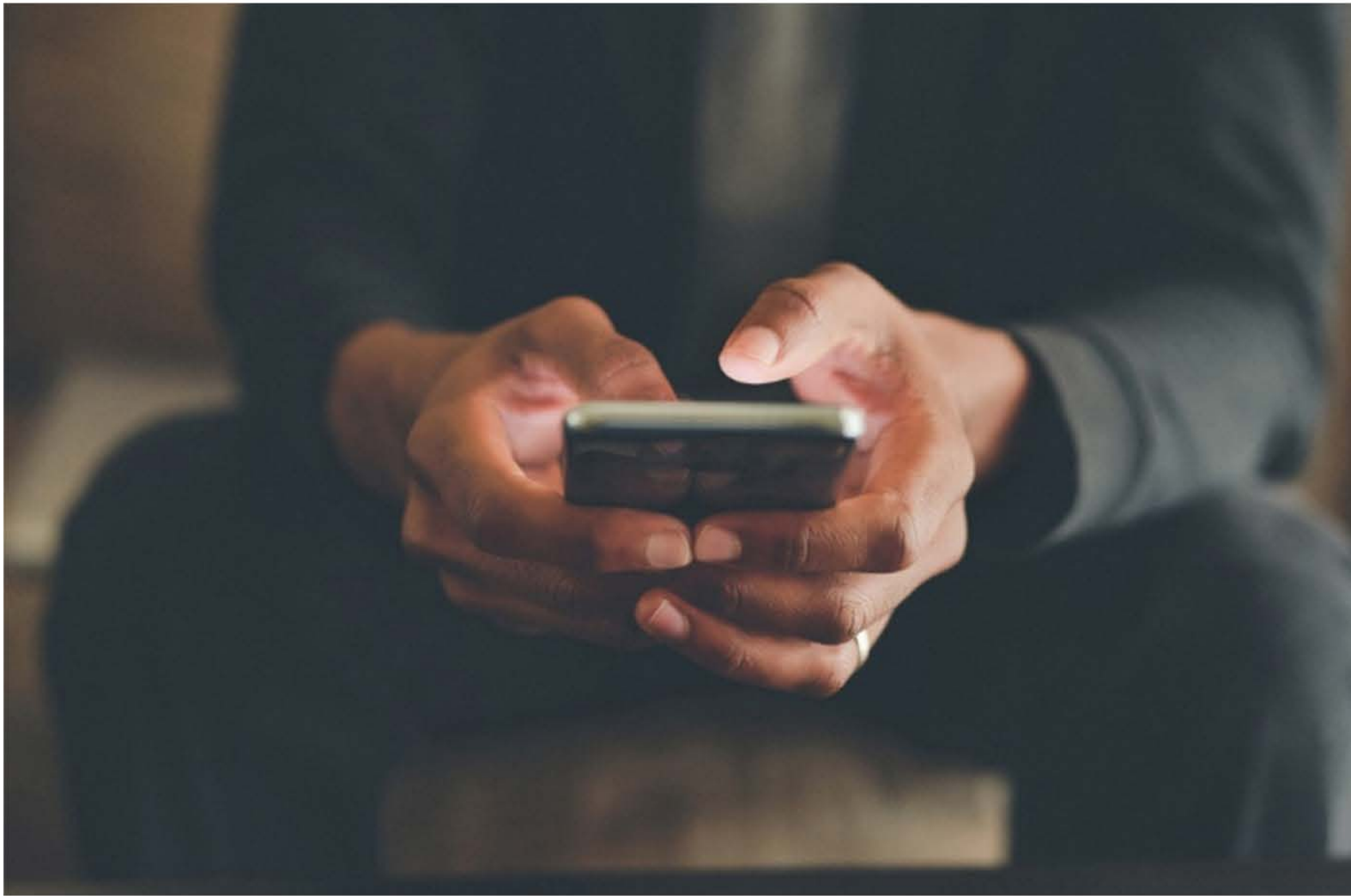


# 9-8-8: it is NOT just a number

WEBINAR #3

DATA COLLECTION AND DEVELOPING METRICS



OCTOBER 3 2023  
2-4:30 PM ET

NATIONAL  
ACADEMIES

*Sciences  
Engineering  
Medicine*

THE FORUM ON MENTAL HEALTH  
AND SUBSTANCE USE DISORDERS

**988** SUICIDE & CRISIS  
LIFELINE  
24/7 CALL, TEXT, CHAT

**988: It is NOT just a number**

**Webinar 3**

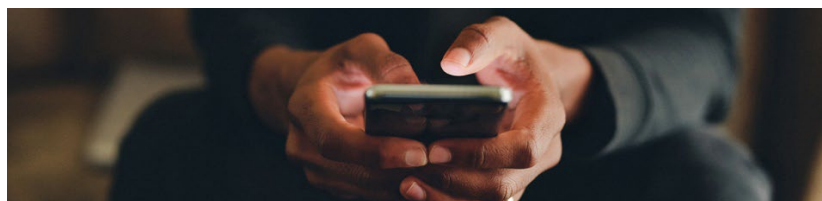
October 3, 2023 | 2:00 PM—4:30PM ET

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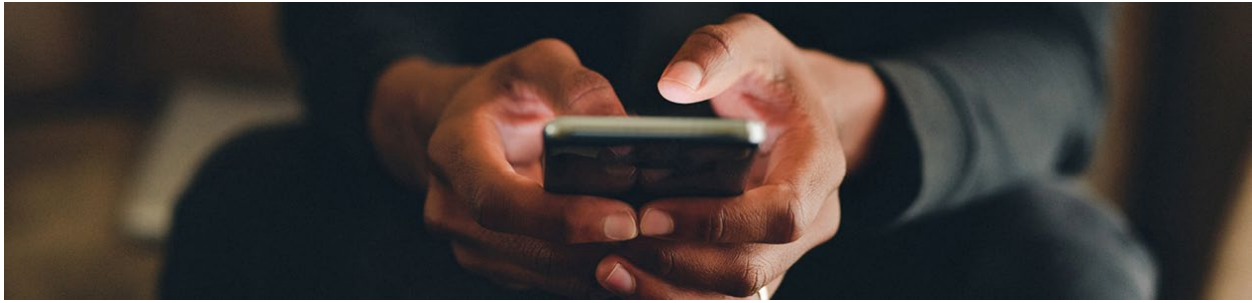
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**988: It is NOT just a number**  
**Webinar #3**  
**October 3, 2023**  
**2:00—4:30 PM ET**



