

SAMHSA 988 Briefing

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration
Substance Abuse and Mental Health
Services Administration

Introductions and 988 overview

Objective 1: Strengthen National Suicide Prevention Lifeline

Objective 2: Transform broader behavioral health crisis services

Looking forward, wrap-up, and questions

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America's Suicide and Mental Health Crisis



- Too many **Americans experience suicide and mental health crises** without the support and care they need
 - In 2019, **61.2M** Americans had a mental illness and/or substance use disorder
 - In 2019, there was **approximately one death by suicide every 11 minutes in the US**
 - From 1999 through 2018, **the suicide rate increased 35%**
 - **For people aged 10 – 34 years**, suicide is the second leading cause of death
- Since 2005, the **National Suicide Prevention Lifeline (1-800-273-8255)** has helped millions of individuals in emotional distress
 - 46K calls received (2005)
 - 3.6M calls, chats, texts received (2020)

The Opportunity of 988

Transitioning to 988 is an important step in transforming crisis care in the country, creating a universal entry point to needed crisis services in line with access to other emergency medical services.

- We are strengthening and expanding the National, state and territory infrastructure to respond to all behavioral health crisis calls, texts, and chats anywhere in the country;
- We are transitioning the National Suicide Prevention Lifeline number (1-800-273-8255) to an easy-to-remember, 3-digit number (988);
- An unprecedented opportunity to transform behavioral health crisis response and care for the nation.



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988 Builds Directly on the Existing National Suicide Prevention Lifeline

2001: Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

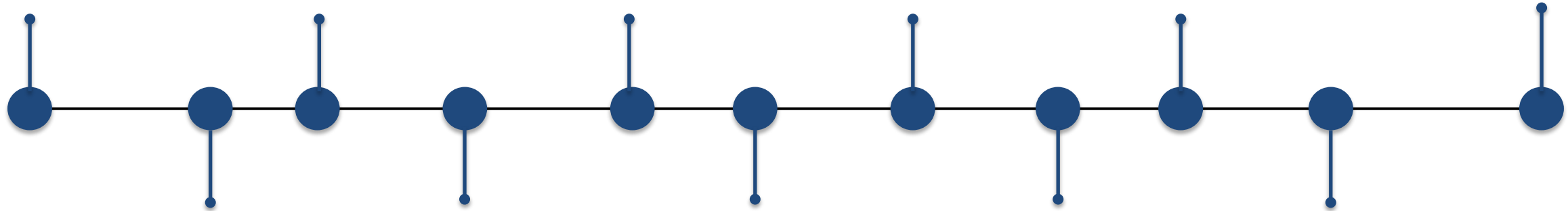
2007: SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL)

