

**THE FEDERAL 9-8-8 LAW AND
THE FUTURE OF CRISIS
MENTAL HEALTH**

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DISCLOSURES

- I have no Financial Disclosures

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PRE-ASSESSMENT QUESTIONS

1. What models of crisis mental healthcare include mental health workers responding to mental health crises?
2. Research indicates that including mental health workers in crisis mental healthcare has had what outcome(s) compared to a police-only response?

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OBJECTIVES

- Discuss the current state of crisis mental healthcare
- Describe the new federal 9-8-8 law
- Describe the three different models of crisis mental healthcare responses
- Discuss how the new 9-8-8 law may change crisis mental healthcare

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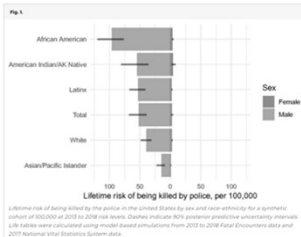
CURRENT CRISIS MENTAL HEALTH

- About 1,000 people in the US were fatally shot by police in 2018.
- About 25-50% of all fatal police encounters are mental health related (Saleh 2018)
- Police are often the first responders for crisis mental health calls and sometimes they're the only responders (Rogers 2019)

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RISK OF POLICE INVOLVEMENT IN CRISES

- Police-involvement disproportionately affects Black men



(Edwards 2019, Rafia-Yuan 2021)

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CURRENT CRISIS MENTAL HEALTH

A cry for help summoned the police – and ended in his death
One year ago, Keaton Larson was in crisis. He was shot by a police officer who came to help.
Alison Smith | Minnesota | November 21, 2021 | 10:28 AM



Mother of Travis Jordan sues city, officers who fatally shot mentally ill man in 2018

Mentally ill man's mother says more could have been done to avoid 2018 death.
By Oliver Wang | The Tribune | November 11, 2021 | 11:04 AM



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CURRENT CRISIS MENTAL HEALTH

- 40 different crisis mental health numbers in Minnesota because crisis teams are county based
- Different responses across the country and state
- Relies heavily on police response and the 911 system.

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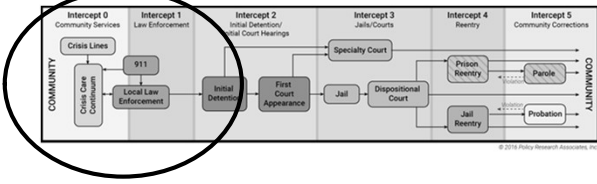
CURRENT CRISIS MENTAL HEALTH MODELS

- Police-only response including Crisis Intervention Teams (CIT)
- Co-Response Teams
- Mental Health Only Response

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PRE-ARREST DIVERSION

- Sequential intercept model



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POLICE-ONLY RESPONSE: CRISIS INTERVENTION TEAMS (CIT)

(Compton, 2008)

- A specialized police-based response
- 40 hours of training for police on mental illnesses and de-escalation in mental health crises
- Developed in 1988 in Memphis, TN
- Widespread use across the country



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CRISIS INTERVENTION TEAM (CIT)

(Rogers 2019 and Watson 2019)

- The ideal Memphis model requires training for dispatch to send CIT trained officers to appropriate calls
- Also requires a centralized drop-off mental health facility with an automatic acceptance policy to reduce officer transfer time

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CIT OUTCOMES

(Compton 2008, Rogers 2019)

- Improved officer outcomes including a positive effect on officers' attitudes, beliefs, and knowledge about people with a mental illness.
- Increased mental health service connection and transportations.
- May have a lower arrest rate and lower associated criminal justice costs.
- Limited evidence and research on use of force and morbidity/mortality outcomes

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CO-RESPONSE TEAMS

(Bailey 2021)

- Police and mental health workers respond to a crisis call
- Variety of way of how they work together including riding in the same vehicle, ride-along and control room support, and only control room support.
- Variations in dispatch models including 911, self-dispatching from listening to police radio, or called by police in the field.
- Some teams have follow-up from mental health workers by phone or in-person.

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CO-RESPONSE TEAMS OUTCOMES COMPARED TO POLICE-ONLY RESPONSE

(Bailey 2021, Puntis 2018)

- In some studies, decreased hospitalizations
- Decreased arrest-rates. In one study, arrest rates were 1.4 % for co-response versus 13.3% for police-only response.
- More cost effective in some studies.
- Increased satisfaction from individuals in crisis
- One study showed more EMS contacts the following year.
- No difference in police perception

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MENTAL HEALTH ONLY RESPONSE

- **Mobile crisis units**- independent mental health worker teams
- Run by counties, clinics, and health systems for particular areas.
- Different dispatch models including dispatched independently, dispatched by 911 after police clear scene, or called by police from the scene
- Minnesota county-based units, Denver STAR Program, CAHOOTS in Oregon



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MENTAL HEALTH ONLY RESPONSE OUTCOMES

- Decreased rates of psychiatric hospitalization
- Cost-effective
- Reduced stigma for individuals in crisis
- However, not widely available



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CHANGES IN CRISIS MENTAL HEALTHCARE

Group wants Duluth crisis response 'done properly'
A diverse group wants city's \$1.8 million pilot program "done properly."



