



# Alabama Association of 911 Districts

Kimberly G. Boswell, Commissioner of Mental Health

July 28, 2022

# Overview

- A more comprehensive approach to Suicide Prevention
- Why 9-8-8?
- What is 9-8-8?
- What does 9-8-8 look like in Alabama?

# Suicide Risk Factors

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

# Suicide Protective Factors

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

# Why 9-8-8?






## More Than A Number

*How a 988 Crisis Response System Will Change  
How We Help People Experiencing Mental Health Crises*



In too many communities, law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results. Nearly 1 in 4 people shot and killed by police have a mental illness. People with mental health conditions are also incarcerated disproportionately — about 2 million times each year, people with serious mental illness are booked into jails — and experience high rates of emergency department visits and readmissions into hospitals.

A coordinated effort to build a crisis response system around 988 can significantly change how we respond to people experiencing mental health crises and reduce the inequities experienced by communities of color.

| Problem  | Solution   |
|--|--|
|  A 10-digit number focused only on suicide prevention, which can be difficult to remember while experiencing a crisis   | An easy-to-remember 3-digit number for mental health, substance use and suicidal crises, operational nationwide by July 2022   |
|  Patchwork system that makes it difficult for crisis counselors to coordinate care for callers, dispatch help in a crisis, or follow-up afterwards  | Create 24/7 crisis call center hubs with the ability to respond effectively to callers, dispatch mobile crisis teams, connect to crisis stabilization programs, and follow-up after the call |
|  Law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results  | Promote behavioral health mobile crisis teams that include police as co-responders only as needed in high-risk situations — reducing law enforcement involvement in mental health crises     |
|  Insufficient funding for crisis centers to meet the CURRENT level of calls, let alone increased demand from consolidating mental health, substance use and suicidal crises in one number | Implement monthly fees on phone bills to fund 988 call center operations and associated crisis response services   |
|  People experiencing crises often don't get connected to intensive services until too late, if at all   | Establish crisis stabilization programs in a home-like environment that provides short-term (under 24 hours) acute services and warm hand-offs to follow-up care                             |

# National Suicide Hotline Designation Act of 2020

## What should 988 and the Lifeline of the future provide?

### Vision



988 serves as America's mental health safety net. We will reduce suicides and mental health crises, and provide a pathway to well-being.

### Mission



Everyone in the US and the territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through 988.

# 911

Medical  
Emergency or  
Immediate Danger

# 988

Mental Health  
Crisis & Suicide  
Hotline

①

Minimum Expectations:

24/7 Availability, Clinical Oversight,  
Assessment of Suicide Risk, Mobile Team  
and Facility Connections



