988 Workgroup Action Plan

As approved by the Illinois 988 Workgroup

on December 14, 2023

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Executive Summary

On June 27, 2023, the Illinois General Assembly created the 9-8-8 Suicide and Crisis Lifeline Workgroup Act (Illinois Public Act 103-0105), which defined the membership of that Workgroup (commonly referred to as the "988 Workgroup") and established a requirement to develop an action plan with specified recommendations to the Governor and General Assembly by December 31, 2023. The Illinois Department of Human Services (DHS) Division of Mental Health (DMH) was designated to lead and support this work. Members were appointed and the Workgroup met by open and public meetings six times in the second half of 2023. Each meeting was focused on a different aspect of the federally operated 988 system, the Illinois' 988 call center structure, and the greater crisis response continuum within which it operates. The various monthly themes were:

- Level-setting and the 988 vision
- 988 network adequacy
- Technology necessary for hand-offs
- Metrics and evaluation
- 988 program oversight and sustainability
- Action plan deliberation and approval

The workgroup members received presentations on emerging best practices from national experts as well as local 988 operator insights and discussed possible recommendations to improve and sustain Illinois' 988 response. These discussions resulted in an Action Plan responsive to the requirements established in the legislation.

The official transition to the 988 dialing code happened on July 16, 2022, and the landscape surrounding this service continues to evolve across the United States. Illinois has the fifth-largest 988 call center volume in the country and has rapidly expanded its capacity to provide 988 services across the state, as well as other capacity across the crisis response continuum. However, much more is required to sustain Illinois' capacity to provide "someone to call, someone to respond, and somewhere to go." Workgroup members considered research and presentations on 988 operations nationally, and Illinois 988 operators provided local expertise and examples of the opportunities and challenges inherent in maintaining efficient and effective crisis call centers.

Informed by presentations, discussion, and deliberation over the course of six meetings of the 988 Workgroup, a draft Action Plan was developed and disseminated to Workgroup members for review and comment. Feedback, revisions, and additional recommendations submitted to DMH resulted in a second draft plan incorporating the feedback of Workgroup members and delivered to the membership, which approved the full plan on December 14, 2023. These recommendations and action steps are:

- Oversight and Management of Action Plan Implementation
    - Designate DMH to lead Action Plan implementation
    - Allocate funding to sustain the 988 system and crisis continuum
    - Assess public awareness of 988 system utilization
    - Report annually on Action Plan progress

- Future Structure for a Network of 988 Call Centers
    - Increase statewide 988 capacity
    - Ensure adequate 988 provider workforce
    - Integrate 988 services with the broader crisis response continuum
- Metrics that Illinois Should Use to Measure the Statewide 988 System
    - Collect currently available service metrics
    - Research and establish additional outcome measures
- Fund and Strengthen Illinois' Behavioral Health System
    - Institute a 988 surcharge
    - Operationalize the 9-8-8 Trust Fund (Fund 729)
    - Develop braided funding model for 988 system and crisis continuum
- Technology Recommendations for All Legislative Requirements
    - Update data systems to maximize system coordination
    - Allocate funding to sustain technology supporting the 988 system and crisis continuum

Enacting Legislation

Public Act 103-0105, establishing the 9-8-8 Suicide and Crisis Line Workgroup, was passed on June 27, 2023. The legislation specified the following responsibilities of the workgroup:

(1) to review existing information about the first year of 9-8-8 call center operations in Illinois, including, but not limited to, state-level and county-level use data, progress around the federal measures of success determined by the Substance Abuse and Mental Health Services Administration, and research conducted by any State-contracted partners around cost projections, best-practice standards, and geographic needs;

(2) to review other states' models and emerging best practices around structuring 9-8-8 call center networks, with an emphasis on promoting high-quality phone interventions, coordination with other crisis lines and crisis services, and connection to community-based support for those in need;

(3) to review governmental infrastructures created in other states to promote sustainability and quality in 9-8-8 call centers and crisis system operations;

(4) to review changes and new initiatives that have been advanced by the Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health since Vibrant transitioned to 9-8-8 in July 2022, such as new training curricula for call takers and new technology platforms;

(5) to consider input from call center personnel, providers, and advocates about strengths, weaknesses, and service gaps in Illinois; and

(6) to develop an action plan with recommendations to the General Assembly that include the following:

    (A) a future structure for a network of 9-8-8 call centers in Illinois that will best promote equity, quality, and connection to care;

    (B) metrics that Illinois should use to measure the success of [the] statewide system in promoting equity, quality, and connection to care and a system to measure those metrics, considering the metrics imposed by the Substance Abuse and Mental Health Services Administration as only a starting point for measurement of success in Illinois;

    (C) recommendations to further fund and strengthen the rest of Illinois' behavioral health services and crisis assistance programs based on lessons learned from 9-8-8 use; and

    (D) recommendations on a long-term governmental infrastructure to provide advice and recommendations necessary to sustainably implement and monitor the progress of the 9-8-8 Suicide and Crisis Lifeline in Illinois and to make recommendations for the statewide improvement of behavioral health crisis response and suicide prevention services in the State.

Please note that the Action Plan recommendations follow the format of the four-letter section above. Item D refers to oversight and overall management of the resultant recommendation, and so is the first legislative requirement in the Action Plan.

Workgroup Implementation and Process, including Links to Recordings

The Illinois Department of Human Services Division of Mental Health (DMH) developed a workplan to ensure achievement of the goals of the 988 Workgroup legislation. This included convening monthly Workgroup meetings between July 2023 and November 2023, specifically designed to address the responsibilities assigned to the Workgroup, and to gather recommendations from Workgroup members to provide direction for the drafting of the Action Plan. The final meeting convened in December focused on a final review and approval of the plan by the Workgroup.

