Nebraska 988

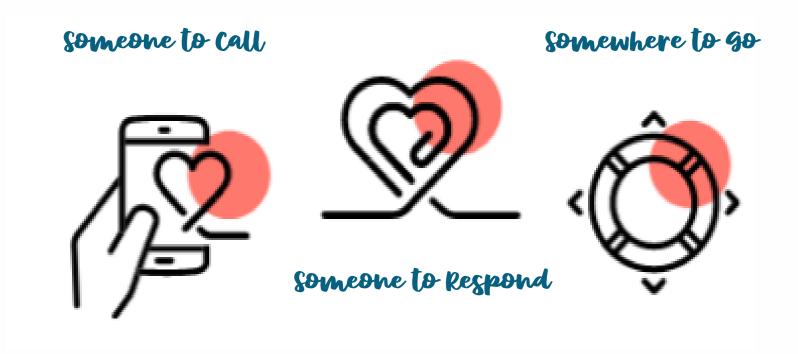
Michelle Nunemaker

System of Care Administrator/ Interim Emergency Administrator



Good Life. Great Mission.

On July 16, 2022, 1-800-273-TALK Transitioned To 988





Good Life. Great Mission.

Implementation

- History
 - Suicide Prevention Lifeline
 - Nebraska Family Helpline
 - System of Care Youth Mobile Crisis Response
- Implementation Stakeholders
 - UNL Public Policy Center
 - DHHS Division of Behavioral Health
 - Boys Town
 - Public Service Commission
 - NAMI
 - Providers

- > Implementation Teams
 - Advisory Team
 - Data and Performance Metrics
 - Marketing
 - Statewide Referral Repository
 - Technology
 - Training and Education



Someone To Call

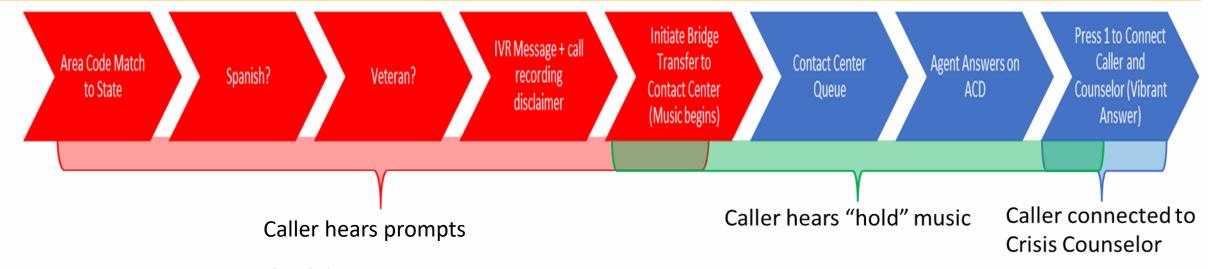
The call center in Nebraska is located at Boys Town National Hotline in Omaha.



- 988 is staffed 24/7 by trained Crisis Counselors who will:
 - Assess safety
 - De-escalate crisis
 - Triage and safety plan
 - Provide referrals and resources
 - Activate Mobile Crisis Response when appropriate



Vibrant Health's Technology and Process



988 is not exactly like 911

988 calls are routed first through Vibrant Health's system and not directly to a person.

People who call 988 are given three options:

- Press 1 to connect with the Veterans Crisis Line
- Press 2 to connect with the Spanish Subnetwork
- Press 3 to connect to the Trevor Project
- Remain on the line and be connected to a local crisis center; if local crisis center is unable to answer, the caller is routed to a national backup center.

Caller Experience



EBRASKA

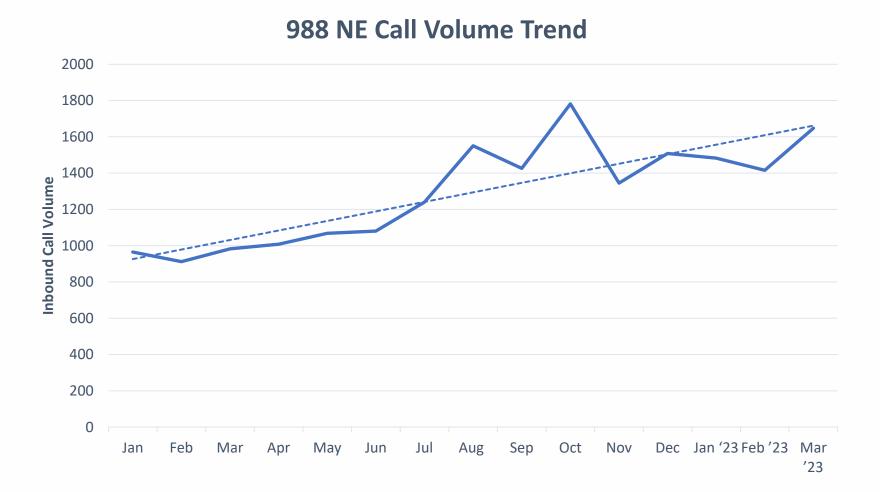
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988 NE Call Volume

