



Fulfilling the Promise of 9-8-8
*Understanding the Behavioral Health
Crisis Care Continuum*

Tuesday, May 25
11:00 AM ET

SPEAKERS



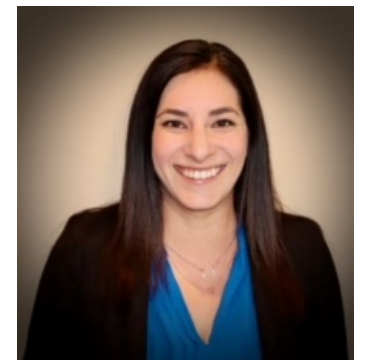
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Vice President of Corporate Excellence
Vibrant Emotional Health



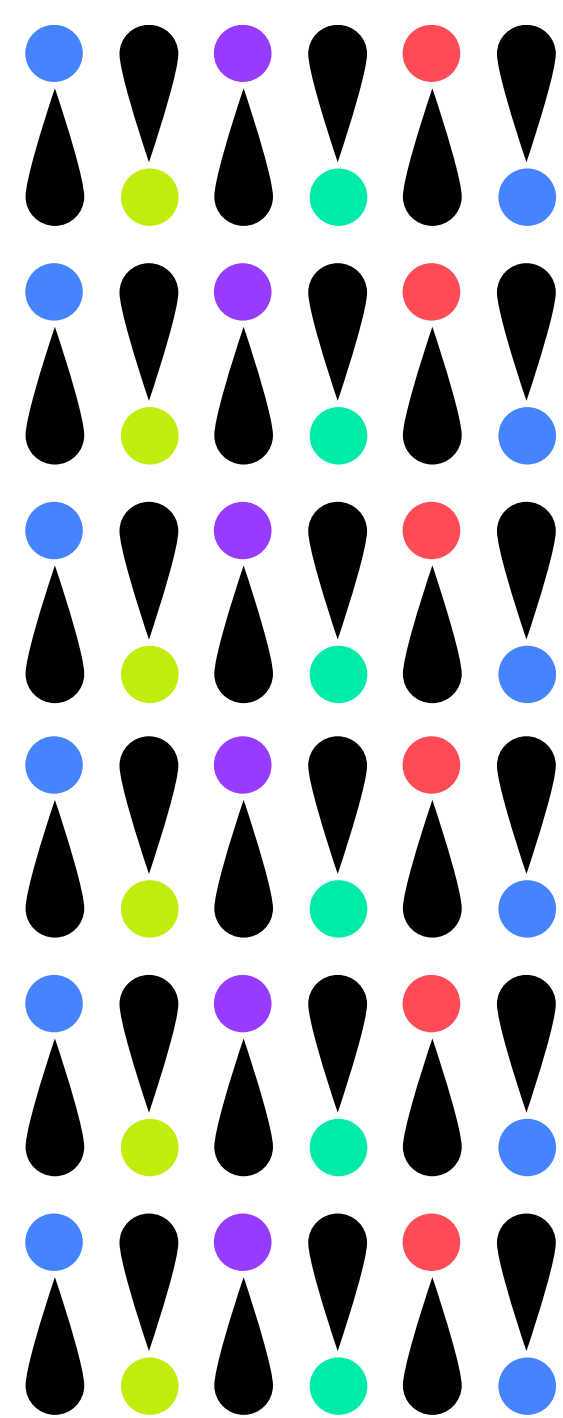
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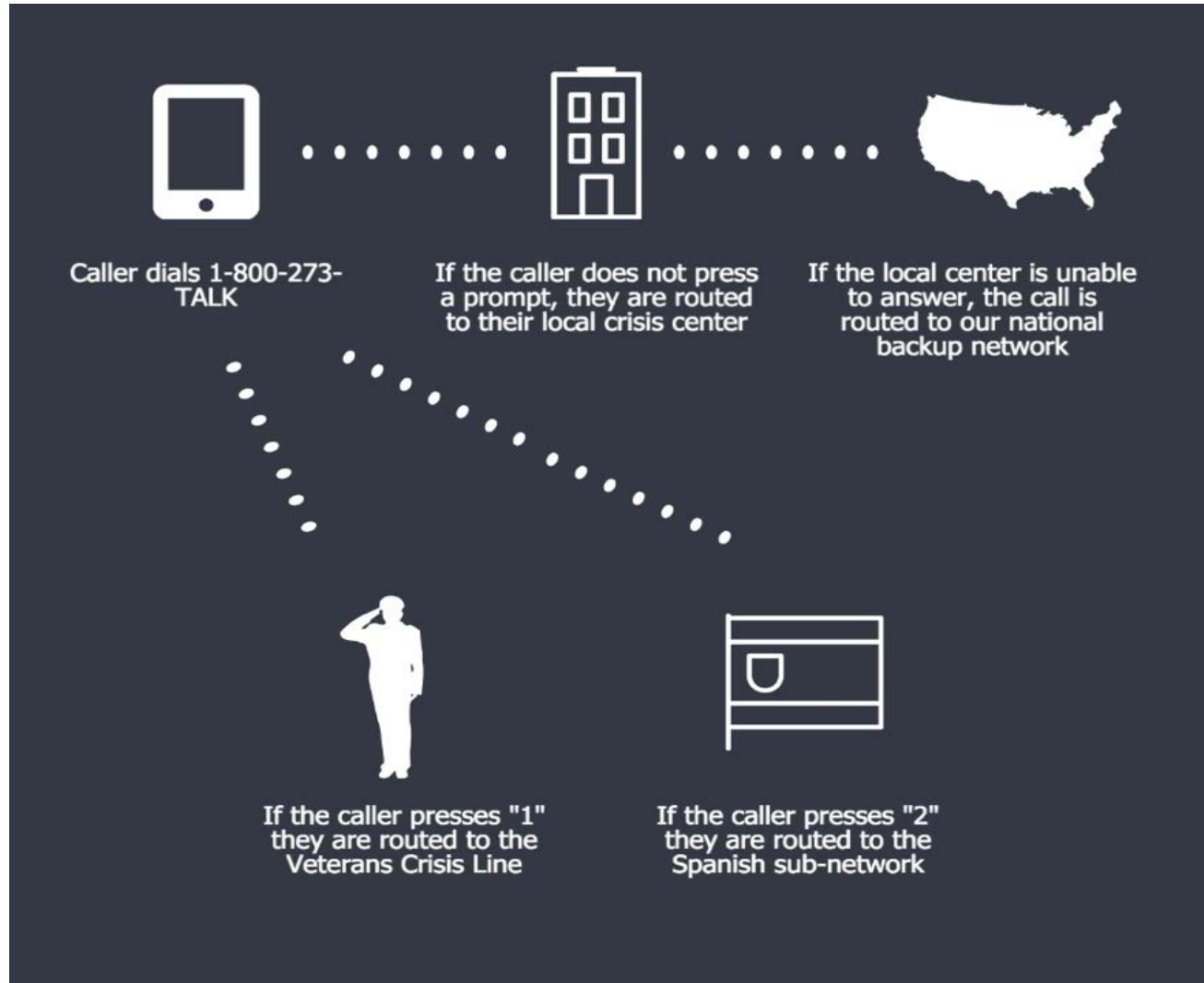
The Lifeline Mission

