

Workshop Wednesday

What's Happening with 988

Charles Smith, Ph.D.

SAMHSA Regional 8 Administrator

March 16, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

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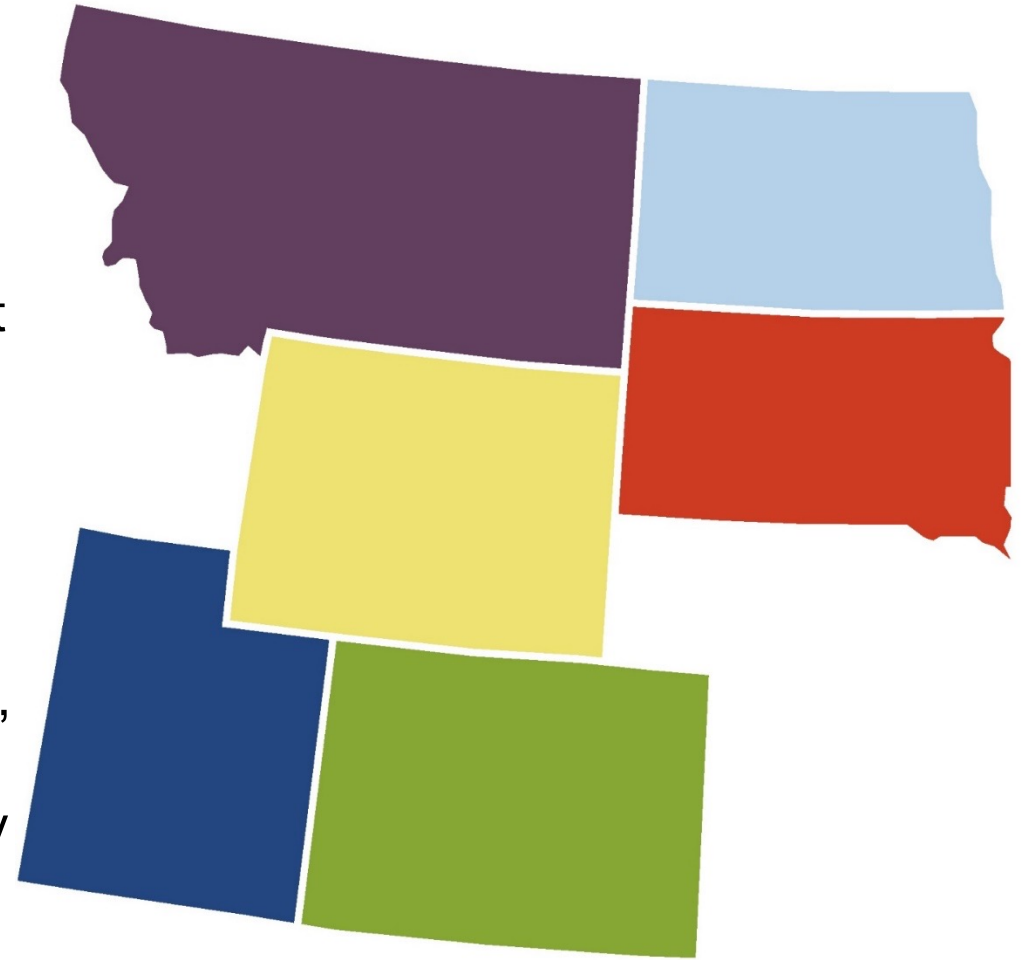
At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Charles Smith, Ph.D., and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

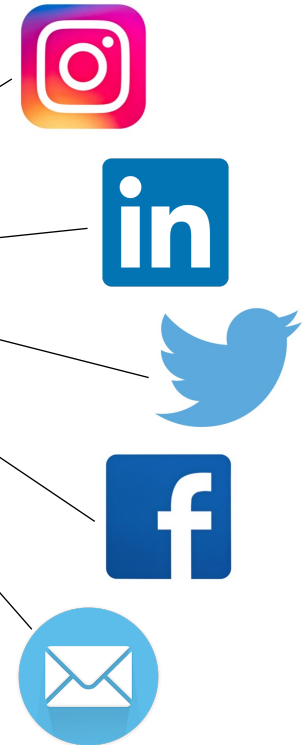
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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SAMHSA 988 Briefing

