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Roundtable Discussions with National Experts

A National Meeting of State Health and Human Services
Committee Chairs

Denver | June 6, 2023

State Trivia Time!



Welcome National Experts!



Elaine Chhean

Special Assistant to the
Executive Director

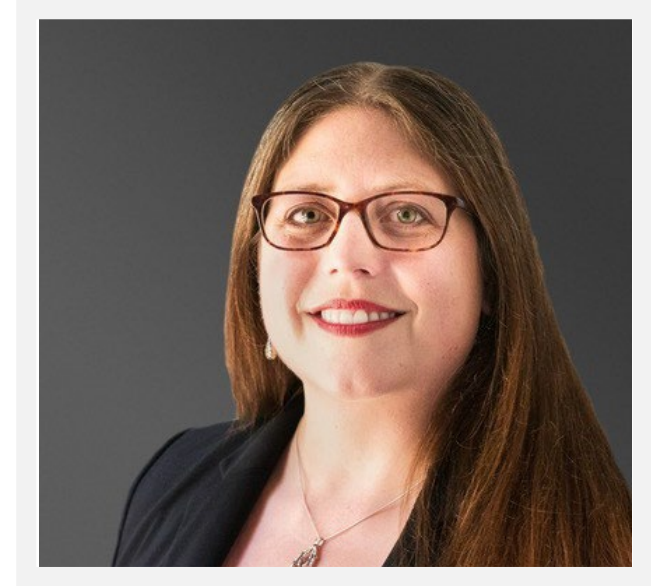
National Academy for State
Health Policy



Kelly Clarke

Vice President

988 Suicide & Crisis Lifeline at
Vibrant Emotional Health



Kate Elkins

Emergency Medical Services/ 911
Specialist, Office of EMS and
National 911 Program

National Highway Traffic Safety
Administration

Roundtable Topic #1: Housing



Health and Housing

Elaine F H Chhean, National Academy for State Health Policy

About NASHP

For over 35 years, the **National Academy for State Health Policy** (NASHP) has been a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



Health and Housing

Being without a stable home is detrimental to one's overall health and wellbeing.

Supportive housing combines affordable housing and housing assistance with voluntary health care and supportive services to address the needs of individuals otherwise experiencing homelessness or unstable housing.

Improves Housing Stability
and Other Social Outcomes

Improves Physical and
Behavioral Health
Outcomes

Is Cost Effective

Partnerships Needed



Core Elements of Health and Housing



The Role of Medicaid

Medicaid

- Provides health coverage to low-income individuals
- Operated by states per federal requirements
- Jointly funded by states and federal

Housing Support Services Under Medicaid

- Pre-tenancy services
- Tenancy support services
- (New!) Temporary housing up to 6 months
- Physical & behavioral health, referral to social supports

Medicaid Authorities and Mechanisms

- State plan
 - Rehabilitation services, 1915(i), health homes, targeted case management
- Waivers
 - Section 1115 demos, HCBS, Money Follows the Person
- Managed care

CMS Guidance on services addressing Health-Related Social Needs (HRSN)

- CMS released a framework for addressing HRSNs and approved several new 1115 waivers in **Arizona, Arkansas, California, Massachusetts, New Jersey & Oregon**.
 - Includes medically-appropriate short-term housing (AZ, CA, and OR).
 - Targeted populations include adults and youth transitioning from institutional care, experiencing or at-risk of homelessness, and with high-cost high needs chronic health conditions or serious mental illness (SMI).
- **In lieu of services (ILOS)** are medically appropriate and cost-effective services MCOs can choose to offer as an alternative to a covered service.
- Other levers aside from 1115 Demonstration waivers -- e.g., home- and community-based services (HCBS) waivers and Money Follows the Person -- that can support housing-related services.

Louisiana Permanent Supportive Housing

- **Priority Population:** Individuals and families with a disability, people experiencing homelessness or at risk of homelessness, at risk of institutionalization or unnecessarily institutionalized.
- **Partnership Between Agencies:** Program jointly administered by the LA Department of Health and the LA Housing Corporation/ Housing Authority
- **Braided Funding Model:**
 - Capital: Low Income Housing Tax Credit (LIHTC), Home Investment Partnership Program (HOME), Housing Trust Fund (HTF), Community Development Block Grant (CDBG)
 - Rental Assistance:* Combination of state and federal vouchers and rental assistance
 - Support Services: Medicaid state plan & HCBS waiver, Ryan White, Veteran's Affairs, CDBG
- **Outcomes:**
 - 88% housing stability; 68% reduction in homelessness; 59% increase household income
 - ER visits decreased 26%; hospitalizations decreased 12%; behavioral health services increased 23%
 - Decrease in Medicaid costs by \$767 for the first year in the program and \$575 for the second year

*The LA Housing Corporation was enabled through legislation to act as a statewide Public Housing Authority, centralizing a statewide voucher process.

