**Answering the Call: Barriers & Opportunities as the U.S. Adopts a New Mental Health Crisis Line**

Dan Gorenstein:

Thank you very much all of you guys for having us here. This is really a special opportunity for me. Speaking on behalf of the panelists, us, this is a incredible moment, to be honest with you. History happened on Saturday. 988, the new crisis line for mental health and behavioral health crisis calls launched. The last time we had a national line was 911, and 911 has become something that is baked into almost everything we do. It's hard to know what the future holds for 988, but I suspect that there will be some component of that. We get to tell you what's actually happening on the ground right now, and why a service like 988 is so important.

Really quickly, I want to introduce a little bit about, Catherine introduced our podcast. We've been around for about three years now. We've done 150 or so episodes. I'm just going to read from these notes real quick. Forgive me. We do stories like explaining the ACA's so-called family glitch, how prescription drug discount program 340B has evolved. We've done a story about how big insurance companies that run health plans for large employers called side hustle. Our work has been heard in 25 colleges and universities, which is really exciting for us. Enough about that. I really want to introduce this panel here and what we're going to do.

This represents the work that Tradeoffs has been doing. We've been interviewing folks for about eight months now, and the people on the stage with me are some of the voices that are part of the reporting that we've done. Forgive me. I'm just still nervous. I'll get in the flow of this in a minute. This is a conversation that is going to talk about suicide in some detail, and it's also going to touch on other difficult topics, like law enforcement responses to crisis calls. Before a podcast episode, we'll often give some sort of warning, and this is a heads up to people in the room that this is serious stuff that we're going to be talking about. I want people to know and understand that and be prepared.

A final word before we start. We want this panel to be a conversation, and that's not lip service, where we talk together. Not just some people on stage talking at you, sharing wisdom, but to do that, to really make this a conversation, we need your help. We need your involvement. Over the course of the next hour or so, I'm going to occasionally ask, do some informal polling of you guys and ask for a show of hands. Once or twice, I'm going to ask people to speak up and share a story. Because we really do want, there are a lot of people in this room who've got all kinds of lived experience and you have something to share too. It's not just us up here on the stage who have something to share. We really want to make sure you feel like you are welcome to be part of this conversation. That is a goal of our particular panel.

With that said, again, sorry for my nerves. Super psyched, super honored to be here. It's really fun. I want to start by getting a sense of who's in the room. Can you just, with a show of hands, how many people in the room, before obviously the last three minutes, has heard of 988? Great. So most people got that background. That's awesome. Raise your hand if you are directly or indirectly involved in making policy either at the federal level, state level, local level. Okay. Lot of policy making people in here. Great. Awesome. How many of you, raise your hand if you would, part of your job, part of what you do is talking to policy makers? Great. Just so you guys get a sense of who's in this room.

All right. Finally, last one and then we're going to dive into the conversation with Kerri. How many people have ever spoken to someone in the middle of a mental health crisis? Okay. All right. Wonderful. We've got a lot of people here who've got a lot of lived experiences, this is awesome, and it really is an honor to be in a room with folks like you. Thank you.

What we're going to do, just a little bit so you got the format, we're going to break this up. This is going to be a little bit less traditional panel. We're going to have one on one. I'm going to interview and talk with Kerri one on one for about 10, 12 minutes. Then we're going to move to Emily. Then we're

going to move to Andrea. In between these one on ones, I'm going to ask questions of you guys, try to get some feedback from you all and ask for a story or two. That's the rough thing. Hopefully we'll have some time at the end for some audience questions as well. With that, let's get into this and thank you again for having us. Kerri, let's just start quickly if you'd introduce yourself, please.

Kerri Brown:

Good morning, everyone. My name is Kerri Brown. I am the chief executive officer for Community Counseling Centers of Chicago, a community behavioral health organization. You probably can guess where we're located.

Dan Gorenstein:

Kerri, C4 provides a variety of mental and behavioral health services. Counseling for kids and families, counseling for adults, sexual assault services, and of course care for people in crisis. Let's start with this super high level question. What are three of the most common precipitating events that can lead to a crisis?

Kerri Brown:

Well, of course my initial response is maybe a pandemic, but more often than not it's trauma. I can recall a client that we served who was a police officer in Atlanta, and didn't remember how he got to Chicago, but his wife and his daughter died in a tragic incident and so he was never the same again. More often not it's a traumatic experience that causes a crisis event.

Dan Gorenstein:

Can you describe the typical person? Just so people, you're from Chicago, you've got this service. Just to help people in the room understand this a little bit more, who's the typical person that you guys at C4 are serving?

