Implementing the SAMHSA/NASMHPD 988 Convening Playbooks

July 6, 2022
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988: The Vision and Coordination with Other Systems

Chuck Ingoglia, MSW
President and CEO
National Council for Mental Wellbeing
Learning Objectives

• Identify the overarching vision of 988 as a resource for everyone and how 988 is different from other systems

• Identify SAMSHA’s 5-year plan for 988 and the Crisis Continuum

• Identify SAMHSA’s success criteria for its 5-year plan

• Identify examples of programs that have successfully implemented workforce and financing solutions related to 988 and the crisis continuum

• Have a better understanding of the bi-directional impacts of states and providers and how they can work together to help solve each other’s challenges
What is 988?

• 988 is the new nationwide number for mental health and substance use crises which will launch next month. Its official title is the 988 Suicide & Crisis Lifeline.

• The launch of 988 represents one of the most significant milestones for access to help for mental health and substance use crises in the last 25 years.
The History of 988: Key Moments

- **July 2020**: 988 is officially designated as the dialing code for the National Suicide Prevention Lifeline by the FCC.
- **Oct 2019**: National Suicide Hotline Designation Act (S.2661) is introduced.
- **Oct 2020**: National Suicide Hotline Designation Act is signed into law.
- **2021**: Additional federal funds given to 988 initiatives. Federal and State activities work to fund/prepare for 988.
- **2022**: SAMHSA creates implementation playbooks with national partners, 988 officially launches to all US callers in July.
The current National Suicide Prevention Lifeline (1-800-273-8255) will serve as the initial infrastructure for the new 988 service but has been (and continues to be) greatly expanded and enhanced at Federal, State and Local levels (the Lifeline number will continue to route calls to 988).

Many initiatives at federal, state and local levels are have occurred or are underway to fund and implement 988 including money/initiatives from SAMHSA and Vibrant Emotional Health (administrator of the Lifeline).
The Vision for 988

• The ultimate long-term vision for 988 is that it presents an opportunity not just to create a new easy-to-access number for mental health and/or substance use crises, but serve to help consolidate, coordinate and enhance the entire crisis care continuum.

• Other components of the crisis system include but are not limited to: Mobile Crisis Teams (MCT’s), Crisis Hubs/Call Centers, Residential Crisis Housing (RCS), 23-hour bed services, Crisis Receiving/Stabilization Centers, CCBHC’s and other services.
988: What it is and isn’t

• 988 Will:
  o Present opportunities to strengthen the entire crisis continuum
  o Decrease barriers to care for MH/SU crises for those in need and is intended for everyone and anyone who needs support.
  o Integrate with other systems (911 for example) to reduce gaps in care systems and enhance care coordination to best serve communities’ needs
  o Work to ensure all callers are served in as timely and effectively a manner as possible
988: What it is and isn’t

• 988 will not:
  o Replace other existing care systems (911, Fire, EMS, etc.)
  o Focus solely on either MH or SU challenges
  o Focus solely on national level approaches/needs
In 2021, SAMHSA and NASMHPD brought together mental health and substance use treatment stakeholders from across the country to assist with developing playbooks and readiness assessments to help organizations prepare for and implement 988.

Multiple playbooks were created with different audiences in mind including State/Tribal Officials, Mental Health and Substance Use service providers, Crisis Call Centers and more.

SAMHSA also held two national convenings to get feedback on the playbooks to ensure their effectiveness in 2022.

These playbooks have recently been published and the focus of our talk today.
SAMHSA’s Leadership, Implementation and the 988 Playbooks

Dr. John Palmieri, M.D., MHA

Senior Medical Advisor and Acting Director for the 988 and Behavioral Health Crisis Coordinating Office

SAMHSA
SAMHSA’s overarching priorities and cross-cutting principles

1. Preventing overdose
2. Enhancing access to suicide prevention & crisis care
3. Promoting children & youth behavioral health
4. Integrating primary and behavioral healthcare
5. Using performance measures, data, and evaluation

Equity
Workforce
Financing
Recovery

Details to follow
A transformative moment for the crisis care system in the U.S.

**Short-term goal**
A strengthened and expanded Lifeline infrastructure to respond to crisis calls, texts, and chats anytime.

