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January 5, 2022

9-8-8 Comprehensive Behavioral Health Crisis Communication System Commission,
Established by Act 2021-359

As co-chairs of the 9-8-8 Comprehensive Behavioral Health Crisis Communication System Commission (Short title: The 9-8-8 Study Commission), we are pleased to present the final report of its findings and recommendations to the Alabama Legislature. The purpose of the 9-8-8 Study Commission is to study and provide recommendations for implementation of the 9-8-8 system to enhance and expand behavioral health crisis response and suicide prevention services.

A long-awaited moment to increase access to behavioral health service and address the high rate of suicide in Alabama while reducing the reliance on law enforcement, emergency departments and jails has arrived. The creation of 9-8-8 as the front door to Alabama's crisis system of care will produce an interconnected emergency system of care for behavioral health crises with services and supports that reduce stigma and decriminalize a mental health crisis. What 9-1-1 is for medical crises, regional 9-8-8 call centers will become for a behavioral health crisis. This is the vision for Alabama.

The 9-8-8 Study Commission recommends continuation of the 9-8-8 Study Commission through the close of the 2023 Regular Legislative Session. There is much work to be done to develop a partnership with 9-1-1, increase the availability of crisis services statewide, collect data to support funding requests, design the technology infrastructure and access federal funding.

We recognize and value the time, resources, and efforts contributed by all members of the 9-8-8 Study Commission and its four subcommittees and their commitment and desire to continue the work. Thank you for all you do for our providers, their communities, and the people we serve.

Sincerely,

Kimberly G. Boswell
Commissioner
Alabama Department of Mental Health
Chair

Scott Harris, MD, MPH
State Health Officer
Alabama Department of Public Health
Co-Chair

Findings of the Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System

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Executive Summary

The Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System was created by Act 2021-359 (Short title: The 9-8-8 Study Commission), sponsored by Alabama House Majority Leader Representative Nathaniel Ledbetter and signed by Governor Kay Ivey on May 6, 2021.[1] The purpose of the 9-8-8 Study Commission is to study and provide recommendations for the implementation of the 9-8-8 crisis response system to enhance and expand behavioral health crisis response and suicide prevention services before it is nationally implemented on July 16, 2022. The 9-8-8 Study Commission is presenting its findings and recommendations in this report.

Done right, the 9-8-8 crisis communication system could provide the earliest intervention and become the front door to accessing crisis services. Most notably, it is a once in a lifetime opportunity to decouple policing from a mental health crisis. What 9-1-1 is for medical crises 9-8-8 will become for behavioral health crises.

Community Mental Health Centers (CMHCs) will continue to work with law enforcement and Emergency Medical Services (EMS) through mobile crisis teams, CMHC Crisis Centers, and CMHC access lines as they transition to Lifeline Member Centers for conversion to 9-8-8. The three current Lifeline Member Centers will continue to address the high volume of calls that do not require deployment of crisis services. As we transition, we will work together to develop solutions that work for local communities.

While the National Suicide Hotline Designation Act of 2020 authorizes states to collect a fee on cell phone usage to pay for expansion of call centers and to fund related crisis services, Alabama is choosing not to pursue any legislation to impose or collect a fee during the 2022 Legislative Session. Alabama, like many other states, found the lack of planning time and lack of current data challenging. To pursue a new funding mechanism, additional data is needed to justify any expenditures and time is needed to develop the technology infrastructure to support a comprehensive communications system.

In 1968, the very first 9-1-1 emergency phone call in the United States was placed in Haleyville, Alabama by State Senator Rankin Fite. It took several years for emergency medical services to develop as a profession and many more years before emergency medical services were available statewide. Now, 9-1-1 is universally known as the three-digit number for emergencies.

Similar to the development of the 9-1-1 and EMS, conversion to 9-8-8 will take time. Much work is needed to develop crisis services and to build the technology infrastructure required to sustain a statewide crisis response system. The 9-8-8 Study Commission recommends the following:

- Pass a House Joint Resolution in the 2022 Regular Legislative Session enabling the 9-8-8 Study Commission to continue operating through the close of the 2023 Regular Legislative Session.

[1] Alabama Act 2021-359. Creating the Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communications System. May 6, 2021: https://arc-sos.state.al.us/cgi/actdetail.mbr/detail?page=act&year=2021&act=359

- Consider other revenue-generating legislative actions in the 2023 Legislative Session based on actual call volume and data to support the need.