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.



A National Network of Crisis Centers

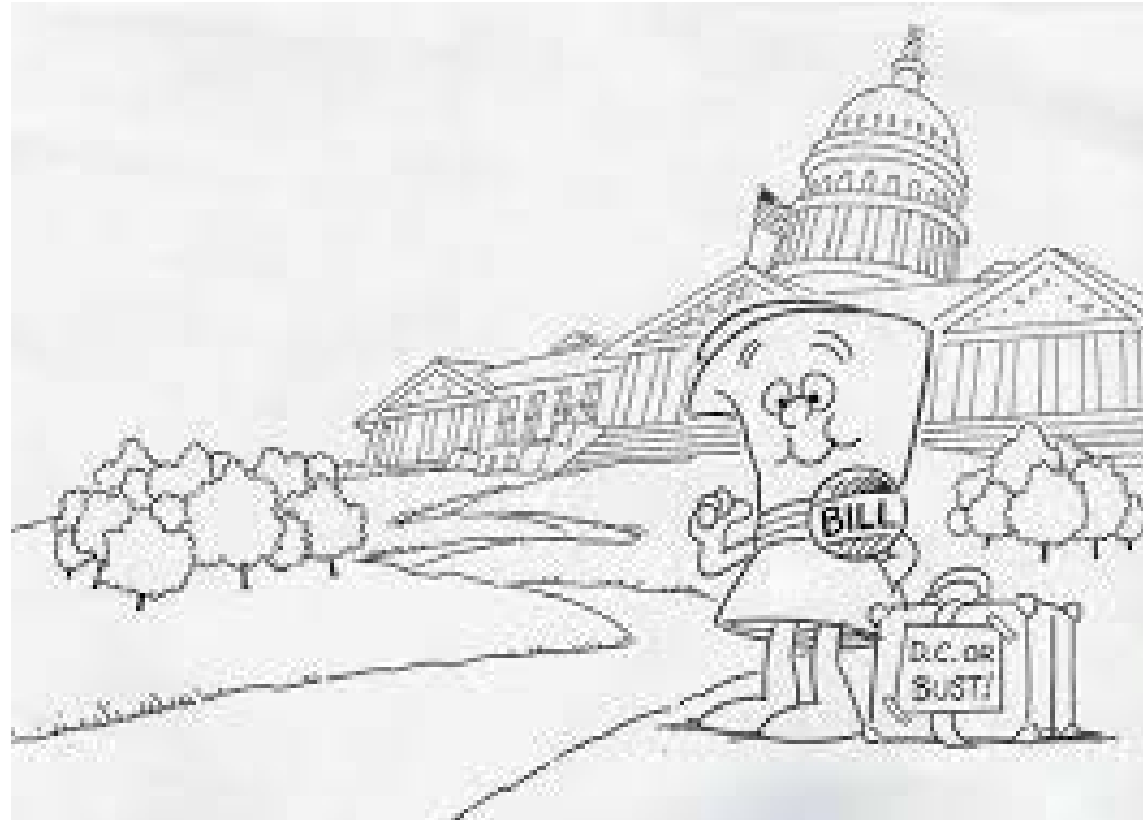
Local centers are a vital component of crisis safety nets



Lifeline Centers Help Save Lives

- Received nearly 2.4 million calls in 2020
- Received 98,000 chats and 8,000 texts per month in 2020
- Evaluations have shown that most callers feel less suicidal after they speak with a trained crisis center worker
- Evaluations have shown that ~80% of callers receiving follow-up from Lifeline centers reported that their Lifeline call helped keep them alive
- Less than 2% of Lifeline calls involve emergency services

988: The Beginning



Mental health and suicide prevention advocates seeking a national, easy to remember 3 digit number for individuals in crisis take their idea to their state leaders and Members of Congress.

FCC Report to Congress National Hotline Improvement Act

The report found “that an expansion of 211 would not be the most effective way to support national suicide prevention and crisis contact centers and that a single-purpose, 3-digit dialing code would “provide a platform that can be more easily integrated in society and enhance public awareness about the different functions of each distinct three-digit number.”

