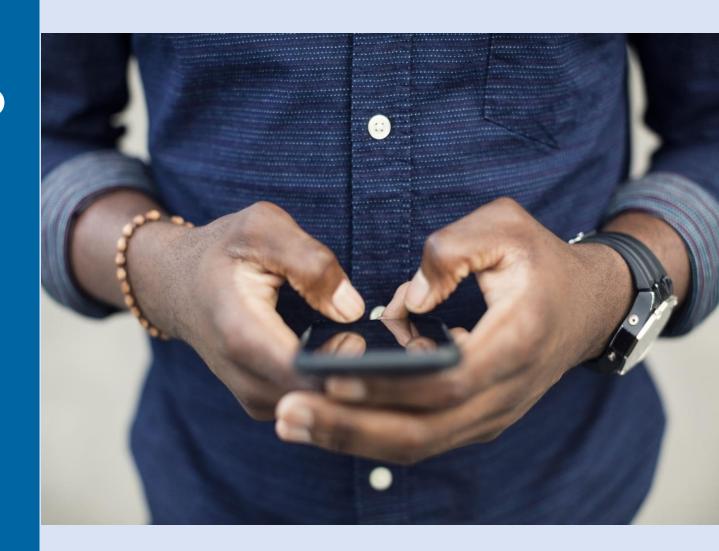
# HMA

988: Year One and Two Priorities and State Policies and Funding Highlights

988 Commission Meeting September 15, 2023

Presenter: Moira Muir



## **AGENDA**

	Topic	Allotted Time
l.	Welcome and Introductions	5 min
II.	988 – Year One Highlights and Year Two Priorities	5 min
III.	National Best Practices	5 min
IV	Highlights of State Policies and Funding	5 min
VI.	Discussion	15 Min

# YEAR ONE HIGHLIGHTS and YEAR TWO PRIORITIES

#### **Year One Review**

#### Year one's focus was on implementation, building awareness, recruiting staff.

#### National Data

- Since July 2022 launch, the 988 Lifeline has received nearly 5 million calls, texts and chats—2 million more than in the previous 12 months.
- Veterans Crisis Line (VCL) responded to approximately 1 million of the 5 million people seeking help.
- Compared with the previous 12 months:
  - Text contacts through the Lifeline increased by 1,135%
  - Chats answered increased by 141%
  - Calls answered increased by 46%
  - Average speed to answer decreased from 2 minutes, 39 seconds to 41 seconds

## Year Two SAMHSA Priorities: Education and Equity

- A July 2023 NAMI poll showed that 82% of adult respondents were somewhat or completely unfamiliar with the 988 Suicide and Crisis Lifeline; only 17% were very or somewhat familiar with the service.\*
- SAMHSA plans to prioritize education and equity going into the second year by
  educating more individuals about the lifeline and when it can be used instead of a 911
  or police assistance.

#### **Increased Support for Priority Populations**

- SAMHSA and Vibrant Emotional Health, the nonprofit administrator and operator of the 988 Lifeline, intend to launch an awareness campaign this fall.
- July 2023 Lifeline added <u>text and chat features in Spanish</u>, as well as specialized services for LGBTQI+ youth and young adults.
- SAMHSA and Vibrant intend to roll out a video calling option for people with hearing impairments and who communicate through American Sign Language.
- Outreach to people in rural areas, unhoused individuals, and tribal communities is needed.

"As it heads into its second year of existence, the three-digit number for the country's mental health crisis lifeline still has some hurdles to overcome when it comes to awareness, staffing and routing."\*\*

<sup>\*</sup> National Alliance on Mental Illness. New NAMI-Ipsos Poll Finds Low Familiarity of 988 Suicide & Crisis Lifeline but Broad Bipartisan Support for Federal Funding., July 13, 2023.

<sup>\*\*</sup>Howard J. and Viswanathan, G. One Year After Launch, 988 Mental Health Crisis Line Still Building Awareness and Staffing. CNN. July 13, 2023.

## **Year Two SAMHSA Priorities Continued: Routing**

- Currently, calls are routed to centers in the same geographic location as the user's area code. So, a Massachusetts caller who has a California area code would reach a center in CA. The CA call center then would have to reroute the call to a MA 988 call center for local services and resources.
- 911 routes callers to their closest geographic location.
- SAMHSA and Vibrant will explore different ways of routing beyond the area code.

# NATIONAL BEST PRACTICES

## Best Practices Spotlight: 988, Call Center & Mobile Crisis Services Integration



Continuum Source: WellBeing Trust

### Best Practices Spotlight: Integrate 988, Call Center, and Mobile Crisis Services

#### **Georgia Crisis and Access Line**

988 is the centralized call center for statewide mobile crisis services and dispatch.

