SAMHSA 988 Briefing

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

Source: CDC and SAMHSA data
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.

Source: CDC and SAMHSA data
Introductions and 988 overview

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Looking forward, wrap-up, and questions
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
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 the Spanish Subnetwork
- **Remain on the line** and caller is connected to the nearest crisis center; if local crisis center is unable to answer, the caller is routed to 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 Network Routing Structure and Volume (FY2021)**

- **2.4 million calls**
  - Veterans Crisis Line (Press 1)
  - Lifeline Administrator - Spanish Subnetwork (Press 2) 3 call centers

- **1.1 million chats**
  - Local crisis centers ~200 local crisis centers

- **0.1 million texts**
  - National backup call centers 9 local crisis call centers serving backup role
  - National chat/text centers 38 local centers answering chats and texts
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.
### 5 states with Lifeline answer rates above 90 percent

<table>
<thead>
<tr>
<th>State</th>
<th>Routed</th>
<th>Answer Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>10,080</td>
<td>91%</td>
</tr>
<tr>
<td>DC</td>
<td>1,709</td>
<td>93%</td>
</tr>
<tr>
<td>MS</td>
<td>3,172</td>
<td>90%</td>
</tr>
<tr>
<td>MT</td>
<td>2,053</td>
<td>96%</td>
</tr>
<tr>
<td>RI</td>
<td>1,008</td>
<td>98%</td>
</tr>
</tbody>
</table>

### 13 states with Lifeline answer rates between 80-90%

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

### 19 states with Lifeline answer rates between 70-80%

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

### 14 states with Lifeline answer rates below 70%

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

*Indicates state that has passed legislation creating a 988 cell phone fee.
potential future lifeline volume

majority of states have no pending 988 legislation, and we anticipate many states will not have legislation in place involving user fees prior to July 2022. There is significant variation in state general revenue support of crisis call services.
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
SAMHSA External Convenings on 988 Operational Readiness
Agenda

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Objective 1: Strengthen National Suicide Prevention Lifeline

Objective 2: Transform broader behavioral health crisis services

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

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facilities → Post-Crisis Wraparound

Decreased Use of jail, ED, inpatient

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = LEAST Costly
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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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

https://www.quorum.us/dashboard/external/mgWzdPqJLWHohzOhdRWE/
• Strengthening network operations
• Enhancing local crisis call center capacity
• Improving 988 messaging and public awareness
• Sustaining a 988 & Behavioral Health Crisis Coordination Office

Source: SAMHSA 988 Resources Report to Congress
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.

Source: SAMHSA 2020 National Guidelines for BH Crisis Care
Additional SAMHSA 988 Resources and Supports

- 988 webpage: www.samhsa.gov/988
- 988 Fact Sheet: https://www.samhsa.gov/sites/default/files/988-factsheet.pdf
- 988 Resource Mailbox: 988Team@samhsa.hhs.gov