

# 988 STUDY COMMISSION REPORT

Mississippi Department of  
Mental Health



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## EXECUTIVE SUMMARY

On average, one person in the United States dies by suicide every 11 minutes. In Mississippi, 421 lives were lost to suicide and 107,000 adults had thoughts of suicide in the last year. There are 431,000 adults in Mississippi who have a mental health condition and 120,000 adults who have a serious mental illness. Mental health impacts every single Mississippian. Mental illness impacts our family, friends, neighbors, church members, and more. It does not discriminate. However, recovery is possible, and hope is available. 988 and other crisis services can provide that much needed hope to the citizens of our state. (NAMI state facts)

The 988 Suicide and Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. When the 988 crisis care continuum is effectively resourced, it can:

- **Connect a person experiencing distress to a trained counselor who can address their immediate needs and help connect them to ongoing care or local resources**
- **Reduce health care spending with more cost-effective early intervention**
- **Reduce use of law enforcement in behavioral health crises**
- **Meet the growing need for crisis intervention**
- **Help end stigma toward those seeking or accessing mental health care**

Full 988 implementation requires a bold vision for a crisis care system that provides direct, life-saving services to all in need. Mississippi has been steadily working towards sustaining and enhancing a full crisis continuum of care. According to the Substance Abuse Mental Health Services Administration, about 98 percent of people who call, chat, or text the 988 Lifeline get the crisis support they need and do not require additional services in that moment. The 988 Lifeline is a key part of a broader vision for reimagined crisis care in the United States and Mississippi.

Mississippi is committed to saving lives by improving access to appropriate services and supports to respond to behavioral health crises. 988 is the entry door with trained counselors who can provide immediate support. Having all three components of someone to talk to, someone to respond, and somewhere to go is the key to a full continuum of care. Much work has taken place to provide access to Mississippians and much work is left to do. The Department of Mental Health and partners are dedicated to continuing this work and appreciate the direction and support of the Mississippi Legislature and State leadership

## INTRODUCTION & CONTEXT

The National Suicide Hotline Designation Act of 2020 was signed into law on October 17, 2020. The Act required the FCC to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline. On July 16, 2020, the FCC issued the final order designating 988 as the new Lifeline and Veterans Crisis Line number, requiring all telecommunication providers in the United States to activate 988 for all subscribers by July 16, 2022. This transitioned all National Suicide Prevention Lifeline (Lifeline) services, including all phone, chat, and text services, to the three-digit number 988. Since this transition, volume has steadily increased across all modalities.

The three-digit hotline (988) builds directly on the original Lifeline that was established in 2005. The Lifeline is a network of over 200 independently operated and funded local call centers with a single national system administrator, which is currently Vibrant Emotional Health. Most of the Lifeline centers receive minimal direct Federal funding to support their operations, relying on local, state, and private funding, as well as utilization of volunteers.

The 988 Lifeline provides free and confidential support for people in distress. Counselors at the Lifeline crisis centers answer calls and chats and provide the specialized care of a local community with the support of a national network. Calls and texts are routed to their closest center based on area code, with the goal of connecting callers to counselors in their own state. Local counselors at crisis centers are familiar with community mental health resources and can therefore provide referrals to local services.

988 serves as the point of entry to a broader continuum of care. To ensure 988 reaches its full potential, focus on the entire crisis system of care is key. During the 2022 Regular Session of the Mississippi Legislature, the passage of HB 732 created a Study Commission on the 988 Comprehensive Behavioral Health Crisis Response System tasked with assessing the statewide crisis response system and making recommendations to

- **Remove barriers to access behavioral health crisis services;**
- **Ensure that all residents receive a consistent and effective level of behavioral health crisis services no matter where they live, work or travel in the state;**
- **Adequately fund the crisis response services system statewide to support the sustainability of call centers and crisis services, looking at ongoing funding by Medicaid, federal and state revenue, or other funding sources; Propose strategies and policies for ongoing coordination with 911 and law enforcement;**
- **Propose strategies for supporting investment in new technology to triage calls and link individuals to follow-up care.**

## INTRODUCTION & CONTEXT

Study Commission members met August 30, 2022, and June 28, 2023, to discuss 988 planning and implementation efforts, crisis system services and supports, crisis system data, collaboration, funding mechanisms, role of the 988 Lifeline Crisis Centers, and made recommendations.

