

988 | SUICIDE & CRISIS
LIFELINE

**NO Judgement.
Just HELP.**

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Someone to talk to. Someone to respond. A safe place for help.



988:

An important step toward achieving part of that vision – providing someone to talk to.



Crisis Care System:

A robust system that provides the crisis care needed anywhere in the country.



Over the last two years...

10 MILLION Calls, chats & texts answered



Nearly **6M** calls answered



Nearly **1.7M** texts answered



Over **1.3M** chats answered

Expanding access to care through specialty services:

Nearly **110K Spanish** language calls, texts, & chats answered

*Spanish chat & text services launched in July 2023

Over **475K LGBTQI+** youth & young adults contacts answered

*LGBTQI+ services launched in July 2023

20K Videophone contacts answered in American Sign Language (ASL)

*Videophone services launched in September 2023

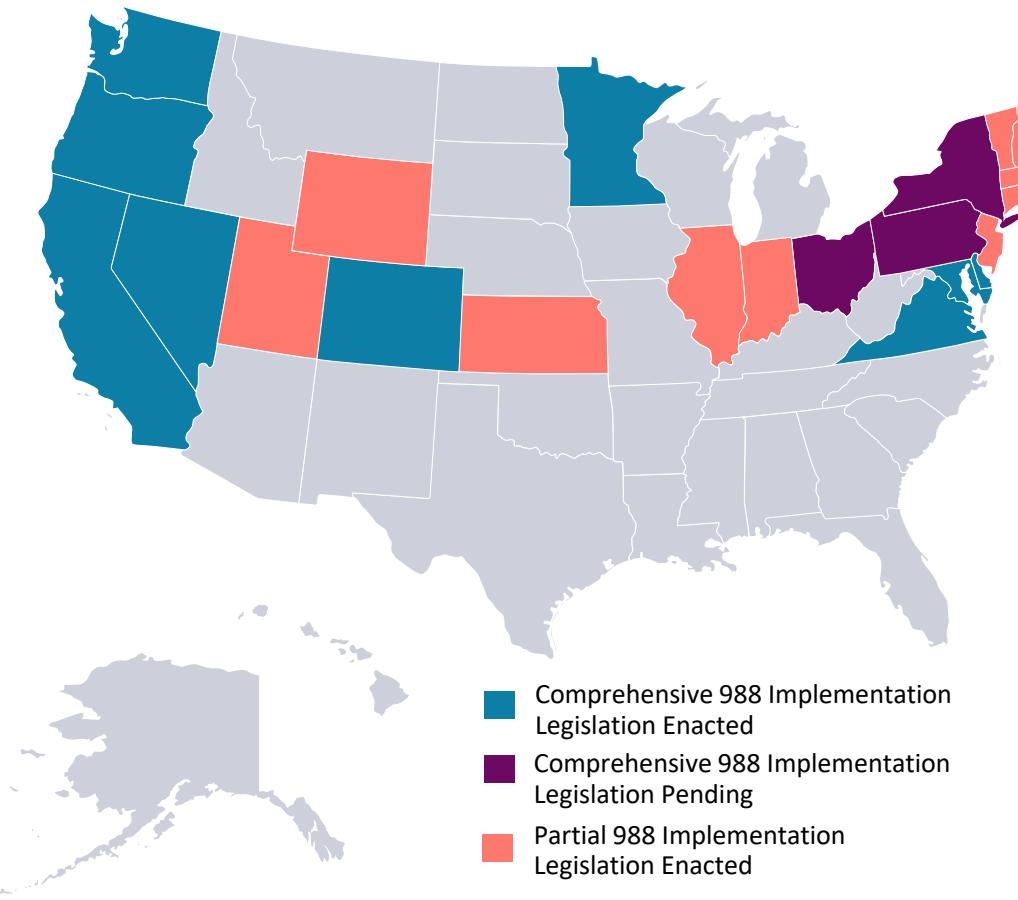
Nearly \$1.5 billion in investments from the Biden-Harris Administration have strengthened and expanded 988 Lifeline capacity and services.

