# 988 Commission Annual report DRAFT

* Executive Office of Health and Human Services
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# Commission Recommendations – DRAFT for Discussion

* Commission recommendations are based on the goal to ensure that the consumer experience is seamless, meets each caller’s needs, is equitable, and is continuously improving through quality assurance.
  + Conduct a feasibility assessment of technology-supported information sharing, in compliance with state and federal privacy laws, to ensure a coordinated technology-supported interface between 988 and the crisis system.
  + Stand up a system wide evaluation process that solicits information from both 988 and the crisis system that includes:
    - Feedback from call-takers/staff about quality improvement opportunities.
    - Caller feedback:
      * Direct feedback when can be compliant with the anonymous nature of 988.
      * Aggregated consumer feedback through engagement with stakeholder and consumer advocacy groups that represent individuals who use 988 and the crisis system (e.g., KIVA center, NAMI, PPAL).
  + Implement a feedback process back to the quality improvement activities for both 988 and the BHHL crisis system. Streamline input from the feedback QR codes, mailboxes, ombuds, advisory groups, so there is a system wide perspective on improvement opportunities.
  + Develop a singular, streamlined directory to support all phone lines (988, BHHL, 211, etc.) so that there is a single source of truth for public information.
  + Establish an ongoing process to review incidents of police dispatch to 988 and BHHL callers to ensure that dispatch is only happening when necessary and appropriate.
  + Reauthorize funding through budget appropriation with consideration to any increased cost or new expenses.
  + Stand up an evaluation process to explore whether there is fiscal efficiency in streamlining any aspect of 988 with any aspects of other call support and service lines, such as the BHHL.
  + Require an EOHHS cross-agency point person to ensure cross department oversight of the 988 and crisis response system occurs, and policies, operations, and funding are overseen centrally.
  + Implement a technology solution to enable one-touch, bi-directional transfer between the BHHL/crisis systems and 988.
  + Continuously involve consumer voices as an ongoing role in all evaluation, planning, and implementation decisions of 988 and the MA crisis system.

# Appendix: Commission Recommendations from MAMH (1/3)

* Establish an entity, staffed at EOHHS, responsible for coordinating the crisis services reform work of MassHealth, DMH, DPH, EOPSS, and Statewide 911 regarding 988/the BHHL/CBHCS/911/mobile crisis/crisis stabilization units/other crisis lines/regional responders.\*,\*\*
  + This entity oversees, for purposes of integration of the Commonwealth’s behavioral health crisis response, all matters related to the 988 service system and other crisis response elements.
  + This entity addresses 988 implementation, marketing and community engagement, financing, data collection, and workforce.
  + This entity oversees 988 workgroups and councils, but its creation does not change existing reporting structures.
  + This entity reports regularly to the 988 Commission.
* 988 Implementation Workgroup: Establish an interagency workgroup on 988 implementation.
  + To ensure full 988 integration within the crisis system so that persons contacting 988 receive the most appropriate service whether from 988 or another service.
  + To pursue a standardized framework and coding definitions for screening, triaging, and reporting behavioral health calls across 988, the Behavioral Health Help Line, the Substance Use Helpline, and PSAPs.\*\*
  + To ensure 988 is able to offer services by call, text, chat, and video-conference.
  + To streamline and improve the client experience.
  + To establish, review, and update 988 quality assessment measures, including through processes to collect, review, and respond to
    - process data, using standardized measures aligned with other crisis responders\*, \*\*
    - outcome data, including longer-term outcome data, using standardized measures aligned with other crisis responders\*, \*\*
    - consumer feedback, and
    - complaints.
* \*We note that a similar recommendation appears in the *Crisis Services in the Commonwealth* Report of the Community Policing and Behavioral Health Advisory Council.
* \*\*We note that a similar recommendation appears in the *Massachusetts 911 Call Study: Assessing the Potential to Divert Behavioral Health Calls to Alternative Responses* Report of EOHHS and EOPSS.

# Appendix: Commission Recommendations from MAMH (2/3)

* To work towards establishing cross-system data collection requirements/standards to assess and inform the capacity and performance of crisis services, including a statewide BH crisis dashboard that is public-facing and integrates 988, BHHL, MCI, hospital, and co-response data.\*
* To review and update training requirements for the 988 workforce, in conjunction with other state agencies providing crisis services and with the participation of people with lived experience.\*\* Training should address:
  + cultural competence;
  + issues of gender identity and sexual orientation;
  + implicit bias and other BIPOC issues;
  + developmentally appropriate responses to different age callers;
  + youth, adolescent, young adult, adult, and older adult behavioral health issues and family support; and
  + how to serve people with diverse behavioral health disabilities, particularly as such persons face situations which may not involve potential for suicidal.
* To improve the service directory supporting 988.
* To establish a process to review cases of police dispatch to persons contacting 988, to ensure that dispatch is occurring only when necessary and appropriate.
* To monitor and ensure 988 system alignment with national guidelines, including those of SAMHSA, National Association of State Mental Health Program Directors, and Technical Assistance Center TAC, including planning to integrate the three pillars of 988 (someone to call, someone to respond, safe place to go).
* \*We note that a similar recommendation appears in the *Crisis Services in the Commonwealth* Report of the Community Policing and Behavioral Health Advisory Council.
* \*\*We note that a similar recommendation appears in the *Massachusetts 911 Call Study: Assessing the Potential to Divert Behavioral Health Calls to Alternative Responses* Report of EOHHS and EOPSS.

# Appendix: Commission Recommendations from MAMH (3/3)

* Marketing and Community Engagement
  + Establish an interagency workgroup on marketing and community engagement
    - To develop an evaluation plan for consumer feedback, including from persons who decline to use 988 services, and identify gaps or opportunities for quality improvement.
    - To review the 2023 evaluation of the 988 marketing plan.
    - To make recommendations regarding efforts to reach communities most in need.
    - To make recommendations regarding non-suicide related calls to 988.
  + Establish a consumer advisory council to advise on marketing and community engagement.
    - The council includes representation of people: from BIPOC communities; from historically underserved or marginalized communities; who identify as LGBTQ; with lived experience of behavioral health conditions; who work in the positions being addressed by the workgroup; and who work in the position of a certified peer support specialist.
    - A single council member may not fill the requirement for more than one of these specially designated categories.
    - Representation on the council should also include both persons who have experienced crisis related to suicide and persons who have experienced other types of crises.
* Financing
  + Establish an interagency workgroup on financing of 988
    - To identify and report on one-time, ongoing, and potential costs associated with the 988 service system and its long-term sustainability.
    - To identify and report on current and potential funding sources for the 988 service system, including but not limited to a telephony tax, including through review of other states’ models for funding and an analysis of what might constitute an appropriate telephonic tax and how the funds from such a tax would be used.
    - To evaluate funding of other MA crisis and service lines to inform funding decisions regarding 988.
    - To evaluate potential means to achieve fiscal efficiency, such as by streamlining any aspects of the 988 Suicide and Crisis Lifeline with any aspects of other call support and service lines.
* \*We note that a similar recommendation appears in the *Crisis Services in the Commonwealth* Report of the Community Policing and Behavioral Health Advisory Council.
* \*\*We note that a similar recommendation appears in the *Massachusetts 911 Call Study: Assessing the Potential to Divert Behavioral Health Calls to Alternative Responses* Report of EOHHS and EOPSS.