


National Conference of State Legislatures

The BH Landscape:

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

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SAMHSA / DHHS



988
SUICIDE
& CRISIS
LIFELINE

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.

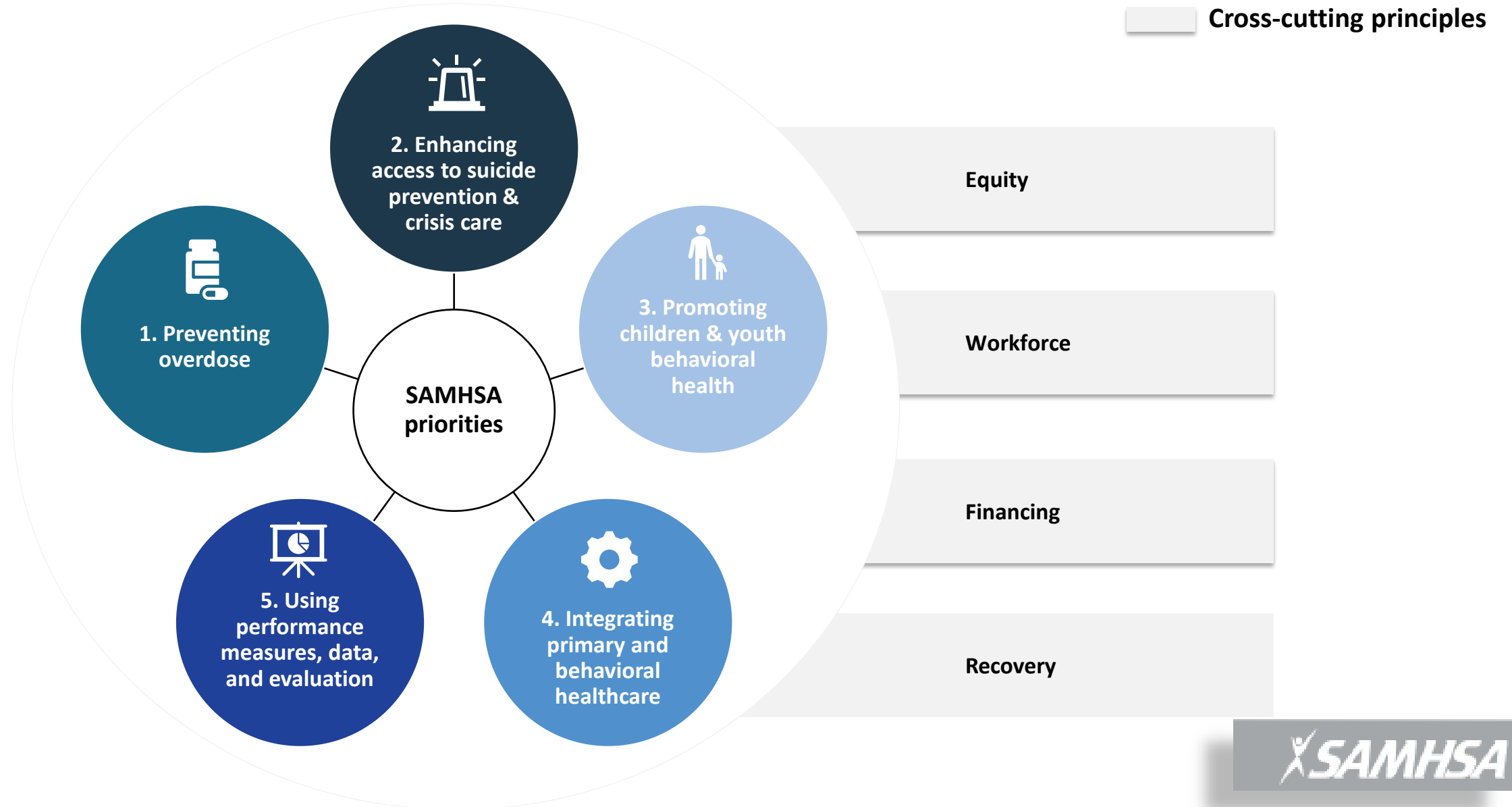
PARTNERSHIP

- 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

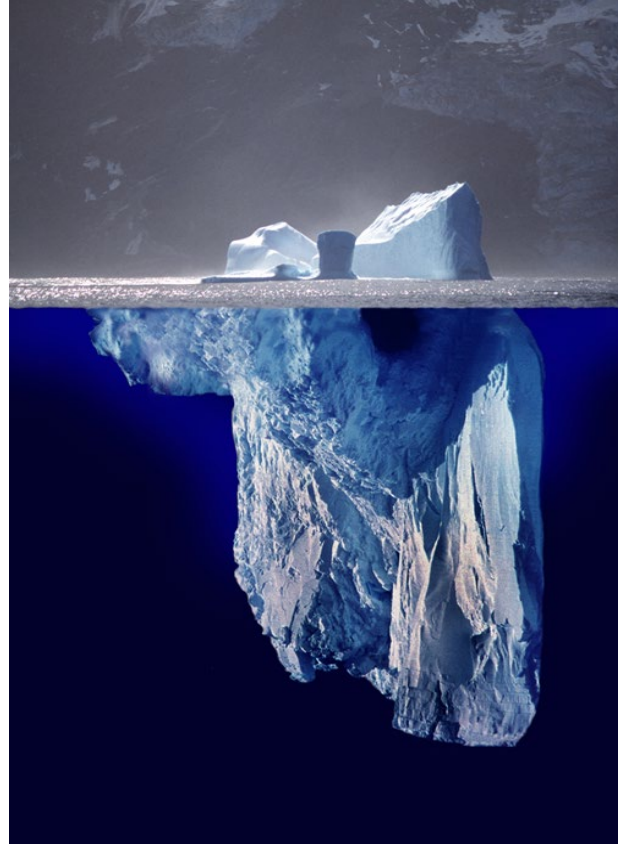
- Advise and guide stakeholder development of behavioral health policies, programs, and system transformation.
- Leverage national and regional resources and technical assistance.
- Connect stakeholders to key partners, programs, and resources.
- Conduct regional environmental scans to report system/policy/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