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



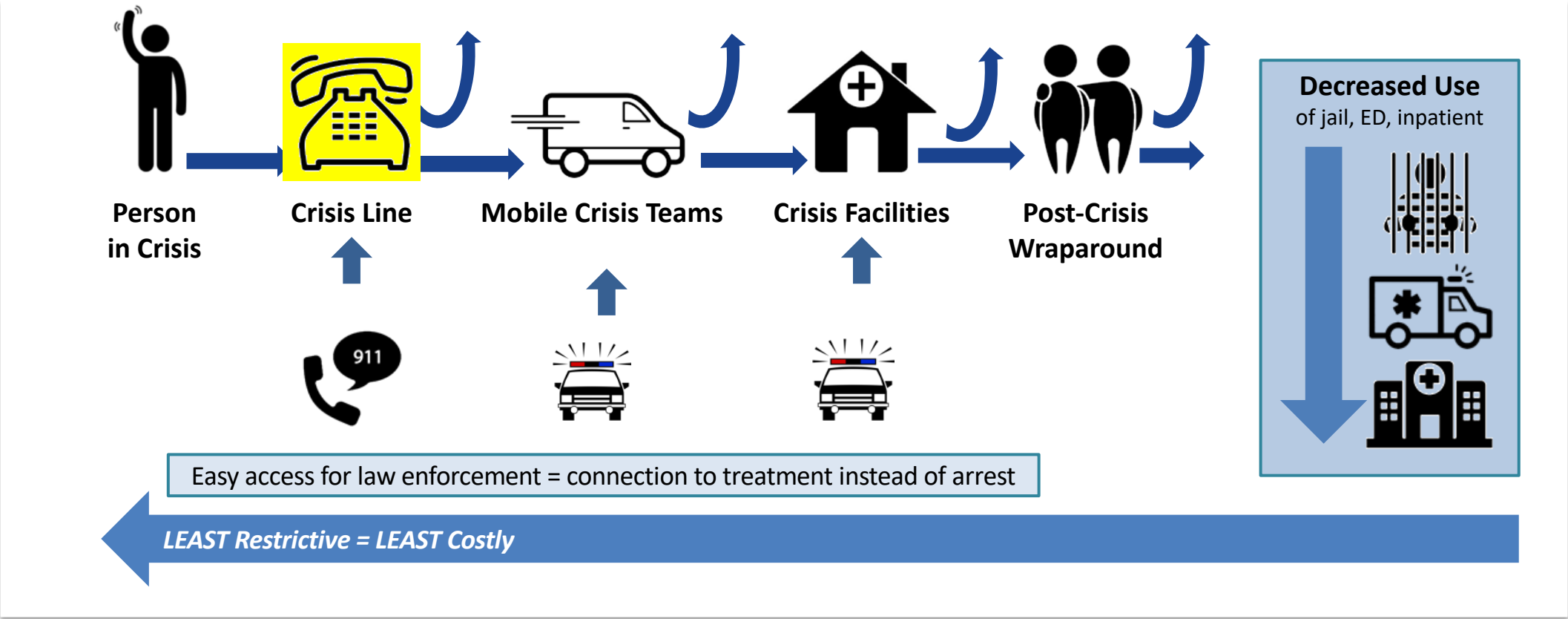
SAMHSA
Substance Abuse and Mental Health
Services Administration
Substance Abuse and Mental Health
Services Administration

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)

