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2022 NACo

LEGISLATIVE CONFERENCE

FEBRUARY 12-16 | WASHINGTON HILTON | WASHINGTON, D.C.



2022 NACo

LEGISLATIVE CONFERENCE



Someone to Call: Reimagining the County Crisis Response System through 988 Implementation

Monday, February 14 | 1:45 – 3:00 PM EST

Washington Hilton Hotel | Columbia 9 & 10, Terrace Level



2022 NACo

LEGISLATIVE CONFERENCE



Hon. Mary Ann Borgeson
Commissioner
Douglas County, Neb.



Daniel Gillison, Jr.
Chief Executive Officer
National Alliance on Mental Illness
(NAMI)
dgillison@nami.org



Kimberly Williams
President and CEO
Vibrant Emotional Health
*speaking in place of Laura Evans



Dr. Anita Everett
*Director, Center for Mental Health
Services*
SAMHSA
Anita.Everett@samhsa.hhs.gov

Someone to Call: Reimagining the County Crisis Response System through 988 Implementation

Daniel H. Gillison, Jr.
CEO, NAMI



<https://www.youtube.com/watch?v=BZNw3Ldtxrg>



REIMAGINE

A Week of Action

Reimagining our crisis response is about more than NAMI, our members or our partners – it will take *all of us*.

NAMI led **REIMAGINE: A Week of Action to Reimagine Our National Response to People in Crisis** in November 2021 with more than 40 partners and 7,500 attendees coming together to learn about how we can change the way we respond to mental health crises.

Nov. 2021 Ipsos/NAMI poll ([link](#)) found:

- **4 in 5 people** believe mental health professionals should be the primary response to people in mental health crisis, not law enforcement.
- **76%** believe that improvement is needed in emergency responses to a mental health or suicide crisis nationally.



REIMAGINE

Crisis Response

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



AMERICAN
ASSOCIATION OF SUICIDOLOGY



American
Foundation
for Suicide
Prevention

AMERICAN
PSYCHIATRIC
ASSOCIATION



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



CLASP
The Center for Law and Social Policy



CHILDREN'S
HOSPITAL
ASSOCIATION



Crisis Residential Association

CRISIS TEXT LINE |



FOUNTAIN
HOUSE

inseparable



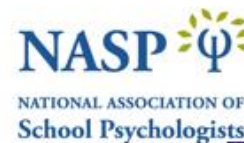
LAC LEGAL
ACTION
CENTER



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



National Association for
Rural Mental Health



SAMSHA and Crisis Services

Anita Everett MD DFAFA
Director, Center for Mental Health Services
US, HHS, SAMHSA



SAMHSA
Substance Abuse and Mental Health
Services Administration

Two brothers: what does a person in crisis need?