Appointed Study Commission members include:

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**Wendy Bailey**

Department of Mental Health Executive Director

**Dr. Daniel Edney**

State Health Officer

**Bill Rosamond**

Mental Health Accessibility Coordinator

**Lieutenant Colonel Stephen McCraney**

Executive Director of the Mississippi Emergency Management Agency

**Sean Tindell**

Commissioner of Public Safety

**Drew Snyder**

Executive Director of the Division of Medicaid

**Cady Lackey**

Mississippi Public Service Commission

**Chairman Hob Bryan**

Chair of the Senate Public Health and Welfare Committee

**Chairman Sam Mims**

Chair of the House Public Health and Human Services Committee

**Ken Winter**

Executive Director of the Mississippi Association of Police Chiefs

**Stacie Rutland**

Executive Director of the Mississippi Sheriff's Association

**Stephen Houck**

Director of the Mississippi Center for Emergency Services

**Dennis Hebner**

Mississippi Ambulance Alliance

**House Bill 732 Authors**

Representative Kevin Felsher  
House Bill 732 Principal Author

Representative Carl L. Mickens  
House Bill 732 Additional Author

## BACKGROUND

In February 2021, the Mississippi Department of Mental Health (DMH) announced the receipt of \$125,000 in funding toward planning for the implementation of the 988 dialing code for the National Suicide Prevention and Crisis Lifeline. The grant funds have been used to help Mississippi Lifeline Crisis Centers prepare for infrastructure needs, volume growth, training and educating staff, data collection, as well as access to the Lifeline’s new 988 number.

The Mississippi 988 Planning Coalition began meeting in March 2021 with the purpose of developing a 988 implementation plan intended to develop a coordinated crisis system within the state. The final implementation plan was submitted January 21, 2022, and focused on eight core planning areas. The 988 Planning Coalition will continue to meet in 2024 to further promote 988 and develop paths for coordination and interconnectedness.

The state of Mississippi through the leadership of the Department of Mental Health and in collaboration with system partners has been on a multi-year journey to expand crisis services throughout the state and remains committed to continuing to advance the development of an integrated coordinated crisis system of care that engages with system partners. The ultimate goal is to work tirelessly to find ways to build the crisis system so that all children/youth, adults, and families have access to crisis care when needed – **someone to talk to, someone to respond, somewhere to go.**

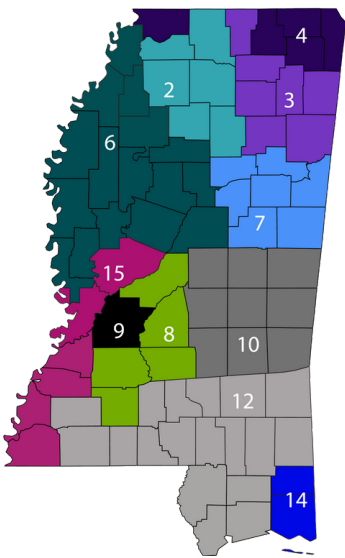


## CURRENT CRISIS RESOURCES

### Someone to talk to

Mississippi has 24/7 primary and backup coverage for every county in the state through its two Lifeline Crisis Centers, CONTACT The Crisis Line and CONTACT Helpline. CONTACT Helpline located in Columbus, Mississippi, serves as the primary call center for eight Mississippi counties – Oktibbeha, Lowndes, Webster, Winston, Clay, Noxubee, Choctaw, and Monroe – and serves as the backup call center for the remaining Mississippi counties. CONTACT The Crisis Line located in Jackson, Mississippi, serves as the primary call center for the majority of the state and serves as the back-up call center for the remaining eight counties covered by CONTACT Helpline. In April 2024, CONTACT The Crisis Line began answering chats and texts originating in Mississippi on a limited basis. Text and chat coverage will be expanded to 24/7 coverage over the next year.

