HEALTHY MINDS POLICY INITIATIVE

A Primer on 988 in Oklahoma

New services launch with call line for mental health crisis

In July 2022, the 11-digit National Suicide Prevention Lifeline phone number became 988 – three digits to talk with a mental health professional during a mental health crisis. New call centers have opened across the country, including in Oklahoma, to meet increased demand. In addition, Oklahoma is one of several states that have also opted to use federal and state dollars to build new services for people whose crises are too severe to be handled over the phone.

The rollout of 988 in Oklahoma coincides with the launch of what state leaders call a comprehensive crisis response system, an array of services that include mobile crisis responders and in-person emergency centers with the goal of saving lives, connecting people to resources, limiting unnecessary interactions with law enforcement, and reducing the use of emergency medical services. This primer breaks down the history of 988, the changes Oklahomans can expect, and considerations for local communities.

What You Need to Know

- **Oklahomans can now dial 988 to reach professional mental health help during crisis**, such as having thoughts of suicide. This eliminates the need to remember the long phone number historically used by the National Suicide Prevention Lifeline.
- **As 988 launches, the state is building a larger network of mental health crisis services to support Oklahomans who call 988 and others in need.** Phone services will be backed up by mobile crisis response teams and new mental health crisis centers and urgent recovery centers.
- **Oklahoma's comprehensive crisis response plan will alleviate the burden on law enforcement.** The state's new services are designed to help Oklahomans access mental health professionals instead of law enforcement during mental health crises.
- **988 brings new opportunities.** Local communities can take an active role by pursuing localized relationships and coordination between the 988 lifeline, mobile crisis responders, 911 jurisdictions and first responder systems.

Background

History of the National Suicide Prevention Lifeline

The 988 Suicide and Crisis Lifeline was formerly known as the National Suicide Prevention Lifeline (NSPL). In 2001, Congress appropriated funding for a national suicide prevention hotline. The Substance Abuse and Mental Health Services Administration (SAMHSA) and Vibrant Emotional Health launched the NSPL in 2005 with the number 1-800-273-8255 (TALK).[1] Vibrant Emotional Health, formerly the Mental Health Association of New York City, was the grant administrator of the NSPL and will continue to administer 988.[2] The 988 Suicide and Crisis Lifeline oversees a network of more than 200 crisis call centers that are typically supported with a blend of federal, state, local, and private funding. Calls to the lifeline are first routed locally to the closest center based on area code. If the call is not answered at the first routing attempt, the call routes to a national backup center.[3] The providers in Oklahoma that historically answered the NSPL were Heartline in Oklahoma City and Family & Children's Services in Tulsa.[4] In 2020, the NSPL received 2.4 million calls nationally, 24,965 of which were from Oklahoma. Data also show that calls to the NSPL in Oklahoma have increased by 63% since 2016.[3]

In 2018, the National Suicide Hotline Improvement Act became law, requiring a feasibility study for creating a three-digit number for a national suicide prevention and mental health crisis hotline. The subsequent National Suicide Hotline Designation Act of 2020 mandated the Federal Communications Commission designate 988 as the number for the lifeline for the entire country. The official launch date for 988 across the country was July 16, 2022. However, the original NSPL number remains active and will connect callers to the same services available by calling 988.[5]

A Needed Alternative to 911

While 911 is designated for emergency services, it commonly used for behavioral health-related calls. Most calls to 911 regarding people with serious mental illness involve someone who is considered an active threat to themselves or others or considered to be a "public nuisance," with concerns such as vagrancy, loitering, public urination, and trespassing.[6]

For people experiencing emotional distress, the presence of marked police cars and uniformed officers often escalates a tense situation. Without appropriate training, first responders may not assess the situation accurately or be able to appropriately communicate with a person experiencing a behavioral health crisis. Paranoia, psychosis, or suicidal behaviors can look like noncompliant or combative behavior. These challenges can lead to negative outcomes for all parties involved, including higher instances of use of force.[6] It is also costly for law enforcement agencies to spend time and resources on behavioral health calls for which they are not the most appropriate response. For example, the Oklahoma City Police Department began tracking mental health calls in 2013. Since then, mental health-related calls have increased by 95%, reaching nearly 20,000 calls in 2019, which equates to approximately 50 police responses per day.[7]

