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
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 jail — 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.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
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<tr>
<td>A 10-digit number focused only on suicide prevention, which can be difficult to remember while experiencing a crisis</td>
<td>An easy-to-remember 3-digit number for mental health, substance use and suicidal crises, operational nationwide by July 2022</td>
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<td>Patchwork system that makes it difficult for crisis counselors to coordinate care for callers, dispatch help in a crisis, or follow-up afterwards</td>
<td>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</td>
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<td>Law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results</td>
<td>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</td>
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<td>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</td>
<td>Implement monthly fees on phone bills to fund 988 call center operations and associated crisis response services</td>
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<td>People experiencing crises often don’t get connected to intensive services until too late, if at all</td>
<td>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</td>
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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
Minimum Expectations:
24/7 Availability, Clinical Oversight, Assessment of Suicide Risk, Mobile Team and Facility Connections
MOBILE CRISIS
Someone to come to you

Minimum Expectations:
Clinician response, community-based and warm hand-off to facility, as needed
Mobile Crisis Services

CAHABA Center for Mental Health
NORTHWEST AL Mental Health Center
SOUTHWEST AL Mental Health Center
WELLSTONE Behavioral Health
WEST AL Mental Health Center
SOUTH CENTRAL AL Mental Health Center
SPECTRACARE Health Systems

Regions: 1 2 3 4
Existing State-funded Rural Crisis Programs
Supplemental SAMHSA ARPA Mental Health Block Grant
SAMHSA Mental Health Standard Block Grant
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.”

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

- Person in Crisis
  - Crisis Line
  - Mobile Crisis Teams
  - Crisis Facilities
  - Post-Crisis Wraparound

80% resolved on the phone
70% resolved in the field
65% discharged to the community
85% remain stable in community-based care

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = LEAST Costly

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

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

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