



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



988

**AMERICA'S
SUICIDE PREVENTION +
MENTAL HEALTH CRISIS
LIFELINE**

A Guide to **988**: America's Suicide Prevention and Mental Health Crisis Lifeline

SAMHSA

Substance Abuse and Mental Health
Services Administration



Table of Contents

Overview of 988.....	3
3 Tiers of Crisis Response.....	4
Benefits of 988.....	4
Key Pieces from Federal Legislation.....	4
Federal Legislation.....	5
Current Burden of Crisis Care.....	5
Funding, Barriers, and Future Needs.....	6
State-level Efforts.....	7
Individual & Group Stakeholders.....	7
Managing Increased Call and Text Volumes.....	7
Connecting with Local Counselors.....	7
Community-based Resources.....	7
Marketing and Communication.....	9
Potential Implementation and Transition Challenges.....	10
Monitoring.....	10
7 Pillars for Transforming Mental Health and Substance Use Care..	10
Steps to Improving Crisis Systems.....	11
Resources for Self-assessment.....	11
References.....	12



Guide to **988**: America's Suicide Prevention and Mental Health Crisis Lifeline

Overview

The main purpose of the 988 number is to simplify access to suicide prevention services and mental health crisis counselors.¹ To achieve this, in 2020, legislation was introduced to create a nation-wide three-digit number (988) that will be routed through the existing National Suicide Prevention Lifeline. 988 will be available across the country by **July 16, 2022**.²

By creating a mental health crisis number, law enforcement's involvement in mental health crises will be reduced.² This shift in mental health crisis response has the potential to break the cycle of ER visits, involvement in the criminal justice system, and experiences with homelessness, which disproportionately affect historically marginalized communities.²⁻⁴ Some of these marginalized communities include Black, Latino, Indigenous, immigrant, LGBTQ+ youth, rural community, and military veteran groups.

To provide the necessary care, **3 tiers of response** are suggested.



Tier 1 24/7 crisis call centers / "Someone to talk to"



Tier 2 Mobile crisis teams / "Someone to respond"



Tier 3 Crisis stabilization programs / "Somewhere to go"

Before 988 is fully rolled out, people should continue contacting the National Suicide Prevention Lifeline phone number **1-800-273-8255** and [online chat](#).⁵



3 Tiers of Crisis Response²⁻⁴



Tier 1 24/7 crisis call centers / "Someone to talk to"

Crisis call centers will be staffed by those trained in responding to behavioral health crises, coordinate services, and dispatch mobile crises.



Tier 2 Mobile crisis teams / "Someone to respond"

Mobile crisis teams will be staffed by trained behavioral health professionals and peer support specialists who have the skills to deescalate, engage people in need, and connect them with and/or transport them to appropriate services.



Tier 3 Crisis stabilization programs / "Somewhere to go"

Crisis stabilization programs will be able to diagnose and provide stabilization services with a recovery-oriented perspective. If needed, stabilization will provide follow-up care and ensure a warm hand-off to other necessary services.

Benefits of 988

- Reduce law enforcement involvement in mental health crisis situations to prevent poor outcomes like death, incarceration, or emergency department involvement by replacing law enforcement responders with mobile crisis teams.³
- Ease access to mental health support services for people in need.
- Promote equitable healthcare response.

Key Pieces from Federal Legislation

1. Provide requirements for 988 crisis call centers and response services, which include mobile crisis teams and crisis stabilization programs.^{1,2,4}
2. Identifying funding mechanisms for 988 and other crisis services involving a monthly fee on phone lines. Funding will be set aside and only used for 988 crisis response systems.²
3. Creates system oversight which will involve multiple stakeholders working together as an implementation body to ensure smooth rollout and effective system operation.²

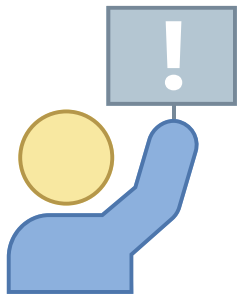
988 legislation allows states to charge fees on phone bills to help fund crisis services, mirroring the funding mechanism for 911. States are currently discussing which crisis services will be available.



