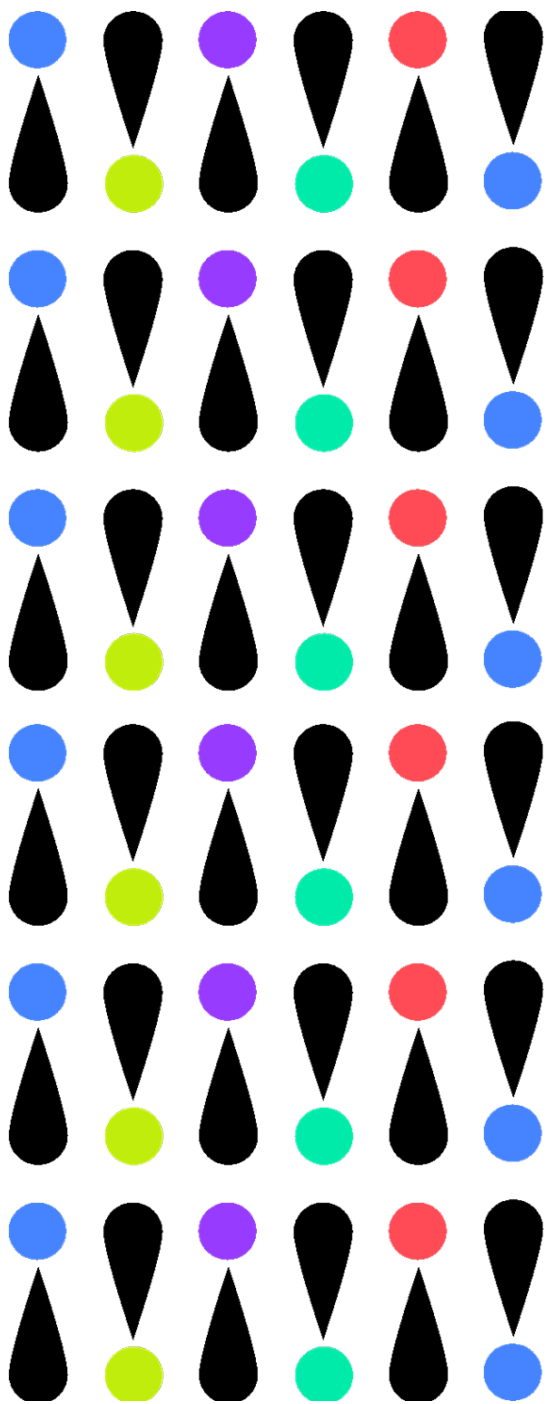




A New Lifeline: State Considerations for the 988 Behavioral Health Crisis Lifeline



**Vibrant Emotional Health
(Administrators of the National Suicide Prevention
Lifeline)**



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 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

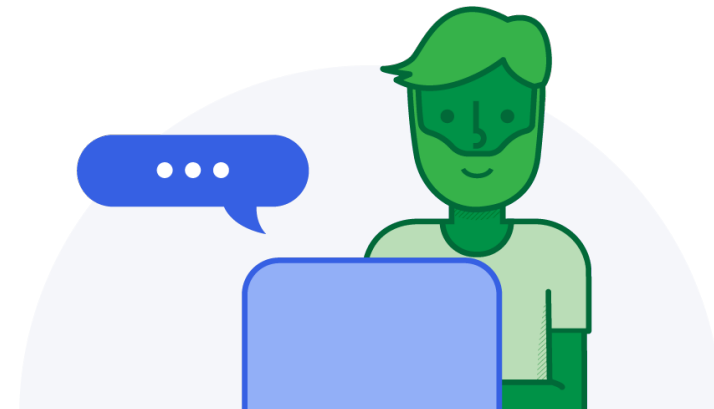
“Specifically, we designate 988 as the three digit to reach the Lifeline, and require all telecommunications carriers, interconnected voice over Internet Protocol (VoIP) providers and one-way VoIP providers (together “covered providers”) to make any network changes necessary to ensure that users can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

Federal Communications Commission Report and Order

What is the Lifeline?

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.