“We recommend that the Federal Communications Commission initiate a rulemaking to designate a 3-digit dialing code [988] for a national suicide prevention and mental health crisis hotline system...”

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
- SAMHSA and VA must complete a 6 month study on federal resources necessary
- SAMHSA must complete a 6 month study outlining how to better serve high risk populations
- States are not prohibited from levying fee on mobile and IP enabled services to be used for 988 crisis centers and related services
- Signed into law on October 17, 2020

What should 988 and the Lifeline of the future provide?

Vision



988 serves as America's mental health safety net. We will reduce suicides and mental health crises, and provide a pathway to well-being.

Mission



Everyone in the US and the territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through 988.

988: What Can We Expect?










9M calls, texts, and chats to 988 (including Veterans Crisis Line)

	Total
988 Network Operations Costs	\$240M
Center-Level Costs	\$441M

Cost Parameters:

- Year range: year 1
- Adjusted volume, excluding VCL contacts: 7.5 million handled contacts
- Network: 200 centers

What can 988 and the Lifeline of the future provide?

Theme	Potential tenets/goals
Universal and convenient access	 Public awareness and engagement: 988 will have public awareness levels comparable to 911, and the public will be aware of the scope of services provided by and accessible through the line
	 Resources for self-help: 988 will provide access to resources for individuals to effectively help themselves and others to de-escalate crises, develop coping skills, and build resiliency
	 Multi-channel availability: 988 will be accessible through varying modalities based on individual needs (e.g., call, chat, text, video) by a unified platform
	 Reliable and timely response: All persons contacting 988 will be connected to professionally trained individuals in a reliable, timely, and efficient way
High quality & personalized experience	 Tailored support: 988 will be a source of personalized, trusted support (e.g., tailored support for repeat callers, specialized services to meet functional, linguistic, or cultural needs)
	 Consistency in line with best practices: All persons contacting 988 should receive care in line with best practices
Connection to resources and follow up	 Localized response: All persons contacting 988 will be connected to helpline support and additional local community resources (e.g., emergency dept, support groups) that reflect their location and local context (as relevant)
	 Connection to local public health and safety services: As needed, 988 can connect to local public health and safety services (e.g., Emergency Medical Services (EMS), Mobile Crisis Teams (MCTs), law enforcement, healthcare providers) to provide appropriate support while avoiding unnecessary law enforcement involvement, emergency department (ED) use, and hospitalization
	 Follow-up as needed: As appropriate, persons contacting 988 may be offered follow-up services to facilitate on-going support and safety



Thank you!

Reports and Documents: vibrant.org/988

Questions: 988inquiries@vibrant.org

National Council for Mental Wellbeing

OUR VISION

To make mental **wellbeing**, including recovery from substance use challenges, **a reality for everyone.**

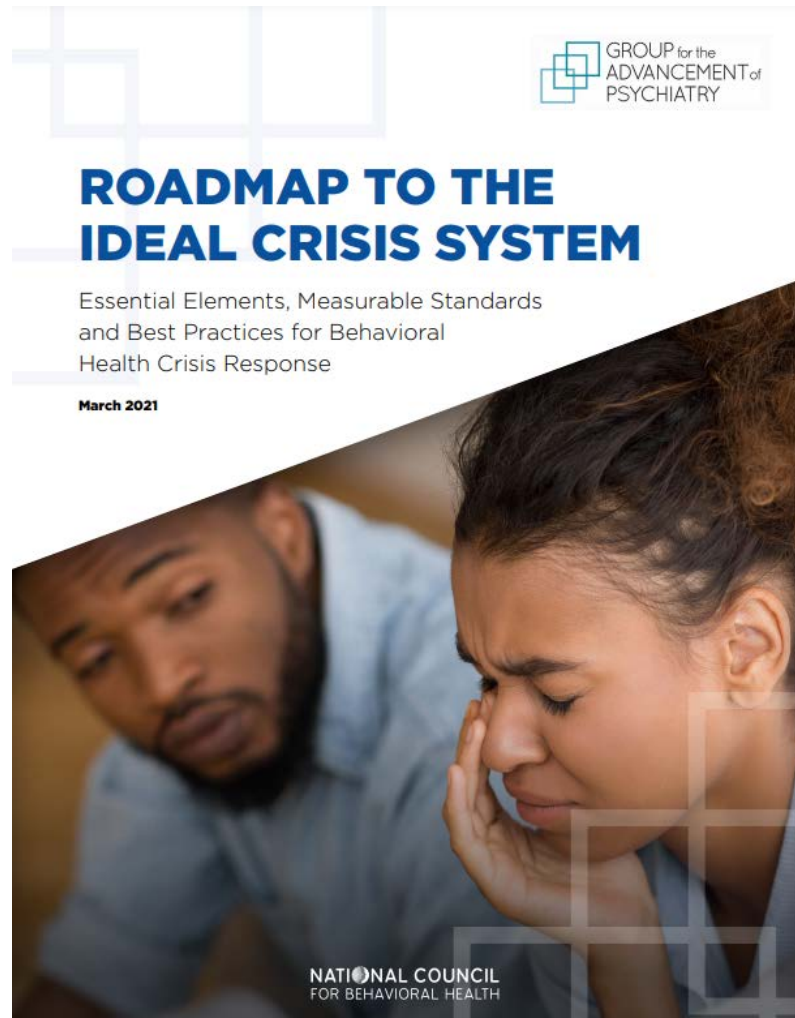
OUR MEMBERS

3,500 mental health and substance use organizations serving more than **10 million** children, adults and families

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Wellbeing



9-8-8: Building the Ideal Crisis Response System



Authored by Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry.