SAMHSA Priorities and Cross-Cutting Principles



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

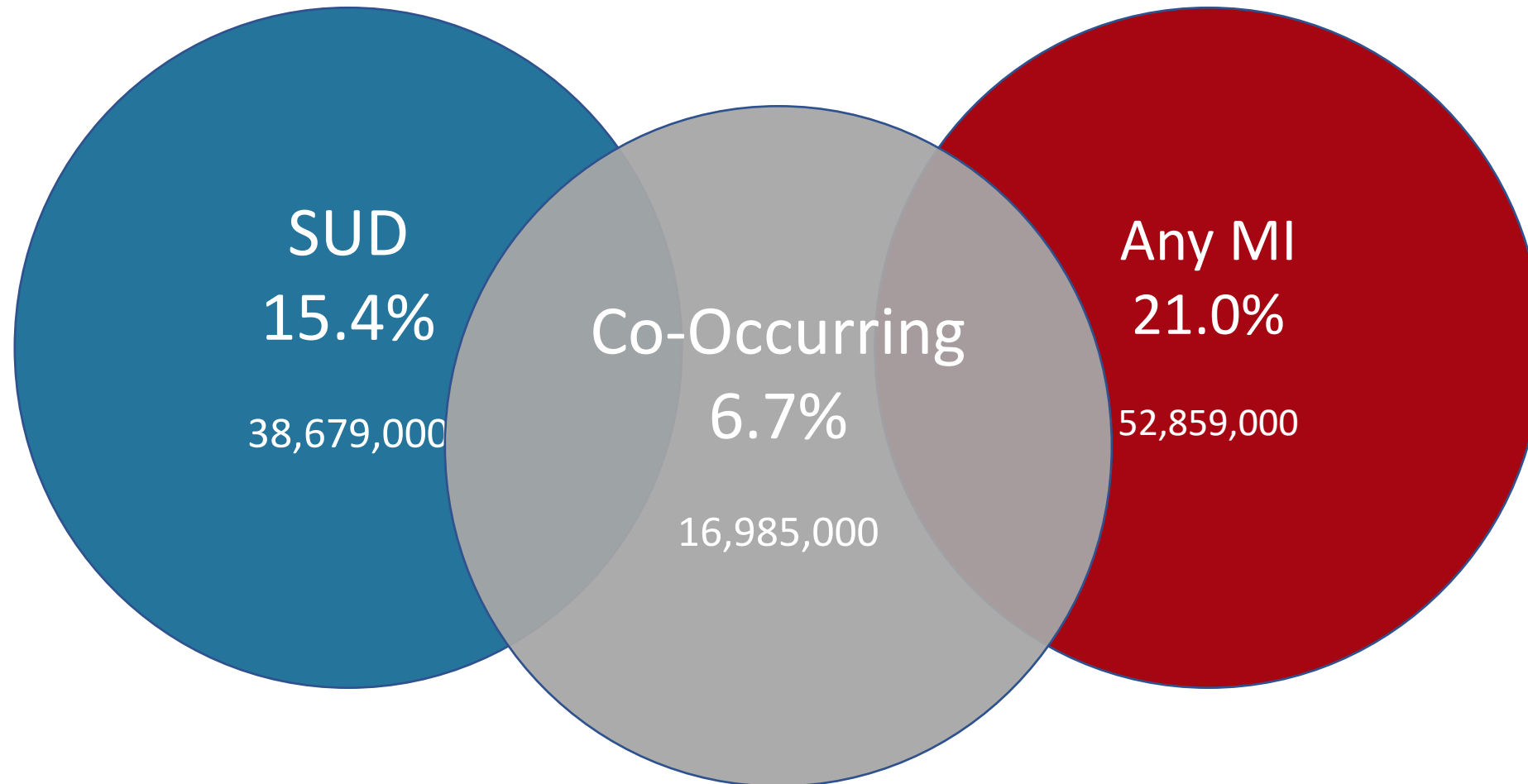


Poor health
Chronic pain
Lower educational level
Homelessness /
Unsafe living environment
Unemployment
Exposure to criminal behavior

Prevalence of Behavioral Health



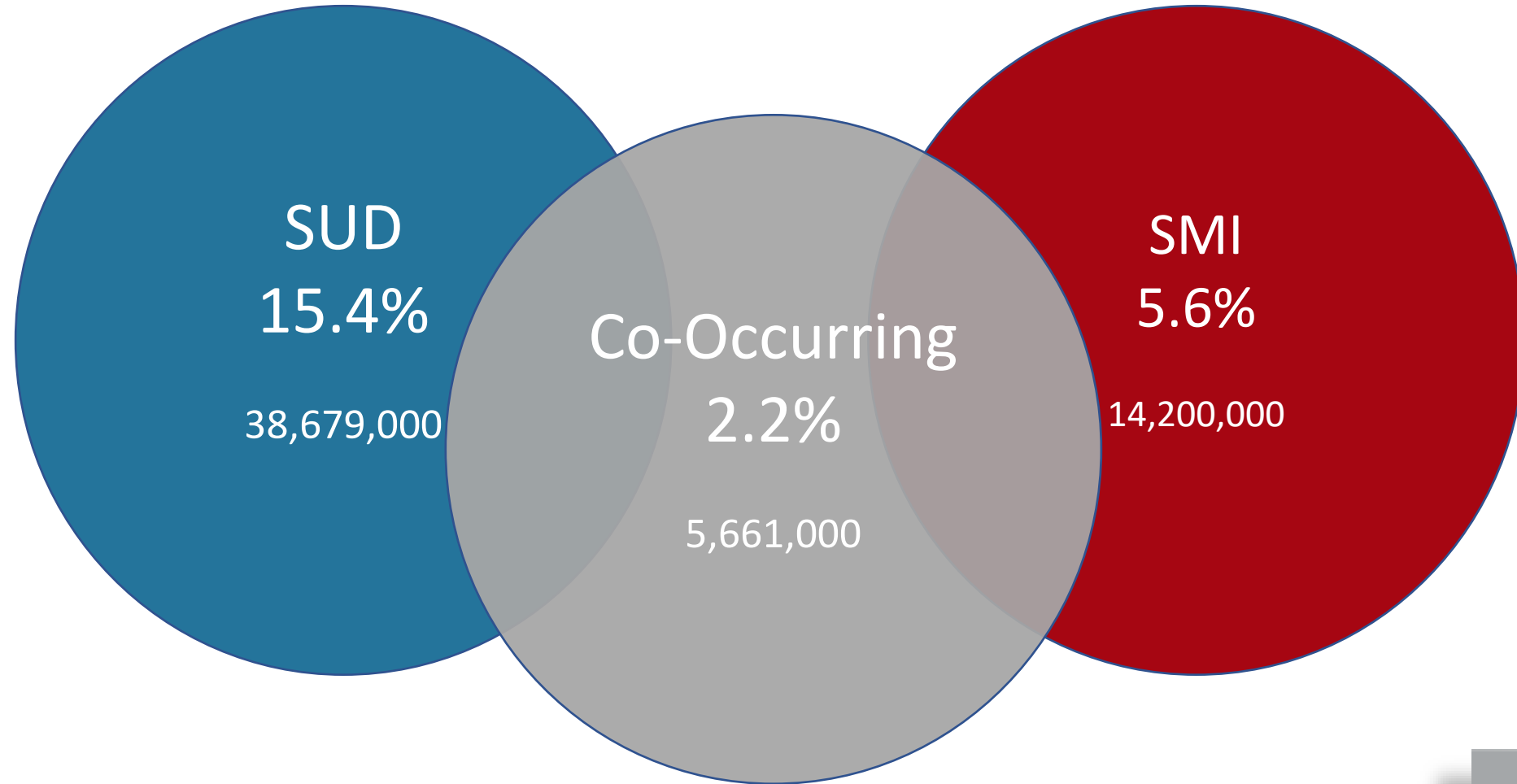
Substance Use Disorder & Any Mental Illness 18+ years old, 2020



