**988 Commission**

Meeting Minutes

September 18, 2023

1:30-3:00 pm

Date of meeting: Monday, September 18, 2023

Start time: 1:37 pm

End time: 2:58 pm

Location: Virtual Meeting (Zoom)

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| **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** | **Chris Carleton** – Northborough Police Department | - | - |
| **4** | **Kelly Casey, PhD** – Department of Forensic & Clinical Services at William James College | X | X |
| **5** | **Courtney Chelo** – Mass. Society for the Prevention of Cruelty to Children (MSPCC) | X | X |
| **6** | **Kerry Collins** – Executive Office of Public Safety and Security (EOPSS) | X | X |
| **7** | **Kelley Cunningham** – Division of Violence and Injury Prevention, DPH | X | X |
| **8** | **Brooke Doyle** – Department of Mental Health | X | X |
| **9** | **Eriq Gasse** – Cataldo Ambulance Service | - | - |
| **10** | **Rebekah Gewirtz** – National Association of Social Workers - MA & RI Chapter | X | X |
| **11** | **Gloria Gonzalez** – Samaritans Merrimack Valley | - | - |
| **12** | **Sharon Hanson** – Mass. Behavioral Health Partnership (MBHP) | X | X |
| **13** | **Debbie Helms** – Samaritans Merrimack Valley | - | - |
| **14** | **Jennifer Honig** – Mass. Association for Mental Health (MAMH) | X | X |
| **15** | **Charmain Jackman, PhD** – InnoPsych, Inc. | A | X |
| **16** | **Kathy Marchi** – Samaritans, Inc. | X | X |
| **17** | **Paul Mina** – United Way of Tri County & United Way of Pioneer Valley, Mass 211 | A | X |
| **18** | **Ivy Moody** – Mental Health Legal Advisors Committee (MHLAC) | X | X |
| **19** | **Myisha Rodrigues, PhD, LMHC** – National Alliance on Mental Illness Mass. (NAMI-MA) | - | - |
| **20** | **Pam Sager** – Parent/Professional Advocacy League (PPAL) | X | X |
| **21** | **Monna Wallace** – State 911 Department | A | A |

**\*** (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 Kevin Skinner has stepped down from the Commission and Ashley Sproul left her job at Kiva Centers and will no longer be a Commission member. The Commission is working to fill the current vacancies. In follow-up to earlier requests, the Commission looked into obtaining data from NRI as it relates to 988 and found that Massachusetts did not respond to NRI’s survey and, therefore, was not included in the aggregate, nationwide results.

Undersecretary Collins introduced a motion to approve the July 31st meeting minutes, which was seconded by Ms. Marchi and approved by roll-call vote (see detailed record of votes above).

Chair Bailey introduced today’s presentation on a national look at 988: Year One Review, Year Two Ahead, and Highlights of State Policies & Funding from Moira Muir, a consultant from Health Management Associates. Lisa Braude, also from Health Management Associates, also attended. For additional details on this presentation, see the Commission’s [Meeting Materials webpage](https://www.mass.gov/info-details/988-commission-meeting-materials).

The next portion of the meeting allowed for Q&A and discussion. The group agreed that Massachusetts’ multiple lines makes for a sophisticated but complicated system. Given that other states appear to have seemingly simpler systems, Massachusetts would benefit from a more streamlined approach that allows callers to access all of the services via one line. It was noted that 988 is the easiest number to remember, but the Behavioral Health Help Line (BHHL) offers more comprehensive clinical services. In thinking about the ideal end state, discussion focused on making sure that the system is user-friendly, simple, and accessible, which might mean joining the lines.

The group discussed that 211 evolved in a similar way to 988 (i.e., a national network that is implemented in each state). From this experience, we know that not every line provides the same information because databases aren’t singular, synched, or kept up to date, leading to inconsistencies. While there are many examples where decentralizing large systems is helpful, 988 would benefit from a national discussion on what 988 call centers across the country need to do consistently. This would be greatly aided by sustainable funding.

Today’s presentation showed that states are approaching long-term funding in different ways, the most specific and sustainable strategy being a telecommunications fee that supports the 988 line. This is consistent with how states support 911. In Massachusetts, the five 988 call centers received some state funding through the supplemental budget and the current budget, but is isn’t predictable long-term. It was noted that the amount of funding that some other states received in year one of 988 implementation wouldn’t be enough to cover the 988 expenses in Massachusetts. The Commission could make recommendations for a telephony tax to support 988 long-term. The Acts of 2018 statutorily funded a $1.50 surcharge for the 911 system; the 911 system has filed with the MA Department of Telecommunications and Cable (DTC) to maintain the $1.50 surcharge and not decrease it to $1.00. That hearing will be held on October 18, 2023.

At present, 988 is funded at state cost through the budget. Another strategy is to construct braided funding the way that Massachusetts did for crisis services in 2023; crisis services are paid for by 1) MassHealth reimbursement, 2) DMH budgetary line-items, and 3) an all-payer surcharge for the commercial insurance plans. This is a more sustainable solution for clinical services because CPT codes for crisis services are reimbursable; 988 isn’t a clinical line, so funding for it can only come from certain sources.

The Commission’s recommendations for 988 must be sustainable and take into account whether it is cost effective to integrate any of the various lines in Massachusetts and/or if this would create additional complexity. While 988 is a new number, the five call centers have been doing this work for many decades, so there is historical knowledge to draw from based on experience.

Considerations include:

* More call volume would require more call responders, which is a predictable expense, but the services that 988 (a listening ear) and the BHHL (clinical assessment and triage) offer are different enough to require different funding; this is harder to predict and cost out. A potential solution for this is that the Commission could recommend one user-friendly number, and then that line would offer different types of services that the caller selects, which could be funded from different/appropriate sources (e.g., reimbursement, state budget, etc.).
* When local entities become integrated, there is a risk of losing specificity that comes with generalizing those efforts (e.g., 988 is integrated with local numbers, but the BHHL is state-wide); it is also critical to keep an eye to routing by area code to make sure any that any generalizing or streamlining of the lines does not inadvertently result in a lag in response time if routing becomes decentralized.
* DPH reported at the March 2023 meeting that 98% of 988 calls since the launch of 988 in July 2022 were handled internally and only 2% need to be triaged out of a 988 call center for response.
* Georgia has a streamlined system today that was based on a pre-existing system where the primary line was built to conduct behavioral health assessments; when 988 was authorized, the same vendor was used to incorporate 988, and calls get triaged to different staff teams.
* It is important for the Commission to acknowledge that the different lines and the respective staff have different roles and provide different services.
* The Commission needs to think through marketing to diverse communities.

In follow-up, Becca will share the following via email: 1) information on the DTC/911 hearing on October 18th; and 2) a link to the March 2023 presentations on 988 and the BHHL as a refresher. The next meeting of the Commission will take place on Monday, October 30th\* from 1:30-3pm, during which the group will review draft recommendations collected to date.

*\*This meeting was rescheduled to Monday, November 13th from 1:30-3pm.*

**Vote to adjourn:**

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

**Vote 1 on approval of July 31st meeting minutes:**

Kerry Collins introduced a motion to approve the July 31st meeting minutes, which was seconded by Kathy Marchi and approved by roll-call vote (see detailed record of votes above).

**Vote 2 to adjourn:**

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

The meeting was adjourned at 2:58 pm.

**Meeting Materials**

1. Draft meeting minutes from July 31, 2023