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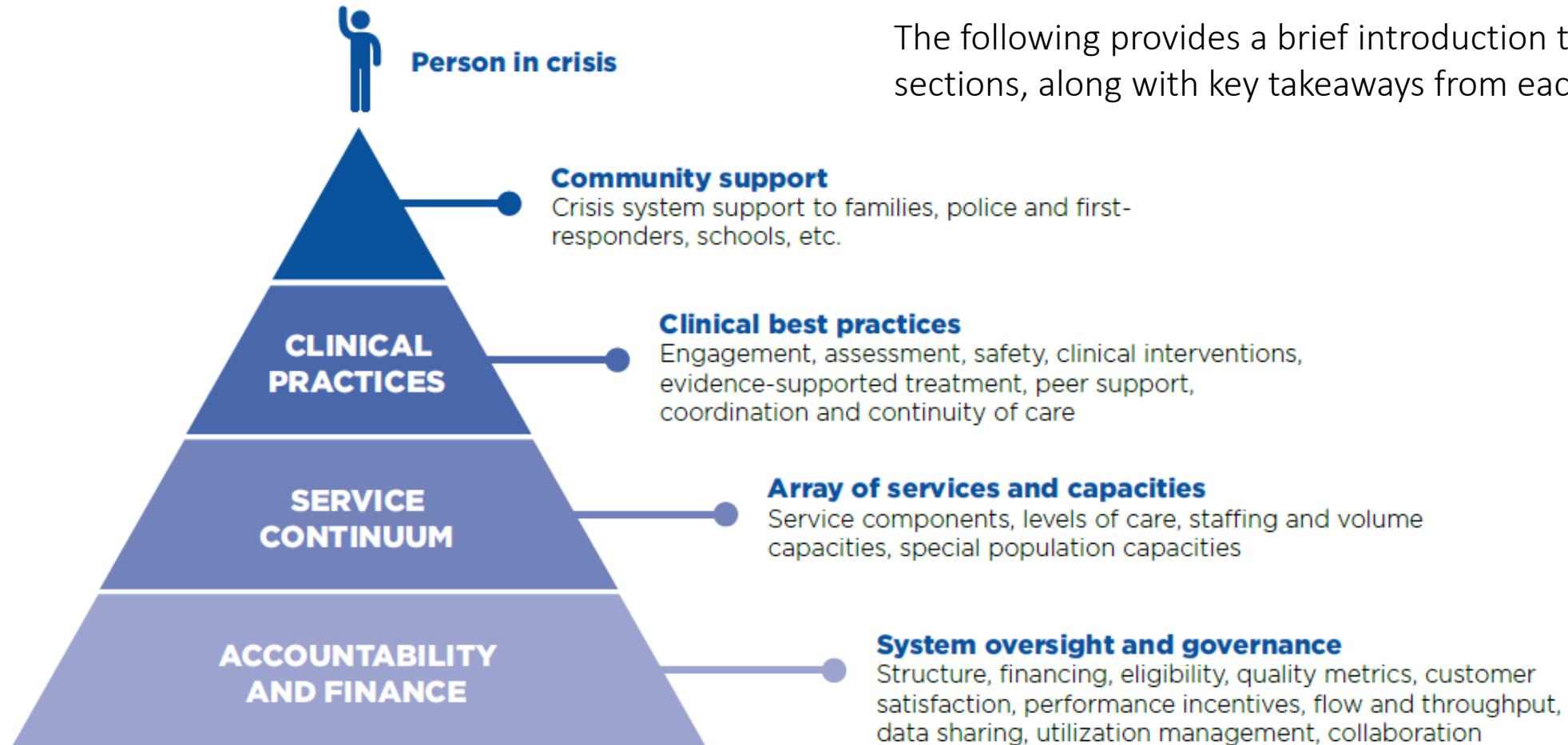
The Vision

- Every individual/family in every community in the U.S. will have access to a continuum of best practice BH crisis services that are welcoming, person-centered, recovery-oriented, and continuous.
- An excellent Behavioral Health Crisis System is an essential community service, just like police, fire and emergency medical services (EMS).
- Every community should expect a highly effective BH crisis response system to meet the needs of its population.
- A behavioral health crisis system is more than a single crisis program.

It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.



Reading the Report



The following provides a brief introduction to these three sections, along with key takeaways from each.

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Section I: Accountability And Finance



FINANCING



FLOW AND THROUGHPUT



ELIGIBILITY (ALL-PAYER)



COMPREHENSIVE CLIENT TRACKING DATA SYSTEM



GEOGRAPHIC ACCESS AND NETWORK ADEQUACY



FORMAL ASSESSMENT OF CUSTOMER SATISFACTION



QUALITY METRICS



STANDARDIZED UTILIZATION MANAGEMENT AND LEVEL OF CARE DETERMINATION



PERFORMANCE INCENTIVES



RELATIONSHIP TO THE REST OF THE SERVICE SYSTEM

An ideal behavioral health crisis system **must have both a mechanism to finance and implement a comprehensive continuum of crisis services** and a mechanism to ensure oversight, accountability, and quality of the performance of that continuum.

This section defines the concept of an Accountable Entity, which is a structure and a mechanism for **allocating responsibility and accountability that holds the behavioral health crisis system accountable to the community** for meeting performance standards and the needs of the population. There are numerous different models of these structures.

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Section II: Crisis Continuum: Basic Array Of Capacities And Services

An ideal behavioral health crisis system has:

- comprehensive array of service capacities,
- a continuum of service components
- adequate multi-disciplinary staffing

to meet the needs of all segments of the population.



OVERALL DESIGN ELEMENTS



ELEMENTS OF THE CONTINUUM
(see inset below)



POPULATION CAPACITIES



STAFFING CAPACITY



SERVICE COMPONENTS

Elements Of The Continuum



Crisis Center or Crisis Hub



Intensive Community-based
Continuing Crisis Intervention



Call Centers and Crisis Lines



23-hour Evaluation and Extended
Observation



Deployed Crisis-trained Police
and First Responders



Residential Crisis Program
Continuum



Medical Triage and Screening



Role of Hospitals in Crisis Services



Mobile Crisis



Transportation and Transport



Behavioral Health Urgent Care



Section III: Basic Clinical Practice

An ideal behavioral health crisis system has **guidelines for utilization of the best clinical practices for crisis intervention** with associated processes for practice improvement and developing workforce competency.



**CORE COMPETENCIES FOR
ENGAGEMENT, ASSESSMENT
AND INTERVENTION**



**POPULATION-SPECIFIC
CLINICAL BEST PRACTICES**



**SCREENING AND
INTERVENTION TO PROMOTE
SAFETY**



**COLLABORATION,
COORDINATION AND
CONTINUITY OF CARE**



**PRACTICE GUIDELINES
FOR INTERVENTION AND
TREATMENT**

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Certified Community Behavioral Health Clinics (CCBHC)

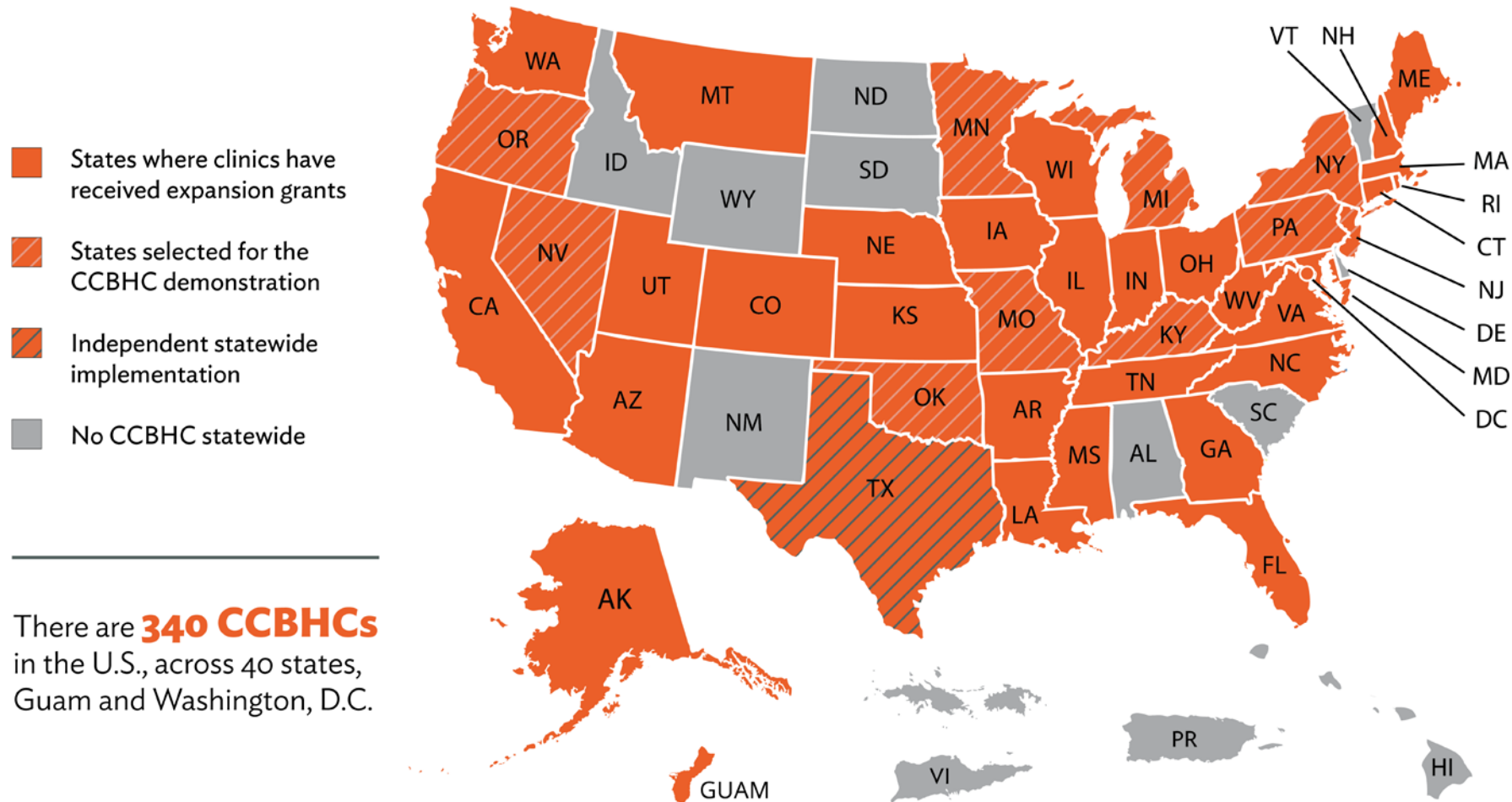
*Great Potential Financing and Delivery Platform
for the Ideal Crisis System*



CCBHCs: Supporting the Clinical Model with Effective Financing

Standard definition	➔	Raises the bar for service delivery
Evidence-based care	➔	Guarantees the most effective clinical care for consumers and families
Quality reporting	➔	Ensures accountability
Medicaid prospective payment system	➔	Covers anticipated CCBHC costs

