

Q: Can mobile crisis teams directly transport people to URCs (Urgent Recovery Centers)?

CSH: That's an excellent question. When it is safe and appropriate, they absolutely can. In fact, what I would view as that would be pretty common practice. But if the mobile crisis team has gotten there, and the mobile crisis team has decided that this person's risk is too high to stay at home, and they really do need to go to a higher level of care, and the person is not willing, then that would not be a time for the mobile crisis team to do that transport. We'll call in for more trained transporters. But anytime a person is willing and wants additional help and that additional help is the appropriate course of action, mobile crisis can transport.

Q: Commissioner, we also have a question from Jordan, asking, "will Solari be the only center answering 988 calls in Oklahoma?"

CSH: Solari will be the umbrella call answer. And then we have two call centers underneath Solari, which our National Suicide Prevention Lifeline answers. So in essence, Oklahoma will have three. But in order for them to all funnel through one single point of entry, they'll all come through Solari and then those others will serve as additional resources.

Q: Thank you. We also have a question and a comment from James, on the URC map, if we could maybe pull up the URC map. We're working on that right now. So, the question is Commissioner, when James looks at the green dots that say the URCs that are existing on the map, they are primarily outpatient counseling centers, which are not necessarily urgent recovery or crisis centers. Can you elaborate a little bit more on that?

CSH: Yes, when we get the map up, so what you may see is that there may also be an outpatient clinic there, but they're actually a designated URC. So for example, when you see these locations, there may be additional services there such as outpatient or even inpatient or a crisis unit. But we have added the component to these locations of having a walk-in 24/7 capacity to provide immediate care. So you'll see overlap in that.

Q: Who necessarily will be answering the calls? What kind of training will they be given?

CSH: So everyone will be trained as a crisis, call center counselor. So that is a benchmark that the National Suicide Lifeline designates as a training for any and all people who answer calls throughout their system, so everyone will have that training. And in addition to that, there will be licensed mental health professionals that will be able to do a number of things, one really to evaluate the level of crisis or need that is going on to assess for any type of risk for that person. Also, in order to determine whether the mobile crisis team is appropriate. There's specific training around that. And there are things that maybe you wouldn't even think about before you dispatch a mobile crisis team, such as "are the weapons in the home?", "is the large dog friendly?", those types of things. So there's additional training in determining when mobile crisis is a safe, appropriate response or not, but there is always licensed mental health professionals available at 988, as well as trained crisis counselors, when it has been determined

that the risk is such that say maybe you need to go to the warm line as instead, the risk is not such that you need an intervention, what you really need is to be able to talk to someone.

Q: We had a couple more questions come in Commissioner from Amy. With the existing crisis centers and current DMH satellite offices, will additional crisis staff be hired or at least set aside for these crisis response walk ins or referrals?

CSH: Absolutely. And I can tell you through our CCBHC demonstration that we've had going on with three of our CCBHCs, who have really kind of started this crisis continuum of care. They've hired an additional staff over the last several years, 981 employees. So yes, in terms of mental health and mental health crisis and addiction crisis, we will continue to build that workforce as fast as we possibly can. But yes, there's definitely additional staffing hired.

Q: We also had another question from Whitney. Commissioner, can you talk a little bit about the funding mechanism and how this will be paid for in the future when we don't have as much access to federal relief dollars?

CSH: So that is a great question. There's a number of sources that have been incredibly helpful. Number one, our state legislature, not this session that just ended but the previous funded gave dollars to the Department of Mental Health and Substance Abuse Services specifically for adding urgent cares, and crisis units. And those dollars went into our base. So those continue to carry through, as well as to fund mobile crisis teams. In addition to that, the federal government added dollars into our block grant as a set aside specifically for crisis services. So those are means by which we will continue to be able to build our system and fund our system. Now they're in the 988 legislation that the federal government passed. They said that there is an opportunity for states to choose to use it to add a small fee to cell phone services or landline services to help fund this. So that is an option four states have chosen to use at this point in time. In Oklahoma, we have not needed that to stand up these programs and continue these programs on but that is an option. One of the other things that is important to note is one of the reasons why the provider that we picked to man the call center was important is that in doing this work in Arizona for many, many years, they have a system by which close to 50% of the calls that they answer they are able to get Medicaid comprehensibility for, and so they come with that expertise and experience of being able to do a, a decent portion of their call center operations through third party and Medicaid compensability.

Q: Awesome, thank you, Commissioner. Can you call 988 for someone else other than yourself?