| WELCOME<br>RECAP OF WEBINARS 1-2  |                                                                                                                                                                                                                                                         |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2:00 PM ET</b><br>(10-min)     | <b>Margarita Alegría, PhD</b><br>Professor, Department of Psychiatry, Harvard Medical School<br>Chief, Disparities Research<br>Massachusetts General Hospital<br>Co-Chair, Forum on Mental Health and Substance Use Disorders                           |
| AVAILABLE DATA                    |                                                                                                                                                                                                                                                         |
| <b>2:10 PM ET</b><br>(30-min)     | <b>Tia Dole, PhD</b><br>Chief 988 Lifeline Officer<br>Vibrant Health                                                                                                                                                                                    |
|                                   | <b>Jonathan Purtle, DrPH, MPH, MSc</b><br>Associate Professor, Public Health Policy and Management<br>Director, Policy Research<br>Global Center for Implementation Science<br>New York University                                                      |
| LESSONS LEARNED IN STATES         |                                                                                                                                                                                                                                                         |
| <b>2:40 PM ET</b><br>(20-min)     | <b>Kiersten Johnson, PhD</b><br>Research Public Health Analyst<br>RTI International                                                                                                                                                                     |
| PANEL DISCUSSION                  |                                                                                                                                                                                                                                                         |
| <b>3:00 PM ET</b><br>(45-minutes) | <b>Moderator:</b><br><b>Benjamin Miller, PsyD</b><br>Adjunct Professor, Stanford School of Medicine<br><br><b>State Representatives:</b><br><b>Anne Ngamsombat, MA, LPC</b><br>Crisis Coordinator<br><b>Arizona</b> Health Care Cost Containment System |

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | <p><b>Jennifer Battle, MSW</b><br/>Vice President, Community Access and Engagement<br/>The Harris Center for Mental Health and IDD<br/>Houston, <b>Texas</b></p> <p><b>Dawn Peel, LPC, CPCS</b><br/>Director of Crisis Coordination<br/><b>Georgia</b> Department of Behavioral Health and Developmental Disabilities</p> <p><b>Tonja Myles</b><br/>Community Engagement Advisor<br/>Huntsman Mental Health Foundation<br/>Salt Lake City, <b>Utah</b></p> |
| <b>THE IMPACT OF 988 FROM A POLICY PERSPECTIVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>3:45 PM ET</b><br/>(15-minutes)</p>          | <p><b>David Covington, LPC, MBA</b><br/>CEO, President, RI International<br/>Partner, Behavioral Health Link</p>                                                                                                                                                                                                                                                                                                                                           |
| <b>AUDIENCE Q&amp;A</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>4:00 PM ET</b><br/>(20-minutes)</p>          | <p><b>Moderator:</b><br/><b>Angela Kimball</b><br/>Senior VP of Advocacy &amp; Public Policy<br/>Inseparable</p>                                                                                                                                                                                                                                                                                                                                           |
| <b>REFLECTION</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>4:20 PM ET</b></p>                           | <p><b>Robert Otto Valdez, PhD, MHSA</b><br/>Director<br/>Agency of Healthcare Research and Quality</p>                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>4:30 PM ET</b></p>                           | <b>ADJOURN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |



## **NASEM Forum on Mental Health and Substance Use Disorders 988: it is NOT just a number Webinar Series**

### **Rationale**

The federally mandated crisis number, 9-8-8, launched on July 16, 2022. The easy-to-remember number aims to strengthen the nation's existing emergency response system to ensure appropriate assistance is available to all those in need of behavioral health crisis care and to reduce those in crisis from "needlessly cycling through emergency departments and the criminal justice system."<sup>1</sup>

The NASEM Forum on Mental Health and Substance Use Disorders introduced the 988 framework in a virtual workshop on *Strategies and Interventions to Reduce Suicide* in July 2021. Right after its launch, the Forum held two closed meetings in September 2021 with major stakeholders and policy makers to discuss the future needs for the success of 988. After continued consultation with several experts in the field, it was determined that "much work remains to be done" and that the Forum could further contribute to supporting state and local implementation of the new 988 lifeline by holding post-launch webinars to focus on challenges and learning opportunities.

As a result, in 2023, the Forum launched a public webinar series, *988: It is NOT just a number*. The first two webinars provided an overview of the implementation landscape and featured state and local lessons learned. Both webinars were well attended and feedback from attendees indicated the series fostered collaboration and resource sharing. Based on the significance and timeliness of 988, the Forum will continue hosting webinars monitoring the progress of implementation efforts while promoting the utility of the new lifeline to save lives. This is an opportunity to build a more robust behavioral health continuum by sharing information about what works and what does not work in different settings.

### **Webinar #3: Data Collection and Developing Metrics**

October 3, 2023, 2—4:30 PM ET

While the buildout of 988 is still in the early phases, it's important to consider approaches to establishing standards for crisis response care. The National Alliance on Mental Illness (NAMI) defines a standard of care for crisis services to include 24/7 call centers that answer 988 calls locally, mobile crisis teams, and crisis stabilization programs—someone to talk to, someone to respond, and somewhere to go.<sup>2</sup> Monitoring and evaluating data on performance metrics such as response rates, wait times, call volume at the state and local level can indicate the functionality of 988, but additional data and metrics are needed for standardization, to measure effectiveness and satisfaction rates, and to identify gaps in services.

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<sup>1</sup> <https://bipartisanpolicy.org/report/988-answering-the-call/>

<sup>2</sup> <https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response>

The National Academies of Sciences, Engineering, and Medicine’s Forum on Mental Health and Substance Use Disorders will host the third webinar in the series on 988: *it is NOT just a number*, with a focus on collecting data and developing metrics to help inform 988 implementation and improvement efforts. Topics of discussion may:

- Examine current strategies used to develop and validate metrics to measure the effectiveness of 988 and user satisfaction by demographic factors, including data quality and equity
- Feature state and local examples to provide an overview on available data and impact
- Discuss the need for data transparency and data-sharing while maintaining user confidentiality
- Explore gaps and challenges related to data collection, data-sharing, and developing and using metrics for the utility of 988 to enhance the overall behavioral health care continuum
- Consider current and future strategies to maintain the sustainability and funding for the lifeline

<https://academyhealth.org/blog/2023-07/using-data-community-engagement-and-policy-improve-federal-mental-health-and-suicide-prevention-outcomes>

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### Past Webinars

#### **Webinar #1: Providing a Consistent, Systemic Framework for Crisis Response Services**

January 20, 2023, 12:30 PM—2:30 PM ET

The first webinar presented an overview of the 988 implementation landscape and explored how mental health and crisis services need to be viewed as a public good for states to adopt and implement. Featured speakers discussed financing and sustainability issues; building cultural competency; and working with law enforcement.

The recording of the event and meeting materials are posted [here](#).

#### **Webinar #2: State and Local Exemplars**

January 23, 2023, 12:30 PM—2:30 PM

The second webinar featured 988 implementation examples at the state and local level. Representatives from Virginia, Connecticut, and LA County, discussed challenges, best practices, and shared lessons learned while implementing the utility of 988. Other topics such as addressing rural challenges, serving diverse populations, and the effect of state insurance coverage were also discussed.

