

988 Commission

Meeting Minutes

April 24, 2023

1:30-3:00 pm

Date of meeting: Monday, April 24, 2023

Start time: 1:30 pm

End time: 3:00 pm

Location: Virtual Meeting (Zoom)

Members participating remotely		Vote 1	Vote 2
1	Emily Bailey (chair) – Executive Office of Health and Human Services (EOHHS)	X	X
2	Rebecca Ames – Riverside Trauma Center, Riverside Community Care	X	X
3	Booker Bush, MD – Baystate Medical Center	-	-
4	Chris Carleton – Northborough Police Department	X	X
5	Kelly Casey, PhD – Department of Forensic & Clinical Services at William James College	X	X
6	Courtney Chelo – Mass. Society for the Prevention of Cruelty to Children (MSPCC)	X	X
7	Kerry Collins – Executive Office of Public Safety and Security (EOPSS)	X	X
8	Kelley Cunningham – Division of Violence and Injury Prevention, DPH	X	X
9	Brooke Doyle – Department of Mental Health	X	X
10	Eriq Gasse – Cataldo Ambulance Service	X	X
11	Rebekah Gewirtz – National Association of Social Workers - MA & RI Chapter	X	X
12	Gloria Gonzalez – Samaritans Merrimack Valley	-	-
13	Sharon Hanson – Mass. Behavioral Health Partnership (MBHP)	X	X
14	Debbie Helms – Samaritans Merrimack Valley	X	X
15	Jennifer Honig – Mass. Association for Mental Health (MAMH)	X	X
16	Charmain Jackman, PhD – InnoPsych, Inc.	-	-
17	Abby Kim – Association for Behavioral Healthcare	X	X
18	Tamara Lundi – Community Healthlink	-	-
19	Kathy Marchi – Samaritans, Inc.	X	X
20	Paul Mina – United Way of Tri County & United Way of Pioneer Valley, Mass 211	X	X

21	Ivy Moody – Mental Health Legal Advisors Committee (MHLAC)	X	X
22	Myisha Rodrigues, PhD, LMHC – National Alliance on Mental Illness Mass. (NAMI-MA)	X	X
23	Pam Sager – Parent/Professional Advocacy League (PPAL)	X	X
24	Kevin Skinner – Samaritans Merrimack Valley	X	X
25	Ashley Sproul – Kiva Centers	-	-
26	Monna Wallace – State 911 Department	X	X

* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

Proceedings

Chair Bailey called the meeting of the 988 Commission to order. She shared that the Governor signed a supplemental budget bill that includes an extension of temporary provisions pertaining to Open Meeting Law. Commissions are now approved to meet remotely through March 2025, so this group will continue to meet on Zoom.

Members were reminded to complete the following requirements, if they haven't done so already:

- Complete Form O, a requirement of members' oaths of office, and return to Becca Stoltz.
- Review the Open Meeting Law guide, then sign and return the Certificate of Receipt of Open Meeting Law Materials to Becca.
- Review the Conflict of Interest Overview document, complete the Conflict of Interest training, and send proof of completion to Becca. State employees should provide confirmation from their respective agency's Conflict of Interest training; non-state employees should complete the training via the link that was sent by email.

Chair Bailey provided a reminder that, given the size of the group, members are encouraged to remain on mute unless speaking and should use the "raise hand" function during open discussion.

The group took roll call to approve the meeting minutes from March 30th. Mr. Mina introduced a motion to approve the March 30th meeting minutes, which was seconded by Mr. Carleton and approved by roll-call vote (see detailed record of votes above)

Chair Bailey introduced today's session as a continued discussion on the 988 and the Behavioral Health Help Line (BHHL) presentations from March. Presenters from the previous month returned to engage in an extended Q&A and answer questions for which there wasn't enough time in March. This included: Kelley Cunningham and Danielle Bolduc from the Department of Public Health, and Julie Hwayoung Shepherd and Mio Tamanaha from the Department of Mental Health.

