

Proposal Form: American Rescue Plan State Fiscal Recovery Funds

Proposal Overview

Policy Bucket/Area	Behavioral Health
Proposal Name	988 System of Care
Agency Name	BHDDH
Agency Proposal Owner	Ryan Erickson
Eligible Expenditure Category (PRO)	Public Health

Proposal Fiscal Impact

If your proposal is administrative or not related to capital or infrastructure, please provide how the stimulus funds would be used over the next three fiscal cycles and any additional funding that would be required.

Funding Source	FY22	FY23	FY24	FY25	FY26	FY27*	Annual Recurring Charges
Federal Stimulus Funds		\$1,875,000					
Other Federal Funds							
General Revenue							
Other Funds							
All Funds		\$1,875,000					

**Federal Stimulus Funds half year only*

Capital/ Infrastructure Projects	FY22	FY23	FY24	FY25	FY26	FY27*	Total
Federal Stimulus Funds							
Other Funds							
Total							

**Federal Stimulus Funds half year only*

Proposal Description

Please describe the proposal in terms of what is the object of expenditure. Information should include current programs that would be impacted, new programs to be created, reference to category of expenditure and how good or service will be procured and delivered. Further detail on expenditure database changes can be captured on attached excel spreadsheet for ultimate entry into the Budget Office BFM system.

When fully implemented, 988 will act as the nation's behavioral health crisis safety net, in the same way 911 acts as the safety net for police, fire, and rescue needs. 988 will be the number to call for a suicide, mental health, or substance use crisis, connecting people to resources and behavioral health experts. 988's Coordinated Crisis Continuum will include a Crisis Center (someone to talk to); Mobile Crisis Team Response (someone to respond); and Crisis Receiving and Stabilization Services (somewhere to go). Rhode Islanders will have universal and convenient access to a high quality, personalized experience that includes connection to appropriate resources, localized community response, and follow-up.

Currently, Rhode Islanders 18+ years of age experiencing a behavioral health emergency can call BH Link's 24/7 hotline or go to their 24/7 triage center. BH Link also runs the National Suicide Prevention Lifeline (NSPL) which will transition to 988 this July. For those under 18, the Kids Link hotline is available. Several CMHCs across the state offer mobile crisis outreach and crisis stabilization, though not coordinated through a centralized dispatch. Some citizens in crisis now call 911, which doesn't always result in appropriate resources dispatched.

Our goal is to implement a statewide continuum of care for 988 that includes 24/7 coverage for call, text, chat and follow-up services by July 16, 2022, and a plan for expanded services (including statewide mobile outreach) the following year.

Proposal Estimate

Please explain how the estimated cost of the proposal was derived including all considerations included in the calculation for the current fiscal year as well as the outyears.

Vibrant Emotional Health, the national administrator of the NSPL, provided a tool to estimate the first-year implementation costs of 988 based on projected call volume. Vibrant will be the national administrator of 988; they prepared these estimates for states' Lifeline Centers so they could adequately prepare for 988 rollout. They estimate Rhode Island's first year costs at \$2,914,702.

However, upon review of the estimate, BHDDH staff feel this may be more than needed in the first year given that the line will not be advertised nationally until the second year of operation (July 2023-June 2024). We have scaled down projections accordingly: we anticipate *some* increase in projected call volume relative to the state's behavioral health crisis line, 414-LINK, but not a near 70 percent increase as functionally projected by 988. Additionally, Vibrant's projections on FTE costs struck BHDDH as low, so there was some adjustment upward to accommodate higher-than-average costs of living in Rhode Island.

The revised estimate is built on the real annual costs (\$1,679,000) of BH Link's 414-LINK hotline, which the 988 hotline will fully replace, with the addition of two counselors (~\$110,000) for any increased call volume and \$86,000 in training and contractor costs. Thus, full budget is as follows:

- Replacement of BH Link Crisis Line: \$1,679,000
- Counselor Enhancements for 988 (addition of two counselors): \$110,000
- Training Costs: \$33,000
- Staffing/Contractor Costs for BHDDH: \$53,000
- **Total:** \$1,875,000

We propose to keep this funding available for any of the above uses in case some costs (particularly training) exceed current estimates.