Lifeline Structure

State/Local Services

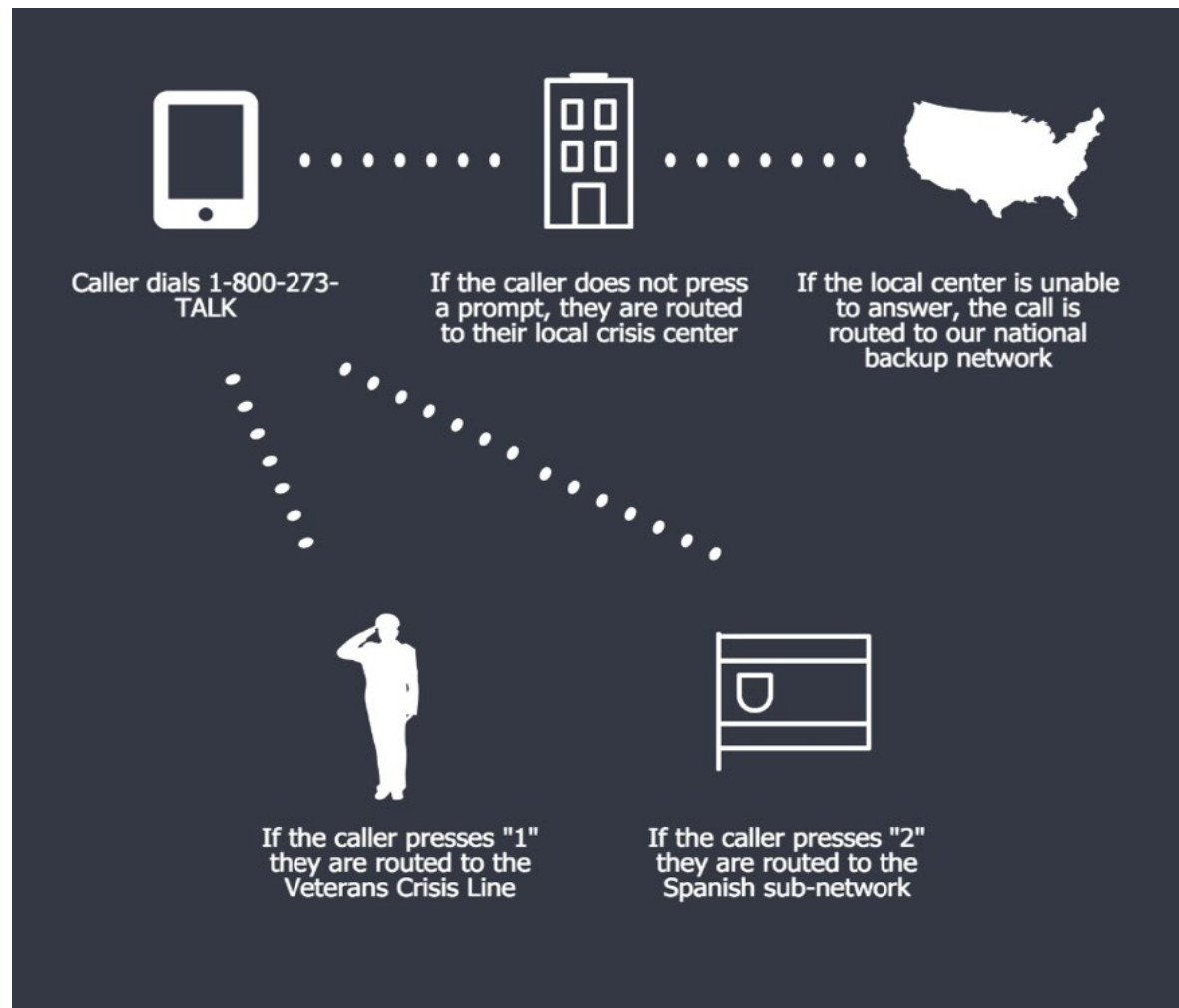
Local Crisis Centers
Referral Resource
Database
Local crisis services

Nationalized Services

Spanish Subnetwork
National Call Backup Network
National Chat and Text Network*

Current Lifeline Call Routing

The National Suicide Prevention Lifeline is a mental health safety network of independently operated, independently funded local and state call centers.