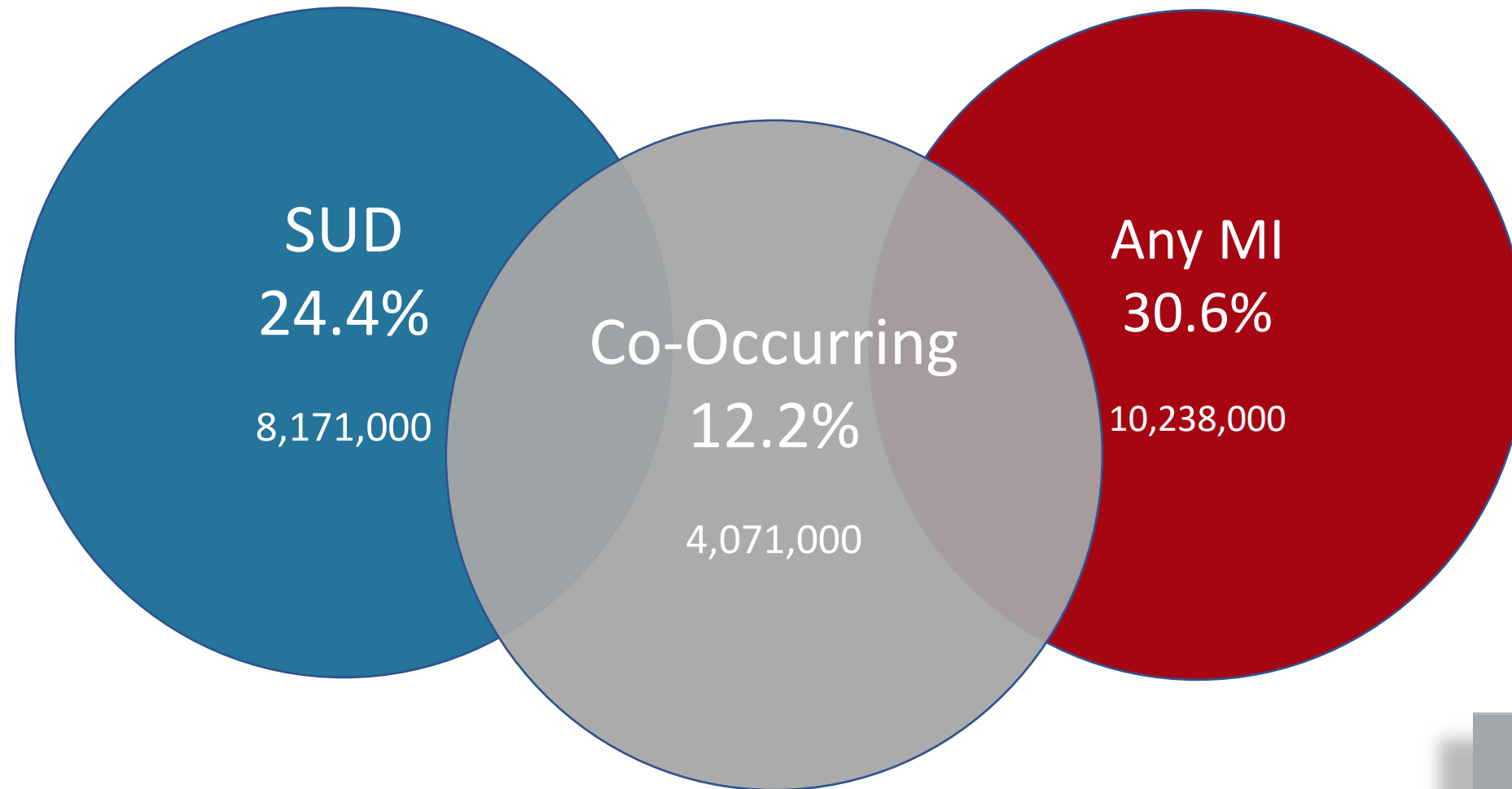
108.5 Million Adults Had Either SUD or Any MI



