

February 2, 2022

988: More Than a Number

New York State 988 Implementation Plan Report



**Office of
Mental Health**

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The Commissioner of the Office of Mental Health, in consultation with the Commissioner of the Office of Addiction Services and Supports, hereby presents a report that details the resources necessary to make the National Suicide Prevention Lifeline, otherwise known as the 9-8-8 suicide prevention and behavioral health crisis hotline system, available, operational, and effective across New York State.

Background and Context

The implementation of 988 is a watershed moment in the history of crisis and behavioral health care in the United States. It presents an opportunity to reach millions in emotional distress while de-stigmatizing help-seeking. New York State has an opportunity to be a national leader in coordinated crisis services during this pivotal point in time.

The NYS vision of 988 is that it is more than a number. It is an immediate connection to highly trained, local crisis counselors who will provide emotional support and instantaneous assistance for behavioral health crisis and suicide prevention. Crisis counselors will thoroughly assess the risk of each caller and assist with the development of a personalized safety plan. Statistics show that 80% of crises are resolved at the call center level, demonstrating the effectiveness of crisis counselors' ability to defuse mental health crises and suicidal ideations without the need for in-person intervention. However, for situations in which the caller is assessed for in-person intervention, the crisis counselor, through the 988 networks and with the caller's consent, will have the ability to make referrals to local mobile crisis services or linkages to community services to work toward resolution of crisis within the safety and comfort of community settings. With follow-up procedures and protocols in place, the 988-crisis counselor will ensure the caller knows individualized support that will continue with follow-up and linkages to services even when the call has ended. 988 is more than a number in NYS. It will be the portal for convenient access and rapid entry into the coordinated crisis response system.

In 2019, the National Suicide Prevention Lifeline (NSPL), administered by Vibrant Emotional Health (Vibrant) received 137,481 calls originating from NYS, which was a 73% increase since 2016. In 2020, NYS received 142,827 calls, showing a 13% increase in just one year. Call volume is estimated to significantly increase over the next five years. Vibrant projects that New York State will receive 442,700 contacts within the first year of 988 operations, although projections have estimated that 988 contacts could be as high as 996,000. These additional projections include local crisis lines, 911 diversion, and new callers.

The proposed Executive Budget includes \$35 million in 2022-23, growing to \$60 million on a full annual basis to significantly expand call center capacity throughout New York State. These resources are critical to properly support NYS 988 centers and pave the way for a robust and assured infrastructure. To prepare for 988 implementation in July 2022, OMH allocated one-time funding of \$10 million in supplemented Federal Mental Health Block Grant resources to provide start-up for the call centers in the current year to build statewide capacity and infrastructure, and hiring and training of staff.

Currently in NYS, there are 12 NSPL centers responding to NSPL contacts with one additional site completing the onboarding process. NYS has been able to achieve a high of 70% in-state answer rate for NSPL calls, up from 45% before the NSPL Capacity Building Grant in 2019. With the funding outlined in the proposed Executive Budget to significantly expand call center capacity,

OMH is optimistic that contact centers will significantly increase the in-state answer rate above the current 70% answer rate for NSPL calls.

988 will be a service available to all New Yorkers. There are currently 11 counties across four different NYS regions without local access to an NSPL site. The start-up grants underway supported by Federal resources and new funding in the proposed Executive Budget will help prepare the existing and onboarding of new NSPL centers to handle the increased volume of 988, including building new capacity to serve the 11 uncovered NYS counties. Additionally, OMH is in the process of creating an opportunity for up to two additional call centers to be established through the NSPL contracting process to ensure adequate 988 coverage 24/7 with call, text and chat options for all New Yorkers. Each call center currently operates with mixed staffing patterns comprised of volunteer and paid staff, and often does not include 24/7 coverage. The new budgeted resources will help to build 24/7 statewide capacity in all 988 call centers to ensure calls are answered locally throughout the State.

Lifeline currently offers phone and web chat, as well as limited text support; however, the new resources will be dedicated to the call centers to scale multi-channel services fully. With the rollout of 988, call, chat, and text services will become available to all New Yorkers in need. NYS has plans in place to ensure effective service and benchmarking of these modalities. A unified technological platform will be utilized that is interoperable within and across the crisis and emergency response systems and with the administrator of 988. OMH is planning to utilize local experts in technology to transition local hotlines to a unified platform. Proposed funding in the Executive Budget allows for the development and implementation of a unified platform with functionality to connect with local available resources.