DMH and its academic partner, the University of Illinois Chicago, Jane Addams Center for Social Policy and Research, Behavioral Health Crisis Hub (Crisis Hub), worked jointly to create agendas for the meetings. Each agenda was based on research garnered from a wide variety of sources supplemented by presentations from expert consultants with a focus on evidenced-based practices and approaches, information regarding related activities in other states, and a review of national policies and directions. National and Illinois specific information about first year operations and outcomes for 988 call center services was also addressed. The topic of focus and a brief description of the content covered in each meeting is described below.

Level-Setting and Vision for 988 in Illinois – July 31, 2023

This meeting provided Workgroup members with a common understanding of the federal 988 legislation leading to the national implementation of 988, the national infrastructure for 988 including routing of calls and technology, the vision for improving the behavioral health crisis continuum using 988 as a catalyst, and the structure and workflow of the 988 program nationally and in Illinois with expected and possible outcomes. Workgroup members were given the opportunity to suggest additional topics for discussion to ensure that future meetings addressed their concerns.

988 Network Adequacy – August 17, 2023

The August meeting focused on providing an overview of national best practices and evidence-based models associated with 988 network adequacy, including defining network elements that should be incorporated to ensure equity, accessibility, and positive outcomes resulting from 988 call center services. An expert from the National Association of State Mental Health Program Directors Research Institute (NRI) presented findings regarding state mental health authorities' (SMHA) support of 988 call centers, associated outcomes of services, as well as how information regarding 988 call center operations and outcomes are shared with the public and policymakers. Presentations were also provided on the findings and learnings from site visits conducted by DMH, Crisis Hub staff and the Office of the 911 State Administrator to two states (Arizona and Virginia) that have or are in the process of developing a comprehensive crisis system for their respective states.

Technology necessary for hand-offs – September 14, 2023

The September meeting focused on the technology needed by 988 call centers to provide handoffs from 988 to other components of the crisis system, as necessary, including mobile crisis response, co-response teams, 911, emergency medical services, and other health providers such as substance use agencies after an individual's initial contact with 988. (Note: Nationally it has been reported that 80% or more of calls received by 988 are resolved by 988 center staff). The national best practice of using the Crisis Air Traffic Controller (ATC) model to coordinate crisis continuum services was discussed, along

with considerations to be considered in implementing such a system. Two experts representing states (Arizona and Virginia) that have implemented and/or are using exemplary technology provided presentations to the Workgroup.

Metrics & Evaluation – October 12, 2023

The October Workgroup meeting focused on a review of the 988 performance measures currently being collected for all 988 call centers, including Illinois, on a national level and the results of analyses performed thus far. Key performance indicators related to 988 call center operations and performance were reviewed and discussed. Examples of public facing dashboards were provided to illustrate strategies for displaying performance measures so that this information is transparent, easily understood, accessible and available to the public as well as to policymakers for decision-making.

988 Program Oversight and Sustainability – November 9, 2023

The November meeting focused on sustainability writ large and on oversight of 988 programs by state legislatures and agencies. Addressing sustainability of 988 call centers involves multiple factors including securing funding to support these services, recruiting, and retaining staff who have appropriate training and credentials to respond to individuals experiencing crisis, as well as system integration across the crisis continuum. Strategies were presented to support funding of 988 services being used by states like Illinois in terms of 988 call volume. The current cost of funding of Illinois' 988 centers and funding sources was discussed, as well as projections for funding needed to sustain 988 services over the next three fiscal years.

988 Workgroup Action Plan approval – December 14, 2023

Action Plan Structure

As described above, 988 Workgroup meetings focused on specific topics designed to address the mandates of the 988 Workgroup. However, because the topics are interrelated, discussion and recommendations for a specific area often included a focus on issues that were crosscutting and thus critical for consideration in multiple areas. For example, workforce could be addressed under the legislative requirement for a future structure a network of 988 centers, or under sustainability or funding.

The two issues that arose most frequently across all workgroup meetings were funding and technology. To minimize redundancy, Action Plan Recommendations related to funding recommendations across all workgroup discussions are addressed in legislative Requirements D and C. Technology-related recommendations and actions based on workgroup recommendations arising across all meetings are addressed in a fifth Recommendation for Technology overall.

Oversight and Management of Action Plan Implementation [Legislative Requirement D]

Legislative language: recommendations on a long-term governmental infrastructure to provide advice and recommendations necessary to sustainably implement and monitor the progress of the 9-8-8 Suicide and Crisis Lifeline in Illinois and to make recommendations for the statewide improvement of behavioral health crisis response and suicide prevention services in the State.

The implementation of the 988 Workgroup Action Plan is dependent on the establishment of clear oversight in terms of the responsibility for determining progress in implementation and the extent to which workgroup recommendations have been implemented, as well as ensuring that the resources that are required to implement the plan have been allocated for this purpose. The General Assembly has the overall responsibly for providing the funding mechanism for both implementation of this Action Plan and the financial sustainability elements detailed in Legislative Requirement C. The technology-related recommendations are included in "Technology Recommendations" below.

Recommendation D.1: DMH will be designated by the General Assembly as holding the primary responsibility to implement this 988 Action Plan and the recommendations herein.

Action D.1.1: The General Assembly will designate DMH as having the primary responsibility for 988 Action Plan Implementation. DMH may also engage the Crisis Hub and other state of Illinois agencies for operational implementation.

