NC Department of Health and Human Services
DMHDDSAS

9-8-8 What it Means for
North Carolina Suicide Prevention
National Mental Health Crisis and Suicide Response Number

Lisa DeCiantis MA LCMHC
Adult Mental Health Human Services Program Consultant

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Objectives

• Provide an overview of 9-8-8 – Legislation

• 9-8-8 Planning Grant – Scope and timeline
  – Guidelines for State Implementation
  – 8 Core Criteria for the 9-8-8 Plan

• How does 9-8-8 intersect with the crisis continuum
Background

- Federal legislation mandating the rollout of the 9-8-8 mental health and suicide crisis number by July 2022

  - Mental health and suicide prevention advocates seeking a national, easy to remember 3-digit number for individuals in crisis took their idea to state leaders and Members of Congress

  - The National Suicide Hotline Improvement Act, (8/2018) directed the U.S. Federal Communications Commission (FCC) in conjunction with other agencies to study these issues.

  - August 2019 FCC Commission report to Congress recommending 9-8-8

  - December 2019 FCC initiates rulemaking to designate 9-8-8

  - July 2020 FCC Finalizes Rule and Order designating 9-8-8 with a July 2022 deadline for telecom providers to make operational
What's Next?
**9-8-8 Planning Grant**

- Vibrant Emotional Health announced 9-8-8 Planning Grant

- DMH/DD/SAS applied for and was awarded the planning grant through February 2022

- Partnership with NC's current National Suicide Prevention Lifeline (NSPL) – REAL Crisis Intervention Inc.

- Technical Assistance from Vibrant Emotional Health

- Consists of 8 Core Criteria for 9-8-8 planning and implementation
8 Core Criteria for 9-8-8 Plan & Implementation

• **24/7 Coverage (calls, chat and text)**
  - NSPL has 24/7 in person coverage, chat and text to be developed
  - Over 60% of current calls are non-suicide seeking linkage to behavioral health resources

• **Capacity Building**
  - Crisis call center meeting projected volume demand
  - Source of the growth – 9-1-1 calls that will 9-8-8

• **Operational, Clinical and Performance Standards**
  - NSPL call center requirements
  - NC call center meets/exceeds NSPL requirements

• **Follow up Services**
  - NSPL requirement will be added
  - Crisis call center plan for additional staffing to meet demand
• **Financial Sustainability**
  - Currently funded through DMH/DD/SAS
  - Plan to meet projected volume demand with 9-8-8
  - The state is required to create/maintain a 9-8-8 trust fund consisting of:
    - Appropriations made by the state or fees
    - States are able to levy fees on any phone number, mobile and IP enabled services
    - The funds do not revert at end of fiscal year, remain available, are not subject to transfer, are continuously appropriated, are reported on annually to the state and FCC
    - May only be used to sustain the crisis call center and crisis services
8 Core Criteria for 9-8-8 Plan & Implementation cont’d

- **Multi Stakeholder Coalition**
  - Current status of NSPL NC call center
  - Recommendation for 9-8-8

- **Local and Regional Crisis Services**
  - Linkage to LME-MCO access lines, MCM, current providers
  - Coordination of relationship and role with 9-1-1

- **Consistent Public Message**
  - What is 9-8-8?
  - How will NC implement 9-8-8?
2020 NC Call Center for NSPL
REAL Crisis Intervention, Inc.

• All calls are live answered by the 3rd ring. No call is put into a que.

• REAL answered 37,233 calls through NC NSPL (an 11.5% increase from 2019)

• All of the 37,233 calls were connected to community resources

• REAL has an average answer rate of 90% (NSPL standard is 80%)
  o average length of a call is 18 minutes; 31 minutes for a suicide call

• REAL provided over 1900 follow ups to individuals suicide risk

• 6% of calls were triaged as high intervention suicidal calls – 911 was contacted and warm transfer was made

• 18% of calls were triaged as moderate intervention suicidal calls
  o 5% were direct warm transfers to Mobile Crisis Management (MCM)
  o 13% provided referrals and/or resources
  o All 18% provided NSPL call center follow up
“We must build equity and attention to the nuances of race, ethnicity, gender and culture into the front end of 988.”