The 988 hotline can optimize and support services that ensure access and inclusion within 988 crisis response to meet the unique needs of at-risk groups, including youth, rural populations, BIPOC communities, and LGBTQ+ individuals, many of whom prefer certain modes of communication over others. Through the convening of unique stakeholder groups during the 988 planning phases, it was revealed that the aforementioned highest-risk populations are most hopeful for a local 988 system that responds to their individual needs and preferences without the fear or repercussion from law enforcement in response to mental health needs. To be able to support the mental health response needs of these communities and to plan for effective and meaningful mental health crisis response mechanisms that stakeholders expressed as necessary for utilization of 988, NYS will continue to work with our robust stakeholder coalition on the development of the coordinated crisis system.

The 988 hotline presents an opportunity to better weave the national mental health safety net of the Lifeline into the fabric of the local crisis care continuum throughout New York. Increased collaboration between 911 systems and 988 can provide more options for those in crisis, such as dispatching mobile crisis teams to individuals in mental health or suicidal crisis rather than police or EMS, and greater coordination of care options like crisis stabilization units. Such collaborations can reduce the burden on the costly use of hospital emergency departments. Through the 988-planning process, OMH has begun strengthening reciprocal relationships with 911 coordinators and affiliates over the significance 988 can have in crisis response transformation.

This report will address eight priorities for implementation planning including:

1. 24/7 Statewide Coverage by designated National Suicide Prevention Centers.

Currently, 5 out of the 12 NSPL call centers operate 24/7. Five centers participated in the initial State Capacity Building Grant since 2019, funded by Vibrant Emotional Health, working with OMH on capacity building and improving in-state answer rates. There are currently 11 counties in NYS without in-state NSPL coverage (Franklin, Clinton, Hamilton, Saratoga, Fulton, Montgomery,

Schenectady, Rensselaer, Sullivan, Ulster, and Rockland). Many of these counties are located in the Capital Region, Mid-Hudson Region, and North Country regions, which currently do have some coverage from existing NSPL centers. Currently, the call volume in these uncovered counties is relatively small (according to data provided by Vibrant), but OMH believes that is related to prevalent local line coverage and marketing in the absence of NSPL. Each call center has noted that to realistically prepare for increased capacity, funding opportunities will be necessary to hire additional staff for sustained growth – the \$10 million in Federal grants in the current year and proposed \$35 million in new funding in this year’s budget will support the call centers to expand staffing to achieve statewide 24/7 coverage. For the 11 uncovered counties, we will issue an RFA for new North Country and Capital Region call centers and will work with current NSPL centers to take on additional counties in coordination with local mental hygiene directors.

OMH has a regional plan for call coverage. A cohort of regional lifeline member contact centers will ensure primary 24/7 coverage in their designated regions for 988 calls, chats, and texts so that their efforts collectively ensure no geographic area or time of day gaps exist in the state. The remainder of existing and onboarding NSPL centers will serve as regional back-up centers. We are ensuring that primary coverage of regions will be provided by call centers within that general geographic vicinity who are currently able to provide 24/7 call coverage and can answer volume with at least a current 70% in-state answer rate.

Finalization of “primary” and “back-up” call centers in each region will be made in the coming months to determine capacity and feasibility of taking on this role.

Draft Proposed Primary Centers:

Western Region: Crisis Services, 211, Niagara
Central Region: Contact
Capital Region: RFA
Hudson River: Orange, Dutchess
New York City: NYC Well
Long Island: Response

Draft Proposed Regional Back-up:

Western Region: Niagara, Crisis Services, Contact
Central Region: Neighborhood Center, Tompkins
Capital Region: RFA
Hudson River: St. Vincent’s Westchester, Dutchess
New York City: There is no identified call center who can cover back-up for NYC Well
Long Island: DASH, Long Island Crisis Center

Currently, two of the 12 active NSPL centers engage in NSPL chat and text, although 8 out of the 12 existing call centers engage in non-NSPL chat and/or text capabilities. The two centers providing NSPL chat and text currently operate 24/7 for calls and may be utilized to increase their chat/text operating hours to 24/7 and OMH will work with the eight other NSPL centers currently engaging in non-NSPL chat and text to also provide the NSPL chat/text services. The two centers providing NSPL chat/text are located in different regions in NYS, leveraging the option of utilizing regional gap coverage to make up the regions in between. Currently, neither of these centers who handle NSPL chat/text operate 24/7, leaving gaps between 5pm – 7pm and 3:30am – 9 am uncovered for NYS in-state response. With the additional funding from NYS, contact centers will be able to provide chat and text for their coverage areas.