Components of a Behavioral Health Crisis Response System

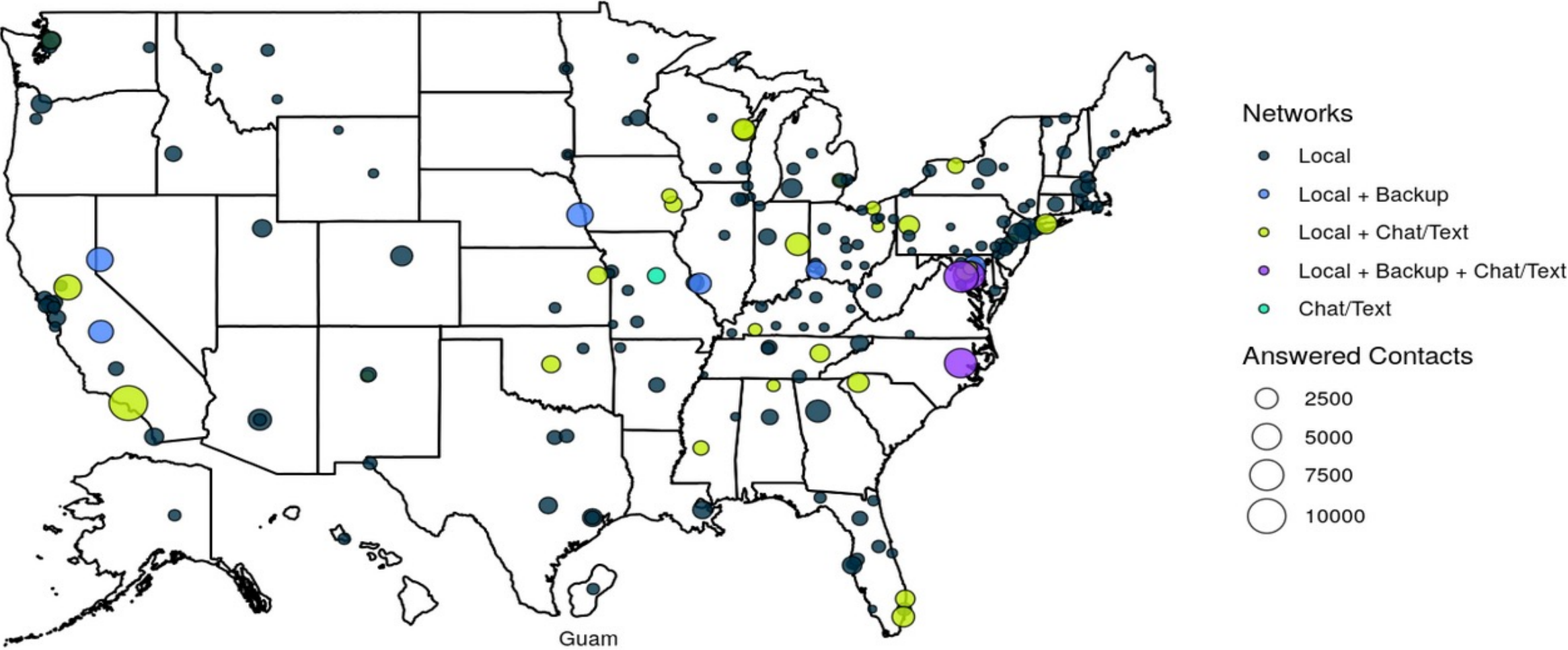


Snapshot of the Lifeline Network (FY2021)