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

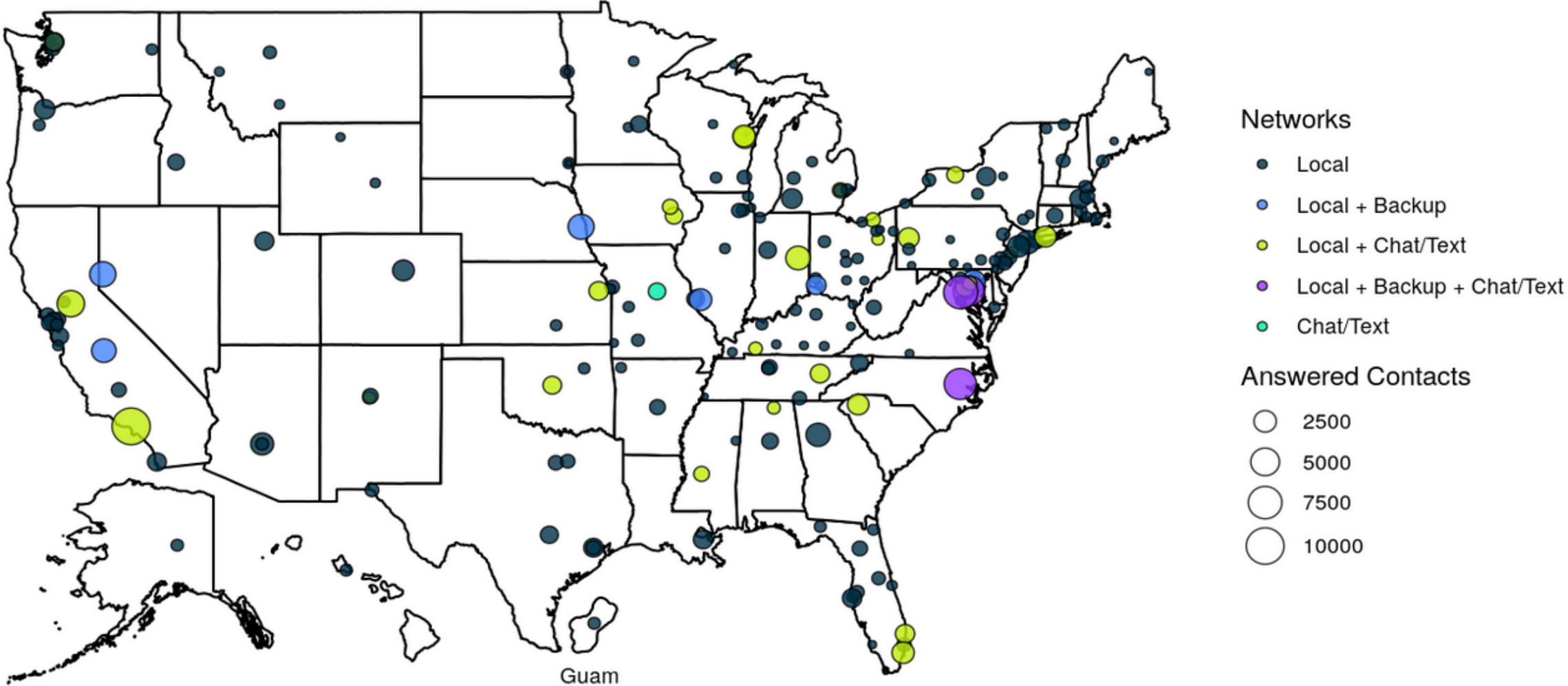
2019: FCC designates 988 as new three-digit number for suicide prevention and mental health crises

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**

Snapshot of the Lifeline Network (FY2021)