Oregon: A Path Forward

- [Executive Orders](#): Declare a state of emergency; direct state agencies to prioritize reducing homelessness, and establish statewide housing production goals
- [New Section 1115 Demonstration Waiver](#)
 - Prioritizes individuals transitioning out of institutions and child welfare and experiencing homelessness or at risk of becoming homeless
 - Home-find and tenancy sustaining services, move-in costs, and short-term rental assistance; food and nutrition counseling and home delivered meals (for up to 6 months)
 - Infrastructure investments for providers (technology, operations, workforce, and outreach)
- [Oregon Housing and Community Services, A Path Forward](#):
 - In 2022, used \$330 million to increase affordable rental units by 5,000 to a total of 23,000 units (4,000 of which are in rural areas)
 - Created 1,200 new permanent supportive housing units
 - Requesting state-funded long-term rental assistance program and coordinating with Public Housing Authorities to prioritize Medicaid individuals for existing housing voucher programs

Summary: Legislative Policy Options

Invest in housing strategies – housing stock and state-funded rental assistance/ vouchers

Encourage or create cross-agency governance structures

Support Medicaid flexibility to pursue housing support services

Pair rental assistance and support services

Invest in community-based organizations' capacity and infrastructure

Enable data sharing through investing in cross sector infrastructure and flexibilities

Pursue statewide approaches to administering rental assistance

Prevent discrimination based on income source

Support practices that prevent or address evictions

Support practices that reduce incarceration of people experiencing homelessness

Resources: Cross-Agency Partnerships

- NGA [Housing as Health Care: A Road Map for States](#) (2016)
- NASHP & CSH [Health & Housing: Intro to Cross-Sector Collaboration](#) (2021)
- CSH [Supportive Housing 101](#)
- NASHP [State Interagency Councils on Homelessness](#) (2023)
- NASHP [Report Out from First Round of Health and Housing Institute](#) (2020)
- NASHP [Braiding Funds to House Complex Medicaid Beneficiaries: Key Policy Lessons from Louisiana](#) (2017)

Resources: Deep Dives on Medicaid

- CMS Guidance:
 - [New Framework for Health Related Social Needs Section 1115 Demonstration Waivers \(2022\)](#)
 - [Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care \(2023\)](#)
 - [Opportunities in Medicaid and CHIP to Address Social Determinants of Health \(2021\)](#)
- CSH [Summary of State Actions on Medicaid and Housing Services \(2022\)](#)
- MACPAC [Medicaid's Role in Housing \(2021\)](#)
- CBPP [Medicaid Can Partner with Housing Providers and Others \(2020\)](#)
- CBPP [Housing and Health Partners Can Work Together to Close the Housing Affordability Gap \(2020\)](#)

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Roundtable Topic #2: 988 Suicide and Crisis Lifeline



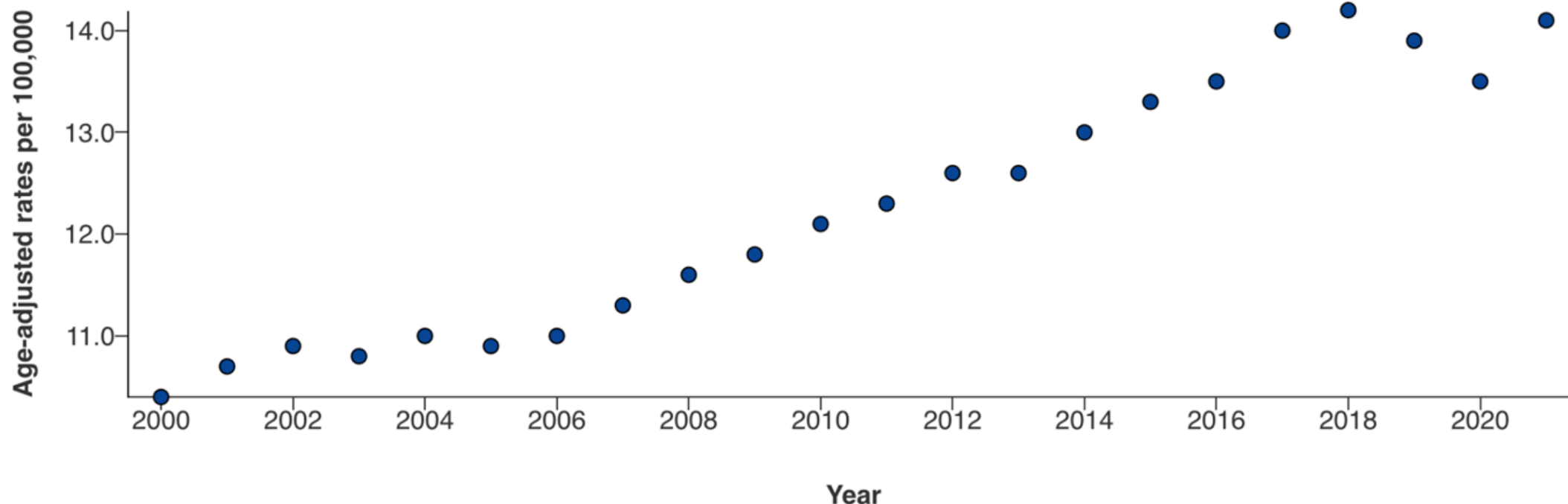


988 Suicide and Crisis Lifeline

Kelly Clarke
National Conference of State Legislatures
June 2023

Suicide Rates

Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates nearly returned to their peak in 2021.



(CDC, 2023)



America is experiencing a mental health crisis.