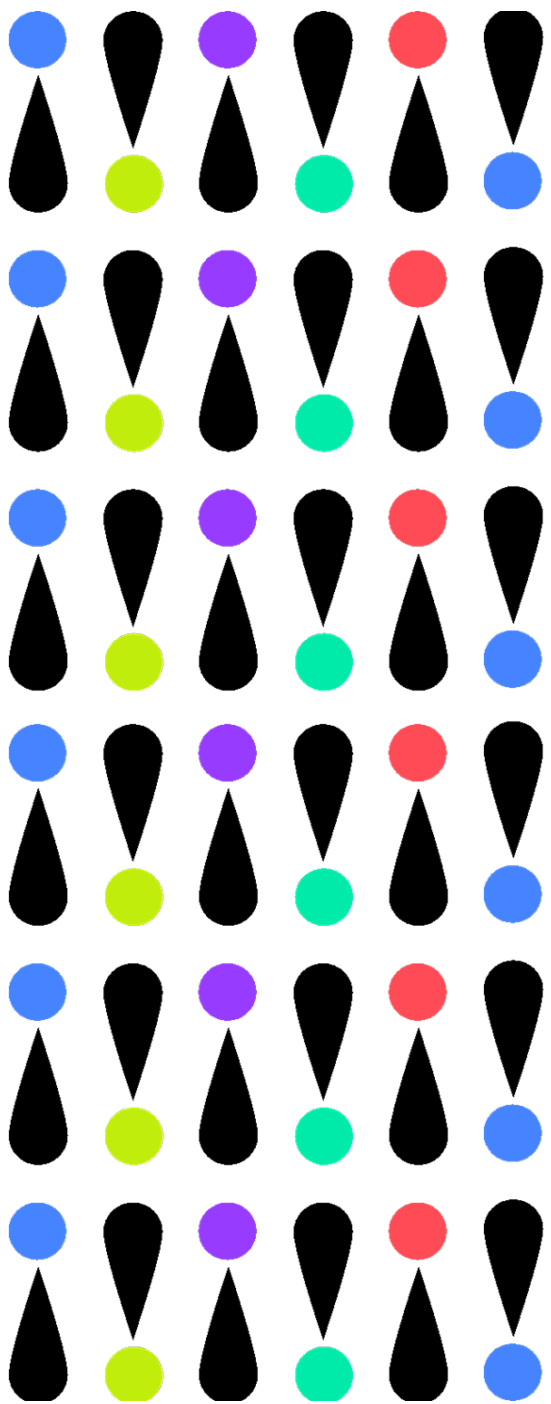


Lifeline Crisis Services & Best Practices Effectively Reduce Distress and Suicidality



- Callers' **emotional distress and suicide risk (e.g., intent to die) is significantly reduced** from the beginning to the end of the call. (Gould et al., 2007)
- RAND Study: **Callers to Lifeline crisis centers more likely to be assessed for suicide and report less distress** by end of the call than non-Lifeline centers (Ramchand, 2014)
- Crisis counselors are able to **secure the caller's collaboration** on an intervention on over **75% of imminent risk calls**. (Gould et al., 2016)
- **Two-thirds of chatters** reported that chat was helpful and that they were significantly and substantially **less distressed** at the end of the chat intervention than they were at the beginning. Moreover, **about half reported being less suicidal** at the end of the chat. (Gould et al., 2021)
- **Lifeline follow-up calls** to persons at risk: 80% say calls helped keep them safe, with half saying **"it's the reason I'm alive"** (Gould et al., 2018)





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)

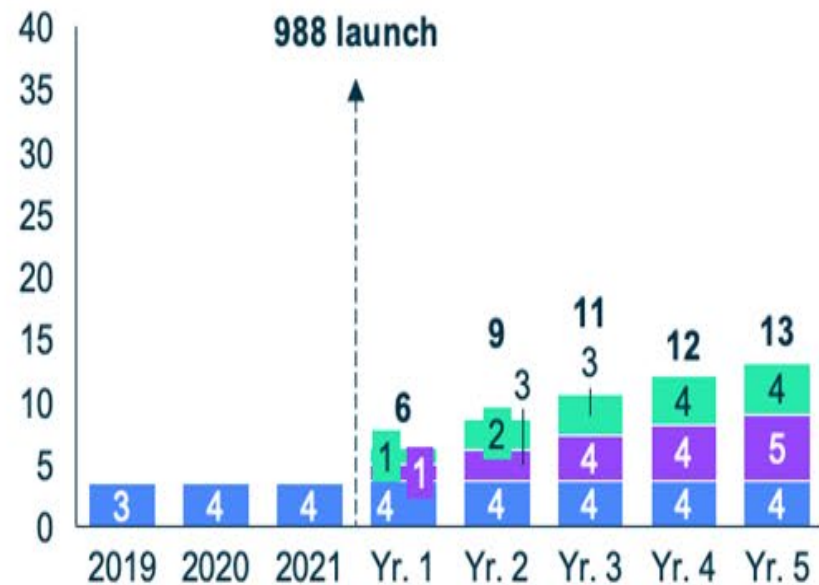
Access to omni-channel services: expansion to assure accessibility to call, chat, text and follow-up capabilities