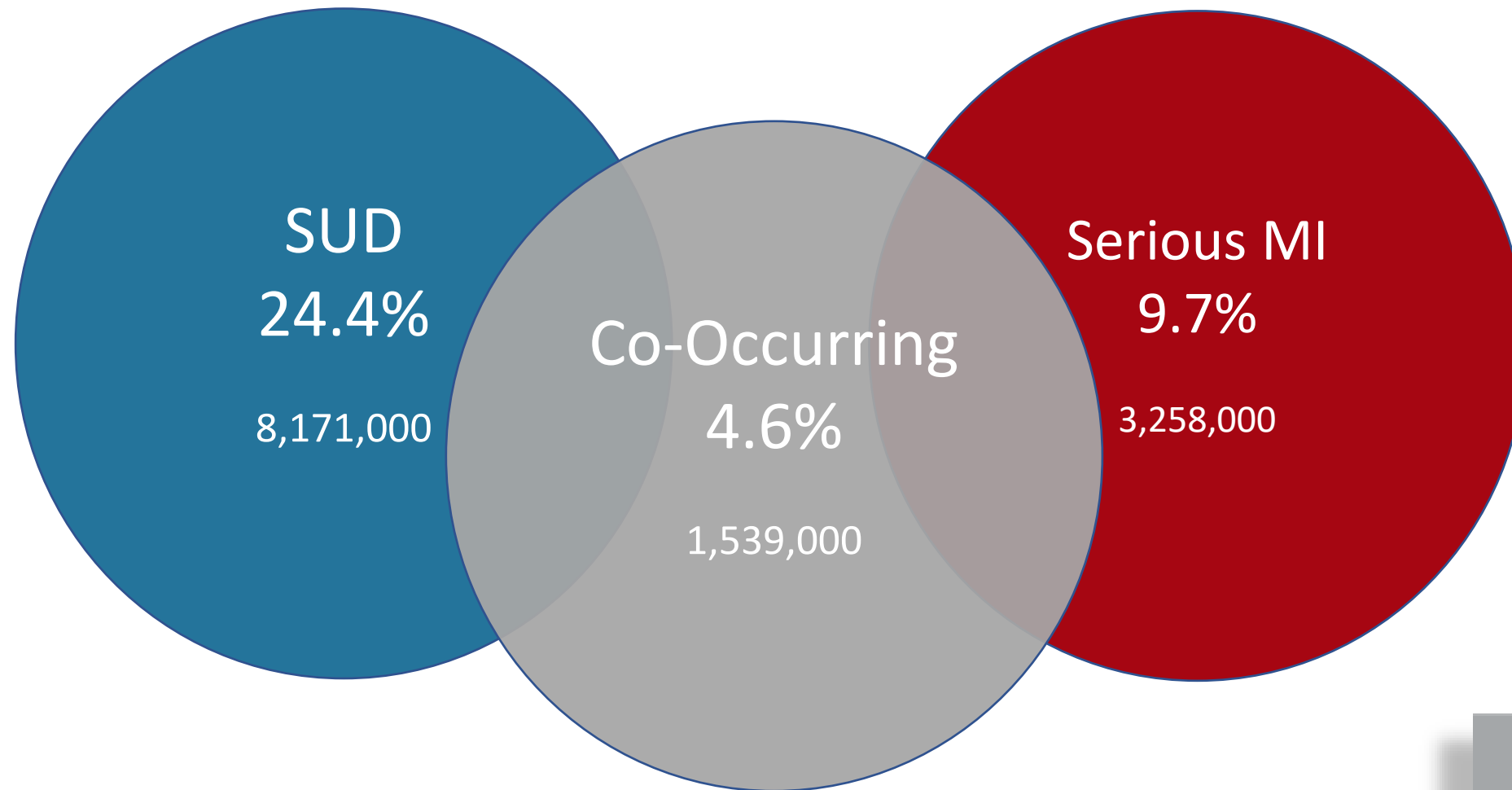
Substance Use Disorder & Serious Mental Illnesses 18+ years old, 2020



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



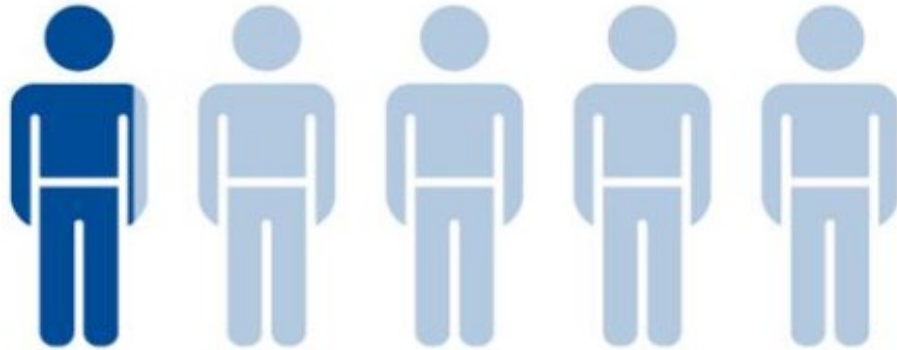
Substance Use Disorder & Serious Mental Illnesses 18-25 years old, 2020