Lead(s): Legislative members of the 988 Workgroup, DHS Legislative staff

Action D.1.2: DMH will convene a meeting of state of Illinois agencies, partners, and providers to establish roles, responsibilities, and timelines for Action Plan implementation.

Lead(s): DMH, DHS Division of Substance Use Prevention and Recovery (SUPR), Healthcare and Family Services, Department of Public Health, and Chief Behavioral Health Office

Recommendation D.2: The General Assembly, in consultation with DHS/DMH, will allocate funding for DMH to implement this Action Plan and the recommendations herein.

Action D.2.1: The General Assembly will allocate funding to DMH in its budget for implementation of the 988 Workgroup Action Plan and to sustain 988 and crisis continuum services.

Lead(s): Legislative members of the 988 Workgroup, DHS Legislative staff

Action D.2.2: DMH will consult with state of Illinois agencies who make up the crisis response continuum to develop a timeline and budget to implement the Action Steps specified in the Action Plan focus areas.

Lead(s): DMH

Action D.2.3: DMH will provide annual updates on key performance measures (described in B.2 below) to the General Assembly.

Lead(s): DMH

Recommendation D.3: Conduct annual assessments to gather data regarding public awareness of 988 call centers and implement a phased communication plan to ensure active utilization of 988 call centers.

Action D.3.1. Conduct annual surveys to assess awareness of 988 call center services.

Action D.3.2. Publish reports regarding findings of surveys that are used to develop strategies for increasing use of 988 services.

Action D.3.3: Increase public awareness of 988 services using best practices to market and advertise 988 services.

Lead(s) D.3.1 to D3.3: DMH, Behavioral Health Crisis Hub, other consultants as designated by DMH

Recommendation D.4: Publish annual reports regarding 988 call center operations and outcomes using best practice key performance measures to monitor implementation of the Action Plan

Action D.4.1: Design a series of reports for the Legislature and other key stakeholders to evaluate implementation of the 988 Action Plan.

Action D.4.2: Design a series of public-facing dashboards that display key 988 performance measures.

Action D.4.3: Post dashboards on the DHS and DMH websites.

Lead(s) D.4.1 to D4.3: DMH, Behavioral Health Crisis Hub, other consultants as designated by DMH

Recommendations for a Future Structure for a Network of 988 Call Centers [Legislative Requirement A]

Legislation language: Recommendations for a future structure for a network of 988 call centers in Illinois that will best promote equity, quality, and connection to care

Recommending a future structure for Illinois 988 Call Centers requires consideration of the current network, including its workforce (e.g., staffing, supervision, training, retention), technology platforms and issues, consumer outcomes as a result of contacting 988, the extent to which the call centers are connected to other crisis continuum services and other human services, the extent to which handoffs occur, when necessary, and the extent to which services provided are equitable and accessible. Workgroup recommendations revolved around four themes: enhanced continuum of crisis services and coordination with other services; utilization of best practices; technology enhancements and workforce investments. The technology-related recommendations are included in "Technology Recommendations" below.

Recommendation A.1: Increase statewide 988 capacity, using Vibrant broad state metrics reports and individual call center reports, to ensure that the Illinois 988 system provides accessible, equitable, quality, and effective crisis services.

Action A.1.1: Utilize monthly reporting and heat maps from Vibrant to monitor response and service rates of each call center.

Action A.1.2: Discuss individual call center performance monthly with each center.

Action A.1.3: Develop plans of correction as needed to address inadequate performance of any call center.

Lead(s) A.1.1 to A.1.3: DMH, Crisis Hub, 988 providers, and Vibrant

Recommendation A.2: Ensure 988 Call Center workforce has requisite skills, credentials and supervision to assure optimal outcomes for callers

Action A.2.1: Evaluate current training curriculum for call centers using best practice recommendations.

A.2.2: Implement new training curriculum informed by gaps identified and best practices.

Lead(s): Crisis Hub

Recommendation A.3: Integrate and coordinate Illinois' 988 system across the crisis continuum and with substance use and other related human services.

Action A.3.1: Using national best practice templates, perform an analysis to identify crisis response continuum service gaps, as it relates to 988 call center services, post-referrals and existing and overlapping inter-agency coordination initiatives.

Lead(s): DMH, SUPR, Chief Behavioral Health Office, additional state agencies, Behavioral Health Crisis Hub

Action A.3.2: Implement a comprehensive phased plan to:

(a) Fund the expansion of crisis continuum services required to receive hand-offs from 988 call centers
    i. Support Crisis Stabilization Units (CSUs) as an Illinois Medicaid State Plan Service
(b) Assess the equity, accessibility and outcome of services using standardized performance measures.

Lead(s): DMH, SUPR, Chief Behavioral Health Office, Healthcare and Family Services, additional DHS crisis continuum agencies, Behavioral Health Crisis Hub

Recommendations for Metrics that Illinois Should Use to Measure the Statewide System [Legislative Requirement B]

Legislation language: Recommendations for metrics that Illinois should use to measure the success of [the] statewide system in promoting equity, quality, and connection to care and a system to measure those metrics, considering the metrics imposed by the Substance Abuse and Mental Health Services Administration as only a starting point for measurement of success in Illinois.