- In the 988 Crisis Systems Response Training and Technical Assistance Center's (CSR-TTAC) first year of operation, **thousands of people received training and technical assistance**.
- The **first major 988 convening**, held this year, brought together 988 state, territory, and tribal grantees; crisis contact centers from around the nation; and national, international, and local partners to collaborate in person.
- Several convenings, webinars, and policy academies **advanced work in the areas of equity, crisis systems design, 988/911 interoperability, and communications**.



State Legislation by the Numbers

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- 10 Instituted a 988 fee
- 9 Created an advisory board
- 14 Established a trust fund
- 8 Strengthened crisis care insurance coverage
- 7 Studying 988 financing or gaps in crisis system capacity
- 30 Passed appropriations for at least one of the core three crisis care services



Workforce Shortages

- 24/7 care, especially at night
- High stress leads to high turnover
- Scope-of-practice limitations



Geographic Challenges

- Increased travel time for mobile crisis teams in rural areas impacts response time
- Telehealth limitations for those without smartphones, reliable services, and/or comfort using them



Financial Resources

- 5% Block Grant Crisis Set-aside
- Medicaid Institutions for Mental Diseases Rule
- Non-licensed staff & billing



Provider Training Needs

- Initial and ongoing training needed in crisis services and population-specific topics; trauma-informed, developmentally, and culturally appropriate care
- Difficult to take the existing crisis workforce offline for training; impact on productivity
- Shortage of available training