The recording of the event and meeting materials are posted [here](#).

**FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

988: It is NOT just a number

Webinar 3: October 3, 2023

**Speaker Bios**

**Margarita Alegría, PhD**, is the Chief of the Disparities Research Unit at Massachusetts General Hospital and the Mongan Institute, the Harry G. Lehnert, Jr. and Lucille F. Cyr Lehnert Endowed Chair at the Mass General Research Institute, and a Professor in the Departments of Medicine and Psychiatry at Harvard Medical School. She has spent her career examining how to reduce health disparities for populations of color, immigrants, and linguistic minorities. Dr. Alegría is currently the PI of three National Institutes of Health (NIH)-funded research studies: Building Infrastructure for Community Capacity in Accelerating Integrated Care, Building Community Capacity for Disability Prevention for Minority Elders and Latino Youths Coping with Discrimination: A Multi-Level Investigation in Micro- and Macro- Time. She is also PI of a Robert Wood Johnson Foundation grant assessing opportunities to establish institutional, policy and systemic changes to increase racial/ethnic diversity in academic health sciences. She has published over 300 papers, editorials, intervention training manuals, and several book chapters. In October 2011, she was elected as a member of the National Academy of Medicine in acknowledgement of her scientific contributions to her field.

**Jennifer Battle, MSW**, is the Vice President of Community Access and Engagement at The Harris Center for Mental Health and IDD in Houston, Texas. Jennifer is proud to help support Harris County and the surrounding region's mental health by overseeing operations of the National 988 Suicide and Crisis Lifeline for 51 Texas counties, 24-hour Crisis Lines for 7 Texas Local Mental Health Authorities as well as the full Behavioral Health and IDD Access Hub for The Harris Center. Jennifer led the development of the first of its kind in the nation 911/Behavioral Health co-located response system in partnership with Houston Police and Fire Departments and the Houston Emergency Communications Center.

Jennifer's team offers a robust mental health and suicide prevention training portfolio to individuals, universities, businesses, faith communities and non-profits as well as coordinates and delivers information and awareness about behavioral health in culturally appropriate and community centered ways across the county. In addition to these projects, Jennifer serves in several national roles including the immediate past Co-Chair of the Steering Committee for the National 988 Suicide and Crisis Lifeline. She also serves on the Clinical Advisory Council for Crisis Text

## FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Line, the Board of the National Association of Crisis Center Directors and the Board of the Texas Alliance of Information and Referral Systems.

**David W. Covington, LPC, MBA**, is CEO and President of RI International (d/b/a for Recovery Innovations, Inc.). He is a behavioral health innovator, entrepreneur, and storyteller. He is also a partner in Behavioral Health Link, founder of the Five Lanes Crisis Partners family of companies and Crisis Now Academy consulting and training business, producer of the Moving America's Soul on Suicide film series and founder of the international initiatives Crisis Talk and Hope Inc. Stories. David also hosts and curates the popular weekly 988 "Crisis Jam" Learning Community in partnership with SAMHSA and NASMHPD.

A licensed professional counselor, Covington received an MBA from Kennesaw State University and an MS from The University of Memphis. He previously served as vice president at Magellan Health responsible for executive and clinical operations of the \$750 million Arizona contract. He is a member of the U.S. Department of Health and Human Services Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), established in 2017 in accordance with the 21st Century Cures Act to report to Congress on advances in behavioral health.

**Tia Dole, PhD**, is the Chief 988 Suicide & Crisis Lifeline Officer at Vibrant Emotional Health. Dr. Dole is a licensed clinical psychologist and a long-time advocate for the rights of those with intersectional identity. Prior to stepping into the role of Chief 988 Officer, Dr. Dole was the Executive Director of The Steve Fund, the nation's only organization focused on the mental health and emotional well-being for young people of color. Additionally, Dr. Dole was the Chief Clinical Operations Officer at The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ youth. Dr. Dole oversaw all of The Trevor Project's crisis services programs as well as their volunteer community and increased their impact by a factor of four.

After completing her bachelor's degree at Carleton College, Dr. Dole received her Master's degree in Developmental Psychopathology from Columbia University (Teacher's College), and she received a Fulbright Fellowship to study Forensic Psychology in Switzerland. She then completed her doctorate in clinical psychology at Fordham University. Dr. Dole is a published author and sits on several committees. One of her passions is normalizing mental health conditions within communities of color, LGBTQ communities and helping people get access to services. She is based in New York/New Jersey.

**Kiersten Johnson, PhD**, is a research public health analyst at RTI International. Dr. Johnson's research centers on the effectiveness of behavioral health services to

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enhance the well-being of individuals and communities, including underserved and marginalized populations. She leads implementation and outcome evaluations across various treatment modalities, such as crisis care, telehealth, and outpatient treatment.

**Angela Kimball** is the Senior Vice President of Advocacy & Public Policy at Inseparable. Angela is a nationally recognized expert who is driving policy reforms to promote mental health and well-being and to end inequities for people with mental health conditions. Angela previously served as National Director, Government Relations, Policy & Advocacy at NAMI, where she helped advance significant legislation and investments in mental health services.

Angela's path in the mental health movement was inspired by her son's path of recovery after a diagnosis of bipolar disorder. Her quest to find mental health care led her to early work as a family advocate, which propelled her to pursue deeper levels of policy and advocacy. As executive director of NAMI Oregon, her work led to the reinstatement of mental health and substance use coverage in the Oregon Health Plan, Oregon's Medicaid program, and the overwhelming bipartisan passage of Oregon's comprehensive mental health parity bill. In later roles, Angela provided expertise on a broad range of policy issues across the country as director of state policy for NAMI's national office and gained invaluable expertise helping implement Oregon's transformative, community-governed integration of Medicaid services as an Innovator Agent with the Oregon Health Authority.

Angela graduated from Linfield College in McMinnville, Oregon and has received multiple awards for her work on children's mental health reform and mental health parity.

**Benjamin F. Miller, PsyD**, is a clinical psychologist by training and an adjunct professor at Stanford School of Medicine's Department of Psychiatry and Behavioral Sciences. He is the advisory board chair for Inseparable, a national mental health policy and advocacy organization, and also sits on the board of Mental Health Colorado, 2nd Verses, and the Policy Center for Maternal Mental Health. He is the past president of Well Being Trust, a national foundation, and a former faculty member at the University of Colorado School of Medicine where he was the founding director of the Eugene S. Farley, Jr. Health Policy Center. He has published prolifically on the topic of mental health, and has led several large national programs aimed at advancing mental health. Dr. Miller's work and passion for advocating for mental health reform has taken him into communities all across the country, from the Rocky Mountains in Colorado to the foothills of the Appalachian Mountains in Chattanooga, Tennessee, where he currently lives with his family.