Federal Legislation

What this legislation does:

The National Suicide Hotline Designation Act (PL 116-172) creates a universal, 3-digit number for mental health crisis services.⁶ The 116th Congress set the expectation that more than a number should be available and provided a mechanism through which these services will be funded. In addition, the federal 988 legislation established a two-year transition period, gave states the freedom to place a phone bill fee, and required a report to Congress on resources each state needs for 988.⁷



What this legislation does not do:

Despite setting the foundation and a timeline for 988 rollout, federal legislation did not require states to build out and/or fund crisis response systems, set aside funding for crisis infrastructure, create a federal office to support 988, or mandate coverage by Medicare or other insurance plans.⁷ Although the Federal Communications Commission (FCC) and other stakeholders are discussing ways to handle text messages, no standards have yet been established.³

What is needed:

- Adequate resources are needed to accommodate an increase in call/text/chat volume
- Appropriate resource allocation to ensure the continuum of crisis care⁷⁻⁹
- Engage people from diverse backgrounds and with lived experience to build a system that empowers and responds appropriately to people experiencing a mental health crisis.³
- State guidance to indicate how states should implement, staff, and fund the continuum of crisis care response.¹⁰ Due to a lack of clarity, many states may not be prepared for the large influx of new callers once 988 is rolled-out on July 16, 2022.

Funding for 988 that comes from phone bills should **supplement**, not supplant, funding from federal, state, and local governments, and other funding sources.

Current Burden of Crisis Care

The burden of providing in-person interventions for people experiencing a mental health crisis currently falls on emergency responders and law enforcement officers, who are often not trained in appropriate ways of caring for people experiencing a mental, behavioral, and/or suicidal crisis.

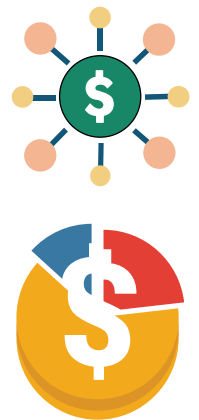


Funding, Barriers, and Future Needs

State-level Funding

Federal Funds: Federal 988 legislation allows states to pass their own legislation to fund 988 through “state-managed monthly customer service fees,” an approach that mirrors the way 911 is funded.^{11,12}

- To ensure standard quality and delivery of services nationwide, funding options include federal appropriations, state appropriations, grants, and service fees.¹³
- Federal funds go “toward managing call routing, best standards, public messaging, capacity-building opportunities, and technical assistance” to support the nationwide network.¹⁴
- State-managed fees go toward funding local crisis centers, supporting the development and implementation of additional crisis care services.¹³
- Mobile crisis teams should be able to work with crisis call centers to provide the full continuum of crisis care. Local crisis centers will heavily rely on state and local funding.¹⁴



V!brant

Emotional Health

- In January 2021, **Vibrant Emotional Health (VEH)**, the nonprofit administrator of the National Suicide Prevention Lifeline, provided grants for US states and territories to help plan for 988 implementation and support local crisis centers.¹²
- VEH grants are intended to support state-level strategic planning for projected infrastructure needs, increased call and text volume, and access to the new 988 number.
- Awarded states and territories will use VEH’s grant funding to develop roadmaps for ways “to address coordination, capacity, funding, and communications surrounding the launch of 988.”

Current Barriers & Future Needs

Current barriers to the Lifeline network’s effectiveness and success in addressing crises include insufficient funding and a lack of capacity to address increasing call and text volumes.¹¹

To facilitate a greater understanding of the care continuum, identify and address gaps, and support callers in need, robust administration and reporting of 988 services are needed.¹³



State-level Efforts

According to VEH, the National Suicide Prevention Lifeline has over 180 local crisis centers that public and mental health agencies can collaborate with to create a 988 implementation plan and continue supporting Lifeline's standards that allow access to mental and behavioral crisis care.^{14,15} To ensure standard quality and delivery of services nationwide, funding options include federal appropriations, state appropriations, grants, and service fees.