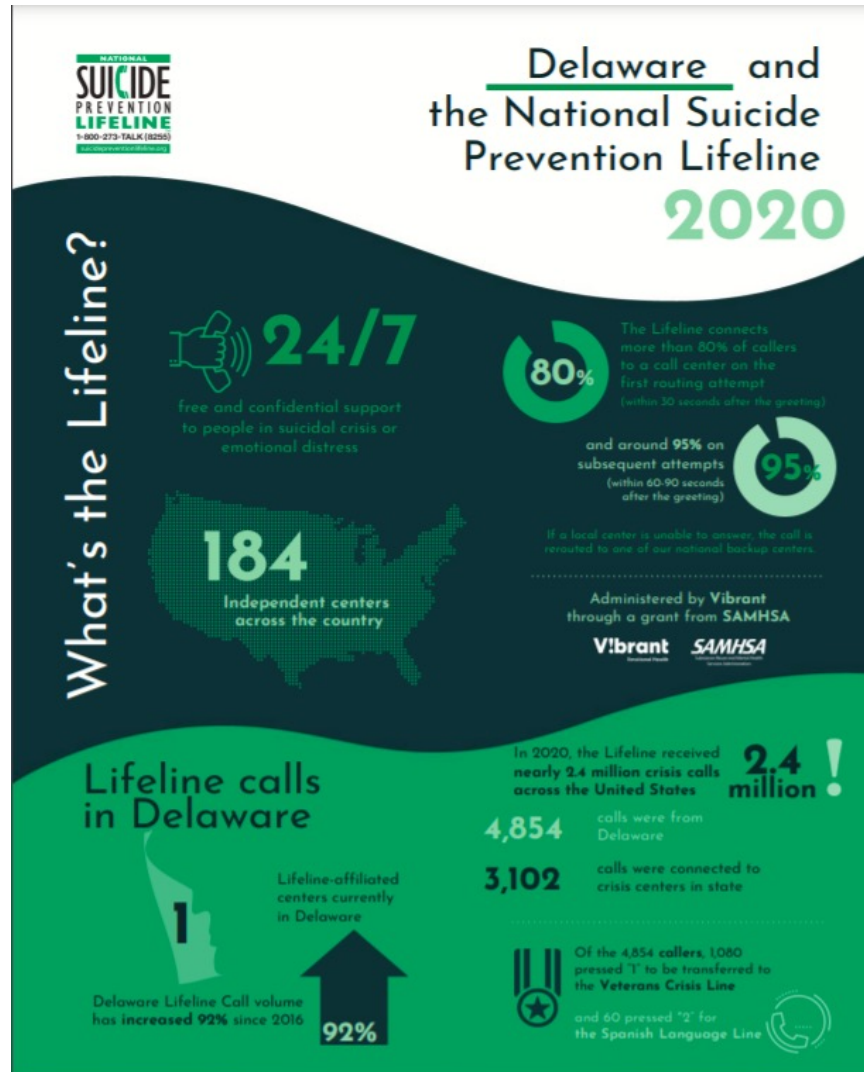
Lifeline Centers

Jan 01, 2022 - Jan 31, 2022

<https://suicidepreventionlifeline.org/our-crisis-centers/>



Lifeline State Reports



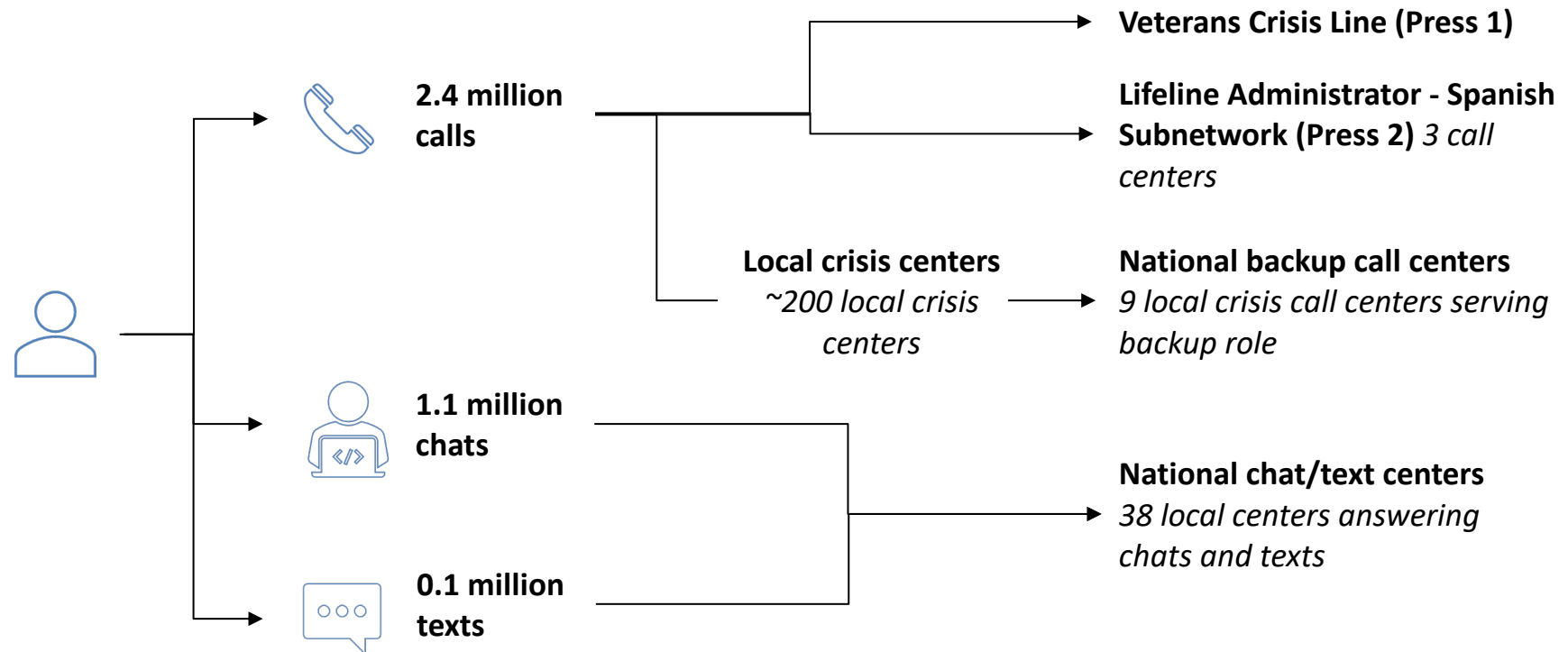
Lifeline Network Routing Structure and Volume (FY2021)