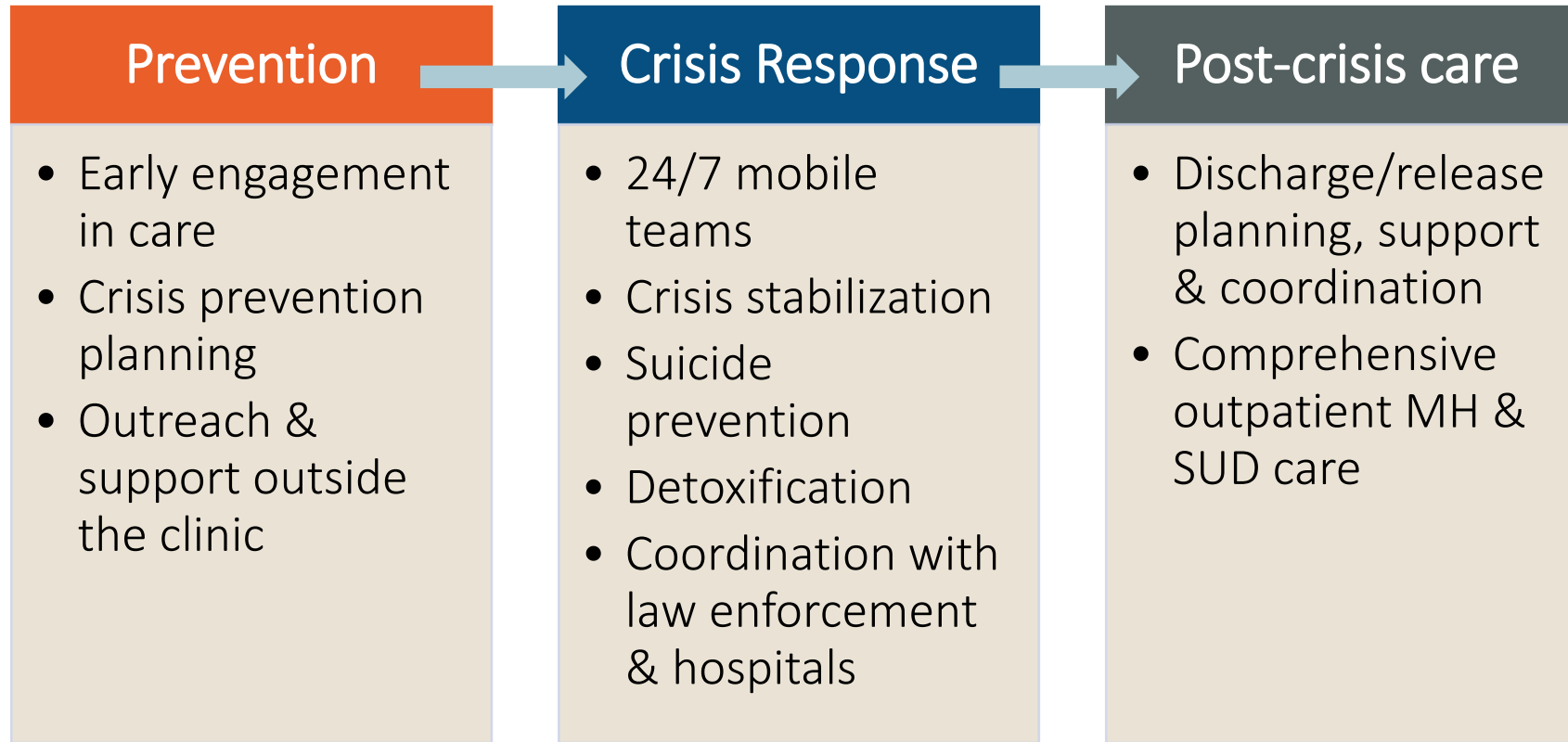
Status of Participation in the CCBHC Model



There are **340 CCBHCs** in the U.S., across 40 states, Guam and Washington, D.C.



CCBHCs' Role in the Crisis Continuum

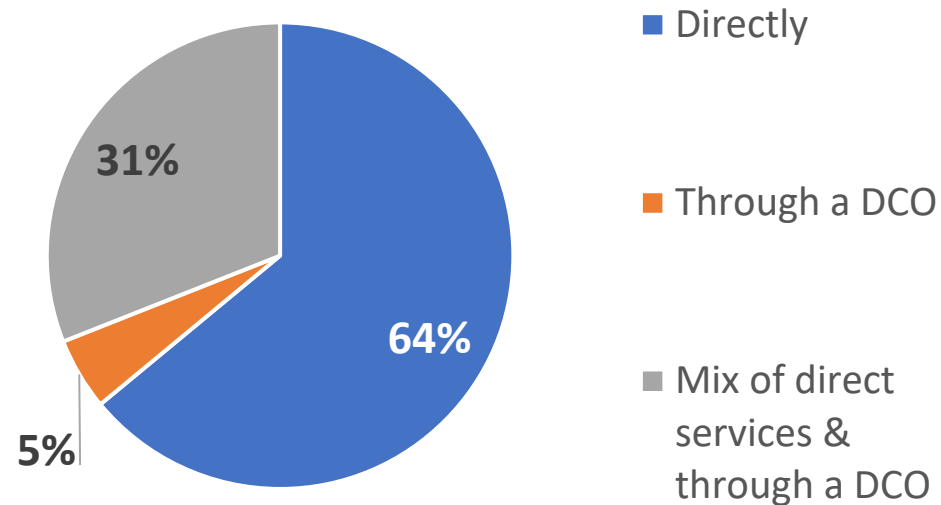


Expanding Access to Crisis Support

100% of CCBHCs provided the required types of crisis support (24/7 mobile crisis teams, crisis stabilization, emergency crisis intervention)

51% added one or more crisis services **for the first time** as a result of certification