Kerri Brown:

At C4, it's not the traditional you lie on the couch and you tell someone about your problems. This is blue collar social work. Let's take, for example, I'll call her Mrs. Jones. Mrs. Jones would be high acuity, paranoid schizophrenic with suicide ideations. That individual needs a higher level of care, so we'll have case management services for her, and in these case management services, we will ensure that she's holistically taken care of. Because one of the things about it, if Ms. Jones is not on her psychotropic medication, she's not taking any of her other medications. We have to wrap around her a full level of support to ensure that she's taken care of. Then of course, we would have community based services for her. We meet her where she's at. She would have outpatient services available for her. We are boots on the ground, blue collar social work.

Dan Gorenstein:

During the pandemic, and if we want to call this a sort of quasi post pandemic era, has it gotten harder for Mrs. Jones to get services at C4, and also more largely in Chicago?

Kerri Brown:

Exponentially so. Illinois historically has been sixth in population, but 28th in access to care, and 32nd in the ratio of budget spent on mental healthcare. Now, recently we've made huge investments into

healthcare, and more importantly, behavioral health. However, the infrastructure is just not there. Wait lists are through the roof. Imagine being someone who calls a crisis hotline and it is determined that you need permanent supports or inpatient care, but neither there. They tell you to call this organization for outpatient therapy, but their wait list is 45 to 60 days, or they say, "You need inpatient care." I've literally seen youth stay in hospitals in the emergency room for 45 days because there are not enough inpatient units available.

Dan Gorenstein:

I know people heard that, but just say that one more time about the 45 days and the kid.

Kerri Brown:

Yeah. Imagine, how many have children in the room? Imagine your young one being in a crisis. Previously you would Google trying to find a number who to call. You find a number, they send you to this hospital and you go to the hospital, and of course you have to wait hours sometimes. Then they do the assessment. They determine that you need inpatient care, so your child needs to be admitted. Then they're calling around as you wait to try to find a bed. Lurie Children's Hospital in Chicago has 60 plus days wait for a bed.

Dan Gorenstein:

Thank you. There are moments to underline, and this is one of those moments. Because as we to put this into a little bit more context, when we talk about 988, yes, it's a crisis line, but it's a crisis line that a lot of times people will call a front door. I know a lot of you guys have heard this, this front door image, but it's a front door to what? When we talk about a crisis that is being resolved in 45 days, that's laughable. This is just a moment to highlight, like a front door to what? Is it a front door to something that we want, or is it a front door to something that is not adequate yet? I think when you talk about a 45 day wait list, it's very clear it is not adequate.

Moving on, thank you for that, Kerri. Let's sort of dive deeper into the 988 stuff so people can get a sense of you on the ground, C4. To prepare for 988, you guys bought a van named, I love this Van Diesel. There's a bit more money in the pipeline now. In theory, at its best, what can you and your staff now do for people in the community you could not do before 988?

Kerri Brown:

I alluded to Googling for a number, which, if you're in the middle of the crisis yourself, that's not what you're doing. If you're calling for someone else, now you have a easy number to remember. Then if you're actually in the crisis, let's take Ms. Jones for example. Previously, anybody ever been pulled over by the police? How do you feel when you see those lights behind you? Right. That's the exact opposite of what you need when you're in the middle of a crisis.

We bought a van and instead of putting anything stigmatizing on the van, we put hope on the side of the van, so that when you show up in a crisis event, because a crisis event can happen in anywhere. If you're in a target and your best friend is in a crisis, instead of trying to find who to call, you dial 988, and imagine how you feel with a van that says hope on the side that shows up. We can take you out of the glaring eye of the public, put you in a therapeutically sound mobile clinical environment, and deescalate, give you the support you need, and then find the permanent supports you need.

Dan Gorenstein:

That's part of the vision. That's part of the goal. When you think about the two, we practice this, what are the two biggest hurdles, aside from staffing, which we're going to talk about with Emily, that are making it hard for you at C4 to realize this vision of delivering hope to people in crisis?

Kerri Brown:

Well, it's the silos and infrastructure. In community behavioral health, you have to follow the money. You may get funds from the state. You may get funds from the federal government, county, and then the city. With 911, we have laid out an infrastructure so those things work together, but that's not what has happened in 988. We need that investment beyond funding so that those different levels of government and entities work together in a congruent way so that we can deliver these services.

Then I alluded to infrastructure earlier. We expect increased volume from 988, but what happens after you dial 988? Especially if you're waiting a significant amount of time for the stabilizing support you need. Answering a crisis call is just the first step. Then we determine if you need a response. The crisis continuum starts with the call. Then we have to determine what level of response. We can deescalate sometimes over the phone, but if we need to go there, then we have Van Diesel and we can show up on the spot. The third level is what happens if you need permanent supports and the wait lists are going through the roof? What happens if you need inpatient care? That's what really needs to happen next.