This approach has been reviewed with the Conference of Local Mental Hygiene Directors and the OMH Field offices to ensure we have regional and county feedback on the proposed plans, particularly surrounding concerns, or questions on the proposal. The goal is to create a collaborative system that is supportive of bi-directional collaboration between the call centers and the counties/regions in which they serve.

2. Strategies for identifying and supporting funding streams to meet the projected increase in volume

New York State examined several resources to estimate that the total projected volume for 988 contacts originating in NYS which could be upwards of 996,000. This estimate includes a combined volume from the Vibrant projections, an estimated 75% of local crisis lines being diverted to 988, 30% of 911 calls being diverted to 988, and an estimated 30% growth from new contacts reaching out to 988. Built into this assumption is the follow-up expectation that all callers/chatters/texters who contact 988 will be offered a follow-up service in the days subsequent to their initial contact with 988, if they consent to receive this. Funding provided in the Governor’s 2022-23 Executive Budget will support this critical postvention service.

NYS OMH is contributing \$10 million in current year start-up funds from the supplemental MHBG to assist contact centers with building capacity to be responsive to the projected volume increases of 988. This \$10 million dollar allocation is a critical investment for FY 2021-2022 as this one-time funding is dedicated to preparing for 988 implementation and assuring New Yorkers have access to the 988-crisis system.

Additionally, on December 20, 2021, SAMHSA announced a Notice of Funding Opportunity, FY 2022 Cooperative Agreements for States and Territories to Build Local 988 Capacity. Through this opportunity, NYS has been identified as eligible to receive \$7,280,460 over two years to support workforce capacity building at the local/state level. NYS OMH responded to this NOFO with an application to support additional start-up investments required to hire staff for the call centers.

The Governor’s Executive Budget for FY 2022-23 included \$35 million dedicated to funding the 988-crisis response system in SFY 2023 and \$60 million for SFY 2024. This critical investment will more than double the current funding available for NYS 988 centers in 2022-23 and will further assist 988 contact centers in developing, sustaining, and expanding their ability to respond to the most vulnerable New Yorkers in their time of crisis and beyond supporting operations and resources for enhanced technology, follow-up, and community linkages.

3. Mechanisms related to increasing and sustaining capacity for call, chat, text, and follow-up at the centers including workforce capacity building and training.

Answering calls, texts, and chats in-state helps to provide people in crisis with the most appropriate supports and services. NYS OMH is committed to increasing capacity at in-state centers so New Yorkers who contact 988 can be assisted by contact centers in New York State.

Current Answer Rate:

October 2021 - December 2021

State	Routed	Answered In-State	Answered Out-of-State	In-State Answer Rate
NY	36,900	22,602	7,332	61%

The goal for 988 Implementation is to answer the majority of New York call volume in-state whenever possible. These are current challenges to meeting that goal:

- Workforce issues (recruitment and retention)
- High volume call center answer rate decreased in the last six months due to workforce sustainability which impacted the entire state's in-state answer rate percentage.
- Acuity, intensity, and duration of calls is increasing according to report from our NSPL centers
- Frequent callers contacting centers several times a day
- Increase in callers with concern over continued NYS rent moratorium ending and increase in COVID- infection
- Lack of 24/7 statewide coverage
- Gaps in county coverage
- Currently, of the counties with NSPL in-state coverage, New York, Kings, Queens, Bronx, and Nassau County have the highest number of calls being routed out of state. NYC Well is the only call center who covers NYC in addition to their local line of crisis service

NYS has instant opportunities to increase capacity and significantly increase the overall in-state answer rate beyond the current 70% through the following activities:

- Onboarding of a new NSPL call center. This new site has a 50 -year history of providing crisis hotline services to Niagara County and recently began crisis coverage for two neighboring counties
- Centers continue to work toward their 24/7 coverage with start-up funds which will assist the state in achieving 24/7 coverage and full call, text, and chat functionality sooner
- Possibility of having the local crisis lines of business associated with the current NSPL centers become 988
- Smaller contact centers can explore the feasibility of adding interns or volunteers to their operations to support workforce challenges
- Implementation of a standardized training platform available to all crisis providers, including 988 call centers ensuring contact centers receive the same training while combining resources for efficiencies in cost and workforce demands
- MHBG start-up funding for addition of staff in 988 call centers
- 988 Cooperative Agreement grant of \$7.2 million over 2 years, funded through Department of Health and Human Services and SAMHSA dedicated to workforce development
- \$35 million in 2022-23 to support call center operations, growing to \$60 million on a full annual basis in the proposed 2022-23 Executive Budget

4. Operational, clinical, and performance standards, including identifying reporting metrics on usage, services, and impact for all Lifeline Call Centers.

