

STATE EFFORTS to build prevention infrastructure for Behavioral Health

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- NASMHPD
- Current System
- Beyond Beds
- Crisis services and 988
- Beyond Crisis

The National Association of State Mental Health Program Directors (NASMHPD)

Founded in 1959 and based in Alexandria, VA, the National Association of State Mental Health Program Directors (NASMHPD) represents the public mental health service delivery system serving all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced "NASH-bid") represents state mental health commissioners/directors and their agencies.

NASMHPD works with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups.

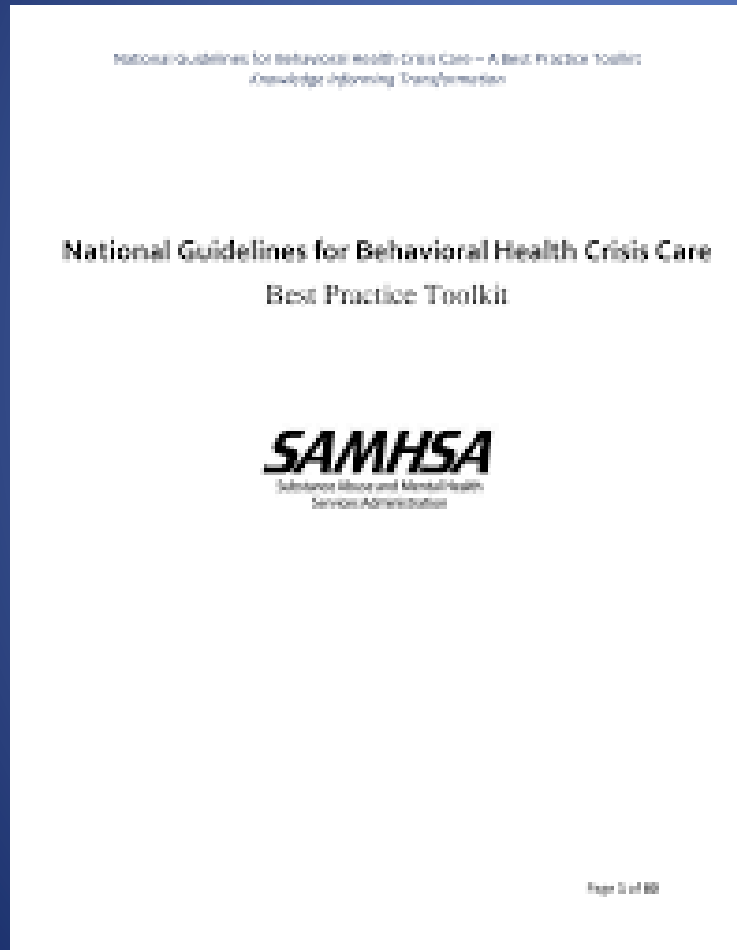
What is wrong with the Current system?

- Overuse of jails for persons with behavioral health problems that are not a threat to the community.
- Overuse of emergency rooms and inpatient for individuals with behavioral health problems that don't need that level of care.
- Lack of community services

What are states doing about it?

- ▶ State focus has been building robust mental health services throughout the **continuum of care** to reduce the need for beds and keep individuals in the community and out of jail and higher level services. NASMHPD **Beyond Beds** papers since 2017 led by Debra Pinals MD.
<https://www.nasmhpd.org/content/beyond-beds-series-working-papers>
- ▶ As part of the continuum of care there has been an emphasis on crisis services. The essential elements of an **effective crisis system include regional or statewide crisis call centers that coordinate in real-time, centrally deployed 24/7 mobile crisis, crisis receiving and stabilization programs including crisis beds**. The first response should be with behavioral health and not law enforcement. **Law enforcement should be brought in as needed.**
- ▶ States turned to the SAMHSA **national guidelines** to expand their crisis systems.

Setting the Foundation for Crisis Care



“National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit”*

- <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

What is 988?

- 988 is a new three-digit number designated by the Federal Communications Commission (FCC) in the United States for the National Suicide Prevention Lifeline. This new number makes it easier for people in crisis to connect with support and resources. As of July 2022, 988 was made available to provide 24/7, free and confidential support for people in distress, as well as prevention and resources for individuals in a behavioral health crisis.
- SAMHSA FAQ. <https://www.samhsa.gov/find-help/988/faqs#about-988>

988 SUICIDE & CRISIS LIFELINE

No matter where you live in the U.S.,
you can easily access 24/7 emotional support.

Call or text 988 or visit 988lifeline.org/chat to
chat with a caring counselor.

We're here for you.



What is the Promise of 988

- 988 will be as effective for behavioral health crisis as 911 is for physical health.
- The combination of 988 and the Crisis Now (www.crisisnow.com) model of crisis services will connect all individuals in behavioral health crisis with services at the level that is needed. There will be access to all including marginalized populations.
- Law enforcement if safety is a concern. There will be a reduction in persons arrested and taken to jail.
- Fees provide financial stabilization for the call centers and other crisis services. If not fees then other funding to sustain and grow this service.

988 Jam

- Learning Collaborative for crisis services
- Weekly, Wednesdays 12-1
- EST <https://talk.crisisnow.com/learningcommunity/>
- Over 160 episodes, over 300 persons attend weekly and on other 300 watch the videos on YouTube.

What are other State Priorities?

- ▶ Developing services to **prevent crisis and to assist in recovery to prevent future crisis.** For example supported Employment and stable housing.

- ▶ Workforce
 - Retention and recruitment efforts in states.
 - **Changing system** which will change workforce needed.
 - CCBHC model. <https://www.samhsa.gov/certified-community-behavioral-health-clinics>
 - Technology (**Grand Lake Oklahoma iPad model**) https://www.nri-inc.org/media/qa2k0wdf/grand-model-evaluation_june2022_v2.pdf

State Priorities (Cont'd)

▶ Parity

- Health insurance coverage for mental health and substance use disorder services, when provided, be **no more restrictive than coverage for medical/surgical services. Enforcement of EMTALA.**

▶ Telehealth

- Use of telehealth and the use of audio-only phone calls to provide mental health and substance use services proved overwhelmingly beneficial during Covid.

Thank you!

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