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**Tonja Myles** is both a victim and survivor of childhood and adult sexual abuse, has promoted awareness and rehabilitation by sharing her life experiences, and has been in recovery from addiction for over 36 years. Tonja is an active peer support specialist and community engagement specialist and remains a passionate advocate as well as has moved thousands of people to sobriety and healthy sustainable living. She is a part of a team with teen peers with lived experiences providing transformative change in the mental health community with a “boots on the ground” approach. No Judgment No Stigma has been huge in eradicating stigma around substance abuse and mental health treatment, pushing and advocating for those in recovery and their families. This initiative has been active in interacting with 300 community members per month, handing out 16,000 printed resource materials distributing 1,245 Narcan kits and connected more than 3,000 people to treatment. Co-founder of Set Free Indeed Ministries, Tonja has served those struggling as well as their families by openly sharing experiences in recovery while helping others change their lives. Through a partnership with Louisiana Department of Health, Toolkit was created to help provide strategies to help governing entities build relationships with faith-based organizations, used to provide training manual to address opioid use disorder. The toolkit is used locally and statewide and can be reproduced nationally. Well known for local and national speaking, she is sought after counsel and has poured honestly as a servant to others about her experience as a victim to a survivor about trauma and sexual abuse in schools, prisons and faith-based conferences. Her purpose is to inspire others to walk in their purpose and doing greater works than she’s accomplished in her lifetime.

Tonja has been a part of many documentaries on her story of recovery and has released a memoir from tragedy and trauma to triumph that will be released as a movie in September 2024. Tonja considers her greatest accomplishment as her marriage to her husband Darren for over 20 years.

“Tonja is -when I talk about people involved on saving people’s lives, I’m speaking about people like Tonja. You heard their stories and I have too, I thank them and you for serving in the army of compassion. By feeding the hungry, by healing the addicted, by loving and caring for the refugees, you represent true strength, the genuine strength of the United States of America .” President George W Bush- 43rd President of the United States.

**Anne Ngamsombat, MA, LPC**, is a Licensed Professional Counselor who has extensive experience working with law enforcement, department of child safety, juveniles, families, courts, and corrections. She received a master’s degree in forensic psychology from the University of Denver in 2007. As a Crisis System Coordinator at the Arizona Health Care Cost Containment System (AHCCCS), she

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works with a team to provide oversight for crisis services throughout the state. Her primary focus has been supporting the implementation of 988 and the integration of this new dialing code into the existing state crisis system. Her clinical work has concentrated on the intersection of trauma and the legal system. She is passionate about providing support for healing in a safe environment and has trained professionals in the areas of child sexual abuse, adolescent brain development, mental health, suicide prevention and intervention, and vicarious trauma.

**Dawn Peel, LPC, CPCS**, became a Licensed Professional Counselor in 2008 and a Certified Professional Counselor Supervisor in 2013. She has worked in the behavioral health field for over twenty-six years with diverse roles in the public, private, and non-profit sectors. Dawn has worked for DBHDD for twelve years and currently serves as the Director of the Office of Crisis Coordination. Previously, she served as the Behavioral Health Regional Services Director for the Region Two Field Office. Dawn is responsible for enterprise oversight of the DBHDD state funded crisis system and collaborating with internal and external partners for the implementation of 988.

**Jonathan Purtle, DrPH, MPH, MSc**, is Associate Professor of Public Health Policy & Management and Director of Policy Research at NYU's Global Center for Implementation Science. Dr. Purtle is an implementation scientist whose research focuses on mental health policy. His work examines questions such as how research evidence can be most effectively communicated to policymakers and is used in policymaking processes, how social and political contexts affect policymaking and policy implementation, and how the implementation of policies “on the books” can be improved in practice. He is also interested in population-based approaches to mental health and how mental health can be integrated in to mainstream public health practice. Dr. Purtle's work has been consistently funded by the National Institute of Mental Health (NIMH) and Robert Wood Johnson Foundation (RWJF).

**Robert Otto Valdez, PhD, MHSA**, was appointed Director of AHRQ in February 2022. He was previously the Robert Wood Johnson Foundation (RWJF) Professor Emeritus of Family & Community Medicine and Economics at the University of New Mexico (UNM). From 1993 through 1997, Dr. Valdez served at the U.S. Department of Health and Human Services as Deputy Assistant Secretary for Health (Public Health Service) and simultaneously as Director of Interagency Health Policy (Centers for Medicare and Medicaid Services). Before joining DHHS in 1993, he served as a Special Senior Advisor to the Clinton White House on healthcare reform. He chaired the Healthcare Reform Benefits Workgroup and was a member of the Analytic Modeling Workgroup. He previously served in the Office of Child

**FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

Health for the Health Care Financing Administration during the Carter Administration.

In 2008, Dr. Valdez was the Founding Executive Director of the RWJF Center for Health Policy at UNM. He previously served as the founding Dean at the Drexel University School of Public Health. From 1985 through 1999, he was a Professor of Health Services at the UCLA School of Public Health. He directed the health services doctoral studies program, the MBA/MPH program, in collaboration with the UCLA Anderson School of Business. He served as associate director of the Chicano Studies Research Center.

Dr. Valdez started his career as the lead child health researcher for the historic RAND Health Insurance Experiment. Internationally recognized as an expert in health services research, the U.S. healthcare system, and health policy analysis, he has led numerous global healthcare initiatives with the Pan American Health Organization and the University of California. His health promotion and disease prevention work with Univision Communications Corporation, “Salud es Vida: ¡Enterate!” was recognized with journalism’s prestigious Peabody Award.

In 1998, he served as Special Senior Advisor to the White House Initiative on Educational Excellence for Hispanic Americans. His public service includes serving as Chairman of the New Mexico Community Foundation, the American Hospital Association Foster G McGaw Prize Committee, and the Public Health Institute, one of the nation’s largest non-profit public health agencies serving communities across California and internationally.

## FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Behavioral health and substance-related disorders affect approximately 20 percent of Americans. Of those with a substance use disorder, approximately 60 percent also have a mental health disorder. These disorders account for a substantial burden of disability, have been associated with an increased risk of morbidity and mortality from other chronic illnesses, and can be risk factors for death by suicide, incarceration, and homelessness. They can compromise a person's ability to seek out and afford health care, and to adhere to care recommendations.

Those with mental health conditions, particularly serious disorders, and their advocates face numerous barriers to receiving quality care. Studies suggest that one-third to one-half or more of people with serious mental health disorders do not receive treatment. The most common reason for not seeking care is inability to pay. Also, fear of discrimination in housing, employment, military service, and other arenas can deter people from seeking or continuing care.

The goal of reducing reliance on long-term inpatient care in separate institutions has been more fully realized than the goal of providing adequate treatment and services in the community. Nearly 90 million Americans live in areas with a shortage of mental health professionals.

Another barrier to care is adequate training and other support for primary care providers in recognizing mental health and substance use disorders and appropriately managing patient care through direct services, referral, and collaboration. Often evidence-based psychosocial interventions are not even available as part of routine clinical care, due to issues of access to quality care, training, insurance coverage, and fragmentation of care.

The Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine's **Forum on Mental Health and Substance Use Disorders** provides a structured environment and neutral venue to discuss data, policies, practices, and systems that affect the diagnosis and provision of care for mental and substance use disorders, including for substance-related and addictive conditions. Its activities, which will focus on adults, will facilitate sustained attention to these conditions throughout the Academies.

### PUBLIC WORKSHOPS

#### **Addressing the Rising Mental Health Needs of an Aging Population: A Workshop**

May 15-16, 2023

A National Academies of Sciences, Engineering, and Medicine planning committee organized and hosted a public workshop to explore the current state of mental health care for older adults in the United States and potential strategies to address the mental health needs and challenges of our aging population.

<https://www.nationalacademies.org/event/05-15-2023/addressing-the-rising-mental-health-needs-of-an-aging-population-a-workshop>

#### **Improving Access to High-Quality Mental Health Care for Veterans: A Workshop**

April 20-21, 2023

A planning committee of the National Academies of Sciences, Engineering, and Medicine will organize and conduct a public workshop to explore the current landscape for veterans' access to mental health care services in the United States, including the use of telehealth services. The

workshop will consider ways to improve veterans' timely access to high-quality care for mental health conditions.

<https://www.nationalacademies.org/our-work/improving-access-to-high-quality-mental-health-care-for-veterans-a-workshop>

### **Early Interventions for Psychosis: First Episodes and High-Risk Populations: A Workshop**

July 11, 2022

The term 'psychosis' is used to describe conditions that affect the mind, in which there has been some loss of contact with reality (also called a psychotic episode). Symptoms may include delusions, hallucinations, memory problems, and behavior that is inappropriate for the situation. There is no one specific cause of psychosis and onset can be experienced at any age. Studies have shown that it is common for a person to have psychotic symptoms for more than a year before receiving treatment. Reducing this duration of untreated psychosis is critical because early treatment is associated with a better recovery.

This workshop explored the deficiencies in the behavioral health system with a focus on early intervention for psychosis and featured experts examining the data on the epidemiology and outcomes for people at high risk for psychosis and those who have experienced a first episode of psychosis, and considered ways to improve the care and outcomes for these individuals.

<https://www.nationalacademies.org/event/07-11-2022/early-interventions-for-psychosis-first-episodes-and-high-risk-populations>

### **Innovative Data Science Approaches to Assess Suicide Risk in Individuals, Populations & Communities: Current Practices, Opportunities, and Risks: A Workshop**

April 28, May 12, June 30, 2022

Select social media platforms have proactively deployed sophisticated artificial intelligence (AI)/machine learning (ML) algorithms to identify individual platform users at high risk for suicide, and in some cases may inform local law enforcement, if needed, to prevent imminent death by suicide. Emerging real-time data sources, together with innovative data science techniques and methods including AI/ML algorithms, can help inform upstream suicide prevention efforts at the individual, community, and population level. Innovative, real-time data sources, including social media data, and suicide and nonfatal suicide prediction algorithms, can potentially enhance state and local capacity to track, monitor, and intervene "upstream," but these innovations may also be associated with unintended consequences and risks.

This virtual workshop featured national experts examining data science techniques and real-time data sources to identify, predict, support, and refer individuals to appropriate care and services. Presentations explored risks and unintended consequences of leveraging AI/ML algorithms, privacy, and confidentiality; and evidence, research, and program evaluation gaps to measure effectiveness of data science techniques in upstream suicide interventions.

<https://www.nationalacademies.org/our-work/using-innovative-data-science-approaches-to-identify-individuals-populations-and-communities-at-high-risk-for-suicide-a-workshop>

### **Suicide Prevention in Indigenous Communities: A Workshop**

April 22, May 13, June 10, 2022

This virtual workshop featured subject matter experts examining risk and protective factors in Indigenous populations; effective suicide prevention policies and programs; culturally appropriate and sensitive approaches to prevention strategies; existing data systems and how these data can

be used for tracking suicide rates; and gaps and challenges in providing continuum of substance use and mental health services in multiple health care settings.

<https://www.nationalacademies.org/our-work/suicide-prevention-in-indigenous-communities-a-workshop>

An interactive overview can be found here:

<https://nap.nationalacademies.org/resource/26745/interactive/>

### **Strategies and Interventions to Reduce Suicide: A Workshop**

June 22, July 28, 2021

Reducing suicide-related mortality is a global imperative declared by The World Health Organization. The suicide prevention movement has been gaining momentum as organizations, advocates, and others have increasingly collaborated on effective strategies. Health care settings provide an important opportunity for suicide intervention and prevention but cannot yet fully manage suicide risk due to a lack of training, knowledge gaps, and reimbursement challenges. School, workplace, and community-based interventions can help reduce the incidence of suicidal behavior, as can better access to care and reduced access to lethal means of suicide.

The persistent trends in suicide necessitate action among mental health care providers and payers, researchers, and community leaders. This virtual workshop featured national subject matter experts discussing strategies to improve access to effective interventions to prevent suicide.

<https://www.nationalacademies.org/our-work/strategies-and-interventions-to-reduce-suicide-a-workshop>

### **Mental Health and Substance Use Disorders in the Era of COVID-19: With a Special Focus on the Impact of the Pandemic on Communities of Color: A Workshop**

November 23, December 3, and December 14, 2020

The COVID-19 pandemic has created both short-term and long-term negative consequences for behavioral health outcomes. The National Academies of Sciences, Engineering, and Medicine's Forum on Mental Health and Substance Use Disorders hosted a virtual public workshop with a special focus on the impact of the pandemic on communities of color that examined how COVID-19 has revealed and exacerbated mental health and substance use disorders, the impact of COVID-19 on access to mental health care and service delivery, and the behavioral health impact of COVID-19 on the health care workforce.

<https://www.nationalacademies.org/our-work/mental-health-and-substance-use-disorders-in-the-era-of-covid-19-exploring-the-impact-of-the-pandemic-on-communities-of-color-a-workshop>

### **Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings: A Virtual Workshop**

June 3, July 29, August 26, 2020

The Forum hosted a virtual public workshop that examined approaches to facilitate the delivery of essential components of care for people with mental health and substance use disorders in primary care settings using three illustrative conditions (depression, alcohol use disorders, and substance use disorders). Workshop sessions explored the landscape of evolving models of care, barriers and potential solutions to the implementation of the essential components of care, improving the workforce, and addressing financing and policy incentives to support the provision of the essential components of care.