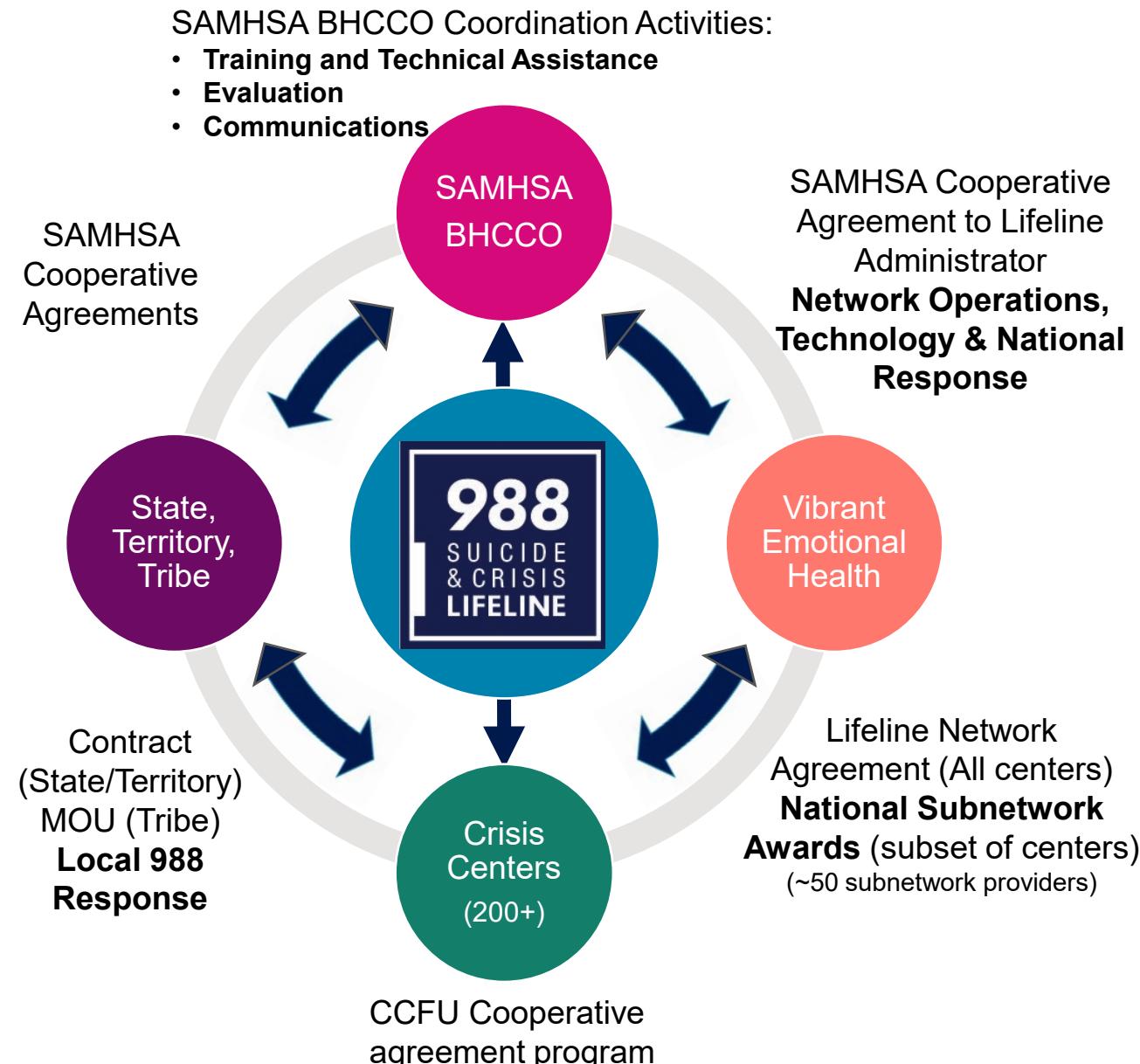


“Connecting” Crisis Care

- Underdeveloped interconnections between 988 and the state’s existing infrastructure for effective “dispatching” of mobile crisis teams
- Lack of technology to facilitate timely access to stabilization services

988 Funded Programs and Collaborations

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All awarded states, territories, tribes, and crisis centers can be found at:
www.samhsa.gov/grants

SAMHSA
Substance Abuse and Mental Health Services Administration

Federal Resources for 988 & Crisis Care Services 988

These are some federal resources available for states, territories, and tribes. *

SAMHSA:

- 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
- 988 Operational Playbooks <https://www.nasmhpd.org/content/988-implementation-guidance-playbooks>
- SAMHSA Partner Toolkit <https://www.samhsa.gov/find-help/988/partner-toolkit>

* This is not a complete list of all federal government funding sources available for states, territories, and tribes.

1. Improvements for **call routing** (georouting)
2. Continued improvement of **operational response**
3. Improved **transparency of 988 outcomes**
(including quality of service and suicidal behavior)
4. **Standardization of contact documentation** and reporting (data visualization)
5. Continued **expansion of local chat and text**
6. **Improving data collection** for people in crisis
(substance use, EMS vs. police, demographics)
7. **Raising awareness** and building trust in 988

Routing calls by nearest cell tower rather than area code

Working toward starting activation before the end of the year as carriers are ready

What this unlocks

- Calls go to the crisis contact center closest to the caller's location
- States can consider sunsetting legacy suicide hotlines
- We can collectively market 988

How Georouting Works



- The National Guidelines for Crisis Care advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts.

Core elements of a crisis system must include:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. 23-hour crisis receiving and stabilization programs; and
4. Essential crisis care principles and practices.



- Intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

- Partnering with external researchers to analyze data and evaluate 988's impact
- Began five-year comprehensive evaluation plan
- Will provide a cohesive national picture on progress in access to crisis services, along with the impact on both individuals and community systems.

Source: [988 Research and Evaluation](#)



Coordinated 988 and 911 Emergency Response Systems



Policy

Advance decision making around legal issues involving first responders and the 988 Lifeline network



Practice

Identify best practices around 911/988 Lifeline collaboration and alternative responses to law enforcement



Publicity and Promotion

Educate first responder, criminal justice, emergency medical services, and other groups about the 988 Lifeline with the goals of:

- Collaborating
- Integrating of the 988 Lifeline into a network of services
- Identifying/implementing "health-first" staff trainings and resources

Emergency response plays a critical role in transforming crisis care!