Lifeline Centers
Jan 01, 2022 - Jan 31, 2022



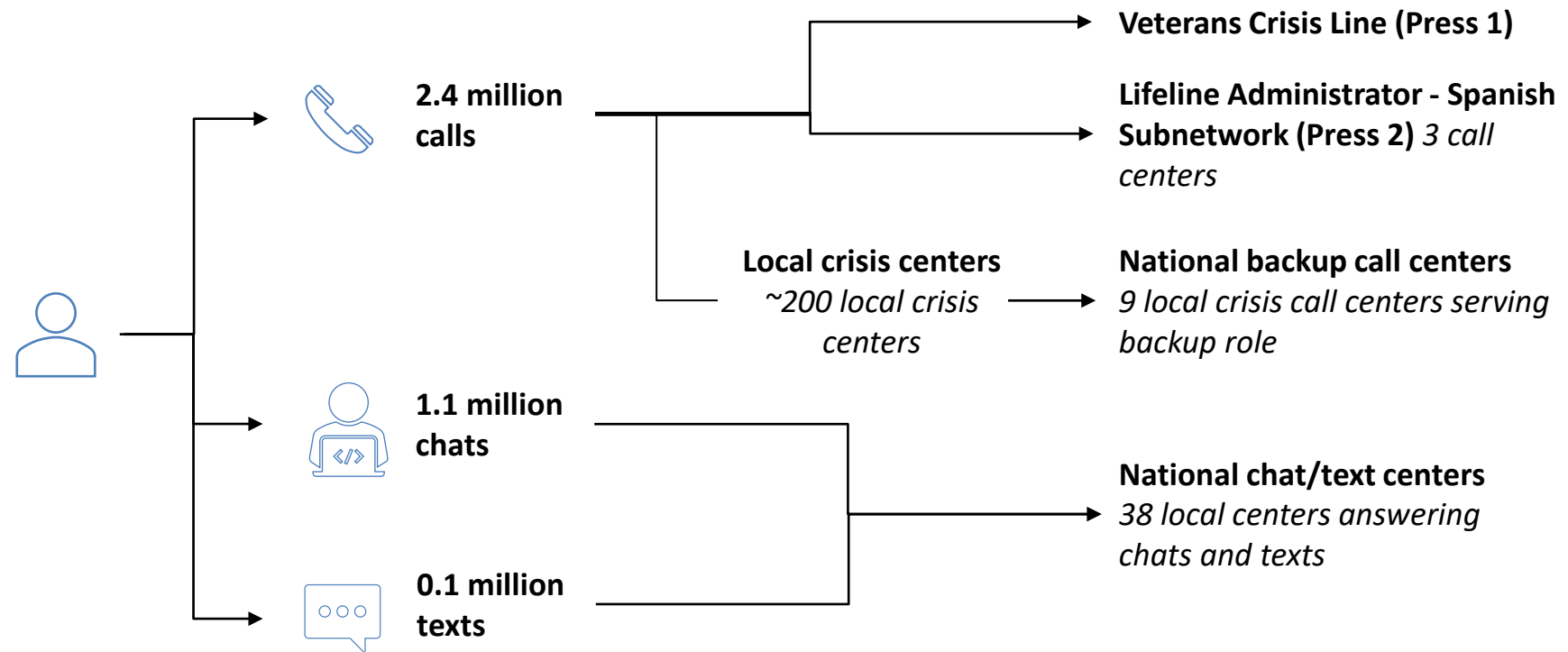
Lifeline Network Routing Structure and Volume (FY2021)

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

When they reach the current Lifeline, callers are given three options:

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

When they reach the current Lifeline, chat/text users are connected to a **centralized network of chat and text centers**



Lifeline Answer Rate Challenges

While the Lifeline has evolved significantly since its formation – and now comprises nearly 200 crisis centers across the country – **demand far exceeds capacity**

In 2020 alone, **hundreds of thousands of users** – many of whom may be actively suicidal – reached out for help and were **unable to connect with a trained counselor**



~15% unanswerd calls



~44% unanswerd texts



~70% unanswerd chats

Call Answer Rate Variation By State (Oct-Dec 2021 Data)

5 states with Lifeline answer rates above 90 percent

State	Routed	Answer Rate
AZ	10,080	91%
DC	1,709	93%
MS	3,172	90%
MT	2,053	96%
RI	1,008	98%

13 states with Lifeline answer rates between 80-90%

State	Routed	Answer Rate
CA	70,256	86%
ID	3,234	83%
KS	4,401	81%
MD	9,330	81%
ME	1,246	83%
NC	14,113	89%
ND	1,181	89%
PA	14,465	84%
SD	939	86%
TN	8,658	81%
VT	1,034	86%
WI	10,942	86%
WV	2,523	88%