If other funding is needed to adequately staff 988 in the event of higher-than-expected call volume, BHDDH will look to other federal grant sources to supplement the ARPA request, though no unallocated sources are known to BHDDH at this time.

Proposal Background/Opportunity Statement

In this section, clearly explain the conditions that exists today and the opportunity that your request presents to capitalize on. The best opportunity statements thoroughly explain, with as much detail as possible: (1) where we are today; (2) where we want to be in the future; and (3) why there is the gap between where we are and where we want to be. In each of the three stages, please quantify the impact this proposal will have; quantification should include the fiscal benefits to the state over time, but may also include other quantifiable metrics (i.e., the proposal will increase the percent of the population that has access to broadband from 10% to 50%; currently XXX of staff hours per week are spent... this proposal will reduce this to XX hours).

Background: 988 was created by the [National Suicide Hotline Designation Act](#), which was passed in 2020 and required all states to establish 988 as a behavioral health crisis line by July 2022.

On July 16, 2022, the number 988 goes live nationwide. Similar to 911, the vision of 988 is to serve as America's mental health safety net, reducing suicides and mental health crises and providing a pathway to well-being. Everyone in the US and the territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through the 988 crisis line, which will be the standard number for accessing this service in every state, either through call or text/chat. 988 will rapidly connect people with their needed level of behavioral health service.

When fully implemented, 988 will reduce the dispatch of law enforcement to persons in non-emergency mental health crises, freeing more resources to respond to public safety needs and resulting in more appropriate care for those in behavioral health crisis. 988's Coordinated Crisis Continuum will include a Crisis Center (someone to talk to); Mobile Crisis Team Response (someone to respond); and Crisis Receiving and Stabilization Services (somewhere to go). Rhode Islanders will have universal and convenient access to a high quality, personalized experience that includes connection to appropriate resources, localized community response, and follow-up.

Where we are today: Rhode Island currently has some of the 988 Coordinated Crisis Continuum elements in place, though they are not coordinated through one provider. These elements include BH Link's hotline and triage center, as well as the Kids Link hotline and CMHCs' mobile crisis teams. Active interagency planning is going on statewide to add in elements that are missing. Sustainable funding will allow the state to meet the projected increases in call/text/chat volume anticipated when 988 goes live, as well as deliver the expected service continuum as described in SAMHSA's *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*, found here: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Where we want to be: Rhode Island's 988's Coordinated Crisis Continuum should deliver on all of the SAMHSA best practice guidelines, so that a person contacting 988 or related emergency number is connected to the right services, at the right time, in the right manner (in the least restrictive community-based setting). Essentially, RI's 988 system of care should function as a single point of access for whatever behavioral health crisis services are needed by the person contacting 988; support, referrals, and follow-up should be delivered seamlessly, regardless of the person's age, issue, and ability to pay.

Why there is a gap: While support of the Coordinated Crisis Continuum model is widespread statewide and planning has occurred separately around both Adults' and Children's Behavioral Health Systems of Care, the nationwide launch of 988 adds urgency to funding, planning, and implementation. Due to the unfunded federal mandate on states' adoption of 988 and resulting projected increases in volume once it goes live, increased funding to support staffing, capacity, and added services is necessary to meet increased demand.

Proposed Intervention & Theory of Change

Provide a detailed description of how the initiative you are proposing responds to the opportunity statement above. Your narrative should clearly describe how your intervention, if funded, could close the gap described above and achieve the desired future state. Please highlight the use of any evidence-based interventions in your proposal and discuss how this proposal will promote equitable outcomes.

A major challenge to behavioral healthcare services is knowing how to access the right behavioral healthcare services at the right time. 988 will provide one, well-known, easily remembered resource that anyone in the state can dial and get immediate access to needed services, whether that service is simply a voice over the phone to deescalate the crisis or a provider who meets the caller in the community.

While Rhode Island is fortunate to have in place some of the elements required to start 988, it lacks a funding source for its behavioral health crisis hotline for the 2023 fiscal year, and lacks funding for any increase in call volume over and above current staffing. The funding requested here will ensure that Rhode Island is ready to implement 988 on the timeline required.

Rhode Island has an opportunity to build on its success answering calls on the National Suicide Prevention Lifeline and helping Rhode Islanders in crisis. By funding and building out the required elements of a successful statewide Coordinated Crisis Continuum, Rhode Island can ensure that its citizens get the help they need for behavioral health challenges.