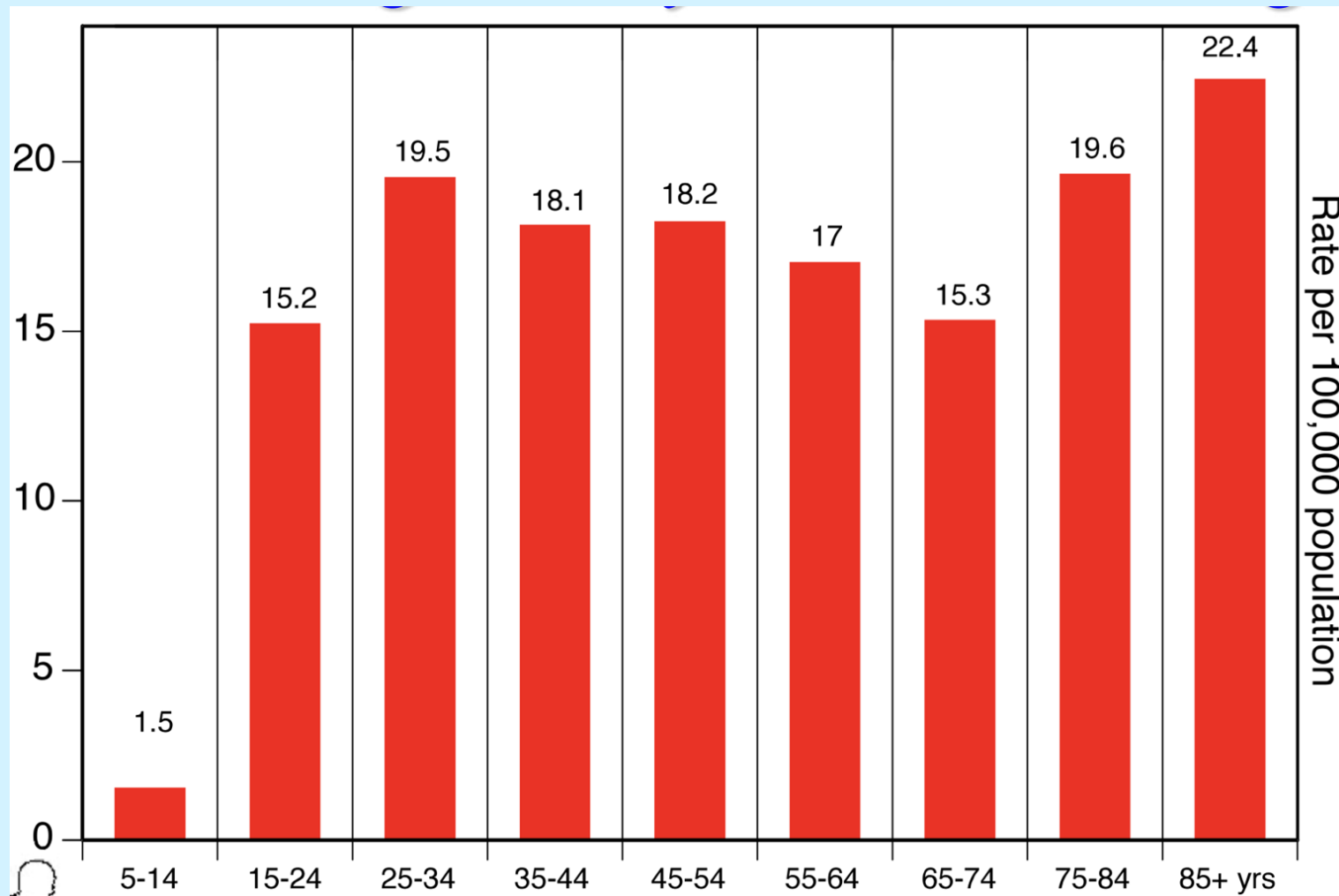
Current State



- 48,183 Americans died by suicide in 2021.
 - Making it the 11th leading cause of death in the U.S.
 - 90% of those who died by suicide had a diagnosable mental health condition at the time of their death.
- Third leading cause of death for 14–25yo (leading cause of death is gun violence)
- 22% of Americans experienced a mental illness in 2021
- Depression is a leading cause of disability worldwide

- ❖ In 2021, 6,528 14–25yos died by suicide
- ❖ The 3rd leading cause of death for young people

Overall Stats



(SAVE, 2023)

Disparities in Suicide


Some groups have disproportionately high rates of suicide/attempts.

The suicide rate among **males** in 2020 was **4 times higher** than the rate among females. (CDC, 2021)

People **ages 85 and older** have the highest rates of suicide (CDC, 2021).

The racial/ethnic groups with the highest suicide rates in 2020 were **non-Hispanic American Indian** and **Alaska Natives** and **non-Hispanic Whites**. (CDC, 2021)

LGBTQ youth are four times more likely to make a suicide attempt than their peers (Trevor Project, 2021)



What is 988?

NATIONAL SUICIDE HOTLINE DESIGNATION ACT OF 2020

“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.”

FUNDED BY SAMHSA

The 988 Suicide & Crisis Lifeline (988 Lifeline) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health. The Lifeline launched in 2005.

What is 988?

24/7

The 988 Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States.

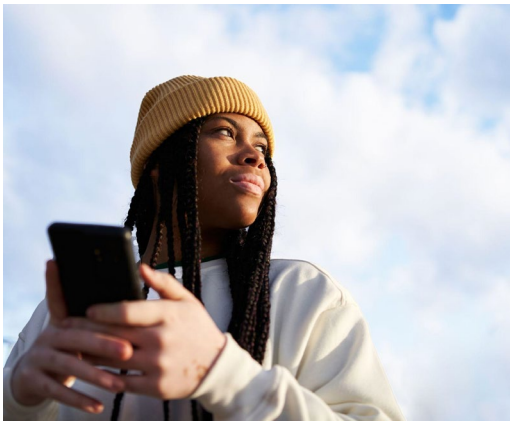
NETWORK OF 210 CENTERS (and growing!)