To construct and implement a culturally responsible, equitable, and well-coordinated 988 system, **states must work with diverse stakeholders**, including police departments, hospital emergency providers, community mental health providers, addiction service providers, people with lived experience, and others.¹⁵⁻¹⁷

Individual & Group Stakeholders (from Gulley et al., n.d.)¹⁷

- Individuals with lived experience
- Family members
- State mental health authorities
- State alcohol and drug agencies
- State health or public health departments
- State education departments / universities
- State tribal liaisons of tribal representatives
- Military and Veterans services partners
- State 911 administrators
- County mental health authorities
- Existing crisis call centers, including those participating in the Lifeline
- 911 call centers (also known as Public Safety Answering Points or PSAPs)
- Local policy and other law enforcement (e.g., transit policy)
- Providers of mental and substance use disorder services to children, youth, and adults
- Social services and supports, including those related to homelessness and housing

Implementation of the 988 Hotline:

A Framework for State and Local Systems Planning

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State-level Efforts *(cont'd)*

Managing Increased Call and Text Volumes



States will need to hire more trained personnel to answer calls, mental health professionals to train and supervise shifts, and upgrade infrastructure.¹⁷

- Investments similar to those needed for 911 are necessary to properly address mental, behavioral, and suicidal crises.
- Training models from Washington state and New Mexico can be used for crisis responders.¹⁵

Connecting with Local Counselors

In-state crisis centers should connect callers to local counselors who are familiar with the community, are better equipped to provide appropriate care, and are able to make referrals to local community resources.¹⁷

- In-state crisis centers are essential for providing care to those experiencing crises to avoid placing burden on out-of-state networks. If in-state centers are unable to connect callers to in-state services, people in crisis will experience longer wait times and there will be increased strain on the out-of-state and national backup networks. In addition to longer wait times, callers may be linked to fewer or no other care services.



Community-based Resources are crucial assets to connection people to preventive care.¹⁷

- Maintaining a relationship with Certified Community Behavioral Health Clinics (CCBHCs) and other community-based providers will allow for a “warm handoff” to existing supports to divert emergency department visits and law enforcement involvement
- Other potential partnerships include those with housing providers and service providers for people experiencing homelessness.
- Peer support and peer recovery specialists and people with lived experience are vital partners.

To successfully support 988 crisis care components, states will need to provide funding for all three tiers of crisis response care.

Planning efforts should address ways 911 and 988 systems can interact to ensure both systems operate in a complementary fashion.¹⁸



State-level Efforts (cont'd)

Marketing and Communication

The overarching goal of marketing and communication efforts is to educate the public and those that might have increased contact with people in need of crisis services.

To raise awareness of 988 crisis care services, states must implement:

- Public education and awareness campaigns to promote 988
- Raise general awareness of the transition to 988
- Raise awareness of availability of crisis care services
- Efforts to normalize and encourage help-seeking behaviors^{13,19}



Targeting Various Populations

- Target populations include EMS, law enforcement, human and social services, housing programs, and public and private systems).
- Messages should include information about when to contact 988 instead of 911.
- Depending on the target population, different marketing and communication strategies will be needed.
 - For the *general public*, it will be important to convey essential functions of 988, explain how the 988 system should be used, general educational information, and ways to recognize signs of a mental health crisis.
 - Support *culturally-appropriate public messaging* efforts in varied languages²⁰
 - Tailored messages and training for EMS, law enforcement, and other group stakeholders.
 - *Input from people with lived experience* will need to be sought to ensure effective marketing and communication strategies.

Additional pre- and post-988 transition communication and marketing guidance from Action Alliance can be found [here](#).

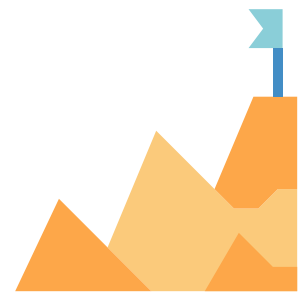
Potential Implementation and Transition Challenges

¹⁷

States with existing Lifeline call centers can expect fewer challenges during 988 roll-out.

Potential state-level strategies to increase 988 capacity include:

- Converting non-Lifeline call centers
- Capacity training and incentivizing care providers (staffing and training for call centers and mobile crisis teams)
- Adopting timelines and developing targets based on a vision of what 988 would look like 6 months and 2 years into the implementation process.
- Expecting and planning for increased 988 call and text volume





Monitoring

Data Collection for Monitoring Efforts ¹⁷

States should collect data across the crisis care continuum and “be subject to consistent and timely data requirements.”¹⁸ Long-term evaluation and short-term feedback data are needed to aide in the resolution of any challenges that may arise.