988 Call Centers serve the function of providing individuals experiencing a behavioral health crisis with real time access for an immediate response. The extent to which these services are immediately accessible to individuals, that services are equitably provided regardless of consumer characteristics, and are of high quality producing positive outcomes from a system perspective and consumer perspective is the reason for their existence. It is critical to measure each of these aspects of care. Equally important is having the technology in place to support the collection of data used to evaluate consumer and systems outcomes and monitor 988 operations. Workgroup recommendations revolved around four themes: consumer outcome measures, methodological considerations, technology/information system requirements, and evaluation. The technology-related recommendations are included in "Technology Recommendations" below.

Recommendation B.1: Establish and collect current service metrics to measure the statewide system

Action B.1.1: Review existing sources of 988 service and outcome measures.

Lead(s): DMH and 988 LCC Providers

Action B.1.2: Select a standard measurement set to be collected across all 988 LCCs and referral partners.

Action B.1.3: Write requirements for this data set into DMH provider grant agreements and technology system requirements.

Lead(s) B.1.2 to B.1.3: DMH

Recommendation B.2: Specify, adopt, and implement additional 988 Call Center key performance measures to evaluate access, equity, quality, continuity of care, system and consumer outcome.

Action B.2.1: Convene state agencies providing crisis services, providers, consumers, and other crisis system constituents to identify areas of concern that will be used to monitor and evaluate consumer and system outcomes and the quality of care using best practice metrics.

Lead(s): DMH and provider evaluators

Action B.2.2: Review national best practices measures focusing on accessibility, referral source, reason, outcome, and quality/consumer experience.

Lead(s): DMH, Crisis Hub, evaluators

Action B.2.3: Establish standardized evaluation metrics framework

Lead(s): DMH, Crisis Hub, evaluators

Action B.2.4: Write requirements for this data set into DMH provider grant agreements and technology system requirements.

Lead(s): DMH

Recommendations to Further Fund and Strengthen Illinois’ Behavioral Health System [Legislative Requirement C]

Legislation language: Recommendations to further fund and strengthen the rest of Illinois' behavioral health services and crisis assistance programs based on lessons learned from 988 use.

A comprehensive behavioral health crisis continuum requires three primary components that are integrated and coordinated: Call Centers, Mobile Crisis Response and Receiving and Stabilization programs. Although Illinois has made great strides in terms of the first two components, there is still a need to address the third component: Crisis Receiving and Stabilization Programs. Funding sources that are stable and that are adequate to ensure that use of best practices in crisis care is required to ensure that the needs of all Illinois residents experiencing behavioral health crises are addressed regardless of who contacts a crisis service provider, when or where the crisis occurs and that a safe place exists for individuals to go.

Recommendations for this area of focus revolved around five themes: funding strategies to ensure operation, stability, and sustainability of 988 call centers including funding for workforce and staffing, performance measurement and technology for coordination of care across the crisis continuum.

Recommendation C.1: Institute a 988 surcharge to generate dedicated non-reversable funding for 988 call centers.

Action C.1.1: The General Assembly shall establish a 988 surcharge on land lines, mobile lines, chat, and text to generate dedicated non-reversable funding for 988 call centers.

Lead(s): 988 Workgroup legislative members, DHS Legislative staff

Action C.1.2: The General Assembly shall utilize the Statewide 9-8-8 Trust Fund to hold and disburse surcharge revenue.

Lead(s): 988 Workgroup legislative members and the General Assembly

Recommendation C.2: The General Assembly shall establish a dedicated 988 appropriation line for DMH to fund 988 call center operations to ensure stability and longevity.

Action C.2.1: The General Assembly shall establish DMH dedicated funding for 988 call center operations using General Revenue funds to fill any remaining gaps not covered by the 988 surcharge or other braided funding approaches described in subsequent sections.

Lead(s): 988 Workgroup legislative members and the General Assembly

Recommendation C.3: Establish a braided funding model of dedicated funding to support operations of 988 call centers, mobile crisis response and the implementation and expansion crisis stabilization centers.

Action C.3.1: Charge all insurance carriers a per capita crisis service fee to be deposited into the Statewide 9-8-8 Trust Fund (Fund 729).

Action C.3.2: Expand Medicaid claiming for provision of crisis services through Certified Community Behavioral Health Clinics and fully leveraging Medicaid reimbursement for crisis services.

Action C.3.3: Seek additional federal funding from SAMHSA and other Federal partners to support operation and sustainability of 988 call centers.

Lead(s) C.3.1 to C.3.3: DMH, SUPR, HFS, and Other State Agency Partners

Technology Recommendations for All Legislative Requirements

The need for technology as a major support to and requisite requirement of behavioral health crisis care cannot be overstated. Discussion during every workgroup meeting raised the need for information technology for the following purposes: (a) for coordination of services across the crisis continuum—from individuals first contact with 988 to mobile crisis response to crisis stabilization and receiving centers and for care, when necessary, beyond crisis services; (b) to evaluate the equity, quality and outcomes of 988 services; (c) for quality assurance and quality improvement activities, and (d) to provide information that is used to assure a means of providing program oversight and accountability to the consumers, the public and the legislature. The information systems must be capable of centralized dispatch, interoperable and integrated with other crisis/behavioral health services, and provide the ability to monitor consumer outcomes, and system process and outcomes. The recommendations displayed below are based on an amalgamation of the technology-related recommendations made by 988 workgroup members with regard to technology needed for coordination of crisis services across the crisis continuum including handoffs from 988 call centers, the collection and use of performance measures for evaluation of consumer and system outcomes and, quality assurance and improvement and to support accountability and reporting to the General Assembly, the public and other crisis system stakeholders.

Technology Recommendation T.1: Use state-of-the-art technology and data integration to maximize crisis system coordination efficiency and effectiveness

Action T.1.1: Procure a centralized dispatch and referral system aligned with core elements detailed in SAMHSA national best practices.