CSH: Absolutely. And in fact, you know, as family members and friends and spouses and siblings, oftentimes, one of our loved ones may be experiencing a crisis and we don't know how to help them. And you absolutely can call 988 and explain the situation going on. And they can walk you through the best way to assist or help that person, whether it is in finding resources, or that you do have an existing crisis going on. They can walk you through the steps that you should take at that point in time. So it's a great resource for family members, parents, siblings, etc.

Q: Another question that we're getting from Tony. He says I've heard that some people have voiced privacy concerns. Will every caller be identified, and geo-located?

CSH: So that's more of a federal discussion right now. It's my understanding that geo location does not happen through the lifeline right now. But it is a debate that is going on federally. And I think it is an interesting debate really, because if you can use geolocation to save a life, where you may want to do that, but of course, we in no way want to interfere with a person's privacy or the fact that they called for anybody to be able to have that. Anything but the most of private. So there is an ongoing discussion happening right now federally, and we'll continue to receive federal guidance around that.

Q: Thank you, Commissioner. Will 988 and 911 work together?

CSH: Yes, absolutely. And I would say one of the things that we did do here at the department is when we did an RFP for a call center, we actually had our state director of 911 services as part of our evaluation team, so that he can really ask the tough questions and the capability and understand how this technology would be able to work along with 911. Now ideally, what we hope is in time, is that persons who are experiencing a mental health crisis would call 988 instead of 911. But we realize that's going to take some time. In fact, when 911 first started, it took about four years before it really had the level of usage that would seem appropriate for people needing assistance. And so we know that this won't happen overnight. But ideally, a person would call 988 first, instead of calling 911, when they're having a mental health crisis. Now, if there's something that is immediate, life-threatening, of course, you know that is fine. So if someone's bleeding or someone is harmed, call 911, who can dispatch an ambulance immediately. But we will work closely with 911. So that we can communicate when there is a need for a different type of response in a situation. And we hope that it will work both ways. Now, I can tell you that here in Oklahoma County, for example, where we've been working with Oklahoma City PD and meeting monthly to really talk about how this will work and how this can seamlessly happen. We have been asked nationally not to do a tremendous amount of promotion on 988 right now, they have asked that we allow things to get up and running, have some tweaks go on make sure that things are working as seamlessly as possible before doing a large promotion campaign. So we have tried to do that it's been a little tough, because we really are excited. But we haven't done a public campaign at this point in time. But once we have things rolling, and we're certain that we have any back and forth seamless that we have our mobile crisis teams operating seamlessly, that all of the call center feels very confident about what is happening, then when we will start a public campaign. And we hope that it becomes the norm around many any mental health or addiction issue, that 988 is the number to dial.

Q: Thank you. We just got a question from Carrie, another Carrie, do people have a choice of locations to receive care if they are needing a higher level of care?

CSH: That's a good question. Normally, what's going to happen is you're going to receive an assessment at the closest place to receive an assessment. But if there, if you do have a preference, and there is availability at your preference, then folks try to facilitate a transfer. It may not be immediately because your level of need may be that we've got to start making sure that any immediate crisis needs are taken care of. But there's always the ability to do a transfer if there is space available at your chosen location. And that actually happens now many times because what I will say is when we talk about 988, we're talking about any and everyone, you may be a private insurance holder, you may be a Medicare recipient, you may have no insurance at all. You may be a Medicaid recipient. And so yes, there is a network of opportunities for higher levels of care. Our goal is to prevent you from needing a higher level of care. But when it is needed, we'll try to make sure that is the most appropriate place that you land.

Q: Thank you. We had a question come in from Lorna. They're wondering how will 988 work with local law enforcement agencies, Oklahoma City and Tulsa come to mind who have contracted with private entities to provide similar services?

CSH: Well, that's a little bit of a vague question. So I'm not 100% sure what they mean by that. What I can tell you, all of our CCBHC's across the state are participating in the mobile crisis component. My guess is that maybe where some of those contracts currently exist, the transportation contracts that are out there now. Those will remain and stay a part of our transportation component. I'm not sure what else law enforcement would contract for. But if they want to, ultimately, maybe even offline, send me something more specific than that, then I can try to answer that question.

Q: If you know of someone who is actively attempting to harm themselves, and you call 988 for them, will someone go out to them? Or how will that be handled?

CSH: So that's a good question. If you know of someone that's actively harming themselves, first I would say, if there is a person that is in need of immediate medical attention, then you need to dial 911. Now 988 will dispatch they will connect with 911 and get immediate medical attention there. But even those couple of minutes could save a life. So if someone is in a situation where they are in need of immediate medical attention. Regardless of whether it is from a behavioral health cause or physical health cause you want to get immediate medical attention there. Now 911 will rule calling 988. And they ascertain and immediate medical attention is needed, they will start that in motion and get medical attention there. But I wouldn't even wait that extra minute. If there is someone that has a life threatening wound or overdose or anything of that nature. I would handle that the way I normally would a medical emergency.