BH on the COVID-19 Landscape

STRESS IN AMERICA 2020: A NATIONAL MENTAL HEALTH CRISIS

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

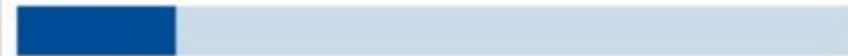


BY GENERATION

34% of Gen Z adults



19% of millennials



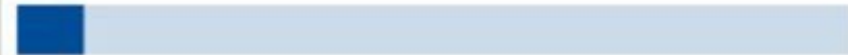
21% of Gen X



12% of boomers



8% of older adults

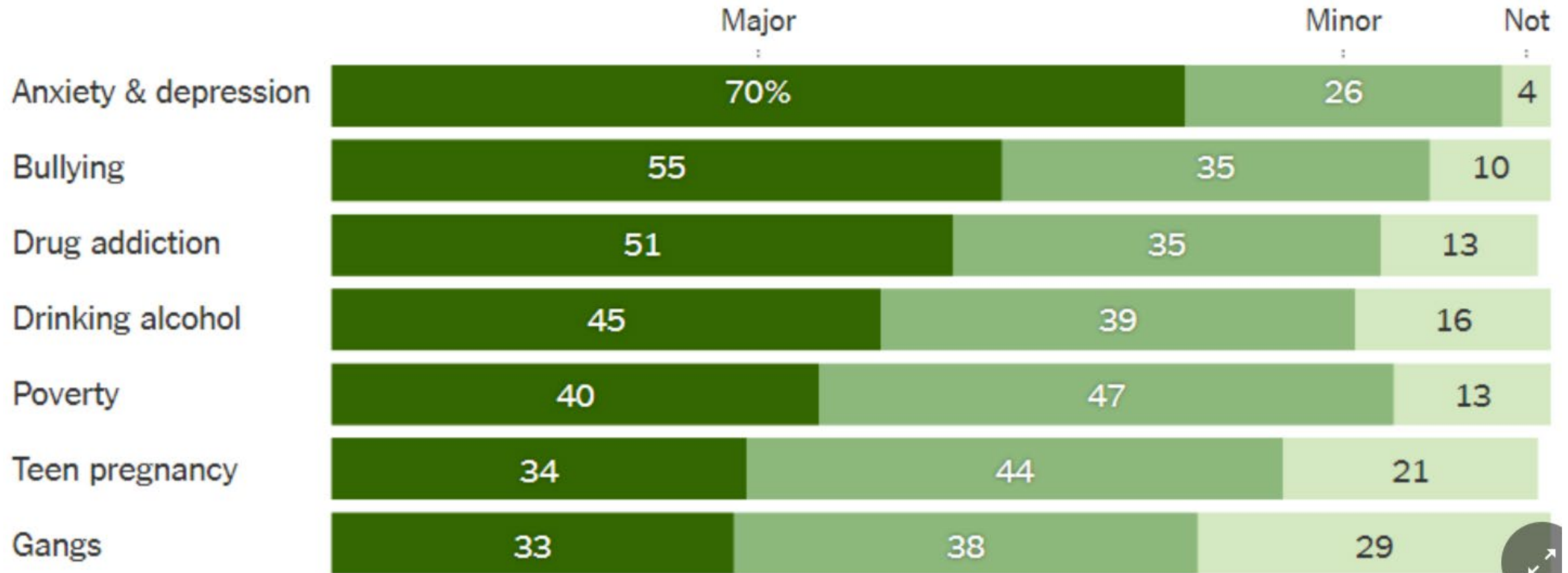


STRESS IN AMERICA™

© American Psychological Association



Teenagers and MH on the COVID-19 Landscape



SAMHSA's National Action Plan

Support People with BH Conditions

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

- 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



Mental Illness and Addiction By the Numbers



**It's
OKAY**
not to be
OKAY

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.

**TOO MANY PEOPLE
ACROSS THE U.S.
EXPERIENCE
SUICIDAL, MENTAL
HEALTH AND/OR
SUBSTANCE USE
CRISIS WITHOUT THE
SUPPORT AND CARE
THEY NEED**

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



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

988

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)**

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

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

2022

988 fully operational for phone and text in July 2022

2005

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

2013

Lifeline began incorporating **chat service** capability in select centers

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

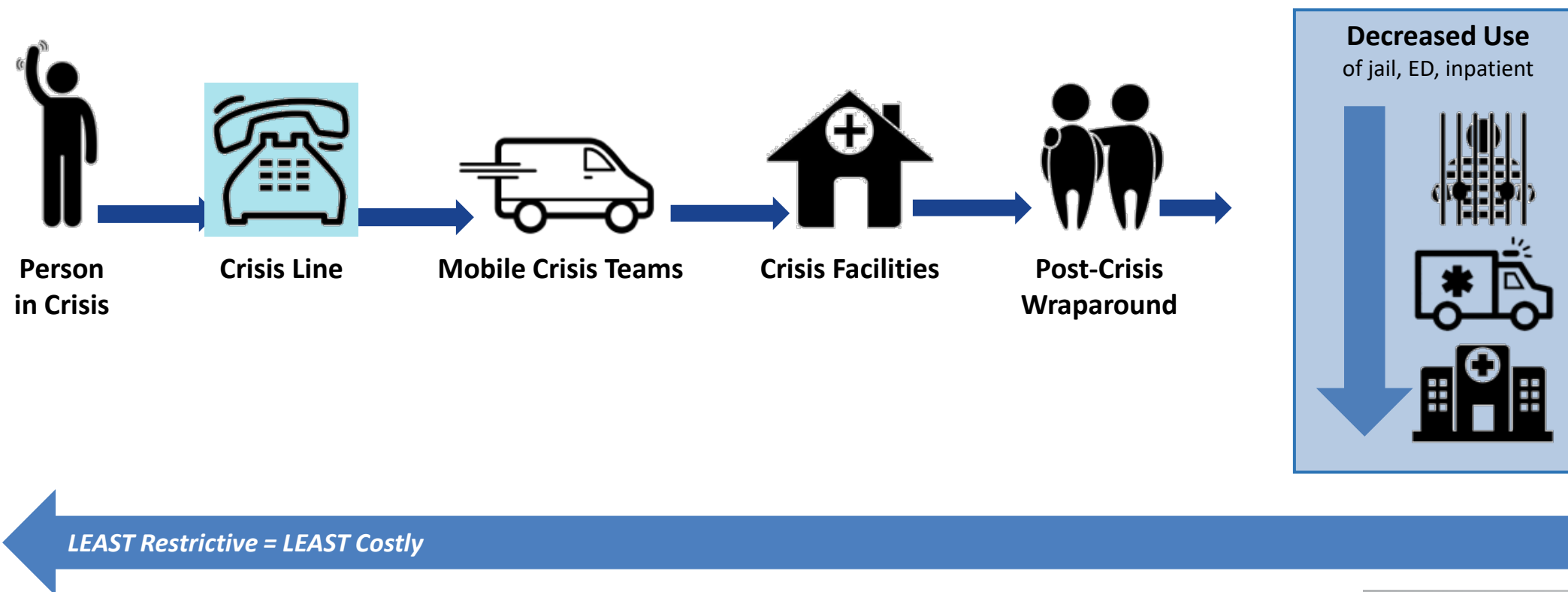
2021

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

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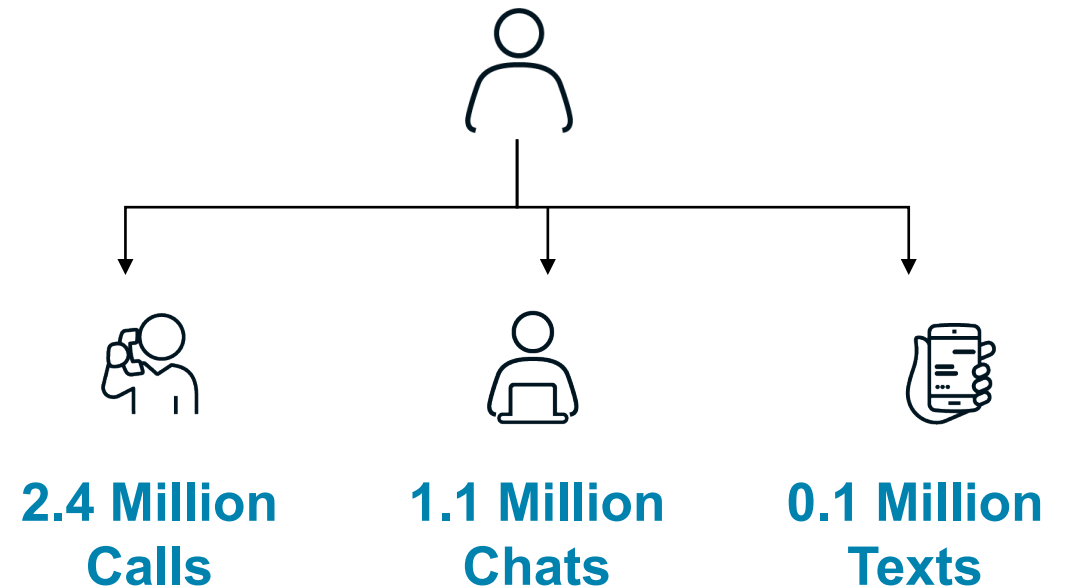


