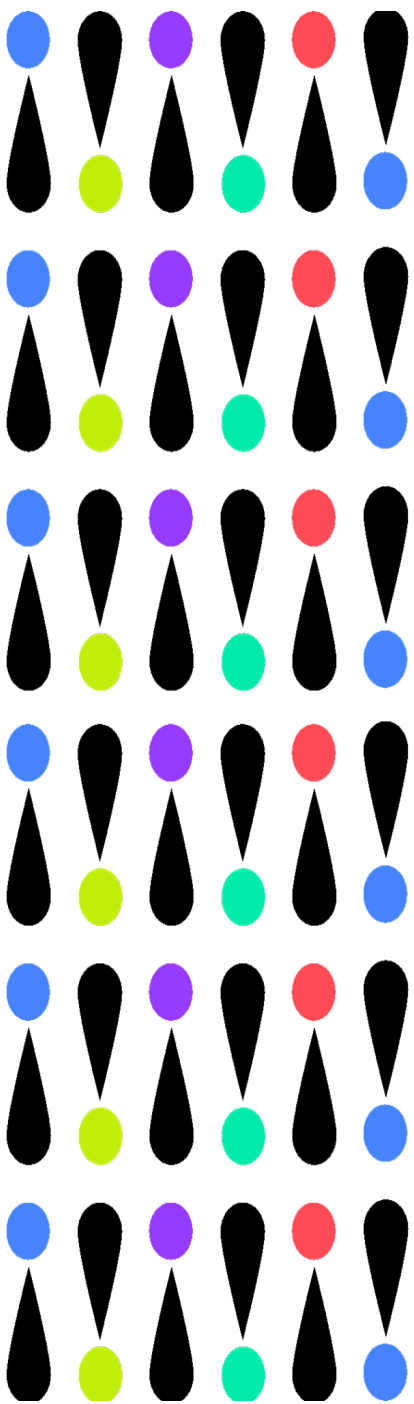


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What is 988?

“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...**”- National Suicide Hotline Designation Act of 2020

“Specifically, we designate 988 as the three digit number to reach the Lifeline, and require all telecommunications carriers, interconnected voice over Internet Protocol (VoIP) providers and one-way VoIP providers (together “covered providers”) to make any network changes necessary to ensure that users can **dial 988 to reach the Lifeline by July 16, 2022.**”- FCC Report and Order



Who Administers the 988 Suicide and Crisis Lifeline?

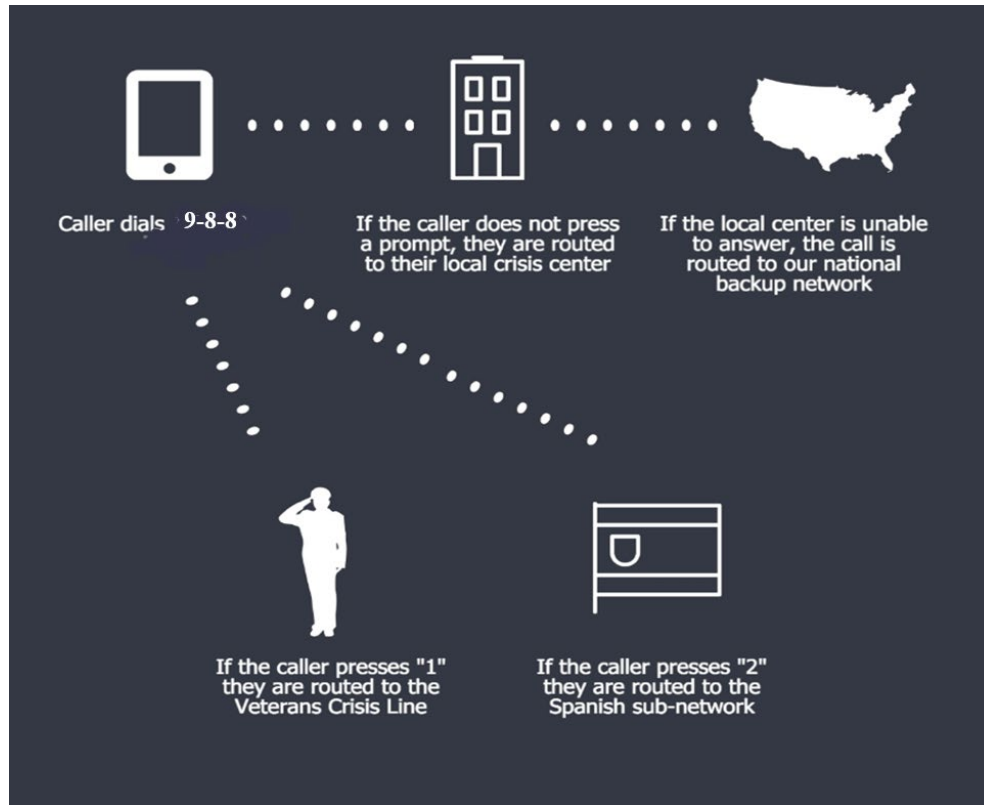
- Since 2005, Vibrant Emotional Health has administered the National Suicide Prevention Lifeline through a grant with the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Currently, there are over 200 crisis centers that make up the Lifeline and answer 988 calls, texts, and chats.
- Major Partners: NASMHPD, National Council for Behavioral Health, Columbia University and the Department of Veterans Affairs.

