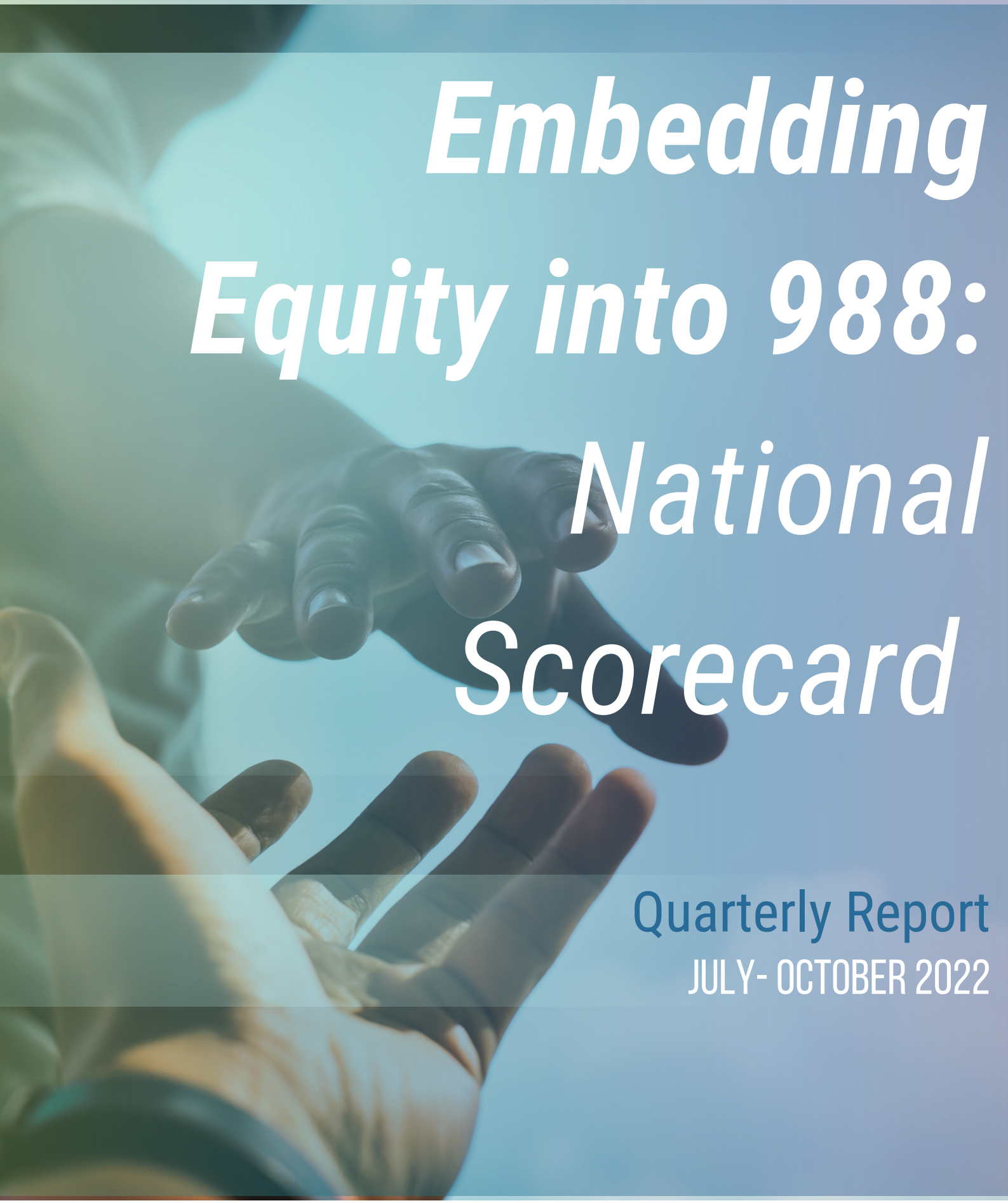


Embedding Equity into 988: National Scorecard

Quarterly Report

JULY- OCTOBER 2022

KENNEDY-SATCHER CENTER FOR MENTAL HEALTH EQUITY
SATCHER HEALTH LEADERSHIP INSTITUTE
MOREHOUSE SCHOOL OF MEDICINE

beacon health options

988 AND EQUITY SCORECARD - QUARTER 1

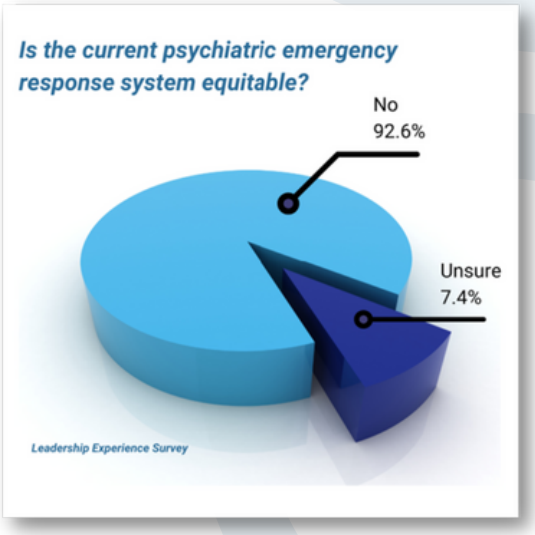
EXECUTIVE SUMMARY

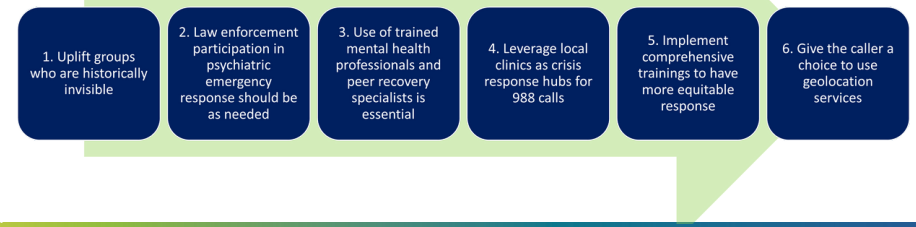
In June 2022, ahead of the launch of 988, the Kennedy-Satcher Center for Mental Health Equity (KSCMHE), in partnership with Beacon Health Options, released "Embedding Equity into 988," a national policy brief that outlined evidence-based recommendations for equitable administration of 988. Through a comprehensive literature review and collection of an anonymous leadership experience survey, the brief identified the policies as recommended best equity practices for 988. It also identified the following groups (988 equity priority groups) as being the most historically invisible or poorly reached by the current landscape of crisis response: people who identify as LGBTQIA+; black, indigenous and people of color (BIPOC); rural communities; immigrants, refugees, and non-English speaking people; people living with disabilities; older adults; people experiencing homelessness or housing instability; formerly incarcerated or justice-involved populations; survivors of trauma; and neurodiverse people. 988 is an opportunity for local and federal leaders to employ necessary tools that ensure previous experiences and failures are rectified and its implementation is equitable. It is also clear that existing data collection measures create barriers to understanding the intersection of equity and behavioral health. 988 will require detailed and thoughtful collection and disaggregation of data to fully capture the burden of mental health inequity in psychiatric response, and quickly develop tangible solutions that achieve equity.

People who identify as:

- LGBTQIA+
- Black, Indigenous and people of color (BIPOC)
- Rural communities
- Immigrants, refugees, and non-English speaking people
- People living with disabilities
- Older adults
- People experiencing homelessness or housing instability
- Formerly incarcerated or justice-involved populations
- Survivors of trauma
- Neurodiverse people

Evidence about effective health communication strategy predicts that states with concerted investment in public access to detailed and intentional information about 988 would increase 988 utilization in those states and communities historically inadequately reached by crisis response. With SAMHSA's commitment towards equity for 988, this report is a tool to help states see what others are doing to promote equitable access. Following 988's go-live, KSCMHE is tracking how equity is approached in public health communications at a state level by scanning 988 websites, implementation plans, marketing materials, and advisory committees for representation of the 988 equity priority groups. KSCMHE is also looking at what non-state, non-profit, or practices can be highlighted as supplemental best practices. States are being scored on how much of the four domains of information they make accessible, and then also scored on how well that information highlights efforts for these equity groups. The aim of this process is to leverage strengths and provide opportunities for state to state knowledge exchange to occur. These report outs will be released quarterly. This process will take time and is iterative and will promote that 988 is a collaborative effort to advance equity.





RATIONALE & FRAMING

> ***"We want everyone to know that there is hope. Whether you're experiencing thoughts of suicide, a mental health or substance use crisis, or any other kind of emotional distress, there is compassionate, accessible care and support,.....it is crucial that people have somewhere to turn when they're in crisis."*** *- Miriam E. Delphin-Rittmon, PhD (HHS Secretary for Mental Health and Substance use and leader of the SAMHSA)*

