



New Models of Crisis Services

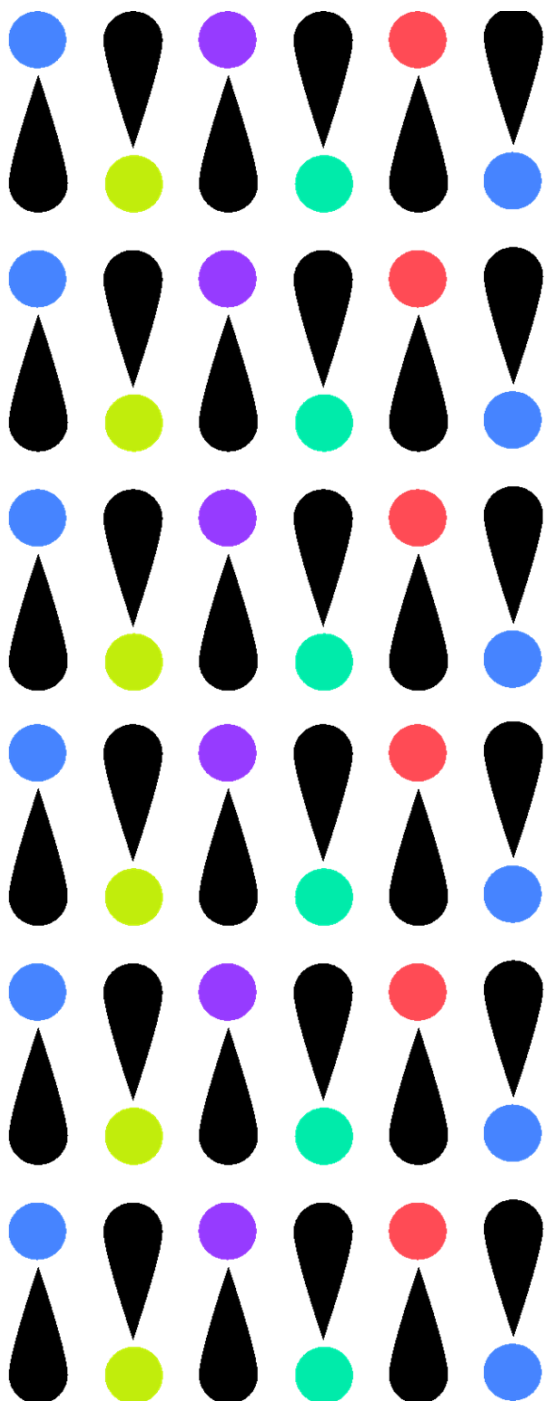
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2021 National Dialogues on Behavioral Health Meeting

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.

What is 988?

“988 is designated as the **universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operated through **the National Suicide Prevention Lifeline...**”.**