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History of 988

- The Federal Communications Commission (FCC) designated 988 as the three-digit number in July, 2020.
- On October 16, 2020, the National Suicide Hotline Designation Act is signed into law by President Trump.
- In November of 2021 the FCC adopts additional rules expanding 988 to text.
- On July 16, 2022, 988 went live, transitioning from 1-800-273-8255.

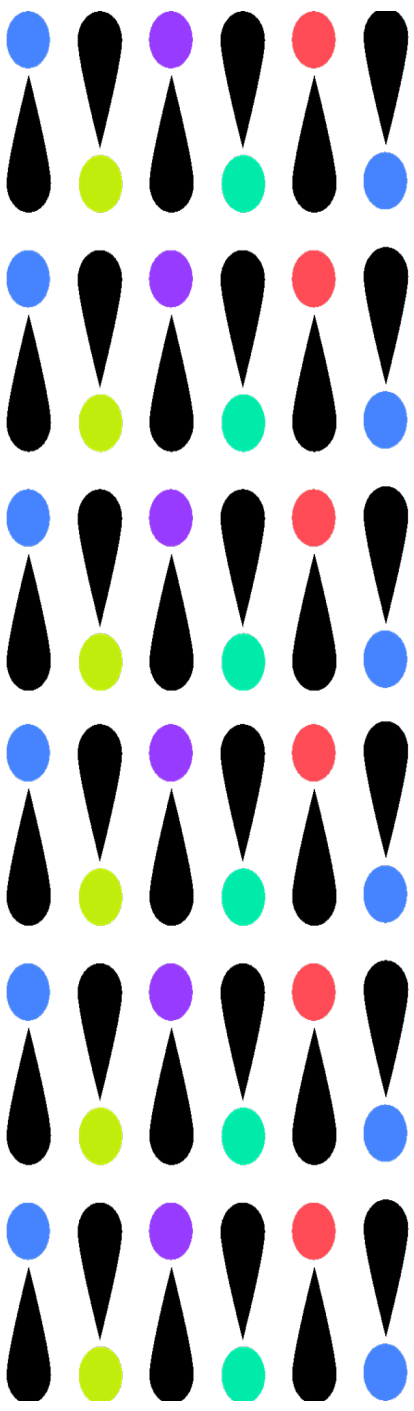
How are Calls Routed?



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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.
- States have the ability to levy fees on mobile and IP enabled services to be used for 988 crisis centers and related services.
- Includes language identifying high-risk populations and communities.



