

988: TRANSFORMING OUR CRISIS RESPONSE

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June 22, 2022



Behavioral Health System
Baltimore

AGENDA

- **THE 988 OPPORTUNITY**
- **CRISIS NOW**
- **THE GREATER BALTIMORE REGIONAL INTEGRATED CRISIS SYSTEM (GBRICS) PARTNERSHIP**
- **CALLING 988: WHAT HAPPENS WHEN YOU CALL**
- **988 MESSAGING AND PROMOTIONS**
- **FUND MD988 CAMPAIGN**



THE 988 OPPORTUNITY

REIMAGINING OUR CRISIS RESPONSE SYSTEM

- The launch of 988 provides a rare opportunity to improve care
- Communities want an accessible, reliable place to call for help that's not 911 or Emergency Rooms
- Behavioral health crisis services should be seen as key component to our emergency response system
- Culture around help seeking can change to promote equity, break down stigma, and reduce criminalization of mental illness



WHAT IS THE NATIONAL SUICIDE PREVENTION LIFELINE?

Since 2005, the **National Suicide Prevention Lifeline (1-800-273-8255)** has helped millions of individuals in emotional distress.

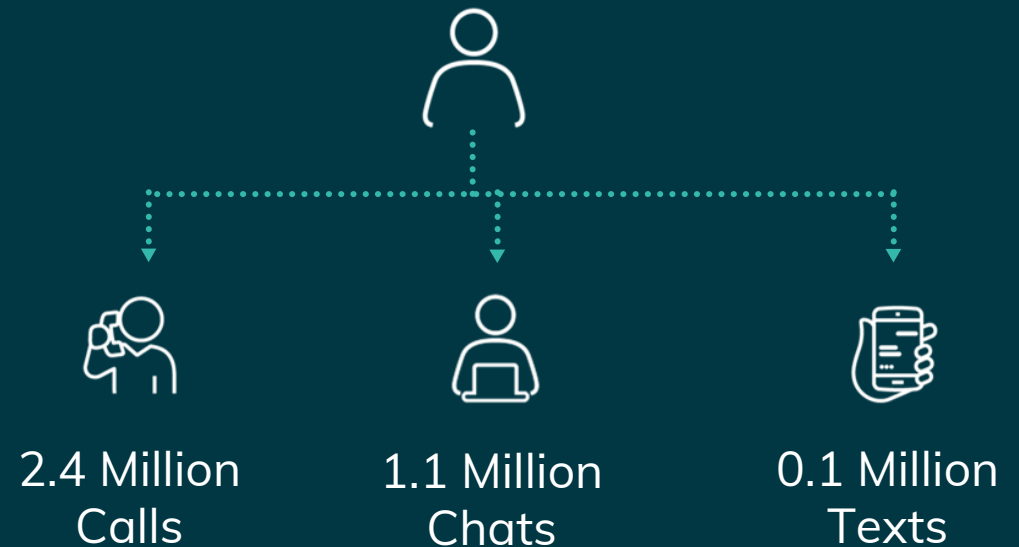
Starting July 16, 2022, the system will transition to a new number: the **988 Suicide & Crisis Lifeline**.



WHAT IS THE NATIONAL SUICIDE PREVENTION LIFELINE?

- Provides 24/7, free and confidential support to people experiencing suicidal or other behavioral health crisis
- Staffed by crisis counselors with specialized training in suicide prevention and de-escalation
- Proven to work with numerous studies showing callers feeling less depressed, less suicidal, less overwhelmed, and more hopeful

**In FY21, the Lifeline received roughly
3.6 million contacts.**



988 BUILDS DIRECTLY ON THE EXISTING NATIONAL SUICIDE PREVENTION LIFELINE

2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the **Veterans Crisis Line (VCL)**

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 transition complete
July 16, 2022

2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**

MOVING THE U.S. TO A 3-DIGIT DIALING CODE

In July of 2022, our nation will move to the first-ever 3-digit dialing code for suicide prevention and mental health crises

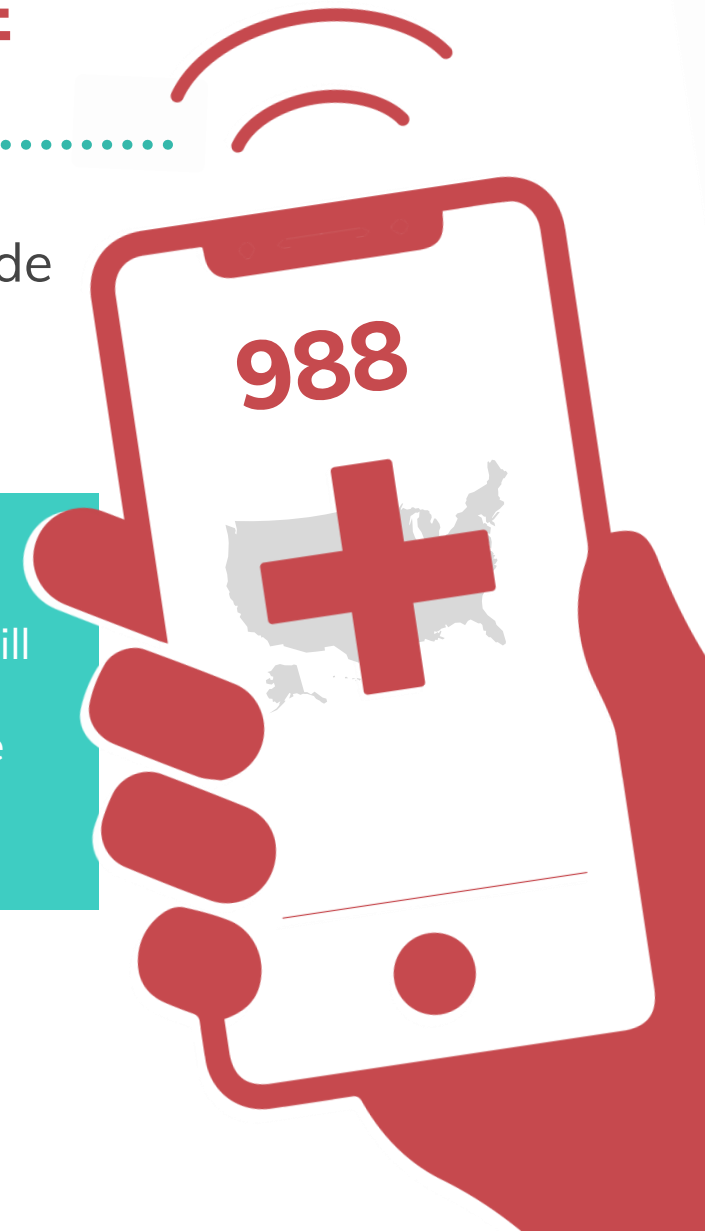
Fast Facts about 988:

It will provide greater access to **24/7 confidential, life-saving services.**

It will **not replace** the existing National Suicide Prevention Lifeline – but in fact strengthen and expand it.