**Long-term vision**
A robust system that provides the crisis care needed anywhere in the country.
Crisis Contact Centers Are an Essential Component of a Broader Crisis Continuum

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

Decreased use of:
- Jail
- ED
- Inpatient

LEAST Restrictive = LEAST Costly
Vision for 988 & Crisis Services

Horizon 1: Crisis contact centers¹
“Someone to talk to”

Horizon 2: Mobile crisis services¹
“A safe place for help”

Horizon 3: Stabilization services¹
“Someone to respond”

90%+ of all 988 contacts answered in-state [by 2023]²

80%+ of individuals have access to rapid crisis response [by 2025]

80%+ of individuals have access to community-based crisis care [by 2027]

Underlying principles

Provide individuals experiencing suicidal, mental health, and substance use crises, and their loved ones, with caring, accessible, and high-quality support

Ensure integrated services are available across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)

Provide “health first” responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate lived experiences of peers and support for populations at high risk of suicide, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas

Advance equitable access to crisis services for populations at higher risk of suicide, with a focus on Tribes and Territories

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¹ Inclusive of intake, engagement, and follow-up
² Proportion may differ with chat/text vs. calls; “contacts answered” is defined as connected with a trained responder
Systems Gaps and Challenges for Individuals with Substance Use Needs

- COALITION BUILDING, PLANNING AND DEVELOPMENT
- NEED FOR SCOPE CLARITY
- SILOED FUNDING AND SERVICE STREAMS
## Overview of activities to support 5-year vision

### List of partners is not exhaustive

- Federal government
- States
- Localities
- Lifeline contact centers
- Behavioral health providers
- Public safety answering points (PSAPs)

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<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Leadership + operations</td>
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<tr>
<td>Resourcing (including financing + workforce)</td>
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<tr>
<td>Data + technology</td>
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<td>Communications</td>
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<td>Equity</td>
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### 988 & Behavioral Health Crisis – Examples of Federal Activities *(non-exhaustive)*

#### Example Actions

<table>
<thead>
<tr>
<th>Leadership + operations</th>
<th>Horizon 1: Crisis contact centers</th>
<th>Horizon 2: Mobile crisis Services</th>
<th>Horizon 3: Stabilization services</th>
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<tr>
<td>SAMHSA: Establish 988 &amp; Behavioral Health Crisis Coordination Office</td>
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<td>States: Conduct self-assessment to determine readiness to answer calls/text/chats at local level</td>
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<td>Lifeline contact centers: Build capabilities to support text/chat</td>
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<td>Localities: Engage with the state health authority to understand how 988 will impact existing local crisis services</td>
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<th>Resourcing</th>
<th>Horizon 1: Crisis contact centers</th>
<th>Horizon 2: Mobile crisis Services</th>
<th>Horizon 3: Stabilization services</th>
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<tr>
<td>SAMHSA: Announce proposed FY23 federal funding to advance 988 operational readiness</td>
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<td>CMS: Awarded $15M for state planning grants to bolster mobile crisis intervention services</td>
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<td>States: Identify sustainable funding streams to support 988 &amp; broader crisis services</td>
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<td>Tribes: Work with federal/state BH authorities and financing agencies to ensure crisis services are accessible to tribes</td>
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<th>Data &amp; technology</th>
<th>Horizon 1: Crisis contact centers</th>
<th>Horizon 2: Mobile crisis Services</th>
<th>Horizon 3: Stabilization services</th>
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<tr>
<td>FCC: Implement 10 digit dialing in 82 areas to facilitate routing of 988 calls</td>
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<td>Localities: Identify tech platforms used to manage crisis services and data across partners</td>
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<td>States: Develop plans to integrate tech platforms / consolidate data across crisis services providers</td>
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<tr>
<td>Providers: Work with state authorities and payers to identify data sharing mechanisms</td>
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<tr>
<th>Communications</th>
<th>Horizon 1: Crisis contact centers</th>
<th>Horizon 2: Mobile crisis Services</th>
<th>Horizon 3: Stabilization services</th>
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<tr>
<td>HHS: Launch targeted education and engagement about 988 (e.g. from HHS leadership, other federal partners)</td>
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<td>States: Conduct an inventory of which organizations and individuals require engagement to support 988</td>
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<td>Localities: Engage in implementing transition between 911 dispatch centers and 988 contact centers</td>
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<tr>
<td>Tribes: Communicate internally with tribe to inform members about 988 and available crisis services</td>
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<tr>
<th>Equity</th>
<th>Horizon 1: Crisis contact centers</th>
<th>Horizon 2: Mobile crisis Services</th>
<th>Horizon 3: Stabilization services</th>
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<tr>
<td>SAMHSA: Delivered report to Congress on 988 Training and Access for High-Risk Populations</td>
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<td>SAMHSA: Launch formative research on populations at high risk of suicide</td>
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<tr>
<td>Localities: Develop processes to report on crisis outcomes to ensure care is distributed equitably</td>
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<tr>
<td>Providers: Integrate screenings of social determinants of health / set up practices to refer individuals to social services</td>
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The above activities are illustrative of the types of actions being undertaken to support the 988 vision across Horizons; many other partners not captured above are also making vital contributions.
SAMHSA Investments to Improve Local Capacity