<https://www.nationalacademies.org/our-work/care-models-and-payment-strategies-to-facilitate-the-delivery-of-essential-components-of-care-for-people-with-mental-health-and-substance-use-disorders-a-workshop>

## **Key Policy Challenges and Opportunities to Improve Care for People with Mental Health and Substance Use Disorders: A Workshop**

October 15-16, 2019

Individuals with mental health and substance use disorders, particularly those with the most serious conditions, face substantial obstacles to receiving effective, evidence-based care. The Forum's initial workshop took a broad approach to examine several related overarching topics, including the importance of shared decision-making, the essential components of care for people with mental health and substance use disorders, translating knowledge into practice, using data to improve care delivery, and developing the workforce to provide high-quality care.

<https://www.nationalacademies.org/event/10-15-2019/exploring-key-policy-challenges-and-opportunities-to-improve-care-for-people-with-mental-health-and-substance-use-disorders-a-workshop>

## **WEBINARS**

### **988: It is NOT just a number Series**

#### **Webinar 1: Providing a Consistent, Systemic Framework for Crisis Response Services**

January 20, 23, 2023, October 3, 2023

The first webinar presented an overview of the 9-8-8 implementation landscape, how mental health and crisis services need to be viewed as a utility and public good for counties to adopt and implement.

<https://www.nationalacademies.org/event/01-20-2023/988-it-is-not-just-a-number-webinar-1>

#### **Webinar 2: State and Local Exemplars**

The second webinar featured 9-8-8 implementation examples at the state and local level sharing challenges, best practices, and gaps. Other topics included state insurance coverage, learning from 911 and working with law enforcement, rural and urban challenges, how children and youth can use 988, and developing a workforce to create a robust continuum of care.

<https://www.nationalacademies.org/event/01-23-2023/988-it-is-not-just-a-number-webinar-2>

#### **Webinar 3: Data Collection and Developing Metrics**

The third webinar will focus on collecting data and developing metrics to help inform 988 implementation and improvement efforts. This webinar will feature state and local examples to provide an overview on available data and impact.

[https://www.nationalacademies.org/event/40493\\_10-2023\\_988-it-is-not-just-a-number-webinar-3](https://www.nationalacademies.org/event/40493_10-2023_988-it-is-not-just-a-number-webinar-3)

## **COLLABORATIVE WORKSHOPS**

### **Workshop on Identifying and Managing Veteran Suicide Risk in Non-VA Healthcare Settings**

May 23, 2023

The National Academies held a one-day hybrid public workshop on May 23 to explore issues related to identifying and managing suicide risk for veterans who receive care outside of Veterans Health Administration facilities. Sessions focused on examining the experiences of veterans in seeking care; understanding the policy context; exploring the landscape of veteran health care and suicide risk; and discussing best practices, knowledge gaps, and challenges for the assessment and mitigation of suicide risk.

<https://www.nationalacademies.org/event/05-23-2023/workshop-on-identifying-and-managing-veteran-suicide-risk-in-non-va-healthcare-settings>

### **Supporting the Health and Well-Being of Gender Diverse Youth: A Workshop**

April 25, 2023

The Forum for Children's Well-Being hosted a one-day public workshop to explore the health and well-being of gender diverse youth. It examined how this growing population is currently faring and featured expert presentations and lived experience perspectives. Workshop objectives: To highlight existing research on the health, well-being, and developmental trajectories of gender diverse youth, including research gaps and data needs; To explore existing evidence-based guidance to support and promote the mental and physical health of gender diverse youth, including best practices in healthcare settings; To explore state and federal policymaking shaping healthcare and the overall well-being of gender diverse youth; and To hear from gender diverse youth, parents of gender diverse youth, and community leaders on: how this population is faring, the biggest challenges to their health and well-being, and what they need most to improve their health and well-being.

<https://www.nationalacademies.org/event/04-25-2023/supporting-the-health-and-well-being-of-gender-diverse-youth-a-workshop>

### **Methadone Treatment for Opioid Use Disorder: Examining Federal Regulations and Laws: A Workshop**

March 3-4, 2022

Opioid use disorder (OUD)—a chronic brain disease caused by prolonged use of prescription opioids, heroin, or other illicit opioids—imposes heavy costs on individuals, their families, and society. Methadone is one of three safe and highly effective medications that are already approved by the U.S. Food and Drug Administration to treat OUD; however, stringent laws and regulatory policies pose substantial barriers to provision of and access to treatment. This two-day public workshop will bring together experts and key stakeholders to examine the current federal regulatory and legal landscape regarding provision of and access to methadone for the treatment of OUD.

<https://www.nationalacademies.org/our-work/methadone-treatment-for-opioid-use-disorder-examining-federal-regulations-and-laws---a-workshop>

### **Community Interventions to Prevent Veteran Suicide: The Role of Social Determinants: A Workshop**

March 28-29, 2022

The National Academies of Sciences, Engineering, and Medicine will appoint a planning committee to organize an open, three-day virtual workshop to gain a better understanding of social determinants influencing the recent increase in suicide risk and how currently available practice guidelines can inform community-level preventive interventions, particularly those targeting veteran populations. The workshop will address: (1) the relevant social, cultural, and economic factors driving changes in suicide risk among veterans and (2) ways that current best practices for suicide prevention and treatment can be applied at the community level.

<https://www.nationalacademies.org/our-work/community-interventions-to-prevent-veteran-suicide-the-role-of-social-determinants-a-workshop>

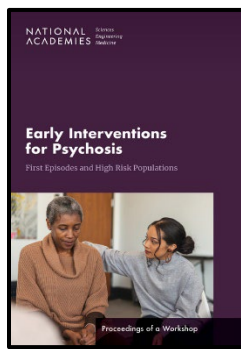
### **The Interplay Between Environmental Exposures and Mental Health Outcomes: A Workshop**

February 2-3, 2021

There is growing evidence that the environment can play an important role in mental health—yet research into the effects of environmental stressors rarely focuses on behavioral and mental health outcomes. This virtual workshop brought together experts in mental health and environmental health research to explore emerging research on the relationship, harmful or beneficial, between environmental factors and mental health. This workshop is a collaboration between the National Academies' Standing Committee on the Use of Emerging Science on Environmental Health Decisions in collaboration with the Forum on Mental Health and Substance Use Disorders, the Forum on Neuroscience and Nervous System Disorders, and the Board on Behavioral, Cognitive, and Sensory Sciences.