Dan Gorenstein:

You and I have had this conversation a little bit, a dream budget. How much more money do you think you need, and what would you do if you had that money? I know the first answer you gave me when we talked about this was I'd raise the salaries for my staff. Beyond that, though, what would you do in terms of the services? Where would you direct that? How would this money be spent and why do you think that would be a good use of money?

Kerri Brown:

Well, I'll give that answer anyway, if you don't mind. Because I think people need to realize that firemen aren't paid based on the number of fires they put out, they're paid based on the trauma that they could potentially experience, how dangerous their job is. Police officers aren't paid by how many calls they answer. For some reason my staff, we quantify what they do by how many calls they answer, which is not fair. The first thing I would do is pay them as the first responders, as the heroes that they are.

Also if I could, I'd have a fleet of Van Diesels, so to speak. I would have one vehicle with hope, another vehicle with healing, another vehicle with inspiration, so that we can meet the growing need. What the pandemic made us realize is that none of us are truly okay. We all need additional levels of support, but we have to make the appropriate levels of investment in that support. My grandmother used to tell me that you can always tell what's important to a person by where they spend their money and where they spend their time. Well, it's time as a country that we put our money where our mouth is.

Dan Gorenstein:

We have 56 seconds. That's sort of the mic drop moment. I don't really feel like I've got much more I want to say to that. One quick question. The news person in me wants to know. 988 has been up and going for a couple days now, what have you all seen at C4?

Kerri Brown:

We've seen a slight uptick, but as I mentioned, because the infrastructure is not there and the system is still siloed, we hadn't really seen the uptick that we thought we would see. My clinicians have been doing this for a couple of decades, so they're ready and they can do this, I won't say in their sleep, but they can do this seamlessly. We're prepared for the volume, but I don't think the infrastructure's there just yet.

Dan Gorenstein:

Okay. Very good. Thank you. We managed to nail that on time exactly, which is amazing, especially after I went over on the introduction. Okay. Audience question to you all, and this is a moment, this is not a poll. This is actually asking for a story, if somebody in the room is willing to share that story. If you're not, that's fine. Has anyone in the room, or someone you know, called 911 for a mental health crisis or behavioral crisis, and it didn't go the way you expected? There are people with microphones walking around and if you... Somebody raised their hand here in the middle, I think. If you'd please stand up and... Oh, that didn't happen. Okay. Anybody? All right. You have one. Let me just try real quick a back up for the crowd. Does anyone in the room feel like they have concern about calling 911 because you do not want law enforcement to show up? Would you be willing to talk about that? Okay, great. When you stand up, introduce yourself, please.

Sinead:

Hi, I'm Sinead. I work at the Association of American Medical Colleges in their Office of Government Relations. I live in DC and sometimes I see people who are having a behavioral health condition and I'm concerned, but I also feel like if I were to call the police, what if they were stigmatized by the color of their skin? Would I be culpable? I think that I would hold myself responsible for an adverse outcome, and so that prevents me from making that call. I think that walking down 14th Street, I think a lot of people have that same thought of maybe having concern, but also not wanting to activate a system that is inherently biased.

Dan Gorenstein:

Thanks for saying that. Anything, any of you guys want to say to that in response?

Emily Bloom:

Yeah. Yes.

Dan Gorenstein:

Go ahead.

Kerri Brown:

I don't know if you all remember a gentleman by the name of Laquan McDonald. It was highly publicized. My directors called him one of their kiddos. He actually was a crisis called that C4 had handled before, but 911 was called and it ended with this gentleman being shot 16 times by the police. Those are the types of police interactions that 988 can forego. Now, we're doing a pretty good job in Chicago at training police. We have a full CIT division where we worked intimately with the police, teach them how to engage with those who are having a mental health crisis. If you can avoid those opportunities and deescalate and call a mental health professional, I mean, you want the right tool for the job, and so we make, we are the right tool for the job.

Dan Gorenstein:

Very good. Does anybody else have any story or something that they want to share about a 911 call gone not the way you want it or an interaction? Like a moment why 988 could be a good thing in terms of diverting law enforcement away. Again, stand up please and introduce yourself.

Molly Birch:

Molly Birch, Otsuka Pharmaceuticals. I think that part of the consideration we have to think with 988, hopefully we move on from a place of where we are now with crisis service, to mental health is as important if not more important as any other physical health condition. You don't send the police to someone in diabetic crisis or cardiovascular crisis. I think 988 hopefully can help to serve as a foundation for addressing mental health with the right tools, as you noted, and the right types of professionals as you would any other health condition.