EFFECTIVE PUBLIC HEALTH COMMUNICATION CAN MAKE 988 AN EQUITABLE SUCCESS

Since 988's launch on July 16, 2022, data shows there has been a 45% increase in calls to the helpline and overall improvement in answer rates, compared to last year at the same time (HHS, 2022). Improvements have also been recorded in wait times, with data showing an average decrease from 2.5 minutes to 42 seconds for all contacts (calls, chats and texts).

The 988 equity priority groups have historically been least reached with communication, information, and resources on how to access mental health and crisis care. As such they show lowest rates of access and retention in treatment (Acevedo et al, 2018). 988's launch is an opportunity to demonstrate localized, tailored and effective outreach to these historically invisible groups to bridge the gaps seen in previous mental health systems response. Evidence shows that health communication strategies reflective of thoughtful, informational, and intentional messaging are correlated with positive behavior change and improved access and retention in care (Tulane University, 2022). Applying this lens to 988, this evidence-based concept predicts that states with concerted investment in public access to a designated website for 988, the local implementation plan, tailored and individualized marketing materials, and the formation of diverse and inclusive advisory councils, will see an increase in 988 utilization in those states. Further, efforts to reach communities historically inadequately reached by crisis response with appropriate messaging and resources would address and remedy historical inequities in crisis response.

KSCMHE is aware that though the process of scanning materials was comprehensive, some available resources might have been possibly missed. If state leaders wish to inform KSCMHE of where those materials can be accessed by constituents, results of these policy scans will be revised and improved in the upcoming iterations. Please contact kennedysatcher@msm.edu for more information.

RATIONALE & FRAMING

MEASURING EQUITY IN STATE-BY-STATE 988 ADMINISTRATION

The purpose of this quarterly scan is to understand strategies that states are utilizing to not only bring visibility to 988 and its purpose, but evaluate effectiveness and approaches to outreaching the specific groups that are most at risk for crisis response inequities. Materials found online were accessed up until October 11, 2022.

Step 1: Access Scorecard

Per SAMHSA recommendations, state governments are first being assessed and scored on what information has been made accessible to and localized for consumers. States were federally required to submit a draft implementation plan for the 988 transition by September 30, 2021, and a final implementation plan by January 31, 2022. A noted limitation is is inevitable inconsistency and delay in updates to online materials. This scan acknowledges that if a domain is not publicly accessible, it does not mean it does not exist. States scoring the highest have all four public information domains accessible online:

- A designated state website for 988
- Public implementation plan
- State-tailored marketing materials
- Public information about 988 advisory council

General Inclusion criteria

- Official document, website, or material published and owned by the state.
- Must only be specific to 988

Exclusion criteria

- Recommendations published by non-state organizations
- News articles and state press releases
- General mental health/suicide strategies
- State-specific crisis response number
- Website and or materials by other non-state or non-profit organizations

Step 2: Equitable Access Scorecard

Of the four public information access domains, states are being scored on how many specific references to the 988 equity priority groups are identified. States scoring the highest have 5 or more of the populations referenced in these publicly available materials.