Types of data to collect:

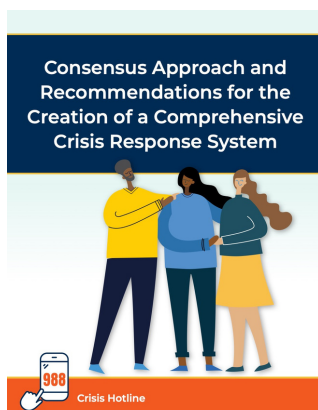
- From non-988 call centers to understand call volume, call types, identify performance strategies, and cost-efficiencies
- Core reporting measures (operational and service-oriented metrics), as determined by Lifeline and SAMHSA:
 - Call volume
 - Speed of answering calls
 - Call abandonment rates
 - Number of people connected to services
 - Documentation requirements
- Demographic information (if clinically appropriate and possible)
 - This will help support system evaluation, inform strategies to address and prevent health disparities based on race, gender identity, urban vs. rural context, and other socio-demographic factors.



Real-time data collection allows systems to track follow-up, outcomes, ongoing service collection, and evaluation of system interventions.

- Real-time data collection can be facilitated by positioning the Lifeline call center within the state behavioral health systems (examples include Arizona and Washington D.C.).

7 Pillars for Transforming Mental Health and Substance Use Care (from Well Being Trust)¹⁸



Early identification and prevention

→ Emergency and crisis response

→ Equity and inclusion

→ Integration and partnership

→ Parity: Fair and equivalent coverage

→ Standards for care

→ Workforce capacity



Steps to Improving Crisis Systems

Steps to Improve Crisis Systems (from the Committee on Psychiatry & Community for the Group for the Advancement of Psychiatry) ²¹

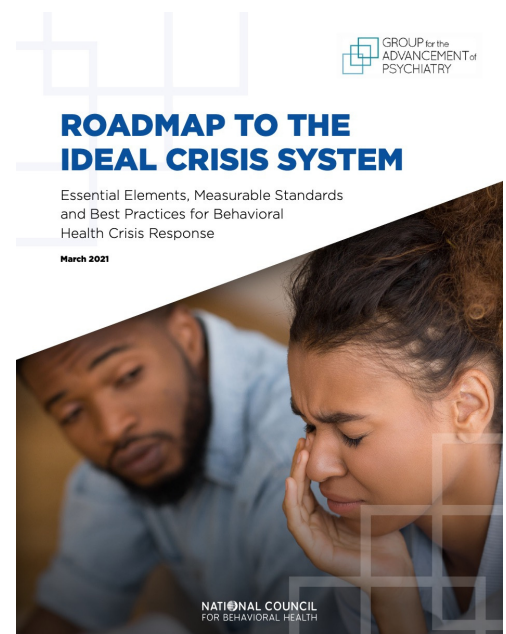
- 1 Establish a system-wide vision of crisis care systems
- 2 Develop an implementation plan
- 3 Disseminate resources to support system planning and implementation
- 4 Perform baseline assessments of current behavioral crisis systems
- 5 Identify performance metrics in collaboration with system stakeholders
- 6 Award grants and funding for system planning and implementation
- 7 Create a framework to track crisis system performance
- 8 Require participation from all funders
- 9 Require coverage of crisis care continuum services
- 10 Incorporate best practices

Resources for Self-Assessment

In their [Roadmap to the Ideal Crisis System](#), the Committee on Psychiatry & Community for the Group for the Advancement of Psychiatry included a "report card" that state leaders, advocates, and other stakeholders can use to enhance crisis systems, assess their current status, and help prioritize next steps. ¹⁸

Assessment sections cover:

- Accountability and Finance
- Crisis Continuum: Basic Array of Capacity and Services
- Basic Clinical Practice