19 states with Lifeline answer rates between 70-80%

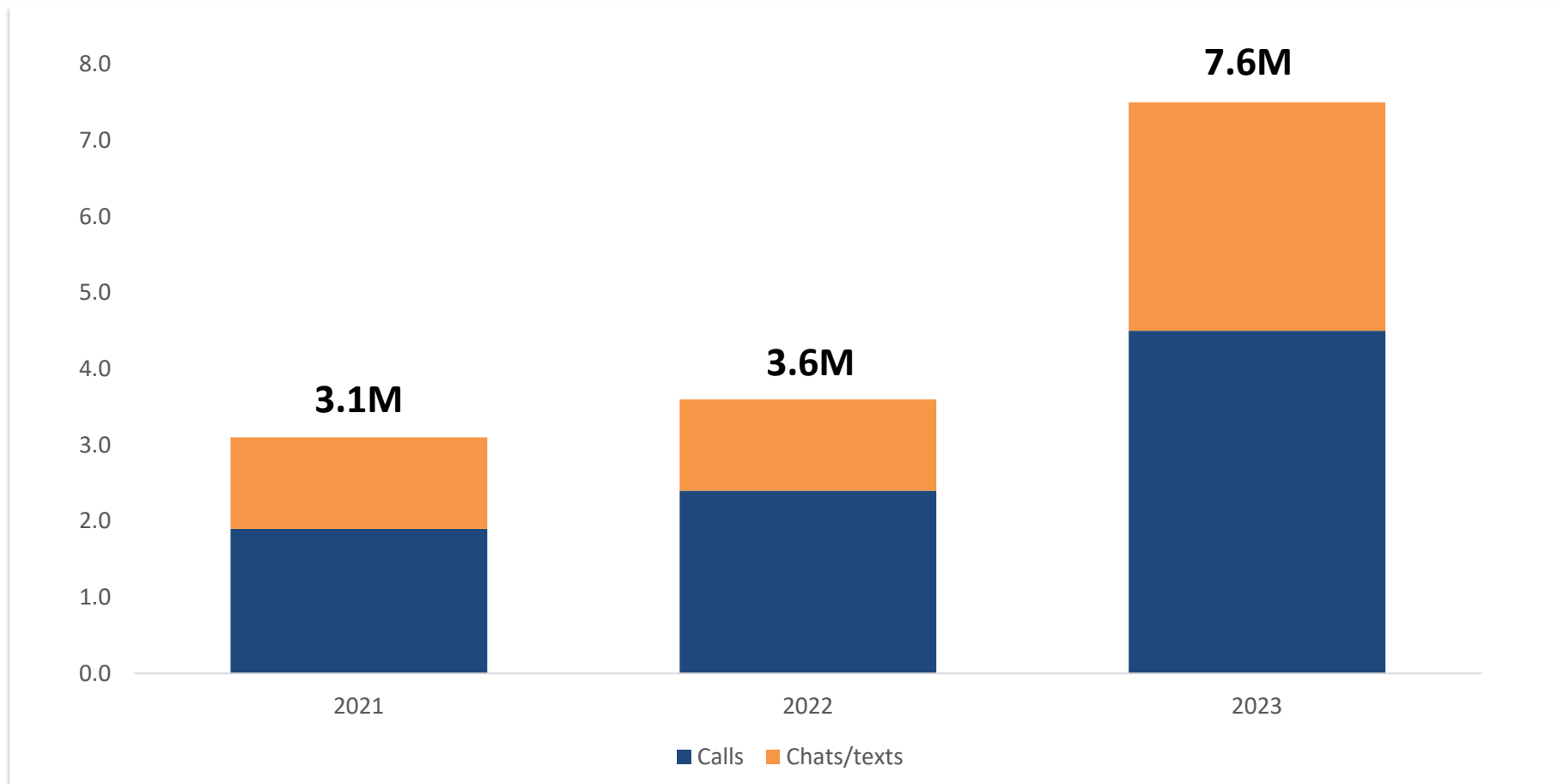
State	Routed	Answer Rate
AR	1,829	74%
DE	1,083	76%
FL	26,045	73%
HI	2,748	73%
IA	4,046	71%
IN	9,342	73%
KY	6,128	74%
MA	13,390	74%
MO	9,002	79%
NE	3,017	77%
NH	1,885	79%
NJ	11,610	78%
NM	4,228	71%
NV	5,370	74%
OK	5,156	72%
OR	10,360	72%
SC	7,289	78%
VA	13,596	74%
WA	13,603	73%

14 states with Lifeline answer rates below 70%

State	Routed	Answer Rate
AK	1,829	53%
AL	6,877	63%
CO	13,098	60%
CT	5,217	57%
GA	14,358	63%
IL	22,276	19%
LA	6,632	47%
MI	16,550	64%
MN	8,448	50%
NY	36,900	61%
OH	15,759	57%
TX	39,353	37%
UT	6,496	69%
WY	829	47%

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

Potential Future Lifeline Volume



SAMHSA'S Recent 988 Updates

- **Finalized and shared congressional reports on 988**
 - Report to Congress on 988 Resources
 - Report to Congress on Training and Access to 988 for High-Risk Populations
 - 988 Appropriations Report
- **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
- **Released \$105M Notice of Funding Opportunity to states and territories**