Target Population

Please provide how many individuals/businesses/etc. will be impacted by the proposal and why the population is in need of the intervention described above.

In the same way 911 is available to all, the target population for 988 is all Rhode Islanders. As suicidal intention and mental health and substance use crises continue to rise, the need to connect people to appropriate resources and support is more important than ever. Connecting those in crisis to trained behavioral health staff rather than law enforcement can help to guarantee better transition of care and outcomes for all. Special attention in planning should also consider historically marginalized populations, as well as those more frequently impacted by behavioral health crises.

Recurring Fiscal Impact of Proposal

Please be clear about the recurring financial changes that may occur or be necessary because of the investment. For example, a refurbishment of a current capital asset may lower maintenance costs in the future or a new investment may require annual appropriations to operate.

The expected recurring annual cost is thus equal to or greater than the amount requested for FY2023. 988 is expected and required to function in the long-term, and more services are expected of 988 in year 2 (Jul 23-Jun 24) and subsequent years in addition to an increase in call volume to the 988 crisis line.

Because some of these expected future services are likely to be eligible for Medicaid reimbursement, we would expect these additional services to and the funding for them to run through the Medicaid program. Outyear costs are dependent on many factors and are not known at this time. BHDDH continues to explore some avenues for sustainability in future years, including the collection of a dedicated fee to support the 988 hotline and associated services. While there are no known penalties to states for not implementing 988, there is a substantial public-facing risk for not implementing the program. Rhode Island would be alone among or among a very few states that did not proceed with implementation. Not implementing this mandated program would also appear as though the state is not committed to meeting Rhode Islanders' mental health needs.

Relationship to Other Relief

If the analyst is recommending another source of funding, or is explaining future federal funding to maintain this program, please note the other federal source of funding below with an explanation of why that source best fits the proposed action described above.

Of note: as stated above, there will be recurring costs associated with 988. In the future, other sources of funding may include federal discretionary grants. Prior sources of funding for the BH Link Crisis Line have included discretionary grants made available to the Department by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funding provided through SAMHSA accounts for the majority of BH Link funding today. However, the grant used to provide much of this funding, State Opioid Response, is set to expire in Fall 2022. At this time, we do not know if Rhode Island will receive an allocation of this grant that can be used to continue funding the BH Link Crisis Line or the 988 line that will succeed it. BHDDH will also continue to recommend the assessment of a 988 fee, as authorized by the federal legislation mandating the implementation of 988, to cover future 988 program costs. (See page 3 of [this document](#).)

Timeline for Implementation

Describe how long you expect your proposal to take to implement in full, noting how much progress you expect to make in one year or less. In addition, describe how the project or investment funding can be obligated by December 31, 2024.

States are expected to have 24/7 coverage for calls, texts, and chat, as well as follow-up procedures, in place by the national rollout of July 16, 2022. Expanded services described elsewhere such as mobile crisis outreach teams are expected to be in place by 6/30/23.

FTE Impact

Use this section to note whether this proposal would require the hiring of additional FTEs, the elimination of existing FTEs or a reprogramming of FTEs. Please provide specific counts, job classifications of impacted existing employees and/or new hires, and salary/benefits costs for each position. Please note relevant timeline considerations such as anticipated hire/reassignment date and end/return to original assignment date for any temporary personnel assignments. If you expect the initiative to require the assistance of contractors, please note that expectation here.

No state FTE impact is expected. However, some of the funding (up to \$53,000) may be used for defraying current FTE costs and contract resources that will assist BHDDH in the development of 988 services. This funding would be sufficient to cover some BHDDH staffing costs as well as a part-time contractor on this project.

Potential Impediments or Risks

Use this section to note any potential risks related to the proposal or barriers to implementation (including, e.g., required statutory changes, lack of necessary technical staff/software capabilities, public pressure, highly complex and difficult implementation strategy, etc.), or any unintended consequences that might result from the proposal. You should also note any unanswered questions or persistent unknowns that could hinder implementation of the proposal.