988 Lifeline is made up of a network of over 200 independently operated local centers.



**Working together to reach all people
through their preferred channel, and
connecting them to counselors equipped to
provide affirming crisis care rooted in best
practice for all communities**

How does it work?

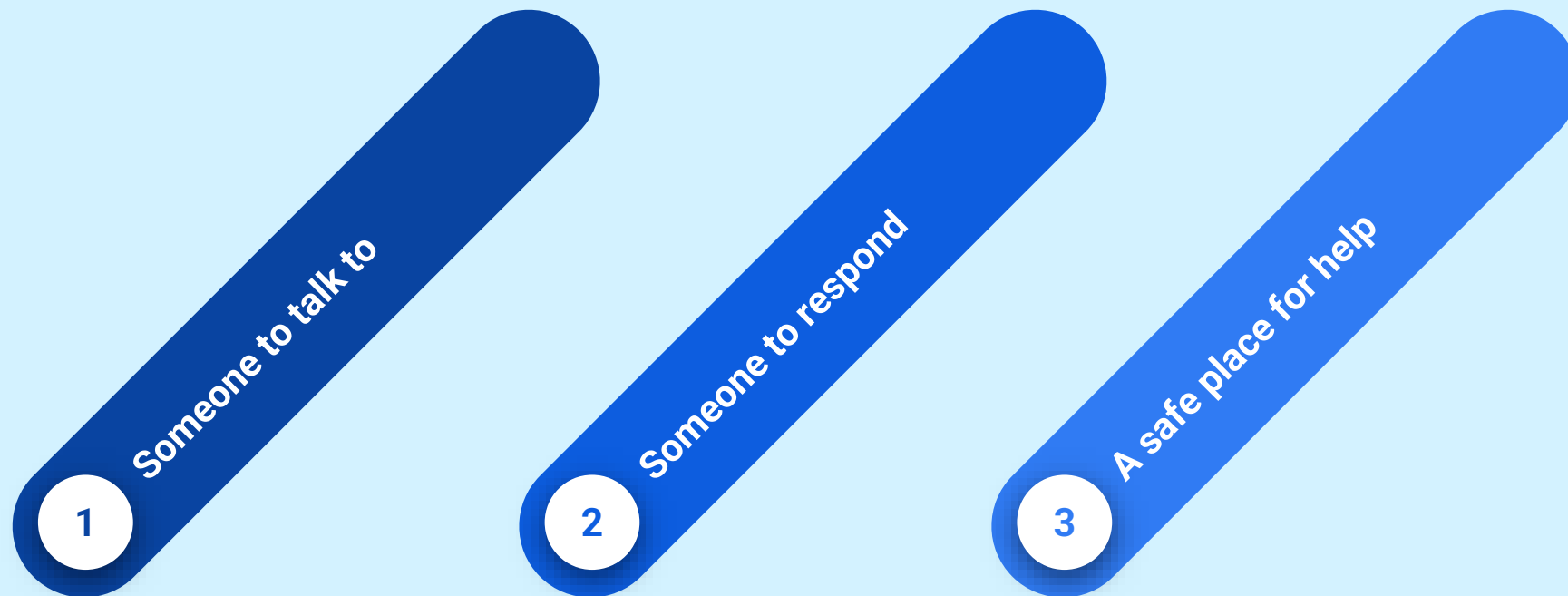


Effectiveness

Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed, and more hopeful after speaking with a Lifeline Counselor.

- $\frac{2}{3}$ 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 caller 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)

Crisis Continuum



Pre v Post 988

April 2022 v April 2023

- 160,314 more contacts (calls/chats/texts) answered.
 - Calls answered increased by 52%
 - Chats answered increased by 90%
 - Texts answered increased by 1022%
- Average speed of answer decreased from 175 seconds to 37 seconds

FY24 Goals:

FY 24 Goals
9 Million People Served
90% Answered/20 Sec ASA
Spanish Chat/Text Launched
240 Centers
Specialized Trainings



Thank you!

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Roundtable Topic #3: Emergency Medical Services



EMS and 911 Systems: Serving Our Communities on the Frontlines of Healthcare and Public Health