<https://www.nationalacademies.org/our-work/the-interplay-between-environmental-exposures-and-mental-health-outcomes-a-workshop>

## FORUM PUBLICATIONS



### **Early Interventions for Psychosis- First Episodes and High Risk Populations Proceedings of a Workshop**

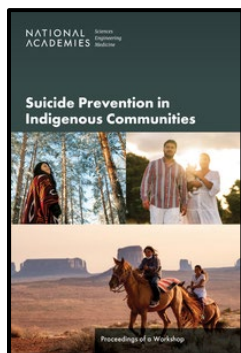
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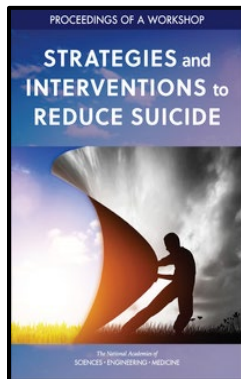
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## Mental Health and Substance Use Disorders in the Era of COVID-19 The Impact of the Pandemic on Communities of Color Proceedings of a Workshop

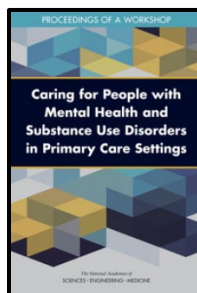
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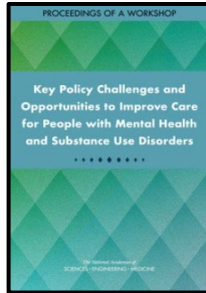
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### NAM PERSPECTIVES PAPERS

#### Components of the Next Generation of Integrated Care

<https://nam.edu/components-of-the-next-generation-of-integrated-care/>

Integrated care, or when behavioral health and primary care providers work as a team to address patient concerns, allows for easier access to care, the potential for more effective care coordination, the use of an integrated medical record, and the inclusion of a range of other care providers. This approach to comprehensive care has existed since the 1990s, and the authors envision what needs to be improved or added to carry integrated care into its “next generation.”

#### Improving Behavioral Health Services in the Time of COVID-19 and Racial Inequities

<https://nam.edu/improving-behavioral-health-services-in-the-time-of-covid-19-and-racial-inequities/>

The emergence of coronavirus disease 2019 (COVID-19), coupled with the increasing awareness of racial inequity in the United States, as sparked by the killing of George Floyd at the hands of police officers, has led to a moment of reckoning regarding health inequities in the United States.

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**Discrimination** is prejudicial treatment of individuals or groups of people based on their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws.

**Sexual harassment** is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that creates an intimidating, hostile, or offensive environment.

**Other types of harassment** include any verbal or physical conduct directed at individuals or groups of people because of their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws, that creates an intimidating, hostile, or offensive environment.

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Any violation of this policy should be reported. If you experience or witness discrimination, harassment, or bullying, you are encouraged to make your unease or disapproval known to the individual at the time the incident occurs, if you are comfortable doing so. You are also urged to report any incident by:

- Filing a complaint with the Office of Human Resources at 202-334-3400 or [hrrservicecenter@nas.edu](mailto:hrrservicecenter@nas.edu), or
- Reporting the incident to an employee involved in the activity in which the member or volunteer is participating, who will then file a complaint with the Office of Human Resources.

Complaints should be filed as soon as possible after an incident. To ensure the prompt and thorough investigation of the complaint, the complainant should provide as much information as is possible, such as names, dates, locations, and steps taken. The Office of Human Resources will investigate the alleged violation in consultation with the Office of the General Counsel.

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Information contained in a complaint is kept confidential, and information is revealed only on a need-to-know basis. NASEM will not retaliate or tolerate retaliation against anyone who makes a good faith report of discrimination, harassment, or bullying.

*Updated December 2, 2021*

# National Suicide Prevention Lifeline 2020 In-State Answer Rates, Stratified by Call Volume Rates and Geographic Region

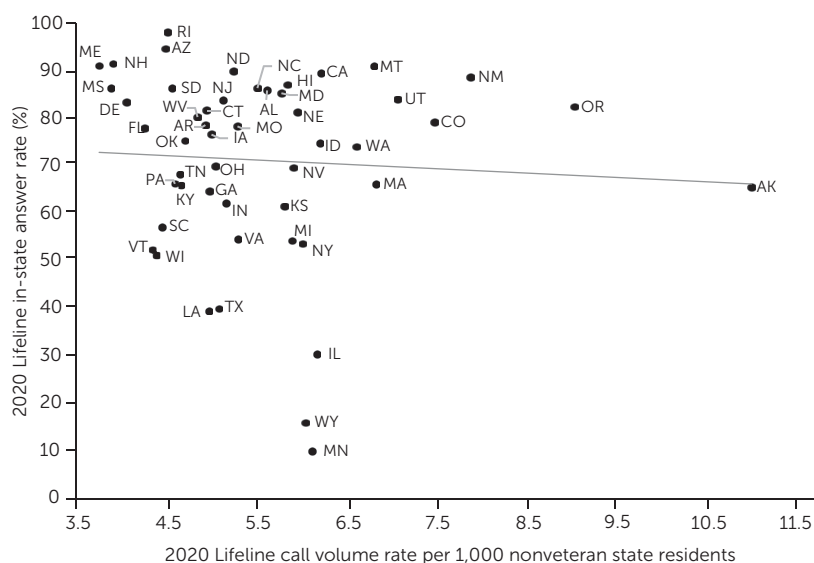
Jonathan Purtle, Dr.P.H., M.Sc., Michael A. Lindsey, Ph.D., M.S.W., Ramesh Raghavan, Ph.D., Elizabeth A. Stuart, Ph.D.

On July 16, 2022, the number 988 will become the new toll-free dialing code for the National Suicide Prevention Lifeline (the major crisis telephone hotline in the United States) (1). Lifeline calls are initially routed to crisis centers within the caller's state. If the call cannot be answered in a reasonable amount of time, it is rerouted to an out-of-state crisis center. Answering calls within the same state as the caller is considered to be a best practice because crisis center staff can effectively connect callers to local resources. The "in-state answer rate"—defined as the percentage of Lifeline calls originating from a state that are answered in that state—is a Lifeline quality metric, with 90% being the benchmark goal. This analysis characterized variation across states' in-state answer rates and assessed associations with rates of Lifeline call volume and geographic region.

State-level 2020 data on in-state answer rates and number of Lifeline calls—excluding calls from veterans (state mean=25.0% of calls) and Spanish speakers (state mean=1.4% of calls), because callers from these populations are routed to separate Lifelines—were obtained from publicly available Lifeline reports (2). Using data from the U.S. Census Bureau (3) and Department of Veterans Affairs (4), we estimated the number of nonveteran residents within each state in 2020. We used these data to calculate a rate of Lifeline calls per 1,000 nonveteran state residents. This served as a population size-adjusted measure of demand for Lifeline services.

The mean±SD in-state answer rate was 71.3%±19.5%, and the range was 10.0% (Minnesota) to 98.2% (Rhode Island). Only seven states were at or above 90.0%. Mean in-state answer rates by U.S. Census region were as follows: Northeast, 76.1%; West, 76.7%; South, 70.6%; and Midwest, 62.7% ( $F=1.32$ ). The mean Lifeline call volume rate per 1,000 nonveteran state residents was  $5.54\pm1.33$ , and the range was 3.75 (Maine) to 11.00 (Alaska). No correlation was

**FIGURE 1. National Suicide Prevention Lifeline 2020 in-state answer rates and call volume rates for each U.S. state<sup>a</sup>**



<sup>a</sup> The line is the correlation between in-state answer rate and call volume per 1,000 residents for all 50 states.

found between a state's in-state answer rate and its Lifeline call volume rate (Spearman correlation=−0.11, Pearson correlation=0.06) (Figure 1).