Dan Gorenstein:

Great. Thank you very much. We got 30 seconds. All right. Yes, sir.

Francisco Semiao:

I'm here. Francisco Semiao with MedStar Health. Would like to share is that there was an exact situation where a friend of mine, elementary school, high school called me. Didn't want to call 911 but flat out said, "I think I'm going to hurt myself." He didn't want to call 911. We grew up in the neighborhood. Unfortunately, within the past six months he had an incident with the police because he had lost everything and he was just, his anxiety level was so high. That stop just turned out to be very bad. Then he didn't show up because he had anxiety about what would happen, so there was a warrant out for him, so he did not want to call 911 and he didn't know who to call. He was literally about to hurt himself and it was the wee hours of the morning. I had to physically go pick him up and take him to the emergency room. I'm praying that this new hotline is going to do something good.

Dan Gorenstein:

How is he?

Francisco Semiao:

He's still dealing with substance abuse, but we brought in friends from the high school. We're trying to figure out how to best help him out. Luckily, I work for MedStar health. We do have a behavioral health unit, so we're just trying. It's on him now and he's missed a couple of appointments, but we're as a group, as fellow alumni, we're trying to do our best.

Dan Gorenstein:

Really lucky he has you as a friend. Thanks very much for sharing that. Appreciate that very much. All right, move on to you. Thanks for everybody. I really appreciate. We're trying this engagement thing. Appreciate you giving it a go. Emily, if you would just introduce yourself please.

Emily Bloom:

Sure. Emily bloom, that was loud. Emily Bloom. I'm the chief executive officer at Foundation Two Crisis Services headquartered in Cedar Rapids, Iowa.

Dan Gorenstein:

Emily, this past year your organization has had over 80,000 crisis contacts. How much do you expect that number to grow now that 988 has gone live? Both in the short term, these first days when very few people have actually heard of 988, and in the long term.

Emily Bloom:

We're expecting to take about 50,000 additional contacts in the next 12 months. I assume with ongoing marketing that will increase. On Saturday, when 988 went live, we had about double the call volume that we would have on a normal Saturday.

Dan Gorenstein:

To meet demand, you need people. Your organization is about 150 people strong. You said you've been trying to add staff. How many and what steps have you taken to try to do that?

Emily Bloom:

We are trying to add about 25 crisis counselors. In the six months leading up to the launch of 988, we did two base pay increases, which was a total of about 25%. We also have really focused on benefits, things that are small cost to our agency but a large cost or a large benefit to our employees. We've added two weeks of paid parental leave. We've added pet insurance, which you think wouldn't matter, but holy cow, people came out of the woodwork for pet insurance. None of our team starts with less than four weeks a year of PTO. Flexible scheduling, letting people work from home. I mean, I basically went to our team and said, "What ideas do you have? Essentially we'll do anything to recruit people." Which is how we ended up with pet insurance.

Dan Gorenstein:

I know you're also talking with state officials about changing qualifications. Right now, who is eligible to do this job and how are you trying to get the state to change the qualifications?

Emily Bloom:

Iowa is similar to other states where there is either expectations in code or some accrediting body says you have to have a certain level of education and experience to do this work. Our goal is to keep the quality of service high while being able to recruit people that might not meet that standard. For example, if we had someone who had great lived experience and had volunteered on a crisis line for three years, they would not be eligible under our state code. We've been asking for exceptions to policy to say, "Hey, what do we need to do?" More training, whatever, to just make sure that they're a good fit for the work. Someone with a bachelor's degree and two years of experience might not be a good fit if they don't have any empathy. How do we kind of find the perfect combination?

Dan Gorenstein:

Are you having much success making that argument at the state level?

Emily Bloom:

Yes. I feel like Iowa officials have been really supportive of understanding the crunch. I mean, even though 988 is a federal mandate, our state needs to get behind it and support it. They're not only giving

us some blanket exceptions to policy, but also on a case by case basis. That has been helpful. It hasn't solved my workforce issues, but it has been helpful.

Dan Gorenstein:

On this workforce issue stuff, what headwinds have you faced? How far along are you in this march to hire 25 people?

Emily Bloom:

I have 10 of 25 hired. The headwinds I've faced, well there's two. One of them is about money. I know the cost of living in Iowa is lower than other areas, but our team starts at $17.50 an hour. I'm competing with retail places like Target. I lost an employee to AirFX, which is a trampoline park. I was like, how did this happen? Then I realized, I know exactly how this happened. It happened because being a cashier is much easier than answering crisis calls. I get it. I probably would've made the same decision if I were in their shoes.