Month	Call Volume	Ans Rate	ASA
Jul '22	1240	95.1%	0:11
Aug '22	1550	95.2%	0:11
Sep '22	1426	94.5%	0:10
Oct '22	1781	94.8%	0:09
Nov '22	1345	96.0%	0:10
Dec '22	1508	94.8%	0:10
Jan '23	1482	95.5%	0:11
Feb '23	1415	94.9%	0:10
Mar '23	1647	96.3%	0:09



988 NE Call Volume



- Averaging 53 calls/day
- Daily average increase of 77%

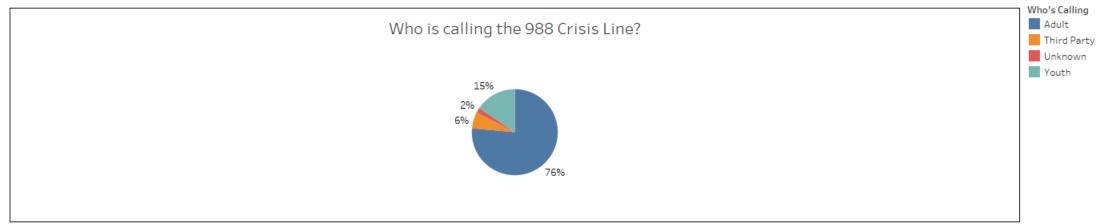


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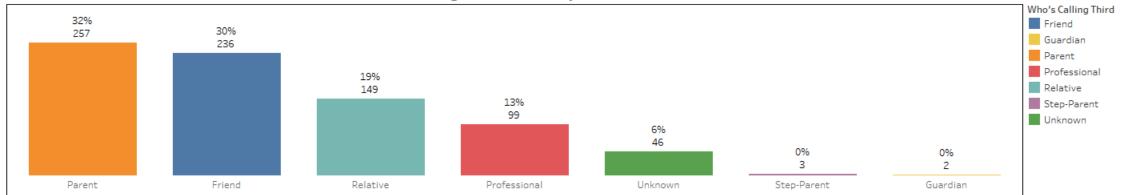
988 NE Digital Volume

	Chat			Text			Totals		
Month	Chat Offered	Chat Answered	Chat Answer Rate	Text Offered	Text Answered	Text Answer Rate	Total Digital Offered		Total Digital Answer Rate
July '22	152	124	81.6%	88	73	83.0%	240	197	82.1%
Aug '22	222	200	90.1%	200	168	84.0%	424	370	87.3%
Sept '22	212	187	88.2%	199	174	87.4%	411	361	87.8%
Oct '22	192	165	85.9%	301	263	87.4%	494	428	86.6%
Nov '22	265	224	84.5%	175	156	89.1%	456	391	86.4%
Dec '22	181	152	84.0%	246	208	84.6%	427	360	84.3%
Jan '23	232	201	86.6%	251	220	87.6%	483	421	87.2%
Feb '23	214	189	88.3%	264	228	86.4%	478	417	87.2%
Mar '23	212	189	89.2%	221	203	91.9%	433	392	90.5%
Totals	1882	1631	86.7%	1945	1693	87.0%	3846	3337	86.8%

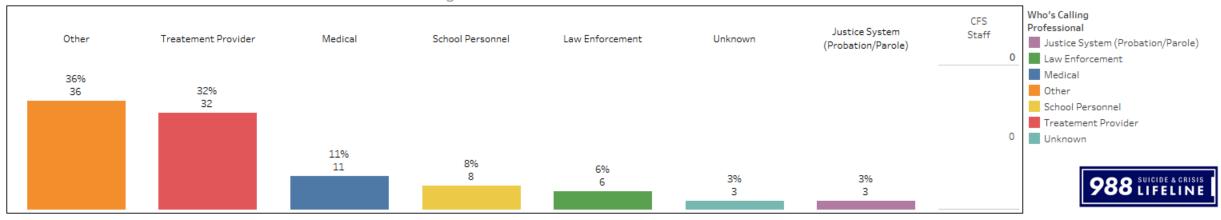
988 NE - Who is Calling?