State Legislative Preparation

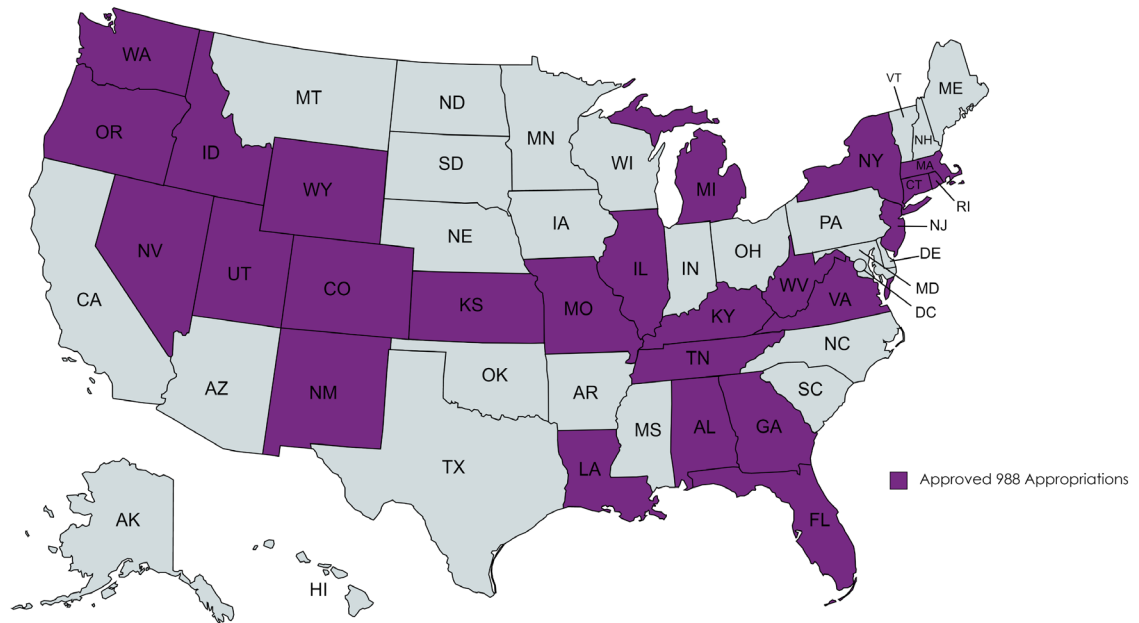
- States have taken various actions to prepare for 988.
- Model legislation developed by the National Association of State Mental Health Program Directors (NASMHPD) set the framework for most of the 988 legislation passed prior to launch.
- As of today, four states have passed comprehensive 988 legislation, including a 988 telecommunications fee (VA, WA, NV, CO).
 - Note: CA has comprehensive 988 legislation that has passed both houses and is awaiting the Governor's signature.



State Preparation Continued

- While only 4 states have officially enacted comprehensive 988 legislation, states have still taken legislative action to prepare for launch.
- States have enacted parts of the model legislation, including establishing a 988 trust fund.
- Other states have included one time appropriations in their state budget.

Notable 988 Appropriations



Created with mapchart.net



How does 988 Build and Expand on the Lifeline?

- **Scale** of access and visibility: 3-digit number intended to penetrate public awareness
- **Scope** of service: suicide and mental health crises; emphasis on crisis care continuum
- **Equity of access**: essential that service is equally accessible to all persons in suicidal/mental health crisis (must reach and serve persons with functional, linguistic and access needs)
- **Access to omni-channel services**: expansion to assure accessibility to call, chat, text and follow-up capabilities



Continued

- **Access to specialized services:** to serve LGBTQ+ youth, AI/AN people, communities of color, rural individuals and other high-risk populations, such as older adults, youth, neurodiverse individuals, etc.
- **Stakeholder investment in service:** greater public funding (e.g, Federal and State) and public visibility will impact service expectations/standards for network performance



Capacity Building

- Ensuring states and individual crisis centers were able to scale up prior to launch.
 - 34 crisis centers onboarded to answer texts/chats this week in 2021 compared to 72 this same week in 2022.
- Incorporating peers and others with lived experience into state plans.

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988: Post Launch By the Numbers

- Over the period from Thursday, July 14 to Wednesday July 20, the Lifeline received over 96,000 calls, texts, and chats.
- The week prior, there were just over 66,000 contacts.
- This was roughly a 45% increase in volume between the transition week and the previous week.
- This is a 66% increase in volume compared to the same week in 2021.



Continued

- In August, 2022, the Lifeline answered approximately 318,000 contacts.
- This is approximately 152,000 more than August 2021.
- Additionally, the average speed to answer rate was 42 seconds, compared to over 2 minutes in 2021.



988 and 911

- For those contacting 988, the contact is the intervention. The majority of contacts to the lifeline are resolved over the phone without any in-person intervention required.
- Trained crisis counselors answer each contact to 988, where the average call time is twenty minutes.
- Risk Response is grounded in a focus of the least restrictive intervention possible.



988 and 911 Continued

- Less than 2% of Lifeline contacts involve emergency services. In the rare instance where emergency services are required, more than half occur with the caller's consent.
- The Lifeline recommends crisis counselors contact emergency services for assistance only in cases where risk or harm to self or others is imminent or in progress, and less invasive plans for the caller's safety cannot be collaborated with the individual.
- This further demonstrates the need for a robust crisis continuum. Having fully funded mobile crisis teams available around the country can help ensure those in distress get the appropriate care they deserve.



Looking Ahead

- On Friday, September 9th, SAMHSA announced \$150 million to the Lifeline through the Bipartisan Safer Communities Act.
- Part of that funding includes a \$35 million grant opportunity to better support tribal communities.
- Conversations happening at the state level across the country on how to create sustainable funding for 988 and crisis services.
- Further conversations happening about how 988 fits into the larger crisis continuum.



Additional Resources

- SAMHSA 988 FAQ:
<https://www.samhsa.gov/find-help/988/faqs>
- 988 Suicide and Crisis Lifeline:
<https://988lifeline.org/>
- NENA Suicide Prevention Standard:
<https://www.nena.org/page/911-988OpsWG>
- \$35 Million SAMHSA Tribal Grant Application:
<https://www.samhsa.gov/grants/grant-announcements/sm-22-020>
- Vibrant Policy Newsletter:
<https://www.votervoice.net/Vibrant/home>

Nebraska 988

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On July 16, 2022
1-800-273-TALK
transitioned to
988

Nebraska Needs YOU...

Help, Hope and Healing

IN THE HEARTLAND

*Helping People Live Better
Lives*

Implementation

➤ History

- Suicide Prevention Lifeline
- Nebraska Family Helpline
- System of Care – Youth Mobile Crisis Response

➤ Implementation Stakeholders

- UNL-Public Policy Center
- DHHS – Division of Behavioral Health
- Boys Town
- Public Service Commission
- NAMI
- Providers

➤ Implementation Teams

- Advisory Team
- Data & Performance Metrics
- Marketing
- Statewide Referral Repository
- Technology
- Training & Education

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On July 16, 2022, the soft launch of 988 took place with the transition from 1-800-273-TALK to 988



Short-term goal

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

Long-term vision

A system that provides more opportunities for crisis services

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Someone to Call

- The call center in Nebraska is located at Boys Town National Hotline in Omaha
- 988 is staffed 24/7 by trained Crisis Counselors who will:
 - Assess safety
 - De-escalate crisis
 - Triage and safety plan
 - Provide referrals and resources
 - Activate Mobile Crisis Response when appropriate

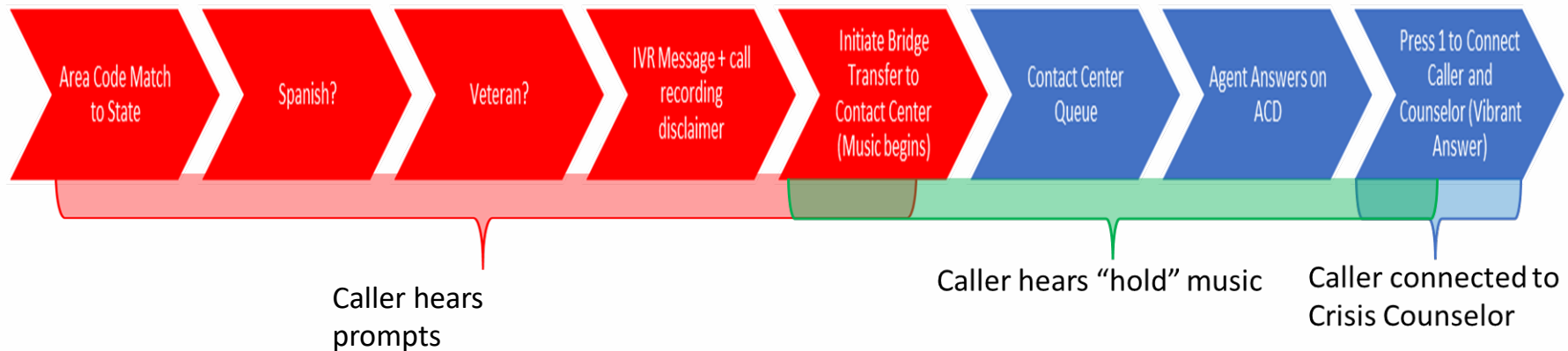
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Vibrant Health's Technology and Process



988 is not exactly like 911

988 calls are routed first through Vibrant Health's system and not directly to a person

People who call 988 are given three options:

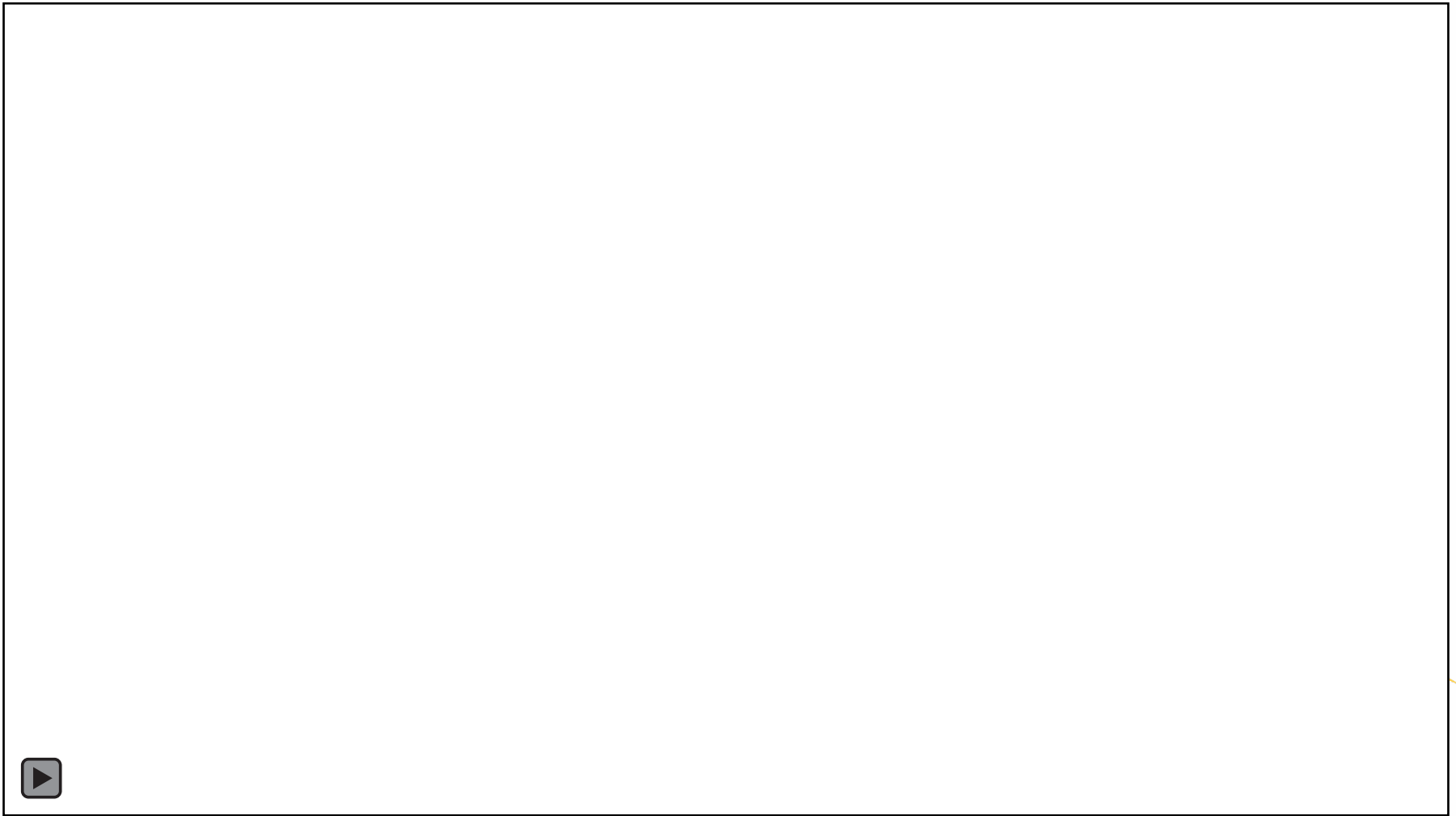
- Press 1 to connect with the Veterans Crisis Line
- Press 2 to connect with the Spanish Subnetwork
- Remain on the line and be connected to a local crisis center; if local crisis center is unable to answer, the caller is routed to a national backup center