In FY21, the Lifeline received roughly **3.6 million contacts**

People who **call the Lifeline** are given three options:

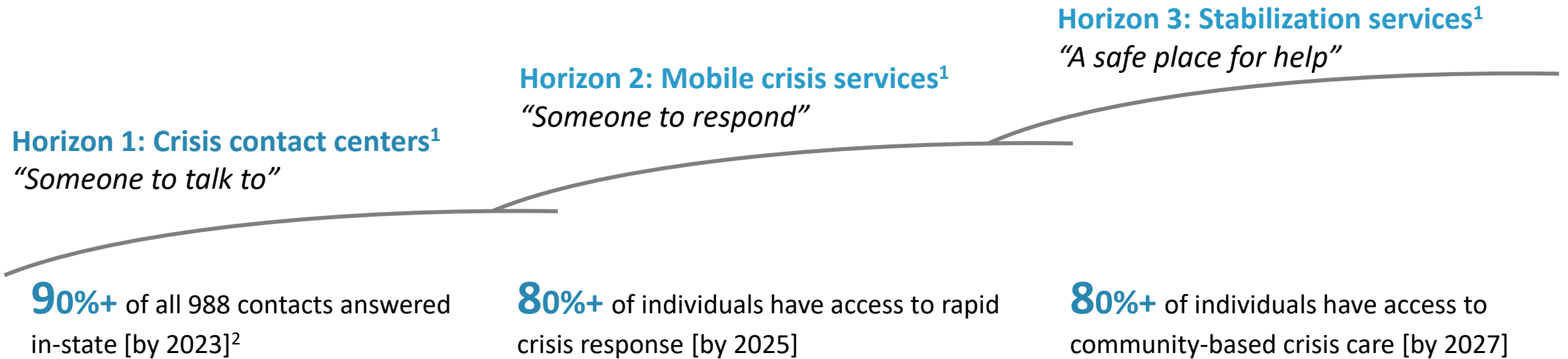
- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



Vision for 988 & Crisis Services

988



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

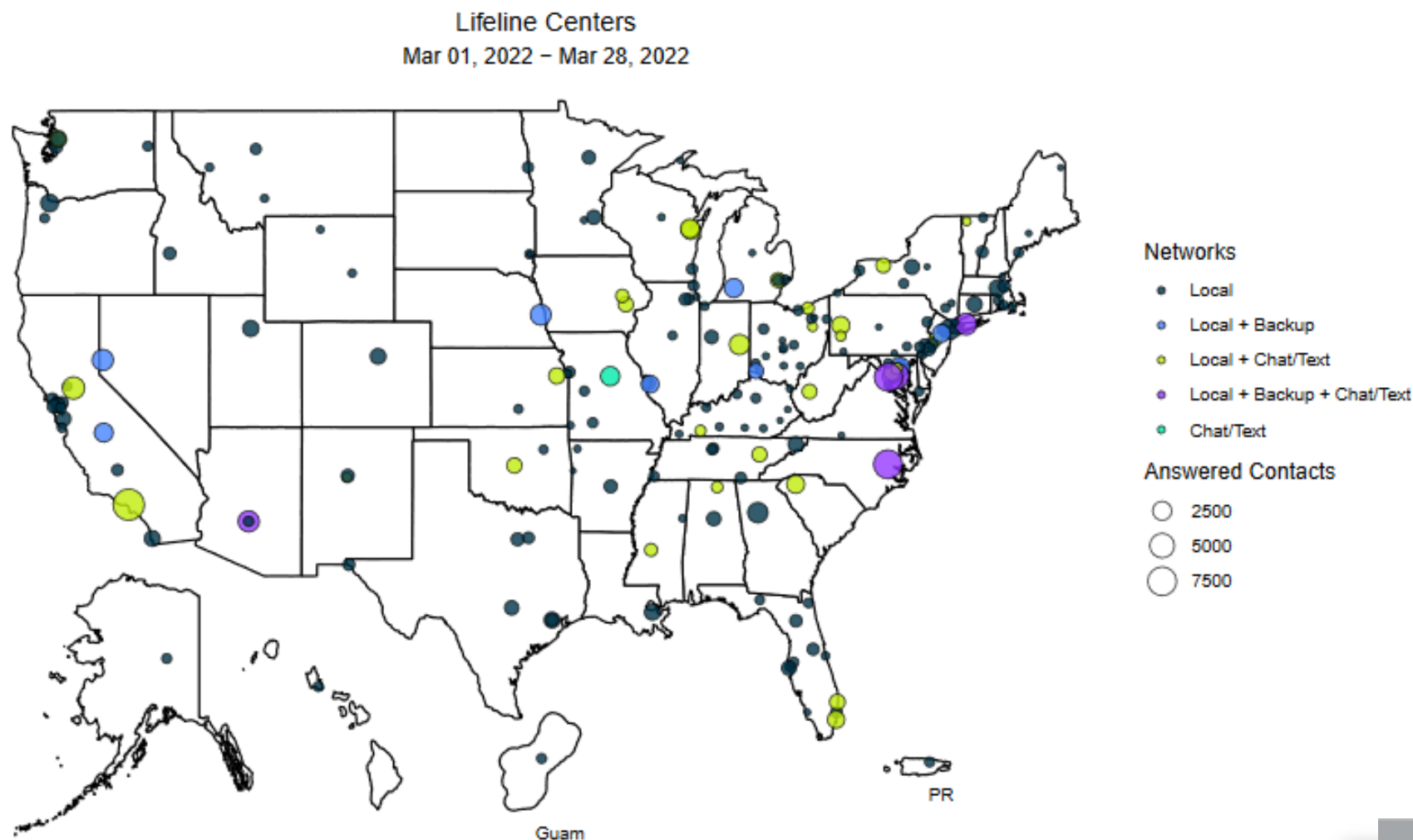
- National Suicide Prevention Lifeline helps thousands of people overcome crisis situations every day