By contrast, phone-based crisis counselors like those associated with 988 are able to stabilize a caller more than 80% of the time.[8] When a behavioral health mobile crisis team is dispatched, 70% of cases can be stabilized in the field.[9] Although law enforcement presence during a mental health crisis may be necessary in instances when safety is a concern, research indicates a police presence is typically warranted in only a few number of cases. For example, Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon – one of the most well-established mobile crisis intervention models in the country – sends a medical professional and a behavioral health professional as a team to respond to individuals in crisis. Of the 24,000 calls CAHOOTS responded to in 2019, law enforcement backup was requested on only 150 times (.6%).[10]

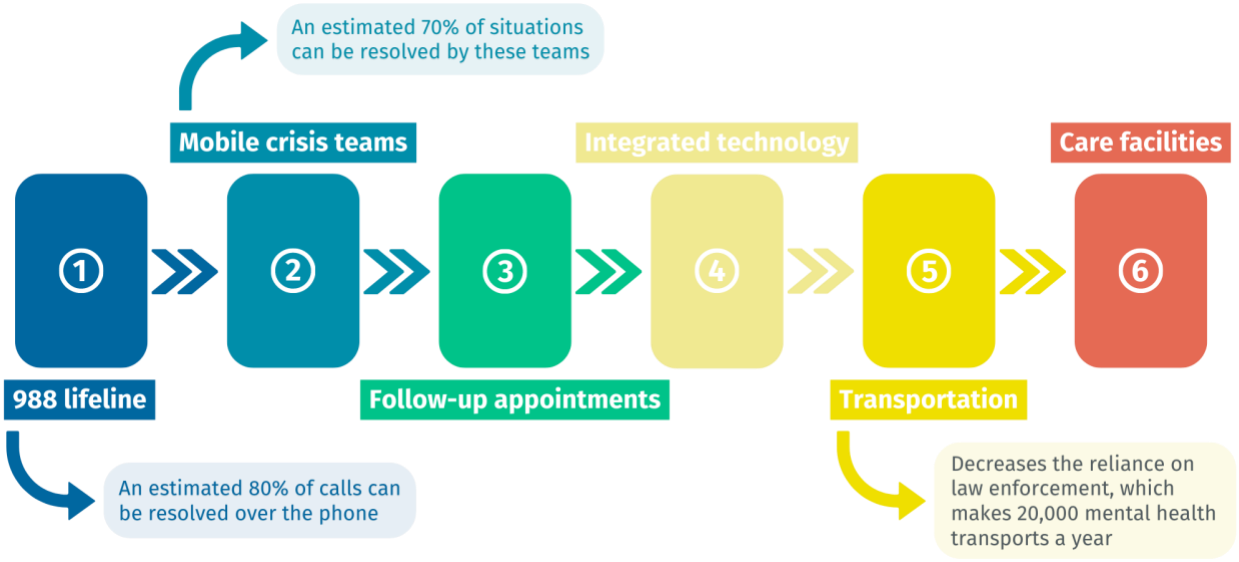
National Crisis Service Expansion

Since the inception of the NSPL, local lifeline crisis centers have been funded by a mixture of federal, state, local, and private sources. To date, SAMHSA has invested $282 million specifically for the rollout of 988, including $177 million for infrastructure, expanded workforce to provide backup and specific services, training, quality improvement, evaluation, and oversight. The remaining $105 million is designated for strengthening network operations and local crisis call center capacity to meet the expected increase in call volume. SAMHSA's vision for 988 is to have a high answer rate and a short wait time for callers.[11]

All states also receive Mental Health Block Grants (MHBG) from SAMHSA. With the launch of 988, SAMHSA now requires states to set aside 5% of their block grants specifically for crisis services.[12] The 2021 American Rescue Plan Act (ARPA) also provided an option for state Medicaid programs to provide mobile crisis intervention services with an enhanced federal matching rate of 85% for the first three years. The Centers for Medicare and Medicaid Services (CMS) awarded $15 million in planning grants to various states, including Oklahoma, to assist in the implementation of crisis services and the development of a state plan amendment or waiver to provide crisis services at the enhanced federal match rate.[13] States will have this option through March 30, 2027.[14] States that capitalize on this option will have additional funds to put toward their crisis systems, as these federal funds can only supplement, not replace, state spending for crisis services.[15]

Oklahoma's comprehensive crisis response system

Oklahoma is one of several states leveraging the rollout of 988 to develop a comprehensive crisis response system. While call centers are an integral component, a comprehensive crisis response system requires additional services when a phone call is not enough. The Oklahoma Department of Mental Health and Substances Abuse Services (ODMHSAS) outlines the state's plan for a comprehensive crisis response, which contains six components: the 988 lifeline, mobile crisis teams, follow-up appointments, integrated telehealth technology, transportation, and urgent recovery centers and crisis facilities.[16] Oklahoma's 988 initiative aims to stabilize people in crisis, connect the person in need to the appropriate level of care, and reduce interactions with law enforcement when a health emergency, rather than a crime or safety emergency, takes place.



