

988: The New Mental Health Crisis Emergency Number

About NAMI

NAMI is a voice for youth and adolescents, veterans and service members, individuals involved with the criminal justice system, those experiencing homelessness, family caregivers and everyday Americans who are impacted by mental illness. We are all connected by the shared hope of new and innovative treatments, improved health care coverage and support through recovery.

The NAMI Alliance's footprint

49 State Organizations	600+ Local Affiliates
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What is 988?

- A three-digit universal dialing code for suicide prevention, substance use and mental health crisis
- Builds on/replaces the 1-800 number for the National Suicide Prevention Lifeline (now known as 988 Suicide & Crisis Lifeline)
- Offers the promise of a new response to people in crisis—*but only if states act to create a 988 crisis response system*

Goal: 988 is an entry point to a reimagined crisis system



Our Current Response to Crises

Someone experiencing a mental health crisis is often *more likely* to interact with a law enforcement officer than a medical professional.

When law enforcement responds, people in crisis too often end up cycling in and out of *jails, emergency departments, homelessness* – and sometimes, *harmed or killed* during the encounter or *die by suicide*.

Our Current Crisis Response

The lack of available mental health response means people in crisis, their families and their communities face avoidable trauma and tragedy.

1 in 4

Between 2015-2020, nearly 1 in 4 fatal police shootings have been of people with mental illness

2 million

2M times each year, people with mental illness are booked into the nation's jails

100,000+

100,000+ people died of a drug overdose in a 12-mo. period

45,000+

Over 45,000 people died by suicide in 2020

Today's Reality: Trauma and Tragedy

Someone experiencing a mental health crisis is often **more likely to interact with a law enforcement officer than a medical professional.**

Patchwork system of crisis services that varies community by community:

- Inequitable response for underserved communities
- Many different crisis hotlines to navigate requiring 10-digits to remember
- Police response is often the only emergency service to respond
- Overcrowded emergency departments that may be ill-equipped to help someone in crisis

→ High rates of arrest/incarceration, hospitalization, ED visits and homelessness

What's Possible: Standard of Care for Crisis

From the Substance Abuse and Mental Health Services Administration

[National Guidelines for Behavioral Health Crisis Care](#)



24/7 crisis call centers "SOMEONE TO TALK TO"

- Trained in responding to behavioral health crises
- Available by text/chat
- Coordinate services and dispatch mobile crisis



Mobile crisis teams "SOMEONE TO RESPOND"

- De-escalate situations
- Transport to crisis stabilization or connect to other services
- Staffed by behavioral health professionals, including peer support specialists