### Someone to Respond



Mobile Crisis Response Teams are available statewide 24 hours a day, seven days a week and are administered by local Community Mental Health Centers (CMHC). There are 14 teams operated by 11 CMHCs and each operate within a specified catchment area. Mobile Crisis Response Teams provide community-based crisis services to the location where an individual is experiencing a crisis. Teams deliver solution-focused and recovery-oriented behavioral health assessments and crisis stabilization services, working hand-in-hand with local law enforcement, Chancery Judges and Clerks, and Crisis

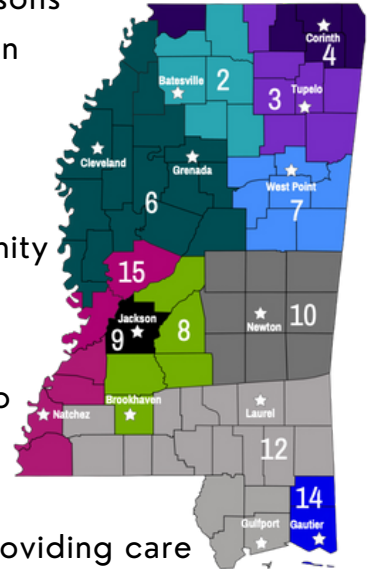
Stabilization Units to promote a seamless process. The Teams ensure an individual has a follow-up appointment with his or her preferred provider and monitor the individual until the appointment takes place. In Fiscal Year 2024, DMH allocated \$5,286,486 to the CMHCs from the General Fund for Mobile Crisis Response. An additional \$2,800,000 in ARPA funds is allocated in Fiscal Year 2024 to assist with staffing needs of the Mobile Crisis Response Teams.

# CURRENT CRISIS RESOURCES

*Somewhere to Go*

Mississippi has 13 adult Crisis Stabilization Units (CSU) available throughout the state with 180 beds that operated by the Community Mental Health Centers. The role of the Crisis Stabilization Units is to provide stabilization and treatment services to persons who are in psychiatric crisis, without the need for an inpatient admission to a state psychiatric hospital. CSUs offer voluntary and involuntary treatment services. In addition, after treatment an individual will already be connected with their local Community Mental Health Center.

Crisis Stabilization Units



In Fiscal Year 2024, DMH allocated \$18,429,000 to Crisis Stabilization Units from the General Fund for operating costs and an additional \$4,800,000 in expansion grants to the CSUs for the purpose of providing care to individuals who have a higher level of need. An additional \$6,500,000 is allocated from ARPA funds to expand CSU bed capacity statewide.



## CRISIS CARE COORDINATION

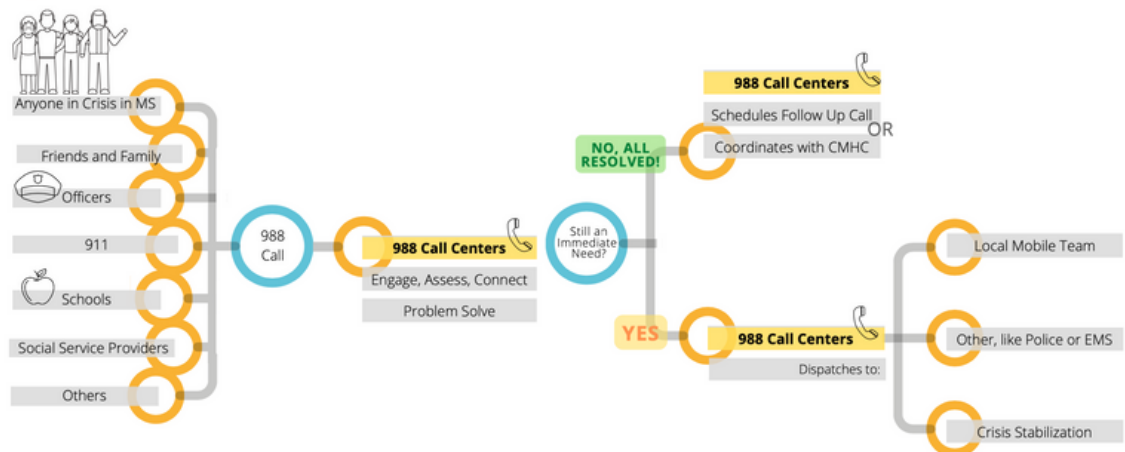
Crisis care coordination is critical to achieving crisis resolution for children, youth, individuals, and families experiencing a crisis. The goal of providing crisis services is to provide intervention and support to resolve the crisis and connect to post-crisis care. Often to resolve the crisis, individuals and families need to be timely connected to other crisis services or timely connect to other supports. All crisis providers must ensure all actions are taken to adequately address the individual or family’s need to have their care coordinated with other crisis services or other crisis supports.