**CRISIS CALL HUB**

Someone to talk to



②

### Minimum Expectations:

Clinician response, community-based  
and warm hand-off to facility, as needed

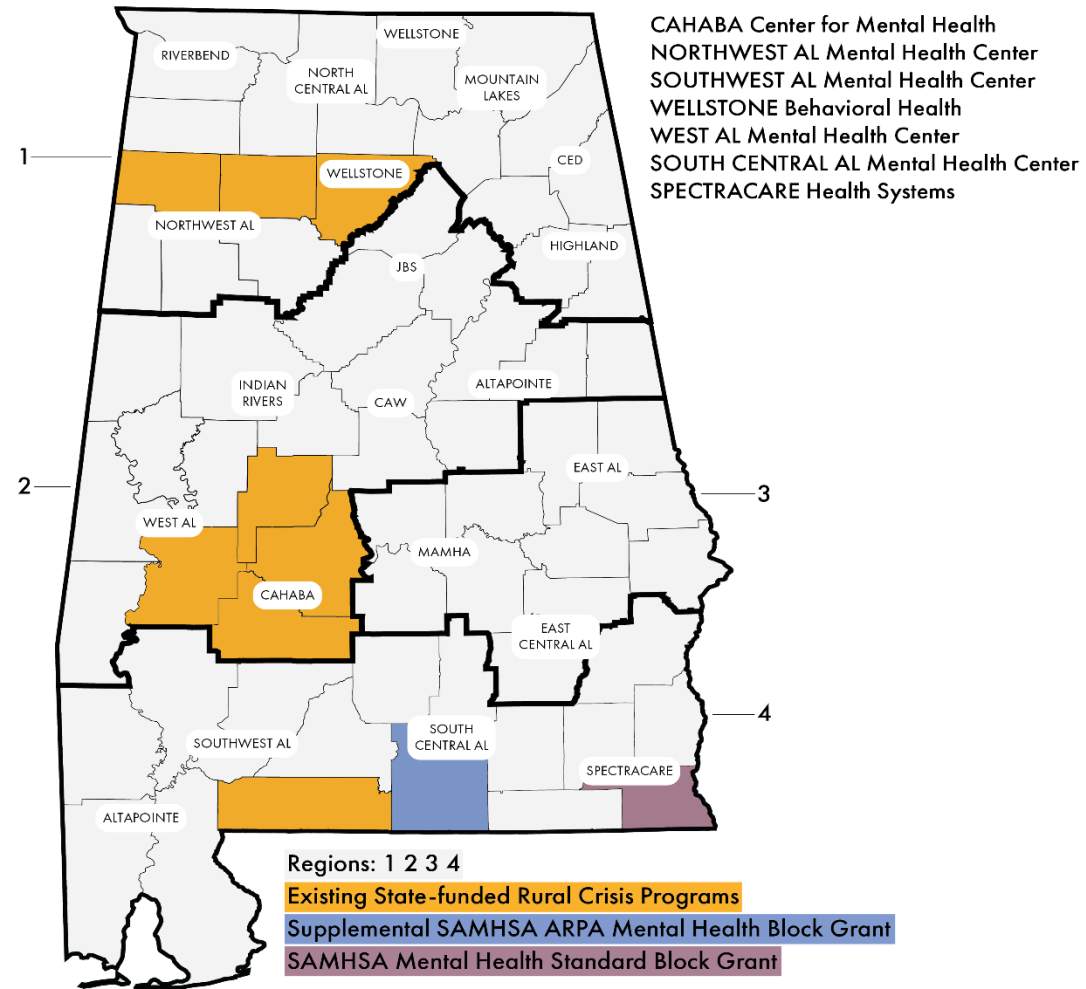
## MOBILE CRISIS

Someone to come to you

# Mobile Crisis Services

## Mobile Crisis Services

FY22



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## Minimum Expectations:

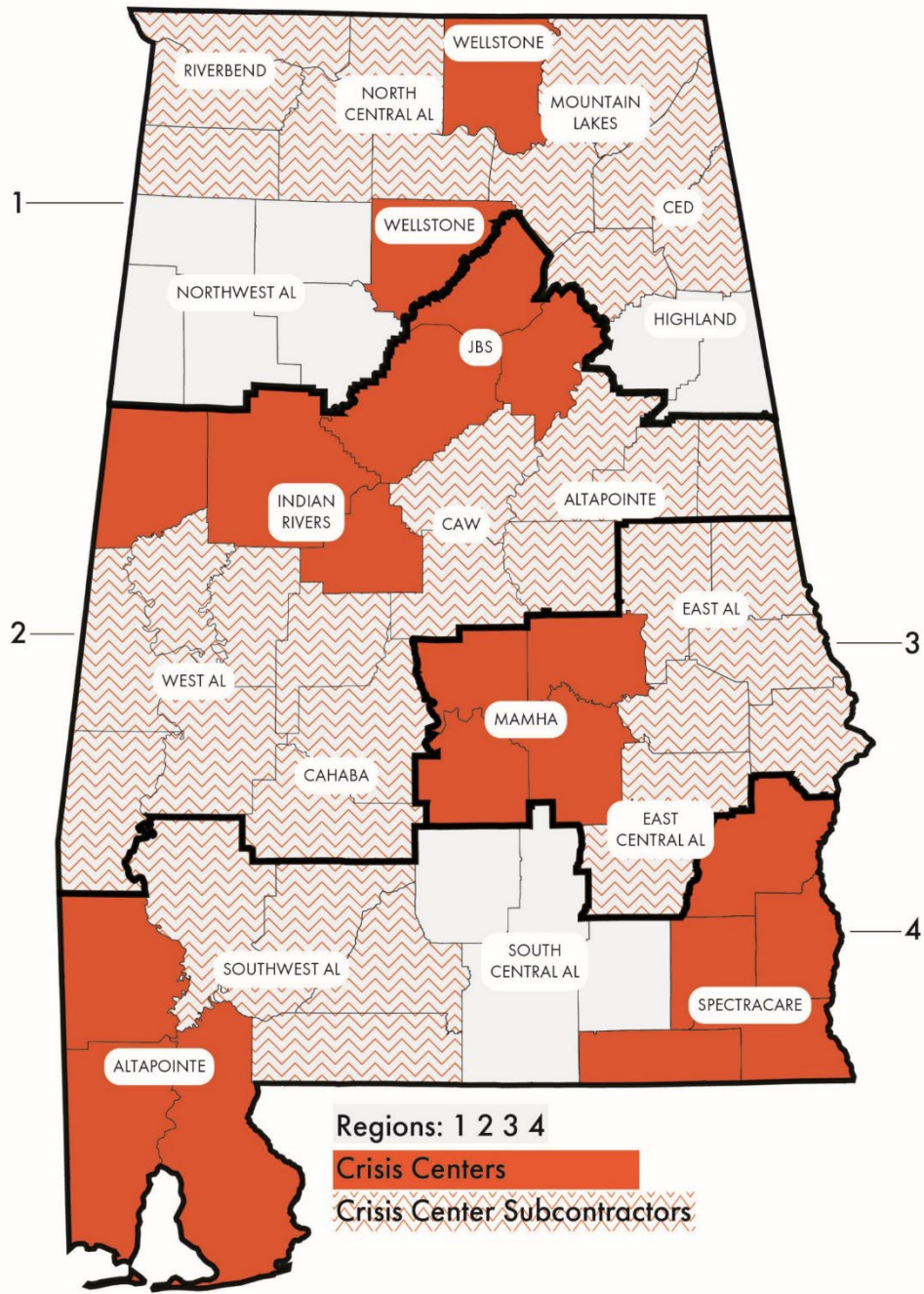
Accept all referrals, No default ED first,  
24/7 staffed incl. medical and clinical