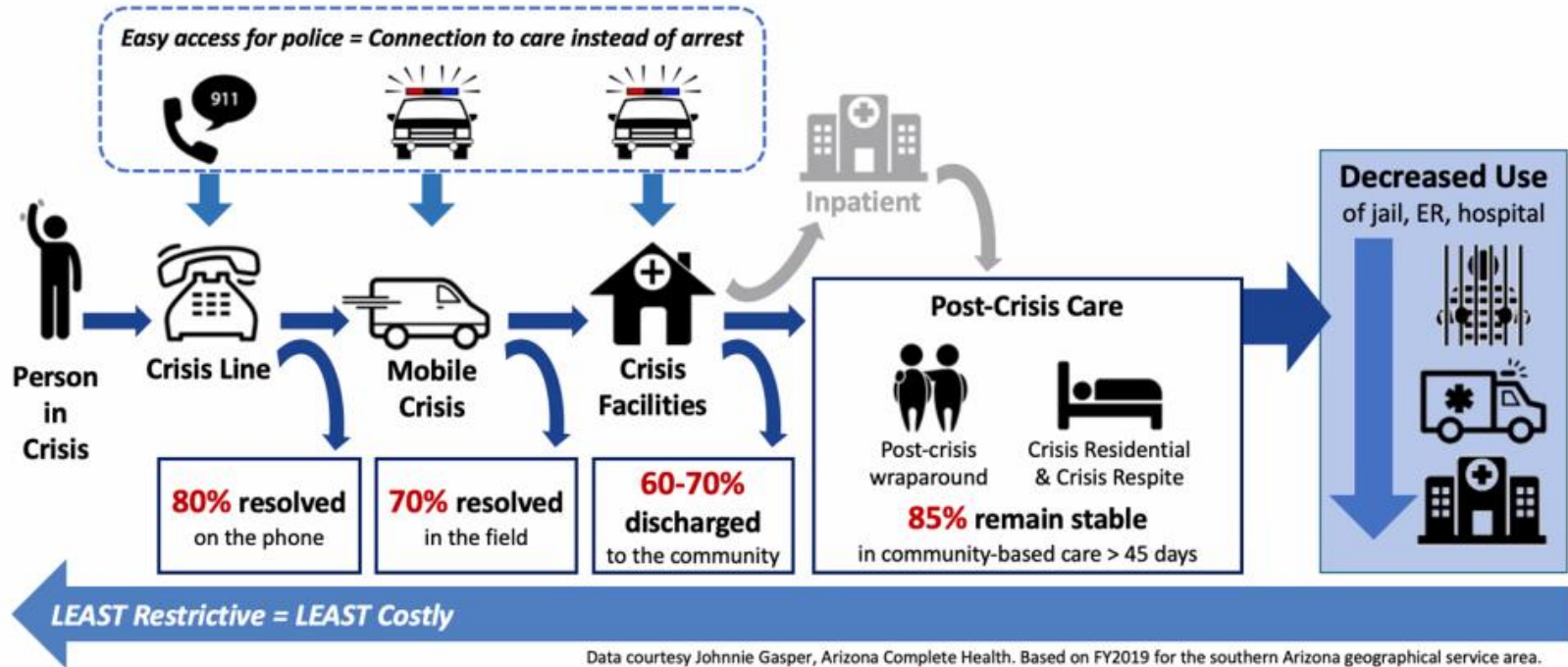


Crisis stabilization "SOMEWHERE TO GO"

- Capacity to diagnose and provide initial stabilization and observation
- Connect to follow-up care with a "warm hand-off"



Alignment of crisis services toward common goals *care in the least restrictive (and least costly) setting*



Federal Action to Create 988

P.L. 116-172, National Suicide Hotline Designation Act, passed in 2020:

1. Created universal, 3-digit number for mental health crises and suicide prevention:

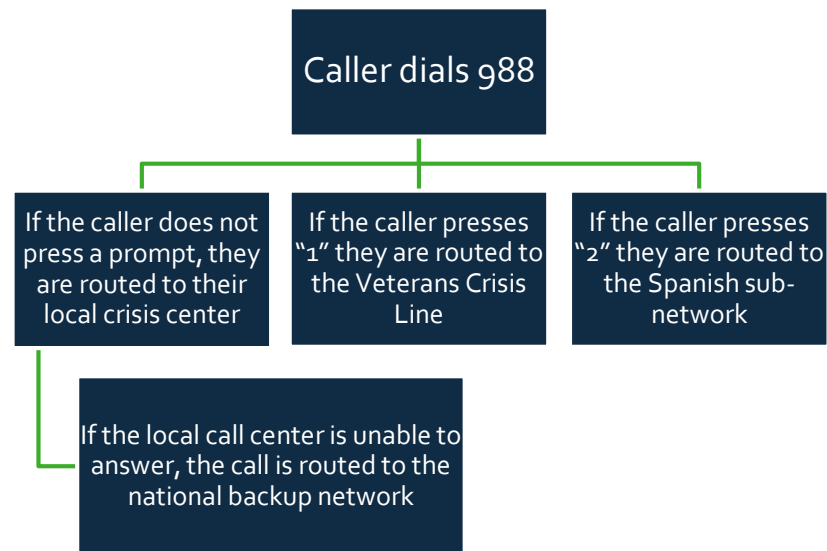
“9–8–8 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline...”

2. Reimagined crisis response to include crisis call centers, mobile crisis outreach and stabilization:

Allows states to collect fees on telecommunications bills to ensure “the efficient and effective routing of calls made to . . . 9–8–8” and “personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.”

How will 988 work?

- Operates through existing National Suicide Prevention Lifeline (launched in 2005)
- Funded by SAMHSA, administered by Vibrant Emotional Health
- Free, confidential, 24/7/365
- Calls routed to ~200 local crisis centers
- In 2021, roughly 3.6M contacts
- **Available via phone, text or chat (988lifeline.org)**



What's the difference between 911 and 988 for mental health crises?

911

- Calls answered by operators
- Operator collects information
- Uses information to dispatch fire, police or emergency medical services (EMS)
- *Millions of calls for mental health crises are made to 911 annually*

988

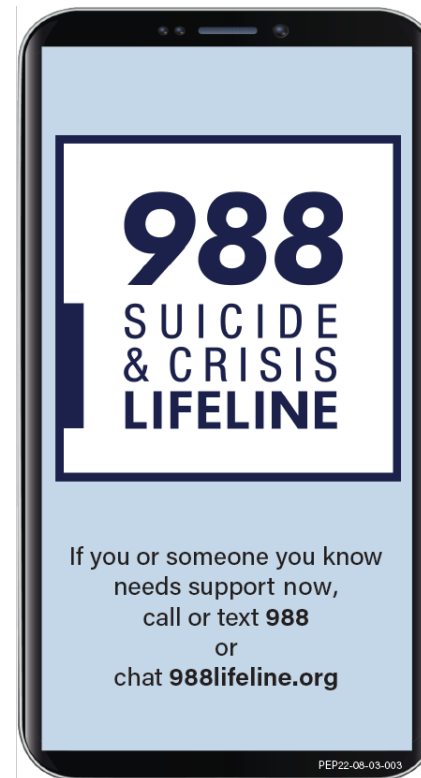
- Calls answered by trained crisis counselors
- Counselor supports caller, deescalates situation, identifies any urgent medical needs (resolves 80-98% of crises over phone/text/chat)
- Ideally, counselors are able to dispatch mobile crisis teams to respond when in-person response needed
- *Estimated 7.2 million contacts in year one*

Systems should have standard operating procedures to transfer between 911 and 988 where appropriate.