In September 2022, crisis care coordination protocols were developed to convey expectations for coordinating crisis care across the continuum of the crisis system to include:

- **988 Lifeline Crisis Centers**
- **Mobile Crisis Response Teams**
- **Crisis Stabilization Units**

The protocols provide a crisis care coordination workflow guidance on decisions to dispatch mobile crisis, the dispatching process, guidance on decisions to refer to crisis stabilization, and resolution processes.

### CRISIS CARE COORDINATION WORKFLOW



## FISCAL YEAR 2023 DATA & HIGHLIGHTS

**988 calls** Vibrant, the federal administrator of the 988 Suicide and Crisis Lifeline, reports that in Mississippi, 13,549 calls were answered out of 14,145 calls that were routed to Mississippi's two call centers, for an in-state answer rate of approximately 96%. That answer rate is one of the leading answer rates in the country. In addition, the 13,549 calls answered is an increase of approximately 20% over the 11,256 answered in FY22.

**988 texts/chats** Vibrant, the federal administrator of the 988 Suicide and Crisis Lifeline, reports that in Mississippi, 13,549 calls were answered out of 14,145 calls that were routed to Mississippi's two call centers, for an in-state answer rate of approximately 96%. That answer rate is one of the leading answer rates in the country. In addition, the 13,549 calls answered is an increase of approximately 20% over the 11,256 answered in FY22.

**Mobile Crisis** Community Mental Health Centers reported 9,877 calls/contacts to their Mobile Crisis lines in Fiscal Year 2023 with 2,100 face-to-face responses.