Home » [Newsroom](#) » [Press Announcements](#) [f](#) [t](#) [e](#)

Newsroom	<h2>HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline</h2> <p>Monday, December 20, 2021</p> <h3><i>American Rescue Plan Funding Will Support State Efforts to Transform Suicide and Mental Health Crisis Care</i></h3> <p>Today the Department of Health and Human Services, through its Substance Abuse and Mental Health Services Administration (SAMHSA), will make critical investments in suicide prevention and crisis care services, announcing \$282 million to help transition the National Suicide Prevention Lifeline exit disclaimer icon from its current 10-digit number to a three-digit dialing code – 988.</p> <p>In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. Converting to this easy-to-remember, three-digit number will strengthen and expand the existing Lifeline network, providing the public with easier access to life-saving services. The Lifeline currently helps thousands of people overcome crisis situations every day. The 988 dialing code will be available nationally for call, text or chat beginning in July 2022.</p>
Coronavirus (COVID-19)	
SAMHSA Blog	
Media Guidelines for Bullying Prevention	
Press Announcements	
Statements	

Logo Use Guidelines

SAMHSA External Convenings on 988 Operational Readiness



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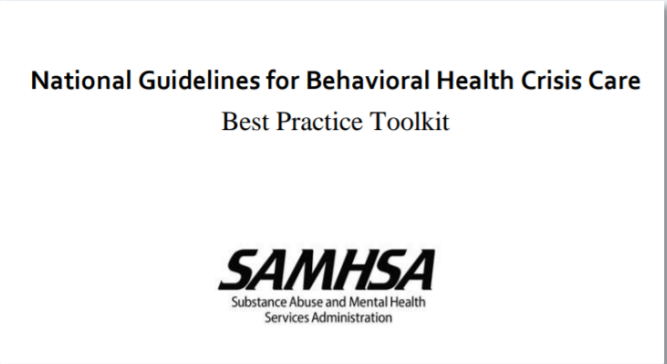
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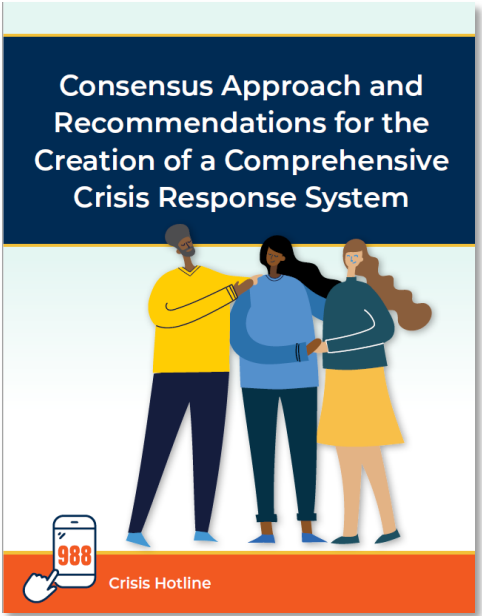
Looking forward, wrap-up, and questions

The Crisis System: SAMHSA is investing heavily to help build local crisis systems

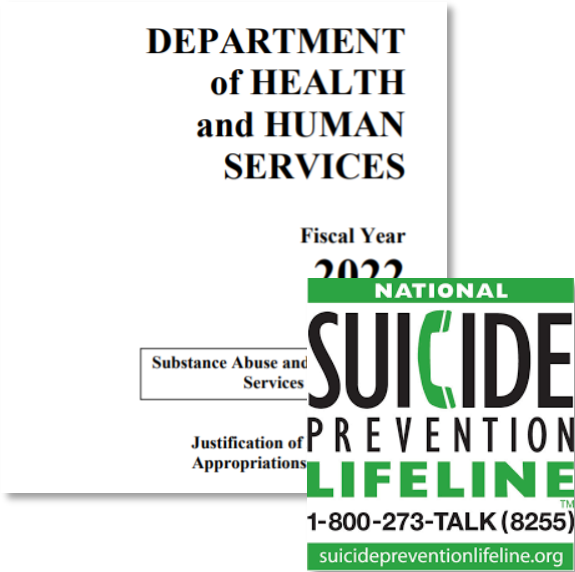
SAMHSA 2020 National Guidelines for Behavioral Health Crisis Care