References

1. Federal Communications Commission (n.d.). Fact sheet: 988 and suicide prevention hotline [Fact sheet].
<https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
2. National Alliance on Mental Health (n.d.a). 988: Reimagining crisis response.
<https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response>
3. Mental Health America (n.d.). FAQ for understanding 988 and how it can help with behavioral health crises.
<https://mhanational.org/sites/default/files/FAQ%20with%20vibrant%20FINAL%20COPY.pdf>
4. National Alliance on Mental Health (n.d.b). 988 Mental health crisis response [Fact sheet].
<https://www.nami.org/NAMI/media/Advocacy/988-MH-Crisis-Response.pdf>
5. National Suicide Prevention Lifeline (n.d.). Lifeline chat. <https://suicidepreventionlifeline.org/chat/>
6. National Suicide Hotline Designation Act of 2020, P. L. 116-172, 116 Cong. (2020).
<https://www.congress.gov/116/plaws/publ172/PLAW-116publ172.pdf>
7. Kimball, A., & Wesolowski, H. (2021, September 2). Reimagining crisis response: 988 and a crisis standard of care [Webinar]. SMI Adviser. https://education.smiadviser.org/diweb/catalog/item?id=8237993&utm_source=Mailchimp&utm_medium=Email
8. Wiener, J. (2021, September 2). Call 988: California finds \$20 million to help pay for new crisis hotline. Cal Matters. <https://calmatters.org/health/2021/09/988-911-funding-crisis-hotline-suicide-california/>
9. Vibrant (n.d.). 988 serviceable populations and contact volume projections [Report].
https://www.vibrant.org/wp-content/uploads/2020/12/Vibrant-988-Projections-Report.pdf?_ga=2.62739180.1718066263.1611784352-1951259024.1604696443
10. Canady, C. A. (2021). MH leaders: 988 crisis response represents an opportunity, responsibility. Mental Health Weekly, 31(46), 1-3.
11. American Foundation for Suicide Prevention (n.d.a). Funding for 988 & crisis response.
<https://afsp.org/funding-for-988-crisis-response>
12. Vibrant Emotional Health (2021, January 25). Vibrant Emotional Health to provide state grants in preparation for future 988 dialing code for the National Suicide Prevention Lifeline [Press release].
https://www.vibrant.org/wp-content/uploads/2021/01/Vibrant-988-Planning-Grant-Announcement.pdf?_ga=2.75931229.917471465.1641320499-680232710.1641320499



13. American Foundation for Suicide Prevention (n.d.b). The state of 988. <https://www.datocms-assets.com/12810/1638806403-14239afsppublicfacingtalkingpointsupdatem1.pdf>
14. American Foundation for Suicide Prevention (n.d.c). Frequently asked questions: 988 & Crisis response services. <https://www.datocms-assets.com/12810/1638897317-14348afsp988faqm1.pdf>
15. Alegría, M. (2021, December 15). Many states aren't ready for a 988 crisis line. The deadline is looming. STAT News. <https://www.statnews.com/2021/12/15/states-988-crisis-line-deadline-looming/>
16. Russell, T. & Wenderoff, J. (2021, October 26). Most states have not yet acted to support new 988 behavioral health lifeline: Report offers guidance ahead of July 2022 launch of emergency call line. PEW. <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/10/26/most-states-have-not-yet-acted-to-support-new-988-behavioral-health-lifeline>
17. Gulley, J., Arienti, F., Martone, K., & de Voursney, D. (n.d.). Implementation of the 988 hotline: A framework for state and local systems planning. Technical Assistant Collaborative. [https://www.dbhds.virginia.gov/assets/doc/hr/Health-Equity/mdpa/implementation-of-the-988-hotline-a-framework-for-state-and-local-systems-planning-\(1\).pdf](https://www.dbhds.virginia.gov/assets/doc/hr/Health-Equity/mdpa/implementation-of-the-988-hotline-a-framework-for-state-and-local-systems-planning-(1).pdf)
18. Well Being Trust (2021). Consensus approach and recommendations for the creation of a comprehensive crisis response system. <https://wellbeingtrust.org/wp-content/uploads/2021/11/988-Crisis-Response-Report-November-FINAL.pdf>
19. Council of State Governments Justice Center (2021). How to use 988 to respond to behavioral health crisis calls. https://csgjusticecenter.org/wp-content/uploads/2021/10/CSGJC_Field-Notes_Law-Enforcement_How-to-Use-988-to-Respond-to-Behavioral-Health-Crisis-Calls_508.pdf
20. Sōzōsei Foundation (n.d.). Countdown to 988 implementation: An overview of 988 to guide urgent philanthropic action. https://www.sozoseifoundation.org/sites/g/files/qhldwo3731/files/2021-08/Countdown%20to%20988%20Implementation_%20An%20Overview%20of%20988%20to%20Guide%20Urgent%20Philanthropic%20Action.pdf
21. Committee on Psychiatry & Community for the Group for the Advancement of Psychiatry (2021). Roadmap to the ideal crisis system: Essential elements, measurable standards and best practices for behavioral health crisis response. National Council for Behavioral Health. https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56