Victor Armstrong
Director, DMH/DD/SAS
DHHS Alignment with 9-8-8 and Behavioral Health Response

SOMEONE TO TALK TO (Connect)
Crisis Call Center

SOMEONE TO RESPOND (Dispatch)
Mobile Crisis Team Response

A PLACE TO GO (Stabilize)
Crisis Receiving and Stabilization Services

PREVENTION / POST-VENTION SUPPORTS
Behavioral Health Crisis Access

- Person in Crisis
- Call Center follow up

9-8-8/NSPL

Warm transfers to warm lines, community services or provide resources

Mobile Crisis Teams

Crisis Facility

Post-Crisis Wrap-around

Increased Wellness, Resilience, Recovery

Decreased Use of jail, ER, hospital
Crisis Services Continuum
Someone to Call, Someone to Respond, A Place to Go
NSPL 1-800-273-8255, #1 for Vets

Prevent
Intervene Early
Respond
Stabilize

Support Transitions

Peer Operated Crisis Respite
Child Crisis Respite
Mobile Crisis Team/MORES
CIT Partnership
EMS Partnership
24/7 BH Urgent Care
Non-Hospital
Hospital Emergency Dept.

23 hour Observation
Facility Based Crisis
Non-hospital Detox
Hospital Units
Community (including 3-way beds)
State Psychiatric & ADATC

Same Day Access Program
Outpatient Provider
CAMS
LME-MCO Access Center
NC PAL
Primary Care Physician
MH First Aid
Psychiatric Advance Directives
Psych Armor
WRAP
“Ask the Question”

Veterans Support Services
Person Centered Crisis & Safety Planning

CALM QPR ASIST SAVE

Hope4NC Peer Support Warmline
Peer, Family & Community Supports

Peer Bridgers/Navigators
Critical Time Intervention

NCDHHS, DMHDDSAS| 988 What is Means for NC Suicide Prevention| 9/14/21
Key Takeaways

• 9-8-8 will go live by July 16, 2022

• NC has 1 call NSPL call center

• NC DHHS is working with stakeholders on all aspects of the implementation planning

• All populations are considered in 9-8-8 planning

• State and Local CFACs represented on 9-8-8 Planning Coalition

• There will be more information to come!
Coalition Agenda

Thursday April 29, 2021 – Welcome, Introductions and Purpose 3-5pm
➢ Welcome and Introductions
➢ History of the Lifeline
➢ Purpose - Non-negotiables for the planning grant and timeline (to include 8 core criteria)

Wednesday May 26, 2021 National Suicide Prevention Lifeline in North Carolina 3-5pm
➢ Accreditation, Operation, Clinical and Performance standards of Lifeline
➢ Current Funding
➢ Review the 8 core 9-8-8 planning criteria and NC Lifeline status.

Wednesday June 23, 2021 Resource and Referral 2-5pm
➢ Crisis Services and Supports Discussion - Current Crisis Services, Pilots, initiatives in regions across the state

Wednesday July 28, 2021 9-1-1 Operations and 9-8-8 Intersections 3-5pm
 ➢ Overview
 ➢ Lessons learned and opportunities

Wednesday August 25, 2021 9-8-8 and Behavioral Health Response 3-5pm
 ➢ Continued discussion of operations and intersections
 ➢ Continuation or regional and community model practices

Wednesday September 22, 2021 Draft of 9-8-8 Implementation Plan 3-5pm
 ➢ Review the draft 9-8-8 Implementation Plan and invite coalition feedback

Wednesday October 27, 2021 9-8-8 Infrastructure and Technology 3-5pm
 ➢ Continued areas of discussion for implementation

Wednesday November, 17 2021 9-8-8 Sustainability 3-5pm
 ➢ Continued areas of discussion for implementation

Wednesday December 15, 2021 9-8-8 Next Steps 3-5pm
 ➢ Present the final plan prior to submission
• What is the service or support?
• Who is offering the service or support?
• Who are the intended recipients of the service?
• Where is it being offered?
• How is this service engaging individuals?
• What is the community impact?
Keep Them Coming!

- Tell us what is happening!
- What services or supports are working or being developed in your community
- Including alternative, nontraditional examples.
Discussion/Questions
Contact Information

Susan Robinson  
Child Mental Health Human Services Program Consultant  
susan.robinson@dhhs.nc.gov  
984-235-5068/cell: 919-452-7509  

or  

Lisa DeCiantis MA, LCMHC  
Adult Mental Health Human Services Program Consultant  
lisa.deciantis@dhhs.nc.gov  
984-236-5059