A new Duluth Police program will send unarmed outsiders to some emergencies and interviews or connect people with services they need, working closely with law enforcement.

Rollout of program to send mental health responders to some police calls delayed
The Metropolitan City Council's 2020 Safety for All Plan uses money originally budgeted for the Police Department to fund alternative approaches to addressing public safety.



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FEDERAL 9-8-8 LAW

- In October 2020, Congress signed the National Suicide Hotline Designation Act of 2020.
- Established 9-8-8 as the new national mental health crisis number.
- Allows states to collect funds to respond to 9-8-8 calls but doesn't detail how that money should be spent.
- Mandates specialized services for populations at high-risk for suicide including LGBTQ youth, minorities, and individuals living in rural areas.

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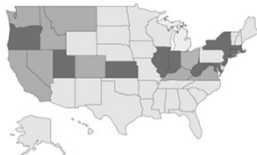
NAMI AND NASMHPD MODEL 988 BILL

- The National Alliance on Mental Illness (NAMI) and the National Association of State Mental Health Program Directors (NASMHPD) drafted a Model 988 Bill to assist states with drafting legislation
- It included the creation of 24/7 988 crisis call centers and 24/7 mobile crisis teams
- It recommended follow-up for people who access 988 services, creation of annual reports on 988 usage, and payment of crisis services by Medicaid

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988 IMPLEMENTATION LEGISLATION

- As of September 30, 2022, 19 states had passed or had pending 988 implementation legislation.



■ Comprehensive 988 implementation legislation enacted ■ Comprehensive 988 implementation legislation pending
 ■ Combined comprehensive 988 legislation and draft pass ■ No 988 legislation considered (includes appropriations, study bills)
 ■ Partial 988 implementation legislation enacted ■ Partial 988 implementation legislation pending

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988 IMPLEMENTATION LEGISLATION

- Washington state passed some of the most comprehensive legislation which includes a 988 fee, funding appropriations, a crisis response funding account, a strategy committee, reporting requirements, and a health insurance coverage mandate for behavioral health emergency services
- Minnesota has existing funding for NSPL call centers but did not pass additional 988 implementation legislation that was introduced in Spring 2022

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988 SUICIDE AND CRISIS LIFELINE

- A national network of more than 200 crisis centers that provide 24/7 support to people experiencing a mental health crisis
- Beginning July 16, 2022, all phone companies and text messaging providers were required to route all calls and text messages to "988" to the 988 Suicide and Crisis Lifeline.
- A call is routed to a local crisis center based on the caller's area code.

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988 SUICIDE AND CRISIS LIFELINE

- In the week that the 988 lifeline was launched, it received over 96,000 calls, texts, and chats, a 45% increase from the week before and a 66% increase compared to the NSPL during the same week in 2021.
- Analysts project that 988 will receive 24 million contacts annually by 2027, though this could reach 41 million depending on calls routed from local emergency numbers.

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POTENTIAL CHANGES FROM 9-8-8

- Opportunity to transform crisis mental healthcare from police-only responses to mental health responses
- Increased funding to develop services for crisis mental healthcare
- Improved equity in crisis mental healthcare

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NEXT STEPS FOR CRISIS MENTAL HEALTH

- More infrastructure needed to build a successful crisis response system.
- SAMSHA details in its Vision for 988 that the goal is to have a full range of crisis care services including mobile crisis teams, crisis stabilization centers, and the ability to connect callers to resources to prevent future crises.
- Building out the capacity of 988 will take time, like the development of 911.
- Critical tasks going forward include meeting call centers' workforce demands, creating the infrastructure to respond to calls, quality control for dispatching emergency responses, and ensuring continued funding.
- Development of clear protocols for coordinating calls between 911 and 988 will also ensure that a person receives the appropriate crisis services

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POST-ASSESSMENT QUESTIONS

1. What models of crisis mental healthcare include mental health workers responding to mental health crises?

Answer: Co-Response Model and Mental Health Only Response

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POST-ASSESSMENT QUESTIONS

2. Research indicates that including mental health workers in crisis mental healthcare has had what outcome(s) compared to a police-only response?

Answer: Reduced arrest rates, decreased hospitalization rates, and increased satisfaction for individuals in crisis

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