Jake



Quinton

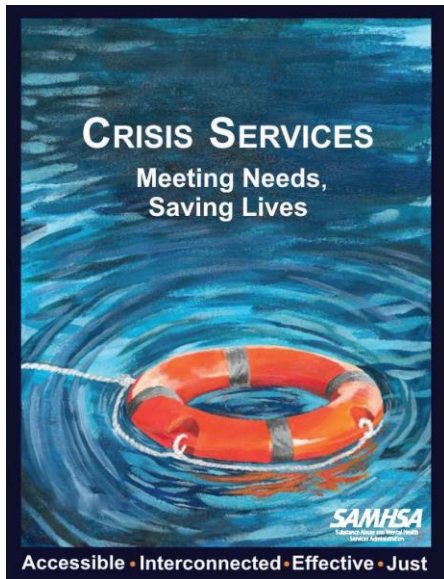


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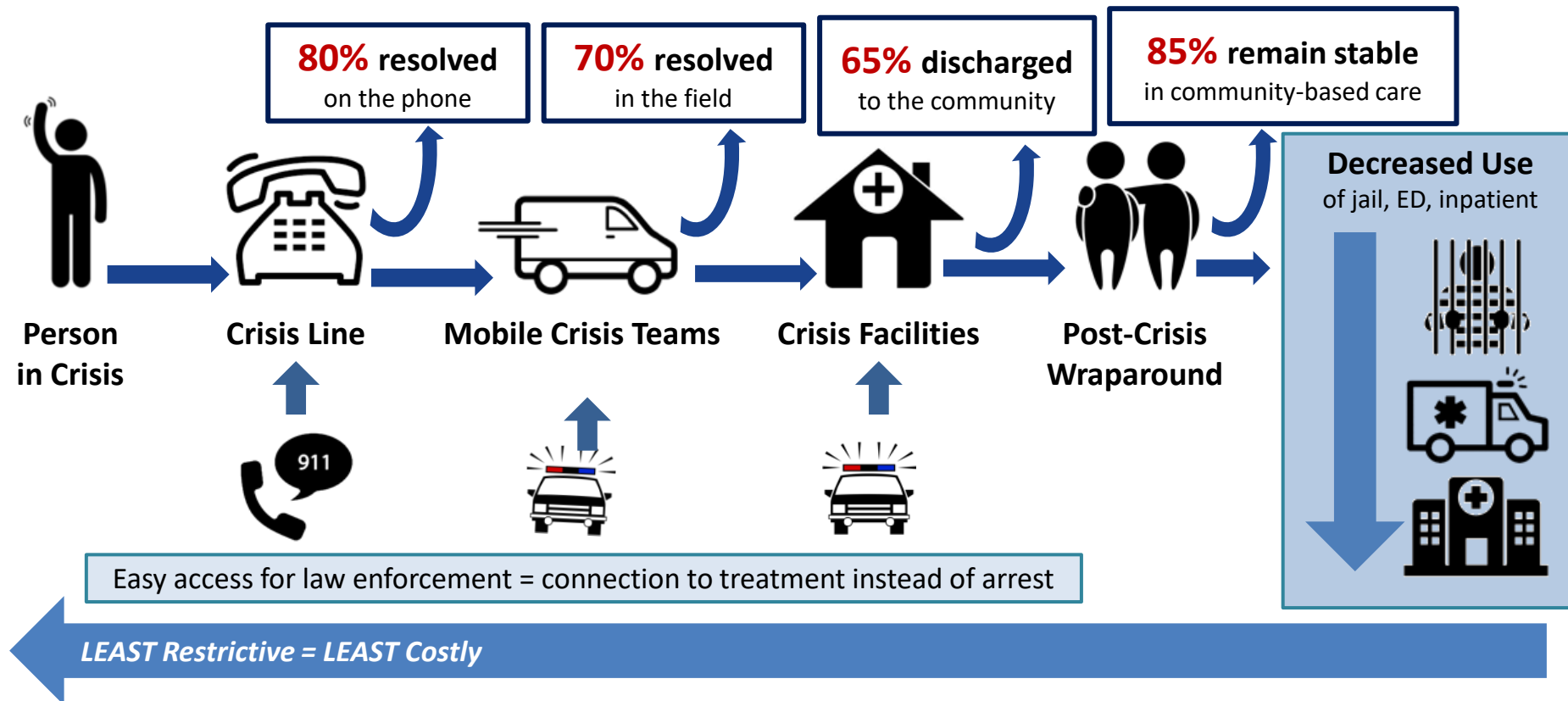
Crisis Services and suicide prevention



- What does a person in crisis need?
 - Someone to talk to
 - Someone to respond a Behavioral health First Responder
 - Place to go: ED, Crisis Receiving
 - Follow up



Vision: MH and SUD Crisis response system



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Current: Suicide prevention Lifeline



- Started:
- Current:
 - 180 Local Call Centers
 - 10 Back up centers
 - 3 Spanish speaking
 - 6 Chat Centers



DATA from Vibrant on projected increased volume



How might 988 impact national demand for services?