National Suicide Hotline Designation Act of 2020

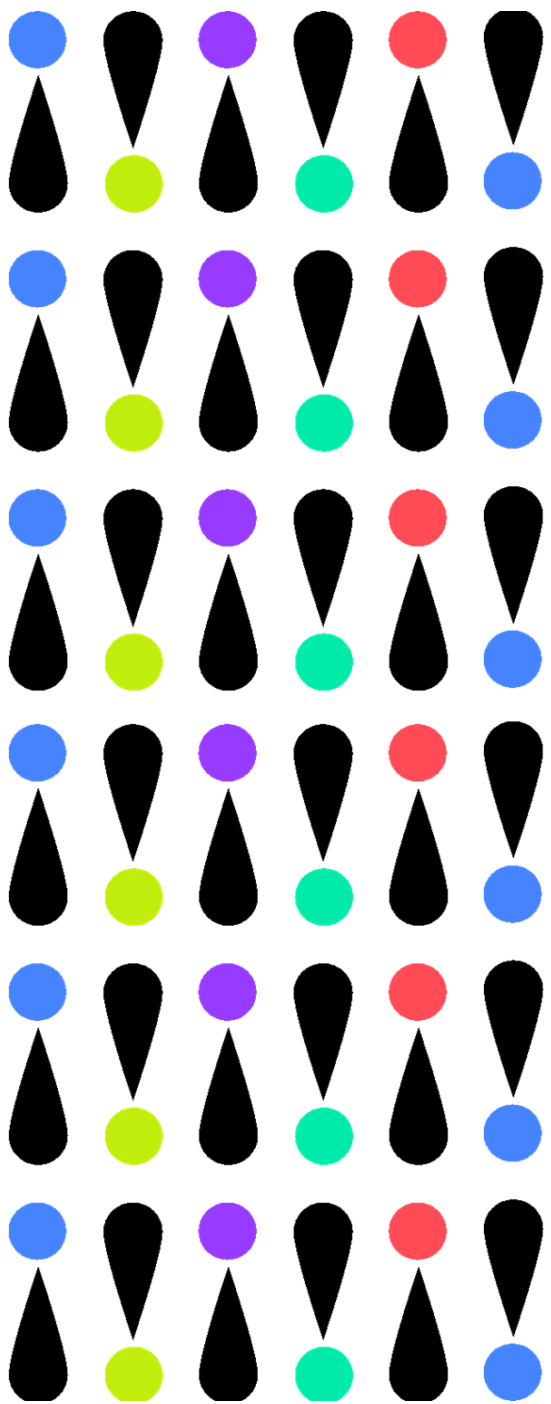
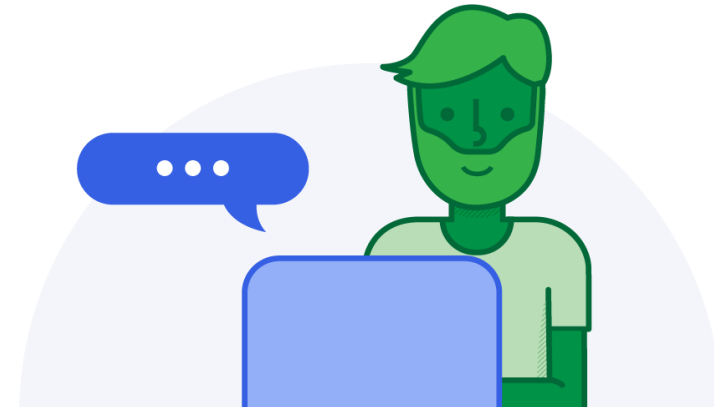
“Specifically, we designate 988 as the three digit to reach the Lifeline, and require all telecommunications carriers, interconnected voice over Internet Protocol (VoIP) providers and one-way VoIP providers (together “covered providers”) to make any network changes necessary to ensure that users can **dial 988 to reach the Lifeline by July 16, 2022.”**

Federal Communications Commission Report and Order

What is the Lifeline?

The Lifeline Mission

To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers.