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

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Current Lifeline In-State Answer Rates

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7 states with Lifeline answer rates above 90 percent

State Rate	Routed	Answer
AZ	2,883	92%
DC	551	90%
MS	904	90%
MT	618	97%
NC	4,248	90%
ND	283	93%
RI	268	99%

14 states with Lifeline answer rates between 80-90%

State Rate	Routed	Answer
AR	996	87%
CA	21,237	86%
KS	1,255	82%
MD	2,985	80%
MO	2,556	84%
MN	2,409	87%
NE	883	84%
PA	4,370	86%
SD	232	83%
TN	2,859	84%
VA	3,888	83%
VT	339	83%
WI	3,387	88%
WV	767	89%

21 states with Lifeline answer rates between 65-80%

State Rate	Routed	Answer
CT	1,699	77%
DE	332	73%
GA	4,519	67%
HI	838	66%
IA	1,334	70%
ID	864	75%
IN	2,650	78%
KY	1,781	68%
LA	2,195	68%
MA	3,907	68%
ME	404	67%
NH	650	78%
NJ	3,517	78%
NM	1,290	70%
NV	1,538	76%
OK	1,456	76%
OR	2,899	77%
SC	2,588	76%
UT	1,987	78%
WA	4,110	69%
WY	236	68%

9 states with Lifeline answer rates below 65%

State Rate	Routed	Answer
AK	583	55%
AL	2,182	63%
CO	3,727	38%
FL	7,779	62%
IL	7,032	22%
MI	4,918	54%
NY	10,918	63%
OH	4,855	58%
TX	11,255	44%

*Indicates state that has passed legislation creating a 988 cell phone fee



SAMHSA Investments to Improve Local Capacity

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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

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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

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

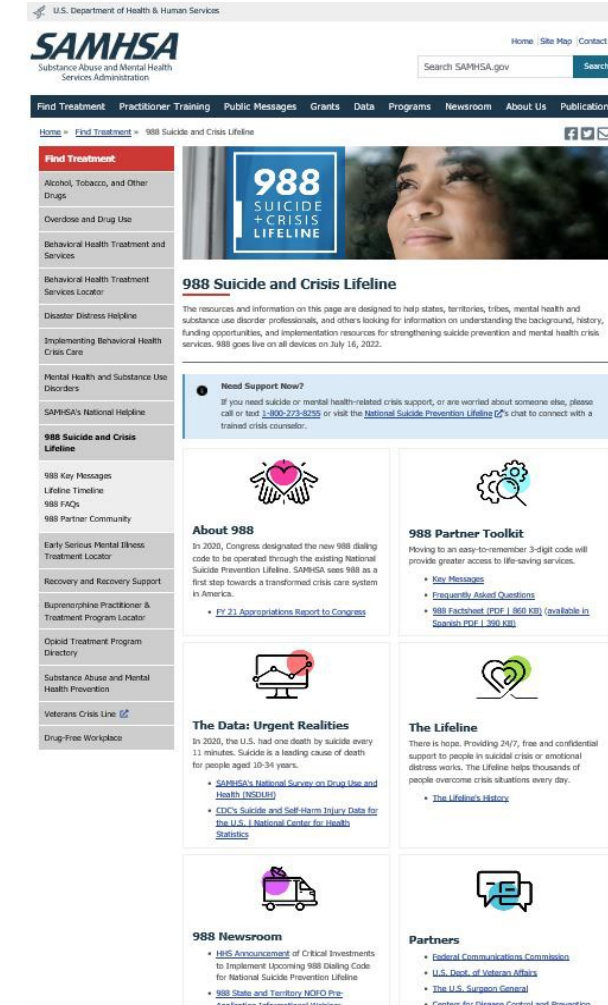
SNAPSHOT OF EXTERNAL PARTNERS



SAMHSA

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

The screenshot displays the SAMHSA 988 website. The top navigation bar includes links for Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Newsroom, About Us, and Publications. Below this, a breadcrumb trail reads: Home > Find Treatment > 988 Suicide and Crisis Lifeline > 988 Key Messages. A sidebar on the left lists various resources under the 'Find Treatment' heading, including Alcohol, Tobacco, and Other Drugs; Overdose and Drug Use; Behavioral Health Treatment and Services; Behavioral Health Treatment Services Locator; Disaster Distress Helpline; Implementing Behavioral Health Crisis Care; Mental Health and Substance Use Disorders; SAMHSA's National Helpline; 988 Suicide and Crisis Lifeline; 988 Key Messages (with sub-links for Lifeline Timeline, 988 FAQs, and 988 Partner Community); Early Serious Mental Illness Treatment Locator; Recovery and Recovery Support; Buprenorphine Practitioner & Treatment Program Locator; Opioid Treatment Program Directory; Substance Abuse and Mental Health Prevention; Veterans Crisis Line; and Diversion Workbooks. The main content area features a large header image with the 988 SUICIDE + CRISIS LIFELINE logo and a woman's face. Below the header, the '988 Key Messages' section explains the purpose and vision of the Lifeline. A 'Need Support Now?' box provides contact information: 1-800-273-8255 or the National Suicide Prevention Lifeline chat. The 'About 988' section details the 2020 Congressional designation and the 2022 transition to the 988 dialing code. A '988 Partner Toolkit' section highlights the move to a 3-digit code and lists links for Frequently Asked Questions, the 988 Factsheet (PDF, 860 KB), and the Spanish PDF (390 KB). A 'Need for 988' section is partially visible at the bottom.

- 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?referrer=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

Find Treatment Practitioner Training Public Messages Grants Data Programs Newsroom About Us Publications



Practitioner Training

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

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare...



State Targeted Response Technical Assistance (STR-TA)

The State Targeted Response Technical Assistance (STR-TA), known as the Opioid Response Network, was created to support...



Providers Clinical Support System (PCSS)

Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to...



Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental...



Suicide Prevention Resource Center

Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community...



Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on...