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
Additional Resources that Support 988 and Crisis Services

**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
Partner Engagement

- State & Territory Governors
- 988 State committees
- Community-based organizations
- HHS/Federal interagency partnerships
- Advocates
- Individuals & Families with lived experience
- Health Care providers
- Tribal Nations and leaders
- 911 & Public Safety Answering Points
- Local leaders
- Faith-based leaders and communities
- State Mental Health Authorities
ONE-STOP-SHOP FOR 988 RESOURCES

- URL: www.samhsa.gov/988
- ABOUT 988
- PARTNER TOOLKIT
- DATA
- LIFELINE HISTORY
- MORE TO COME OVER TIME
PARTNER TOOLKIT ASSETS AS OF APRIL

- FACT SHEET (English and Spanish)
- KEY MESSAGES
- FAQS (Adding others as needed over time)
- E-NEWSLETTER TEMPLATE
- LOGOS & BRAND GUIDANCE
- SAMPLE RADIO PSA SCRIPTS
- 988 SLIDE DECK
Goal: Research-based campaign to encourage life-saving actions

Formative Research Project Overview

- Partnering with Action Alliance and Ad Council
- Kick off meeting June 6, 2022
- Timeline (6-9 months)
- Initial focus on populations at high risk of suicide
Formative Research Purpose

Identify knowledge, attitudes & beliefs of populations at higher risk of suicide, exploring:

- Risk perceptions
- Motivating factors and barriers to help-seeking, including using a service like 988
- Influencers
- Channel preferences for health information seeking
Formative Research: Initial Focus

Audience segmentation set against populations at higher risk of suicide:

1. **Black & Hispanic youth & young adults (ages 13-34)** – seeking a mix of genders, racial diversity, geographic diversity and range of SES
2. **AI/AN youth & young adults (ages 13-34)** – seeking mix of genders, Tribal representation, geographic diversity (urban & rural) and range of SES
3. **LGBTQI+ youth and adults (ages 13-49)** – seeking mix of gender identity/sexual orientation, geographical, SES and racial/ethnic diversity
4. **Rural older men (ages 49 +)** – seeking mix of geographical and racial/ethnic diversity (with over sampling for white males), as well as range of SES
5. **Survivors of suicidal attempt/crisis (ages 18 – 55)** – seeking mix of genders, geographic & racial/ethnic diversity, with range of SES
988 Workforce: samhsa.gov/988-jobs

Central directory provides the **first aggregated resource** for job applicants and volunteers to find crisis centers across the network.

In communications, this can serve as a **call to action to direct applicants** to a central resource to find openings across the network.

Is anticipated to be **improved on over time**, and represents an agile & iterative approach to building the 988 workforce.
988 PLAYBOOKS

- Holistic view of readiness for implementation of 988 for:
  - States, territories, tribes
  - Crisis contact centers
  - Public safety answering points (PSAPs)
  - Behavioral health providers

- Created with external partners across critical sectors
- Publishing on NASMHPD Website
  - www.nasmhpd.org

SNAPSHOT OF EXTERNAL PARTNERS
Playbooks are intended to support stakeholders in making progress on 988 readiness

**Playbooks are...**

- Intended to help crisis system stakeholders make progress across areas that are central to 988 readiness
- Identify best practices and examples seen in the field today
- Tailored to specific audiences

**Playbooks are NOT...**

- A mandate to implement any type of programming or expend funds
- A requirement tied to any current source of federal funding
### Overview of operational readiness categories