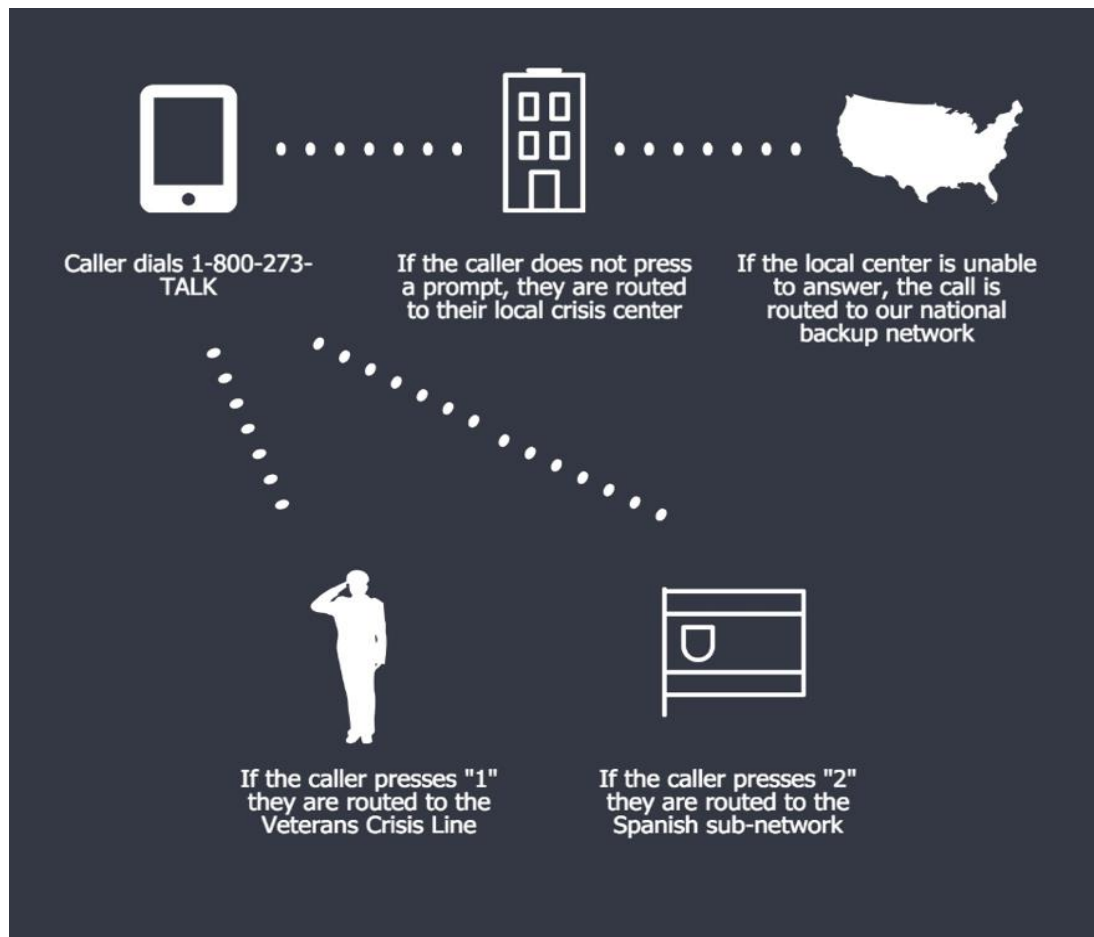


Lifeline By the Numbers

The National Suicide Prevention Lifeline is a mental health safety network of independently operated, independently funded local and state call centers.

**2.4m calls
received
FY 2020**

**2020 Survey:
Only 30% Lifeline
centers received
government
funds to
specifically
answer Lifeline
calls**



**180+ centers
including**

- **9 national backups**
- **30 Crisis Chat Centers**
- **5 SMS Centers**
- **3 Spanish centers**
- **1 VCL backup**