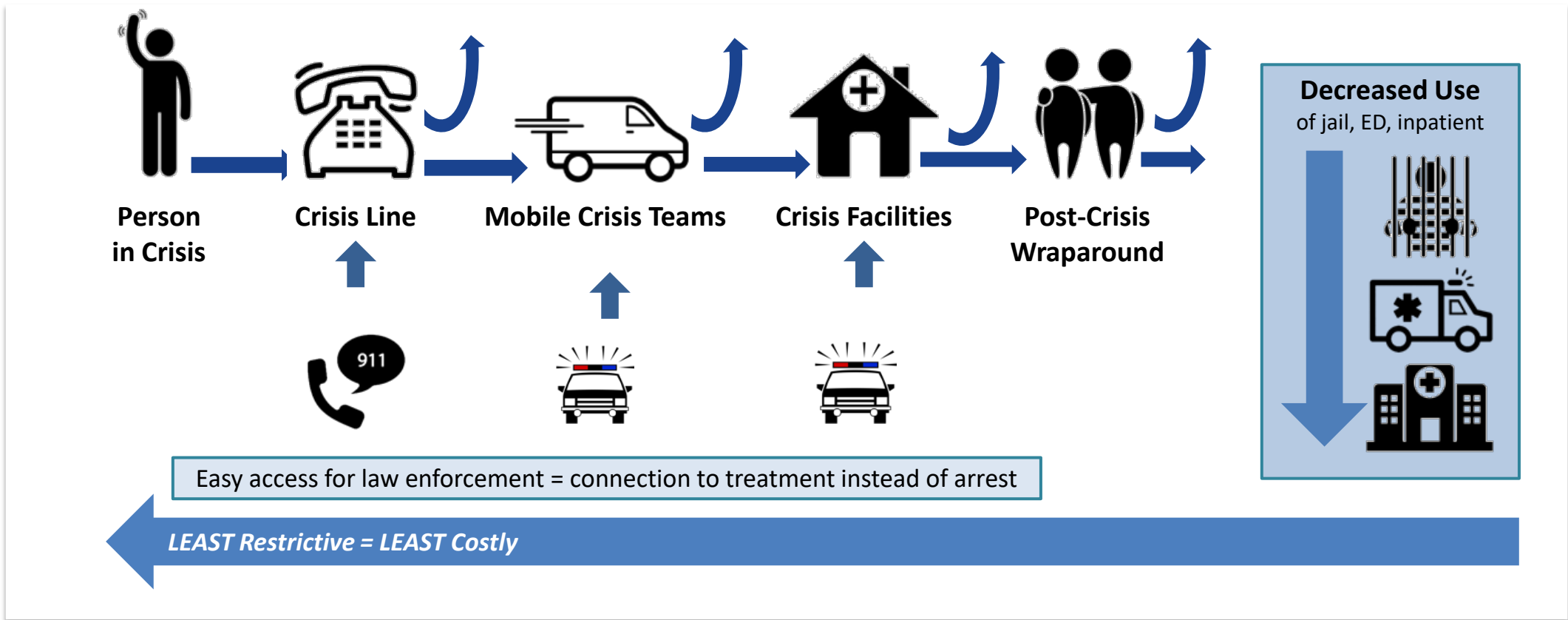
SAMHSA/NASMHPD publications on crisis services