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Lifeline contact center capacity</td>
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<tr>
<td>Communications and external engagement</td>
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<tr>
<td>Financial sustainability</td>
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<tr>
<td>Legislation and oversight</td>
</tr>
<tr>
<td>Technology and data</td>
</tr>
<tr>
<td>Performance management</td>
</tr>
<tr>
<td>Crisis care continuum and capacity tracking</td>
</tr>
<tr>
<td>Behavioral healthcare capacity</td>
</tr>
<tr>
<td>Integrating lived experience into crisis systems</td>
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<tr>
<td>Integrating equity into crisis systems</td>
</tr>
</tbody>
</table>

Source: SAMHSA and NASMHPD, with input from planning partners.
Criteria for operational readiness self-assessment

Goal:

- Intended to assist audiences in assessing their readiness for the July 2022 launch of 988 as a means to prioritize areas of focus moving forward
- The tool is not intended to be evaluative, and no responses will be collected or aggregated

Structure:

- Lays out a series of criteria within specific readiness categories that are aimed at holistically capturing components of readiness to realize the full potential of 988.
- For each criterion, three distinct levels can be selected. States, territories, and tribes are asked to select the level that best approximates their current state.
  - **Beginning**: Work in this area has not yet started
  - **Emerging**: Work in this area is underway but not yet complete
  - **Solidified**: Objectives in this area are fully or almost fully met

## Criteria for operational readiness self-assessment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Beginning</th>
<th>Emerging</th>
<th>Solidified</th>
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<tbody>
<tr>
<td><strong>LIFELINE CONTACT CENTER CAPACITY</strong></td>
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<tr>
<td>What percent of projected calls are answered in state/territory?</td>
<td>State/territory will not have capacity to handle at least 90% of calls by April 2024</td>
<td>State/territory will have capacity to handle at least 90% of calls by April 2024</td>
<td>State/territory already has an in-state/territory answer rate of 90%</td>
</tr>
<tr>
<td>To what extent does the state/territory have a plan to achieve 24/7 primary coverage for calls state/territory-wide?</td>
<td>There is not a plan in place to achieve state/territory-wide 24/7 coverage by July 2022</td>
<td>There is a plan in place to achieve state/territory-wide 24/7 coverage by July 2022</td>
<td>State/territory already has 24/7 primary coverage for Lifeline calls</td>
</tr>
<tr>
<td>To what extent does state/territory have text/chat capabilities?</td>
<td>No Lifeline contact centers currently have chat/text capabilities, and there is no plan in place for at least one contact center to have capabilities by July 2022</td>
<td>No Lifeline contact centers currently have chat/text capabilities, but there is a plan in place for at least one contact center to have capabilities by July 2022</td>
<td>At least 1 Lifeline contact center currently has chat/text capabilities</td>
</tr>
<tr>
<td>What percent of chat/texts receive in-state/territory response?</td>
<td>State/territory is not expected to have capacity to handle at least 50% of chat/texts by July 2023</td>
<td>State/territory will not have capacity to handle at least 50% of chat/texts by July 2022 but will have capacity to handle 50% of chat/texts by July 2023</td>
<td>State/territory will have capacity to handle at least 50% of chat/texts by July 2022 and 60% of chat/texts by July 2023</td>
</tr>
<tr>
<td>To what extent does the state/territory have a plan to achieve 24/7 primary coverage for chat/texts?</td>
<td>There is not a plan in place to achieve state/territory-wide 24/7 primary coverage for chat/texts by July 2023</td>
<td>There is a plan in place to achieve state/territory-wide 24/7 primary coverage for chat/texts by July 2023</td>
<td>There is currently state/territory-wide 24/7 primary coverage for chat/texts</td>
</tr>
</tbody>
</table>

Source: SAMHSA and NASMHPD, with input from planning partners
Overview of playbook structure

Potential approaches for each readiness category, outlining specific steps that can be considered in implementing initiatives.

Case studies, providing detail on examples of how stakeholders have executed different aspects of 988 readiness.

Additional resources, including a full set of references for each topic area to provide additional information/technical assistance.