Kate Elkins, MPH, CPH, NRP
EMS and 911 Specialist
NHTSA's Office of EMS

Office of EMS' Mission



Reduce death & disability

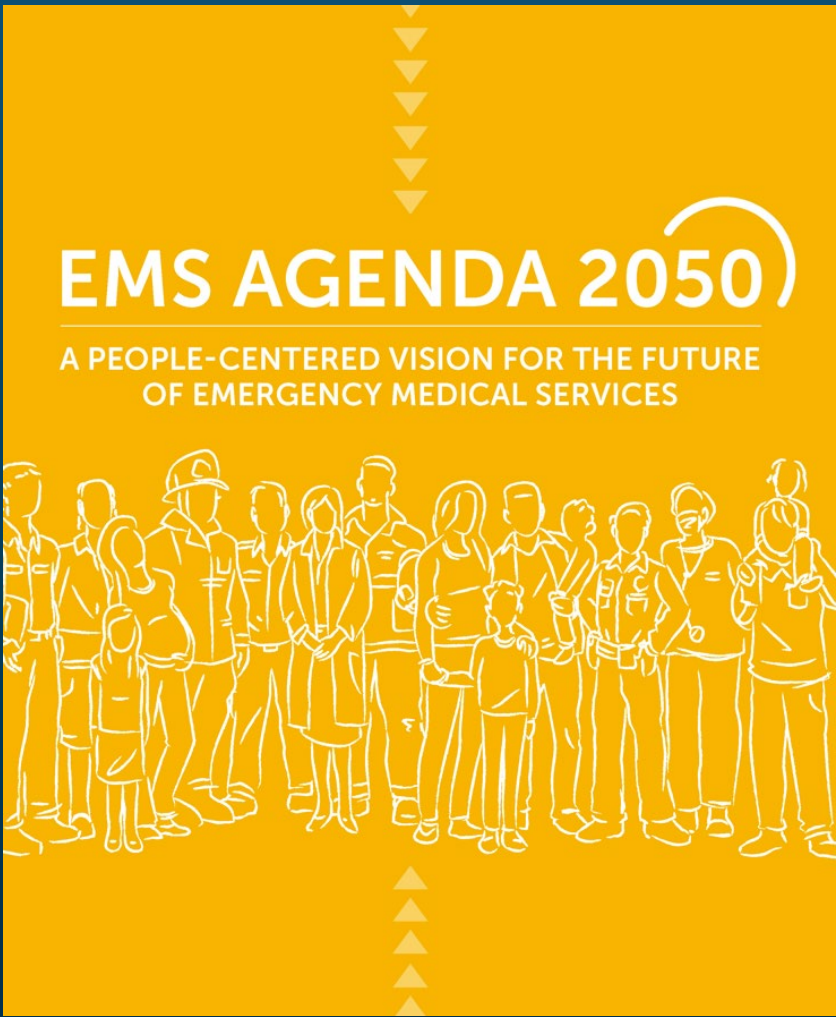


Provide leadership & coordination to the EMS community

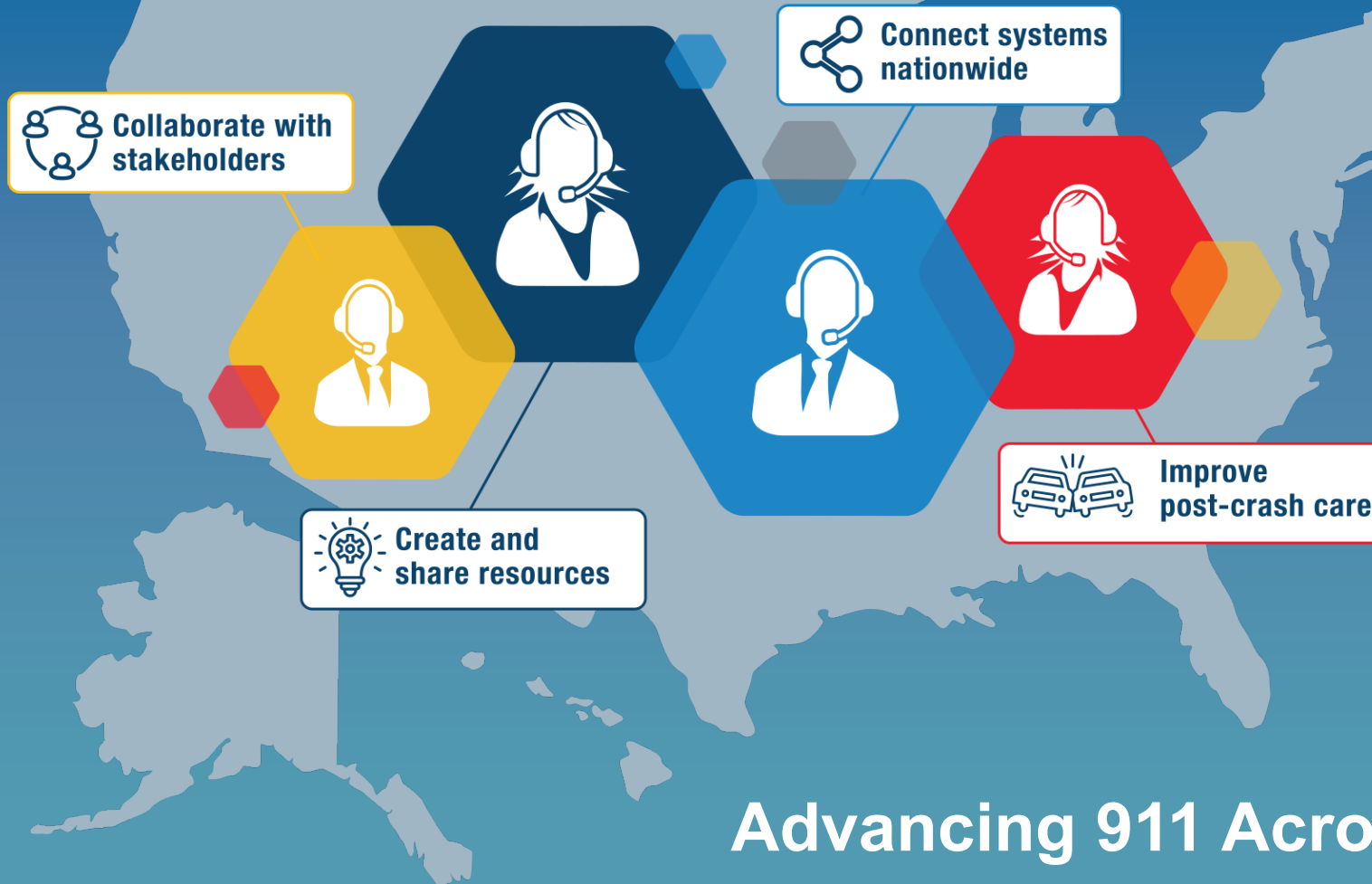


Assess, plan, develop, & promote comprehensive, evidence-based emergency medical services & 911 systems

The Future of EMS



NHTSA National 911 Program



911 systems are the access point emergency response



Emergency Medical Services (EMS) practices at the intersection...