The 988 Lifeline

When someone calls 988 from anywhere in the United States, the caller will hear a prompt to dial "2" for Spanish or "1" to reach the Veterans Crisis Line for military veterans and active-duty service members. If neither of those options applies and the caller stays on the line, the call will then be directed to the nearest 988 call center based on the caller's area code. If the local center is experiencing higher than usual call volumes, the call will get rerouted to a backup center to ensure anyone reaching out for help gets to talk to someone quickly. Services will be available in English and Spanish, and Language Line Solutions will be used for translation services in more than 250 other languages. Text messaging contact is also available in English.[17] For those who are blind, deaf, or hard of hearing, 988 is compatible with teletypewriter devices.[18] All operators will be licensed and certified mental health crisis specialists who can meet a variety of caller needs. 988 additionally serves as a peer-support warm line where people with lived experience can offer support to non-emergency calls, as well as provide community resource referrals.[19] All calls are free and confidential, meaning no information will be shared unless someone's life is in imminent danger.[17]

In Oklahoma, ODMHSAS has contracted with Solari Crisis & Human Services to operate the statewide 988 call center located in Oklahoma City. Solari has operated a call center in parts of Arizona before being awarded the Oklahoma contract.[19] The two local organizations with experience operating crisis call lines – Heartline in Oklahoma City and Family & Children's Services in Tulsa – will serve as statewide backup centers in addition to continuing to offer local services.

Mobile Crisis Teams and Follow-Up Appointments

If someone in Oklahoma cannot be stabilized over the phone, a statewide network of mobile crisis teams can be dispatched out of the 988 call center 24/7 to respond in person and de-escalate the crisis. As of July 2022, the state has awarded eight contracts and named four partners to operate mobile crisis teams.[20]

A mobile crisis team must consist of at least two clinical staff and may be a combination of a licensed mental health professional, certified peer recovery support specialist, or case manager.[16] SAMHSA analyzed four studies on the effectiveness of mobile crisis services and found them effective at reducing the number of people in crisis needing psychiatric hospitalization, connecting people with suicidal ideation to resources, and more successful than hospitals at linking people to outpatient services.[21]

Based on an analysis of high-performing mobile crisis teams, SAMHSA found that about 70% of people were able to be stabilized by the team, avoiding the need for a higher level of care.[22] For those who do need more support, mobile crisis teams can transport individuals or arrange for contracted mental health transportation to crisis stabilization centers.

Mobile Crisis Team Contract Recipients and Partners

Carl Albert Community Mental Health Center
Central OK Community Mental Health Center
Community Bridges
CREOKS Mental Health Services
Family & Children's Services
GRAND Mental Health
Green Country Behavioral Health Services
Hope Community Services
Jim Taliaferro Community Mental Health
Lighthouse Behavioral Wellness Centers
NorthCare
Northwest Center for Behavioral Health
Red Rock Behavioral Health Services

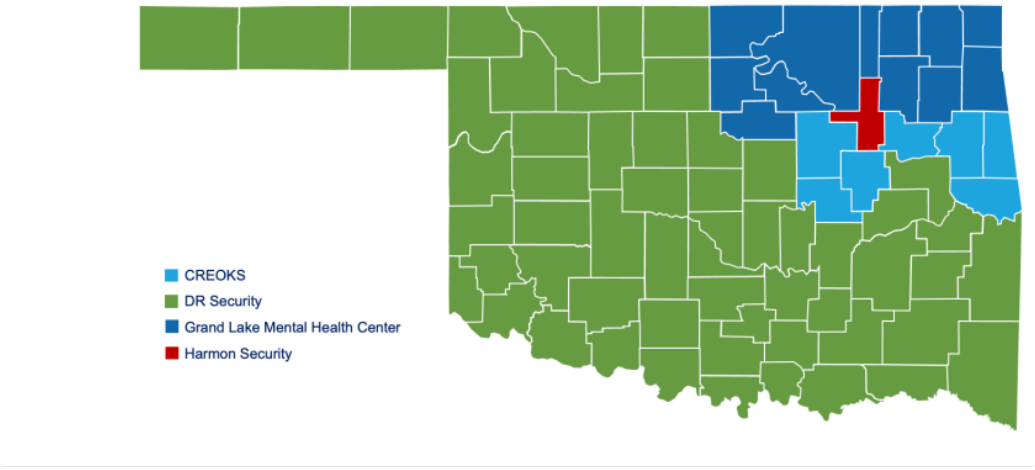
If needed or requested, the 988 call center can schedule same-day or next-day appointments with a local provider of choice, such as Community Mental Health Centers, Certified Community Behavioral Health Centers, and Comprehensive Community Addiction Recovery Centers.[16] People can still make appointments at facilities for behavioral health appointments without utilizing 988, but the lifeline is especially beneficial for those who are not already connected with an established treatment provider.