New York State is committed to standardizing the operational, clinical, and performance standards for all contact centers responding to 988 in New York State. New York will assess the feasibility of a Unified Technological Platform funded through Vibrant for standardization and efficiency for 988, from initial contact through follow-up. A task force will be formed to make recommendations on the use of the Vibrant platform and additional functionality such as mobile crisis deployment and associated costs.

All NSPL Centers in NYS are accredited through either the American Association of Suicidology or the International Council for Helplines in addition to accreditation through the National Suicide Prevention Lifeline. This holds them to a higher standard than crisis centers who are non-accredited. Mechanisms to measure compliance with operational standards, requirements, and

performance metrics is necessary as the state provides oversight and coordination with the larger crisis response system. Currently, NSPL provides oversight of their call centers.

New York State is committed to providing linguistically and culturally competent care to all individuals who contact 988. To achieve this, diverse representatives on the 988 Coalition and OMH Office of Diversity and Inclusion representatives have been integral team members in the 988 planning and implementation process.

NYS OMH Office of Diversity and Inclusion (ODI) has worked with the 988 team to ensure linguistically and culturally competent care training standards will be in place for all Lifeline Call Centers in NYS. On January 20, 2022, OMH ODI presented to the 12 existing and one onboarding 988 contact centers in NYS on the specific initiatives OMH is taking to ensure equity and access. During this meeting, 988 contact centers had an opportunity to ask questions and develop strategies specific to their regional/county needs.

All 988 Contact Centers will be required to demonstrate the following:

- Commitment to equity and the reduction of disparities in access, quality, and treatment outcomes for marginalized populations
- Organizational equity structure
- Equity training activities and topics related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and treatment outcomes for marginalized/underserved populations. These include trainings about implicit bias, diversity recruitment, creating inclusive work environments, and providing languages access services
- Workforce Diversity and Inclusion
- Language access, including efforts to meet the language access needs of the client's served by 988 (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide key documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures)

5. Multi-stakeholder input through a 9-8-8 Implementation Coalition

In New York State, our 988 Planning and Implementation Coalition has more than 150+ stakeholders comprising each of the required stakeholder groups and representative(s) from other state agency partners. The membership is not fixed and interested individuals have been included upon request. The coalition has been an integral component of the NYS 988 planning, as their input, feedback, and suggestions have designed the 988-implementation plan for NYS. Below is a list of the stakeholder groups involved in the NYS 988 Coalition:

- Individuals with lived experience of suicidal thoughts, attempts, and/or loss
- A representative from one or more Lifeline Crisis Centers in NYS
- State Suicide Prevention Coordinators
- County or regional mobile crisis service providers and oversight bodies
- Providers of crisis respite/stabilization services
- Statewide Multicultural Advisory Committee
- Law enforcement leaders
- 911/Public Safety Answering Point (PSAP) leaders

- Peer support service providers
- Major State and local mental health and suicide prevention advocacy groups (i.e. MHA, NAMI, etc.)

Within the larger coalition exists four smaller subgroups; 1. 988 Center Functions, 2. 911/988 Protocols, 3. Regional Planning, and 4. Community Education and Marketing. Each subgroup has a set of co-chairs representing OMH and a community stakeholder (call centers, lived experience/peers, County Director of Community Services, and peer organization representative). Each subgroup was balanced with participation from more than 18 different stakeholder groups and accounts for perspective and representation from youth, BIPOC, LGBTQ+, lived experience, and other marginalized communities.