What about EMS and 911 Systems in your State?

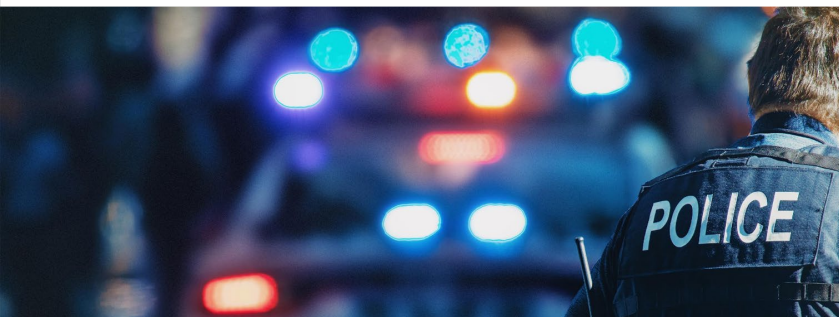
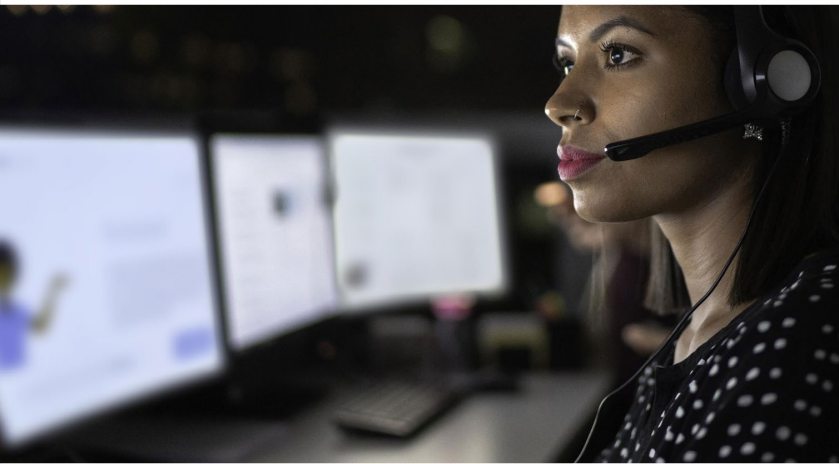
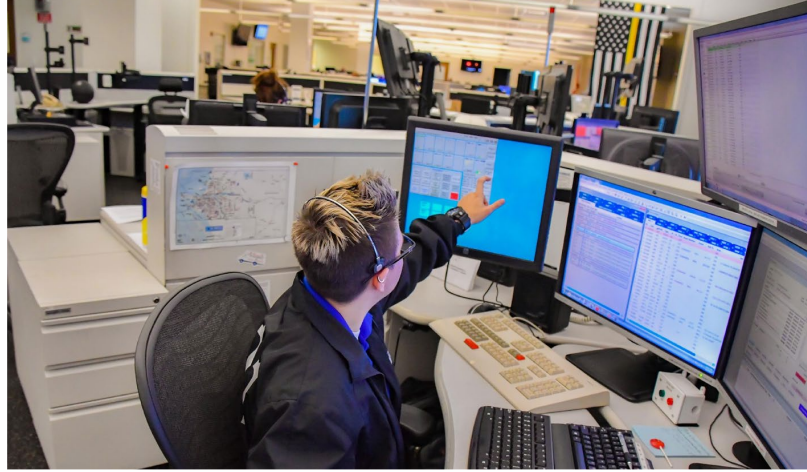
- How are they structured in your state? In your community?
- How are they funded?
- How are they regulated?
- Are they essential?
- Do they follow evidence-based practices?
- Do they have the resources they need?

Community Paramedic (CP) Programs and Mobile Integrated Health (MIH) Programs...caring for patients where they are...



Community Paramedic and Mobile Integrated Health (MIH) Examples

- Medstar (TX)
 - Home visits to prevent readmission for CHF
- Austin Travis County EMS (TX)
 - 2 Behavioral Health Paramedics 24/7
 - Community Health team with options for telehealth consults, advanced providers and community resources to avoid ED transports and address social determinants of health
- White Earth EMS (MN)
 - Research protocol for paramedic administered Suboxone
 - Covid partnership with paramedics and home health to provide in home IV antibody treatment



There are many ways
crisis response can be done...
but EMS and 911 systems
have always been the safety
net

Recognizing and Treating Patients in Crisis

- EMS and 911 systems are well versed in triage and actively screen patients and callers for a variety of conditions.
- Treatment for Substance use disorder by EMS.
- There is a need for better resources in community for substance use disorder, homelessness, mental health, crisis, and all the social determinants of health.
- EMS and 911 systems as established safety net systems are positioned to help connect community members with resources IF funded, empowered to do so and there are resources in the community to connect to.