This Q&A further clarified the following:

- **Connection among various lines:** 988 and the BHHL each connect to 911, but that connection is made only if the caller is in imminent risk.
 - Connecting from the BHHL to 988 is not currently part of the functionality. Given that BHHL is payer agnostic and that call-takers conduct a risk rating, next steps can look different for each caller depending on their unique circumstances.

- The BHHL is designed to be a complementary tool with the Community Behavioral Health Centers (CBHCs) as part of a larger network, so the BHHL is less of a call center and more of a tool to connect to that larger network. In the future, the BHHL will roll out direct scheduling to replace warm hand-offs in order to reduce time confirming an appointment.
- **Simplifying the “front door” to access behavioral health services:** Massachusetts has the benefit of offering multiple lines to provide help to its residents, but knowing which line to call needs to be as simple as possible for consumers in crisis. Efforts are being made to train call-takers of the various lines about the other lines:
 - 911 dispatchers are educated on 988 via updated training, social media, and onboarding of new hires.
 - A BHHL button has been added to the 911 panel to allow for transfer from 911 to the BHHL; 911 is developing guidelines for dispatchers and Public Safety Awareness Points (PSAPs) to know when and how to use the BHHL; the BHHL team is building a work flow for 911 dispatchers.
 - A 5-day BHHL training was developed for all 911 dispatchers.
 - A 911 academy begins on May 1, 2023 and will include a 4-hour training on the BHHL.
 - As of July 1, 2023, all 911 dispatchers in Massachusetts will be required to have 16 hours of annual Continuing Education; as of January 1, 2023, a minimum of at least two hours of total Continuing Education hours were required to be on behavioral health.
 - DPH is continually working on equitable responses to crisis services, inclusive of all of these lines and what they offer the community.
- **Focus on children and adolescents**
 - **Data collection about age:** 988 is anonymous, so there isn't a formal intake process; however, sometimes demographic information, such as age, is elicited through conversation and can be collected on the call record. About 25% of BHHL callers are from or about youth.
 - **Guidance/training for fielding calls from children and adolescents:** Each 988 call center has a training protocol; of note, chat and text are use more with younger callers. Calls may be handled differently depending on if a child/youth calls or if someone calls on their behalf. Intervention requires consent, so the circumstances might dictate what 988 can offer if a child calls on their own behalf. BHHL staff receive training upon being hired about how to work with children and youth, as well as continuing training and technical assistance from partners, such as DCF and other agencies that work with children and youth.
- **Follow-up calls**
 - **For routine response:** 988 offers call-backs as part of risk assessment; if a caller has a certain risk level, the call-taker will work with that person on the parameters of follow-up intervals. For the BHHL, all callers receive a follow-up call every 48 hours after the initial call until a successful transition of care has taken place; some callers do not want follow-up while others feel supported by it. A follow-up call may also be made to a caller before 48 hours depending on the situation.
 - **For evaluative purposes:** For 988, evaluative studies are being conducted at the national level through Vibrant but not at the local, call-center level in Massachusetts. For the BHHL, DMH just entered into a contract with ForHealth Consulting to conduct a formal evaluation of the BHHL, which will include consumer call-backs.
- **Wait times:**
 - 988 receives a statewide network report on roll-over waits and average speed of answering. Vibrant sets parameters for 988 calls such that no one is put on hold. When a person calls, they may wait up to (but no longer than) two minutes for a call-taker to answer; at the two-minute mark, the call goes to another site within Massachusetts; at the next two-minute mark, the call will enter the queue in the national back-up system.
 - The BHHL receives daily reports on maximum call wait times, including number of callers who hung up before the call was answered. The goal is for 95% of calls to be picked up within 15 seconds. The BHHL is currently staffed to take calls, but it is working on staffing up at busy times to eliminate any

risk that, should there be an influx of calls at those times, this could lead to call abandonment for a caller who does not want to wait.