- The larger coalition will meet monthly, April 2021 through July 2023. In addition to the larger coalition meeting, each subgroup meets at least twice monthly to address the assigned core areas of focus

Top accomplishments:

- Convening a diverse coalition of 150+ stakeholders that guided the steps necessary for 988 implementation planning
- New relationships formed with 911/PSAPs/Law Enforcement across NYS and NYC
- Individual presentations to special interest groups to gain direct feedback on recommendations
 - Adults with lived experience
 - Family/Peer/Youth advocates
 - Young Adults
 - Tribal Nation Representatives
 - BIPOC/LBGTQ+ youth
- Assisting with relationship development between counties and local mental hygiene directors

Key Concerns/Recommendations/Issues:

- 988 must be a service for all New Yorkers
- 988 offers direct counseling to individuals in behavioral health crisis and meets the behavioral health needs of individuals in crisis by deploying mobile crisis services and linking individuals in crisis to appropriate local services, including 911, if necessary.
- Lesser law enforcement response to mental health situations
- Funding to ensure this is a sustained program
- Coverage for the 11 uncovered NSPL counties in NYS
- Access to NYS NSPL centers 24/7/365
- Equity/Inclusivity built into all aspects of call center operations and executions
- Cultural competence and regionally competent response systems
- High involvement of peers and individuals with lived experience having mental health and/or substance use challenges
- Coordination with the other legs of the crisis response system
- Do not reinvent the wheel- utilize call centers as experts

The State planning efforts for 988 implementation advance strategies and actions to address all of these key stakeholder concerns. The 988 Statewide Coalition will continue to meet through the implementation period for continuous evaluation, with ad hoc groups forming to address barriers, challenges, new information and quality improvement.

6. Systems to maintain local resource and referral listings, as well as assure linkages to local community crisis services.

Having and maintaining resource and referral information is an operating requirement for all Lifeline centers. Individuals who contact 988 must be given an appropriate array of options with respect to treatment, care, and/or follow-up. Furthermore, these options should not be limited in any manner to organizations, facilities, or providers affiliated with or related to the Center. Although Lifeline's unified platform for 988 is still under development, it is anticipated that the platform will enable centers to access local and national resources that are informed in part by state and center level referral listings. The task force that will be providing recommendations for a unified platform will include the incorporation of resource and referral information.

NYS OMH has been working collaboratively with each NSPL center on understanding their process for ensuring that there is a comprehensive statewide listing of all available resources, referrals, and linkages, that this list is updated at minimum, annually, and that access can be shared across all NYS Lifeline centers through the unified platform as well as state processes.

Providing linkages to services describes a continuum in terms of the formality of the relationship between the crisis center and the service. At the informal end of the spectrum, providing linkages means understanding a service or resource well enough to know if it is appropriate to suggest to the person in crisis when helping them create a safety plan, offering referrals, or assisting them in accessing services. More formal relationships may include an MOU or contract between the crisis center and service or other formal connections such as shared dispatch or real-time access to data such as the availability of beds. NYS is encouraging contact centers to pursue both the informal and formal linkages.

Potential for Expanded Crisis Services and Linkages: (i.e., centers being able to dispatch mobile crisis teams, warm transfer/divert to and from 911, access a real-time bed registry)

- Some of the NSPL Centers in NYS currently act as a source for dispatching a local mobile crisis team to the community. It is the intention of NYS in an advanced model of the coordinated crisis system to have 988 Centers act as the HUB for crisis services, including all mobile crisis and crisis stabilization.
 - Establish all 988 Call Centers as points of access for mobile crisis services in their coverage area
 - Educate call centers of mobile crisis providers in counties and regions
 - Train call centers about functions of mobile crisis services and mobile crisis assessment elements
 - Train mobile crisis teams about functions of 988 call center
 - Develop protocols for assessment and deployment of mobile teams in collaboration with call centers and mobile crisis providers
 - While there is no standardized or consistent dispatch process in place at this time, NYS will develop this process as part of 988 implementation
- Several counties in NYS, some in partnership with local crisis lines of business, have created 911 diversion and crisis response teams (i.e., Broome County, Erie County, Monroe County, etc.). In the advent of 988, NYS OMH has already begun working on developing partnerships and collaborative relationships with local 911 PSAPs, law enforcement, and emergency responders to better understand the current system (over 170 911 PSAPs in NYS) and prepare for ways that 911 and 988 can support one another so each system can respond to the crisis most appropriate for their service.