Because that's the other piece of this, about the difficulty of the work. My teams work 8, 10, 12 hour shifts, and they never know what is on the other end of a line when they pick it up. It could be someone who wants a referral for a clinician in their town. Okay. That's not a long call, not a super draining call. We're going to get the caller what they need. Then I have calls where there's someone sitting at home with a loaded weapon beside them who is so seriously contemplating suicide that it is taking a significant amount of time and effort to keep that person alive.

The dilemma that I have is, what do I pay someone who saves lives for a living? What is that? What is that person worthy of making per hour? The answer is, I don't have enough money to pay people what they're worth. As a CEO, it's a really heartbreaking place to be because I know my people are worth more than what I pay them, and the amount of money that I have to pay them to do this work and to meet contract demands is absolutely insufficient.

Dan Gorenstein:

You said that last year your team saved the lives of 300 people. I've been reporting on 988 for like eight months now or whatever, but I don't quite, and I don't know, maybe people in the room do know what that means, save somebody's life, but can you just take a second to really put a fine point on the work? What does it mean when you say save someone's life? You saved 300 lives.

Emily Bloom:

Yeah. I'm sure we've saved many more lives than that. One of the difficulties of doing this work is you don't always know what happens after a call ends. My team could take a call and that person could go die by suicide. My team could take a call and that call could have been absolutely transformative in their lives, and that person went on to be connected to resources and have a really good quality of life. An active rescue is when someone has already taken an active step to end their life, maybe they've overdosed and they called a crisis line looking for support, and we were able to send rescue and we were able to keep them alive and give them an opportunity to connect with life the next day and try again.

Dan Gorenstein:

It sounds like to start with 988, at least, you are short staffed.

Emily Bloom:

Yes.

Dan Gorenstein:

Putting it mildly.

Emily Bloom:

It keeps me up at night.

Dan Gorenstein:

Yes, indeed. To give people in the room a sense, can you share an anecdote? What has happened in the past to the quality of crisis services when you guys were answering the 1-800-LIFELINE, suicide prevention lifeline? What has happened to the quality of crisis services when you were short staffed?

Emily Bloom:

People don't get what they need. It's possible that someone might have to wait longer than what they should have to wait to get crisis support. I also think there's a staffing piece of this where, as my team is watching our queue fill up and they're short staffed, they're probably not giving every caller the time and effort that they deserve. They might be rushing them off the line faster than really what that person might need. There's a quality piece that way.

The other piece is also what I care about as our CEO, which is that our people, when they are taking back to back to back to back calls without opportunities to decompress themselves, to make sure that they feel restored between calls, that they get to show up as their best self, that impacts quality as well. That also leads to burnout. That also leads to this staffing issue that I'm in, is that it's really hard to do this work for long periods of time, many years, without just absolutely getting burnt out and deciding that you want to go be a cashier at a trampoline park.

Dan Gorenstein:

One contextual point that we've done in our reporting on this. There's some 200 crisis centers that are being staffed up for 988, and the majority of them are short staffed right now. When you give your answer about people burning out, people not getting adequate services, this is not just happening in Iowa.

Emily Bloom:

No.

Dan Gorenstein:

This is a problem. There are not enough people in these jobs right now. How the country and really the way Congress has set this up for right now, this is really on states to figure out the funding, to figure out the staffing. It seems like your experience is indicative of what many of your colleagues around the country are facing.

Emily Bloom:

Oh, absolutely. I'm on a lot of national work groups. I'm on the National Suicide Prevention Lifeline Steering Committee. My experience is not unique.

Dan Gorenstein:

Quick. We've got 30 seconds here. What's one thing you would like the DC crowd to remember about what you're saying today, Emily?

Emily Bloom:

Well, I'm a rule breaker, so I'm going to give you two things. One of them is that 988 is absolutely a brilliant concept, but it is a logistical nightmare. If we don't adequately and sustainably fund it, if we don't give the crisis teams that are doing this work the tools they need to be successful, it will not be successful and it will fail. Which leads me to my second point, is that people will die. Are you going to cut me off?

Dan Gorenstein:

Not at that line.

Emily Bloom:

This may be the one chance that we have to help someone. What if it's the very first time they have ever called a crisis line? We shouldn't make them wait. They are worthy of our time and effort. That is where I'll stop.

Dan Gorenstein:

Thank you very much. I don't know what you're going to say, but that's great. No, cool. Yeah. Break with format here.