We found a substantial variation in Lifeline in-state answer rates across states. The absence of an inverse correlation between in-state answer rates and call volume rates suggests that low in-state answer rates are not the result of high demand for Lifeline services. Understanding how to improve in-state answer rates is important because Lifeline call volume is projected to potentially triple following the launch of the new 988 dialing code (5).

## AUTHOR AND ARTICLE INFORMATION

Department of Public Health Policy and Management, Global Center for Implementation Science, School of Global Public Health (Purtle), McSilver Institute for Poverty Policy and Research (Lindsey), and Silver School of Social Work (Raghavan), New York University, New York City; Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore (Stuart). Send correspondence to

Dr. Purtle (jonathan.purtle@nyu.edu). Tami L. Mark, Ph.D., and Alexander J. Cowell, Ph.D., are editors of this column.

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# Controversies in Psychiatric Services

## Topic 4: Self-Directed Mental Health Apps in Behavioral Health Treatment

**Coeditors: Matthew D. Erlich, M.D., Patrick Runnels, M.D., M.B.A., and Rachel Talley, M.D.**

The coeditors of the Controversies in Psychiatric Services column are opening submissions on Topic 4:

The incorporation of self-directed mental health applications and social media platforms is increasingly prevalent in behavioral health treatment, in conjunction with or in place of in-person clinical evaluations. Although these platforms may be convenient, their sensitivity for symptom severity, diagnosis, and treatment is questionable.

Controversies in Psychiatric Services highlights topical areas to the field of psychiatry where there may be debate, disagreements, or divisiveness. Submissions focus on a specific topic. Accepted papers will be published together, offering differing viewpoints on that topic. The goal is to foster new perspectives, promote further discourse, and, hopefully, generate new conclusions while maintaining the civility and intellectual rigor appropriate to an academic journal. Topics are chosen by the editors on the basis of the timeliness and importance of the controversy. Interested authors may submit papers describing one viewpoint on the topic (limited to 1,200 words and 5 references that are core to the argument; no abstract, tables, or figures). The editors may also reach out to individuals to request column submissions based on specific topics.

Contributions may be submitted at [mc.manuscriptcentral.com/appi-ps](https://mc.manuscriptcentral.com/appi-ps). Coeditor Rachel Talley, M.D., will oversee Topic 4 submissions.

# Interpreting Between-State Variation in 988 Suicide and Crisis Lifeline Call Volume Rates

Jonathan Purtle, Dr.P.H., Matthew L. Goldman, M.D., M.S., Elizabeth A. Stuart, Ph.D.

Policy makers are looking for evidence to inform implementation decisions related to the 988 Suicide and Crisis Lifeline (hereafter referred to as “the 988 Lifeline”). Kandula et al.’s recent study (1) makes a meaningful contribution to a limited evidence base on how 988 Lifeline call volume rates and their correlates vary within and between states. The study also raises issues related to challenges of interpreting between-state variation in 988 Lifeline call volume rates.

One challenge is state-level misclassification of 988 Lifeline calls. As Kandula et al. note, state-level classification of 988 Lifeline calls is based on the area code of the caller. Use of area codes results in some misclassification bias because many 988 Lifeline callers primarily use a cell phone with an area code that does not correspond with their state of primary residence. A Federal Communications Commission report states that over 80% of 988 Lifeline calls are from cell phones; Pew Research data indicate wide between-state variation in the proportion of the population whose cell phone area code does not correspond with their state. For example, Pew estimates of state “undercoverage” (the percentage of people living in a given state who have an out-of-state cell phone area code) range from 21% in Maryland to 5% in Michigan. Such metrics could be integrated into analyses to improve the accuracy of between-state comparisons of 988 Lifeline call volume rates.

A second challenge relates to crisis lines tailored for specific populations and variation in the size of these populations between states. As Kandula et al. describe, 988 Lifeline callers who self-identify as veterans are routed to the Veterans Crisis Line (by pressing 1), and such calls were therefore not included in their analyses. This decision is justifiable, yet the accuracy of state-level 988 Lifeline call volume rates could arguably be enhanced by adjusting state population size estimates—the denominators used to calculate the rates—to account for the number of veterans in the state (who were not counted in the numerator because of exclusion of calls routed to the Veterans Crisis Line). This adjustment could improve the accuracy of between-state comparisons of 988 Lifeline call volume rates because the proportion of residents who are veterans varies among states (e.g., 4% in New Jersey vs. 9% in Virginia).

A similar approach could be taken for 988 Lifeline callers who opt to speak with a counselor in Spanish by pressing 2 or with an LGBT+ populations counselor by pressing 3. As with veterans, the proportion of the population that primarily speaks

Spanish at home varies by state (e.g., >25% in California and Texas vs. <5% in most other states). There is also wide between-state variation in the proportion of state populations that identifies as LGBT+. In future research, such estimates could be used to enhance the precision of state-level 988 Lifeline call volume rates if calls routed to these population-specific lines are not counted in the call volume numerator.

A third challenge, also noted by Kandula et al., relates to between-state variation in the presence of crisis call centers that are not affiliated with the 988 Lifeline. Calls to these centers are not captured in 988 Lifeline call volume rates. A 2022 NRI survey of state mental health agency officials identified 344 non-988 Lifeline-affiliated call centers across the United States and about 200 centers affiliated with the 988 Lifeline. Twenty-nine states operated both 988 Lifeline-affiliated and non-988 Lifeline-affiliated call centers with between-state variation in the number of non-988 Lifeline-affiliated centers (e.g., ranging from zero in many states to 85 in Ohio). Methods that account for calls routed to non-988 Lifeline-affiliated call centers could be important to facilitating between-state comparisons of crisis call rates.

State policy makers are often eager to learn how their state’s metrics compare with others’. Such comparisons are valid, however, only when the metrics of interest are comparable (i.e., “apples to apples”) between states. Because of the challenges described above, comparing state-level 988 Lifeline call volume rates can sometimes entail an “apples to oranges,” or even “bananas,” situation. Fortunately, data exist and methods can be used to help facilitate between-state comparisons of 988 Lifeline call volumes to build on the important work of Kandula et al.

Department of Public Health Policy and Management, New York University School of Global Public Health, New York City (Purtle); Department of Psychiatry and Behavioral Sciences, University of California San Francisco, San Francisco (Goldman); Department of Biostatistics, Johns Hopkins Bloomberg School of Public Health, Baltimore (Stuart). Send correspondence to Dr. Purtle (jonathan.purtle@nyu.edu).

*Psychiatric Services* 2023; 74:901; doi: 10.1176/appi.ps.23074015

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