General Inclusion criteria

- Specific mention of groups identified in policy brief as being historically invisible (988 equity priority groups)
- Materials publicly available as of October 11, 2022
-

Exclusion criteria:

- Images of diverse representation*

Why this exclusion?

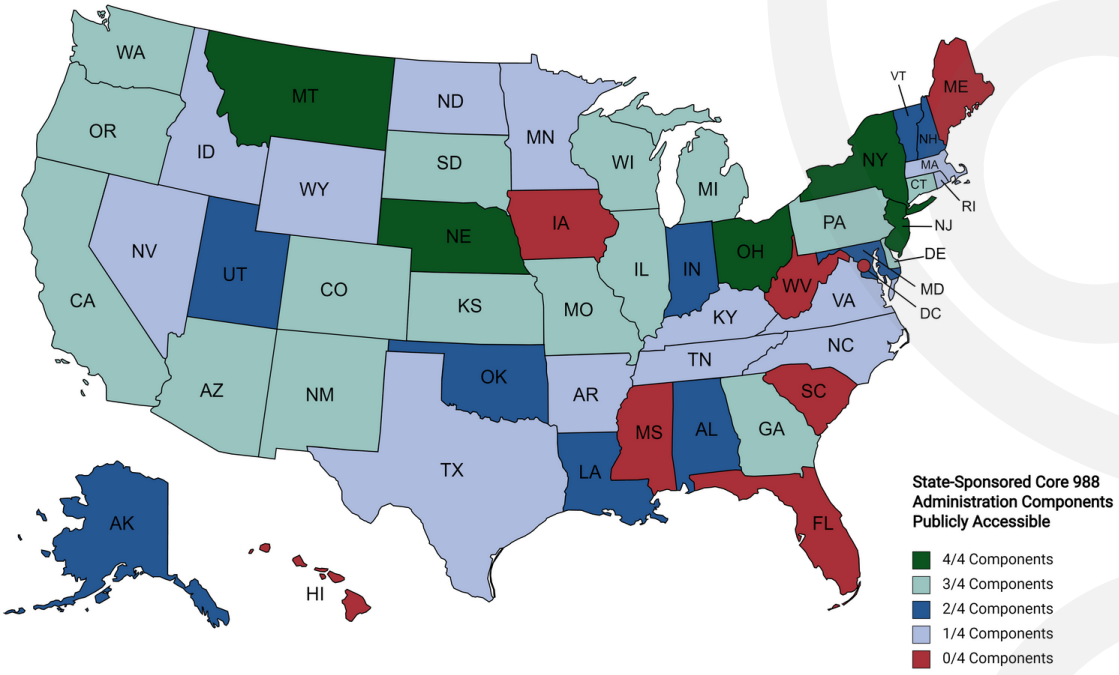
This research team operated with a baseline assumption that states will be using images that are inclusive of diverse backgrounds throughout websites and marketing materials. The purpose of the equity scorecard is to identify states who have made specific reference to the 988 equity priority groups. States receive scoring credit for strategic suggestions of outreach to these groups to increase access and utilization of 988. Use of imagery alone is seen as a norm, and not an innovative practice.

RESULTS

ACCESS SCORECARD (AS OF OCTOBER 11, 2022)

State-Sponsored Core 988 Public Information Components:

1. A designated state website for 988
2. Public implementation plan
3. State-tailored marketing materials
4. Public information about 988 advisory council



Created with mapchart.net

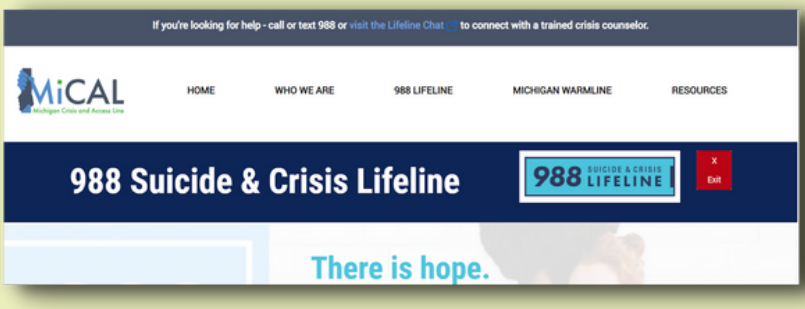
State Sponsored Core 9-8-8 Administration Components Publicly Accessible				
0 out of 4 Components	**1 out of 4 Components**	**2 out of 4 Components**	**3 out of 4 Components**	**4 out of 4 Components**
District of Columbia	Arkansas	Alabama	Arizona	Montana
Hawaii	Idaho	Alaska	California	Nebraska
Iowa	Kentucky	Florida	Colorado	New Jersey
Maine	Massachusetts	Indiana	Connecticut	New York
Mississippi	Minnesota	Louisiana	Delaware	Ohio
South Carolina	Nevada	Maryland	Georgia	
West Virginia	North Carolina	New Hampshire	Illinois	
	North Dakota	Oklahoma	Kansas	
	Rhode Island	Utah	Michigan	
	Tennessee	Vermont	Missouri	
	Texas		New Mexico	
	Virginia		Oregon	
	Wyoming		Pennsylvania	
			South Dakota	
			Washington	
			Wisconsin	