It is an **easy-to-remember number** that helps to provide direct connection to compassionate, accessible care.

It's more than just a 3-digit number but it will strengthen our larger crisis care system.



MARYLAND 988 IMPLEMENTATION

- Plan to retain all existing Lifeline call centers
- Need to coordinate with 211+1 and ultimately consolidate into 988
- Local call centers receiving additional funds to hire more staff
- GBRICS regional call center will be a 988 Suicide & Crisis Lifeline
- Will need sustainable funding to be successful long-term



CRISIS NOW MODEL



CRISIS NOW MODEL

Crisis Now is a best practice supported by:

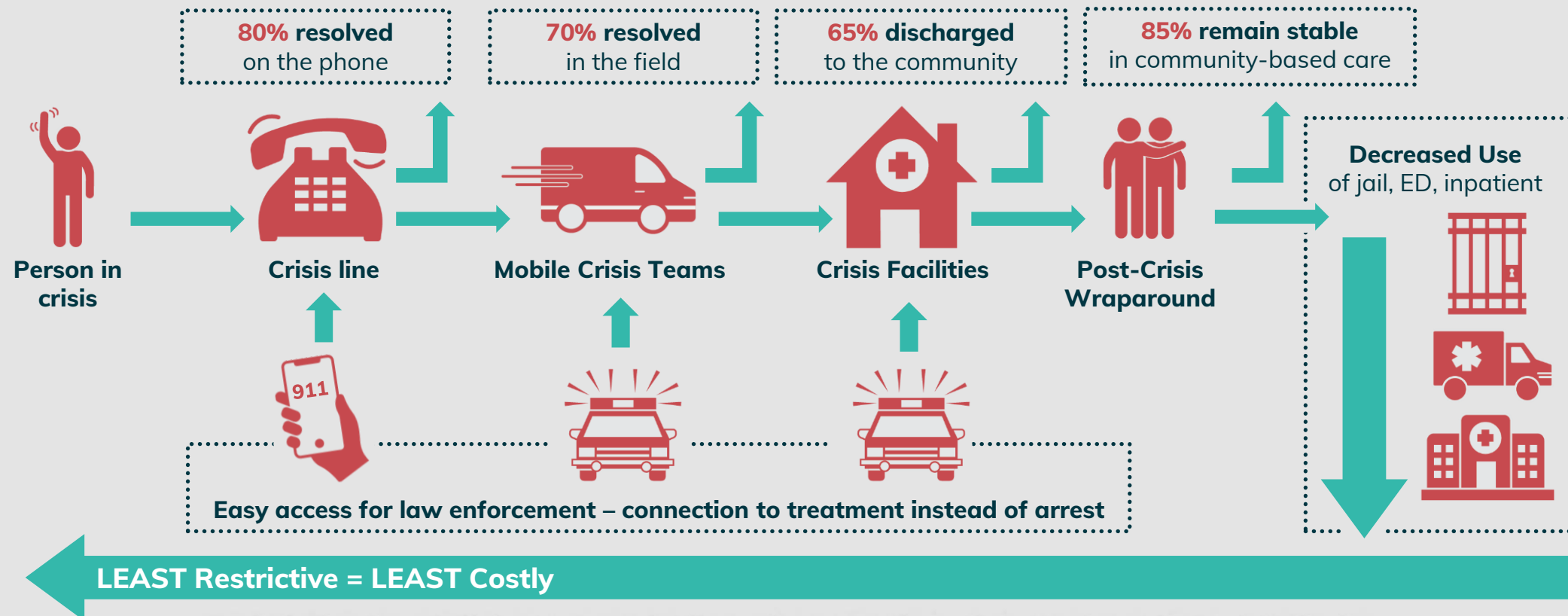
NAMI, SAMHSA, the National Alliance for Suicide Prevention and others.

Crisis Now Components:

- **SOMEONE TO CALL:** 988 Regional Call Center
- **SOMEONE TO RESPOND:** Expanded Mobile Response Teams
- **SOMEWHERE TO GO:** Documenting unmet need for crisis stabilization centers