Q: Thank you. We've gotten a couple of questions about where to get additional information about the URC's, that information will be listed on the ODMHSAS.org website. And we will work on getting a list of those URC locations in addition to the map.

CSH: I will say that the ODMHSAS.org website has a wealth of information. I don't have it pulled up here. But if I did, I'd walk you through exactly where to find that. When you get to the website, I believe it is under there is something that talks about our plan. I can't remember if it says five year plan. But when you click on that, there are a lot of statements that have links within it. And there will be one that's talking about our crisis continuum of care when you click on our crisis continuum of care, there's another link that you can click on that for urgent cares. And it will go into detail as to where those are. Currently, what I can tell you is it's amazing however, how it is changing daily. We get updates every month about a particular location and where they're at at this particular point. So we have people right now that have bound locations that they're renovating with people that are halfway through renovations, we have people that are opening next month, we have people that just opened. And so literally, that is changing, at least monthly in updating of where they're opening, we have a lot in the works, we have a lot that have recently opened. And we have many, that right now that they had hoped to be able to open by the end of June. But because it can be really challenging in construction right now to get supplies, etc, they've bumped to July or August, but monthly it is changing in terms of locations that are opening. And you will see that ongoing over the next couple of years, that every few months, there'll be another location opening.

Q: That's very exciting. There are no more questions in the chat so far. Commissioner, I know we still have a couple minutes, is there anything else you would like to add about 988?

CSH: I would, I would just like to say that this is just such an exciting opportunity. And something that I feel like could be a real game changer for us as a state. In that what we do know if you're a person that is experiencing a crisis, or say, has a mental illness or an addiction issue. If you are in care or connected to care, your outcomes dramatically improve. The rates of suicide for person that are that are in care are dramatically reduced. But there are a lot of people in our state that are struggling with addiction issues and that are dying by suicide, that have never connected to care. And what we want to do with this is to make it as easy as possible to take that first step to connect with care. Because what we do know is that treatment works. And you can have the life and recovery that you desire. And it is within reach. But because we feel like many people have not exactly known at times how to find this help or when they're when they've reached that moment that they're ready for help, how to navigate that. We really hope that this will break down many of the barriers that people currently have to finding that help. And so we really hope that through 988, we can intervene in many more situations, so that we can have positive outcomes in those situations as opposed to negative. And that we also hope that this will enable many more people to reach out for this help and assistance that they need so that we can connect them with care close to them, that they can start that journey of living their best life.

Q: Thank you. We did get one more question. She says this may have been answered. But will the youth crisis lines still be available?

CSH: Yes, absolutely. The youth crisis line will still be available. And in fact, any of the lines that do exist for the most part. So say for example, there is a gambling hotline, there is a veteran's

hotline, there are many, many hotlines that exist, what will happen is there's only one number you'll have to remember. And that is 988. And if ultimately you should just go to the gambling hotline, they'll make sure that you get there, they'll make sure that there is not an immediate pressing need that overrides something first, because they'll manage that, but then they'll get you connected to where you need to go. Same with the youth hotline, that hotline will not go away. But you will also be able to reach youth mobile crisis and youth care through this hotline as well.

Q: Thank you. We did get a question from Jessie that I think is along the same lines. How will children's response be integrated and impacted? I think that's what's what we want to remember is that 988 is the

CSH: Yes. And what I would say around that is because we have done a lot of work over the last several years on the youth mobile crisis and the youth response throughout our state. We've been very careful that we do not want to disrupt or take a step back on that work in any way shape, or form. That the other thing that we know about that work, is that not everybody knows about that number or how to get that response. And so really for quite some time, it will be dual, you'll have the same hotline that you know, but you'll also be able to get responses through dialing 988. There may come a time, years down the road where we don't need that other number anymore, because people will know that 988 is the way to access that. And we'll deal with that when the time comes.

Q: Awesome. Thank you. I don't see any other questions coming through. We just want to thank everyone for tuning in. Thank you, again, Commissioner for being available this afternoon. And we will have future town halls as we get further down the road with 988. So thank you all for tuning in. And thank you again, Commissioner.

CSH: Thank you all so much for listening today. And thank you for your questions. And thank you for being part of the solution. You know, this is the beginning of some tremendous things that are happening and can happen across our state. But it takes all of us. And we're just thankful that you tuned in and are willing to partner and we hope that if you have a time that you are able to use these resources and have a positive outcome. And we're always grateful for any feedback that we have. And so feel free to let us know over this next year as things start to roll out how these resources have worked for you because we want to have a continual process of improvement. Thank you so much for listening