

HOMELESS & HOUSING RESOURCE CENTER

988 and Effective Crisis Response

Integrating Care to Better Serve Individuals Experiencing Homelessness



SAMHSA
Substance Abuse and Mental Health Services Administration

February 23, 2023

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Disclaimer


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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Questions:** Please submit your questions using the Q&A feature
- **Slides:** Available now on HHRC website: <https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website in 1 week
- **Evaluation:** Link will be shared at the end and browser should redirect you
- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed



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Today's Presenters

- Jordan Gulley, Senior Associate, TAC
- Stanley Eugene, Subject Matter Expert with Lived Expertise
- Emily Miller, Senior Manager, Crisis Respite Program: Seattle, Washington
- Eric Scott, Peer Support Specialist, Community Response Team: Washington, DC
- Cherene Caraco, Founder, Chief Global Strategist & Executive Director, Promise Resource Network: Charlotte, North Carolina




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Agenda


- Welcome and Introductions
- Background
- Potential Cycle of Crisis
- Personal Story
- How to break the cycle: Opportunity of 988
- Core Elements of Behavioral Health Crisis Continuum
- Challenges to Effective Crisis Response for Individuals Experiencing Homelessness
- Strategies for Alignment of Services
- Panel of Experts
- Poll Questions
- Q&A



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 **Poll Question**

Tell us about yourself. Which best describes your professional area of focus? (check all that apply)

- Person employed in the homeless services/housing services system
- Person employed as a qualified mental health professional
- Person employed within the behavioral health crisis system
- Person with lived expertise and/or a person in recovery
- Care Coordinator/Case Manager
- Peer Support Specialist
- Program Manager
- Program Director
- Prescriber
- Executive Director
- Other (add in Q&A)




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 **Poll Question #2**

How familiar are you with 988?

- I am familiar with 988 and have used/know how to use 988 to connect myself or someone else to resources
- I have heard of 988 and have a general understanding of it
- I have heard the number but do not know much about it
- I have not heard of it
- Other




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Today's Learning Objectives

- Review the detrimental impacts of an ineffective crisis response system on individuals experiencing homelessness, BIPOC, and vulnerable communities
- Understand the role of 988, and the necessary components of an effective behavioral health crisis response system
- Identify opportunities and strategies for behavioral health crisis providers and homeless and housing service providers to more effectively partner

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Background: Behavioral Health Crisis

- In 2020, the U.S. had one death by suicide about every 11 minutes
 - ✓ For people aged 10 – 34 years, suicide is a leading cause of death
 - ✓ Suicide rates and attempts are particularly high for LGBTQIA+ youth
- From April 2020 to 2021, over 100,000 individuals died from drug overdoses
- The COVID-19 pandemic triggered a 25% increase in rates of depression and anxiety
- 1 in 20 adults in the U.S. experience a serious mental illness each year
- For a variety of reasons, it is estimated that only 22% of individuals with behavioral health conditions get the help they need

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Potential Cycle of Crisis




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Potential Cycle of Crisis: The Impacts



- Ineffective behavioral health (BH) crisis response systems often produce avoidable adverse outcomes for racially marginalized, historically disenfranchised communities:
 - ✓ LGBTQIA, those with disabling conditions, experiencing homelessness, living in rural or under-resourced communities.
- Individuals experiencing homelessness may experience common risk factors that can perpetuate crisis such as:
 - ✓ Significant barriers to positive social determinants of health
 - ✓ Exposure to and history of trauma, traumatic events or abuse





- Individuals with complex BH conditions who are also experiencing homelessness are more likely to:
 - ✓ Be inadequately connected to the BH system
 - ✓ Have increased police interactions, which can result in traumatic events, arrest, imprisonment, involuntary hospitalization, injury, or even death
 - ✓ Have the police called on them during a BH emergency, particularly if they are unsheltered
 - ✓ Have frequent contact or constantly transition between shelters, emergency departments, inpatient units (psychiatric and medical), and the criminal justice system



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Personal Story- Stan's Story



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What is 988?