**24H CARE**

Someplace to go



# Crisis Centers in Alabama



## Core Components of a Comprehensive Behavioral Health Crisis System

**CORE COMPONENTS:** SAMHSA's National Guidelines stipulate three core services:

**“Someone to call. Someone to come to you. And, if needed, some place to go.”**

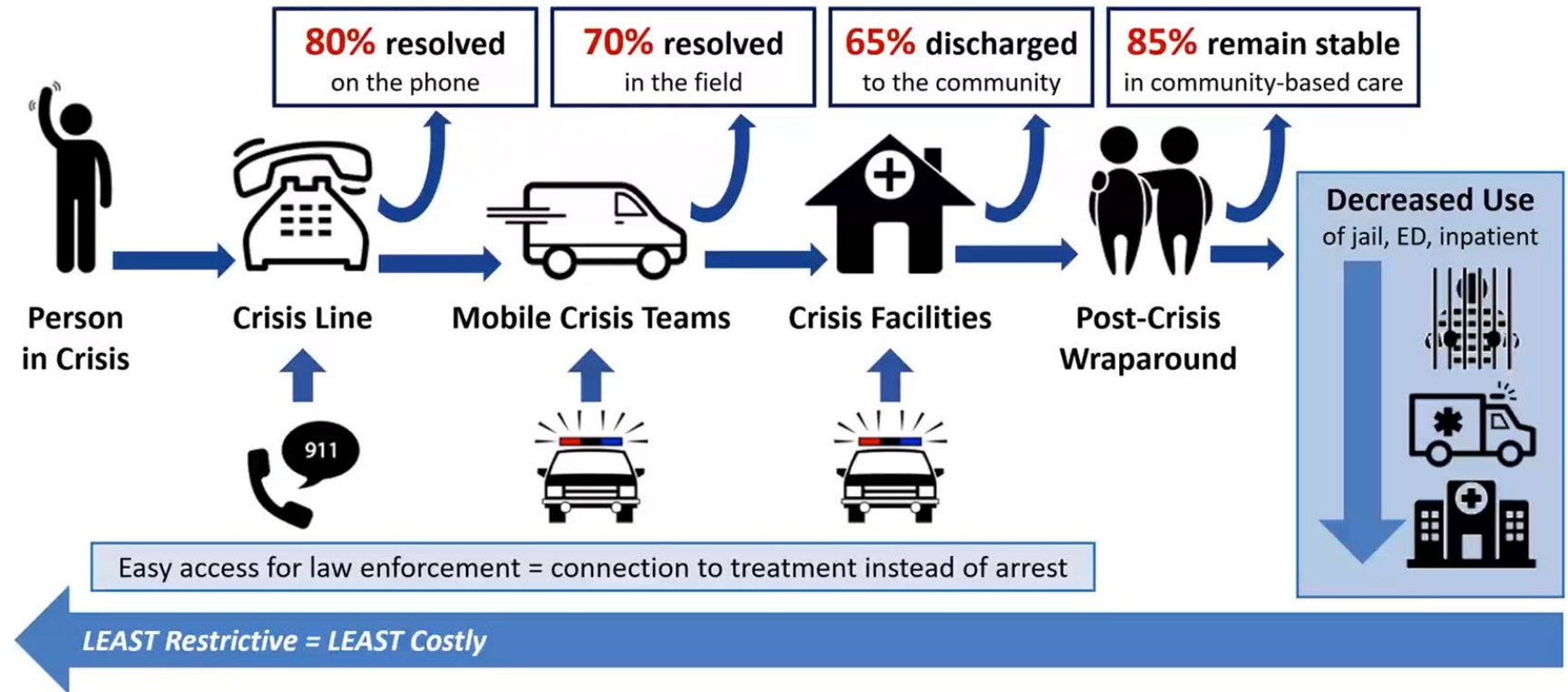
Quote

*Dr. Anita Everett  
Director Center for Mental Health Services (CMHS),  
SAMHSA*



# 9-8-8: The Thread Connecting Alabama's Crisis System of Care

## Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

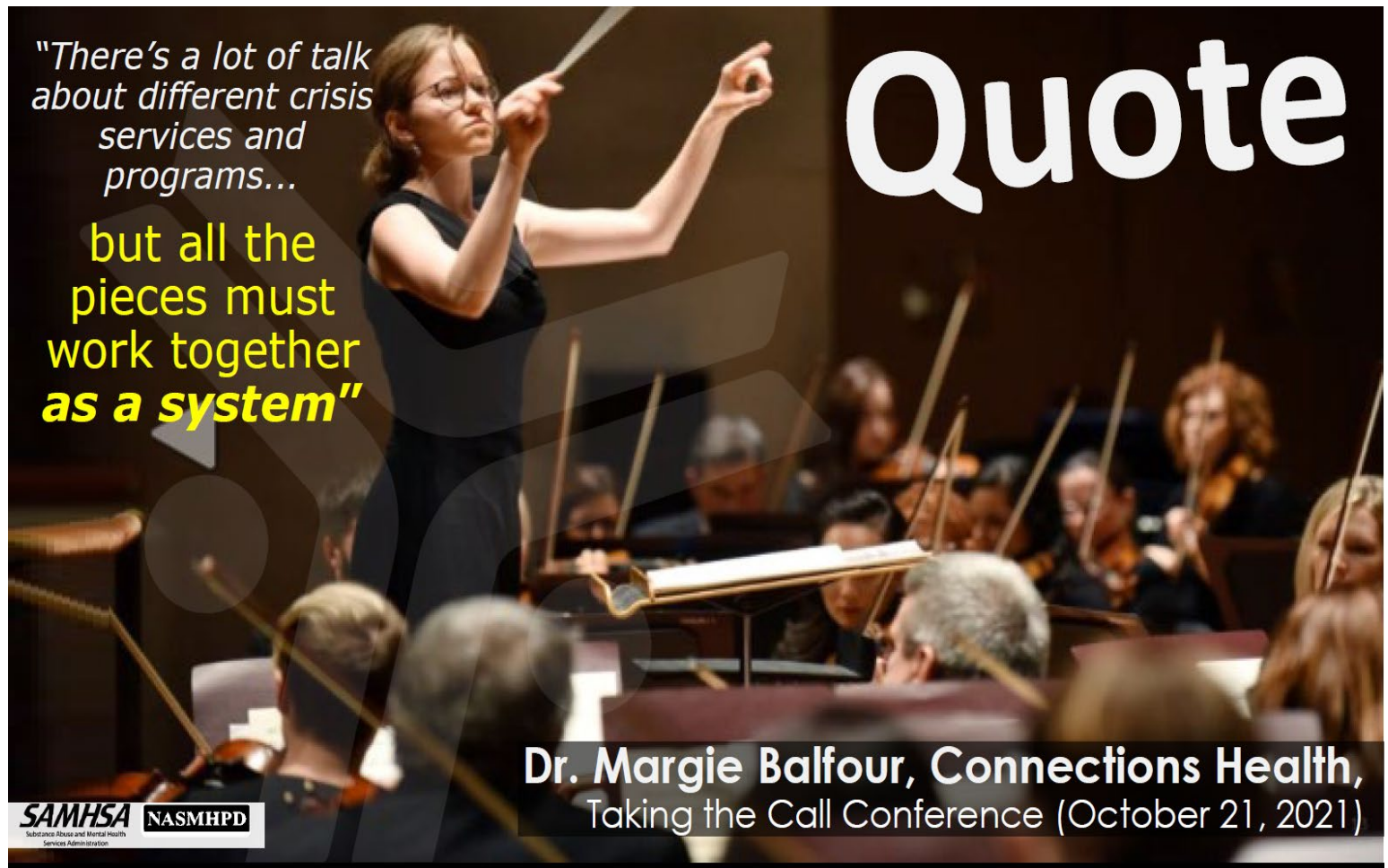
# The Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System