An Effective Intervention for Individuals in Crisis

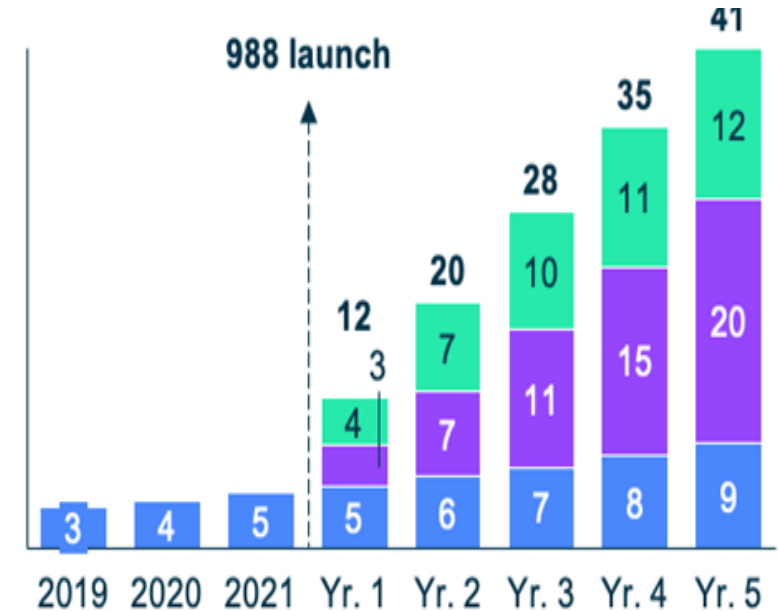
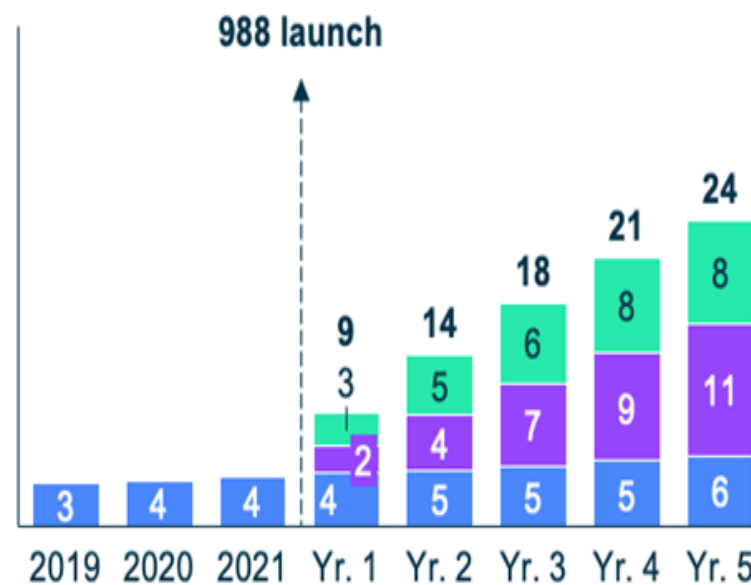
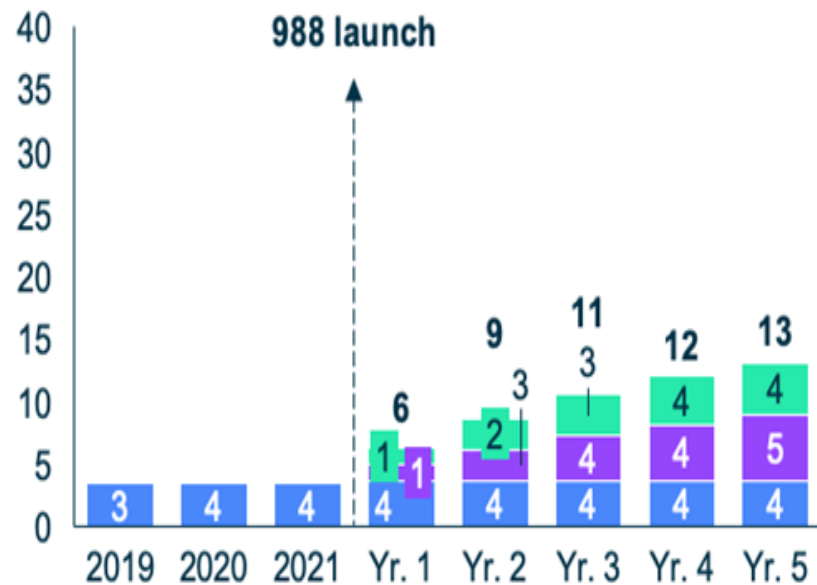
- **316:** For every one person who dies by suicide, 316 people seriously consider suicide.
- **20,000,000:** The Lifeline has received over 20 million calls from people in distress looking for support when they needed it most.
- **95%:** Percentage of calls that are connected within 60-90 seconds.
- **≤2%:** Less than 2% of calls to the Lifeline involve emergency services. When emergency services, over half of these emergency dispatches occur with the consent of the caller.
- **≥ 90%:** Percentage of callers that reported the initial crisis calls stopped them from killing themselves.
- **≥ 90%:** Percentage of callers that reported follow-up services kept them safe.

Demand for 988 services may range from ~6-12M contacts in year 1 and ~13-40M contacts in year 5

Scenario 1:
Low Volume

Scenario 2:
Medium Volume

Scenario 3:
High Volume



■ Baseline volume (Lifeline)
 ■ Diverted volume from 911 and crisis centers
 ■ New volume (previously un-served)

988: An Opportunity



- How will state achieve complete 24/7 coverage for Lifeline contacts?
 - Centralized vs Regional crisis center hubs?
 - Is there sufficient capacity for the current and anticipated contact volume?
- How can sufficient capacity be achieved?
 - What are the crisis center needs?
 - What workforce issues need to be addressed?
- What is the existing array of crisis services?
 - How can gaps be addressed?
 - How can these services be coordinated?
- What funding options are available?
 - Will the state exercise authority to levy 988 surcharge?
 - What is the role of public and private payors?

