

Unified Vision and 988 CEO/Leadership Dialogue

June 24, 2021

12:00 – 1:00 pm EST / 9:00 – 10:00am PST

AGENDA

Welcome & Introductions: Dan Gillison, CEO, National Alliance on Mental Illness

- Unified Vision for Transformation

Action Focus, 988: A Nationwide Mental Health Crisis & Suicide Prevention Response

Tyler Norris, CEO, Well Being Trust

- Advancing our common objectives

Topline Briefing, 988 Policy Landscape:

Angela Kimball, NAMI

Ben Miller, Well Being Trust

Dialogue:

Tyler Norris, Moderator

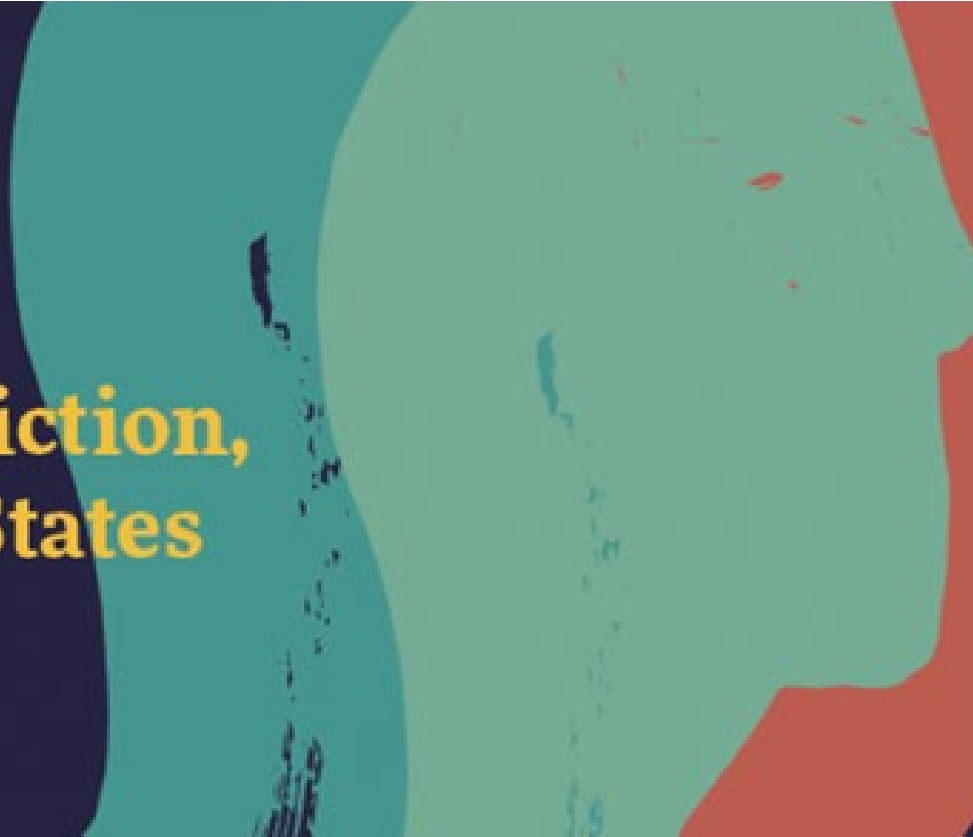
All signatories

Close & Call to Action:

Dan Gillison & Tyler Norris

The CEO Huddle





A Unified Vision for the **Future of Mental Health, Addiction, and Well-Being in the United States**