- □ Georgia Crisis and Access Line (GCAL) is a call center integrated into the local healthcare system with 24-hour mobile crisis response coverage within 100 miles of every community. A nationally accredited Health Care Call Center, crisis center, and partner in the National Suicide Prevention Lifeline (NSPL).
- ☐ GCAL has real-time access to available crisis and detox beds throughout Georgia. It also provides phone, text, and chat intervention services, follow-up, and will make urgent and emergent appointments for callers.
- ☐ Other key functions:
  - 24/7/365 can use GPS for Mobile Crisis Dispatch for all state-funded behavioral health and developmental disability mobile crisis response teams
  - 24/7/365 single point of entry for state contracted inpatient beds
  - 24/7/365 preferred point of entry for crisis stabilization units and state hospitals



### Best Practices Spotlight: Integrate 988, Call Center, and Mobile Crisis Services

#### **Georgia Crisis and Access Line Continued**

- □ GCAL uses proprietary dispatch software developed in partnership with **Behavioral Health Link** (BHL), which provides crisis providers "with the ability to immediately locate and communicate with mobile teams in the field." This capability enables providers to conduct secure, electronic assessments with or without an Internet connection, which is crucial for areas of the state where broadband connectivity may be unavailable.
- □ Financing
  - Medicaid Matching (<u>Link</u>)
    - Georgia accesses Federal Medicaid funding to help cover administrative costs for their statewide crisis system that includes a hotline that dispatches mobile crisis teams. The state demonstrates the proportion of costs attributable to Medicaid beneficiaries by estimating the percent of residents with serious mental illness, addiction, and intellectual disabilities/developmental disabilities who are enrolled in Medicaid.



## Best Practices Spotlight: 988 Integration with Program Services

#### **Arizona**

- ☐ Arizona has several crisis call centers that are leveraging and maximizing the use of technology, including:
  - Electronic health records that are customized for crisis calls
  - Electronic dispatch of mobile teams that include sharing of clinical information and automatic collection of time stamp of activity with the press of a button
  - GPS technology to see the location of mobile teams in the community.
  - Mobile teams have electronic tools (e.g., tablets) to receive dispatch, quick-press features to record time stamps and receive and send information regarding the crisis and intervention needed.
  - Call centers can support mobile teams in electronically setting up appointments with community-based providers
- Financing:
  - State Medicaid Agency (AHCCCS) is responsible for administering Medicaid and non-Medicaid behavioral health services.
  - AHCCCS contracts with a specialty health plan for persons with a serious mental illness and within that health plan contract they are responsible for a continuum of crisis services for all Medicaid and non-Medicaid that includes **crisis call center**, mobile response, and crisis walk-in and stabilization services. Health plan receives a crisis capitation payment for all Medicaid eligibles and also receives other non-Medicaid funding including state funding earmarked for crisis services, federal block grant funding, and other federal cooperative agreements. Health plan contracts with one statewide call center vendor, mobile crisis and crisis walk-in, and stabilization services





## Best Practices Spotlight: 988 Integration with Program Services

#### Washington

- Three statewide hubs are Lifeline-certified call centers that receive all 988 calls for their covered regions
  - ☐ Hub Services
    - Provide emotional support
    - Conduct telephonic triage
    - Dispatch mobile crisis teams
    - Manage involuntary inpatient psychiatric hospital bed finding (through Open Beds application)
    - Coordinate bidirectionally with 911: Warm connections from 911 to 988 and active rescue protocols for acute crisis events that emerge
    - Refer moderate-risk callers for next day follow-up calls, outreach, and support
  - ☐ Financing:
    - Behavioral Health Administrative Services Organizations (BHASO) contract with the Crisis Call Hub that serves their service area
    - Telecommunication tax



# HIGHLIGHTS: STATE POLICIES AND FUNDING

## **Highlights State Policies & Funding**

- Sustainable funding is a factor in maintaining improved call response rates at local 988 crisis centers and states have the option to fund 988 similarly to 911, through telecom fees.
- Although <u>federal investments</u> support 988 nationally, states are responsible for long-term funding of the local 988 crisis call centers, which have historically received <u>minimal funding</u> from the federal government (typically between \$2,500-\$5,000 annually).
- Under the <u>National Suicide Hotline Designation Act of 2020</u>, states can collect cell phone fees to help sustainably fund their local 988 call centers 988 legislation authorized states to collect cell phone fees to help sustainably fund 988 and other crisis services.
- <u>Trust funds and general funds</u> appropriations have been set up by some states to support 988 crisis centers, but it is unclear whether these initiatives will sustainably support crisis centers' long-term funding needs.
- Some states have considered billing Medicaid or other payers for crisis hotlines and other crisis services.