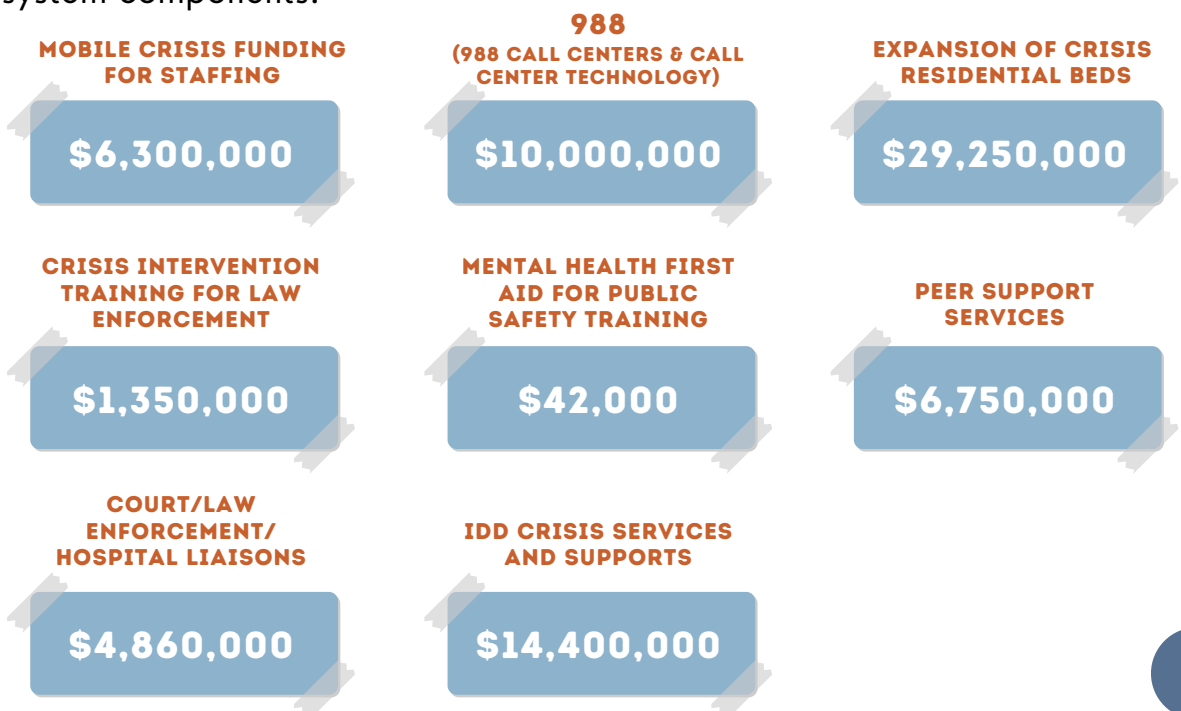
**Crisis Stabilization Units** In the first half of FY23, four new CSU beds were added to the Natchez location, resulting in a total of 188 CSU beds across the state at the mid-point of FY23. However, the Marks CSU has ceased operations following the consolidation of the Region 1 and Region 6 service areas. The funding for that CSU will be reallocated for additional crisis services in the near future. At the time of this report's publishing, there are 180 CSU beds available in Mississippi. The CSUs remain effective at diverting individuals from hospitalization. In FY23, the CSUs had 3,402 admissions. Approximately 92% of discharges were diverted from admission to a state hospital. The average length of stay at a CSU was 13 days.

## STRATEGIES & PROGRESS TO-DATE

The 988 Study Commission in conjunction with the 988 Planning and Implementation Coalition, and members of the Department of Mental Health have developed and implemented strategies to remove barriers to access behavioral health crisis services; ensure that all residents receive a consistent and effective level of behavioral health crisis services no matter where they live, work or travel in the state; adequately fund the crisis response services system statewide to support the sustainability of call centers and crisis services, looking at ongoing funding by Medicaid, federal and state revenue, or other funding sources; propose strategies and policies for ongoing coordination with 911 and law enforcement; and propose strategies for supporting investment in new technology to triage calls and link individuals to follow-up care.

Crisis services have traditionally been funded by the state general fund through an appropriation to the Department of Mental Health and subgrants for these services awarded to Community Mental Health Centers. The state has been successful in shifting funds from institutional care to community services for programs such as Mobile Crisis Response Teams and Crisis Residential Services. The Department informally assesses gaps in the crisis system each year and requests additional funding for needed services through the state’s budget process.

The legislature appropriated ARPA funds to the Department of Mental Health that will be used in part to strengthen the crisis system of care. Funding is allocated through mid FY 2027 toward the following crisis system components:



## STRATEGIES & PROGRESS TO-DATE

**House Bill 1222**, The Mississippi Collaborative Response to Mental Health Act, was introduced and approved by the Governor during the 2023 session. Some provisions of this legislation includes the requirement that each municipal and county law enforcement agency provides mental health first-aid training that is evidence-based and approved by the Department of Mental Health to all law enforcement officers; requires each municipal and county law enforcement agency to have at least one crisis intervention trained officer on staff; requires court liaisons for certain counties; and makes other revisions to the Mississippi code sections pertaining to mental health.