988 Fee Provision

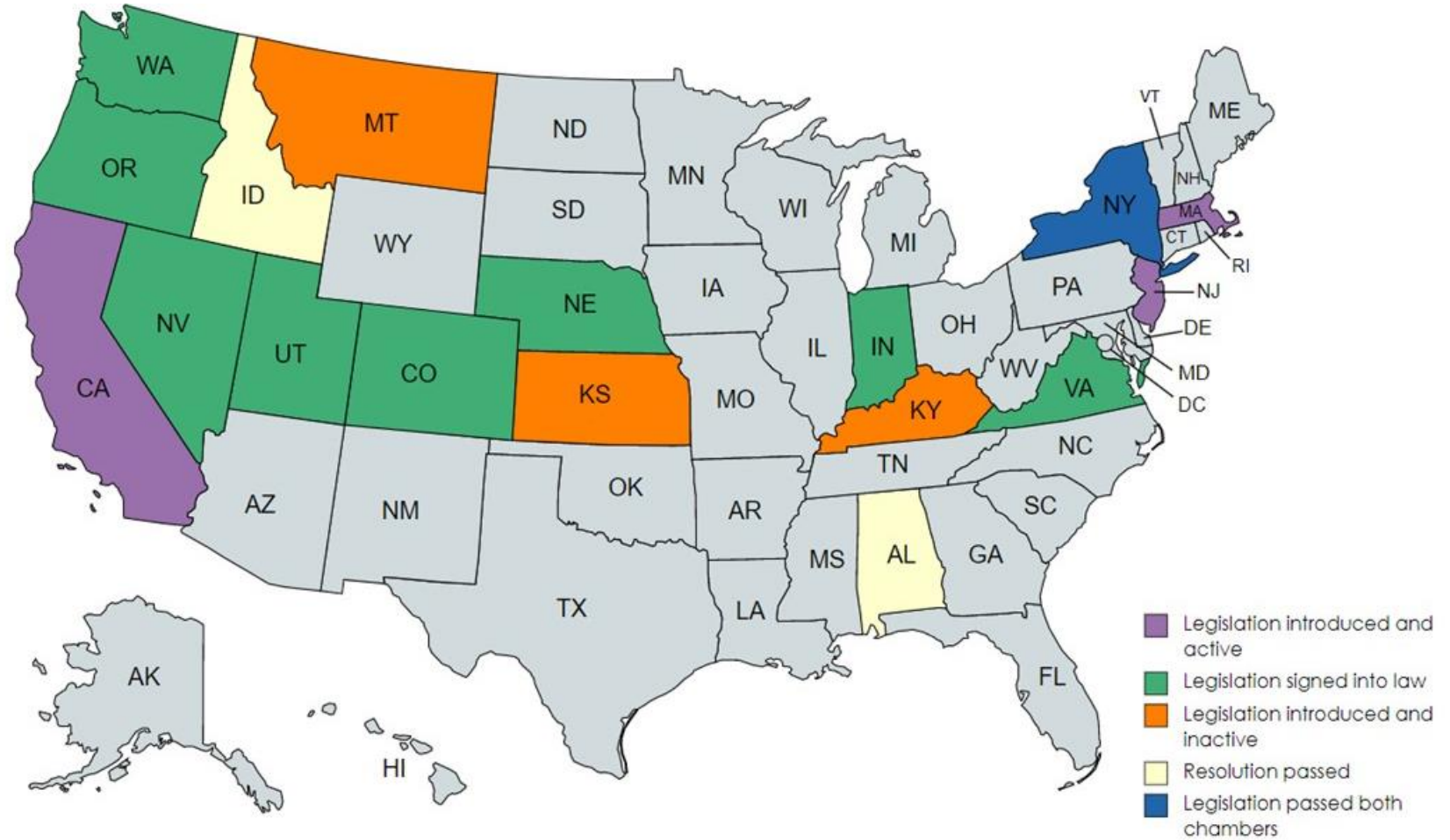
(2) USE OF 9–8–8 FUNDS.—A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to—

(A) ensuring the efficient and effective routing of calls made to the 9–8–8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