Action T.1.2: Create data sharing agreements necessary for coordination of crisis services across providers.

Lead(s) T.1.1 to T.1.2: DMH in collaboration with other crisis continuum system partners

Technology Recommendation T.2: Provide funding from General Revenue Funds, dedicated Illinois Crisis System Funds and other funding sources to support improvement of 988 call center technology to ensure interoperability between the state of the art-system procured for crisis system coordination and referral

Action T.2.1: Conduct a gap analysis with 988 call centers to determine upgrades necessary to be interoperable with the state-of-the-art system procured.

Action T.2.2: Provide targeted funding to 988 call centers to fund necessary technology upgrades.

Action T.2.3: Provide technical assistance to 988 call centers to ensure compliance with information system upgrades, service coordination, quality assurance and reporting.

Lead(s) T.2.1 to T2.3: DMH, DHS agencies, the 911 Statewide Administrator, Crisis Hub, vendor procured to develop the state-of-the-art ATC coordination and referral system, other consultants TBD

Appendices

Appendix A: Illinois 988 Workgroup Membership

Representative Will Guzzardi, Illinois General Assembly
Representative Lindsey LaPointe, Illinois General Assembly
Representative Jackie Haas, Illinois General Assembly
Senator Laura Fine, Illinois Senate
Dr. David Albert, Director, DHS, Division of Mental Health (DMH)
Roberta Allen, Administrator, DHS, DMH
Brenda Bahena, Recovery Support Associate, NAMI Chicago
Hugh Brady, Legislative Chair, NAMI Illinois
Lori Carnahan, Deputy Director, Behavioral Health, DuPage County (988 LCC)
Dr. Adam Carter, Assistant Director, PATH (988 Lifeline Call Center (988 LCC))
Shawn Cole, Director, UIUC Office of Medicaid Innovation (OMI)
Michael Duffy, Board member, American Foundation for Suicide Prevention
Stephanie Frank, Deputy Director, Illinois Department of Human Services (DHS), Division of Substance Use, Prevention and Recovery (SUPR)
Kristine Herman, Bureau Chief, Illinois Healthcare and Family Services (IHFS)
David T. Jones, Illinois Chief Behavioral Health Officer, Office of the Governor
Dr. Lorrie Jones, Director, UIC Behavioral Health Crisis Hub, Center for Social Policy and Research, Jane Addams College of Social Work, University of Illinois Chicago
Karen Leavitt-Stallman, Ag Resource Specialist, SIU School of Medicine Farm Family Resource Initiative
Emily Legner, Regional Director, Memorial Behavioral Health (988 LCC)
Jen McGowan-Tomke, Chief Operating Officer, NAMI Chicago (988 LCC)
Danielle McQuay, Director, Community Counseling Centers of Chicago (988 LCC)
Niya Mona, Senior Development Associate, Brave Space Alliance
Pooja Nagpal, Member Chair, NAMI Illinois Alliance of Peer Professionals
Brenda Osuch, Executive Director, Illinois Joining Forces
Matthew Pickett, Policy Coordinator, Illinois Department of Insurance (IDOI)
Megghun Redmon, Director of Operations, Suicide Prevention Services (988 LCC)
Lee Ann Reinert, Deputy Director, DHS, DMH
Dr. Mary Roberson, Chief Executive Officer, Northern Illinois Recovery
Ryan Rollinson, Chief of Staff, DHS, DMH
Ashley Thoele, Deputy Chief Operating Officer, Illinois Department of Public Health (IDPH)
Dr. Amy Watson, Professor, Wayne State University
Dr. Dana Weiner, Chief Officer for Children's Behavioral Health Transformation
Dr. Valencia Williams, Behavioral Health Director, American Indian Health Service of Chicago
Allison Wollert, Program Coordinator, Lake County (988 LCC)

Appendix B: National Best Practice Guidelines for Crisis Care

In 2020 the Federal Communications Commission (FCC) and Congress designated a new three-digit dialing code — 988 — for Americans to reach the National Suicide Prevention Lifeline (Lifeline). That transition began on July 16, 2022. The new 988 dialing code was enacted to enhance access to suicide prevention and crisis services.

The federal Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) contracted with Vibrant Emotional Health in 2021 to serve as the administrator of the 988 dialing code. As such, Vibrant is responsible for call routing and infrastructure including selecting entities to serve as 988 call centers within each state. Contracts, onboarding, and training are provided and determined by Vibrant as well. As the 988 Administrator, Vibrant has also worked with SAMHSA to create and establish performance measures to monitor and evaluate the operation of 988 call centers across the United States.

988 Implementation as a Catalyst for Improving the Behavioral Health Crisis Continuum

SAMHSA and Crisis System Advocates have utilized 988 Legislation as an impetus for creating major improvements in the behavioral health crisis continuum across the states and territories by defining the ideal crisis continuum as being based on three pillars:

- Someone to Call (988 Lifeline suicide prevention crisis call centers)
- Someone to Respond (mobile crisis response teams) and
- Somewhere to Go (crisis stabilization facilities providing short-term observation and crisis stabilization services)

The SAMHSA Best Practice Toolkit is designed to "help mental health authorities, agency administrators, service providers, and state and local leaders think through and develop the structure of crisis systems that meet community needs." The toolkit "defines national guidelines in crisis care, tips for implementing care that aligns with national guidelines and tools to evaluate alignment of systems to national guidelines." (SAMHSA, 2020).