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% unanswered calls



~44% unanswered texts



~70% unanswered 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%

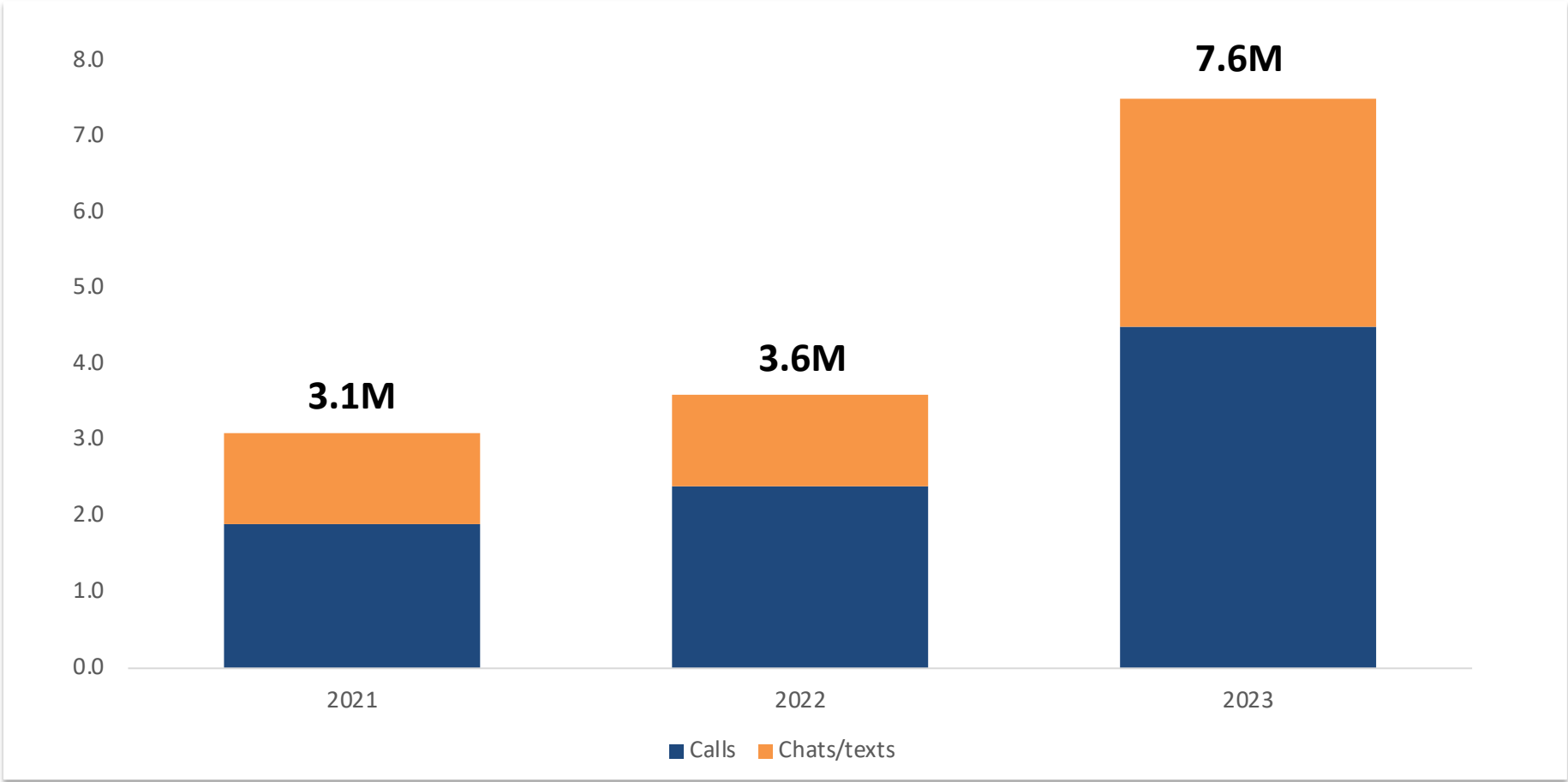
State	Routed	Answer Rate
AR	1,829	74%
DE	1,083	76%
FL	26,045	73%
HI	2,748	73%
IA	4,046	71%
IN	9,342	73%
KY	6,128	74%
MA	13,390	74%
MO	9,002	79%
NE	3,017	77%
NH	1,885	79%
NJ	11,610	78%
NM	4,228	71%
NV	5,370	74%
OK	5,156	72%
OR	10,360	72%
SC	7,289	78%
VA	13,596	74%
WA	13,603	73%

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



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 improve behavioral health crisis response and care for the nation.
- SAMHSA can't do this alone. We embrace the partnership from states and territories to meet the needs of anyone in crisis



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**

SAMHSA 988 Team



Miriam Delphin-Rittmon
SAMHSA Assistant Secretary; 988 Executive Sponsor



Tom Coderre
Acting Deputy Assistant Secretary



Sonia Chessen
SAMHSA Chief of Staff;
988 Executive Sponsor



John Palmieri
Acting Director for 988 Team; Chief Clinical Officer & Crisis Systems Lead