<https://www.samhsa.gov/practitioner-training>

Evidence-Based Practices Resource Center (EBPRC)

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

EVIDENCE-BASED RESOURCE GUIDE SERIES

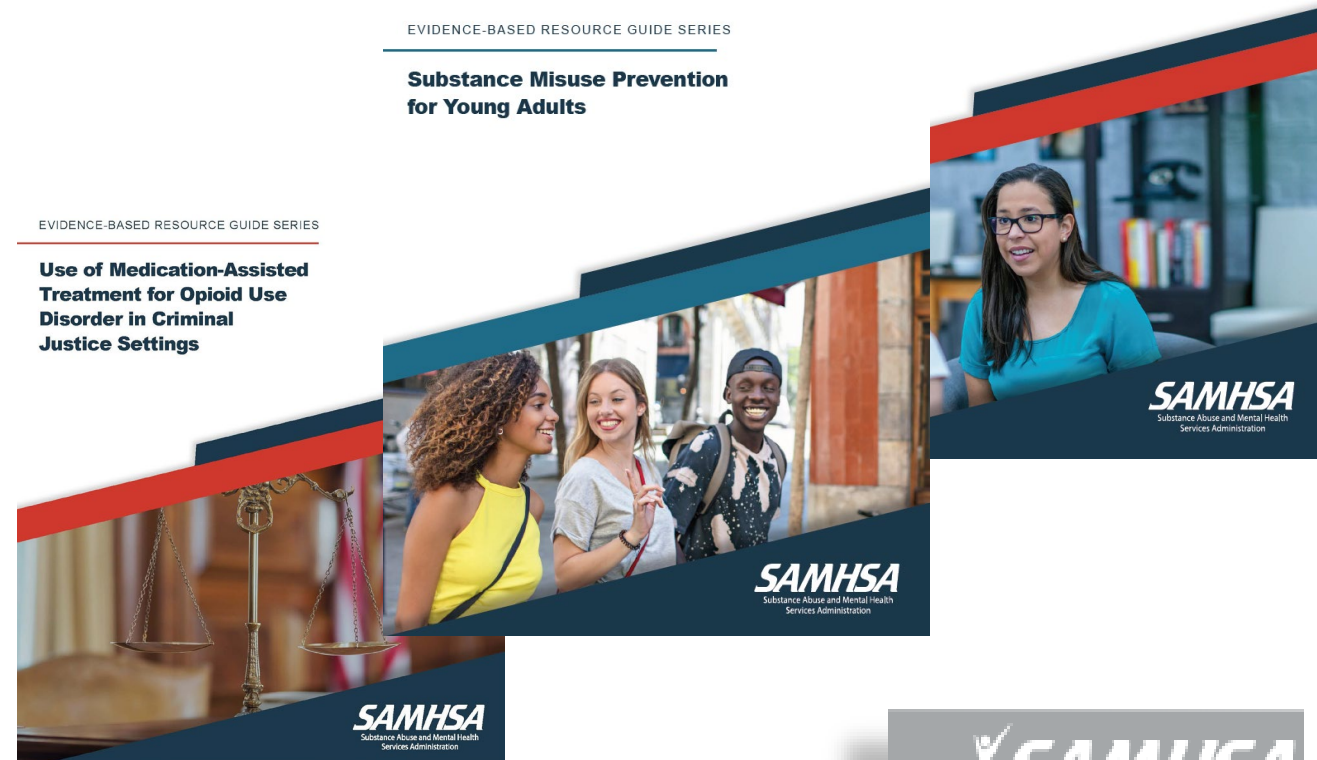
**First-Episode Psychosis
and Co-Occurring
Substance Use Disorders**

EVIDENCE-BASED RESOURCE GUIDE SERIES

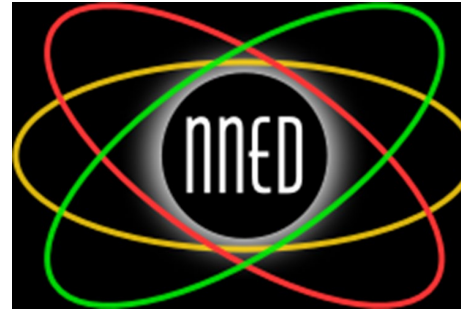
**Substance Misuse Prevention
for Young Adults**

EVIDENCE-BASED RESOURCE GUIDE SERIES

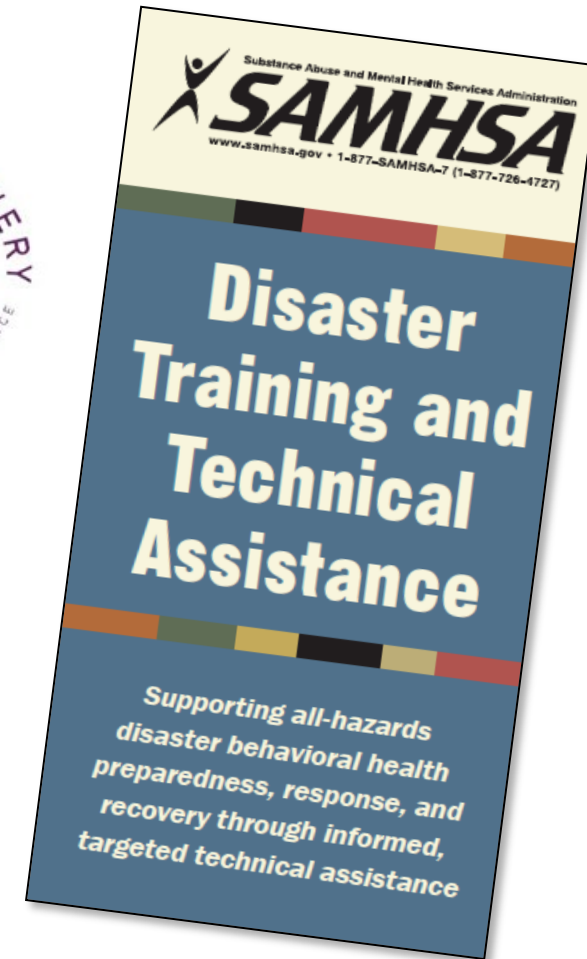
**Use of Medication-Assisted
Treatment for Opioid Use
Disorder in Criminal
Justice Settings**



SAMHSA Training Centers to Support Workforce Providers



National Network to Eliminate Disparities in Behavioral Health



Thank you!



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