CRISIS NOW MODEL

CRISIS SYSTEM: ALIGNMENT OF SERVICES TOWARD A COMMON GOAL

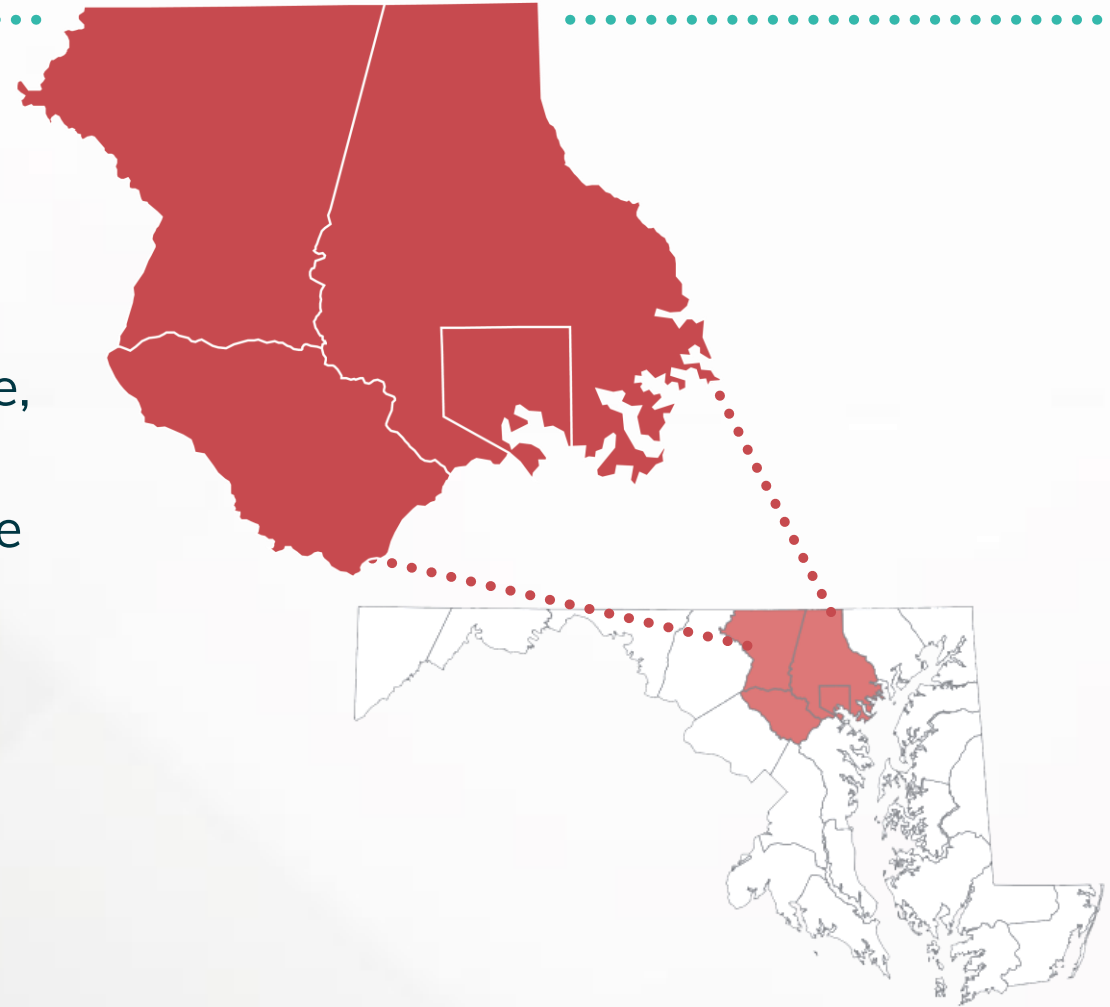




GBRICS IMPLEMENTATION

GBRICS PARTNERSHIP

- Five-year, \$45 million initiative to invest in behavioral health infrastructure and services.
- Developed in collaboration with 17 hospitals, leaders and community partners, and behavioral health authorities in Baltimore City, and Baltimore, Howard, and Carroll Counties
- Behavioral Health System Baltimore serves as the Regional Administrative Manager for the project.



OVERALL GOAL:

Reduce unnecessary
Emergency Department
(ED) use and police
interaction for people in
behavioral health crisis

PARTNERSHIP ELEMENTS:

988 REGIONAL CALL CENTER: Create a regional, integrated 988 hotline that is supported with infrastructure for real-time bed and appointment capacity and referral tracking, coordinated dispatch of mobile crisis response, and increased data.

MOBILE RESPONSE TEAMS: Expand capacity, set regional standards following national best practices

OPEN ACCESS SERVICES: Support behavioral health providers to offer same day walk-in/virtual services for people in immediate need of behavioral health care.

COMMUNITY ENGAGEMENT & OUTREACH: Support culture change to increase awareness and use of the 988 hotline as an alternative to calling 911 or using the ED.

NON-PROFIT MULTI-STAKEHOLDER OVERSIGHT: Drive regional activity and shared accountability.

GBRICS PARTNERSHIP VISION AND GUIDING PRINCIPLES

Vision: Establish behavioral health crisis care as a fundamental element of emergency response and of suicide prevention in the Baltimore region.

.....

GUIDING PRINCIPLES

- Advance equity through policy and systems change
- Align with elements of the Crisis Now Model
- Ensure timely access to crisis treatment and support services
- Minimize police involvement with response to people in crisis while ensuring there is a process for police to respond in partnership with the behavioral health system to allow for more complex diversion opportunities
- Take a standardized approach in the region
- Support collaborative processes to substantively involve communities and stakeholders
- Use data to drive decisions to:
 - Improve experiences and outcomes for individuals and families
 - Generate a clear Return of Investment (ROI) including reduced Total Cost of Care

988 REGIONAL CALL CENTER

Mobile Response
Teams

Open Access
Services

Consumer and
Community Engagement

GBRICS
Council

HIGH-TECH CRISIS CALL CENTER FOR THE REGION

Use specialized technology, with one helpline for the region, to:

- Offer real-time coordination and just-in-time access based on actual, available capacity across the region
- Provide dashboard data for reporting to inform needs assessment, performance improvement, and accountability
- Connect with all Mobile Crisis Teams (local and regional) for dispatch and data
- Bed registry for higher levels of care and connection to same day access appointments for less acute care
- Soft launch for the 988 Regional Call Center is October 2022

Consistent with SAMHSA *National Standard for Behavioral Health Crisis Care Best Practices Toolkit*, 2019

988 Regional
Call Center

MOBILE RESPONSE TEAMS

Open Access
Services

Consumer and
Community Engagement

GBRICS
Council

STRENGTHEN AND EXPAND

Expand number of teams and improve productivity of existing teams

- Specialized teams for children/youth & other populations

Enhance through development of regional standards

Clinician and peer model

All MRTs will be dispatched through the Regional 988 Call Center

Soft launch for MRT pilot to begin in November 2022

988 Regional
Call Center

Mobile Response
Teams

OPEN ACCESS SERVICES

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Council

TECHNICAL ASSISTANCE FOR BEHAVIORAL HEALTH PROVIDERS

Help outpatient providers offer same day walk-in/virtual services for people in immediate need of care

Technical Assistance Consultant

Seed funding for technology upgrade, staff training, etc.

34 clinics over the next 3 years

988 Regional
Call Center

Mobile Response
Teams

Open Access
Services

CONSUMER AND COMMUNITY ENGAGEMENT

GBRICS
Council

“NOTHING ABOUT ME WITHOUT ME”

“Broad and meaningful partnerships and diverse approaches to engaging communities”

- ☒ Strategy, coordinated planning, and funding to reach individuals and communities who are impacted
- ☒ Community groups and individuals with lived experience to be on GBRICS committees and workgroups
- ☒ Culture change for all: increase awareness and use of regional helpline (vs. 911 or ED) and same day services

988 Regional
Call Center

Mobile Response
Teams

Open Access
Services

Consumer and
Community Engagement

**GBRICS
COUNCIL**

MULTI-STAKEHOLDER ACCOUNTABILITY STRUCTURE

GBRICS Council provides strategic advice to inform and guide GBRICS implementation

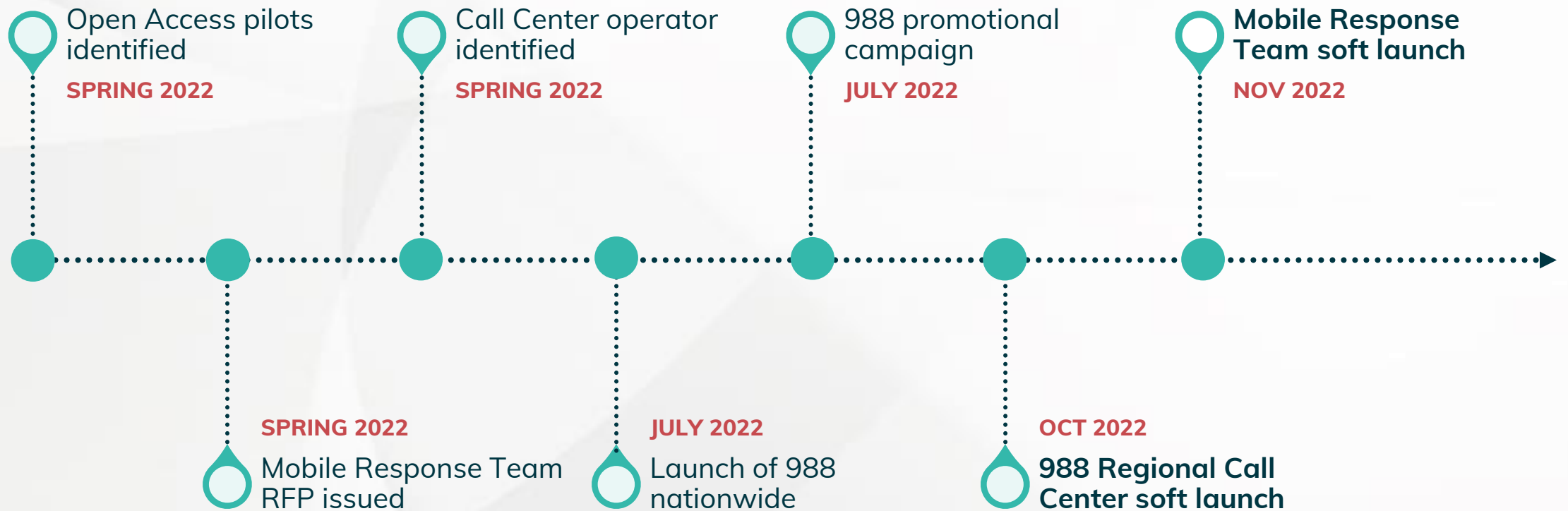
21 seats to ensure diversity

Open meetings at least quarterly

Committees Include:

- **Policy And Advocacy Committee**
- **Community Engagement Committee**
- **Other Committees If Needed**

IMPLEMENTATION MILESTONES

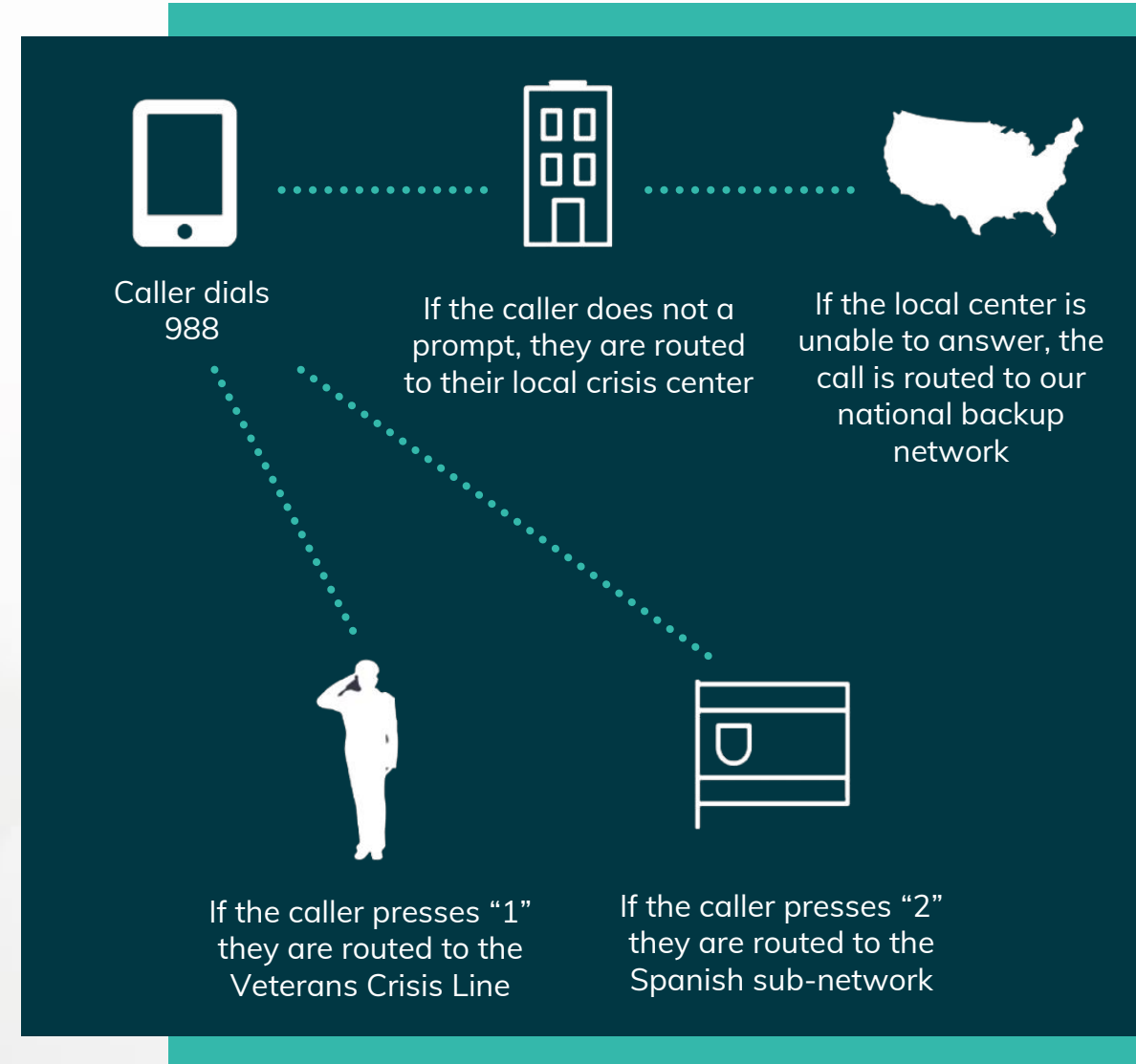




WHAT HAPPENS
WHEN YOU
CALL 988?

WHAT HAPPENS WHEN YOU CALL?

- Answered by trained counselors at local call centers – it is *not* one large national call center
- Experienced mental health professionals provide free, confidential, 24/7 support
- Sent to backup call center if local is not available
- Maryland has 85% in-state answer rate, three centers with text/chat

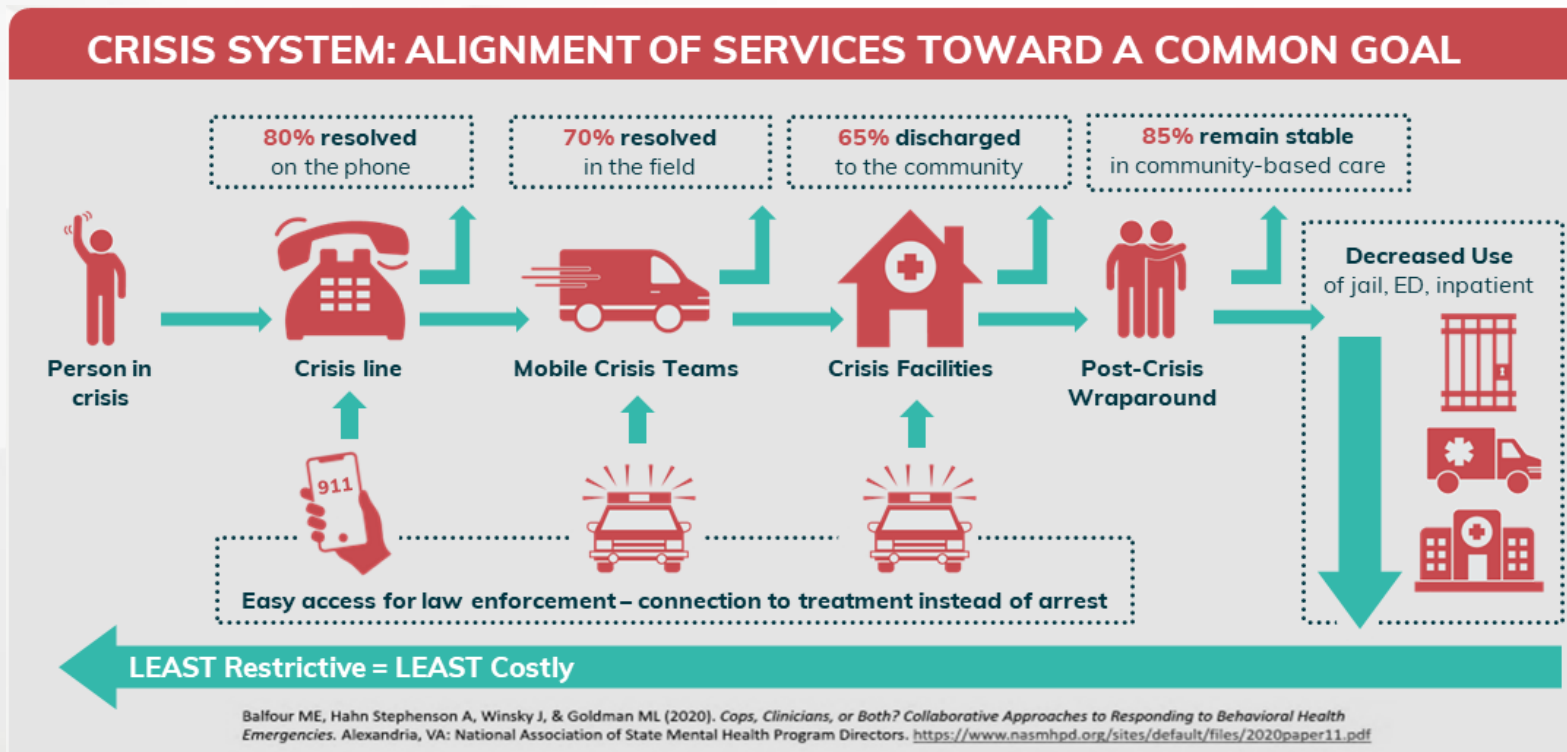


MARYLAND LOCAL LIFELINE NETWORK



WHAT HAPPENS WHEN YOU CALL?

- Most calls are resolved on the phone - counseling, safety planning, linking to resources
- 20% require in-person Mobile Response Team
- Screen for risk – less than 1% require active rescue



WHAT WILL CHANGE WITH 988 AND GBRICS FUNDED PROGRAMS?

With increased funding, we hope to be able to:

- Answer most calls locally, including more calls from Spanish speakers
- Increase call center capacity so that most calls are answered immediately
- Improve linkage to care for outpatient visits and crisis stabilization facilities.



988 MESSAGING AND PROMOTIONS



WE MUST RAISE PUBLIC AWARENESS

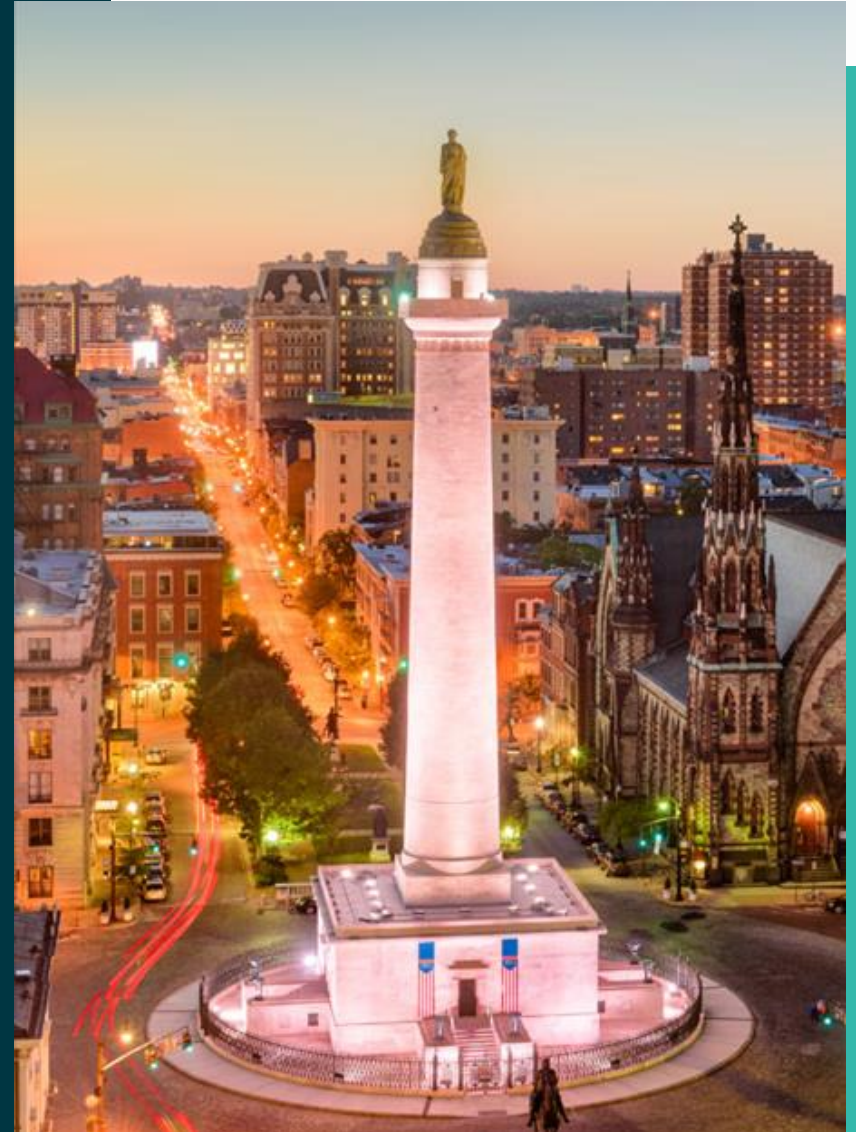
Most Americans are completely unaware of what 988 even is.



Source: <https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf>

BACKGROUND

- Communications and marketing support for the launch of 988 and related crisis response services was built into the GBRICS Partnership proposal.
- Marketing for Change (M4C) was selected to provide these services and has been working with BHSB for about one year.
- M4C conducted robust market research to learn about how best to communicate about 988.
- This information was used to develop an initial 988 promotional campaign plan to guide outreach and education efforts over the coming years.



WHEN TO MESSAGE

PRE-JULY

- **Hold off promoting** use of 988, continue to use 1-800-273-8255
- **Share basic information** about 988 with implementation partners (vs. broader public)
- **Begin developing a strategy** for communicating about 988 to prepare for July
- **Speak with individuals from diverse backgrounds** within your community to inform messaging



POST-JULY

- **Broaden messaging** to reach other key audiences
- **Begin promoting 988** – if service in the area(s) you serve is ready
- **Seek out or conduct research** about key audiences to inform messaging
- **Promote the need for additional supports** to help generate continued support to strengthen our crisis infrastructure

WHAT EXPECTATIONS IS 988 ROLLING OUT INTO?

- There **is a lot of existing goodwill around a helpline** for mental health and substance use treatment. People feel comforted knowing the line is out there as an option if the need ever arises – for themselves and as community resources broadly.
- There are **high expectations that the service will deliver on what it promises.** People want professional, compassionate, immediate help.
- The **biggest barrier to calling 988 is not knowing what to expect.** People fear the unknown and without clear expectations of what will happen when they call (who will answer, what kind of service and help they will receive, what kind of timelines can they expect, what will this cost, who will find out about this), they are very reluctant to call
- Calling for oneself, calling for loved ones, calling as a bystander, calling for emergency talk therapy or advice, calling for a response team and seeking a referral are **all different behaviors that need different communications strategies**

STIGMA FOR SEEING HELP PERSISTS – ESPECIALLY FOR SUBSTANCE USE

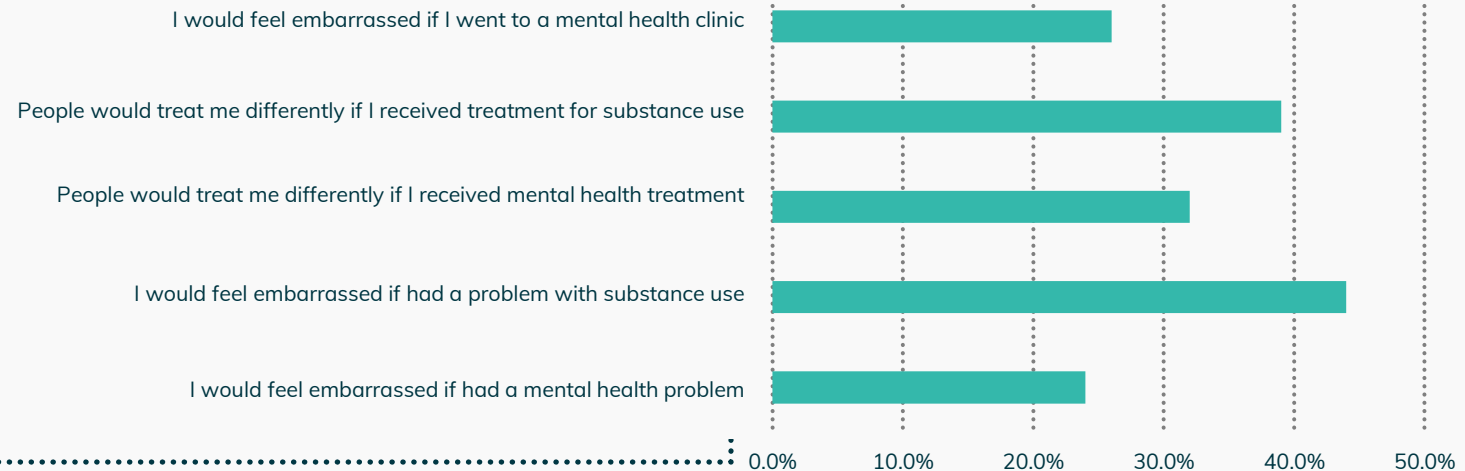
From negative associations with behavioral and mental health to fear of being talked about and judged for needing help, stigma continues to be a key barrier to help-seeking.

- Participants reported more stigmatizing beliefs if *they* themselves needed to seek behavioral health treatment.
- Stigmatizing beliefs were highest for substance use.

“What makes it hard to call to get help for yourself? **Fear of acknowledging that something is wrong.** Fear of talking about it and being judged.”
– Female, Baltimore City

“**I don't like being grouped together with substance abuse,** so that ... automatically makes me think that **this is not for me.** This is for someone else.”
– Female, Baltimore City

PERCENT WHO AGREE OR STRONGLY AGREE WITH STATEMENTS INDICATING STIGMA

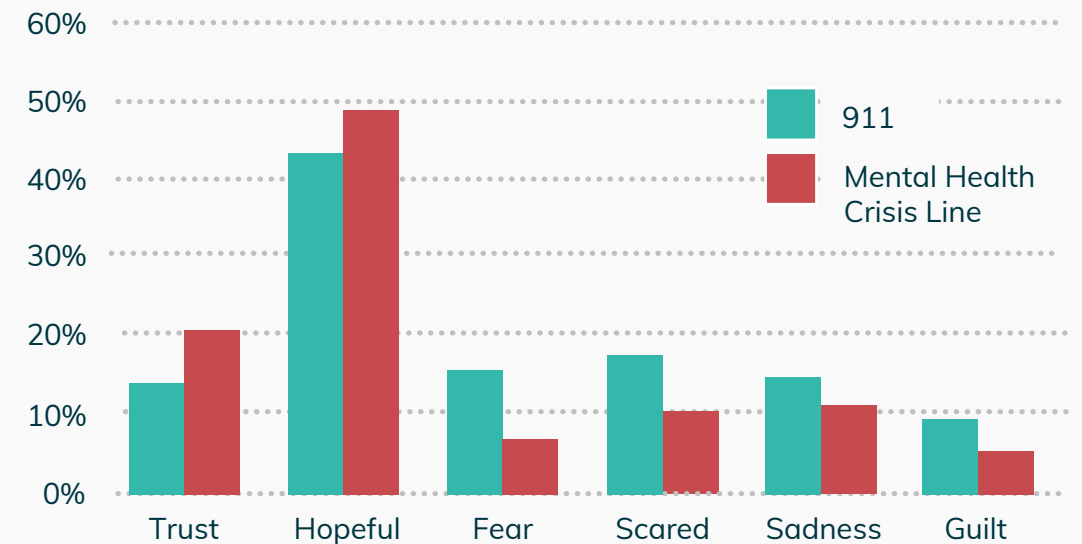


MORE POSITIVE ASSOCIATIONS WITH A HELPLINE COMPARED TO 911

There is existing goodwill for a mental and substance use helpline.

- Participants **generally felt positive overall about calling 911 or a mental health crisis line**, but there were **more positive and fewer negative emotions associated with a mental health line**.
 - **More participants felt trust and support** for calling a crisis line **compared to calling 911**
 - **Fewer participants felt fear and sadness** when calling a crisis line **compared to calling 911**
- The concept of a compassionate and caring **988 helpline generates broad community goodwill**. Overall, people felt comforted knowing that a helpline specializing in mental health was available if they needed it.

% OF PARTICIPANTS WHO ASSOCIATED EMOTIONS FOR CALLING 911 AND MENTAL HEALTH CRISIS LINE



THE KEY BARRIER TO CALLING 988 IS NOT KNOWING WHAT TO EXPECT

Identified barriers for calling 988

- The **biggest barrier to calling 988 is that people have no idea what to expect.** Even people who are more likely doers are tripped up by uncertainty about the process and outcomes.
- People are hesitant about **being put on hold or let down when they are vulnerable.** When people make themselves vulnerable by calling for help, one of the things they most fear is that they will be let down.
- **Fear of overstepping boundaries and making things worse is a barrier to calling for others.** Participants were more willing to call for a loved one than a stranger; in both cases, however, many hoped to get advice for what they themselves could do to help rather than putting the person-in-need on the phone or calling out a crisis response team.

“That's **important to know what to expect.** It's better to know what's going on because of the **fear of the unknown.**”

— Male, Baltimore County

“I just really need to know more **information about especially who comes to the scene** because ... **it can snowball into something so much bigger.**”

— Female, Baltimore City

“I don't want to be actually put in like a 30-minute hold on a telephone line. **It is very important that the moment you call it, someone is at least there to help immediately.**”

— Male, Howard County

GOALS OF THE 988 OUTREACH AND EDUCATION CAMPAIGN

- **Destigmatize help-seeking** for behavioral health
- **Establish 988 as a go-to resource for behavioral health support**
 - Increase awareness of 988 in the GBRICS region
 - Increase appropriate use of the 988 system, including:
 - Calls for emergency help
 - Calls for referrals (once available)
 - Use of clinics (once available) in lieu of emergency hospital visits
- **Increase community support** for 988 and its services

THE CAMPAIGN WILL ACCOMPLISH THIS BY:

- Developing a robust, local 988 brand identity that is trusted, respected, welcoming and responsive
- Phasing campaign rollout and only promoting services that 988 can deliver well
- Helping residents understand what to expect when calling 988 to address uncertainty, which is a barrier to use
- Using research-based key messages to reduce stigma, such as framing help seeking as “brave” and noting that “everyone needs help” and avoiding a focus on “struggle” and “crisis”
- Engaging with community partners who can promote 988 as trusted sources to their constituents
- Using targeted media placement to reach those in need while calibrating promotion to system capacity
- Conducting a broad awareness campaign to build on existing community goodwill for 988 services

INITIAL STRATEGIES AND TACTICS

Develop Call 988 brand familiarity and support community partners.

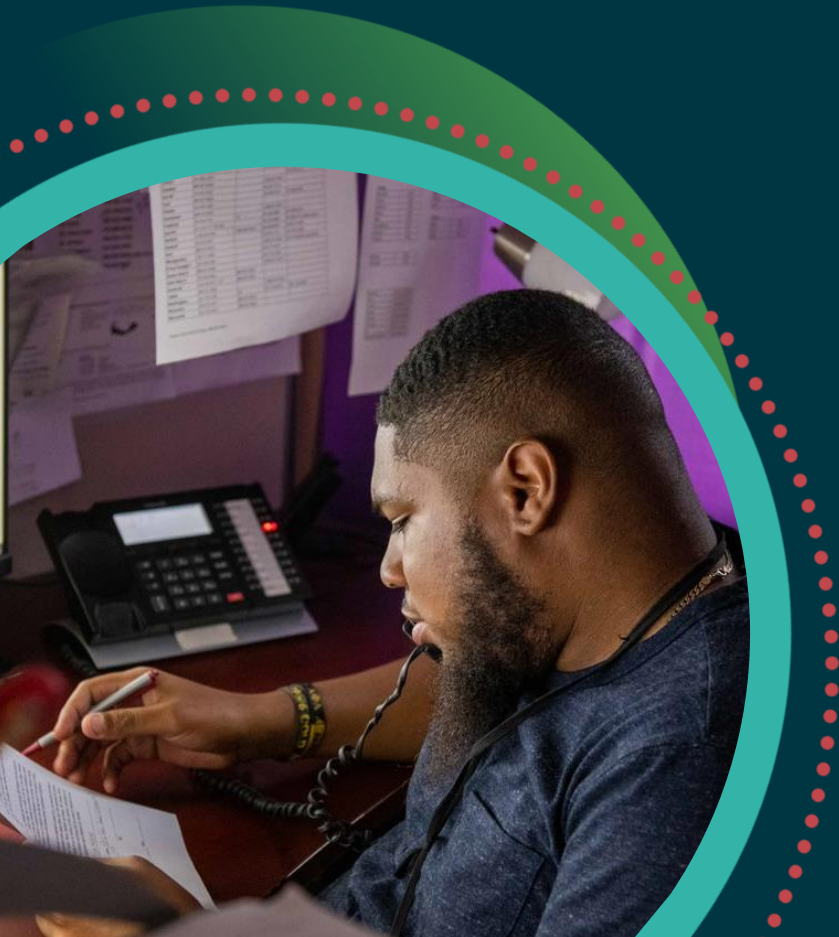
Before promoting the service to new users, develop brand familiarity and establish trust with priority communities. Celebrate the July milestone with partners by equipping them with initial materials to field questions about 988.

Tactics:

- Develop a website with additional education about 988
- Equip partners with Call 988 materials such as a flyers, one-pagers, and magnets
- Conduct a paid search campaign that directs to the new website, narrowly targeting likely users seeking crisis care.
- Inform local news media of the shift from Here2Help Hotline and National Suicide Prevention Lifeline to 988.
- Develop a webinar series to build partners' understanding of the Call 988 promotional campaign.



FUND MD988 CAMPAIGN



FUND MARYLAND 988 CAMPAIGN

www.fundmd988.org



SOCIAL MEDIA GRAPHICS



INITIAL POLICY SUCCESS

-● [HB 293](#) passed unanimously with \$5.5M for the 988 Trust Fund in FY 2024
-● \$5M for crisis call centers and \$2M for GBRICS in Maryland FY 2023 Budget
-● FY 2023 Budget included crisis response services gaps analysis Budget Language
-● Maryland received \$1.8M for crisis call centers from SAMHSA with potentially more coming
-● Maryland Medicaid exploring Medicaid reimbursement for Mobile Response Team services
-● Fund MD988 Campaign positioned to pursue future 988 surcharge to fund the 988 Trust Fund

FUTURE OPPORTUNITIES AND CHALLENGES

OPPORTUNITIES FOR 988/CRISIS SUSTAINABILITY

- **Strong Campaign w/ 70+ members**
- **Significant support for Trust Fund**
- **Unexpected state/fed funds**
- **MH issues are high profile after COVID**

CHALLENGES FOR 988/CRISIS SUSTAINABILITY

- **Recent increase in 911 surcharge**
- **One-time funding**
- **Low public awareness of 988**
- **Other competing MH priorities**

JOIN THE FUND MD988 CAMPAIGN

EMAIL...



MD988@BHSBALTIMORE.ORG
TO ENDORSE THE CAMPAIGN

EDUCATE...



YOUR NETWORK ABOUT 988
AND THE CAMPAIGN

PARTICIPATE...



IN FUND MD988 CAMPAIGN
ADVOCACY MEETINGS STARTING



“This all sounds frickin’ amazing ...
de-escalation, trauma-informed
care, helping you get safe and
supportive help. ... But put it into
action. Make me believe it.
Show me what you can do.”
— Female, Howard County

THANK YOU

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