Introduction

On October 17, 2020 the National Suicide Hotline Designation Act (Public Law No: 116-172) was signed into law. The Act designated a universal telephone number for suicide prevention and mental health crisis hotline systems. It officially designated 9-8-8 as the universal number within the United States.

During the 2021 Session of the Alabama Legislature, Act 2021-359 established a joint resolution creating the Study Commission on the 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 in Alabama by the nationally mandated implementation date of July 16, 2022.

Over a six-month time period between June 30 and December 8, 2021, the 9-8-8 Study Commission met regularly and organized into subcommittees to review, analyze, and provide recommendations. The 9-8-8 Study Commission was comprised of sixteen public, private, and nongovernmental organizations, and the subcommittees included diverse representation from community providers, stakeholders, and subject matter experts.

This report summarizes the work of the 9-8-8 Study Commission including the work of the subcommittees and their final recommendations. The 9-8-8 Study Commission members are listed in the appendix.

Background

The nation's upcoming transition to a three-digit crisis line (9-8-8) provides Alabama with the unique opportunity to fully integrate and intentionally align the state's crisis service delivery system – linking individuals directly to critical services with someone to call, someone to respond, and somewhere to go.

Alabama cannot complete the journey to full implementation of the Alabama Crisis System of Care without all three core components of crisis services in place:

- **Someone to call**: 9-8-8 crisis call centers
- **Someone to respond**: mobile crisis services
- **Somewhere to go**: CMHC Crisis Centers including temporary and extended observation with 5–7 day stays

In the 2020 Legislative Session, Governor Kay Ivey prioritized establishing a mental health crisis continuum of care. In collaboration with the Alabama Legislature led by House Majority Leader Nathanial Ledbetter, $18 million was appropriated to the Alabama Department of Mental Health (ADMH) in the FY2021 state General Fund budget to fund the first CMHC Crisis Centers in Alabama. With the announcement of the awardees of the funding for the three CMHC Crisis

Centers, Alabama took its first step in the journey to implementing the Alabama Crisis System of Care.

The Alabama Crisis System of Care is focused on four critical goals:

- Reduce the number of jail bookings and hospital ED boarding time due to a behavioral health crisis.
- Promote integrated services regardless of diagnosis (mental illness, substance use disorder, or co-occurring intellectual disability).
- Decrease the rate of referral to more expensive inpatient care with extended lengths of stay.
- Develop a regional approach through planning and collaboration.

CMHC Crisis Centers provide "a place to go" for law enforcement and EMS to take individuals who are in a behavioral health crisis, thus avoiding inappropriate jail bookings and emergency department boarding. Crisis centers allow those responding to a behavioral health crisis call currently going to 9-1-1 to have a "**place to go**."

In addition to CMHC Crisis Centers, the Alabama Legislature appropriated $2.5 million in the FY2020 state General Fund budget for a rural crisis model. Five rural crisis projects were funded using the mobile crisis team model through a supplemental appropriation in the General Fund budget. Mobile crisis teams deploy with EMS or law enforcement so that behavioral health crisis calls going to 9-1-1 can have "**someone to respond**" with expertise in behavioral healthcare. In addition, mobile crisis services address the transportation barrier experienced in rural communities.

In the 2021 Regular Legislative Session, the ADMH state budget appropriation was increased to include an additional $6 million in funding for the fourth CMHC Crisis Center, bringing the statewide total to four centers. In addition, the Legislature made an appropriation from the state General Fund budget for rural crisis care projects, which operate as mobile crisis services.

As Alabama develops an interconnected statewide crisis system of care, missing is an important core element – high-tech regional crisis call center(s) coordinating in real time. A comprehensive crisis communication system is a core element of the Alabama Crisis System of Care. It is "**someone to call**" during a mental health crisis.

The goal is to convert the mental health crisis calls going to 9-1-1 to 9-8-8 so that crisis services are deployed in conjunction with or instead of law enforcement and EMS.

Results

The 9-8-8 Study Commission considered eight items in order to submit a final report with findings and recommendations. The 9-8-8 Study Commission met regularly and organized into subcommittees to review, analyze, and provide recommendations in the following four categories: Crisis Services; Certification and Standards; Financing, and Legislative.

Below is information regarding the work of each subcommittee. The subcommittee work addressed the eight considerations outlined in the purpose of the 9-8-8 Study Commission. In this

section, the goals for each subcommittee along with a brief description of their work are included. Final recommendations and findings are listed at the end of this section.

Crisis Services Subcommittee
Goal: Assess the current capacity of all three core components of crisis services, statewide, and what will be required for successful implementation of 9-8-8.