Potential total 988 volume may range from ~6-12M in year one and ~13-40M in year five

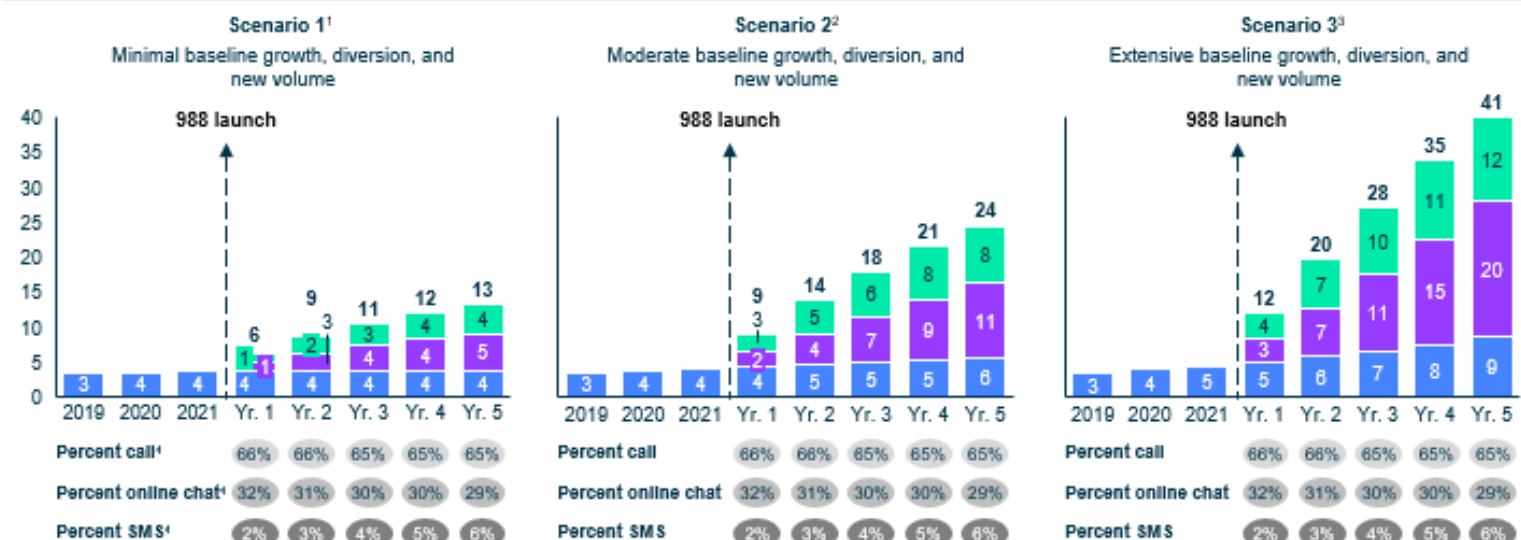
Potential future 988 volume

Millions of encounters annually, including call, online chat, and SMS

Baseline volume
(Lifeline)

Diverted volume
from 911 and crisis centers

New volume
(previously un-served)



1. Assumes Lifeline volume and local/regional center volume grow at 1% annually. Assumes 61% of non-Lifeline local/regional center volume is in scope for 988 and ~70% of this volume transfers to 988 by year five. Assumes 6% of 911 volume is in scope for 988 and 10% of this volume transfers to 988 by year five. Assumes 5% of the currently non-served serviceable population is newly served by year five. Assumes ramp-up to 911 diversion is exponential while ramp-up to local/regional center diversion and new volume growth is logarithmic.
2. Assumes Lifeline volume and local/regional center volume grow at 7% annually. Assumes 61% of non-Lifeline local/regional center volume is in scope for 988 and ~80% of this volume transfers to 988 by year five. Assumes 6% of 911 volume is in scope for 988 and 20% of this volume transfers to 988 by year five. Assumes 10% of the currently non-served serviceable population is newly served by year five. Assumes ramp-up to 911 diversion is exponential while ramp-up to local/regional center diversion and new volume growth is logarithmic.
3. Assumes Lifeline volume and local/regional center volume grow at 14% annually. Assumes 61% of non-Lifeline local/regional center volume is in scope for 988 and ~90% of this volume transfers to 988 by year five. Assumes 6% of 911 volume is in scope for 988 and 30% of this volume transfers to 988 by year five. Assumes 15% of the currently non-served serviceable population is newly served by year five. Assumes ramp-up to 911 diversion is exponential while ramp-up to local/regional center diversion and new volume growth is logarithmic.
4. Assumes channel preference begins with current breakdown (based on total routed/offered volume) and by year five reaches observed NYC Well breakdown (based on NYC Well August Report) given NYC Well has been universally marketed across channels since its inception.