Best Practices to Operate Regional Crisis Call Centers (SAMHSA, 2020)

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) published detailed guidelines for Lifeline Call Center administration and outcomes:

> Regional crisis call center services offer real-time access to a live person every moment of every day for individuals in crisis. Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational guidelines regarding suicide risk assessment and engagement and offer air traffic control (ATC) as a model for quality coordination of crisis care in real-time.

The ATC model for quality coordination is further described as a national best practice:

> Air Traffic Control has been adopted as a model for coordination of crisis care because of the similarity of principles that are critical for ensuring the safety individuals who use both systems. Air traffic controllers must always know where airplanes are (in time and space) so they never lose contact, and they must verify that the hand-off to air traffic control staff in different airspace has occurred before disengaging contact. Applying this model to Crisis Care means that:

(1) the Crisis Care System always needs to know where an individual in crisis is to avoid individuals falling through the cracks in the system, and (2) there must be verification that the hand-off of individuals for crisis care or follow-up to another provider has occurred (Crisis Services Taskforce of the Action Alliance, 2005).

The operational details for 988 Lifeline operations are detailed in Appendix C below.

Performance Measures to Evaluate the Success of 988 Transition and Implementation

National Performance Measures

SAMHSA contractually requires DMH to submit data for 20 key performance measures monthly. Lifeline Call Centers (LCCs) submit this data to DMH in a timely manner so that it can be entered into SAMHSA's reporting system. The measures are designed to capture information regarding staffing, the outcome of LCC contacts (e.g., screening for mental health interventions, referrals for mental health services) and several infrastructure related measures.

Vibrant Performance Measures

Vibrant generates a report containing eight key performance metrics for each LCC using information generated through the 988 call-routing center on a monthly basis, as well as a statewide report based on data submitted by all LCCs within the state. The data from these reports are used by Vibrant as a basis for monitoring the performance of individual call centers within the state, as well as statewide performance. Vibrant uses aggregated data from each state to generate national level reports focusing on the implementation of call center operations by state and across all states. Vibrant also generates "heat map" reports showing the location of calls made to 988 LCCs by county and by time.
DMH receives a copy of the monthly Vibrant Broad State Metrics Report which summarizes key performance metrics across all Illinois LCCs, as well 5 key performance measures for each LCC. These metrics are defined by Vibrant and are consistent across all states and territories.

SAMHSA/DMH Contractual requirements for Reporting Performance Measures

As a contractual requirement for SAMHSA funding, DMH requires 988 Centers to report 20 key performance indicators to DMH monthly that include number of staff supporting DMH 988 contracted operations and providing 988 services, staff training, outcomes of 988 contacts (e.g., individuals screened for mental health or related interventions, individuals receiving mental health services post 988 contacts), and memorandums of understandings with other organizations.

SAMHSA/DMH Evaluation Requirements

SAMHSA also requires DMH to contract with an independent evaluator to collect data to evaluate 988 call center operations. LCCs are contractually required to cooperate with the evaluator and to submit evaluation data monthly. The evaluation is designed to gather information regarding characteristics of callers such as gender and age, referral to and from 911 PSAPs or Mobile Crisis Response Teams, transfers to veterans call lines, calls related to suicide attempts, in progress, or calls from suicide loss survivors, and referrals and follow-up for mental health services after contact with the 988 provider. The evaluator is preparing to conduct qualitative surveys to gather additional evaluation information.

Crisis Call Center Outcomes Collected in Other States

The implementation of 988 has resulted in states developing or updating their information technology to support coordination of service delivery across the crisis continuum and to track process and outcomes associated with 988 and other crisis services. All states who receive SAMHSA 988 capacity

grant funding are required to collect the same key performance data described above and will allow for comparison between states. Many states have incorporated outcome measures recommended by SAMHSA as part of its best practices toolkit and/or measures used by Vibrant to monitor 988 operations and outcomes. The National Association of State Mental Health Program Directors Research Institute (NRI) works with state agencies, and the Federal Government to develop performance measures and collect and analyze data from publicly funded behavioral health centers. In its April 2023 report on "State Mental Health Authority Support for Behavioral Health Crisis Call Centers," states reported collecting the measures in the table below to track call center outcomes.

Call Center Metrics	*Number of States Reporting*
Percentage of calls that are successfully resolved during the call	30
Percentage of calls that resulted in Mobile Crisis being dispatched	25
Percentage of calls that resulted in Law Enforcement being dispatched	21
Percentage of calls that resulted in Emergency Medical Services being dispatched	17
Percentage of calls that that were transferred to 911	16

In a July 2023 report, KFF (formerly the Kaiser Family Foundation) reviewed the state of 988 implementation after its first year of transition, and identified a set of metrics to be considered under these categories:

- Accessibility: How easy it is for the 988 consumer to reach counselors?
- Referral Source: What is the source of the referral?
- Reason: What is the reason for the outreach and is the consumer in imminent risk?
- Outcome: What was the outcome or how was it resolved?
- Quality and Consumer Experience: Understanding consumer 988 experience.

Of these metrics, only ones related to accessibility are currently being tracked in the public Lifeline metrics.

Promoting Sustainability: Strategies Used by Other States

The national funding landscape among states is varied. States have adopted different approaches to secure ongoing and stable funding for 988 Lifeline services including call, chat, and text support. Most states have adopted a braided funding approach, utilizing multiple funding sources to ensure sufficient funding for the 988 system.

- Federal funding from agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA).
- State funding from general funds, taxes on cannabis sales, and settlements related to opioid lawsuits.
- Service fees collected from consumers.
- Public funding from local government bodies like municipalities and regional entities.
- Private grants or donations from philanthropic organizations.
- Reimbursements from public health insurance programs (like Medicaid) or private insurance companies.