## **Highlights: State Policies and Funding**

- Mental health advocates intend to push legislation that allows 988 to be funded the same way 911 is nationwide.
- The Wireless Communications and Public Safety Act of 1999 mandated 911 to be the country's universal emergency number. Since then, users have automatically been charged—an average of about a dollar a month—on their monthly phone bills to fund it.
- Six states have imposed a similar tax for 988, and the governors of two states—
   <u>Delaware</u> and <u>Oregon</u>—have legislation calling for this tax on their desks.
- The FCC (Federal Communications Commission) has the authority to levy a nationwide tax but has yet to do so.

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## **Highlights: State Policies and Funding**

#### State-level momentum for 988 telecom fees is gaining traction.

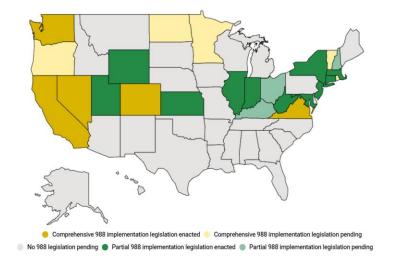
- More than half the states (26) have enacted legislation to implement and fund 988.
- Six states use telecommunication fees (CA, CO, NV, VA, WA and recently MN).
  - VA and WA reported earning roughly \$3.6M-\$4.5M in telecom fees during FY21. Both were among the first states to implement telecom fees.
  - OR and DE are close to final legislative approval; soon will be eight states.
  - Three other states have pending legislation.
- 13 states are appropriating general fund dollars to 988.

Historically, crisis call centers have received \$2,500-\$5,000 in federal funding annually (through Vibrant)

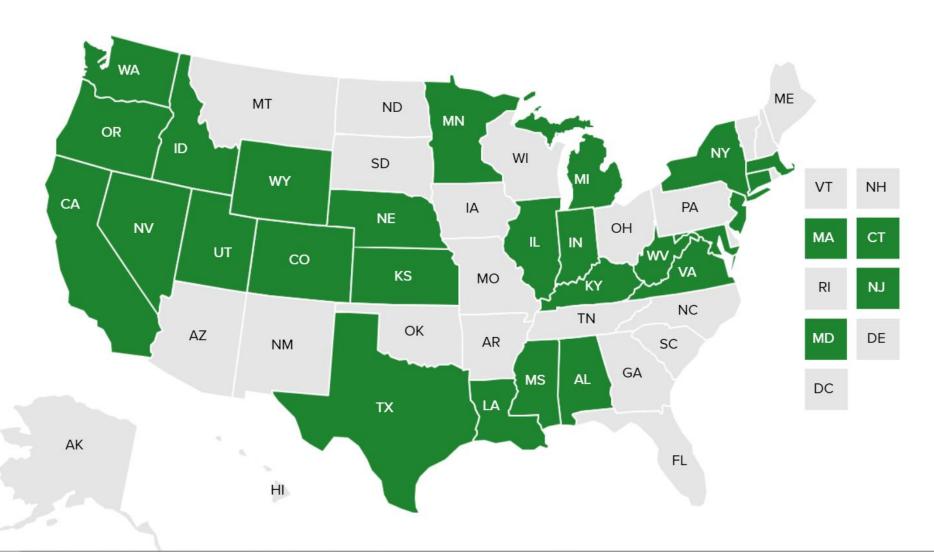
States must strategize on funding to keep the system sustainable.



NAMI – Reimage Crisis Response – 988 Legislative Map



### Enacted Legislation to Fund 988 (26 States)



# 988 State Funding Strategies

State	Bill	Telecommunications Fee?	General Fund Appropriation?	Committee/Group Established?
AL	HJR 168: Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System, created	No	No	Yes
CA	<ul> <li>AB-988 Mental health: 988 Suicide and Crisis Lifeline</li> <li>Creates a separate surcharge from the existing Emergency Telephone         Users Surcharges Act</li> <li>988 surcharge for 2023–2024 at \$0.08/access line/month</li> <li>Beginning 1/1/25, new amount based on specified formula, no         greater than \$0.30/access line/month</li> <li>Appropriates \$300,000 from GF</li> </ul>	Yes	Yes	Yes
СО	<ul> <li>CO SB 21-154: 988 Suicide Prevention Lifeline Network</li> <li>Imposes a 988 surcharge, not to exceed \$0.30/month.</li> <li>Appropriates ~\$5.7M to implement</li> </ul>	Yes	Yes	Yes
СТ	<ul> <li>CT HB 5001: An Act Concerning Children's Mental Health</li> <li>Establishes a separate, non-lapsing "9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund" within GF</li> </ul>	No	Yes	No
ID	ID HCR 11: HEALTH – States findings of the Legislature and recognizes 988 as the universal mental health and suicide prevention crisis phone number	No	No	No
IL	<ul><li>HB 900: AN ACT making appropriations</li><li>Appropriates \$5M from Statewide 9-8-8 Trust Fund</li></ul>	No	Yes	No
<b>IL</b> Tables on sl	HB 2784: Mental Health-Emergency ides 18-22 adapted from: National Academy for State Health Policy. State Legislation to Fund and Impl	No  ement the 988 Suicide and Crisis Lifel	No ine.	Yes