Etan Raskas
Chief of Staff for 988 Team



Becky Zornick
988 Policy Advisor and Project Manager



Charles Smith
Senior Advisor to 988 team; SAMHSA Regional Administrator



Kate Galatas
Chief 988 Communications & Engagement Officer (on detail from CDC)



James Wright
Chief of Crisis Center Operations



Richard McKeon
Senior 988 Expert; Chief of Suicide Prevention Branch



Joe Banez
988 Legislative Lead



Amy Behrens
Senior Advisor on Data Planning, Evaluation, and Visualization



Stacey Palosky
Chief Digital Officer



Meredith Stewart
988 Technology Lead & Digital Services Expert

988 Vision & Near-Term Pillars

SAMHSA goals

Pillars defined by SAMHSA

1 Strengthen and enhance Lifeline

2 Transform and strengthen broader crisis care continuum

- 1A Federal planning and convening:** putting robust federal funding, leadership, and policy direction in place to strengthen the Lifeline network and the broader crisis continuum
- 1B Operational readiness of the Lifeline network:** ensuring the Lifeline network is equipped to respond to projected FY22 contacts
- 1C Messaging and public communication:** educating key stakeholders about 988 messaging and the broader public about how and when to use 988
- 1D Foundation for comprehensive crisis services:** putting the building blocks in place to ensure a robust and responsive crisis system that provides direct, life-saving services to all in need

Activities underlying each of these pillars evolve across phases of implementation (e.g., pre- and post-July)

SAMHSA External Convenings on 988 Operational Readiness



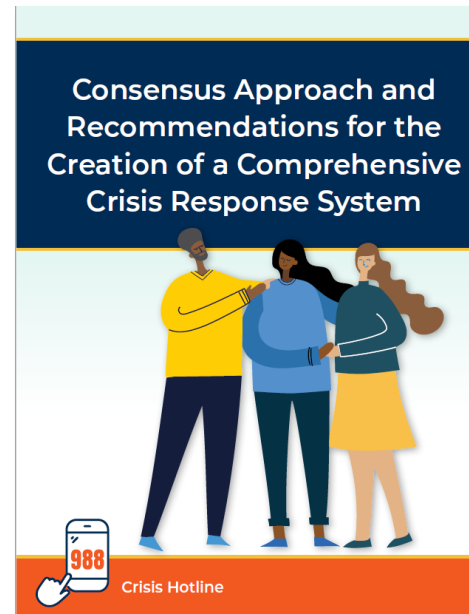
The Crisis System: SAMHSA is investing heavily to help build local crisis systems

SAMHSA 2020 National Guidelines for Behavioral Health Crisis Care

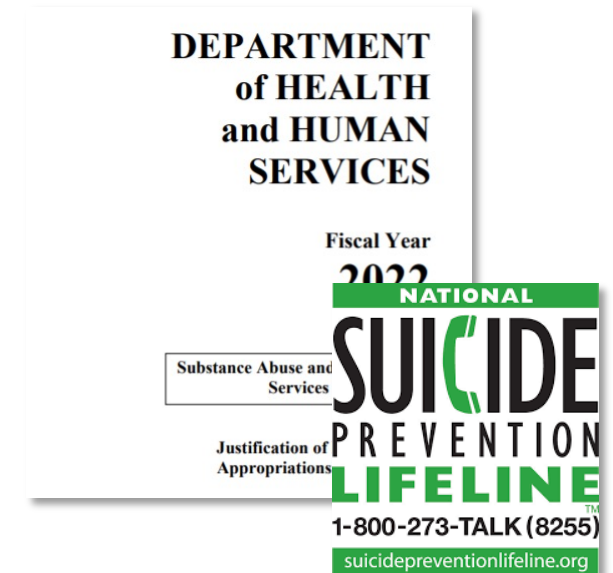
National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit



SAMHSA/NASMHPD publications on crisis services



SAMHSA FY2022 proposed budget



SAMHSA 988 updates and resources

- **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
- **“Virtual Meeting on Leveraging SAMHSA and Medicaid Resources to Establish a Comprehensive and Integrated Crisis System of Care (1/11-13/22)**



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HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline

Monday, December 20, 2021

American Rescue Plan Funding Will Support State Efforts to Transform Suicide and Mental Health Crisis Care

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.

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.

SAMHSA 988 Website and Fact Sheet

SAMHSA 988 Website

<https://www.samhsa.gov/find-help/988>



In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a **once-in-a-lifetime opportunity** to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for all Americans who might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress. Preparing for full 988 implementation and operational readiness requires a bold vision for a **crisis care system that provides direct, life-saving services to all in need.**


SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.