Technology and Transportation

Oklahoma has prioritized equipping every law enforcement officer in the state with a digital tablet to assist in responses to mental health calls, as well as for the officer themselves to connect with a provider to support their own mental health. Federal funding and two bills from the Oklahoma Legislature greatly strengthened the state's capacity for telehealth services. Using federal Coronavirus Aid, Relief, and Economic Securities (CARES) Act funds, ODMHSAS provided 1,300 iPads to 232 different law enforcement agencies in 70 different counties throughout the state.[23] Senate Bill 3 and House Bill 2877 encouraged law enforcement officers to use their

authority to utilize iPads to connect people they come across in the field to a mental health provider that can conduct a mental health assessment or offer de-escalation services.[24,25] The bills also require the responding law enforcement officers take the person to the nearest assessment or treatment center if they need further support. If it is determined that the person needs a psychiatric bed at a different facility within 30 miles of the law enforcement agency's headquarters, law enforcement will transport the person. If the treatment facility is farther than 30 miles away, a third-party contractor hired by ODMHSAS provides transport. This third-party transport network, known as Ride CARE, was launched in November 2021 following a legislative appropriation.[26]

Map 1 – Ride CARE Regions
Courtesy: ODMHSAS



This alternative allows law enforcement agencies to avoid vehicle, gas, and workforce costs associated with mental health transports. Historically, law enforcement officers have dedicated several hours to driving someone to an appropriate facility. For smaller communities without a large police force, this can limit an agency's ability to respond to other situations in their jurisdiction. Not only does Ride CARE alleviate the burden on law enforcement officers, but it generally provides a more dignified experience for the person being transported, as they can be taken to a facility in an unmarked vehicle with less of a chance of being handcuffed or restrained while in transit.

Urgent Recovery and Crisis Clinics

For people who cannot be stabilized over the phone, in the field by a mobile crisis team, or by law enforcement officers and mental health professionals via iPad, urgent recovery and crisis clinics are the next step in the state's comprehensive crisis response. Urgent recovery centers and crisis care clinics are specialized emergency facilities specifically staffed to address behavioral

health disorders. They provide stabilization services that may include individual and group rehabilitation, counseling, medically supervised detox, psychiatric emergency intervention, and inpatient care.[16] By giving people the chance to de-escalate in a safe environment, ODMHSAS estimates that more than 90% of people do not go on to require an inpatient stay for psychiatric distress.[27] ODMHSAS plans to increase the amount of urgent recovery and crisis care clinics by 50% by the end of fiscal year 2022.[16]

Map 2 – Existing and Scheduled Urgent Recovery and Crisis Centers
Courtesy: ODMHSAS

State Investment

The National Suicide Hotline Designation Act of 2020 gave states the authority to charge a telecommunication fee to fund 988, similar to 911 funding. So far only Colorado, Nevada, Virginia, and Washington have passed laws to require such fees, which range from $0.12 to $0.40.[28] While Oklahoma has not instituted a fee, key legislative investments, Medicaid expansion, the Certified Community Behavioral Health Clinic (CCBHC) model, and federal pandemic funding will support the comprehensive crisis response system in Oklahoma.

The Oklahoma Legislature passed Senate Bill 1047 in 2021, which earmarked specific funds for building out the continuum of crisis services.[29] ODMHSAS has also used savings from Medicaid expansion toward funding comprehensive crisis response services and awarded contracts to Solari for the call center and multiple vendors for mobile crisis teams.[30]

Crisis Services Funding

- $7.5 million for seven additional urgent recovery and crisis care clinics
- $2.96 million for mobile crisis teams
- $2.8 million for call center contract with Solari
- $2 million for secondary mental health transports in lieu of law enforcement