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.

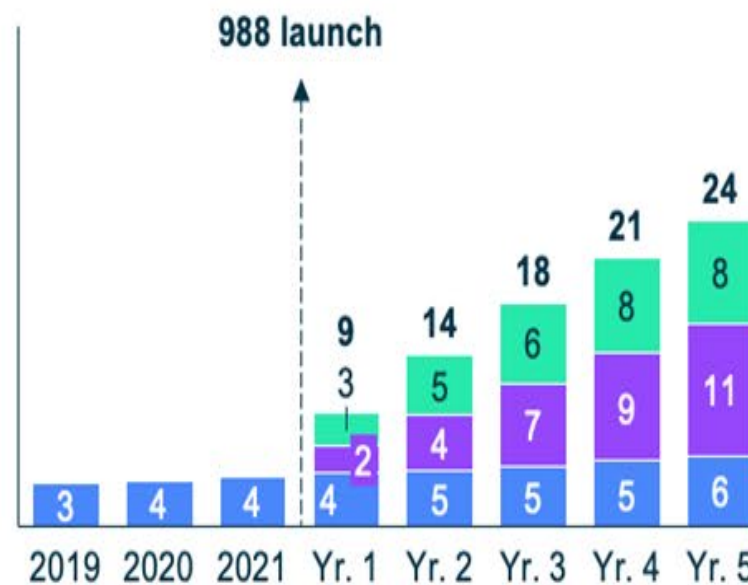
Stakeholder investment in service: greater public funding (e.g, Federal and State) and public visibility will impact service expectations/standards for network performance

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

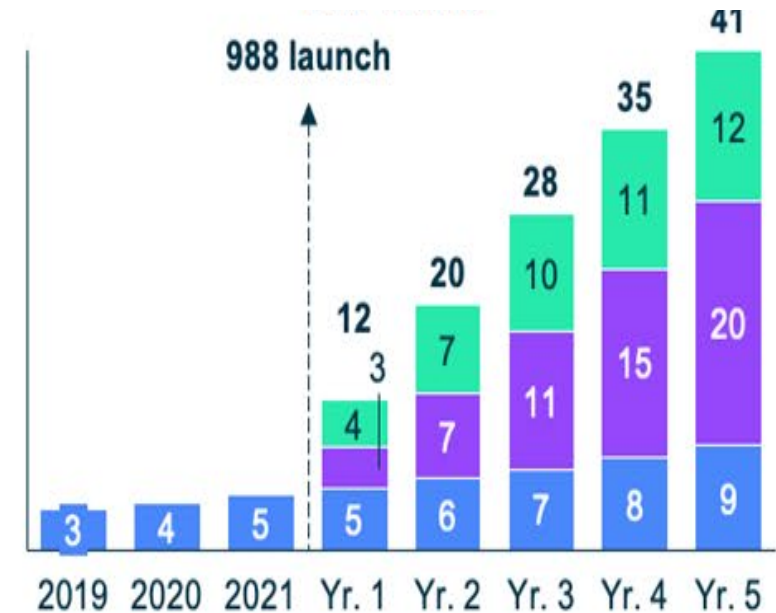
Scenario 1:
Low Volume



Scenario 2:
Medium Volume



Scenario 3:
High Volume



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

Right Intervention; Right Time

988

The contact IS the intervention;
overwhelming majority of crises
can be reduced

Trained crisis counselors
answering contact; average call
time is 20 minutes

Routing efficiencies and
centralized quality assurance and
standards

Can also link to outreach services
& care, follow-up services

Risk response is grounded in a
focus of least restrictive
intervention possible

911

- Trained dispatcher serves as a relay for fire, EMS, or law enforcement
- Typically, fire, EMS, or law enforcement MUST be deployed
- Can provide public safety and medical emergency services



Neither system can replace the other and both should be fully resourced

911 and Suicide Prevention Standard

NENA Suicide/Crisis Line Interoperability Standard

Abstract: This is a standard to facilitate working collaboratively with crisis lines to help ensure that persons at imminent risk of suicide receive the emergency assistance they need.