Telecom Service Fees to Support Sustainability

The National Suicide Hotline Designation Act of 2020 allows states to pass legislation to implement service fees specifically for the 988 Lifeline crisis system. To this date, nine states have already

implemented telecom service fees, ranging from $0.08 to $0.60 per line: California, Colorado, Minnesota, Washington, Nevada, Virginia, Oregon, Connecticut, and Delaware.
Some states have faced several challenges in establishing and implementing these telecom service fees.

- Legislators around the country and the telecom industry have opposed service fees. Many perceive these fees as a regressive tax, which can deter policymakers.
- In most cases the projected revenues from these fees do not fully fund the 988 program and additional funding sources are needed.

Some willingness by the public to support a telecom service fee has been identified. For example, a recent poll conducted by the National Alliance on Mental Illness (NAMI) and Ipsos reported that 62% of the people responding to the survey believed that funding the 988 Suicide and Crisis Lifeline should be a high or highest priority in Congress. The same poll reports that "three-quarters of Americans are willing to pay a fee for 988 suicide and Crisis Lifeline funding" (NAMI-Ipsos Poll of Public Perspectives on 988 and Crisis Response, June 2023).

Models and Best Practices from Other States

In 2023, staff from DMH and the Crisis Hub made site visits to the state of Arizona and the Commonwealth of Virginia, both of which have been building their statewide Lifeline Call Center and integrated crisis response systems. White the visits occurred before the commencement of the 988 Workgroup, they revealed important lessons and best practices for the 988 Workgroup deliberations, and summaries of those visits were presented to the 988 Workgroup and are summarized below.

Virginia

The Commonwealth of Virginia's transformation of its crisis system stems from a series of interconnected reform initiatives that began approximately six years ago. "The overall vision of behavioral health enhancement in 2018 was to rebalance Virginia's Medicaid behavioral health system away from high-cost inpatient hospital and residential settings and toward lower cost outpatient, prevention and promotion services, and evidence-base community services, while maintaining budget neutrality" (NASMHPD, 2022). This initiative, along with other system reforms, led to the development of warm lines, crisis call centers, peer crisis services, mobile crisis services, 23-hour stabilization and short-term crisis residential stabilization centers. Virginia has created five crisis hubs that have the responsibility for coordinating care across the crisis continuum within their geographic coverage areas. Virginia has purchased a statewide data platform that uses the Air Traffic Control (ATC) model as a basis for crisis system coordination and is used to dispatch mobile crisis response teams in real-time as needed using geolocation software. Virginia is in the process of developing a public facing dashboard that will contain data on the operations and outcomes of its behavioral health crisis system. Multiple funding sources are used to support behavioral health services including Medicaid, general revenue funds, SAMHSA grant funding, and 988 service fees. According to the NASMHPD referenced previously, Virginia was the first state to enact 988 service fee legislation. Service fees, based on call center costs, are directed to the Crisis Contact Centers Fund, which is described as "dedicated and non-reverting."

Arizona

Arizona began the journey to develop its behavioral health crisis continuum in 1988. The design has evolved into the development of a centralized dispatch hub for all mental health/behavioral health crisis calls, including 988 functions. Mobile crisis teams work remotely using vans as their primary office. The centralized dispatch hub employs the ATC model using GPS technology to enhance the ability to track mobile team locations and to deploy teams that are the closest to the location of individuals experiencing behavioral health crises. Arizona uses a proprietary information system for central dispatch

to connect dispatchers and mobile crisis teams and is capable of sharing information from electronic health records. Arizona has developed an extensive array of public facing dashboards to provide information regarding behavioral health crisis services. In addition to call centers and mobile crisis response, Arizona has developed sub-acute and acute crisis stabilization units. Arizona uses braided funding to support its crisis system that includes Medicaid and federal block grant dollars as well as other funding sources (Arizona Site Visit).

Appendix C: The 988 Lifeline Call Center System in Illinois

The Illinois Department of Human Services Division of Mental Health (DMH) is administering grant funding that helps ensure that the 988 Suicide and Crisis Lifeline is a reliable resource for individuals in crisis, and that provides the necessary support to help prevent suicides and promote mental health. DMH has contracted with seven Lifeline Call Centers (LCC) to provide 24/7 access to crisis counselors for those in need. The coverage area as well as the hours and days of operation for each 988 LCC is displayed in the table below. All calls routed to Illinois are directed to one of the LCCs based on geographic coverage; those unable to be answered locally are routed to the in-state backup centered operated by PATH.

988 Lifeline Call Center	**Coverage Area**	**Day/Hours of Operation**
Community Counseling Centers of Chicago (C4)	Specific Chicago Zip Codes	Sun-Friday – 24 hours Saturday 12 AM to 2 PM
Memorial Behavioral Health	Christian, Logan, Mason, Menard, Morgan, Sangamon and Scott Counties	Monday & Tuesday 7AM – 7PM Wednesday – Friday 7AM – 11 PM
PATH Crisis Services	85 Counties and Backup for all Illinois Counties	Sunday – Saturday 24 hours
Suicide Prevention	Dekalb, Grundy, Kane, Kankakee, Kendall, McHenry and Will Counties	Monday-Friday 24 hours Saturday-Sunday 8 AM to 12 AM
DuPage County	DuPage County	Sunday – Saturday 24 hours
Lake County	Lake County	Sunday – Saturday 24 hours
NAMI Chicago	Zip Codes in Chicago not covered by C4	Expected to be operational early in 2024

First Year Performance

In June of 2022—the month prior to the transition to 988—only 1,358 calls (18%) were answered out of the 7,466 calls routed to LCCs in Illinois. In the 16 months since then, the number of calls directed to Illinois nearly doubled, while Illinois' answer rate has quadrupled. During October 2023, LCCs in Illinois answered 10,451 calls (79%) out of the 13,203 calls routed to the State. These increases in answered calls and answer rate show the successful collaboration between DMH and the LCCs. Together, they have improved the efficiency of the lifeline, ensuring that more people in crisis receive the assistance they need. This progress brings LCCS closer to achieving an industry target of answering 90% of all calls routed to the State by 2025.