SAMHSA Crisis Support Resources

- MHBG set aside (2021 and 2022)
- Planning Grants
- Call Center Support
- 988 Office in SAMHSA
- Transformation initiatives
- Reports
- Convenings (MHA-SSA-Medicaid) and Stakeholders
- Awareness

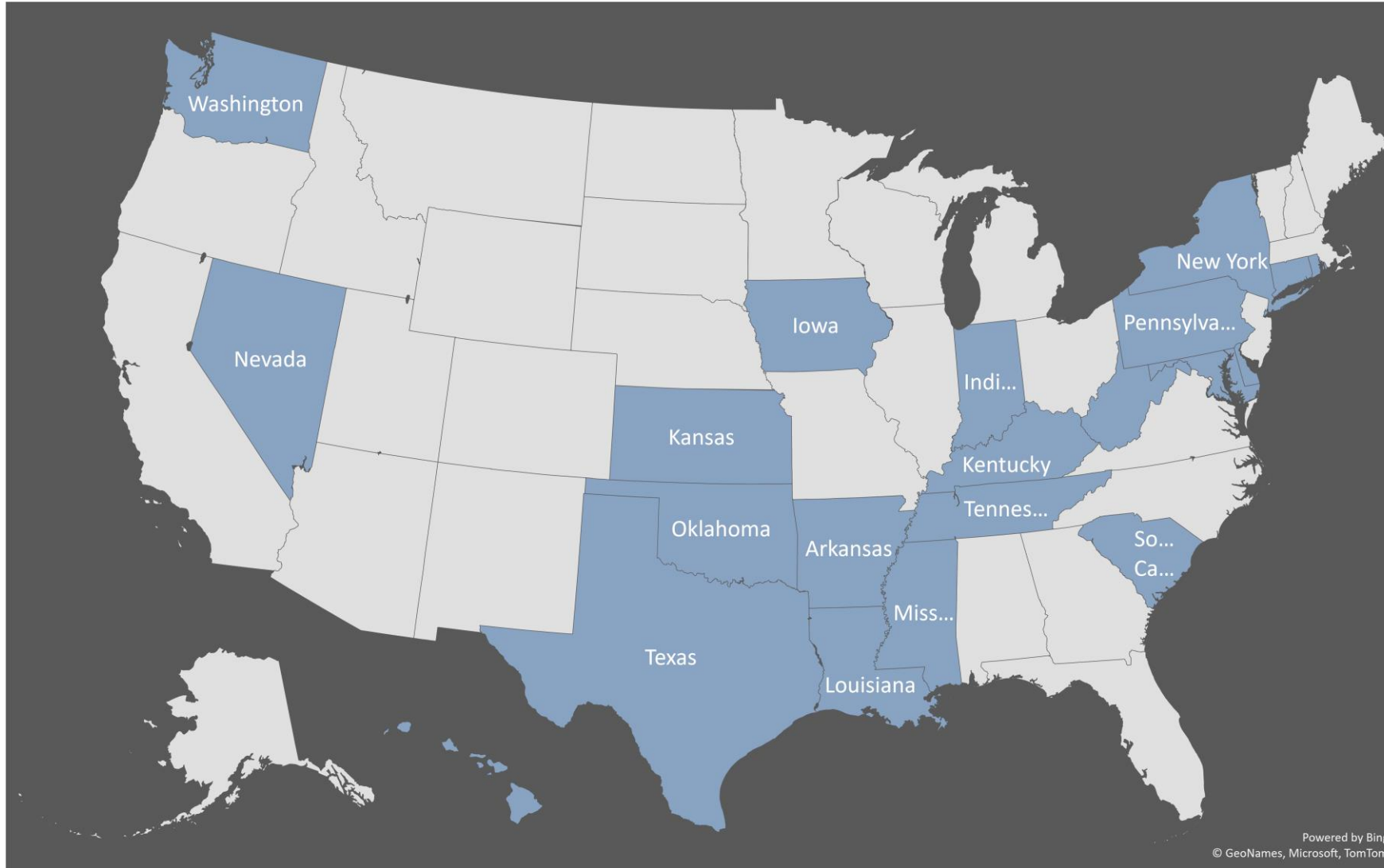
New 5% Set Aside

- Set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems.
- Statutory requirements.
 - *SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.*