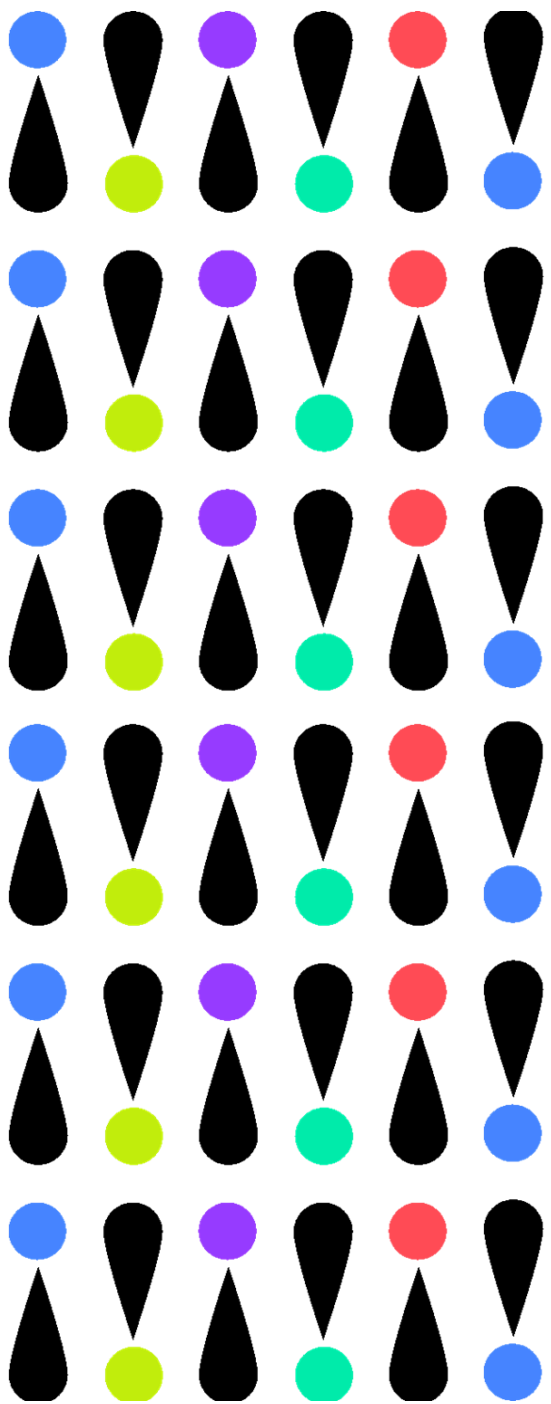
(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.



State Legislative Activity Snapshot



State Fee Overview



| State | Fee Amount | Fee Uses | Anticipated Revenue |
|------------|---|--|---------------------------------|
| Colorado | Up to 30 cents | Funding to reimburse services provided by newly created 988 Enterprise of crisis hotline, outreach, stabilization and acute care | \$6.3 million |
| Indiana | No Fee | | |
| Nebraska | No Fee | | |
| Nevada | Up to 35 cents | Funding to be used to carry out 988 provisions outlined in bill | \$13.3 million |
| Oregon | No Fee | | |
| Utah | No Fee | Crisis line first, followed by offsetting any negative 911 impacts, then mobile crisis teams | |
| Virginia | 12 cents on post paid accounts 8 cents on prepaid accounts | | |
| Washington | Begins at 24 cents | Crisis centers For purposes provided within the Designation Act | \$9.2 million \$17.9 million |