Multi-pronged, scaffolded approach to embedding equity in crisis response

- Facilitating knowledge acquisition and dissemination among 988 grantees and partners
- Ensuring equity principles are understood and integrated into the fabric of crisis response initiatives

Equity-focused Activities in 2024

- Embedding equity webinar series
- Equity learning collaborative with 988 grantees and other stakeholders
- Embedding Equity national convening
- Listening sessions with young adults from underserved, high need racial and ethnic minority groups from HBCUs and Latino/Hispanic-serving Institutions
- Equity fireside chat with equity expert at the 988 Policy Academy
- Equity panel with a national expert and state grantee at the 988-grantee meeting
- Selected by HHS ASPE's Equity Technical Assistance Center (ETAC) to receive feedback and consultation on equity content for the updated National Crisis Guidelines.
- Equity-related technical support, expert consultation, and collaboration with SAMHSA and non-SAMHSA partners

Phase 1: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide

Phase 1 Key Messaging Principles

- The most **resonating and motivational** components of 988, generally, were the **24/7 availability, the ability to engage with a trained counselor, privacy protection, and no cost**.
- Skepticism, uncertainty, and/or fear of 988 were generally due to concern about **opening up to a stranger, privacy worries, and credibility concerns**.
 - In general, messaging should address:
 - **988's privacy/trustworthiness**
 - **Training of 988 counselors to ensure that they are providing the support needed, no matter the circumstances, with empathy, discretion and no judgement**
 - **24/7 availability**

Phase 2: Messaging and Communications to Trusted Messengers of People Disproportionately Impacted by Suicide

Phase 2 Key Messaging Principles

- Trusted messengers noted the following **information/resources would help increase 988's value**:
 - What happens when someone calls
 - That information shared is confidential
 - Personal success stories/knowing who has used it
 - More about the trained counselors who work for 988
- Trusted messengers are most likely to consider recommending 988 because **the counselors are trained to handle mental health situations, it's best to directly connect with a professional**, and 988 could assist with **getting the help they need**.

Scan to access full findings from Phase 1 and Phase 2 formative research



- Running research-informed advertising nationwide from June-November 2024.
- First round focusing on a sub-set of audiences as described in the formative research:
 - LGBTQI+ teens and young adults (13-34)
 - AI/AN teens and young adults (13-34)
 - Black teens (13-17)
- Initial step towards a future, comprehensive campaigns and continuous paid marketing
- Vibrant adding more audiences in fall/winter
- Updates and assets posted on SAMHSA's 988 webpage



Two Websites for 988



Information and Promotional Materials:

🌐 samhsa.gov/988

- **FAQs, performance metrics, and other related information**
- **Partner Toolkit/Resource Library with print and digital marketing materials**
- **Goal:** Help organizations understand and promote 988



For People Needing Help:

🌐 988lifeline.org

- **Direct access to 988 Lifeline counselors** for people who need care (or people trying to help loved ones)
- Google-optimized for people using online search

Sign up for 988 email updates on
www.samhsa.gov/find-help/988
(scroll to the footer on the home page)
and follow the instructions below:

- 1** Enter your email address
- 2** Scroll to “Behavioral Health Topic Areas”
- 3** Select “Suicide Prevention”
- 4** Click “Subscribe”



- The Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) supports states, territories, tribal organizations, and community partners.
- The CSR-TTAC supports a crisis care system that is integrated, sustainable, equitable, and aligned around evidence-based and evidenced-informed practices by:
 - Helping to integrate the 988 Lifeline with 911 and mobile crisis response services
 - Working to increase access to mental health and substance use crisis services
 - Convening experts and leaders to identify emerging best and promising practices
 - Developing and disseminating materials to help improve crisis systems and services nationwide



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Thank you!

You can email questions to our team
at 988Team@samhsa.hhs.gov