Percentage of Third-Party Contacts

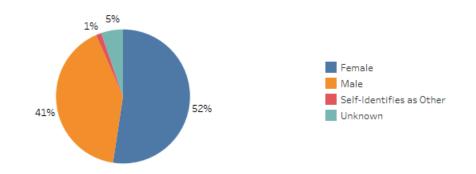


Percentage of Professional Contacts

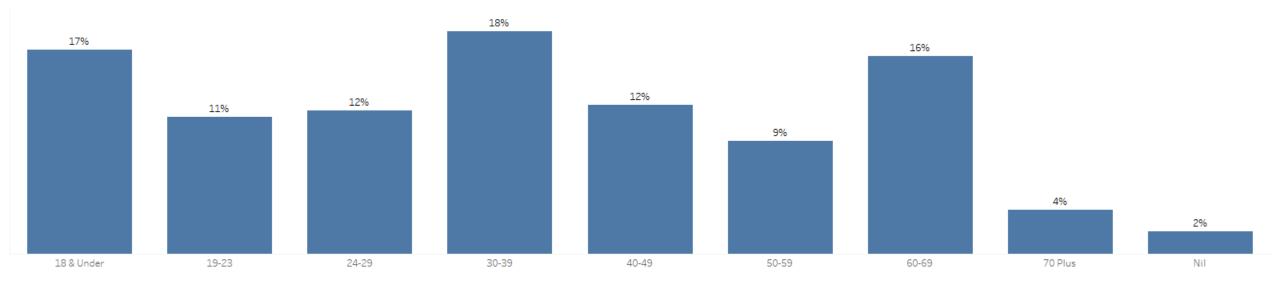


Gender Breakdown

988 NE Data



Age Breakdown

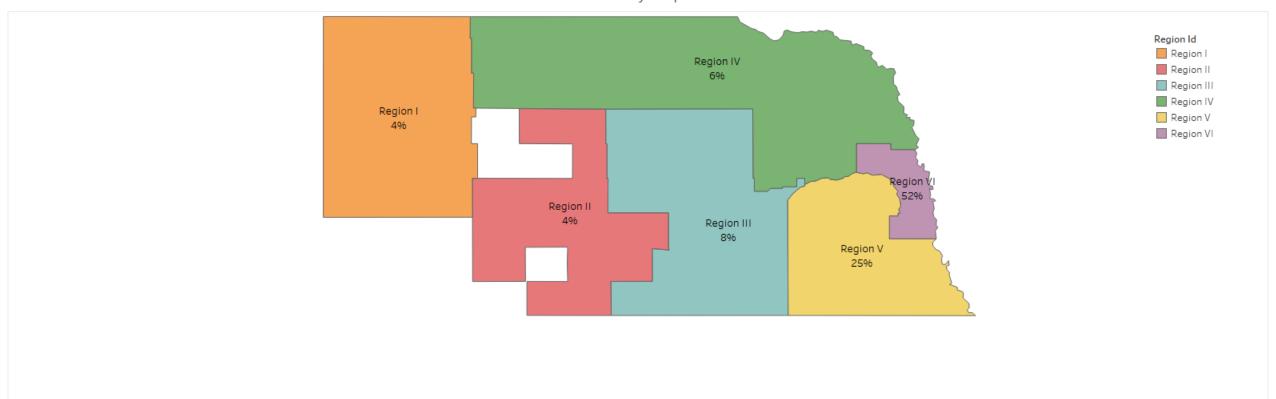




Region Breakdown

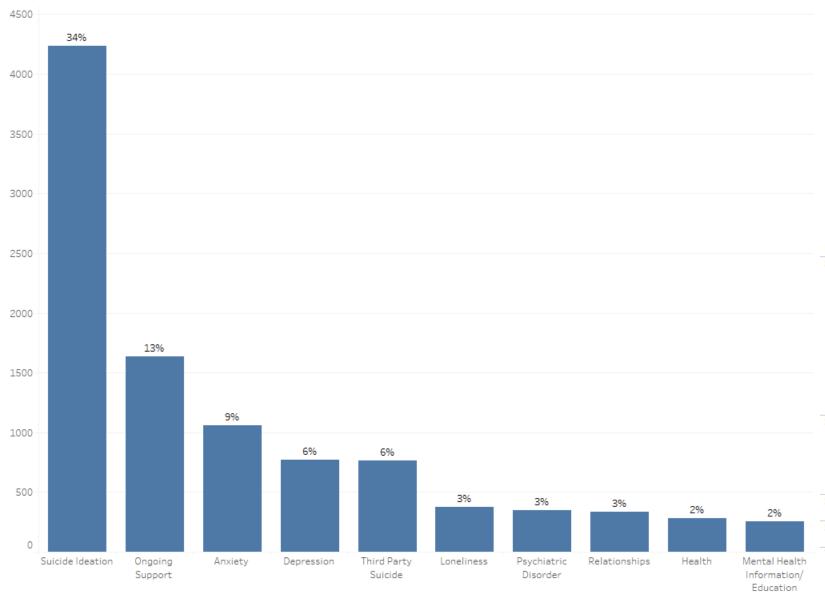
	Count	Region Percent
Region I	517	4%
Region II	516	4%
Region III	982	8%
Region IV	705	6%
Region V	3,224	25%
Region VI	6,596	52%
Unknown Region	249	2%
Grand Total	12,789	100%

County Map





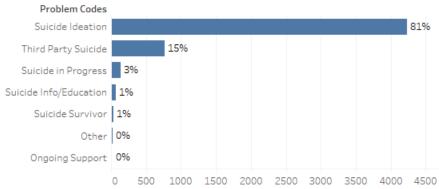
Top 10 Problem Codes



*General Information Excluded



Suicide Problem Codes



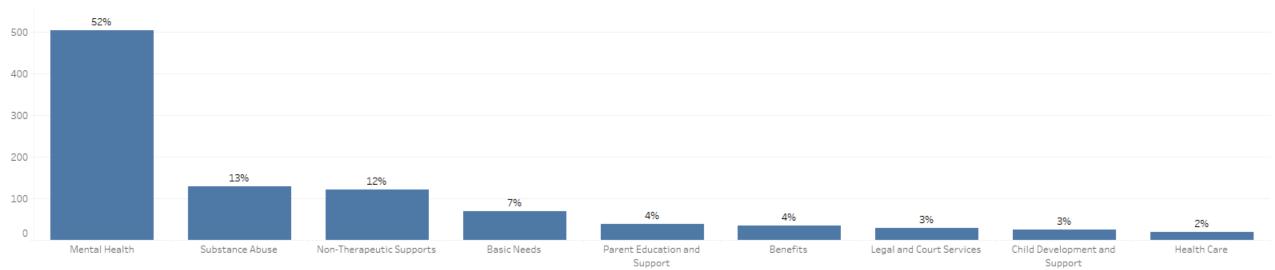
Secondary Suicide Related Problem Codes

Problem Codes	Second Problem Category	Count	Problem Percent
Suicide Ideation	Mental Health	2,151	56%
	Relationships	923	24%
	Health	117	3%
	Victim/Offender	115	3%
	Addiction	110	3%
	Life Process/Adjustment	108	3%
	Suicide	61	2%
	Base Needs	49	1%
	Ongoing Support	25	1%
	Parenting	16	0%
	Pregnancy/Sexuality	15	0%
	Total	3,690	97%
Suicide in Progress	Mental Health	77	2%
	Relationships	27	1%
	Health	1	0%
	Suicide	6	0%
	Parenting	1	0%
	Total	112	3%
Suicide	Mental Health	1	0%
Info/Education	Total	1	0%
Suicide Survivor	Relationships	1	0%
	Total	1	0%
Third Party Suicide	Mental Health	7	0%
	Relationships	2	0%
	Health	1	0%
	Suicide	3	0%
	Total	13	0%
Grand Total		3,817	100%

Requested Referrals

Requested Referral Types	Requested Referrals \Xi	% of Requested Services
Mental Health	503	52%
Substance Abuse	128	13%
Non-Therapeutic Supports	121	12%
Basic Needs	70	7%
Parent Education and Support	38	4%
Benefits	35	4%
Legal and Court Services	29	3%
Child Development and Support	25	3%
Health Care	20	2%
Grand Total	969	100%