Examples of How States Spend their Crisis Set-Aside

Someone to Talk To	Someone to Respond	Places to Go
Call Center	24/7 Mobile Crisis Teams	Crisis Residential Programs
Suicide Prevention Lifeline	Rural Crisis Response Teams	Crisis Stabilization Programs
Air Traffic Control	Youth Mobile Response Teams	23 hour Crisis Stabilization
Youth Mediation & Supportive Counseling	Crisis Counseling Programs	Psychiatric Emergency Services
Peer Run/operated Warm Lines	Home-based crisis intervention program	Youth Stabilization Units
Crisis Text lines	Cahoots	Peer Respite Services/Apartments/Living

2022 Transformation Transfer Initiative Awardees!

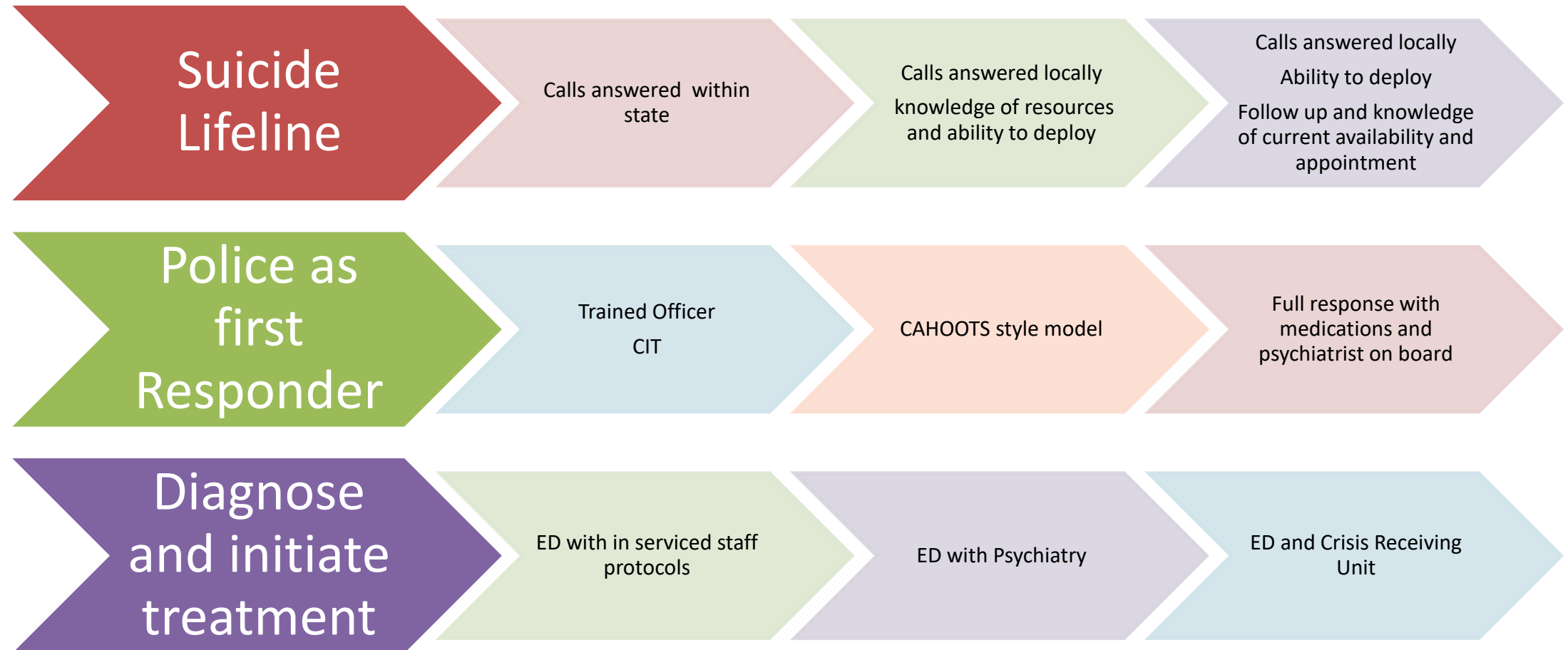


Transformation Transfer Initiative (TTI) Grants

- Center for Mental Health Services created the Transformation Transfer Initiative (TTI) to assist states in transforming the state's mental health systems of care