NENA Suicide/Crisis Line Interoperability Standard
NENA-STA-001.2-2022
DSC Approval: 01/17/2022
PRC Approval: 02/25/2022
NENA Board of Directors Approval: 03/04/2022
Next Scheduled Review Date: 01/01/2025

<https://www.nena.org/page/SuicideCrisisLineInterop>

Core Elements of a Crisis System

Core elements of a crisis system as identified by SAMHSA National Guidelines for Behavioral Health Crisis Care:

- Crisis Center (Someone to talk to)
- Crisis Mobile Team Response (Someone to respond)
- Crisis Receiving and Stabilization Services (Somewhere to go)

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit

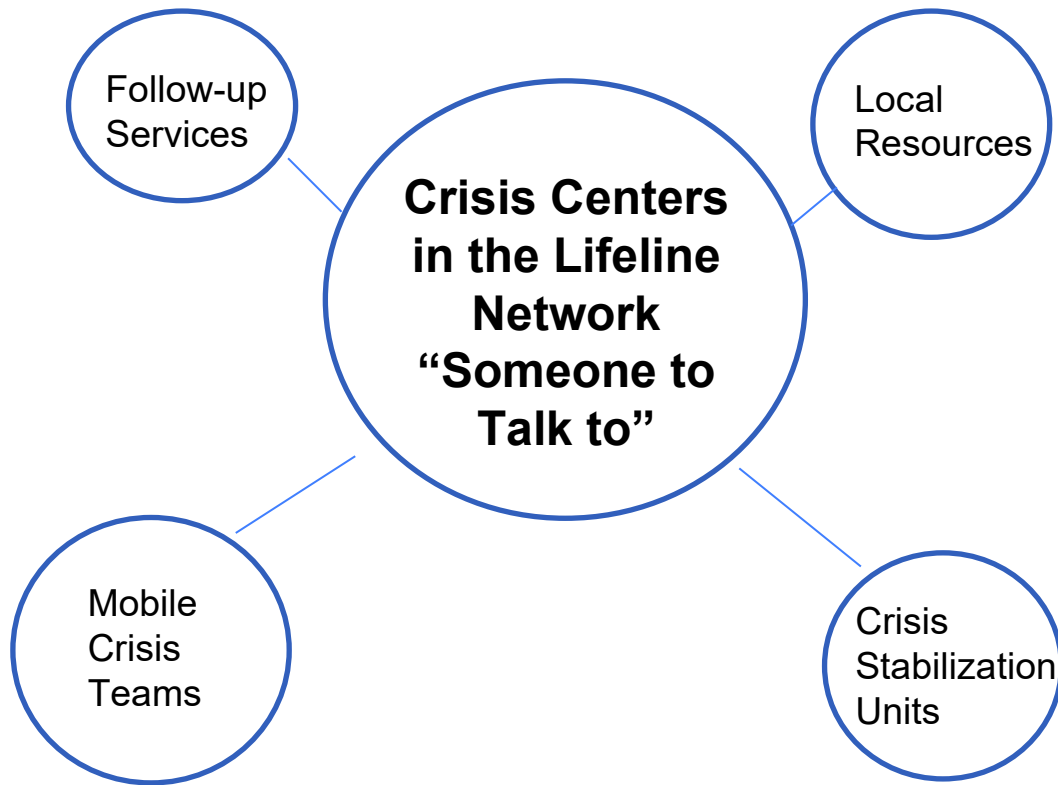
SAMHSA
Substance Abuse and Mental Health
Services Administration



Vibrant State 988 Planning Grants & 8 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

988: State Considerations



- 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?