How CCBHCs deliver crisis services

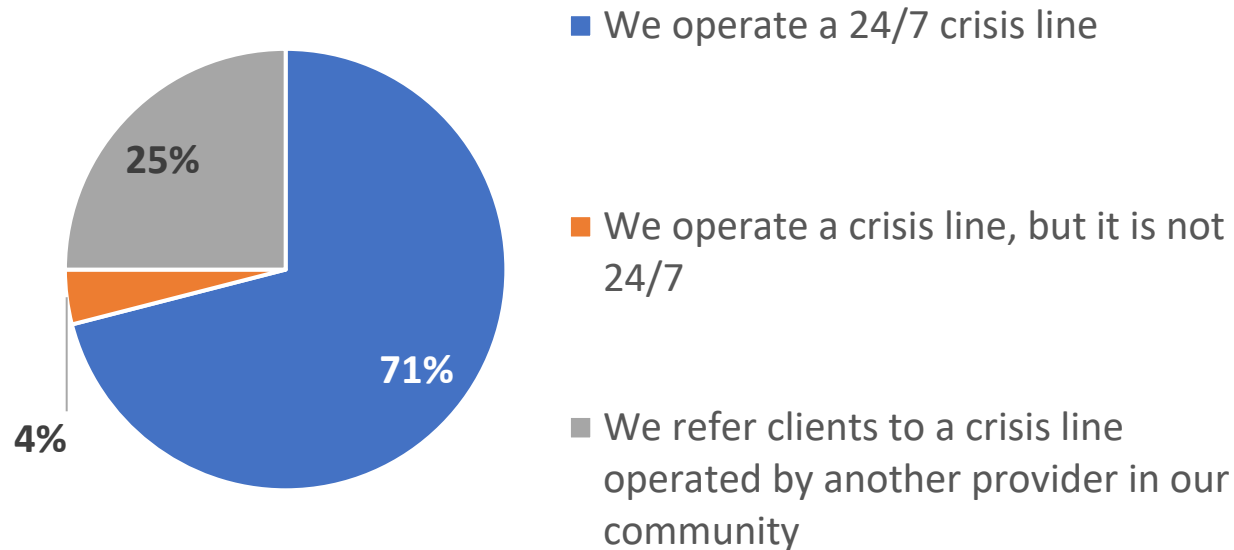


CCBHCs Offering Crisis Call Lines

75% of CCBHCs directly operate a crisis call line

21% report they participate in the National Suicide Prevention Lifeline network

Crisis Lines Offered by CCBHCs



Additional Crisis Response Activities

91% are engaging in one or more identified **high-impact activities** in crisis response, including:

- **Coordinating with hospitals/emergency departments** to support diversion from EDs and inpatient (79%)
- Operating a **crisis drop-in center** or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (33%)
- Behavioral health provider **co-responds with police/EMS** (e.g. clinician or peer embedded with first responders) (38%)
- **Mobile behavioral health team responds** to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
- **Partnering with 911** to have relevant calls routed to CCBHC (17%)
- Providing **telehealth** support to law enforcement officers responding to mental health/SUD calls (20%)



Resources

[Roadmap to the Ideal Crisis System – Full Report](#)

[Roadmap to the Ideal Crisis System – Executive Summary](#)

[CCBHC 2021 Impact Report](#)

Questions? Email the CCBHC Success Center at
ccbhc@thenationalcouncil.org



TOGETHER,
WE CAN SAVE LIVES

May 25, 2021

SUICIDE BY THE NUMBERS

47,000

Americans die by suicide each year; 1.4 million adults attempt suicide each year

\$850M

cost each year of suicide attempts to a single large insurer (CVS Health/Aetna)

60%

of teens and young people with depression cannot access care

\$500

estimated cost to the LAPD for every unnecessary officer deployment for non-imminent mental health calls

26%

of 18-24 year olds who seriously contemplated suicide during the Covid-19 pandemic

135

people are impacted by one suicide

CHANGE IS COMING

We envision a future where everyone can thrive with access to high-quality care that treats mental and physical health as inseparable. There will be a day where no family or friend suffers the tragic, preventable loss of suicide.

The logo consists of the letters 'D' and 'H' in a white, sans-serif font, positioned inside a purple rectangular box.A dark silhouette of a person's head and neck, facing right, is overlaid on the right side of the image. The person appears to be wearing glasses.

**Our bodies and
minds are
inseparable.**

inseparable

#WeAreInseparable

DIDI HIRSCH'S SUICIDE PREVENTION CENTER IS THE US' FIRST AND MOST COMPREHENSIVE



- Specialized services for mental health crises and suicide prevention from crisis calls, chats, and texts to counseling, support groups, and hospital follow-up
- Clinical expertise with unparalleled innovation enabled us to go entirely remote and launch new services to meet pandemic need
- Training and education so over 17,515 professionals and community members a year recognize and respond to warning signs
- Individual therapy and support groups for adults and teens bereaved by suicide and adults who have survived an attempt
- Collaborative research and evaluation to rapidly improve services and save more lives



We lead California's 13 National Suicide Prevention Lifeline Crisis Centers in 988 planning

- Combined we take 500,000 calls, chats and texts a year
- Didi Hirsch was asked to lead 988 implementation and scaling planning on behalf of the State of California
- Have identified gaps in funding, capacity, technology, and coordination across the BH crisis care continuum

We are preparing for millions with 988 coming!



FIRST RESPONDER COLLABORATIONS



- The LAPD is diverting 9-1-1 callers in suicidal or emotional crisis to speak to our counselors – rather than sending a patrol unit – when there is no immediate danger to self or others.
- FBI agents and LAPD SWAT Crisis Negotiation Teams take shifts on the Crisis Line to help callers at risk and keep their suicide prevention skills sharp.
- Firefighter and Law Enforcement Trainings focused on suicide de-escalation and intervention.
- First Responder Support Groups to promote self-care and prevention.