Andrew Kessler:

Good morning. My name's Andrew Kessler. I work here in Washington on mental health and substance use policy and my specialty is workforce. Emily, I'm going to put you on the spot, with all respect for what you do. Before, our host asked us how many people work here in influencing policy and a lot of hands went up, so there's a lot of people here who can help you. My first question is, who exactly funds your center? Is it grant funded? Is it a contract from the state? Because if it's grant funded and the state or federal government has a role in it, and we say to them, "$17.50 an hour isn't enough." The first question we're going to get back is, "Well, what is?"

When you were talking about fees, you were kind of like, "Well, I don't know." The market's important. To compete with Target, to compete with the trampoline park, but without going up to $50 an hour, looking at the market, looking at the qualifications, looking at the difficulty of the work, which we all appreciate, I'd like an answer as to what you think is a good number. Because that is an argument we can make to policy makers to say, when we need this funding, "This is what this job is worth and we need to keep the qualified people in these positions." I'd like a little more of a specific answer, if possible.

Dan Gorenstein:

That's great.

Emily Bloom:

Absolutely. Our center is funded in a variety of ways. We have the contract for the statewide crisis line, which is some federal dollars that trickle down to the state. One of the difficulties with 988 is that the federal government left it up to states to fund, and states have done that in a variety of ways. There I think are five states who have been successful in being able to do a cell phone tax or fee similar to a 911 tax or fee. If Iowa did that, at the cents that I recommended, it would put $33 million into crisis services. Not just to us, but we're the entry to mobile crisis teams, to law enforcement liaisons, to crisis stabilization and crisis observation.

I would say that $25 to $30 an hour would allow me to recruit people who would be willing to stay and do the work. I mean, I can't tell you why I came up with that number. One of the challenges with that though, is that if I do that to crisis counselors, then they're making more than my current supervisors, and so there's this trickle up effect from a supervisor to program coordinator to a program manager. The funding has to be able to cover more than just those positions of the people doing the work. It has to be a kind of a chunk of money that we can figure out how to put across workforce.

Dan Gorenstein:

Thanks so much for that question. Yes, sir.

Eric Sharf:

I'm Eric Sharf with the Depression and Bipolar Support Alliance here in DC. I heard you talk about different levels of qualifications of staff. I didn't really hear you talk about the role of certified peer support specialists and peer support workers. I was wondering if you could address how you incorporate those people, who often don't have the kind of bachelor levels. I heard you talked about bachelor levels kind of training, how you incorporate or see those kind of folks working this area. We love 988, by the way.

Emily Bloom:

Sure. In Iowa, you can be a certified peer support specialist and you don't have to have the same education and experience requirements. You have to have your lived experience, plus do a certain amount of training. We absolutely hire peer support specialists. What I have found is that a lot of them actually like to work on the warm line more than they like to work on the crisis line, which isn't a service array that our agency provides, but they actually end up taking a lot of the qualified peer support specialists to work on a different service array.

Kerri Brown:

Just quickly. Our therapeutic model for Van Diesel is that we will have one licensed clinician and one peer support specialist. The reason why is we want someone from the cultural environment that person is in to meet the need. Someone who stays in the north part of Chicago may have a completely different experience than someone who stays on the west side of Chicago. We want to be culturally sensitive and bring someone with lived experience to the event as well.

Dan Gorenstein:

Great, thanks. We are going to move to our third and final one on one. Andrea, if you would introduce yourself, please.

Andrea Harris:

Hi, my name is Andrea Harris and I am a health line specialist at First Choice Services. I answer the 988 line.

Dan Gorenstein:

How are you feeling about being up here?

Andrea Harris:

I'm very honored and also terrified.

Dan Gorenstein:

What you and I are going to talk about right now is Andrea has lived experience and... You get your own mic. Super nice. Andrea, you have a lived experience and we're going to walk through a story. The context here is obviously we're talking about this crisis line. Well, what does a crisis look like in real time? What does it mean? What would it mean for someone to have 988? It's those questions that I'm hoping to frame this conversation that we're about to have. One morning in June of 2012, paramedics woke you up with Narcan. You'd been struggling with heroin for a while, but that morning you woke up asking yourself questions like, am I going to get arrested, and where am I going to get my next high? A new question popped into your mind too. What was that?

Andrea Harris:

Did I want to continue to live this way? Did I want to suffer any longer? The answer to that was no.

Dan Gorenstein:

What happened that day for you, as you debated whether to commit suicide? Tell us about that day.

Andrea Harris:

That day was chaos and also determination. I felt like I had found a solution to what seemed like a lifelong problem. I really just wandered around that day. I didn't allow myself to process the thought entirely because I would've had to think about my children then.

Dan Gorenstein:

Just hold it up.

Andrea Harris:

Okay, awesome. That would've required me to consider my children in that equation, and that was something I was desperately trying to avoid.