Expanded Services:

Mobile Crisis:

- NYS OMH is in the process of creating a larger coordinated crisis system, including someone to call, someone to respond, and somewhere to go. There are efforts underway to enhance mobile crisis team response and expand current crisis stabilization services by creating several new centers across NYS, including maximizing the 85% FMAP for expansion of crisis services.
 - Beginning in April 2022, section 9813 of the American Rescue Plan Act authorizes Medicaid reimbursement at an enhanced federal match percentage (FMAP) of 85% for mobile crisis services, which will be available for 3 years. This FMAP will offset the cost to NYS of expanding the geographic coverage and operating hours (move to 24/7 operations) resulting in a robust Mobile Crisis system that meets the needs of all New Yorkers
 - Currently, 50 out of the 62 counties in NYS have mobile crisis response teams available. All NYS approved mobile providers have been invited and encouraged to participate in ongoing expert technical assistance provided by CCSI (Coordinated Care Services, Inc.) to increase billing proficiency and sustainability efforts. This collaboration will include targeted learning collaboratives and program specific sessions as indicated by providers and/or CCSI. Existing mobile crisis programs will also be eligible to apply for additional NYS grant funding support to enhance their ability to solidify 24/7 availability, improve their timeliness and effectiveness of response (via equipment additions or improvements such as communication devices or e-boards, etc.), to best integrate with their County's broader crisis service continuum of 988 coverage, crisis stabilization centers and crisis residential options and vital integration with community partners such as medical, law enforcement and community-based behavioral health services. Improvements could include, but are not limited to technology enhancements, facilitated learning collaboratives and other local service integration efforts.
 - OMH is currently in the process of developing an RFA for counties who do not have mobile crisis response teams. With an intention that all counties of NYS initiate county-specific mobile crisis capacity in 2022, enhanced funding opportunities will be provided to counties who have yet to implement such programs. Funding will be targeted in addressing unique challenges to such counties that includes geography, technology, workforce recruitment and retention and the necessary integration of key partners across the spectrum of community leaders, behavioral health providers, law enforcement and recipients of service. Analysis and engagement of local culture and underserved individuals with unique needs will bear review that can be supported via this additional funding provided to counties as they design, develop, and implement effective mobile crisis services uniquely impactful to their respective region.
- NYS will continue to develop the protocols and procedures for how 988 call centers can dispatch mobile crisis teams in real time scenarios as we move forward with developing and enhancing current MCT operations in NYS.

Reciprocal warm transfer capabilities and relationships with 911 dispatch centers:

- NYS OMH presented to the NYS 911 Coordinators Association on 988 planning to begin laying the groundwork for ongoing partnership for systemic transformation in the NYS crisis response system.
 - OMH continues to engage with the NYS 911 Coordinators Association, NYS Department of Homeland Security and Emergency Management, and participates in a NYS State Agency Communications Working Group.

- The 911/988 Protocols subgroup has been developing a survey to 911 PSAPs to better understand the landscape and nuances of each 911 PSAP. To work on seamless reciprocal transfers, NYS OMH needs to understand how each individual 911 PSAP works within the catchment area of each call center coverage to begin planning for meaningful transfers. This is an ongoing task of OMH with commitment and partnership from 911 representatives.
- NYS remains interested in the Vibrant/SAMHSA announcement of an investment in interconnectivity with 911.

The ability to have real-time information about the availability of crisis beds:

- NYS OMH is currently working on developing both supportive crisis stabilization centers and intensive crisis stabilization centers across NYS
- Currently, NYS has crisis residential beds, Comprehensive Psychiatric Emergency Programs (CPEPs), and inpatient psychiatric beds for individuals who require additional support. Each call center currently has their own processes and procedures for how to access a different level of care for a caller presenting with higher needs than telephonic interventions. NYS will rely on the expertise of the call centers to inform OMH on how they currently access these services in the communities they serve. Additionally, NYS OMH will work with county Directors of Community Services and the OMH Field Office Directors to ensure all considerations and connections for programs are made at the community level
- Explore use of MOUs for services and 988 centers to ensure the seamless connection of individuals to services in their communities

7. Follow-up services for individuals who contact 988 through call, text, and chat based on Lifeline best practices and guidelines

Follow-up care reduces suicide risk, supports people in crisis, and is a cost-effective intervention, especially when contrasted with law enforcement, EMS, and hospital utilization. New York State wants to ensure that follow-up care is available to all individuals who contact 988. To prioritize follow-up care for individuals who contact 988, NYS counties will utilize new resources in the 2022-23 Budget to help coordinate efforts across centers, support training and resources to build capacity in call centers to achieve NYS 988 standards and adhere to best practices and monitor and help meet increasing demand. The Budget investments increasing to \$60 million on full annual basis will help to maintain gains made by 988 call centers to continue these services as volume is anticipated to continue increasing. The following activities are included in follow up development:

- Collaboration with OMH Suicide Prevention Office to identify areas in the state with high suicide rates for potential volume
- Data collection from the NSPL call centers of the proportion of Lifeline contacts across their networks where current thoughts of suicide are present to assist in planning and preparing for capacity
- Expand follow up services to all NSPL call centers. Currently, all but 2 active centers in NYS provide follow-up services. These two centers also do not provide follow-up to their local crisis lines of business and will require support to begin this practice
- Utilize the 988 Coalition Subgroup recommendations, under the direction of the co-chair (Director of an NSPL site in NYS) for follow-up services based on Lifeline standards and with consideration for acuity of presentation and with consideration for personal factors, such as age, developmental differences in adults and children/youth, and elevated risk of callers from various groups, i.e., LGBTQ IA+, veterans, middle-aged men, Latina adolescents, and Black youth

- Gather input on challenges associated with follow-up, including staffing, and having the dedicated time and personnel to respond to follow-up, particularly during times when call intensity and acuity is increased
- Implementing the new resources to fully support 988 centers in establishing and enhancing follow-up services according to the Lifeline Best Practices is critical

8. Public messaging at the state level to distinguish from 911 and educate the public on the range of 988 services which shall include public messaging for underserved and high-risk populations

SAMHSA and Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline and 988, have been explicitly clear that they are responsible for creating and managing the national messaging and branding for 988. States will be provided messaging and branding guidelines, assets, and tools to support the development of strategies for promoting 988 in their states, within the parameters defined by SAMHSA and Vibrant. Note: SAMHSA and Vibrant have given the direction that states should not publicize 988 availability until after the nationwide rollout on July 16, 2022. Until that time, NYS efforts will include marketing preparations and strategic proposals, as well as identifying pertinent groups to begin education. Marketing of 988 between July 2022 and June 2023 should be customized to the states' capacity to allow 988 centers to further build capacity for anticipated volume increases and for states to utilize resources from the Budget to further 988 capacity building at the centers.

Current situation, gaps, opportunities, and challenges:

- The community education and marketing subgroup of the 988-planning coalition spent extensive time making recommendations on a comprehensive marketing plan for 988. NYS is considering the tagline, 988: More than a Number, in the marketing campaign
- We have met with several special interest groups individually to assess their hopes and concerns for the 988 system. NYS will be sure to highlight the distinct differences between 911 and 988 and will prepare an educational handout of these differences for groups to use across the state

Suggestions of the subgroup:

- Marketing materials should be culturally appropriate, embrace diversity, equity, inclusion, and be provided in multiple languages
- Considering the various regions/counties/areas/neighborhoods of NYS – in both print and digital marketing, there should be particular emphasis on nuance, tone, idioms, colloquialisms, and vernacular
- Multiple forms of marketing materials should be created (digital, social media, print)
- Displayed on public transport, PSAs (radio, TV), groceries/shopping centers
- Various actors, settings, images should be used to capture the various backgrounds, cultures, and ethnicity of New Yorkers
- Marketing initiatives should address specific high-risk subgroups (ex: elderly, rural and urban communities, youth, and families, BIPOC, LGBTQ, etc.) and regional variation
- A communication plan should be developed by the marketing firm on how they will alter marketing strategies for identified various populations- Marketing Firm can work with/utilize 988 subgroups for development and feedback from the represented population

- Marketing firm to work with OMH Public Information Office and Community Education and Marketing subgroup from branding/introducing 988 to next campaign, and with built in evaluations from preestablished focus groups, adjusting/adapting for next/upcoming campaigns
- Develop a multiphase marketing strategy that is in line with the NYS 988 roll out
- Identify Focus groups for diverse representation (ex: indigenous population of NYS, youth and transition age-youth, Seniors, Veterans, including Veterans of Color and LGBTQ+ Veterans of color, BIPOC, LGBTQ+, faith-based organizations, etc.)
- In addition to relying on the diverse expertise of our coalition, we will continue to work closely with the Office of Consumer Affairs and the Office of Diversity and Inclusion to ensure we are keeping lived expertise and equity at the forefront of all 988 educational and marketing materials