Funding and Sustainability

In terms of funding, the implementation and sustainability of the 988 program in Illinois reflects significant challenges. To date, the 988 program has been funded with a blend of grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) and State Cannabis Tax Revenues. The grant funded through SAMHSA will end on September 30, 2026, at which time additional state-level funding sources may be necessary to support Illinois' LCCs in effectively handling 988 crisis contacts and follow-up calls, including expected year-over-year volume increases. At present, funding of the 988 program and anticipated gaps through FY27 is as follows:

	State Cannabis Tax	SAMHSA	Total revenue	Funding Required	Funding shortfall
FY24	$9.7 M	$4.2 M	$13.9 M	$13.9 M	$0
FY25	$9.7 M	$4.2 M	$13.9 M	$22.2 M*	$8.3 M
FY26	$9.7 M	$4.2 M	$13.9 M	$22.2 M*	$8.3 M
FY27	$9.7 M	$4.2 M	$9.7 M	$22.2 M*	$12.5 M

*** Includes increases in funds to cover chat and text contacts ($3.2 M), technology and infrastructure ($4.1 M), and 911/988 systems integration ($1 M)**

The current funding allocation for FY24 builds the capacity of LCCs to meet the target of a 90% call answer rate for calls originating within the State. However, in the following years, an increased funding of $22.2 million will be required. This funding will support the necessary capacity for LCCs to achieve a 90% response rate for calls, chats, and texts, accommodate increased volume across all contacts, as well as cover costs associated with technology and infrastructure enhancements. It will also facilitate seamless communication transition from 911 to 988. It is important to note that the availability of future funding beyond FY27 is uncertain, as there is no confirmation regarding the continuation of the SAMHSA grant.

The Local 988 Context on Sustainability

With increased funding and support from DMH over the last two years, Illinois LCCs have been expanding their capacity to provide 988 services to Illinois callers. LCC providers report a variety of underlying strengths of their services: dedicated staff, strong staff orientation and regular training, years of experience with the Vibrant network and other crisis lines, and a reputation for providing compassionate and effective services. They also report challenges to long-term sustainability, beginning with reliable funding, as well as significant issues related to workforce, including the general availability of candidates, the ability to retain and promote staff, and employee burnout related to the difficulty of the crisis calls. Illinois LCCs suggested that sustainability considerations include stable funding to support direct services and program management requirements, a streamlined process to collect service-related data, more flexibility over use of braided funding steams, system-level plans to connect with other crisis initiatives for a whole crisis continuum, and technology enhancements and upgrades to enable this integration.

Implementation and Operational Challenges

Integration with the Existing State Crisis Continuum

One of the key challenges for the 988 program is integrating it within the existing crisis continuum. Like other states, Illinois' behavioral health crisis continuum is not well-established, not equally accessible across all parts of the state, and lacks sufficient funding. However, the State has been working on improving this situation by implementing measures to establish and increase funding for the system, increase staff and other support to the LCCs, strengthen clinical requirements and the training to meet them, and integration of the 988 LCC operations with other parts of the crisis response continuum. As these measures continue to be developed and implemented, it is crucial for LCCs to improve their technology and reporting systems to effectively communicate with other entities across the entire system.

Workforce

Staffing is a significant challenge for the 988 program, specifically in terms of hiring and retaining qualified individuals. The nature of crisis work can lead to employee burnout, making it crucial to address this issue. In terms of staff coverage, LCCs struggle to maintain adequate staffing levels during overnight and weekend shifts, which are often the busiest periods in terms of call volumes. One of the lessons learned is that wages and benefits offered to crisis counselors may be lower than the market and may require additional funding for that aspect. Therefore, it is essential for LCCs and State decision makers to prioritize efforts to strengthen the 988 workforce.

Appendix D: Best Practices to Operate Regional Crisis Call Centers (SAMHSA, 2020)

Minimum requirements for operation, as well as best practices have been established for call centers.

Minimum Expectations to Operate a Regional Crisis Call Service

Regional, 24/7, clinically staffed call hub/crisis call centers must:

1. Operate every moment of every day (24/7/365)
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
5. Coordinate connections to crisis mobile team services in the region
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Centers

1. Incorporate Caller ID functioning
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

Best Practices in Call Center Technology

Implementation of the Air Traffic Control model of quality coordination requires the use of advanced technology to ensure that the core tenets of the model can be met. The technology that is employed must:

- Provide electronic connectedness, web-based interfaces and community partner portals for communication
- Interfaces include web-based submission forms used by collaboration agencies to support mobile crisis dispatch, electronically scheduled referrals by hospitals as part of discharge planning and managed care/and/or authorization requirements
- Software needed to help crisis professionals assess and engage individuals at risk and be able to track individuals throughout the process including where they are, how long they've been waiting, and what is needed to advance to service linkage.

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