SAMHSA FY2022 proposed budget



Core Crisis Services: These efforts focus on scaling several core services



HHS Resources: There are many resources to support crisis transformation

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

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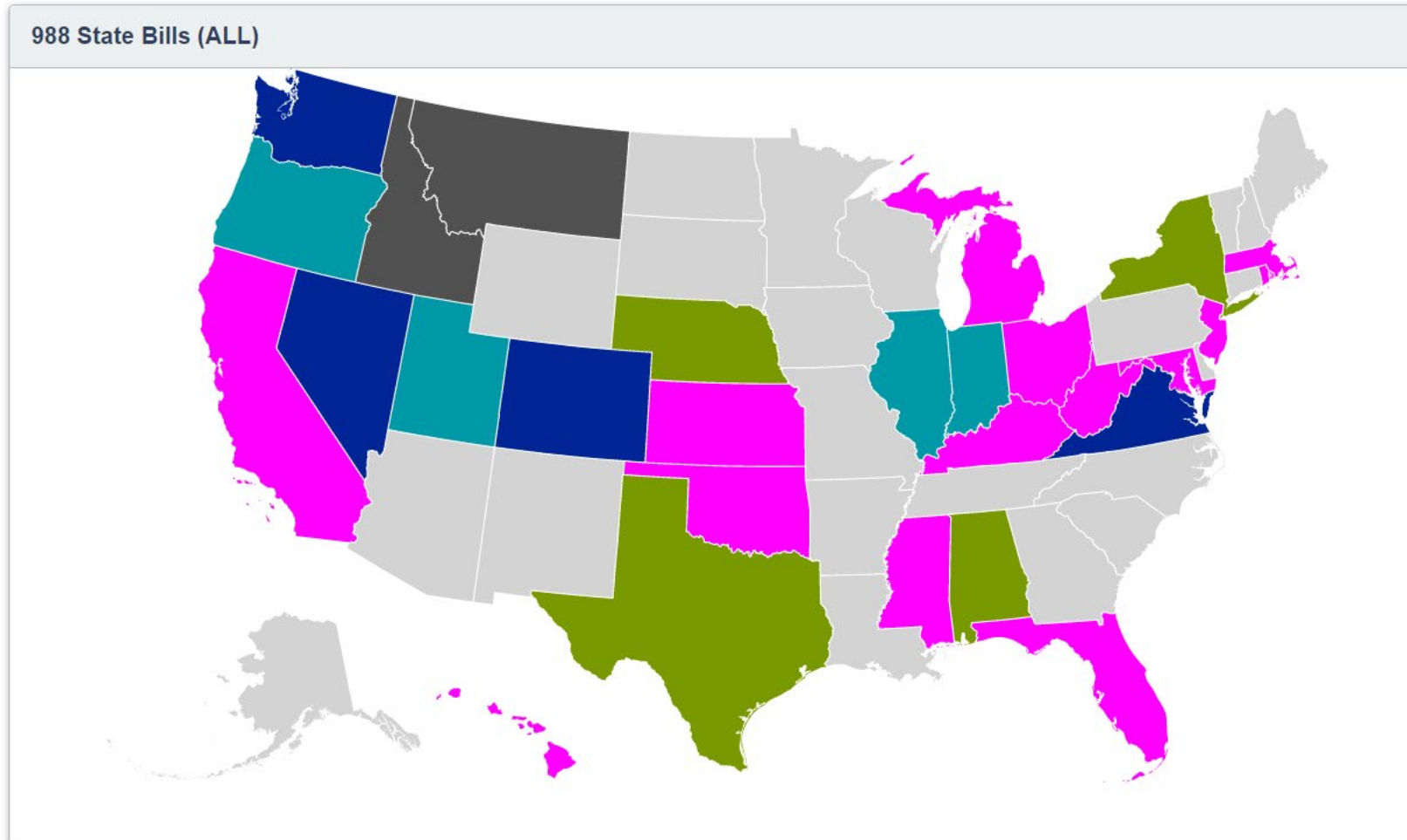
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Looking forward, wrap-up, and questions

- **Sustaining 988** (critical to improving answer rate for calls, texts, and chats)
- **Sustaining broader crisis services** (essential to scaling access to core services, e.g., mobile crisis, crisis receiving facilities)