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Case study: monitoring coverage in New Jersey

As of spring 2021, New Jersey has five Lifeline member centers. Two of which receive funds from the New Jersey Department of Human Services, Children’s Mental Health and Addiction Services (CMHAS). All five Lifeline centers have expressed interest in being part of the 988 system. In summer 2021, funds will be made available to CMHAS through a procurement process for a Managing Entity for 988.

Funds allocated to participating Lifeline centers from federal grants will be used to ensure capacity building for potential full implementation. The Managing Entity will ensure all Lifeline member centers are registered with the Federal Communications Commission (FCC) and the National Suicide Prevention Lifeline (National Suicide Prevention Lifeline). The Managing Entity must be at a scale to be a Lifeline approved center and must make sure that all centers are able to respond to every call. This aligns with the federal standards of all 988-system call centers align with those established by Lifeline.

The Managing Entity will manage data collection for the site, ensure that performance metrics meet Lifeline’s established standards, and maintain the ongoing delivery of appropriate telehealth services. The Managing Entity will also be responsible for the collection and delivery of any additional data collection instruments related to CMHAS and/or NCSL, any additional data collection instruments that are state-developed, and any other data collection instruments that are state-developed. The Managing Entity must also be responsible for the ongoing measurement of service delivery and performance metrics.

Monitoring coverage and performance standards of contact centers

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Potential approaches for each readiness category

Case study: State funding for Lifeline in Utah

State funding for Utah's Lifeline center was included in the state budget in 2020. Lifeline is the only statewide crisis hotline in Utah and provides 24/7 support and information to people in crisis. The state funding was secured through a collaborative effort between the Utah Department of Health and the Utah Department of Public Safety. The funding was used to support the operations of the Lifeline center and to expand their services to include suicide prevention training for school staff and community partners.

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Source: SAMHSA and NASMHPD, with input from planning partners.
Future Directions to Enhance Crisis Capacity

- Training — e.g., SBIRT, Motivational Interviewing
- Mobile overdose response, outreach and prevention
- Withdrawal management — incl low barrier MOUD
- Integrated crisis stabilization services
- Technical Assistance and Performance Evaluation
What You Can Do

DRIVE A COMMON 988 NARRATIVE

- Use 988 Messaging Framework
- Use 988 Key Messages & FAQs
- Use and Share 988 Toolkit Resources

SHARE OUR RESOURCES

- Download 988 fact sheets
- Use and Share Playbooks
Resources

• National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit
  • Serves as the main paper for crisis services
• Crisis Services: Meeting Needs, Saving Lives
  (https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from_search_result)
• National Association of State and Mental Health Program Directors (NASMHPD)
  • https://www.nasmhpd.org/content/tac-assessment-papers
• 988 Implementation Guidance Playbooks
  • https://www.nasmhpd.org/content/988-implementation-guidance-playbooks
Case Studies and How States and Providers Can Work Together to Innovate

Dr. Brian Hepburn, M.D.

Executive Director

NASMHPD
The National Association of State Mental Health Program Directors (NASMHPD)

Represents the Public Mental Health System serving people in all states, territories, and the District of Columbia.

Communicate with States:
- Divisions & list serves & informal TA
- Monthly group calls
- Weekly newsletter
- Quarterly individual state calls
- Papers
- Annual Meeting
Important issues for States

- 988 and crisis services
- Covid, Post Covid
- Workforce
- Lack of services, boarding and inpatient care
- Marginalized populations more marginalized
- Concerns regarding children and youth
- Homelessness
- Lack of sustainable funding
- Lack of parity
- Access to lethal means and suicide & violence
The Promise of 988

- 988 will be as effective for behavioral health crisis as 911 is for physical health.
- The combination of 988 and the Crisis Now (www.crisisnow.com) model of crisis services as identified in the national guidelines will connect individuals in behavioral health crisis with services at the level that is needed.
- Fewer people with BH challenges going to jail.
- Fees collected will stabilize the call centers and other crisis services.
National Guidelines for Behavioral Health Crisis Care

Based on the crisis now model [www.crisisnow.com](http://www.crisisnow.com)

- Crisis call line
- Mobile Crisis Team
- Stabilization services
- Accept all referrals
- No requirement to go through ED first for screening or clearance.
- Can be found on SAMHSA Website.
The model bill was designed as a template to assist states in writing a bill.
Are the states using the 988 Model Bill?