Because Rhode Island had already developed the BH Link Crisis Line, 414-LINK, it started 988 implementation in a stronger position than many states. 414-LINK is a 24/7, statewide crisis line that has already merged with the state's Suicide Hotline. However, since becoming operational in late 2018, this program has been funded using federal discretionary grants that may not always be available. While funding for FY23 implementation of 988 will help ensure the crisis line is sustained at a slightly higher level of service than is available right now, a robust sustainability plan will be needed by FY24.

Also, there is a small risk that the level of funding will not provide enough support if call volumes in the first year significantly exceed current call volumes for 414-LINK. As noted above, because the resource will not be advertised broadly in the first year (Jul 22-Jun 23), we do not expect a *significant* increase in call volume, but we do expect *some* increase due to ongoing COVID-19 pandemic related behavioral health impacts.

Connection to Existing Models and Partnerships

Explain how your proposal leverages or expands existing models or partnerships within the state. If your proposal does not build on any existing models or partnerships, explain how you intend to quickly launch your proposed intervention and expend requested funds in one year or less.

SAMHSA's best practices state that when collaboration exists with hospitals, medical and behavioral health providers, law enforcement, and other social services, the 988 Continuum of Care is well suited to resolve mental health crisis and prevent future crisis situations.

The 988 Continuum of Care can leverage BHDDH's existing partnerships with BH Link and Kids Link, as well as existing relationships with CMHCs. Coordination with other state agencies, especially e911, should continue.

Timeline for Outcomes

How long after this initiative is implemented do you expect to see meaningful change (example: completion of a proposed training initiative, return on capital investment, attainment of program targets, etc.)? If you expect long-term savings, when do you predict that savings will begin?

While this proposal does play an important role in limiting behavioral health-related admissions to emergency departments and the criminal justice system, savings from 988 are unlikely without robust community behavioral health programs (like mobile crisis, which is required in year 2 of implementation). It will only be successful in generating positive long-term outcomes, like better overall rates of recovery for people with substance use disorder or fewer suicides, if this corresponding network of community-based services is built alongside the program. Nonetheless, one statewide number with information on how to access behavioral health services will demystify the process of connecting with behavioral health providers today, which may result in direct access to treatment more quickly even if mobile crisis services are not yet available.

Evidence-Based Intervention

Briefly describe the evidence-based interventions envisioned for the initiative, and/or if projects are being evaluated through rigorous program evaluations that are designed to build evidence. If an agency is conducting a program evaluation in lieu of spending on evidence-based interventions, please describe the evaluation design. You can use tools like the [Pew Results First Clearinghouse](#) and the [Social Programs That Work](#) database to determine whether the type of initiative that you are proposing has been rigorously evaluated in other jurisdictions.

Research on 414-LINK and on the Rhode Island Suicide Lifeline (co-located with 414-LINK) has shown robust need that would not have been met if BH Link were not available.

- 2,159 people called RI's Suicide Lifeline in the first six months of 2020, or an average of a little fewer than 12 calls a day.
- Of these people, 99 percent were connected to the Lifeline and only 1 percent (or about 24 callers) were unable to connect with a Lifeline counselor at BH Link.
- BH Link also fielded several mental health crisis calls that were not referred to the hotline. While these totals were not available at the writing of this document, they represent a significant additional total of BH Link's annual call volume.

Equity

Describe how your agency's planned use of funds prioritizes economic and racial equity as a goal, names specific targets intended to produce meaningful equity results at scale and articulates the strategies to achieve those targets.

Population: Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve? What data supports this population being categorized as underserved or marginalized?

The plan is to implement specialized training for 988 staff that focuses on how to best serve historically marginalized groups such as BIPOC and LGBTQ+. Training on how to serve the unique needs of children, adolescents, adults, and an aging population is necessary as well.

Preference will also be given to include peers, or individuals with lived mental health and substance use disorder experience, as core members of the 988 system of care planning process.

Awareness: How equal and practical is the ability for residents or businesses to become aware of the services funded by the SLFRF?

SAMHSA and Vibrant Emotional Health will undertake some national marketing to create awareness of 988, explain how it differs from 911, and provide service expectations. Both organizations have asked states to hold their public awareness campaigns until after 6/30/23, so that 988 staffing capacity is adequate to meet increased demand and states are fully prepared to handle increased capacity in year two.

Access and Distribution: Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?

988 is available to all, and the Continuum of Care in Rhode Island must be implemented with that in mind. According to SAMHSA, “Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community.”