# 988 State Funding Strategies

State	Bill	Telecommunications Fee?	General Fund Appropriation?	Committee/Group Established?
IN	HB 1469: Various Health Matters	No	No, though estimates cost of staff positions for implementation in fiscal note.	No
IN	SB 1: Behavioral Health Matters	No	No	Yes
KS	House Substitute for SB 19 by Committee on Energy, Utilities and Telecommunications - Implementing the 988 suicide prevention and mental health crisis hotline in Kansas.  - \$10M from GF each year	No	Yes	Yes
KY	HB 192: An act relating to appropriations measures providing funding and establishing conditions for the operations, maintenance, support and functioning of the government of the Commonwealth of Kentucky and its various officers, cabinets, departments, etc.  - Appropriates \$500,000 from tobacco settlement funds	No	Yes	No
LA	HB 1: Provides for the ordinary operating expenses of state government for Fiscal Year 2022-2023	No	No	No
MD	SB 241: Behavioral Health Crisis Services - 9-8-8 Trust Fund - \$5M from GF in FY2023 and \$5.5M in FY2024	No	Yes	No

Tables on slides 18-22 adapted from: National Academy for State Health Policy. State Legislation to Fund and Implement the 988 Suicide and Crisis Lifeline., June 6, 2023.

# 988 State Funding Strategies by State

State	Bill	Telecommunications Fee?	General Fund Appropriation?	Committee/Group Established?
MA	S 3097: An Act addressing barriers to care for mental health	No	No	Yes
MI	<ul> <li>HB 5783: Appropriations: omnibus; appropriations for 2022-</li> <li>2023 and 2021-2022</li> <li>Allocates no less than \$3M from GF, federal matching funds, and federal 988 dollars</li> </ul>	No	Yes	No
MN	MN HF 2128: Omnibus health and human services finance bill - \$955,000 in FY20 and FY21 to develop fund - \$1.3M in FY22 and FY23; up to \$0.25 in telecom fees	Yes	Yes	No
MI	HB 732: State Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Response System; create.	No	No	Yes
NE	LB247: A bill for an act relating to mental health; to create the Mental Health Crisis Hotline Task Force; to provide powers and duties; and to declare an emergency	No	No	Yes
NV	SB 390: Revises provisions relating to behavioral health (BDR 39-635)  - Surcharge not to exceed \$0.35/access line	Yes	No	No
NJ	S 311: Establishes statewide behavioral health crisis system of care	No	No	No

# 988 State Funding Strategies by State

State	Bill	Telecommunications Fee?	General Fund Appropriation?	Committee/Group Established?
NY	S 6194: Relates to establishing a 9-8-8 suicide prevention and mental health crisis hotline system	No	No	No
NY	S 8007C: Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2022-2023 state fiscal year	No	No	No
OR	HB2417: Relating to crisis intervention resources and declaring an emergency - Initial \$5M from GF and \$10M to distribute across counties	No	Yes	No
ТХ	<ul> <li>SB1: General Appropriations Bill</li> <li>Appropriates funds towards a study on existing crisis line and implementation; amount is unclear</li> </ul>	No	Yes	No
UT	<ul> <li>SB 155: 988 Mental Health Crisis Assistance</li> <li>\$2.4M from GF to DHS Division of Substance Abuse and Mental Health</li> </ul>	No	Yes	Yes
VA	SB 1302: Crisis Call Center Fund; created, collection of 988  charges - Surcharge of \$0.08 to each prepaid wireless retail transaction and monthly postpaid wireless charge of \$0.12	Yes	No	No

Tables on slides 18-22 adapted from: https://nashp.org/state-legislation-to-fund-and-implement-988-for-the-national-suicide-prevention-lifeline/.

# 988 State Funding Strategies by State

State	Bill	Telecommunications Fee?	General Fund Appropriation?	Committee/Group Established?
WA	<ul> <li>HB 1477: Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.</li> <li>Excise tax on all radio access lines; started at \$0.24 in 10/21 and increased to \$0.40 in 01/23</li> <li>\$23M in FY23 from GF</li> </ul>	Yes	Yes	Yes
WV	SB 181 (2022): Creating Core Behavioral Health Crisis Services System	No	No	No
WY	HB0065 - 988 suicide prevention	No	No	Yes

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# **THANK YOU!**