Dan Gorenstein:

Where were your kids right then?

Andrea Harris:

They were at school. In that moment, when I woke up that day, they were in school. I had overdosed in the alley behind their house. I knew when they got on the bus that afternoon, or when they got home

from school that day, the entire neighborhood would be talking about how their mom had been found in the alley of overdose again. I did not want to have to face that I think. I didn't want them to have to, but I knew that they would. I wanted to avoid it.

Dan Gorenstein:

The kids had been, the way you put it when we first talked, you said that the kids had been at a sleepover that they never came back from. How long had they been away from you at that point?

Andrea Harris:

You know, honestly, I wish I could put a number to that. It's virtually impossible because that time period all runs together, but it was months that I lived around the corner from my children and did not see them. Allowed someone to else, a stranger, mind you, someone I didn't even know, to care for them because I believed they were better off there, and they were. What was I going to do? Take them to the local abandoned house with me? They needed their mom and I was not capable in that moment of being there for them the way that they needed me to be.

Dan Gorenstein:

You had made a promise to yourself that you were never going to commit suicide, but on this day in June of 2012, you changed your mind. You thought it was a good idea. You thought you were going to do it. Why had you made that promise to yourself that you were not going to commit suicide up until that day?

Andrea Harris:

My mother committed suicide when I was 12 and I carried the weight of that my entire life. When you're that young, you believe if I had been a better kid, if I had done something different, better, anything, things would've been different. I always believed that my mother committed suicide to get away from me to get away from us, her family, her children. I swore that I would never do to my children what my mother did to me.

Dan Gorenstein:

Why did you on this day change your mind?

Andrea Harris:

I just was, I was tired of suffering. I was tired of existing in the state, an animalistic state almost, that I was in. It was terrible.

Dan Gorenstein:

That night you felt like you'd made the choice. You were in the abandoned house. What happened?

Andrea Harris:

I now know what I did that night was play the tape through. That's something you learn in substance use disorder recovery. I didn't know it at the time. I was just kind of playing it through. I have a sister who is the literal definition of perfection. She is the kindest, most compassionate, most loving person that has ever or probably will ever exist. She is my only family, so I knew if something happened to me by choice or not, my sister would step up and she would take my children. Sorry. She could give them a life that I

didn't believe I would ever be capable of giving them financially. Just the way that her life looked was not something I believed was possible for someone like me.

Following that thought was the thought that they would be better off without me. I was the one that was causing harm to their lives. It was also in that moment that I understood for the first time why my mom did what she did. She believed that we would be better off without her. That was not true, and I understood that my children would not be better off without me. I didn't want them to carry the weight of what I'd carried my whole life. It would just be passing it to them and they didn't deserve that. I had something that my mom didn't have, and that was the knowledge of what it would do to the people that loved me that would be left behind, so I'm still here.

Dan Gorenstein:

That night two things happened. You made the decision not to harm yourself, and you also understood for the first time your mother's motivation and you were able to forgive your mother.

Andrea Harris:

Completely. Completely 100% able to forgive her. I didn't even realize that I needed to forgive her. I didn't even realize it was something I was holding against her, but it was. It was such a resentment that I had that I wouldn't even let myself think about because I felt guilty for it, for that anger and that resentment that I carried. Yeah, immediate, complete forgiveness. That moment allows me to forgive my husband because my children did not have to suffer my loss, but they did have to suffer the loss of their dad, who completed suicide five years ago. I never dreamed that I would be in a position to use my mom's suicide to help my children through their dads. It's not fair. I'm sorry.

It's not fair, and it's a tragic thing that happened to an amazing person who did not see any other way out. I was here to hold their hand through the whole thing. I got clean when my husband died. I Went to treatment and I got my life together and I have been present in their lives every moment since that one.

Dan Gorenstein:

Final question, Andrea. Your experience that day captures one way a crisis can play out for someone. It can be a total surprise and it can come fast. Could you have used 988 that night in that abandoned house in June of 2012?

Andrea Harris:

Absolutely. What I would not have given for a line like that. I was not calling 911 under any circumstances. I did not want a sudden police presence. I was a IV heroin addict at that time. There's absolutely no way I would consider calling 911. I called 911 about a year before my husband completed suicide for his mental health crisis, and he went to jail. No, I would never call 911. I would've given just about anything for a number like 988 for myself and for him. Really for him. I think it would've, it may not have changed the outcome, but it would've certainly changed his journey. Just someone to hold his hand, Because I couldn't. I wanted to, but that's not what he needed from me. He didn't need me to be his crisis counselor, but he needed that, and he just didn't have access to it.