Outcomes: Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?

As a national emergency line like 911, 988 should provide universal levels of service for anyone that contacts the line. See below for more details on metrics and expected outcomes.

Performance Metrics

Describe your agency’s plans to evaluate this SFRF initiative in the future if your request is approved. Your narrative should include the specific metrics that you plan to track, the methods you plan to use to evaluate the initiative, and the types of data that you will collect. You should explain why and how you’ve arrived at this evaluation plan. You should also quantify what success looks like for this initiative, based on the metrics that you plan to track.

The Data and Metrics workgroup of the 988 Stakeholder Coalition, led by BHDDH, has developed metrics pertaining to:

- **Operations** (answer rates, # of calls, # of calls transferred, call time, # of texts/chats, call type, caller type)
- **Demographics** (age, race/ethnicity, gender identity, veteran status, sexual orientation, housing status, location, preferred language)
- **Clinical** (suicide experience, chief complaint, additional complaints, safety concerns, history of behavioral health, history of suicidal ideation, gambling, domestic violence)
- **Disposition/Outcomes** (reason for call transfer, call disposition, type of mobile crisis team dispatched, type of first responder dispatched, type of referral give, number of resolved/unresolved chats/texts).

One of the chief goals in the workgroup has been finding a balance between capturing the granularity of a call while not requiring burdensome reporting. The focus is on capturing data that can be used for future state policy decision making, such as data related to clinical metrics and the primary reason someone calls 988, while balancing the need to not overwhelm a caller in crisis with questions. The group developed a ‘chief complaint’ field that contains 20+ picklist options to capture why someone is calling 988. For example, if someone is dealing with bullying and gender identity, there are picklist options for both of those reasons that data entry staff can select. This way, the call log will show exactly why someone called 988 and not just that the caller was in ‘crisis’ – so all calls can be contextualized and quantified. The group has received TA from Vibrant with respect to collecting demographics and is working on workflow development and protocol for collecting demographic information. Additionally, the team is developing methods for QA/QI, new training protocols, and ways for evaluating and monitoring call staff. A major goal for the workgroup is developing picklist options that better represent the vast array of gender expressions, sexual orientations, race/ethnicity/ancestry/ethnic origins, etc.

Statutory Implications:

Note whether this initiative will require a budget article in order to be implemented. If an article will be required, identify the impacted statute and include an attachment with proposed new statutory language to accompany this Decision Package form, and a Statutory Impact Summary Memo, which describes the technical changes to the law as well as the budget and policy implications of those changes. If an article will not be required, simply include the following narrative: This initiative will not require a budget article.

This initiative will not require a budget article.

Interagency Impact:

If this initiative would impact another agency, name the affected agency(ies) and note how the proposal would impact them here. Note whether the other agency has been made aware of this proposal and whether the impact on the other agency will be included in their analysis. If the proposal is likely to have an impact on another agency but that impact is not quantifiable, you should also note that here. If this initiative will not have an interagency impact, simply include the following narrative: This initiative will not impact any other agencies.

988 planning has included interagency teams involved in the planning of Children’s Behavioral Health System of Care, as well as the Adults’ Behavioral Health System of Care (ABHSOC). The planning has also included community partners, those with lived experience, and providers. In general, the other state agencies most involved with planning for 988 implementation have included: BHDDH, EOHHS, DCYF, RIDOH, and DPS.

Revenue Impact:

If this initiative would impact revenues collected by the agency, please explain below. When possible, please provide an estimate of the impact on revenues. If this initiative will not have an impact on revenues, simply include the following narrative: This initiative will not impact revenues.

While there is no anticipated revenue impact in year one, the federal legislation mandating the implementation of 988 did open the door for states to collect fees on all phone lines to support 988 and the programs that will be connected to it. This proposal is available separately for your review.

SAMHSA’s *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* has the following to say about sustainable funding:

“Effective crisis services program must be sustainable and sustainability requires a sustainable funding mechanism, supported by formal funding codes, that is not wholly dependent on the innovative braiding

of small streams of revenue. Commitment by the community and state and local governments is essential for crisis services to remain an important element of the continuum of care for individuals in behavioral health crisis.”

Additional Proposal Details

Please provide any additional information that would aid the review and vetting of the proposal.