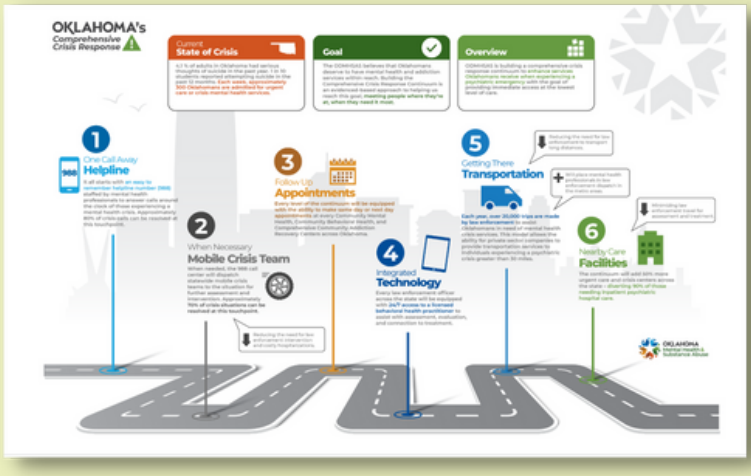
Access Scorecard Highlights:

Many states have made it publicly known that 988 resources are coming soon, therefore for this first quarterly brief it is understandable that not all states will score highly. The hypothesis is that these scores should steadily increase in subsequent quarters of 988's administration.

It is also evident that some states have not yet transferred their existing crisis line websites to be inclusive of 988. It can be assumed that those states marketing robust existing crisis services will continue to do so through the transition to 988. Some noteworthy states that may be qualified by this caveat are: Maine, Alaska, Colorado, Connecticut, and Idaho. It is observed, however, that some states have seamlessly transitioned their pre-existing crisis line information to reflect inclusion of 988 resources. Others have also innovatively approached explaining how it will work and where constituents can access help.

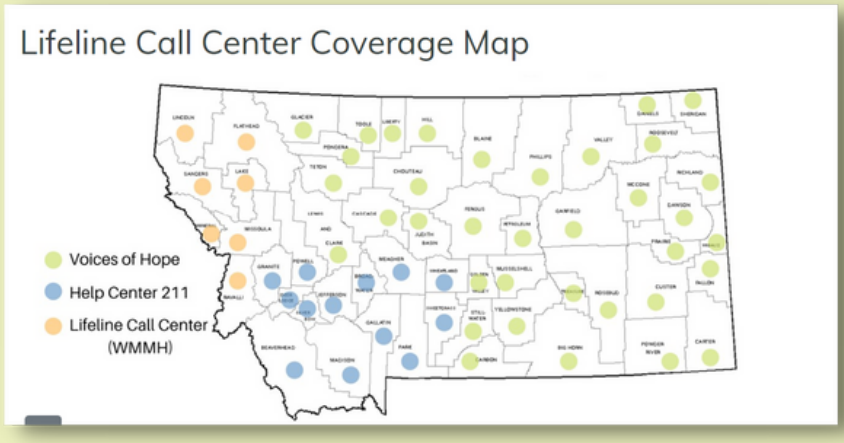
Michigan's MiCAL website has transitioned to reflect 988.





Oklahoma has designed a 988 service road map that is reader friendly, informative and easy to understand.

Montana has created an interactive coverage map that shows how and where 988 services can be accessed.



ACCESS SCORECARD (AS OF OCTOBER 11, 2022)

For the States that Scored the Lowest:

It is evident that some states have not updated their websites to include new or enhanced materials. As stated, the expectation is that the first two quarters of 988 implementation would allow for these to be revised and made publicly available after its launch. This scorecard is reflective of state sponsored efforts. Further, states receive credit for creating new materials specific to their local populations, and not just sharing the national toolkits that SAMHSA developed. For those states receiving low scores because there is NO state-sponsored information available, this policy implementation update highlights non-state, non-profit, grassroots efforts by organizations that are generating important information for constituents about 988. KSCMHE commends certain organizations (linked below) for creating comprehensive public health communication. Each was outreached each to confirm that they were indeed created by non-state leaders on the ground.

NAMI Texas
National Alliance on Mental Illness

FIRST CHOICE SERVICES

MHA
Mental Health America of Greenville County

FLMHAC
FLORIDA MENTAL HEALTH ADVOCACY COALITION

FUND 988 KY
www.Fund988KY.org

From an advocacy perspective, some states have also demonstrated the creation of advocacy coalitions to legislatively increase funding for 988. This scan highlights Kentucky's 988 Fund, which recognizes that House Bill 373 did not pass in the Kentucky General Assembly in 2022, but will be up for vote again in 2023.

KSCMHE is aware that though the process of scanning materials was comprehensive, some available resources might have been possibly missed. If state leaders wish to inform KSCMHE of where those materials can be accessed by constituents, results of these policy scans will be revised and improved in the upcoming iterations. Please contact kennedysatcher@msm.edu for more information.