Federal Funding Highlights

National Suicide Prevention Lifeline Funding

FY21 Enacted: \$24m

President's FY22 Recommendation: \$102m

House FY22 Appropriations: \$113.6m

Continuing Resolution Anomaly

Certified Community Behavioral Health Clinics

FY21 Enacted: \$250m

President's FY22 Recommendation: \$375m

House FY22 Appropriations: \$375m

Community Mental Health Block Grant

FY21 Enacted: \$757m

FY21 5% Crisis Services Set-Aside

President's FY22 Recommendation: \$1.58b

House FY22 Appropriations: \$1.58b

House FY22 Appropriations 10% Crisis Services Set-Aside

American Rescue Plan

Supplemental Funding to the Mental Health Block Grant: \$1.5b

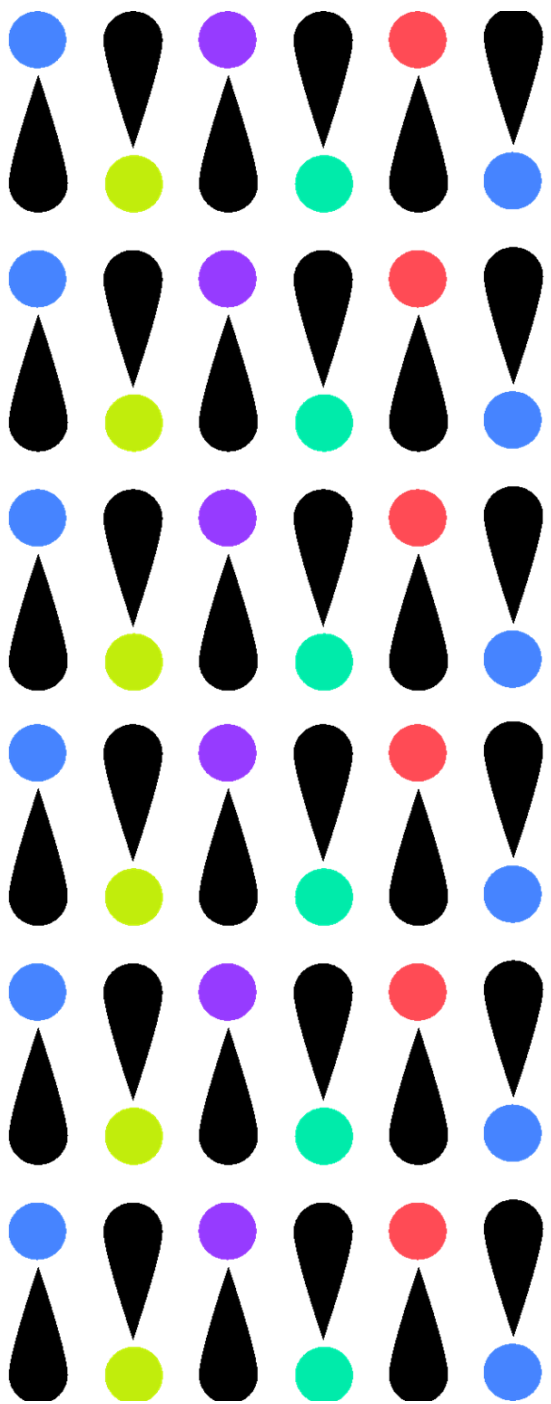
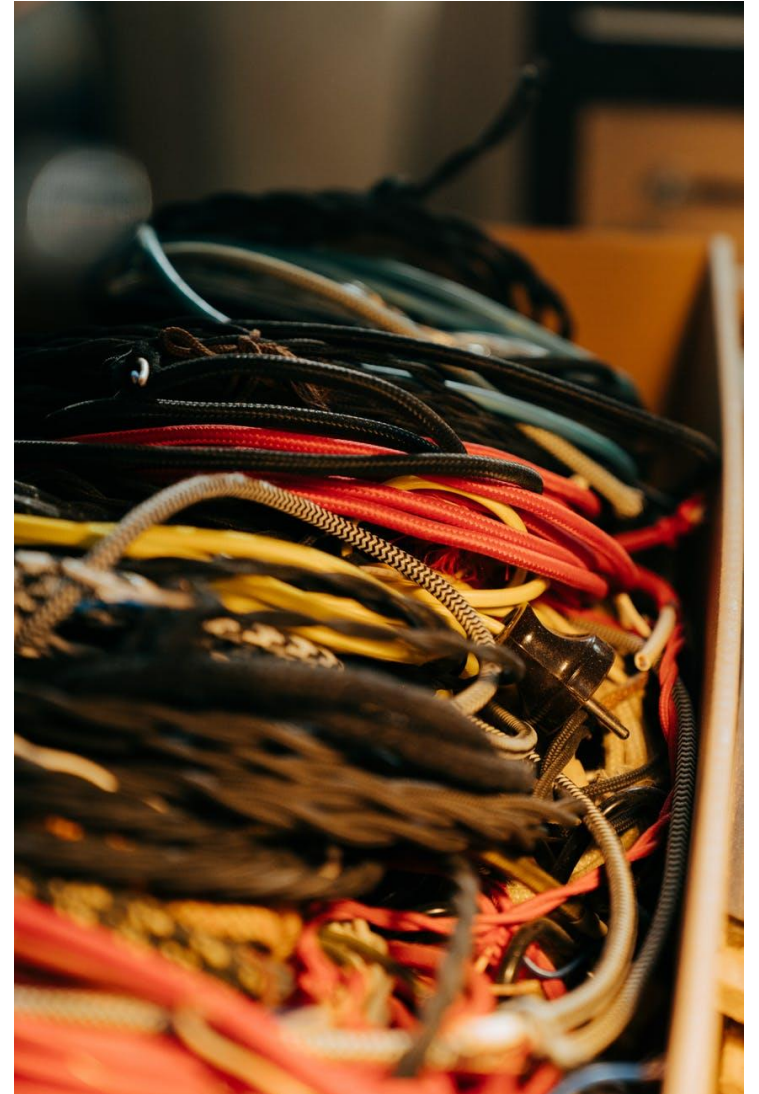
Community Behavioral Health Services: \$50m