- On July 16, 2022, the country adopted 988, an easy to remember three digit dialing, texting, and chat number for individuals who were suicidal or experiencing a mental health related crisis.
 - ✓ 988 was built off of the existing National Suicide Prevention Lifeline infrastructure, which now consists of over 200 call centers.
- 988 is distinct and separate from the emergency medical and public safety response associated with 911.



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How does 988 work?

- Centralized routing ensures that if a call center is unable to answer, the call is routed to a national back-up line.
- In November 2022 alone, 988 routed a total of 347,375 calls, chats, and texts.
- ✓ Average speed of answer was 36 seconds

CALL FLOW


Caller dials 988

If the caller presses "1" they are routed to the Veterans Crisis Line

If the caller does not press a prompt, they are routed to their local crisis center

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If the caller presses "2" they are routed to the Spanish sub-network

If the local center is unable to answer, the call is routed to our national backup network



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Breaking the Cycle: The Potential Impact of 988

- 988 is an important step in reimagining crisis response as it creates the foundation for health-first centralized access to crisis services.
- ✓ 988 serves as an entry point to gain access to a trained counselor.
- To be truly effective, services must be available to anyone, anywhere, anytime.
- In order to offer the full array of supports to meet the level of need an individual may have, 988 must be integrated into the broader crisis system.

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Core Elements of Behavioral Health Crisis Continuum



Someone to call
24/7 Crisis Call Centers (988)



Someone to go
24/7 Mobile Crisis Response



Somewhere to go
Crisis Receiving and Stabilization

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Crisis Services Expert Panel

- Stanley Eugene, Subject Matter Expert with Lived Expertise
- Emily Miller, Senior Manager, Crisis Respite Program: Seattle, Washington
- Eric Scott, Peer Support Specialist, Community Response Team: Washington, DC
- Cherene Caraco, Founder, Chief Global Strategist & Executive Director, Promise Resource Network: Charlotte, North Carolina





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Poll Question #3

What additional resources does your community need to be able to effectively support individuals who are homeless that may be experiencing behavioral health crisis (check all that apply):

- TA/Training/Learning Collaboratives on fostering cross-sector collaboration with essential partners
- TA/Training to assist practitioners and providers in the adoption and integration of best practices
- Technical Assistance on creating more robust behavioral health crisis continuums
- Technical Assistance on emerging best practices related to behavioral health crisis
- Other _____



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Question and Answer





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Evaluation and Certificate of Participation

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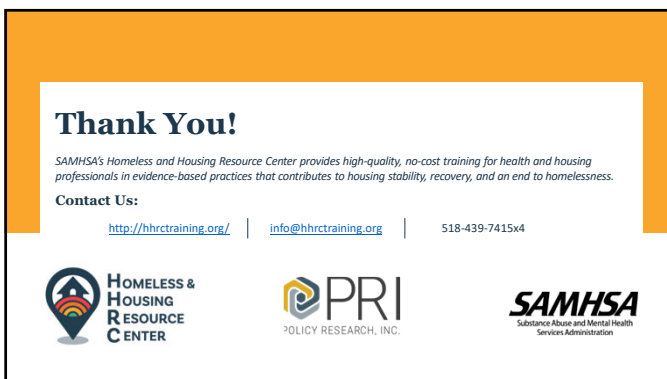


Resources

- SAMHSA: [National Practice Guidelines for Crisis Care](#)
- SAMHSA: [988 Partner Toolkit](#)
- Finding a 988 center [Our Network : Lifeline](#)
- [Guide to Psychiatric Directives](#)
- [Effective Behavioral Health Crisis Care for Individuals Experiencing Homelessness.](#)
- [Wellness Recovery Action Planning](#)
- Forthcoming HHRC resource: 988 and Crisis Response: Integrating Care to Better Serve Individuals Experiencing Homelessness

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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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