- The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs.
- This year's TTI holds relevance and value for all states and territories as the focus is 988 readiness and improvement and expansions of crisis services.

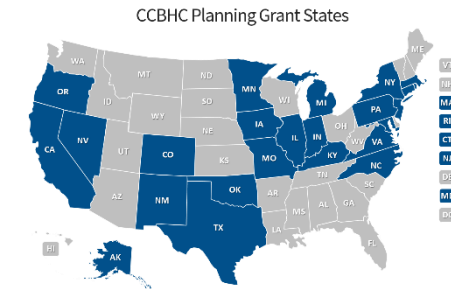
- Awarded 37 TTI grants of \$250,000 to states and territories on the following three topics directly related to implementing and expanding 988 and crisis services:
 - Special Populations
 - American Indian/Alaskan Native (AI/AN) Communities
 - LGBTQ+
 - Workforce
 - Children & Adolescents

Building: 911 is building over 60 years

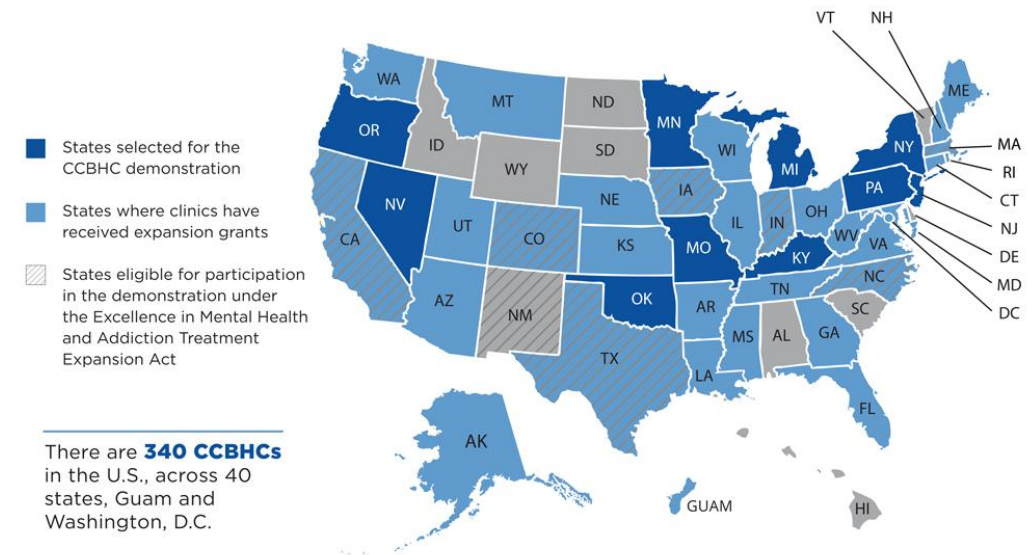


CCBHC are part of the Continuum

- Expanding Model ?? 500 clinics
- Core Elements:
 - Staffing
 - Access (24 hr availability and “no rejects”)
 - Care coordination
 - Scope of services (health, SUD, Case mgmnt, Rehab, peer specialist and family supports)
 - Quality
 - Governance and Accreditation