• About half of states have introduced legislation
• Use of Model Bill language ranges from extensive to slight
• Only 4 states have enacted bills with fees...most sustainable source
The purpose:

- Create readiness for the implementation of 988 across key audiences (states, contact centers, Public safety answering points for 911, behavioral health providers)
- Develop a set of tools to address implementation, including playbooks
- Facilitate convenings aimed at 988 operational readiness efforts, including developing near-and long-term milestones
988 Implementation Guidance Playbooks

• SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for:
  
  o States, Territories, and Tribes
  o Mental Health and Substance Use Disorder Providers
  o Lifeline Contact Centers
  o Public Safety Answering Points (PSAPs).
Overview of approach to developing playbooks to support operational readiness

- Defining what is required for 988 readiness for each audience (categories and criteria)
- Understanding current readiness and key challenges in preparing for 988
- Developing playbooks to support audiences in preparing for 988

Categories / criteria developed with partners ahead of this convening

Discussed during previous convenings and engagement

Playbooks released April 2022
All 988 convening playbooks contain 2 major components:

A) Operational readiness self-assessment

- Non-evaluative self-assessment tool to assist an audience in gauging readiness for 988
- For each criterion, audience can select the level that best captures their current state (either beginning, emerging, or solidified)
- The self-assessment can help audiences identify where its strengths and gaps may be in preparing for 988

B) Playbook content

- Highlights potential approaches to support readiness for 988 across key criteria (to achieve “emerging” or “solidified” levels of readiness)
- Identifies specific case studies of entities / organizations that have undertaken key initiatives to support 988 readiness
- Provides references to additional information across topics
Playbook highlights across example readiness categories – not exhaustive

**Workforce**
- Strategies states have implemented to expand Lifeline contact center capacity
- Tools to calculate resources needed to support integrated crisis care
- Examples of innovative steps states have taken to expand behavioral healthcare workforce, to include fiscal, policy, and provider certification strategies

**Financial Sustainability**
- Overview of discretionary and sustainable funding sources to finance state-territory-wide mental health and substance use services
- Examples of strategies to expand crisis services to support specific populations

**Lived Experience & Equity in Crisis Systems**
- Overview of the roles peers have played in designing and working in crisis systems
- Strategies states have implemented to expand the peer workforce
- The importance of local partnerships to build crisis systems that serve all members of the community
- Examples of building crisis services for specific populations

**988 Communications**
- Communication framework to consider when states/territories are ready to launch their marketing campaigns
- Reference materials to support partner messaging prior to 988 launch in July

*Case studies are included to highlight examples of how stakeholders have implemented initiatives for each readiness category*

Source: SAMHSA and NASTIPPO, with input from planning partners
Peers are essential in forming meaningful connections and inspiring hope for those suffering with mental health and SUDs. In some states, there are certification programs that assist individuals with lived experience in learning about the role of peer supporters in crisis services.

These trainings meet the required competencies identified in each state and SAMHSA’s Core Competencies for peer support.

RI International’s Certified Peer Recovery Support Specialist (CPRSS) training is a 76-hour program where students learn how to apply recovery skills and empower others in their own recovery journey. The CPRSS curriculum is state-certified in more than 17 states. It is also an approved training for the National Peer Support Certification, Veterans Administration curriculum, and has been customized to create trainings for Transition Age Youth and Family, as well as supporters and parents.
Grand Lake Mental Health Center, a CCBHC located in Northeast Oklahoma, launched a program to provide iPads to help individuals in crisis immediately connect face-to-face with their crisis line.

As a primarily rural state, Oklahoma had traditionally relied on law enforcement to identify and transport people experiencing a MH crisis, defaulting to emergency rooms and inpatient hospitalization.

In response, the CCBHC has deployed the “mental-health-machine” [iPads] devices, which are HIPAA compliant and allow patients and first responders to communicate face-to-face with a MH professional.
Connecticut’s mobile crisis services (CT) prioritize the following best practices.

- Rapid face-to-face response
- Follow-up with individuals after a mobile crisis intervention
- Use of peers
- Coordination with schools: CT providers developed formal memorandums of understanding with all the schools in their geographic catchment area and conduct routine outreach, especially with those schools referring students to the hospital EDs for MH assessments
Thank you!

Brian Hepburn
Brian.Hepburn@nasmhpd.org
Please Join us for Part 2

July 8th 1-2pm ET

Link: