3C SESSION

SAMHSA's 988 Crisis Systems Response Training and Technical Assistance Center: Crisis Community Collaboration

January 16, 2024





Crisis Systems Response TTAC

The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services, technical assistance, and health equity, the Crisis Systems Response Training and Technical Assistance Center (TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.









Agenda

- Welcome
- Introductions
- Updates from the 988 & Behavioral Health Crisis Coordinating Office
- Equity Update
- Thought Exchange Session
- Technology Update
- General Communications Update
- Mindful Minute
 - Moderated Question & Answer session related to the information shared
 - Time for reflections about webinars and activities within the last month
- Preview of activities to come



SAMHSA 988 & BHCCO Leads



Monica Johnson, M.A., LPC Director of the 988 & Behavioral Health Crisis Coordinating Office



John Palmieri, M.D.,
M.H.A.

Deputy Director of the 988 &
Behavioral Health Crisis
Coordinating Office



Division Director of Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office



Division Director of Communications for the 988 & Behavioral Health Crisis Coordinating Office

Guest Speaker



Laura House. Ph.D., M.S.W, LCSW-C Engagement & Equity Officer for the 988 & BHCCO, OAS

- Dr. Laura House is the Equity and Engagement Lead for the 988 and Behavioral Health Crisis Coordinating Office (988 & BHCCO). In this role, she is a senior advisor to 988 & BHCCO senior leadership on equity and strategic engagement efforts. Throughout her federal career, Dr. House has managed large-scale strategic planning, national program evaluations, research, performance management, information dissemination, technical assistance, training, engagement, partnership, and coalition building efforts, grants, and contracts certified as a Contract Officer Representative-Level III.
- Prior to her current role at SAMHSA, Dr. House served as the Region 3 Regional Administrator at the Administration for Community Living (ACL) representing the ACL Administrator in providing oversight to states and areas and conducting engagement, partnership and coalition-building, and grant oversight and support. Subsequently, she served as a Senior Management and Program Analyst in the Center for Policy Evaluation in ACL leading the development of a national performance reporting system for grantees, provision of technical and programmatic training and guidance to stakeholders nationally, and the agency-wide learning agenda.
- Dr. House began her federal career at SAMHSA in the Center for Substance Abuse Treatment as a Public Health Advisor and Public Health Analyst and then joined the federal Pretrial Services Agency as a Senior Management and Program Analyst and Team Lead managing program evaluations, performance management, and agency-wide strategic planning efforts. Laura has also worked detail assignments at ASPE, OMB, and CDC supporting key projects, including the current HHS strategic plan, the implementation of the GPRA Modernization Act, and a community monitoring study for a HIV/AIDS clinical trial in Botswana, Africa.
- Dr. House received her Ph.D. from Howard University, M.S.W. from the University of Pennsylvania, and B.A. from The American University. She was a Minority Fellows Program (MFP) Pre-Doctoral Fellow and a National Institute on Drug Abuse Post-Doctoral Research Fellow and Investigator at Washington University in St. Louis, MO where she focused on health disparities in behavioral health service utilization. Licensed as a Clinical Social Worker (LCSW-C), she has worked as a clinician and direct practitioner during her career and is currently an Adjunct Professor at a local university. She resides in Washington, D.C. with her family.

Guest Speaker



Elizabeth Waetzig, J.D.

Managing Partner, Change

Matrix

- Ms. Waetzig is a Founding and Managing Partner with Change Matrix, LLC, a minority- and women-owned small business that motivates, manages and measures change to support systems that improve lives. She partners with individuals, organizations and systems as they define, create, measure, and sustain change. She brings substantive experience in the areas of children's mental health, a public health approach to mental health, early childhood systems, culturally responsive and equitable evaluation, child welfare, cultural and linguistic competence, conflict engagement, change management, youth engagement and systems building.
- Currently Ms. Waetzig serves as the Field Director for the National Technical Assistance and Training Center for the Mental Health of Children, Youth, and Families and serves on the Leadership team for the Early Childhood Systems Technical Assistance Coordinating Center in addition to supporting the work of other training and technical assistance centers. She also co-directs Expanding the Bench and Transforming Academia for Equity.
- Ms. Waetzig is particularly focused on leadership in change, has developed a leading through change framework used across multiple initiatives and has managed the Collaboration LAB since 2009 to increase the capacity of individuals and organizations to collaborate, uniquely tailoring support to build their collaborative structure, conflict engagement interventions to repair their structure and coaching to further the growth and learning from training.

Guest Speaker



Stephanie Grosser, MA
Technology Lead for
the 988 & BHCCO, OAS

- Stephanie Grosser (she/her) is the Technology Lead of the 988 & Behavioral Health Crisis Coordinating Office. Stephanie previously served at the US Digital Service (USDS) from 2015-2023 delivering improved digital products and policy improvements across several large departments including the State Department (PRM), the Small Business Administration, and the Department of Homeland Security (USCIS). Stephanie finished her term within OMB's Federal Workforce Branch leading a hiring reform team in partnership with OPM working to build and implement modern tech and new policies to ensure only qualified applicants make it through the federal hiring process.
- Prior to serving at USDS, worked at the U.S. Agency for International Development (USAID) from 2010-2015 as Senior Advisor for Technology, Data, and Communications. In that role she launched open data initiatives involving crowdsourcing the geocoding of critical datasets, ran real time evaluations using instant feedback through mobile devices, and partnered with the United Nations Global Pulse to use big data to inform future USAID programing. While at USAID, Stephanie served a 6-month detail to OMB's Office of the Federal CIO to launch the federal Open Data Policy. She began her federal career as a Presidential Management Fellow.
- Prior to joining the U.S. Government, Stephanie spent 5 years as the Assistant Director of the Hebrew Immigrant Aid Society (HIAS) as an advocate for comprehensive immigration reform and the leader of the Interfaith Immigration Coalition. She received her Bachelors in Foreign Service from Georgetown University and her Masters in Government from Johns Hopkins University. She lives in Bethesda, MD with her husband and two children.



SAMHSA's Priorities

Workforce



Equity



Healthcare

Funded by the Substance Abuse and Mental Health Services Administration

Recovery

Equity Update

With Dr. Laura House

Engagement & Equity Officer for the 988 BHCCO, OAS



Why Equity Matters?

- Health disparities
- Differences in access, quality, diagnosis, and treatment
- Structural barriers and inequity
- Historically marginalized, underserved, under-resourced communities
- Social Determinants of Health (SDOH)
- Healthy People 2030



Defining Equity in 988 & Crisis Care

Equity is:

The right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographic location, to access high-quality and affordable crisis care services and support.

Crisis services are for anyone, anywhere and anytime.

Priority Populations

- American Indian/Alaska Native
- Asian American, Native Hawaiian, and Pacific Islander
- Black/African American
- Hispanic/Latino
- Lesbian, Gay, Bisexual, and Transgender, Queer, and Intersex (LGBTQI+)
- Older adults
- People with intellectual and developmental disabilities
- Deaf and Hard of Hearing
- Rural adults



Vision for Equity in 988 & Crisis Care

• 988 & BHCCO envisions that all populations, regardless of demographics or unique intersectionality's, experiencing crises should have someone to talk to, someone to respond to, and a safe place for help. This aligns directly with SAMHSA's vision and the inclusion of equity as a priority in its strategic plan.



Building an Equitable Crisis System

- Addresses social determinants of health
- Focuses on a social-ecological approach to interventions to enhance equity (e.g., system level, community and institutional, individual, and interpersonal)
- Improves access
- Increases integrated care settings and training opportunities
- Increases crisis and community services
- Partners with community-based programs
- Forms community coalitions
- Provides culturally and linguistically appropriate services
- Focuses on pipeline development
- Prioritizes workforce development
- Provides provider education (e.g., bias, reducing disparities, standardized tools, communication, structural competency training)
- Focuses on patient interventions (e.g., anti-stigma, health literacy, patient empowerment)
- Alves-Bradford, J.M., Trinh, N., Bath, E., Coombs, A., Mangurian, C. (2020). Mental Health Equity in the 20th Century.
 Psychiatric Clinics of North America 43, 415-428.



988 Lifeline: Expanding Access

Increased support for priority populations

- Spanish text and chat services, where Spanish speakers in crisis can reach trained, culturally competent crisis counselors.
- Specialized call, text, and chat supports for LGBTQI+ youth and young adults under the age of 25.
- American Sign Language (ASL) and Videophone services for people who are Deaf or hard of hearing and for whom videophone is a preferred method of communication.
- Dedicated, culturally competent services for American Indians and Alaska Natives.



988 & BHCCO Equity Activities

- Planned 988 & BHCCO Equity Activities in 2024:
 - Quarterly Equity Webinar Series
 - Equity Learning Collaborative
 - Equity Convening
 - Summary Report of Learning
 - Historically Black Colleges and Universities, Hispanic-Serving Institutions, National Pan Hellenic, and Faith-Based Targeted Efforts
 - Listen and Learn Sessions



Thought Exchange Question



What are the most important factors to overcome when embedding equity in your crisis system?



Thought Exchange Process

1) The first step is to share your thoughts to the following question:

What would effective communication and collaboration look like between systems on Federal, State, Lifeline, and Local levels for crisis response systems?

2) The second step is to star the thoughts of others.

Ideally you will star 30 thoughts





Share as many thoughts as you would like and know that you will remain anonymous.

As thoughts are shared and starred, they will be organized by theme. The data will show thoughts that were offered by the most people and thoughts that rated highly. This gives us thoughts that are shared less, but very important.



Technology Update

With Stephanie Grosser

Technology Lead for the 988 & BHCCO, OAS





Geo-routing vs Geo-Location

Geo-routing is a way of directing phone calls locally without including the precise location information in the transferred call data. If used, it would mean that when a person calls the 988 Lifeline, their call would be connected to a crisis center near their physical location. **With geo-routing, the routing and service providers would not receive detailed information about the exact locations of callers.**

Geo-location, or automated location information, would include the precise location in the transferred call data, so that emergency responders could know where to go in case of an emergency.



Pilots and Testing

Summer 2023

We successfully completed the first test of a geo-routing solution with a major wireless carrier.

We explored other solutions as well to the one we tested in the pilot but did not think those solutions were as accurate as this solution.



Promising Proof of Concept

The 988 Lifeline has successfully tested a potential solution to route wireless 988 calls to a crisis call center near the caller rather than by their phone's area code. Improved accuracy, as shown in the flow below, is achieved when the caller's cell-site location is translated into a destination code that is used by the 988 network to select the geographically appropriate 988 center to handle the call.



Caller dials 988 on their wireless network



Carrier generates cell-site location data



Intrado translates cellsite data into wire-center boundary



988 uses destination code to route to the nearest crisis center

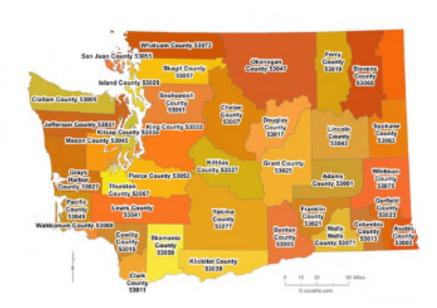
Requested Format:

Field: PAI portion of the SIP header
Mapping (geographic boundary): NPA-NXX (area code and exchange)
Base for mapping: wire center
Data format: Start with X-988 then 999 to indicate destination code
followed by 10 digit NPA-NXX area code and exchange. Example: X988: 999 360 436 0000



Translating geographic data into wire-center boundary data







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No precise caller data is conveyed to the 988 network



Tested Solution

Tested Solution

In Scope:

988 wireless calls (77%)

Out of Scope:

10 digit numbers (23%)

VOIP

Text to 988

Roaming calls

Other lifeline numbers (Spanish 10 digit, and 1800 SUICIDE)

Lessons Learned:

- We can translate location data into boundary level data for privacy protections for closer geographic routing.
- 2) This test involved one wireless carrier. The results will aid further work with service providers/carriers.
- 3) Roll out of this solution would be gradual and we are inviting invite carriers across the country to join us in the process.



FCC sent industry a letter to test: 9/28/23



Media Contact:

Katie Gorscak Katie.gorscak@fcc.gov

For Immediate Release

CHAIRWOMAN CALLS ON WIRELESS INDUSTRY AND RELATED ASSOCIATIONS TO EXPLORE 988 ROUTING SOLUTIONS

Visits 988 Call Center in Recognition of Suicide Prevention Awareness Month

WASHINGTON, September 28, 2023—FCC Chairwoman Jessica Rosenworcel today encouraged wireless carriers and industry associations to take the necessary steps to identity and develop a 988 georouting solution that could be deployed in wireless networks nationwide. The 988 Suicide and Crisis Lifeline is a national network of more than 200 crisis centers that helps thousands of people overcome crisis situations every day. These centers are supported by local and state resources as well as the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

In recognition of Suicide Prevention Awareness Month this September, Chairwoman Rosenworcel visited one of these 988 call centers, EveryMind, in Maryland this morning. She was joined by Commissioner Anna Gomez. EveryMind has helped individuals throughout the greater DC, Maryland, and Virginia region across a wide swathe of health and human services since 1957 and provides 24/7 text and chat backup as one of the 20 national back-up centers for the 988 Lifeline. During her visit she spoke with those who answer 988 calls to learn more about some of the challenges they and the people who call in to the service face, such as



Active Testing Underway: Changes to our Network

- Since that time, 3 major carriers who cover about 95% of the country have been working with SAMHSA and Vibrant Emotional Health to test the technologies of translating cell tower information to a larger geographic area within their networks.
- This testing revealed that 988 network upgrades were needed as well. Those upgrades are underway.



Expectations on Roll out

- Our network plans to activate geo-routing on a carrier-by-carrier basis as testing is completed.
- Once a carrier is ready to activate, they may select to activate on a rolling basis across the country to mitigate risk.



Expectations on Volume Shift

- Since the roll out will be carrier by carrier, the volume change impact to any given center will be gradual rather than all at once.
- Vibrant is looking into volume shift predictions and analysis over the next several months.



Looking forward

Looking forward

- We've already started conversations with some of the carriers on geo-routing for SMS. That is an entirely different track.
- We've postponed conversations on geolocation until we have geo-routing activated for the entire network.
- However, moving calls in-state and streamlining parts of the PSAP emergency loop up process should save time in case of emergencies.



IVR Changes



Pre-Routing



New Voice

Press 0 to bypass

Reduced length

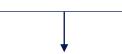
Tweaked language

Expanded access for LGBT

Eliminate excessive pauses



Post-Routing



New music

Set expectations

Expanded spacing between messages

Affirming messages

Offered resources (chat, text, 911)



Initial integrated voice response scripts: Current vs. new

Previous version	Jan 4 th version
You've reached the 988 Suicide & Crisis Lifeline.	You've reached the 988 Suicide & Crisis Lifeline.
We are here to help.	Para español marque el numero dos.
Para espanol oprima el numero dos.	To reach the Veterans Crisis Line, if you're a US
To reach the Veterans Crisis Line if you are a US Veteran or service member or are calling about one, press 1.	Veteran or service member or are calling about one, press 1.
To connect to specialized support for LGBTQ+ under the age of 25, press 3	To connect to support for LGBTQI+ youth and young adults, press 3.
Otherwise please remain on the line while we route your call to a Lifeline crisis counselor.	Otherwise, to talk with a counselor, stay on the line or press 0.
Your call may be monitored and recorded for quality assurance purposes.	To improve 988, your call may be monitored and recorded.



Pre-Chat Survey: Optional vs Required

The <u>survey</u> completed by people who chat with 988 Lifeline crisis counselors is changing to reduce the number of required fields. This change allows all people who contact the 988 Lifeline to have the option not to give a name or other identifying information about themselves.

Required

- Zip code (required for routing)
- Thoughts of suicide?
- How upset are you? (scale of 1-5)
- Captcha validation
 ("I'm a human" verification to
 reduce bot activity)

Optional

- Name/alias
- Age
- Gender Identity
- Transgender Identity
- Main Concerns
- Contact information

Note: People who text the 988 Lifeline are not required to complete the survey. If they choose to complete the survey, the same questions will be required/optional.



Communications Update

With Charissa Pallas

Division Director of Communications for the 988 & BHCCO



988 Social Media Awareness Campaign



- 988 paid media campaign to run from Jan. 9 Feb.
 23, utilizing videos and graphics that highlight the Reasons to Connect to 988.
- Running on Meta (Facebook and Instagram),
 Snapchat, YouTube, and TikTok and have an estimated reach of over 87.5M.
- Focus on the audiences included in the 988 formative research:
 - Al/AN youth and young adults
 - AANHPI youth and young adults
 - Black youth and young adults
 - LGBTQI+ youth and young adults
 - Hispanic youth and young adults
 - Middle-aged white men













Mindful Minute



Upcoming

•"Embedding Equity Across the Crisis System Response Continuum"

Webinar Series:

•January 31, 2024, at 1:00 pm EST.

•"Connecting to Serve: Promising Practices for 988/911 Collaboration"

•February 15, 2024, at 1:00 pm EST.

"3C" Session: February 20 @ 2:00-3:00 PM EST

Policy Academy: April 1-2 in Tucson, Arizona



Upcoming (cont.)

Webinar:

"Celebrating Black History Month: Behavioral Health Equity Best Practices for African Americans"

- •February 5, 2024, at 1:30 pm EST
- Registration available soon



Celebrating Black History Month Webinar

'Behavioral Health Equity Best Practices for African Americans'

Event Date: February 5, 2024

Event Time: 1:30 PM to 3:00 PM EST

A Collaboration of the Office of Behavioral Health Equity, 988 & Behavioral Health Crisis Coordinating Office, Division of Children and School Mental Health, Mental Health Promotion Branch, and the Suicide Prevention Branch.





Registration available soon





Policy Academy 2024

Title: Crisis System Design for States/Tribes/Territories

Objective: To support States, Tribes, and Territories in coalition building, role clarity, and application of systems engineering/design principles to develop and improve policies and practices in the design of Crisis Systems

Location & Dates: April 1-2 in Tucson, Arizona

Travel Accommodations: To be supported through the 988 CSR TTAC

Application: Can be found using the QR code to the right!



Policy Academy Information and Application







Contact Information

SAMHSA's 988 CSR TTAC

- support@988crisisttac.org
- <u>844-464-8338</u> (toll free)



Subscribe to the CSR-TTAC contact list to get the latest 988 news and invitations to our events, or use the QR code to the left:

https://lp.constantcontactpages.com/sl/aUMAyq2

Crisis Systems Response Training and Technical Assistance | SAMHSA

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.