- Identify gaps in crisis services;
- Identify crisis services needed to expand all three core components of crisis care;
- Recommend key components of a data system, to include a bed registry and availability of mobile crisis teams, that will follow individuals who engage with any of the components of crisis services; and
- Review recommendations from the Alabama Commission on the Evaluation of Services – Program Evaluation for Suicide Prevention Programs to determine how they can be incorporated into the 9-8-8 initiative.[2]

Based on the three components of crisis services, the Crisis Services Subcommittee took into consideration the assessment of the existing infrastructure, identified needs, and projections based on identified gaps.

Certification and Standards Subcommittee
Goal: Recommend certification standards for all three core components of crisis services to the 9-8-8 Study Commission.

1. Crisis Call Centers - Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat).
2. Mobile Crisis Teams – Mobile crisis teams available to reach any person in service area in his or her home, workplace, or other community-based location of the individual in crisis in a timely manner.
3. Crisis Recovery and Stabilization Facilities – Crisis stabilization facilities providing short-term (under 24 hours) observation/crisis stabilization services to all referrals in a home-like, non-hospital environment.

The subcommittee began by reviewing Substance Abuse and Mental Health Services Administration (SAMHSA) "National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kit"[3] and The National Council for Mental Wellbeing's "Roadmap to the Ideal Crisis System."[4]

The subcommittee found that many of the components needed in terms of standards and certification are already in place. Currently, there are three Crisis Call Centers operating in the state. All are National Suicide Prevention Lifeline members. Membership in the National Suicide

[3] Substance Abuse and Mental Health Services Administration. "National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit." February 2020: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
[4] The National Council for Mental Wellbeing. "Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards, and Best Practices for Behavioral Health Crisis Response." March 2021: https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

Prevention Lifeline requires centers to provide proof of certification/accreditation from one of the following organizations:

- American Association of Suicidology (AAS)
- International Council for Helplines
- Alliance of Information & Referral Systems (AIRS)
- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Utilization Review Accreditation Commission (URAC)
- DNV Healthcare, Inc.

Certification by one of these would allow for "deemed status" by ADMH so that certification by the state would not be required. However, the following minimum standards are required for all call centers. Because of the transition and lack of funding, it will take time for all call centers to meet the minimum standards as detailed in the SAMHSA "National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit" and outlined below.

Minimum Standards 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; and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center to fully align with best practice guidelines, centers must meet the minimum expectations and:

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; and
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

Financing Subcommittee
Goal: Recommend funding for establishing, statewide, all three core components of crisis services.

Equitable funding for crisis services is necessary to boost the financial stability and sustainability of call centers and evidence-based crisis services in every county, so that people experiencing behavioral health crises can receive higher quality support.

The Financing Subcommittee narrowed the scope of the committee's work to focus on the cost of the 9-8-8 Call Centers—not the entire crisis continuum of care. External technical assistance was provided to the subcommittee by RI International, Inc. and Vibrant Emotional Health, both of which estimated first-year costs of 9-8-8 in the range of $5.6 million (Vibrant) to $11.1 million (RI International). Both entities estimated the cost of each call to 9-8-8 would be about $65-67 per call. They differed on the estimates for call volume. The subcommittee saw any call volume estimates as broad educated guesses that could be way off from the actual call volume beginning in July 2022. In addition to the unknown call volume, Vibrant will not release specifications for call center technology until the fall of 2023. There likely will be a significant cost to this technology, but it is currently unknown. The RI International estimate did include a significant startup cost estimate while Vibrant did not include startup costs in its estimate. The first-year cost estimate should be viewed as a rough approximation that may fall somewhere on the spectrum of the estimates provided. The subcommittee expects the costs for the following year (2023) be guided by actual call volume numbers starting with 9-8-8 implementation in July 2022, to be more accurate.

In the interim, Alabama will be using a CMS State Planning Grant for Qualifying Community-Based Mobile Crisis Intervention Services to research and develop Medicaid authority to fund mobile crisis services, which will utilize a sustainable funding model for all costs associated with these services, as well as identifying statutory or administrative mechanisms to establish sufficient funding for crisis services to include 9-8-8 implementation.

Legislative Subcommittee
Goal: The Legislative Subcommittee will 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.

In review of proposed and enacted state models of 9-8-8 legislation, and of cost estimates provided by the Financing Subcommittee, the Legislative Subcommittee recommended that 9-8-8 legislation not be pursued in the 2022 Regular Legislative Session. Until Alabama collects sufficient, real-time data about crisis call volume and related crisis services, both on the state and local level, this subcommittee recommends utilizing federal relief funding available through the American Rescue Plan Act (ARPA) and/or an appropriation from the state General Fund budget in the interim period, to fund the initial cost(s) of 9-8-8.