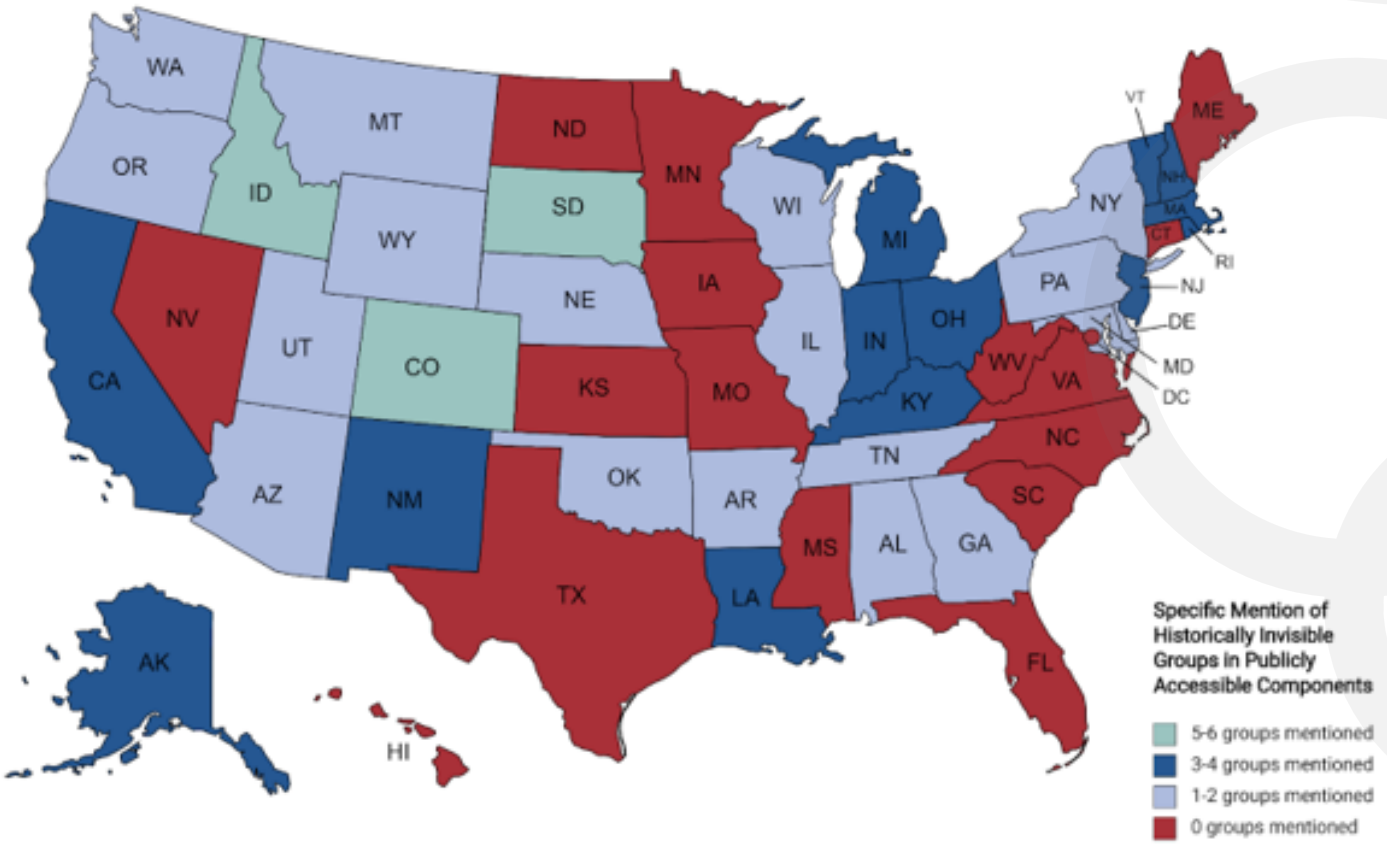
RESULTS

EQUITY ACCESS SCORECARD (AS OF OCTOBER 11, 2022)

Reference to 6 or more of the 988 equity priority populations in any or all of the Access Scorecard Domains is seen as a best practice. Reference to 5-6 of the populations received the highest scores, for this quarterly scan:

People who identify as LGBTQIA+	Black, Indigenous and people of color (BIPOC)	Rural communities	Immigrants, refugees, and non-English speaking people	People living with disabilities
Older adults	People experiencing homelessness or housing instability	Formerly incarcerated or justice-involved populations	Survivors of trauma	Neurodiverse people

Only 3 states made reference to 5-6 of the 8 populations, and NO states exceeded 6. The difference between Access and Equitable Access is dramatically different.