Dan Gorenstein:

Thank you. Thank you very much for sharing your story. Before we go to audience questions, I just want us to give a hand to this incredible group of people here. I don't actually know what time we have.

We've got five minutes. Okay. We got time for a couple questions. We've got a question up here in the front. Again, if people could just introduce themselves and if you have a specific person that you want to ask, just direct it to them.

Magda Kowalczykowski:

Hi, my name is Magda Kowalczykowski. I'm a family medicine doctor. I'm just curious. Anyone can answer this. Is there a chance if you call 988 that at some point police could get involved, or is there a sharp line between that and they never get called? I'm just curious. Thank you.

Kerri Brown:

Well, so I talked about the crisis continuum. During that initial call when you do your assessment, you determine what the second step is and the level of response needed. If the person is violent, then we would need to still engage the police. With the funding that has been added to 988, there being more police trained and oftentimes, believe it or not, the police have called us to assist if we can deescalate and work with them. We're hoping it evolves to a level of tandem in those opportunities.

Emily Bloom:

Yeah, I would just say that with 911 police is the first response. With 988, it would be the last resort. Every state has different crisis services that are available. Even like in Iowa, rural communities maybe have less resources available than urban communities, but the goal is to provide someone the safest, least restrictive level of care. With 988, we know on average about 87% of calls are managed over the phone. I mean, it's a pretty high percentage, so it's a much better place to start than by calling 911, where you know that the first course of action is that police will go, which feels like, overkill is not the right word, but often that's just not necessary and not what's best.

Dan Gorenstein:

Is there anything you want to add to that?

Andrea Harris:

No, I agree completely. There are situations where we have callers that we do have to contact 911. It's always done with their permission. A lot of calls are transferred to us directly from 911, or they say, "I had an interaction with the police and they gave me this number." That's pretty common. It's not common that it has to be escalated, at least not in my experience in my area.

Dan Gorenstein:

Got a couple more questions.

Puja:

Hi.

Dan Gorenstein:

Person in the cap back here.

Puja:

Oh, sorry.

Dan Gorenstein:

Oh, I'm sorry.

Puja:

No, you're good.

Dan Gorenstein:

Sorry. You should see the green jacket. It's nice jacket.

Puja:

Hi, my name is Puja. Thank you all so much for your insights and your time this morning. Andrea, thank you for being here. The world is a better place because you are. My question is a follow up really to this one. I've been seeing a lot of inaccurate to harmful information regarding 988 circulating on social media, especially as it involves the response of law enforcement, or I've seen things saying that you're going to get directly involuntarily committed, which is just not true. How can we tailor messaging efforts to be able to accurately describe what you just said for people who are not in this room, who are not involved in the mental health policy, who don't really understand the nuances of a continuum of care or something like that? To give people the accurate facts, but without inaccurate fear mongering?

Emily Bloom:

Well, one of the most frustrating things that I've seen is that 988 is the new 911, which in theory I understand, but we've had a really hard time with people then assuming that a mental health counselor is coming to you. You call 911 and someone comes to you and there's this kind of misunderstanding that also happens with 988, which isn't the case. I think one of the things that's important to note is that anytime you call 988, you're going to get a trained crisis counselor who is going to do their best to meet your needs and figure out the next course of action for you. There's so many different services that is, which is why kind of pigeon holing us into when you call you get X and then you get this and then it's involuntary or whatever. It's just much easier to say it's a first point of entry to a supportive system that can provide some adequate response. Then from there, figure out what next steps are.

Dan Gorenstein:

We're a time here, but one thing as somebody who's had to try to think about messaging and framing this information. What I think is the most fair way to talk about it and the simplest way is to say it's a front door to care. There is this crisis care continuum, which has three steps. There's calls, which 80% of these calls are handled via phone or text or chat. Then people can come to you. That's the next step, or you can be taken to get additional services. That's the kind of idea of a front door, a front door to what? A front door to a phone call, a front door to somebody coming to you, a front door to getting you additional services in the community or in a facility.

Then how law enforcement is involved is going to change community to community. There are a lot of unanswered questions. There's a lot of unknowns right now. We need to remember that and we need to be honest about that. People are going to handle it very differently, and if we try to like pigeonhole this as painting one size brush or how it should be, that is contributing to the misinformation out there. The most accurate thing to say is it's a bit of a mess and it's very different from community to community. That's where we are right now. That's the starting point, and that's just the truth about 988 today. I know we're over at one and a half. I really apologize for that as. A radio reporter, that's bad.

Thank you all very much. You've been a wonderful audience. You guys really did participate in this in a beautiful way. One more time for this panel, let's give it up.