Follow up procedures between the 988 Lifeline Crisis Centers and Community Mental Health Centers have been developed and a pilot initiative underway between Communicare, Region 2 CMHC, and CONTACT The Crisis Line. The 988 counselors ask individuals who provide consent if they would like to receive a follow-up contact by their Community Mental Health Centers. Encrypted and secured lists are sent to Communicare and Communicare staff conduct within 24 hours a follow-up via either a phone call or a staff member visiting the individual caller's residence. The Department of Mental Health was recently awarded a 988 grant and funds will be used to hire Certified Peer Support Specialists at the 988 Lifeline Crisis Centers to expand on follow-up care to individuals who consent.

Interconnectedness between 988 Lifeline Crisis Centers and crisis system partners is vital for success. Technology is needed for real-time data collection and dispatching of mobile crisis and emergency services. As the state explores technology for a real-time bed registry, updated Electronic Health Records, and crisis service technology developed by Vibrant, a consultant is needed to review all of the various components to make a recommendation for the state. DMH is using funds from a recent 988 SAMHSA grant to review current crisis system technology and make a recommendation to the state for components necessary for a technology solution for interconnectedness.

## STRATEGIES & PROGRESS TO-DATE

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Increased collaboration between 911 and the 988 Lifeline can provide more options for those in crisis and reduce the costly use of hospital emergency departments. The Department of Mental Health will work to increase opportunities for collaboration among Community Mental Health Centers, 988 Lifeline Crisis Centers, and 911 administrators throughout the state.

Transportation of individuals in crisis is managed by an individual's natural supports, law enforcement and/or Mobile Crisis. In Mississippi, current Administrative Code directs that patients who are transported under the direction of an emergency medical service system should be taken whenever possible to an in-hospital facility that meets the Emergency Care Guidelines of the American College of Emergency Physicians. (Administrative Code. Title 15 – Mississippi Department of Health – Appendix 15-12-31-10-4 – Emergency Transport to Medical Facilities). The Department of Mental Health will work with transportation professionals and the Department of Health to explore the transportation of nonemergency behavioral health patients to alternative destinations.

Collaboration among providers and skill development of crisis response staff benefits the advancement of a coordinated system of care. DMH will support the crisis system and behavioral health workforce by contracting with a professional consultant experienced in crisis services and training to facilitate training and networking for crisis workers; provide online-based interactive crisis response training for a year; develop an ongoing training plan and statewide curriculum for crisis workers; and facilitate the regular convening of crisis system partners to discuss best practices and crisis strategies that are responsive to all populations.

## STUDY COMMISSION RECOMMENDATIONS

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**FUNDING** The National Suicide Hotline Designation Act of 2020 included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through monthly telecom customer service fees. Mississippi 988 Lifeline Centers are funded primarily by American Rescue Plan Act (ARPA) funds and federal grants. Mobile Crisis Response Teams and Crisis Stabilization Units are funded by subawards to the Community Mental Health Centers from the Department of Mental Health using appropriations by the legislature. With the expiration of ARPA funds in December 2026 and the uncertainty of future federal grants for 988, sustainable funding is needed to support the crisis care continuum.

**RECOMMENDATION:** Explore revenue-generating and/or alternative funding sources through legislative actions in the 2025 Legislative Session to support 988 services based on the monitoring of actual call volume data and crisis system needs and usage.

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**COLLABORATION & ACCOUNTABILITY** Care coordination and a consistent level of care regardless of location are essential components of Mississippi's crisis continuum of care. Crisis services are provided as a core service by every Community Mental Health Center but are not mandated by law.

**RECOMMENDATION:** Revise statutes to include core services to be required of Community Mental Health Centers to include mobile crisis and crisis stabilization.

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**EDUCATION** Marketing of 988 is taking place nationwide and in Mississippi through the use of social media campaigns, billboard advertisements, and public service announcements. Key goals of the campaign are to reach all Mississippians about the services available through 988.

**RECOMMENDATION:** Support legislation that requires 988 Crisis Lifeline – call, text, or chat on State issued IDs and driver's licenses, and student IDs to further promote and educate Mississippians on 988