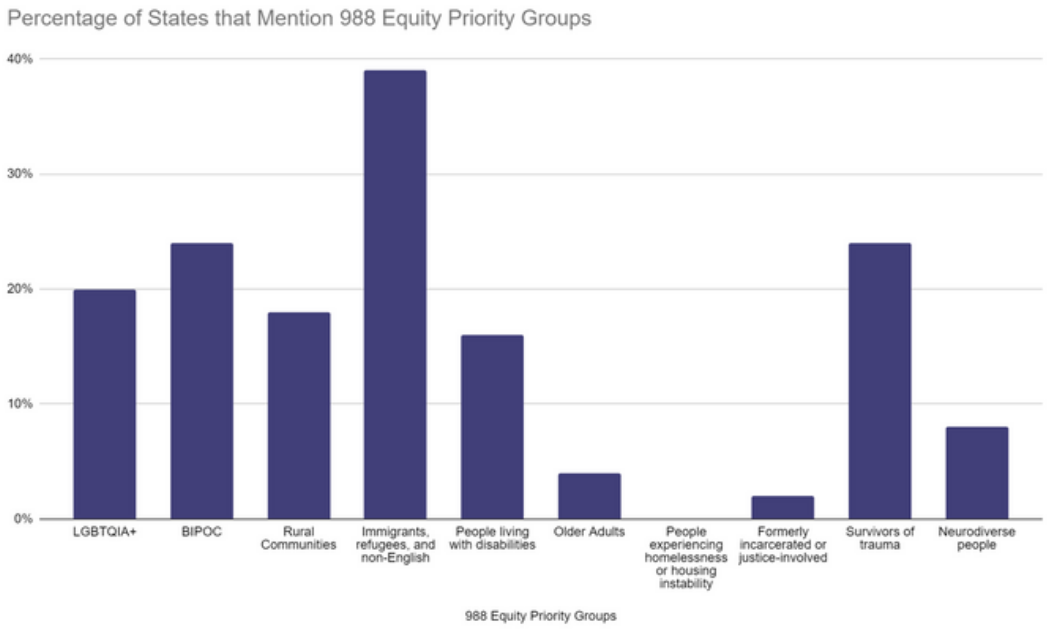


Specific Mention of Historically Invisible Groups in Publicly Accessible Components				
0 Groups Mentioned	**1-2 Groups Mentioned**	**3-4 Groups Mentioned**	**5-6 Groups Mentioned**	**7+ Groups Mentioned**
Connecticut	Alabama	Alaska	Colorado	
District of Columbia	Arizona	California	Idaho	
Florida	Arkansas	Indiana	South Dakota	
Hawaii	Delaware	Kentucky		
Iowa	Georgia	Louisiana		
Kansas	Illinois	Massachusetts		
Maine	Maryland	Michigan		
Minnesota	Montana	New Hampshire		
Mississippi	Nebraska	New Jersey		
Missouri	New York	New Mexico		
Nevada	Oklahoma	Ohio		
North Carolina	Oregon	Rhode Island		
North Dakota	Pennsylvania	Vermont		
South Carolina	Tennessee			
Texas	Utah			
Virginia	Washington			
West Virginia	Wisconsin			
	Wyoming			

"Efforts to embed equity into 988 must be continuous and comprehensive."
- Embedding Equity into 988: Imagining a New Normal For Crisis Response (KSCMHE, 2022)

Equity Access Scorecard Highlights:

The differences between the Access and Equity Access maps are alarming, but reflective of historic inequities that have been observed throughout the United States. A limitation to this being conducted in the first quarter of 988's administration, is that it is apparent that some state implementation plans have not been updated. They do, however, make reference to future strategies that focus on the 988 equity priority groups. The aim of this equity policy scanning process is to encourage states to see these scores as an opportunity to improve equity practices throughout the first year of 988 and beyond.



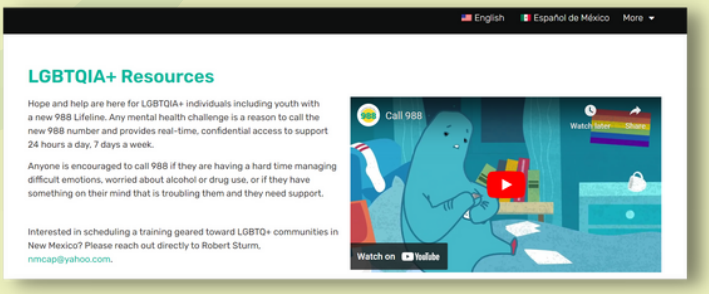
LGBTQIA+ Communities

20% of states made reference to outreaching LGBTQIA+ children and adults with responsive and appropriate 988 services.

Statistically, people who identify as LGBTQIA+ report higher rates of suicidality and LGBTQIA+ youth are more than four times likely to attempt suicide than their peers (Johns et al, 2020).

Multiple states continue to reference the Trevor Project as a resource, as it should, but it is hoped that with time, more state-driven responses that reflect localized efforts to reach LGBTQIA+ groups will increase.

New Mexico is highlighted for creating specific marketing materials for the LGBTQIA+ community, including effective and meaningful videos sensitive to the population's specific needs.



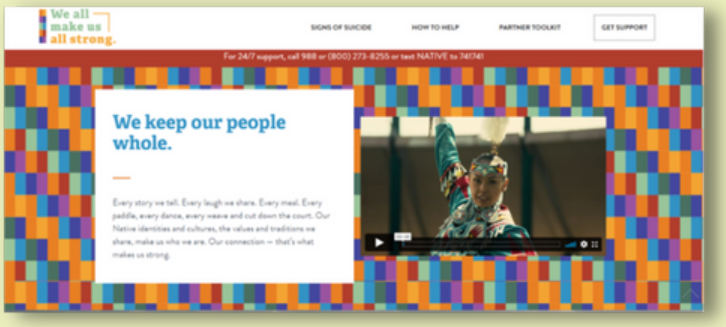
BIPOC Communities

24% of states made reference to outreaching BIPOC children and adults with responsive and appropriate 988 services.

Communities of color have lower rates of retention in treatment (Acevedo et al., 2020)

In general, most efforts seen were to put diversity in images on websites and marketing materials. As stated, this is being excluded from receiving credit because this practice should be foundational. There were, however, some references to working with BIPOC community leaders as bridges to care, and some implementation plans cited efforts to include BIPOC-identified people on advisory councils, as well as in 988 work-force hiring efforts.

Washington is demonstrating concerted 988 efforts to reach its American Indian/Alaska Native constituents. It will launch the Native and Strong Lifeline, dedicated to serving those affiliated with Washington's Native American and Alaska Native communities who call 988. It will be administered by the Washington Indian Behavioral Health Hub.



Rural Communities

18% of states made reference to outreaching rurally located children and adults with responsive and appropriate 988 services.

More than 120 hospitals in rural areas have closed in the last decade (Rural Hospital Closures, 2022).

Some states innovatively addressed this need by displaying maps to identify response centers across state counties, as well as highlighted implementation strategies to address clinician shortages in rural areas. Other states also highlighted how mobile care will be imagined through 988.

Georgia's Rural Suicide Crisis

In a recent interview with Axios, Georgia Department of Behavioral Health and Developmental Disabilities Commissioner Judy Fitzgerald stated that the rate of suicide attempt or completion has spiked to 8.6% in rural Georgia counties, significantly higher than rates seen in urban Georgia areas. The state is working with the Farm Bureau and the University of Georgia to spread rural awareness about mental health resources. Since 988's go-live, call volumes in Georgia have gone up by 14%, and the demand for mobile crisis services is expected to increase by as much as 176%.

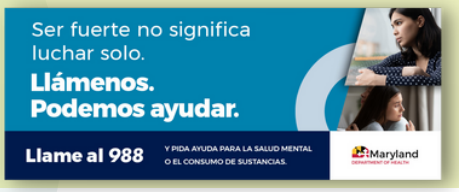
Immigrants, Refugees, and Non-English Speaking People

39% of states made reference to outreaching immigrant, refugee or limited english proficiency populations, the highest reference rate across the 988 equity priority groups.