## **Study Commission on 9-8-8 (Act 2021-359):** *Enacted by Governor Ivey on May 6, 2021*

- Sponsored by House Majority Leader Ledbetter, this resolution creates a Study Commission on the new 9-8-8 Comprehensive Behavioral Health Crisis Communication System.
- The purpose of the 9-8-8 Study Commission is to study and provide recommendations for the implementation of the 9-8-8 system to enhance and expand behavioral health crisis response and suicide prevention services before it is nationally implemented on July 16, 2022, as required in Public Law No: 116-172.
- To support Alabama's compliance with the National Suicide Hotline Designation Act of 2020, the Commission will:
  - Review the ADMH findings from the state's crisis system landscape analysis in order to create a framework for proposed legislation to enact a fee structure to Alabama's 9-8-8 line and crisis services.
- It is jointly chaired by Commissioner Kimberly Boswell (Mental Health) and State Health Officer Dr. Scott Harris (Public Health).
  - 16 organizations are represented on the Study Commission.



# The System Must Work Together

A woman with glasses, wearing a black sleeveless top, is conducting an orchestra. She is holding a baton in her right hand and gesturing with her left. The orchestra members are visible in the background, playing violins. The image has a dark background with white and yellow text overlays. In the top right, the word "Quote" is written in large white letters. In the top left, there is a quote in white and yellow text. In the bottom right, there is a caption in white text. In the bottom left, there are two logos: SAMHSA and NASMHPD.

*"There's a lot of talk  
about different crisis  
services and  
programs...  
but all the  
pieces must  
work together  
**as a system"***

**Quote**

**Dr. Margie Balfour, Connections Health,**  
Taking the Call Conference (October 21, 2021)

**SAMHSA** **NASMHPD**  
Substance Abuse and Mental Health  
Services Administration



# Why 9-8-8?



A 28-year-old male who has been at Taylor Hardin Secure Medical Facility for one and half years, and is working toward an imminent discharge, wrote:

"I have gained keen insight into the importance of a work/life balance since suffering a brief psychotic break, and subsequently being admitted to Taylor Hardin Secure Medical Facility. I use my creative talents to express how I feel and to get me through this journey of heartbreak and introspection. I draw inspiration from those who have been pillars of light to those in darkness."

- J

*Eye Am (A Portrait of Emmett Till)*  
2021 ADMH Capitol Art Showcase



# **Kimberly G. Boswell**

## **Commissioner**

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