988 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
Engage local leaders

Align 988 promotional efforts to availability of your local resources. The National Action Alliance for Suicide Prevention co-led a 988 Messaging Task Force to create a 988 Messaging Framework. The Framework focuses heavily on the importance of connecting marketing to local 988 crisis contact center capacity to meet the anticipated demand.

Use and build upon the print/digital materials in SAMHSA's 988 partner toolkit

Consult guidance materials addressing when people should contact 988 and incorporate into any awareness promotion

Seek to update existing processes and materials (e.g., web content, brochures, voice mail, discharge summaries) before developing new promotional channels

Change references from the "National Suicide Prevention Lifeline" to the "988 Suicide & Crisis Lifeline" on websites, social media, and other materials

Change links on websites and other materials that point to https://suicidepreventionlifeline.org/ to https://www.988Lifeline.org

Evaluate impact of promotional efforts on overall service demand and efforts to address inequities in access and outcomes
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
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.
SAMHSA 988 Playbooks & External Partners

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
Overview of approach to developing playbooks to support operational readiness

- Categories / criteria developed with partners ahead of this convening
- Discussing 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

Playbooks released April 2022
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
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
<table>
<thead>
<tr>
<th>Overview of operational readiness categories</th>
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<tbody>
<tr>
<td>Lifeline contact center capacity</td>
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<td>Communications and external engagement</td>
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<td>Financial sustainability</td>
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<td>Legislation and oversight</td>
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<td>Behavioral healthcare capacity</td>
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<tr>
<td>Integrating lived experience into crisis systems</td>
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<td>Integrating equity into crisis systems</td>
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</table>

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

Source: SAMHSA and NASMHPD, with input from planning partners

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
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.

Source: SAMHSA and NASMHPD, with input from planning partners.
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 NADD/PFO, with input from planning partners
Vision for 988 & Crisis Services

**Horizon 1: Crisis contact centers**
“Someone to talk to”

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

**Horizon 3: Stabilization services**

- 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 Co-Occurring Conditions

- **Coalition Building, Planning and Development**
- **Need for Scope Clarity**
- **Siloed Funding and Service Streams**
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
<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Examples of key activities</th>
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<tbody>
<tr>
<td><strong>GAP ASSESSMENT:</strong> Assess key gaps related to 911-988 coordination and recommend</td>
<td>+ 911-988 policy sprint</td>
</tr>
<tr>
<td>federal actions to mitigate gaps</td>
<td>• Awareness</td>
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<td></td>
<td>• Lookup protocols</td>
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<tr>
<td><strong>POLICY DECISIONS:</strong> Advance related federal policy decisions (e.g., geolocation)</td>
<td>+ Geolocation Forum with FCC/VA</td>
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<tr>
<td><strong>BEST PRACTICES:</strong> Inform &amp; elevate 911-988 best practices (e.g., transfer</td>
<td>+ Supporting Vibrant 911-988 coordination efforts</td>
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<td>protocol, data-sharing practices)</td>
<td>+ Supporting NENA 911-988 Operations Working group</td>
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<td></td>
<td>+ Publishing 988 PSAP operational readiness playbook</td>
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<tr>
<td><strong>INTERNAL COORDINATION:</strong> Ensure whole-of-government approach to supporting</td>
<td>+ Leading bimonthly strategic planning meetings with NHTSA/OEMS</td>
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<td>improved 911-988 coordination</td>
<td>+ DoJ partnerships</td>
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<tr>
<td><strong>EXTERNAL CONVENING:</strong> Educate &amp; convene key partners in the 911/EMS communities</td>
<td>+ 5-state policy academy</td>
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Additional 988 and Crisis Coordination Opportunities

- Justice Partnerships
- Workforce
- Technology
- Financing
- Technical Assistance and Performance Evaluation