The BH Landscape:
- Prevalence of BH Conditions
- Impact of COVID-19
- Responding to BH Crisis: Transitioning to 988 Crisis Care

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Regional Administrator
SAMHSA / DHHS
Today’s briefing

- Brief overview of SAMHSA
- America’s MH/SUD crisis
- 988 – a transformative moment
- SAMHSA 988 Web presence
- SAMHSA Resources - Training & TA
Behavioral Health: A National Priority

SAMHSA’s Mission:
Reduce the impact of substance abuse and mental illness on America’s communities

Roles:
Leadership and Voice
Data and Surveillance
Public Education
Regulation and Standard Setting
Practice Improvement
Funding

Behavioral health is essential to health
Prevention works
Treatment is effective
People recover

SAMHSA leads public health efforts to advance the behavioral health of the Nation
SAMHSA Regional Offices

Our purpose is to harness the knowledge, expertise, and innovation across the country to advance the behavioral healthcare system.

**LEADERSHIP**

- Lead Federal Regional Behavioral Health Authority
- Represent the Assistant Secretary and SAMHSA’s Centers and Offices across the region
- Represent, communicate, and effect SAMHSA’s Strategic Plan, Policies, Programs, and Assets across the region
- Lead and engage cross-Federal agency regional behavioral health initiatives that advance prevention, treatment & recovery
- Lead and engage State, Tribal, local, and stakeholder behavioral health initiatives that advance prevention, treatment & recovery.

**PARTNERSHIP**

- Serve as key Federal partner to states, tribes, territories, local communities, and stakeholders
- Exhibit community presence through which poly-directional relationships based in trust, community, respect, and shared principles are developed and sustained
- Foster strength through cultural knowledge, wisdom and respect.
- Promote community dialogue; develop diverse multi-systemic partnerships; emphasize shared learning, collaboration, critical thinking and innovation to advance the behavioral healthcare system.

**CONSULTATION**

- Advise and guide stakeholder development of behavioral health policies, programs, and system transformation.
- Leverage national and regional resources and technical assistance.
- Connect stakeholders to key partners, programs, and resources.
- Conduct regional environmental scans to report system/policy/ program performance, impact, and opportunity for improvement.
SAMHSA 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

Cross-cutting principles:
- Equity
- Workforce
- Financing
- Recovery
Factors Affecting Mental Illness & Addiction

Family history
Family and peer relationships
Trauma experience
Limited access to health care
Early exposure to illicit drugs & alcohol
Poverty

Poor health
Chronic pain
Lower educational level
Homelessness / Unsafe living environment
Unemployment
Exposure to criminal behavior
Prevalence of Behavioral Health
108.5 Million Adults Had Either SUD or Any MI
Substance Use Disorder & Serious Mental Illnesses
18+ years old, 2020

SUD: 15.4% (38,679,000)
SMI: 5.6% (14,200,000)
Co-Occurring: 2.2% (5,661,000)

Substance Use Disorder & Any Mental Illness
18-25 years old, 2020

- SUD: 24.4% (8,171,000)
- Any MI: 30.6% (10,238,000)
- Co-Occurring: 12.2% (4,071,000)

Nearly 1 in 5 Adults (19%) Say Their Mental Health Is Worse Than This Time Last Year

BY GENERATION

34% of Gen Z adults

19% of millennials

21% of Gen X

12% of boomers

8% of older adults
Teenagers and MH on the COVID-19 Landscape

<table>
<thead>
<tr>
<th>Issue</th>
<th>Major</th>
<th>Minor</th>
<th>Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety &amp; depression</td>
<td>70%</td>
<td>26</td>
<td>4</td>
</tr>
<tr>
<td>Bullying</td>
<td>55</td>
<td>35</td>
<td>10</td>
</tr>
<tr>
<td>Drug addiction</td>
<td>51</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>Drinking alcohol</td>
<td>45</td>
<td>39</td>
<td>16</td>
</tr>
<tr>
<td>Poverty</td>
<td>40</td>
<td>47</td>
<td>13</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>34</td>
<td>44</td>
<td>21</td>
</tr>
<tr>
<td>Gangs</td>
<td>33</td>
<td>38</td>
<td>29</td>
</tr>
</tbody>
</table>
SAMHSA’s National Action Plan

Provide Public Info
- General info + fact sheets
- Work with FEMA: CCP
- Disaster Distress Helpline/988 Suicide Prevention Lifeline/National Helpline
- Messaging: Importance of staying connected

Support People with BH Conditions
- Treatment Locators
- Telehealth: CMS approved billable + allowance of telephone services
- Privacy rules relaxed during this emergency
- MAT allowances
- Recovery resources
- Additional Resources $

Help Our Workforce
- National Network of Addiction, Mental Health, and Prevention Technology Transfer Centers
- Opioid Response Network
- Provider Clinical Support System
- SMI-Advisor
- NO COST Trainings and Resources

SAMHSA.GOV/coronavirus
75% People with a psychological condition do not feel that others are understanding or compassionate about their illness.

95% People with a substance use disorder don’t believe they need help

3 : 5 People with a mental illness who get treatment

1 : 9 People with a substance use disorder who get treatment

1 : 25 U.S. adults experience serious mental illness

Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
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.
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
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.

2015
FCC designates 988 as new three-digit number for suicide prevention and mental health crises.

2020
Lifeline began incorporating texting service capability in select centers.

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.
Crisis Contact Centers as 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
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**
Vision for 988 & Crisis Services

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

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

Horizon 2: Mobile crisis services¹
“Someone to respond”

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

Horizon 3: Stabilization services¹
“A safe place for help”

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
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
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
## Current Lifeline In-State Answer Rates

### 7 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>2,883</td>
<td>92%</td>
</tr>
<tr>
<td>DC</td>
<td>551</td>
<td>90%</td>
</tr>
<tr>
<td>MS</td>
<td>904</td>
<td>90%</td>
</tr>
<tr>
<td>MT</td>
<td>618</td>
<td>97%</td>
</tr>
<tr>
<td>NC</td>
<td>4,248</td>
<td>90%</td>
</tr>
<tr>
<td>ND</td>
<td>283</td>
<td>93%</td>
</tr>
<tr>
<td>RI</td>
<td>268</td>
<td>99%</td>
</tr>
</tbody>
</table>

### 14 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>AR</td>
<td>996</td>
<td>87%</td>
</tr>
<tr>
<td>CA</td>
<td>21,237</td>
<td>86%</td>
</tr>
<tr>
<td>KS</td>
<td>1,255</td>
<td>82%</td>
</tr>
<tr>
<td>MD</td>
<td>2,985</td>
<td>80%</td>
</tr>
<tr>
<td>MO</td>
<td>2,556</td>
<td>84%</td>
</tr>
<tr>
<td>MN</td>
<td>2,409</td>
<td>87%</td>
</tr>
<tr>
<td>NE</td>
<td>883</td>
<td>84%</td>
</tr>
<tr>
<td>PA</td>
<td>4,370</td>
<td>86%</td>
</tr>
<tr>
<td>SD</td>
<td>232</td>
<td>83%</td>
</tr>
<tr>
<td>TN</td>
<td>2,859</td>
<td>84%</td>
</tr>
<tr>
<td>VA</td>
<td>3,888</td>
<td>83%</td>
</tr>
<tr>
<td>VT</td>
<td>339</td>
<td>83%</td>
</tr>
<tr>
<td>WI</td>
<td>3,387</td>
<td>88%</td>
</tr>
<tr>
<td>WV</td>
<td>767</td>
<td>89%</td>
</tr>
</tbody>
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### 21 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>CT</td>
<td>1,699</td>
<td>77%</td>
</tr>
<tr>
<td>DE</td>
<td>332</td>
<td>73%</td>
</tr>
<tr>
<td>GA</td>
<td>4,519</td>
<td>67%</td>
</tr>
<tr>
<td>HI</td>
<td>838</td>
<td>66%</td>
</tr>
<tr>
<td>IA</td>
<td>1,334</td>
<td>70%</td>
</tr>
<tr>
<td>ID</td>
<td>864</td>
<td>75%</td>
</tr>
<tr>
<td>IN</td>
<td>2,650</td>
<td>78%</td>
</tr>
<tr>
<td>KY</td>
<td>1,781</td>
<td>68%</td>
</tr>
<tr>
<td>LA</td>
<td>2,195</td>
<td>68%</td>
</tr>
<tr>
<td>MA</td>
<td>3,907</td>
<td>68%</td>
</tr>
<tr>
<td>ME</td>
<td>404</td>
<td>67%</td>
</tr>
<tr>
<td>NH</td>
<td>650</td>
<td>78%</td>
</tr>
<tr>
<td>NJ</td>
<td>3,517</td>
<td>78%</td>
</tr>
<tr>
<td>NM</td>
<td>1,290</td>
<td>70%</td>
</tr>
<tr>
<td>NV</td>
<td>1,538</td>
<td>76%</td>
</tr>
<tr>
<td>OK</td>
<td>1,456</td>
<td>76%</td>
</tr>
<tr>
<td>OR</td>
<td>2,899</td>
<td>77%</td>
</tr>
<tr>
<td>SC</td>
<td>2,588</td>
<td>76%</td>
</tr>
<tr>
<td>UT</td>
<td>1,987</td>
<td>78%</td>
</tr>
<tr>
<td>WA</td>
<td>4,110</td>
<td>69%</td>
</tr>
<tr>
<td>WY</td>
<td>236</td>
<td>68%</td>
</tr>
</tbody>
</table>

### 9 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>AK</td>
<td>583</td>
<td>55%</td>
</tr>
<tr>
<td>AL</td>
<td>2,182</td>
<td>63%</td>
</tr>
<tr>
<td>CO</td>
<td>3,727</td>
<td>38%</td>
</tr>
<tr>
<td>FL</td>
<td>7,779</td>
<td>62%</td>
</tr>
<tr>
<td>IL</td>
<td>7,032</td>
<td>22%</td>
</tr>
<tr>
<td>MI</td>
<td>4918</td>
<td>54%</td>
</tr>
<tr>
<td>NY</td>
<td>10,918</td>
<td>63%</td>
</tr>
<tr>
<td>OH</td>
<td>4,855</td>
<td>58%</td>
</tr>
<tr>
<td>TX</td>
<td>11,255</td>
<td>44%</td>
</tr>
</tbody>
</table>

*Indicates state that has passed legislation creating a 988 cell phone fee
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
SAMHSA 988 Playbooks & External 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
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
Practitioner Training – Numerous Opportunities

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.

- Technology Transfer Centers (TTC) Program
- State Targeted Response Technical Assistance (STR-TA)
- Providers Clinical Support System (PCSS)
- Clinical Support System for Serious Mental Illness (CSS-SM1)
- Suicide Prevention Resource Center
- Rural Opioid Technical Assistance (ROTA)

For more information, visit: https://www.samhsa.gov/practitioner-training
The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

SUD Prevention:
- Preventing the Use of Marijuana: Focus on Women and Pregnancy
- Substance Misuse Prevention among Young Adults

SUD Treatment
- Medication for Opioid Use Disorder in Criminal Justice Settings
- Stimulant Use Disorder
- Recovery with a focus on Employment Supports

Mental Health:
- First Episode Psychosis and Co-Occurring Substance Use Disorders
- Suicide Prevention and Treatment

https://www.samhsa.gov/resource-search/ebp
SAMHSA Training Centers to Support Workforce Providers

National Network to Eliminate Disparities in Behavioral Health

Disaster Training and Technical Assistance
Supporting all hazards disaster behavioral health preparedness, response, and recovery through informed, targeted technical assistance
Thank you!

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And you can email 988 related questions to us at
988Team@samhsa.hhs.gov