Alternate Destination for Behavioral Health Patients



Acute Crisis Care for Patients with Mental Health Crises: Initial Assessment of an Innovative Prehospital Alternative Destination Program in North Carolina

Jamie O. Creed, Julianne M. Cyr, Hillary Owino, Shannen E. Box, Mia Ives-Ruble, Brian B. Sheitman, Beat D. Steiner, Jefferson G. Williams, Michael W. Bachman, Jose G. Cabanas, J. Brent Myers & Seth W. Glickman

To cite this article: Jamie O. Creed, Julianne M. Cyr, Hillary Owino, Shannen E. Box, Mia Ives-Ruble, Brian B. Sheitman, Beat D. Steiner, Jefferson G. Williams, Michael W. Bachman, Jose G. Cabanas, J. Brent Myers & Seth W. Glickman (2018) Acute Crisis Care for Patients with Mental Health Crises: Initial Assessment of an Innovative Prehospital Alternative Destination Program in North Carolina, *Prehospital Emergency Care*, 22:5, 555-564, DOI: [10.1080/10903127.2018.1428840](https://doi.org/10.1080/10903127.2018.1428840)

Study demonstrated significant benefit for direct transport to a crisis and stabilization center (UNC WakeBrook) instead of emergency department

Is it safe to transport to an Alternate Destination?

Can Mobile Integrated Health Care Paramedics Safely Conduct Medical Clearance of Behavioral Health Patients in a Pilot Project? A Report of the First 1000 Consecutive Encounters

Kevin E. Mackey & Chichen Qiu

To cite this article: Kevin E. Mackey & Chichen Qiu (2019) Can Mobile Integrated Health Care Paramedics Safely Conduct Medical Clearance of Behavioral Health Patients in a Pilot Project? A Report of the First 1000 Consecutive Encounters, *Prehospital Emergency Care*, 23:1, 22-31, DOI: [10.1080/10903127.2018.1482390](https://doi.org/10.1080/10903127.2018.1482390)

- 276 patients transported direct to a facility of which only 10 had a subsequent ED visit, none of which were for undiscovered medical conditions
- All 10 were either admitted to a psych facility at end of ER visit or discharged home

Success Stories

- St. Charles EMS (MO) partnered with community mental health organization for on-scene telehealth crisis assessments
- WV opioid response follow up team of responders
- Utah Navajo requires ASIST training for all their EMS clinicians and works with behavioral health center
- Wake (NC) EMS transports to stabilization center



EMS clinicians and 911 telecommunicators also need improved Crisis Resources





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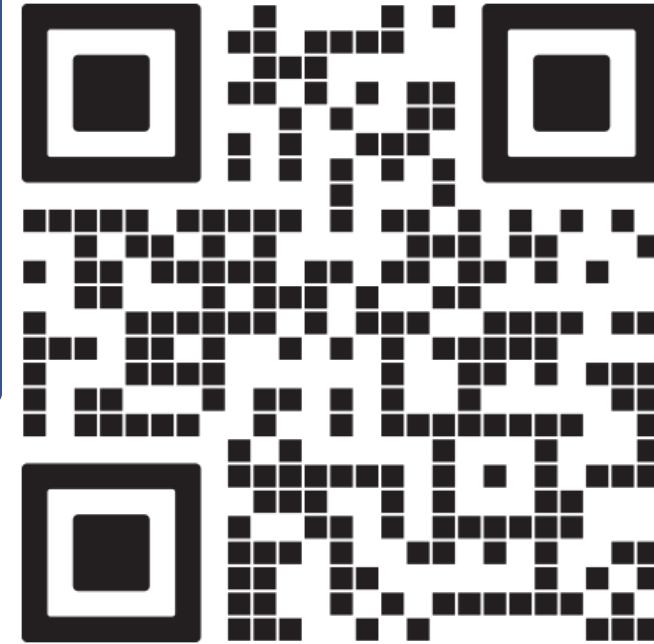
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Suicides Among First Responders: A Call to Action

April 6, 2021 by Hope M. Tiesman, PhD; Katherine L. Elkins, MPH; Melissa Brown, DrPH; Suzanne Marsh, MPA; and Leslie M. Carson, MPH, MSW





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An analysis of suicides among first responders — Findings from the National Violent Death Reporting System, 2015–2017 [☆]

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ABSTRACT

Introduction: First responders, including law enforcement officers (LEOs), firefighters, emergency medical services (EMS) clinicians, and public safety telecommunicators, face unique occupational stressors and may be at elevated risk for suicide. This study characterized suicides among first responders and identifies potential opportunities for additional data collection. **Methods:** Using suicides identified from the three most recent years of National Violent Death Reporting System data with industry and occupation codes from the NIOSH Industry and Occupation Computerized Coding System (2015–2017), decedents were categorized as first responders or non-first responders based on usual occupation. Chi-square tests were used to evaluate differences in sociodemographic and suicide circumstances between first and non-first responders. **Results:** First responder decedents made up 1% of all suicides. Over half of first responders (58%) were LEOs, 21% were firefighters, 18% were EMS clinicians, and 2% were public safety telecommunicators. Compared to non-first responder decedents, more first responders served in the military (23% vs. 11%) and used a firearm as the method of injury (69% vs. 44%). Among first responder decedents for whom circumstances were known, intimate partner problems, job problems, and physical health problems were most frequent. Some common risk factors for suicide (history of suicidal thoughts, previous suicide attempt, alcohol/substance abuse problem) were significantly lower among first responders. Selected sociodemographics and characteristics were compared across first responder occupations. Compared to firefighters and EMS clinicians, LEO decedents had slightly lower percentages of depressed mood, mental health problems, history of suicidal thoughts, and history of suicide attempts. **Conclusions:**



[An analysis of suicides among first responders – Findings from the National Violent Death Reporting System, 2015–2017 - ScienceDirect](#)