Recommendations

The 9-8-8 Study Commission recommends the following actions to the Alabama Legislature:

- Pass a House Joint Resolution in the 2022 Regular Legislative Session enabling the 9-8-8 Study Commission to continue operating through the close of the 2023 Regular Legislative Session.
- Consider other revenue-generating legislative actions in the 2023 Legislative Session based on actual call volume and data to support the need.

Findings

The existing work and structure of the 9-8-8 Study Commission is critical to accomplishing and supporting the development, maintenance, and expansion of the following components of Alabama's Crisis System of Care:

- The four CMHC Crisis Centers located in the four mental health regions will apply to become Lifeline Member Centers. Each region will hold a meeting with the current Lifeline Member Centers to assure the minimum standards described in this document will be met and determine how they will work together to accomplish achieving the minimum standards.
- The following are **projections** for expansion of crisis services:
    - Eighteen additional mobile crisis teams are needed statewide to ensure there is "**someone to respond**."
    - Seven additional CMHC Crisis Centers are needed to ensure individuals in a behavioral health crisis have "**somewhere to go**" for a total of eleven statewide.
    - The ADMH FY2023 budget request includes funding for two additional CMHC Crisis Centers which will bring Alabama to a total of six statewide.
- One of the biggest barriers to interconnectedness between call centers and crisis services is technology. Technology is needed for:
    - A bed registry
    - Outpatient scheduling
    - GPS for dispatching mobile crisis teams
- Over the next year, it is likely a national technology platform will roll out to align 9-8-8 with the full continuum of crisis services. Decisions regarding technology will need to take into account any national initiative to develop technology.
    - ADMH will investigate use of Vibrant's new unified platform in 2022 which uses varying modalities including call, text, and chat video.
- The 2021 CMS State Planning Grant for Qualifying Community-Based Mobile Crisis Intervention Services will be used to research and develop Medicaid authority to fund mobile crisis services.
    - ADMH will pursue a memorandum of understanding with Medicaid to utilize Medicaid Administrative match to fund call centers and technology.

Conclusions

High-tech crisis call centers are a core element of transforming crisis services in Alabama and an essential component of the Alabama Crisis System of Care. Implementation of the National Suicide Hotline Designation Act through a 9-8-8 crisis response system is a once in a lifetime opportunity to decouple policing from a behavioral health crisis.

In 1968, the very first 9-1-1 emergency phone call in the United States was placed in Haleyville, Alabama by State Senator Rankin Fite. It took several years for emergency medical services to develop as a profession and many more years before emergency medical services were available statewide. Now, 9-1-1 is universally known as the three-digit number for emergencies. We believe the transition to 9-8-8 will follow a similar path and it will need to develop based on local and regional needs and partnerships. The goal is for this critical work to continue by extending the work of the 9-8-8- Study Commission.

The 2020 National Suicide Hotline Designation Act does not require states to spend more money but given that Alabama has consistently had higher suicide rates than the national average since 1990, it is a change that will increase calls for help from Alabamians, and adequately answering these calls and providing services to callers will take money.[5] Further work is needed to validate the projected need in additional crisis services.

[5] Alabama Commission on the Evaluation of Services. Program Evaluation – Suicide Prevention Programs. September 2020: https://evidence.alabama.gov/wp-content/uploads/2020/09/Program-Evaluation-of-Suicide-Prevention_Final-SEPT-2020-1.pdf

Appendix

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

1. **Commissioner of Mental Health**
   Kimberly Boswell, Commissioner
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2. **State Health Officer**
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3. **Two members of the House of Representatives, appointed by the Speaker**
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4. **Two members of the State Senate, appointed by the Pro Tempore**
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   Senator Garlan Gudger
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6. **Director of Emergency Management Agency**
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   Proxy
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7. **ALEA Secretary**
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8. **Governor's Office**
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9. **The Crisis Center of Birmingham**
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10. **Crisis Services of North Alabama**
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11. **Family Counseling Center of Mobile**
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12. **Two representatives from the Council for Behavioral Healthcare**
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    Jeremy Blair, Chief Executive Officer
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13. **Behavioral Healthcare Alliance of Alabama**
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14. **American Foundation for Suicide Prevention, AL Chapter**
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15. **Department of Human Resources**
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16. **NAMI Alabama**
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