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Caller Experience - insert video



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988 NE Call Volume

- Averaging 50 calls/day
- Daily average increase of 60%
- Chat/text volume averaging 1 contact every 2 hours (slow)

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988 NE Call Volume

Month	Call Volume	Ans Rate	ASA	Avg. Talk (mins)
Jul	1240	91%	0:11	13:18
Aug	1550	92%	0:11	12:46
Sep*	651	92%	0:11	13:34

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Emergency Interventions

Emergency Interventions	Percentage of calls resulting in emergency intervention	Percentage of calls not resolved by phone (emergency intervention + MCR)
77	3.3%	3.7%

*through
August

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Total MCR Data

*July 16 – September 13

MCR Referrals	MCR Declines	MCR Activations
43	28	15

Response Modality	Community	Phone	Telehealth	Facility
	8	6	1	0

Location	Region 6	Region 5
	12	3

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Someone to Respond

- Person with Lived Experience on the team
- Standardized training and expectations
- Post crisis follow-up
- Referrals for Services

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MCR Experience

- The Assessment
 - Basic Information
 - Mental Health History & Current Symptoms
 - Substance Use History
 - Safety Screenings (Suicide, Homicide, Ability to Care for Self)
 - Consumer's Presentation
 - Criminal History
 - Support System
 - Risk Factors & Lethal Means
 - Consumer Needs
- Follow-Up
 - 24-hour call back to check on consumer and help provide additional resources
 - 3 times within 72 hours

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MCR Growth

- Previously Crisis Response team members were
 - LMHP, LIMHP, PLMHP, Psychiatrist, Psychologist, Psychiatric APRN, Direct Care Staff or Registered Nurse with psychiatric experience operating within scope of practice.
- With the recent change to the Crisis Response Definition
 - Peer Support Specialist two years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred.
- Benefits of new team members

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Vision of Somewhere to Go/Community Supports

- Continue to develop Crisis Receiving and Stabilization Services across the state
- Bed Registry/Availability for Referrals
- Same day or next day assessment, outpatient, medication management
- Mental Health and Substance Use crisis respite for youth and adults
- Peer Run Hospital Diversion/Peer Run Crisis Respite



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Positive Feedback

Callers/texters have unsolicited been calling back with positive feedback or sharing outcomes. These are some examples.

<i>Caller just wanted to let us know that she was doing better after talking with Crisis Counselor last night. She really appreciated the help.</i>	<i>Caller wanted to thank previous Crisis Counselor. Caller felt a lot better after talking to Crisis Counselor.</i>	<i>Caller called to say thank you!</i>
<i>Caller is calling because 988 really helped when she called. Caller ended up going to an inpatient psychiatric hospital. She is currently doing outpatient therapy, plans on attending AA meetings, and is going to look for a job. She was incredibly grateful for the help 988 gave her when she called in.</i>	<i>Caller wanted to say thank you.</i>	<i>Caller had a rough day yesterday, was not suicidal but needed to vent and an ear. Called to say thank you for what we do and how much we impacted him.</i>

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Thank you for attending

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