Suicides Among First Responders: A Call to Action



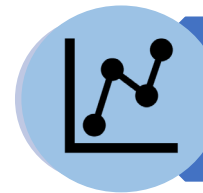
Law enforcement officers and firefighters are more likely to die by suicide than in the line of duty



Arizona study: EMS providers are 1.39 times more likely to die by suicide than the public



Between 17% and 24% of telecommunicators have symptoms of PTSD; 24% have symptoms of depression



Even given the high number of suicides, these deaths among first responders are likely underreported

EMS and 911 System Challenges

- Workforce
- Financial
- Supply Chain
- Recognition and access to resources
- Safety Net systems that are impacted by many other systems and legislative decisions



Call to Action

- Understand how EMS and 911 systems are structured, regulated, funded and staffed in your state.
- Include EMS and 911 system representatives when developing programs for prevention, public health, crisis response and community healthcare.
- Consider how legislation will impact EMS and 911 systems.
- Include EMS and 911 systems in research

911.gov



 **ems.gov**



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Suicide Among the Emergency Medical Systems Occupation in the United States

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Introduction: Suicide claimed 47,173 lives in 2017 and is the second leading cause of death for individuals 15-34 years old. In 2017, rates of suicide in the United States (US) were double the rates of homicide. Despite significant research funding toward suicide prevention, rates of suicide have increased 38% from 2009 to 2017. Recent data suggests that emergency medical services (EMS) workers are at a higher risk of suicidal ideation and suicide attempts compared to the general public. The objective of this study was to determine the proportionate mortality ratio (PMR) of suicide among firefighters and emergency medical technicians (EMT) compared to the general US working population.

Methods: We analyzed over five million adult decedent death records from the National Occupational Mortality Surveillance database for 26 states over a 10-year non-consecutive period including 1999, 2003-2004, and 2007-2013. Categorizing firefighters and EMTs by census industry and occupation code lists, we used the underlying cause of death to calculate the PMRs compared to the general US decedent population with a recorded occupation.

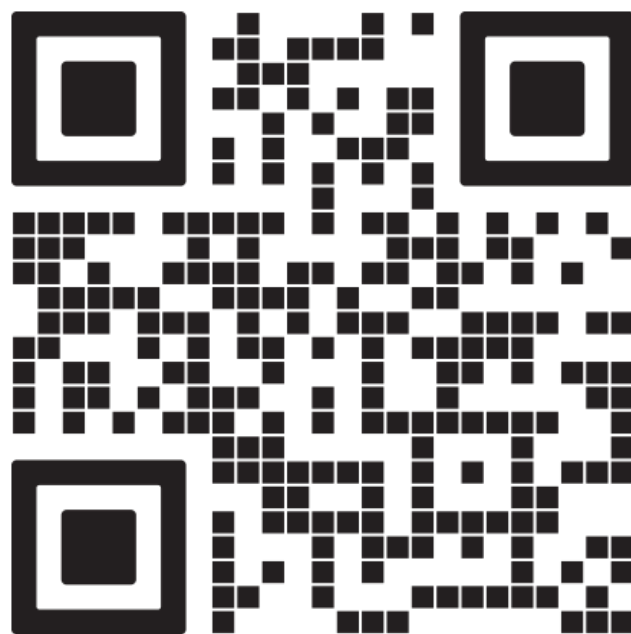
Results: Overall, 298 firefighter and 84 EMT suicides were identified in our study. Firefighters died in significantly greater proportion from suicide compared to the US working population with a PMR of 172 (95% confidence interval [CI], 153-193, $P < 0.01$). EMTs also died from suicide in greater proportion with an elevated PMR of 124 (95% CI, 99-153), but this did not reach statistical significance. Among all subgroups, firefighters ages 65-90 were found to have the highest PMR of 234 (95% CI, 186-290), $P < 0.01$ while the highest among EMTs was in the age group 18-64 with a PMR of 126 (95% CI, 100-156, $P < 0.05$).

Conclusion: In this multi-state study, we found that firefighters and EMTs had significantly higher proportionate mortality ratios for suicide compared to the general US working population. Firefighters ages 65-90 had a PMR more than double that of the general working population. Development of a more robust database is needed to identify EMS workers at greatest risk of suicide during their career and lifetime. [West J Emerg Med. 2021;22(2):326-332.]

INTRODUCTION

Suicide is a leading cause of death in the United States (US), claiming the lives of over 47,000 Americans in 2017.¹ Suicide is the 10th leading cause of death for all ages in the

US and the second leading cause of death for people ages 15-34. In 2017, rates of suicide in the US were double the rates of homicide.¹ In an attempt to address this public health problem, the National Institutes of Health increased funding



EMS Systems

- EMS systems consist of a mobile, highly-trained workforce established in the community
- State and/or locally regulated
- Significant proportion of EMS coverage is volunteer

911 Systems

- Locally based and state or locally regulated
- Only about 50% can give pre-arrival instructions for medical calls
- Variation in the level of technology and who manages and funds the 911 center

Instructions:

- Three breakouts – 15 minutes per breakout.
- Each breakout will be hosted by a national expert and NCSL staff expert.
- Choose your own adventure!

Groups:

- 1. Housing:** Elaine Chhean (NASHP) and Cameron Rifkin (NCSL)
- 2. Emergency Medical Services:** Kate Elkins (NHTSA) and Kelsie George (NCSL)
- 3. 988 Suicide and Crisis Lifeline:** Kelly Clarke (Vibrant) and Karmen Hanson (NCSL)

Breakout Discussions

