

[NYAPRS Enews] Amid Launch of New Lifeline Number, Advocates Set Sights On What Happens After a Call: CHP

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NYAPRS Note: On the eve of the July 16 launch of the nation's new mental health emergency hotline 9-8-8 system, advocates have underscored the critical importance of putting services and supports in place should callers require more than the 9-8-8 phone support, as referenced by NAMI-NYC in the article below.

Just yesterday, the Offices of Mental Health (OMH) and Addiction Services and Supports (OASAS) released an RFP for a second round of 12 supportive crisis stabilization centers that "will provide voluntary services with an emphasis on peer support that is resilience and recovery-oriented for twenty-four hours per day, seven days per week. Recipients may receive services in a SCSC for up to twenty-four hours." 3 of the programs will be operated in NYC and the remaining 9 will correspond to the state's [Regional Economic Development Zones](#).

These models may be similar to a crisis stabilization center model operated [by People USA](#) and components of living room program models like those operated by [Human Development Services of Westchester](#) and the [Mental Health Empowerment Project and Rehabilitation Support Services](#) in the Capital District.

*NYAPRS has long advocated for these models and also an **expanded set of 'step down' or 'follow along' services after the 24 hour stays at the CSCs** that could include other NYS models based on:*

- *peer run [10 day crisis respite programs](#) like those created, operated or supported by People-USA and*
- *after-hours peer-run engagement center with nursing supports and up to [28 days of peer-run short-term crisis respite services](#) like those operated by Recovery Options Made Easy.*

We also believe that people leaving these program should be afforded a peer bridge for as long as is needed based on the [NYAPRS Peer Bridger™ Model](#).

Another essential component of the new crisis continuum should be the use of alternative-to-police first responder teams of peers and EMTs as proposed in NYC by [Correct Crisis Intervention Today](#), which is based on the nationally acclaimed [Crisis Assistance Helping Out on the Streets \(CAHOOTs\)](#) model pioneered some 30 years ago in Oregon.

Amid Launch of New Lifeline Number, Advocates Set Sights On What Happens After a Call

By [James O'Donnell](#) Crain's Health Pulse July 1, 2022

On July 16, New Yorkers requiring help for substance use, suicide prevention or their mental health will have a new phone number to call and text. But as that day approaches, mental health advocates have their sights set on what's happening on the other end of the phone call.

A federal law enacted in 2020 to replace the 10-digit National Suicide Prevention Lifeline with 988 meant to provide faster and more appropriate support for those going through mental health crises. As the city works toward that transition, opinions differ on whether appropriate funding, public awareness and coordination with other programs are in place to make it a success, partially because the shift is more ambitious than just changing digits.

The 988 launch is also meant to change who people think to call and who responds for mental health emergencies. In addition, it sought to create a system that relies less heavily on police.

“Ideally, the goal is to remove people who are experiencing these things from having to utilize 911,” said Matt Kudish, executive director of the National Alliance on Mental Illness of New York City. “The goal of 988 is to remove the police from a mental health-related crisis.”

New Yorkers made 142,827 calls to the national hotline in 2020, an increase of 13% from the year prior, according to a report from the state Office of Mental Health. Vibrant Emotional Health, the operator of the lifeline, expects that volume to increase to 442,000 contacts in the first year of the 988 launch.

Calls from city phone numbers route to NYC Well. During a period of high call volumes, the state’s calls get bounced to other backup call centers around the country. From October to December 2021, that happened to about 39% of calls, the report said.

The state’s 2022-23 budget reflects that projected growth. It includes \$35 million to expand call center capacity throughout the state and hire an undisclosed number of call center workers. That will rise to \$60 million on a full annual basis. The Office of Mental Health also allocated a one-time funding of \$10 million to support the launch of 988.

Although the funding is intended to bolster call centers, some mental health advocates say the lifeline’s success will depend on commensurate investment in related mental health services. Jonathan Purtle, associate professor of public health policy and management at New York University’s School of Global Public Health, said New York’s level investment is strong, but more will be required elsewhere to make 988 a success.

“The lifeline is just one part of what should be a larger system,” Purtle said.

Purtle simplifies the gold standard of mental health response into three components: someone to call (such as a lifeline), somewhere to go (such as a crisis stabilization center) and someone to come. That last piece refers to a team such as NYC Well’s Mobile Crisis Unit, which sends EMTs alongside mental health professionals.

In a statement, the city Department of Health and Mental Hygiene said the office “has been expanding NYC Well’s capacity to respond to current demand for the crisis counseling, peer support, information and referral services that they provide.”

“The city will be ready to answer calls to 988 on July 16th,” the office said. When people call or text 988, what they receive depends on the specifics of their situation. They may receive short-term crisis counseling or referral to other services, such as substance use programs.

For calls with more severe risks that may have previously involved police or emergency department use, counselors may dispatch the Mobile Crisis Unit. But some social workers and mental health professionals have pushed back against the idea of being sent alongside police officers to emergencies, questioning the policy's safety and effectiveness.

In response to the safety critique, Kudish pointed to the Crisis Assistance Helping Out on the Streets program in Eugene, Oregon, as a national model for how, in crises, to replace police with mental health professionals. While the program does dispatch police if it's determined they will be a better fit for a crisis call, that only happens in 3% to 8% of calls, according to the program's website.

"I'm not naive; Eugene, Oregon, is not New York City," Kudish said. "But people living with mental illness are far more likely to be victims of violence than perpetrators."

The ultimate impact of 988 will depend on advocates' ability to spread the word. To do so, the Substance Abuse and Mental Health Services Administration is offering a suite of radio public service announcements and other materials for a national campaign.

Evidence shows that efforts like that are important. A 2021 study found that when rapper Logic named a song after the lifeline's current 10-digit number, it led to a 26% increase in calls. also found evidence that the publicity may have prevented as many as 245 deaths.