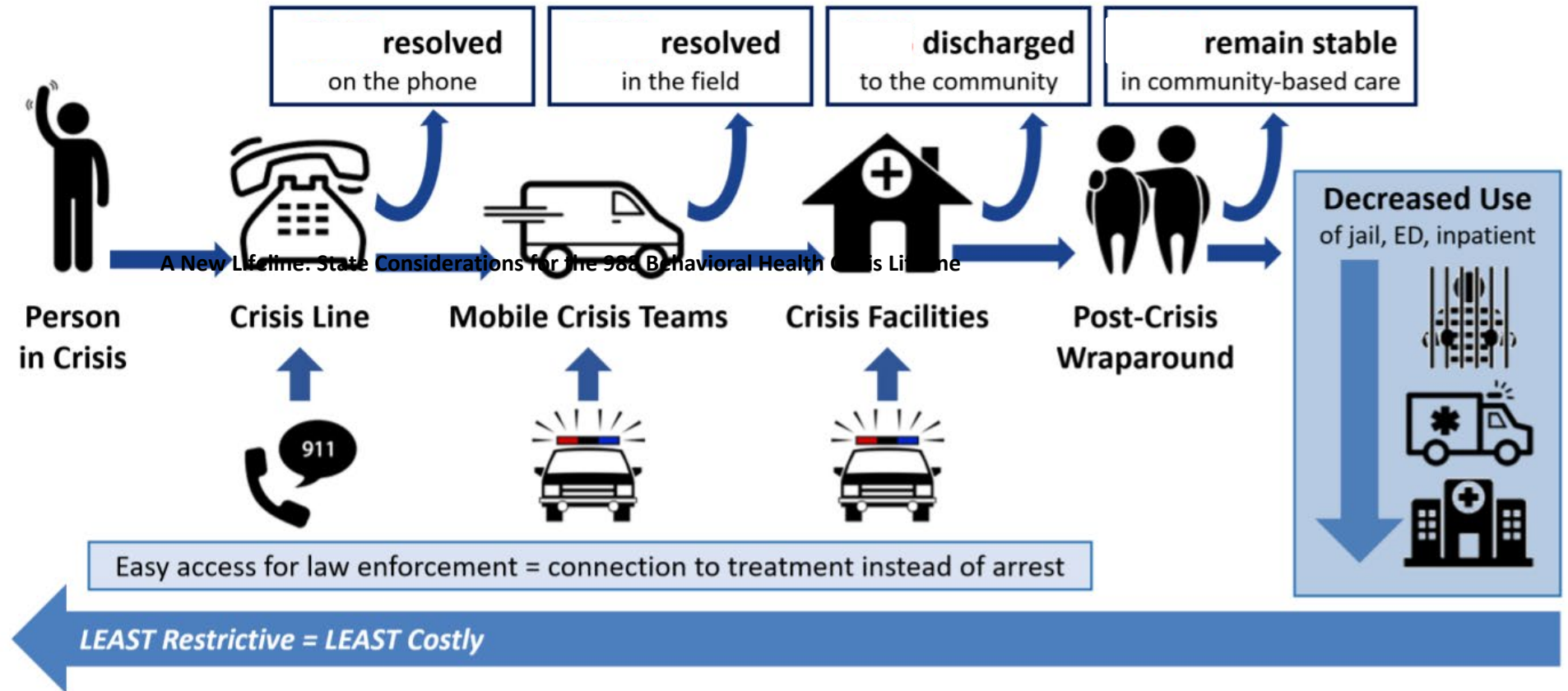
SAMHSA Grants to States

The Final Vibrant State 988 Planning grant deliverables were submitted late January have revealed high levels of planning and engagement in many States and Territories. State agency that participated in the grant would have the plans they submitted to Vibrant and can share or authorize Vibrant to share.

SAMHSA has since invested substantial funding into grants for states to strengthen capacity and prepare. SAMHSA and Congress have also invested significantly into the Lifeline nationalized services to increase capacity within the call backup network, chat and text network, and the Spanish subnetwork

Potential Crisis Cost Savings

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Transforming Crisis Response



988 will be the front door for crisis services for many individuals, including those who may need higher levels of care. We can reduce costs and better serve individuals by connecting the crisis continuum through the Lifeline crisis centers and 988

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

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