Certified Community Behavioral Health Clinics: \$420m

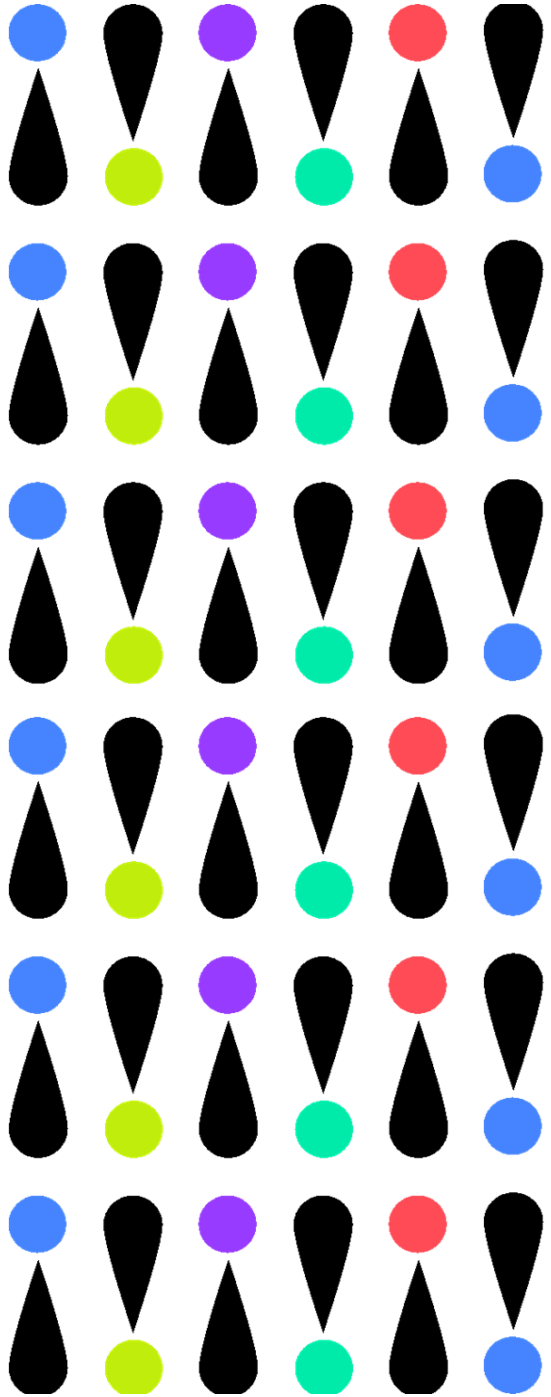
Medicaid Federal Medical Assistance Percentage Increase

Braided Funding Approach

Vibrant believes it is critical that appropriate funding for the **network, individual crisis centers, and the crisis continuum be allocated** to serve more people in crisis. States should exercise their authority to implement a 988 fee, similar to the current 911 fee, that would be restricted to crisis center and service provider expenses, to ensure a robust infrastructure. In 2019, fees for 911 generated over \$3 billion to support that service; similar investment is needed for mental and behavioral health crises. The **fee revenue should supplement, not supplant, funding from diverse sources, including federal, state and local governments.**



988: Meeting the Vision



- **Building Capacity**
- **Sufficient Funding**
- **Coordination across Continuum**

**Thank you for supporting national
and state efforts to prepare for, and
implement 988**

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