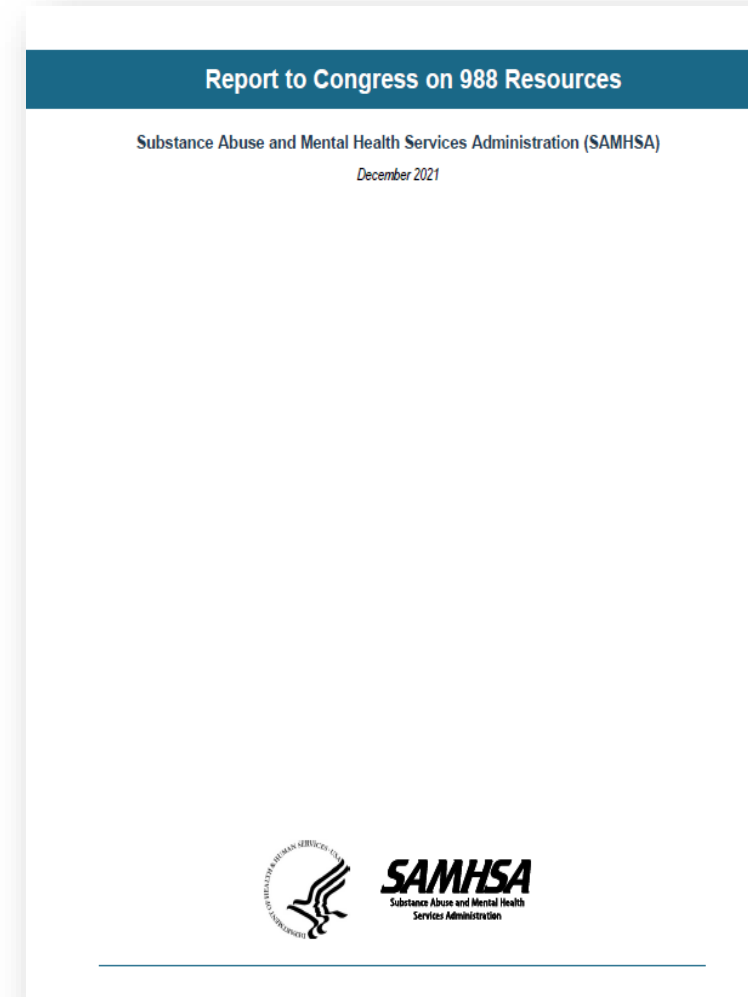
Sustaining 988 : Status of State 988 Legislation



- **BLUE:** 4 states enacted 988 infrastructure bill with a fee
- **TEAL:** 4 states enacted 988 infrastructure bill without a fee
- **GREEN:** 4 states enacted 988 legislation to create 988 study and/or commission
- **MAGENTA:** 13 states have pending 988 legislation
- **DARK GREY:** 2 states considered 988 legislation that did not pass

Sustaining 988: future annual cost components

- **Strengthening network operations**
- **Enhancing local crisis call center capacity**
- **Improving 988 messaging and public awareness**
- **Sustaining a 988 & Behavioral Health Crisis Coordination Office**



Sustaining broader crisis services

“ It would be unthinkable for any community, except frontier or very small ones, to go without their own fire department. Because this is known to be an essential public expenditure, fire stations and fire trucks are simply made available...**In most communities, mental health crisis services take a different approach or are not offered at all due to the lack of coverage or reimbursement for this level of care** ”

“ Unfortunately, **crisis care reimbursement is often a fraction of that of its physical health counterparts** and is, therefore, delivered in a model that falls short of best practice expectations or is simply not offered because there is **no mechanism to adequately reimburse** the cost of the level of care ”

Additional SAMHSA 988 Resources and Supports

- SAMHSA 988 Press Release: <https://www.samhsa.gov/newsroom/press-announcements/202112201100>
- 988 webpage: www.samhsa.gov/988
- 988 Fact Sheet: <https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>
- 988 NOFO: <https://www.samhsa.gov/grants/grant-announcements/sm-22-015>
(Grants.gov - <https://www.grants.gov/web/grants/search-grants.html?keywords=SM-22-015>)
- 988 Resource Mailbox: 988Team@samhsa.hhs.gov