- **Market research:** The goal of both lines is to provide services to every caller, and both lines have strategies to market to specific populations.
 - 988 conducted market research looking at various communities, including BIPOC, Veterans, and LGBTQ+, inquiring about awareness of the line, likelihood of using the line, whether a fear of 911 intervention would prevent them from using the line, etc. This revealed that there is much misinformation about 988, and the team is incorporating this research into implementation plans.
 - The BHHL is working to collect demographic data on its callers but does not have this data. Its marketing team will offer campaigns for specific populations, and it is also developing a satisfaction survey. The BHHL is standing up an advisory council and a community collaborative, which will meet quarterly, to create space for an array of voices. Commission members expressed interest in recommending that they join these groups.
- **988 and DCF involvement:** The marketing campaign is intended to dispel fears about DCF involvement should a call be made by a child or youth or about a minor. The 211 line is a key resource for the Runaway Assistance Program.
- **Final thoughts:**
 - 988 is an up-stream, social safety net for those who need emotional support in a non-judgmental context, reinforcing that there is no “wrong door”. It can be helpful both for callers who do not want to interface with a behavioral health provider in that moment or for those who want to connect to the rest of the behavioral health landscape to find the best next step for them. It can also be helpful both to callers who want a one-time call to those who call in regularly.
 - The BHHL exists to serve all residents regardless of insurance, language, etc.

Guest presenters left the meeting. Chair Bailey opened the next phase of the meeting with a reminder to the group of its charge to “review national guidelines and best practices and make recommendations for implementation of a statewide 988 suicide prevention and behavioral health crisis system,” as well as to advise on promoting the 988 number. Massachusetts is in a unique position to have the BHHL connected to local CBHCs that provide assessment and treatment, so the Commonwealth needs to make sure that the front door through 988, 911, the BHHL, or any other line is accessible and interconnected, while abiding by 988’s national requirements, Vibrant’s implementation, and SAMHSA’s marketing. This Commission is tasked with developing concrete recommendations that improve the experience for consumers.

Commission members expressed interest in looking at other states’ implementation strategies, as well as national guidelines, is to note any best practices and whether there is anything that the Commonwealth should add that would be helpful in this state. This includes looking more closely at the long-term funding and sustainability strategy of 988 and learn from other states what approaches might work in Massachusetts.

Commission members also expressed interest in better understanding the provider experience now that 988 and the BHHL have been launched, such as whether there have been any noticeable impacts on the system. Providers should be part of a broader system survey to understand consumer and end-user experiences with this new front door.

That said, 988 is intended to provide emotional support, not to work with providers, so not every caller is or will end up enrolled in formal treatment. Further, 988 is not providing a new service, as these call centers have been providing services for the suicide crisis line all along. Given this, any difference that providers might notice would likely be attributed to ease of access. In short, not every provider will have the same perspective or understanding of how 988 might be changing the landscape. A recommendation from the Commission might relate to the need to measure awareness of behavioral health providers about these services and caller satisfaction about whether they felt they were helped.

Chair Bailey reminded the group that the next meeting will be on Monday, May 22nd from 1:30-3pm, and the topic of that meeting will be to learn more about 911.

Vote to adjourn:

Chair Bailey requested a motion to adjourn. Ms. Collins introduced the motion, which was seconded by Ms. Hanson and approved by roll-call vote (see detailed record of votes above).

Vote 1 on approval of March 30th meeting minutes:

Paul Mina introduced a motion to approve the March 30th meeting minutes, which was seconded by Chris Carleton and approved by roll-call vote (see detailed record of votes above).

Vote 2 to adjourn:

Chair Bailey requested a motion to adjourn. Kerry Collins introduced the motion, which was seconded by Sharon Hanson and approved by roll-call vote (see detailed record of votes above).

The meeting was adjourned at 3:00 pm.

Meeting Materials

- I. Draft meeting minutes from March 30, 2023