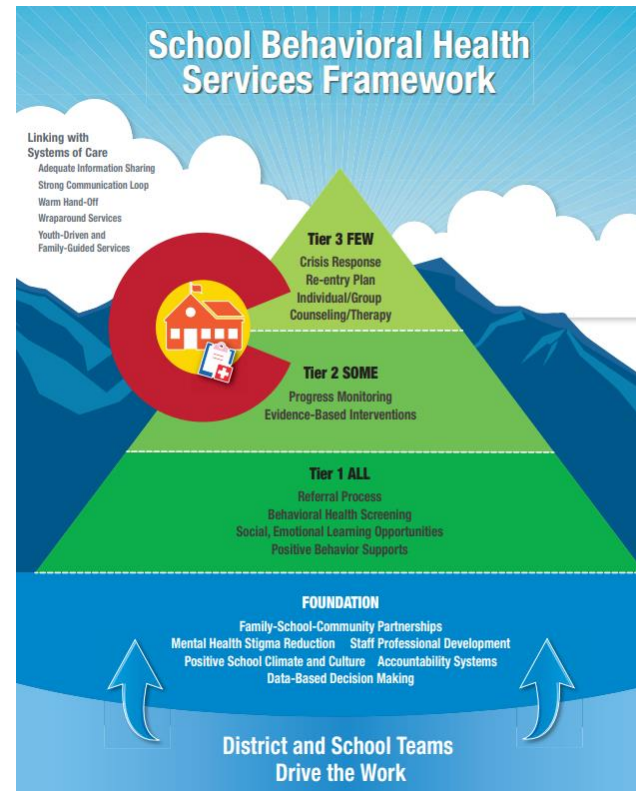
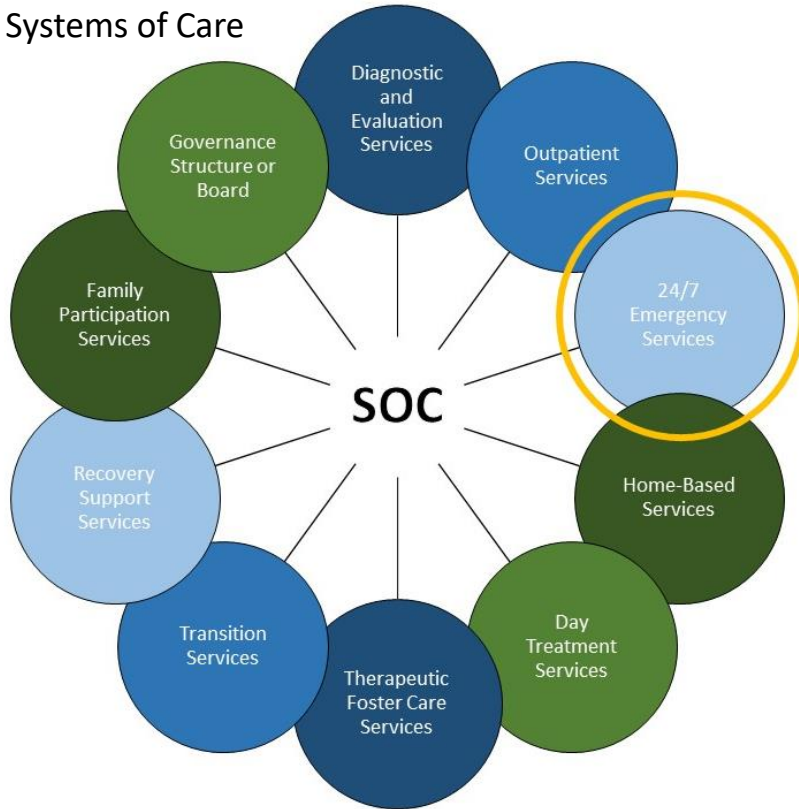


Status of Participation in the CCBHC Model



Strengthening Children's Crisis and Stabilization Services

Systems of Care



AWARE:
 Advancing Wellness and Resiliency in Education



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?referrer=from_search_result)
- National Association of State and Mental Health Program Directors (NASMHPD)
- <https://www.nasmhpd.org/content/tac-assessment-papers>

Serving people in distress building healthy communities



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Thank you.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Tison Thomas, M.S.W., LMSW

Director, Division of State and Community Systems Development

Center for Mental Health Services

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