In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is **essential to meeting behavioral health crisis needs across the nation.**



Developed in collaboration with the Centers for Disease Control and Prevention



Frequently Asked Questions

What is the Lifeline and will 988 replace it?

The **Lifeline** is a national network of over 180 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. Moving to 988 will not replace the Lifeline, rather it will be an easier way for all Americans to access a strengthened and expanded network of crisis call centers.

When will 988 go live nationwide?

The **988 dialing code** will be available nationally for call, text, or chat on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, **800-273-8255**. SAMHSA recommends not promoting 988 widely until it is available nationwide.

How is this different than 911?

Like **911**, there will need to be a system of entities working in lock step to support the establishment and growth of 988 in a way that meets our country's growing suicide prevention and mental health crisis care needs. SAMHSA is actively engaged with 911 counterparts at the federal, state and local levels to plan for smooth coordination.


How is 988 being funded?

Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the **988 workforce**. Also, the President's Fiscal Year 2022 budget request provides additional funding for the Lifeline itself and for other existing federal crisis funding sources. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

Is 988 available for substance use crisis?

SAMHSA views 988 as an opportunity to transform our country's behavioral health crisis system to respond to anyone in need. The Lifeline accepts calls from anyone who is suicidal or in emotional distress, including substance use crisis. This transformation will take time and requires resources from federal, state and local levels to prepare the crisis system to better meet these needs.

Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2019 alone, the US had one death by suicide about every 11 minutes — and for people aged 10 - 34 years, suicide is the second leading cause of death.

Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.

There is hope.



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:
988Team@samhsa.hhs.gov

HHS Resources that Support 988 and Crisis Services Implementation

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

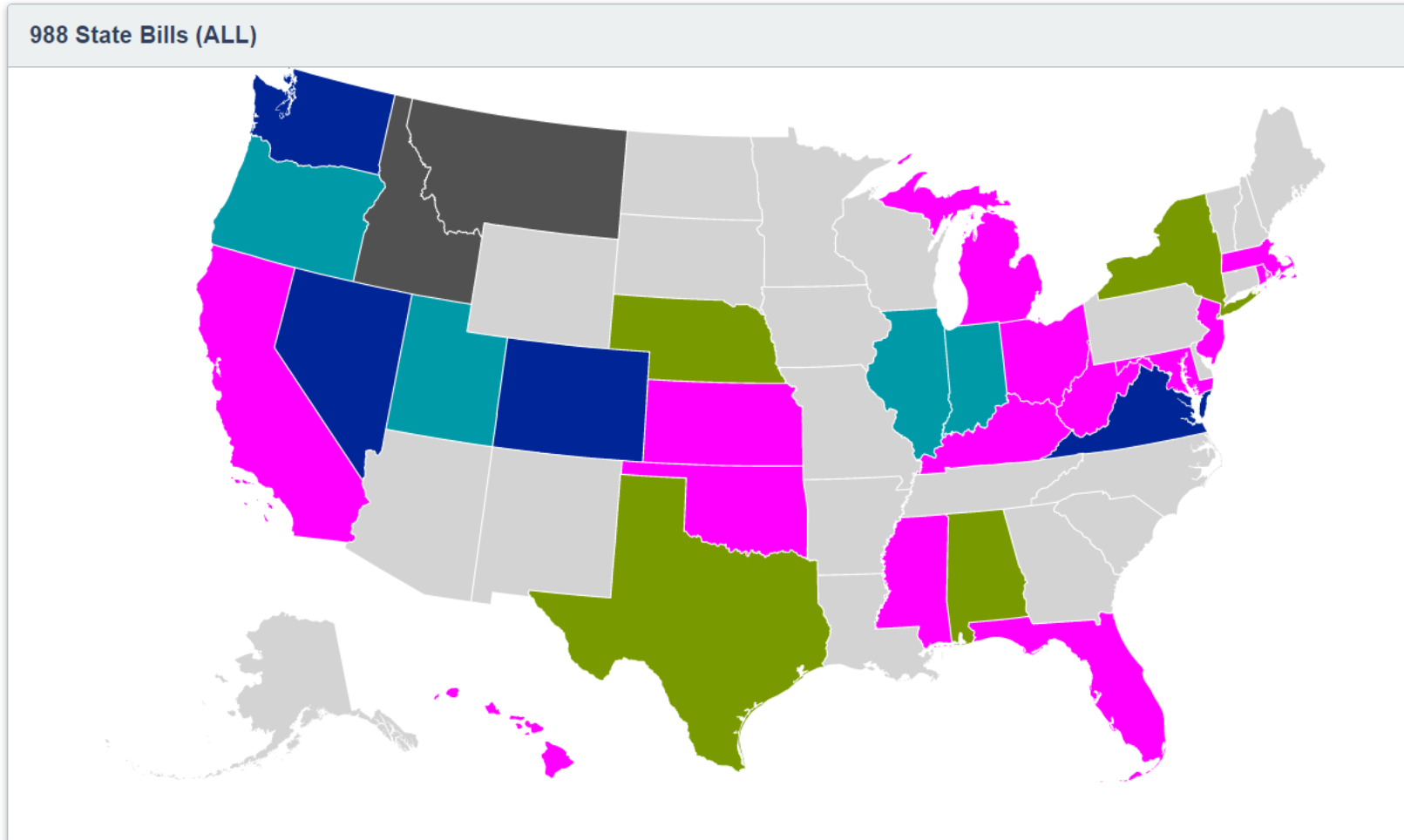
SAMHSA Technical Assistance:

- 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

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)

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/>

<https://www.nashp.org/state-legislation-to-fund-and-implement-988-for-the-national-suicide-prevention-lifeline/>

Additional 988/Crisis Services Resources

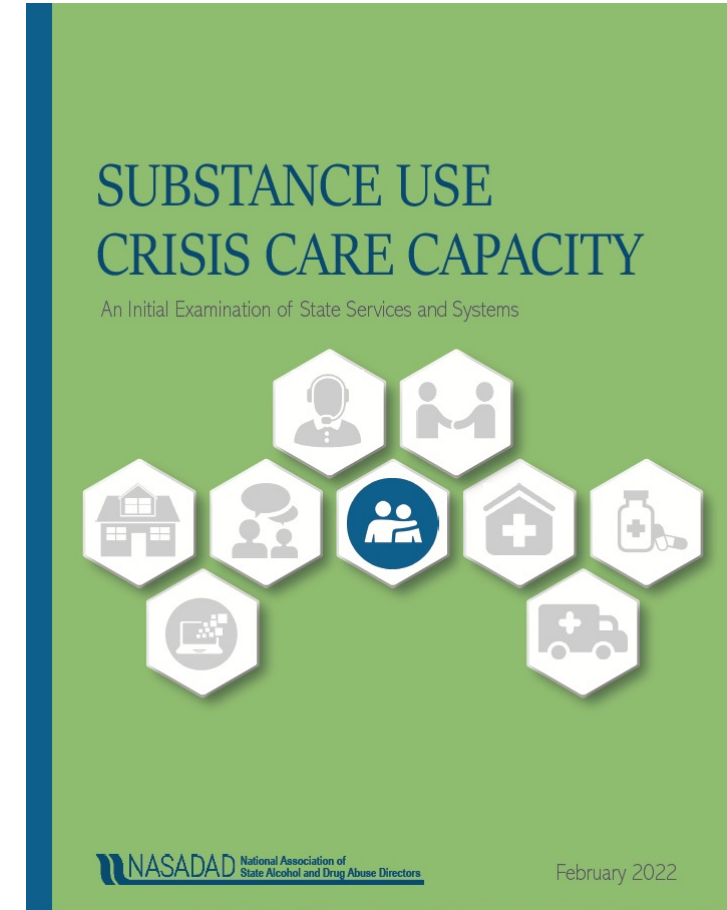
NASMHPD UPDATE



Resources:

[States' Experiences in Legislating 988 and Crisis Services Systems](#)

[988 Model Bill for Core State Behavioral Health Crisis Services Systems](#)

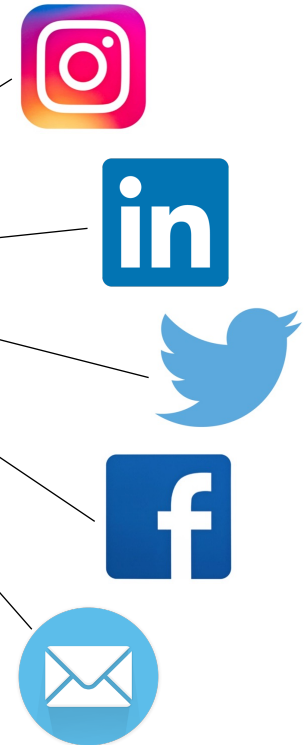


NASMHPD 988 Model State Legislation (2022)

- [FINAL 988 Model Bill 2-22-22 edited.pdf\(link is external\)](#)
- [NASMHPD 988 Model Bill Slides.pdf](#)

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Thank you!

Charles Smith, Ph.D.

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