<https://wellbeingtrust.org/news/unifiedvision/>

Unified Vision

Seven Critical Elements



Early identification and Prevention



Emergency and Crisis Response



Equity



Integration



Parity



Standards



Workforce





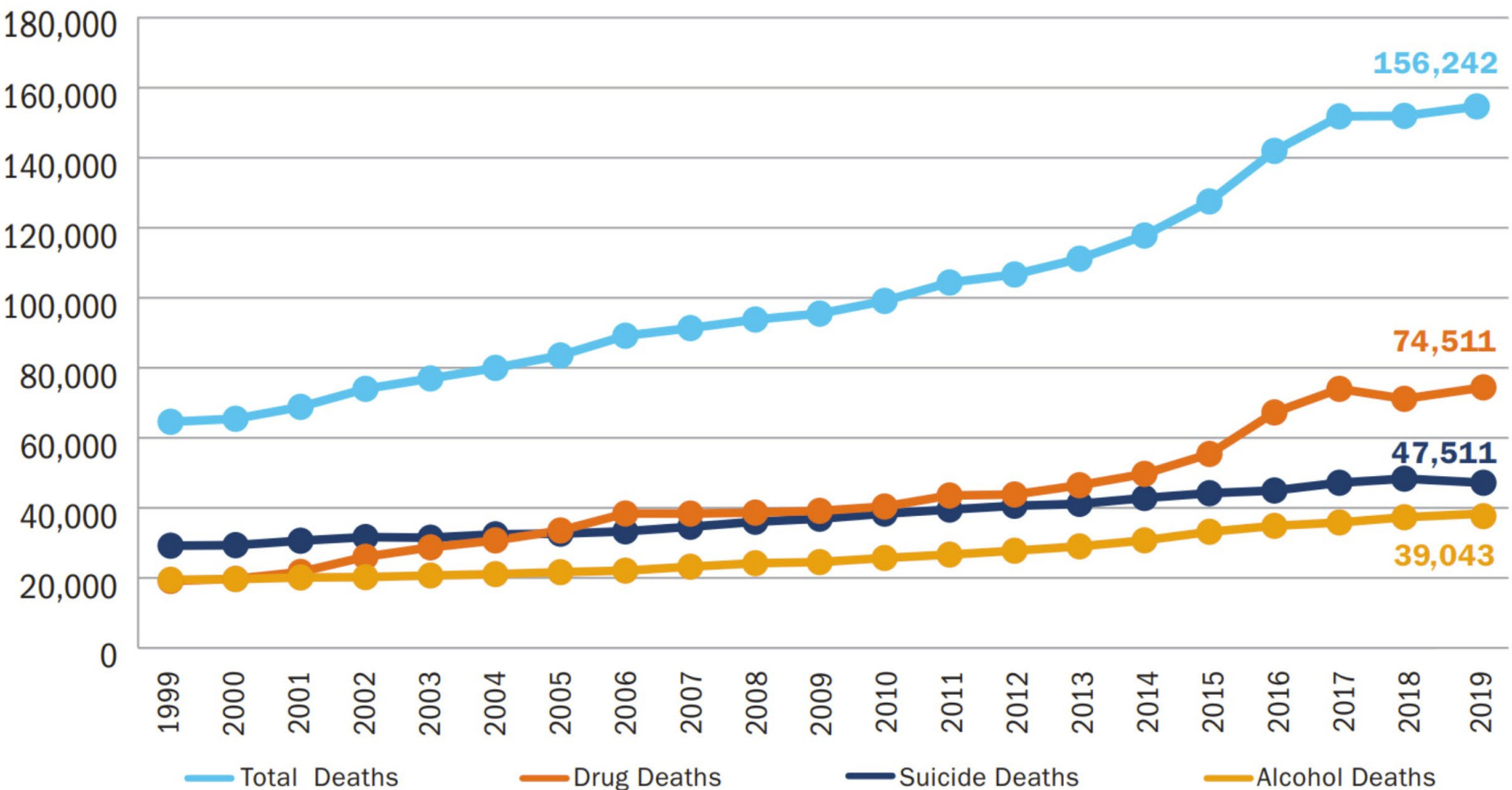
988: A trojan horse for mental health

Benjamin F. Miller, PsyD | @miller7
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Our context

Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2019



Source: TFAH and WBT analysis of National Center for Health Statistics data



An aerial, high-angle photograph of a massive, dense crowd of people. The individuals are packed closely together, filling the entire frame. They are wearing a variety of casual clothing, including t-shirts, tank tops, and shorts, in many different colors. The perspective is from directly above, looking down on the crowd, which creates a sense of scale and anonymity. The lighting is bright, suggesting an outdoor setting during the day.

In the face of a global crisis, we are at a critical pivot point for mental health in our country and policy makers must rise to the challenge.

988 provides a unique platform for us to reconsider our options for mental health and addiction pathways

Emergency and Crisis Response

Improve crisis response and suicide/overdose prevention.

Crises—from relapses to severe symptoms of paranoia or delusions to suicidal thinking to overdose—contribute to tragic outcomes. Crisis response and suicide/overdose prevention are indispensable elements in helping people stabilize and get on a path of recovery. There is an explicit focus on removing people from prisons who don't belong and focusing on primary health (rather than public safety) to respond to crisis.

Goals

Crisis Services

- **Crises are stabilized with effective and humane MH/SUD crisis response services integrated within health systems so co-morbid conditions are addressed and linked to ongoing community-based care to prevent future crises**
- **Crisis planning and services facilitate patient choice and continuity of care**
- **People receive services and supports that facilitate stable housing, benefits and continuity of care post-crisis**

Possible Pathways for Success*

- Incentivize crisis response lines and trauma-informed 24/7 mobile crisis teams nationwide, including Crisis Now and the Certified Community Behavioral Health Clinic (CCBHC) model as defined in statute
- Integrate crisis response within 911
- Implement fully the 988 number and response that is driven by healthcare, not public safety
- Incentivize inpatient, crisis stabilization programs, sub-acute care and respite care
- Establish Medicaid state plan option to cover short-term acute care in specialized inpatient and residential settings including IMDs, while also improving transitions and access to outpatient treatment