Furthermore, Oklahoma is one of eight original states selected to participate in the CCBHC demonstration program. CCBHCs are a new Medicaid provider type and have largely replaced the old model of Community Mental Health Centers (CMHCs). CCBHCs must meet specific criteria and provide nine core services, one of which is mental health crisis services. CCBHCs offer separate crisis services from 988, though these are now complemented by CCBHCs' mobile crisis response contracts for 988 dispatch calls. With the CCBHC model, Oklahoma is eligible to receive an enhanced Medicaid reimbursement rate that can be reinvested in expanded services and crisis response.[31]

What's Next: Considerations for Local Communities and State Policy

A Shared Responsibility for Performance

Full realization of Oklahoma's vision for a comprehensive crisis response system will ultimately require a high level of coordination and collaboration among crisis-adjacent systems. However, responsibility cannot rest on the state alone. Oklahoma cities and communities can maximize the benefits of 988 for their first responders and residents by sharing data and responsibility for outcomes and problem-solving. Ready partners must include 911 and first responders, hospitals, private and public mental health providers, schools, nonprofits, and 211 services.

As 988 rolls out nationally, some states have created oversight committees and coordinating councils for the lifeline's implementation and continued performance monitoring. At a minimum, SAMHSA recommends shared data systems among stakeholders across the continuum of crisis services. It is recommended that mobile crisis providers track the number of people served per eight-hour shift, average response time, percentage of calls responded to within one hour, longest response time, and percentage of mobile crisis responses resolved in the community. For crisis and stabilization services, SAMHSA suggests measuring outcomes related to number of people served, percentage of referrals from law enforcement, average length of stay, readmission rate, and total cost of care for each crisis episode, among other metrics.[22]

Oklahoma has a strong foundation for this kind of data-driven performance measurement, long a feature of the mental health treatment system certified and overseen by ODMHSAS. Indeed, ODMHSAS' rollout of 988 includes a robust array of measurements to track performance of the call center and the activities of mental health professionals associated with 988. In the state's contract solicitation for a call center vendor, minimum data measures are outlined and include number of calls, chats received and answered, average answer speed, risk assessment results, call location by zip code, number of follow-ups attempted/answered, and call forecast vs. actual volume, among others.[32]

911 Integration

911 and 988 call centers are operated by different entities with different training requirements, are paid for by different funding streams, and serve different purposes in the community.

Collaborative efforts are being piloted to integrate and coordinate 988 and 911 call center staffing and workflows so the proper response is deployed regardless of which line is called. Even though 988 is now live, people may still call 911 out of habit or lack of knowledge about 988. A 911 response could also be more appropriate if someone needs immediate medical attention for an overdose or self-inflicted injury, is committing a crime while experiencing a behavioral health crisis, or is wielding a dangerous weapon. People experiencing a mental health crisis who interact with law enforcement will still require opportunities for proper mental health evaluation and treatment through telehealth technology, and first responder personnel to be well-trained in mental health response.

Sustainability and Funding

Ongoing billing of Medicaid services and implementation of the CCBHC model are expected to provide sustainability for the core crisis system providers contracted by the state, and the Oklahoma Legislature has made key investments to support the crisis response system. However, much of Oklahoma's state-level investment in crisis system enhancement has occurred via one-time appropriations.[11] Additional funding – especially from a sustainable funding stream – may be necessary to maintain and expand Oklahoma's crisis system innovations in the years to come.

Because mental health crises can affect anyone, national advocates have encouraged states to enact legislation that would charge phone users a small fee to support the crisis system and direct it to a designated fund that can only be used for 988 and subsequent crisis response services. In addition, federal ARPA funding includes an increased federal match of 85% for crisis services. Oklahoma received a planning grant, but to receive the enhanced Federal Medical Assistance Percentage (FMAP), states must file a State Plan Amendment or various waivers.[13] The Oklahoma Health Care Authority (OHCA) can do this on its own authority as a state agency or can be compelled to do so by the Legislature.

With the passage of SB 1337, Oklahoma's Medicaid population (excluding the aged, blind, and disabled population), will shift to a managed care model by Oct. 1, 2023, pending CMS approval.[33] OHCA is currently drafting a request for proposals for different entities to bid on a managed care contract that is expected to be released in fall of 2023. If Oklahoma is approved for the enhanced FMAP for crisis services, OHCA can include qualifying community-based mobile crisis intervention services (Social Security Act, title XIX, section 1947) in the contracts with managed care entities to claim the enhanced FMAP for managed care expenditures.[25]

Additionally, national advocates have recommended states adopt language in statute designating 988 as the state's suicide hotline and designate authority to the appropriate mental health agency. While this is not necessary for ODMHSAS to operate 988 in Oklahoma, these leaders argue such language ensures there is no ambiguity concerning 988 and its presence in a state.

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