BEST IN EDUCATION
INNOVATION



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

UCLA

Suicide Prevention in a Virtual Classroom

While teachers have always played a vital role in the emotional development and safety of students, remote learning in response to the COVID-19 pandemic presents new challenges for identifying students at risk of self-harm or even suicide.

INNOVATIONS THAT WORK

Two hours into her daily shift as a crisis line counselor, Maria received a text message from a desperate 12-year-old girl. Anxious, depressed and alone, Janna had swallowed a bottle of her mom's prescription meds but regretted it 15 minutes later.

Maria quickly and calmly developed a rapport with Janna, gained her trust and sent help to Janna's home. A short time later, Janna was found on the bedroom floor barely conscious, her cell phone used to reach out lying next to her.

We saved Janna's life.





Integral Care

Mobile Crisis Outreach Team Model

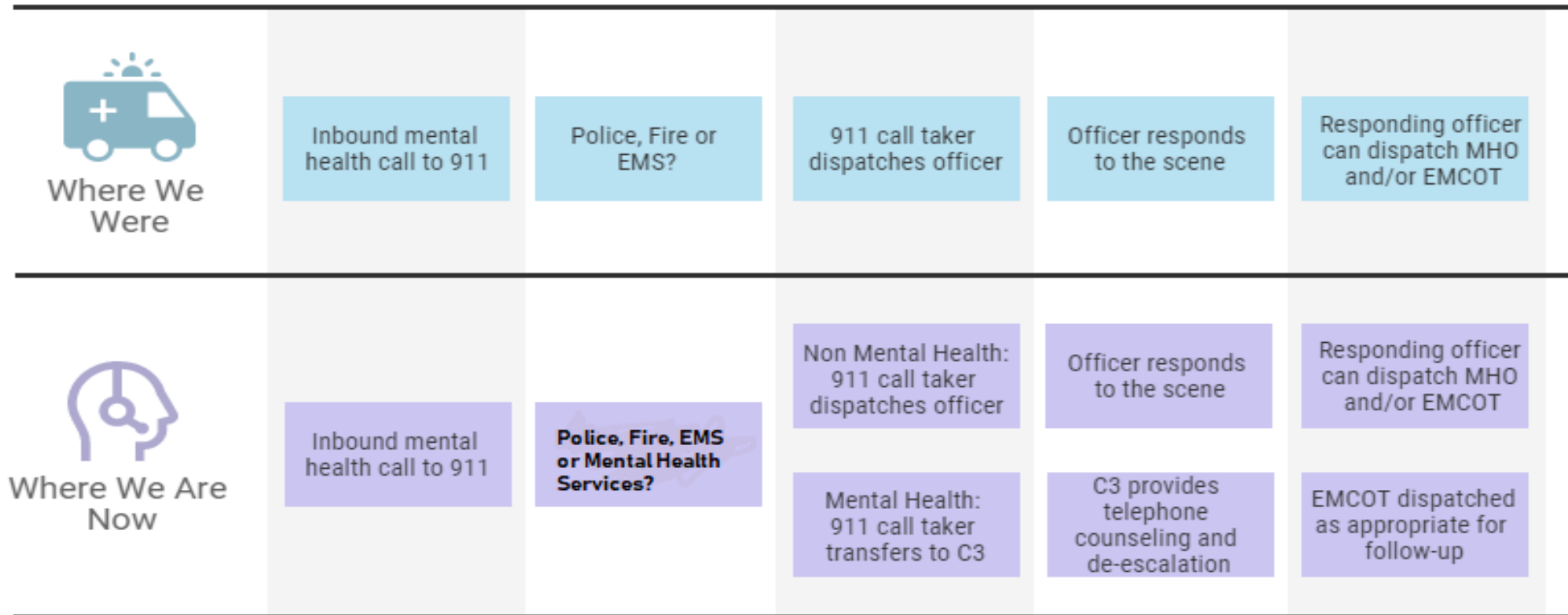
- Serves individuals who are experiencing a mental health crisis in Travis County
- Removes barriers to seeking mental health crisis care
- Collaborates with key partners in the community at key intercept points
- Provides training to first responders and other key partners in the community
- Community based
- Crisis stabilization in least restrictive environment of care
- Prevent over-use and misuse of emergency departments, psychiatric hospitalizations, and unnecessary law enforcement involvement
- Right care, right place, right time



Integral Care's EMCOT Timeline

- FY 2013: 1115 Medicaid Waiver Project (21 FTE)
- FY 2019: Funding shifted to local entities (Travis County and City of Austin)
- FY 2020: City of Austin provided additional funding (28.5 FTE)
 - Provide Telehealth Services
 - Integrate EMCOT clinicians into 911 Emergency Communications Center (ECC)
- FY 2021: City of Austin provided additional funding (41 FTE)
 - Integrate EMCOT clinicians into the 911 ECC 24/7

Background



Community Impact- FY 2020 (10/1/19-9/30/2020)

Number of Calls taken at the 911 Call Center	944
Percent of calls diverted from police response (calls transferred to EMCOT at 911 Call Center)	83.8%
Percent of referrals that resulted in a diversion from arrest	99%
Percent of referrals that resulted in a diversion from an involuntary commitment	86%
Percent of referrals that resulted in a diversion from ER transport/admission	81%



Questions?

Resources for today's briefing including fact sheets, background reports, and appropriations asks can be accessed at:
<https://www.thenationalcouncil.org/fulfilling-the-promise-of-988/>