Requested Referrals

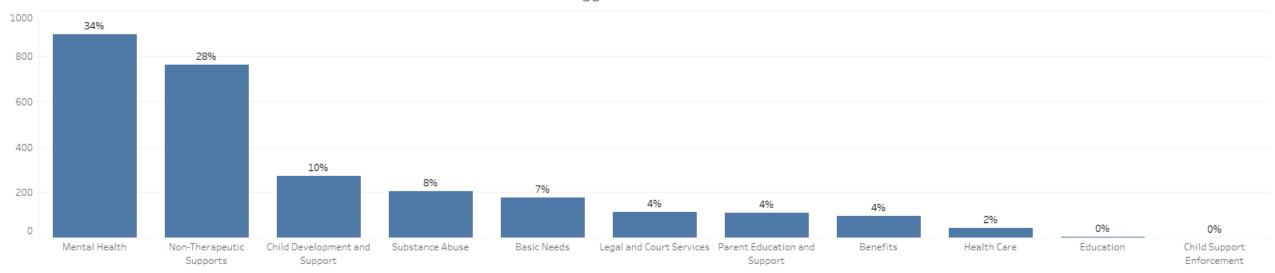




Suggested Referrals

Suggested Referral Types	Suggested Referrals \mp	% of Suggested Services
Mental Health	897	34%
Non-Therapeutic Supports	761	28%
Child Development and Support	270	10%
Substance Abuse	203	8%
Basic Needs	177	7%
Legal and Court Services	114	4%
Parent Education and Support	111	4%
Benefits	97	4%
Health Care	41	2%
Education	5	0%
Child Support Enforcement	1	0%
Grand Total	2,677	100%

Suggested Referrals





Someone To Respond

- Offer Mobile Crisis Response
- In person, by phone, by telehealth

- Person with lived experience on the team
- Standardized training and expectations
- Post-crisis follow-up
- Referrals for services





Total MCR Data

*July 16 – March 31

MCR Offers	MCR Declines	MCR Activations
282	172	110

Response	Community	Phone	Telehealth	Facility
Modality	53	51	5	1

Location	Region 6	Region 5	Region 4	Region 3	Region 2	Region 1
	63	29	7	6	1	4

A 60	Adult	Youth		
Age	97	13		

Emergency Interventions

*July 16 – March 31

Emergency Interventions		Percentage of Contacts Resulting in Emergency Intervention	Percentage of Contacts Not Resolved by Phone (Emergency Intervention + MCR)
498		3.16%	3.9%
Voluntary	Involuntary		
140	358		

	Region 6	Region 5	Region 4	Region 3	Region 2	Region 1	Other	Nebraska
Emergency Interventions by Region	216	107	33	62	14	20	46	452
Percentage	43.37%	21.49%	6.63%	12.45%	2.81%	4.02%	9.24%	90.76%

Vision of Somewhere To Go/Community Supports

- Continue to develop crisis receiving and stabilization services across the state.
- Bed registry/availability for referrals.
- Same-day or next-day assessment, outpatient, medication management.
- Mental health and substance use crisis respite for youth and adults.
- Peer-run hospital diversion/peer-run crisis respite.





Good Life. Great Mission.

Positive Feedback

Callers/texters have unsolicited been calling back with positive feedback or sharing outcomes. Here are some examples:

The caller wanted to tell us what an impact we have on her life, and she is so grateful for our support knowing she can call any time of day.

The caller just called to say
Happy Easter, and he
appreciates all this service has
done to help him so far.

The caller had called earlier tonight worried about a friend's son who was suicidal. The caller stated her friend's son was located and had not ended his life. The caller thanked the crisis counselor for helping them locate a friend's son before ending his life.

The caller wanted to share her appreciation of the crisis counselor she spoke with yesterday. The caller said the crisis counselor was more than helpful and wanted them to know she has "not done anything stupid" and that the crisis counselor had "talked her off a ledge."

The caller wanted to express gratitude to the 988 NE line for the support and kindness extended to him.

The caller is feeling guilt about his reactions in his earlier call. He was feeling suicidal then but not anymore. The caller really appreciated the crisis counselor and offered apologies for the "abuse" with how he was lashing out.



What Have We Learned?



- Crisis is messy
- Sometimes people in crisis just want to talk
- Partnerships are key
- Every community is different



What's Next?

Expand the marketing campaign

Expand community crisis services
 "Somewhere To Go"

- Simplify data collection
- TTI Grant through NASMHPD



NEBRASKA

Good Life. Great Mission.

Contact Information

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