Individuals with limited English proficiency (LEP) have greater difficulty accessing care and preventative services (Masland, Lou, & Snowden, 2010).

It is evident that translation of resources and information available in the Access Domains was an immediate equity effort that states implemented when 988 went live. A best practice in this category is those states that showed demonstrated commitment to reaching constituents with the languages most spoken in their respective counties. The language most observed as accessible was Spanish, but some states are commended for offering information in multiple other languages as well. Highlighted is New York State, for example, which made its newly-minted 988 materials available in 7 languages and are publicizing interpretation services available in over 150 languages.

Also observed was how technology allowed states to make information accessible in more languages because of tools, such as Google translate, which afforded states a reprieve from having to translate content independently. As 988 expands, it is recommended that more grassroots approaches to public health communications are increased, inclusive of signage on public transportation, airports, and partnerships with community convening locations were resources can be distributed. Evidence shows that efforts like these, and others, can dramatically increase utilization.



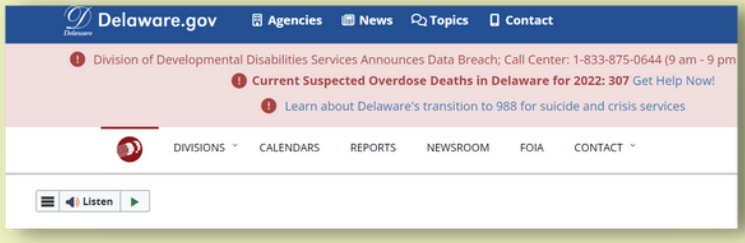
Maryland has translated most of its 988 materials into Spanish.

People Living with Disabilities

16% of states made reference to outreaching people living with disabilities.

According to a study published in the American Journal of Preventive Medicine, people with disabilities were significantly more likely than those without disabilities to report suicidal ideation (Marlow et al, 2021).

Observed in this category were efforts by some states to make their materials accessible to people living with processing, visual, or hearing disabilities. New Hampshire made the content on their websites more accessible for individuals with visual disabilities by allowing a user to change font, size, and contrast. New Hampshire's Rapid Response Access Point has also created an informational 988 video for people who speak American Sign Language.



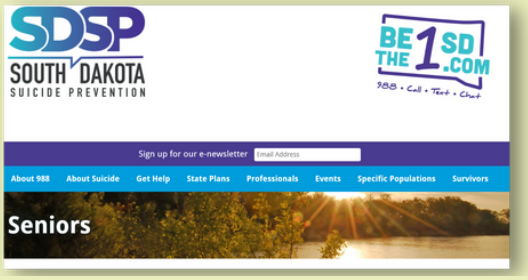
Delaware's 988 page provided an option to listen to the content presented on the website for anyone who could not process it visually or by reading.

Older Adults

Only 4% of states, 2 states in total, made reference to outreaching older adults.

Older adults are especially vulnerable to suicide or mental health crisis, with causes ranging from grief, isolation, to chronic illness (National Council on Aging, 2022).

Only South Dakota and Alaska specified strategies, materials, or efforts to reach older adults through their 988 implementation approaches.



Formerly Incarcerated or Justice Involved

Only 2% of states, or 1 state, made reference or mention to the needs of the justice-involved within 988's implementation.

People with mental illness are overrepresented in our nation's jails and prisons, and effective crisis response is an opportunity to increase access to care and reduce inappropriate incarceration (NAMI, 2022).

As of October 11, 2022, Ohio was the only state that made mention of this population and highlighted the importance of working with criminal justice partner organizations to reduce negative outcomes for the justice involved through 988. Since that date and upon publication of this policy scan, however, it appears that website has been deleted.

The experiences of the justice involved are frequently left out of healthcare discussions in general, yet their experiences are representative of the perspectives of millions of people living in the United States. It is encouraged that states make more efforts to partner with criminal justice organizations to ensure they are included in 988 planning and implementation.

People experiencing Homelessness

Zero states made reference to reaching people experiencing homelessness with 988.

The unhoused are significantly at risk for mental health crisis, and unsheltered or homeless people frequently interact with law enforcement, resulting in increased marginalization and barriers (Crisis Now, 2022). It is also known that rates of homelessness increased during the height of the COVID-19 pandemic (United Way, 2021).

Housing is a public health emergency, and the experiences of people who are at risk for being or are unhoused cannot be ignored. It is encouraged that additional support for this population is increased, as many of these individuals will not have access to a phone to call for themselves. As evidenced by many analyses, many individuals rely on concerned community members, service providers, or law enforcement to drive responses to their experiences of crisis (NASMHPD, 2020). 988 should still be considered useful for people experiencing homelessness, especially as it relates to mobile crisis outreach, and it should involve an integrated and collaborative effort between health, housing, and emergency responders.

KSCMHE is aware that though the process of scanning materials was comprehensive, some available resources might have been possibly missed. If state leaders wish to inform KSCMHE of where those materials can be accessed by constituents, results of these policy scans will be revised and improved in the upcoming iterations. Please contact kennedysatcher@msm.edu for more information.

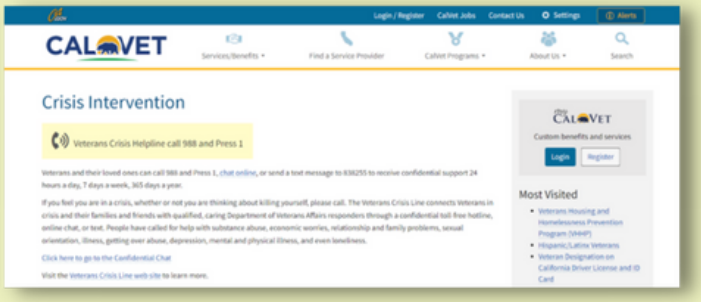
Survivors of Trauma

24% of states made reference to outreaching survivors of trauma.