Adverse Outcome Prevention

- **Suicide and overdose rates trend rapidly downward for all groups of people**
- **Reduced rates of morbidity and mortality for people with co-occurring MH/SUD and chronic medical conditions**
- Implement federal incentives and systemic requirements for all hospital systems to achieve zero suicides, overdose; accrediting bodies e.g. URAC, JACHO will also require health systems to work on these issues
- Provide incentives for increasing delivery of suicide-specific and overdose-specific therapies
- Explicitly address the co-morbid burden of diseases worsened by MH/SUD
- Provide universal access to proven, trauma-informed treatments to reduce justice system involvement, including Multisystemic Therapy



What is 988 and who should use it?

Approved by Congress in fall 2020, 988 is the nation's first three-digit crisis number dedicated to mental health and designed to help connect people with appropriate care.

Once 988 goes live by July 2022, if you or someone you know is having suicidal thoughts, experiencing delusions, or displaying concerning symptoms of mental illness, you should call 988 instead of 911.

Basic tenets of a crisis response



Someone to answer the call.

Every state needs 24/7 call centers that are adequately staffed by specially trained individuals to respond to a range of mental health crises.

Someone to come help.

Every state needs mobile crisis teams that can be dispatched to the scene and are equipped to effectively assist people in crisis.

Someplace to go for care.

Finally, crisis stabilization services must be available to provide observation and connection to follow-up care.



Reassess our assumptions about our structures

1. What?



2. Where?



3. Who?



4. How?





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Unified Vision and CEO Leadership Dialogue

988: Realizing the Promise

Angela Kimball

National Director, Government Relations, Policy & Advocacy
NAMI



What happens to people in crisis TODAY?

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- Call centers with limited capacity to answer *current call volume* locally
- Patchwork availability of crisis services; frequent law enforcement response to people with mental health and substance use crises



- High rates of arrests, trauma and deaths, as well as avoidable emergency department visits and hospital stays

What we expect with a 988 crisis response

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24/7 crisis call center hubs

- Trained in responding to behavioral health crises
- Available by text/chat
- Coordinate services and dispatch mobile crisis

Mobile crisis teams

- De-escalate situations
- Transport to crisis stabilization or connect to other services
- Staffed by mental health professionals, incl. peer support specialists

Crisis stabilization

- Capacity to diagnose and provide initial stabilization and observation
- Connect to follow-up care with a “warm hand-off”

But will it happen?

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- Insufficient federal funding for the National Suicide Prevention Lifeline
- Local Lifeline call centers not supported by federal funding
- No sustainable funding for mobile crisis teams and crisis stabilization
- Federal legislation encourages, but does not require, states to adopt 988 user fees on phone lines



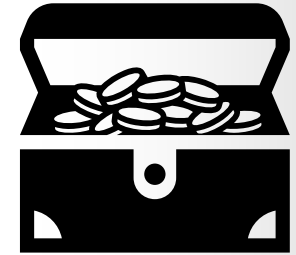
Some progress in federal funding

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- Dec 2019 (FY2021 Appropriations and COVID package)
 - 5% “set-aside” for crisis services (\$35 M) in Mental Health Block Grant
 - \$24 M for SAMHSA Lifeline
- Mar 2021 (American Rescue Plan Act)
 - \$1.5 B in Mental Health Block Grant
 - States encouraged to use to develop/expand crisis services
 - 85% Medicaid FMAP for 3 years for mobile crisis teams
 - \$15 M in Medicaid crisis services planning grants

Federal opportunities to fund crisis services

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> **S. 1902 Behavioral Health Crisis Services**

Expansion Act (Sen. Cortez-Masto, D-NV; co-sponsor Sen. Cornyn, R-TX)

- > Requires all federally-regulated health plans to cover crisis services (Medicare, Medicaid, ACA plans, ERISA plans, TRICARE)
- > Mental Health Block Grant funds for crisis response infrastructure

Federal opportunities to fund crisis services

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➤ **FY 2022 Appropriations Asks**

➤ Mental Health Liaison Group budget crisis service budget requests:

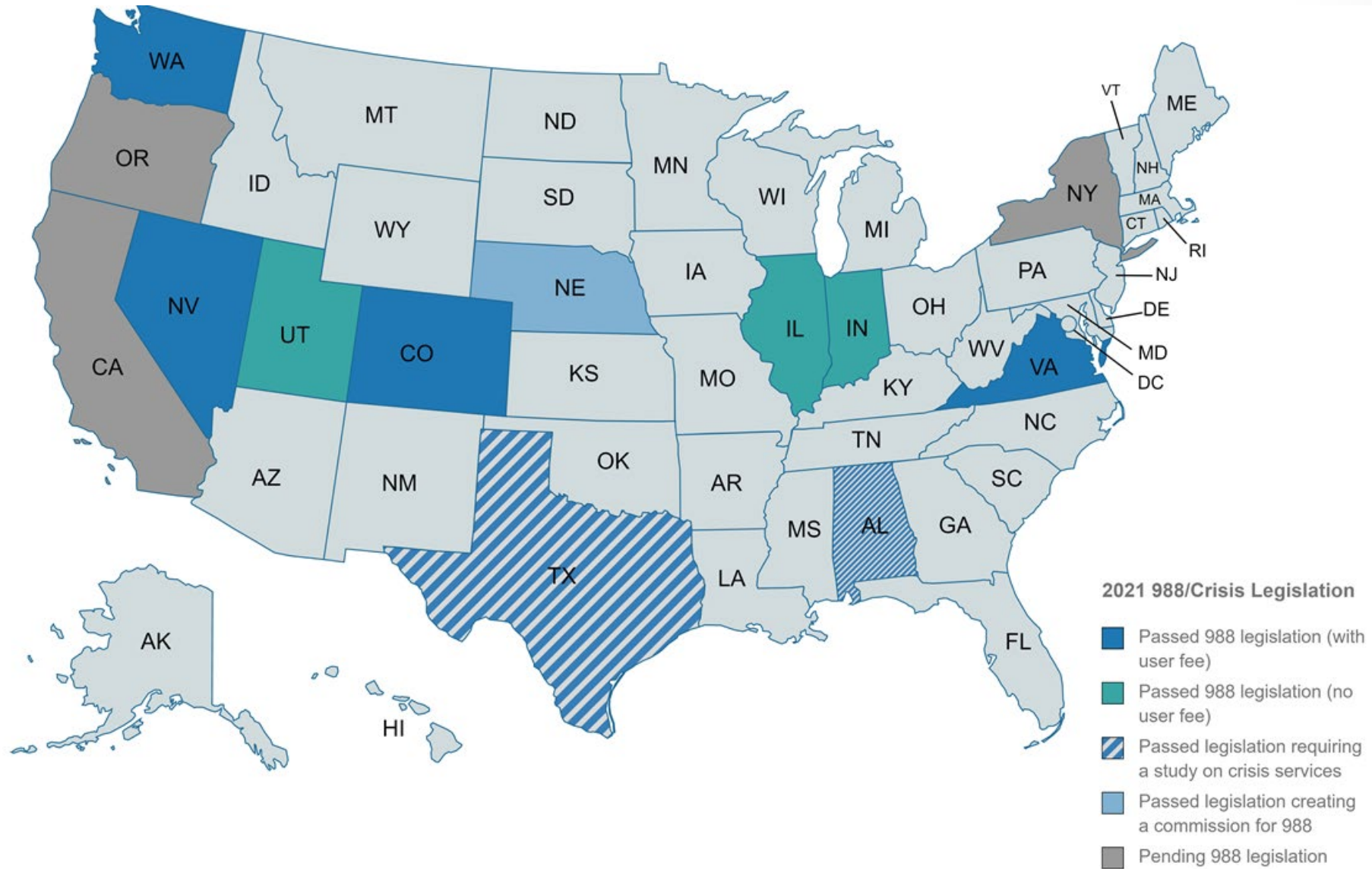
➤ \$240 M for National Suicide Prevention Lifeline

➤ \$75 M MH Block Grant set-aside for crisis services

➤ \$12.5 M crisis response grant program

➤ **CMS guidance** on using Medicaid to fund crisis services

State legislation to fund crisis services



988 Resources



<https://drive.google.com/drive/folders/11SR7b8hN21lfrmhM1UopjHRI257hR-ZB>

https://nationalmentalhealthresponse.org/sites/default/files/2021-06/988_policy_messaging_toolkit.pdf

https://nationalmentalhealthresponse.org/sites/default/files/2021-06/988_infographic_final.pdf

<https://www.dropbox.com/s/pzdqj9vgkw54n1c/988%20Policy%20Messaging%20-%20Customizable%20PPT%20Template.ppt?dl=0>



The National Action Alliance for Suicide Prevention's Mental Health & Suicide Prevention National Response to COVID-19 ("National Response") collaborated with chief executives of the nation's leading mental health advocacy organizations and professional associations ("The CEO Huddle") to develop this infographic, which reflects the alignment of both the National Response's *An Action Plan for Strengthening Mental Health and the Prevention of Suicide in the Aftermath of COVID-19* and the CEO Huddle's *A Unified Vision for the Future of Mental Health, Addiction, and Well-Being in the United States*. To learn more, visit [NationalMentalHealthResponse.org/CrisisResponse](https://www.NationalMentalHealthResponse.org/CrisisResponse).