Studies show that a diagnosis of Posttraumatic Stress Disorder (PTSD) can be correlated to higher rates of suicidality (National Center for PTSD, 2022).

This category is inclusive of veterans, and many states made reference to veteran needs as a priority in 988. The Veterans Crisis Line is now part of 988, which increases the visibility of this group in crisis response. It is encouraged that outreach efforts expand to working with other types of trauma response centers, including but not limited to disaster and emergency organizations, violence prevention and treatment organizations, and child welfare organizations.

California's website, devoted to crisis services for Veterans, has transitioned to reflect 988.



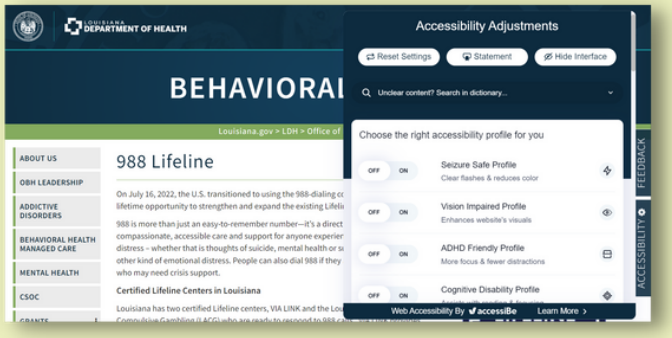
Neurodiversity

8% of states made reference to outreaching neurodiverse people.

Adolescents and young adults living with autism are six times more likely to attempt suicide than the general population (Chen et al, 2017).

The needs of neurodiverse people were uniquely addressed by multiple states. Many made the option available for fonts to be changed on their website to accommodate individuals with dyslexia. The font change allows the website to be more easily readable for this population.

Louisiana has accessibility options that allow a more focused visual of the website for individuals with ADHD “(ADHD friendly view).”



FUTURE IMPACT

The Kennedy-Satcher Center for Mental Health Equity, in partnership with Beacon Health Options, will continue its equity evaluation of 988 on a quarterly basis, reporting on the same measures used in this methodology. The aim is that states can look to these measures to improve equitable outreach to vulnerable and historically invisible populations, and generate solutions that can realistically meet the needs of constituents in crisis. States and partner organizations should continue to consider questions originally posed in the Embedding Equity into 988 policy brief, as implementation strategies are enhanced, improved upon, and expanded state by state.

1

- What solutions can be developed beyond punitive ones for people experiencing homelessness?
- Will undocumented persons be safe to use psychiatric emergency services in all U.S states and territories?
- What measures will be utilized to ensure the safety and confidentiality for callers in crisis who identify as LGBTQIA+?

2

- How will policies under 988 repair trust within BIPOC communities that have been met with the most adverse law enforcement outcomes?
- How can 988 bridge the gap between law enforcement and mobile crisis in resource deprived areas?

3

- Telehealth use dramatically increased through COVID-19, can expansion of telehealth access be considered to account for clinician and prescriber shortages?
- What measures can be developed to capture locality and expertise of services at a national scale, so collaboration between crisis sites across state lines can be more cohesive?

4

- How will mobile crisis be dispatched on tribal land?
- How are states being held accountable for use of funds for crisis sites?
- How will technical assistance be provided to clinic sites receiving 988 responsibilities?

5

- How can the efficacy, utility, and feasibility of existing training on mental health and cultural humility and implicit bias be measured and tailored to community needs?
- What other training that is based in cultural foundations can be expanded?

6

- Can using geolocation services reduce response time?
- What safety protocols are being put into place to protect the privacy of populations that would benefit from remaining “anonymous”?
- How does this impact lower socio-economic communities who may not have devices with geolocation capabilities?

AUTHORSHIP

About Kennedy-Satcher Center for Mental Health Equity

The Kennedy-Satcher Center for Mental Health Equity (KSCMHE), an entity of the Satcher Health Leadership Institute at Morehouse School of Medicine, was jointly envisioned by the 16th U.S. Surgeon General, Dr. David Satcher, and former U.S. Representative Patrick J. Kennedy (D-RI). Building on their longstanding relationship and shared commitment to promoting mental health parity and health equity for people living with mental health and substance use disorders, the Center was made possible through a generous endowment from the Kennedy Forum, and matched by MSM's endowment from the National Institute on Minority Health and Health Disparities.

https://kennedysatcher.org/
https://satcherinstitute.org/

About Morehouse School of Medicine

Morehouse School of Medicine (MSM), located in Atlanta, Ga., exists to improve the health and well-being of individuals and communities, increase the diversity of the health professional and scientific workforce and address primary health care through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world. MSM is among the nation's leading educators of primary care physicians and has twice been recognized as the top institution among U.S. medical schools for its dedication to the social mission of education. The faculty and alumni are noted in their fields for excellence in teaching, research, and public policy, and are known in the community for exceptional, culturally appropriate patient care. Morehouse School of Medicine is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award doctorate and master's degrees.

About Beacon Health Options

Beacon Health Options is a leading behavioral health services company serving one out of six people across all 50 states. We work with employers, health plans and government agencies to support mental health and emotional wellbeing, crisis and foster care, substance use disorder recovery, and employee health programs that improve the health and wellness of people every day. Our multi-modal, insights driven approach allows us to integrate social, behavioral and physical health solutions to drive improved outcomes for everyone we serve. By collaborating with a network of providers in communities around the country, we help individuals live their lives to the fullest potential. For more information, visit www.beaconhealthoptions.com and connect with us on www.twitter.com/beaconhealthopt and www.linkedin.com/company/beacon-health-options.

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