What happened on July 16, 2022?

1. **Everyone** can text or chat 988, no matter where they live
2. Their call will **direct to the 988 Suicide & Crisis Lifeline** network
3. The Lifeline is focused on a **range of mental health, substance use and suicide crises** and helping people in any type of emotional distress

If we don't act further, we'll have a number (988) that is easy for everyone to remember to access the Lifeline, like 911.



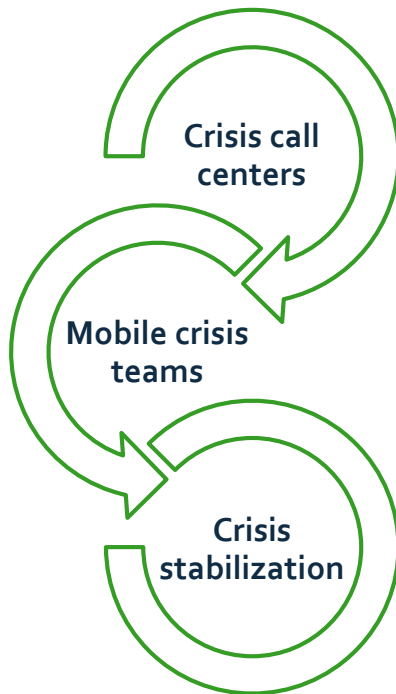
**988 is only the
first step...**

What Won't Change Unless Policymakers Act

- ☒ Call centers will continue to operate with existing, limited resources despite the anticipated increase in volume
- ☒ Mobile crisis teams are not available in every community – which also means law enforcement remains the likely in-person response to someone in crisis in many places
- ☒ Crisis stabilization options are available in few communities, leading people to cycle in and out of emergency departments and jails, with few places to turn for short-term, intensive care
- ☒ The crisis services available to people contacting 988 will vary community-by-community

Where are we today?

**ONLY IN
CERTAIN
AREAS**



UNDERFUNDED



**VERY
LIMITED
AVAILABILITY**

July 16 is not our finish line: We have much more work to do in the months and years to come.

What 988 means for hospitals

If fully implemented, a crisis continuum of care will:

- Connect people in crisis to care more quickly, preventing the need for more intensive responses
- Give people in a mental health crisis the option of somewhere to go besides the emergency room
- Provide therapeutic treatment options and help prevent hospitalizations
- Reduce emergency room boarding, especially psychiatric boarding

States must act

Goal: Pass state legislation implementing an infrastructure to support the new 988 crisis line and related services

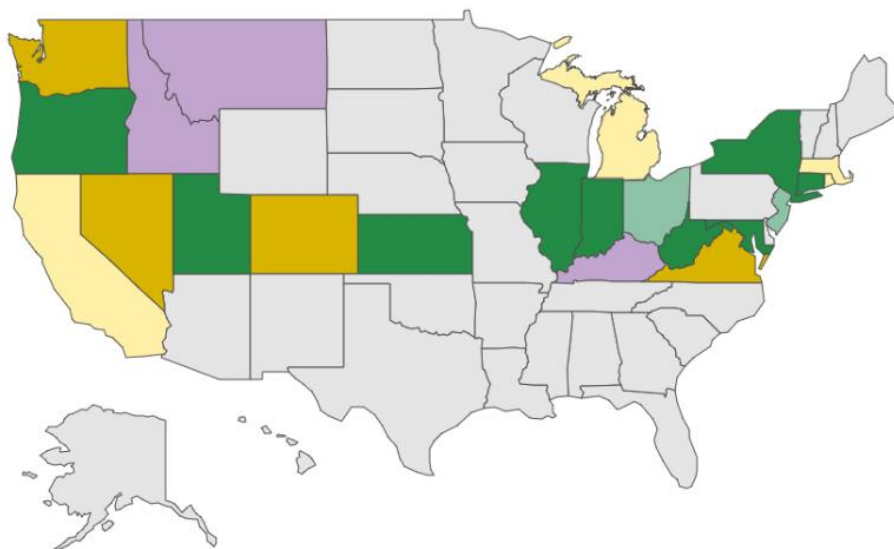
**Note some of the elements below may be enacted through regulation and/or agency policy instead of legislation*

- Pass state legislation that:
 - Includes a funding mechanism, such as monthly fees on phone bills
 - Defines the standard of care for crisis response across the state
 - Provides additional resources to support crisis services
 - Creates oversight, coordination and reporting mechanisms to ensure smooth implementation and accountability

How hospitals can help

- Highlight the costs—for patients and providers—when people experiencing psychiatric emergencies are held in emergency departments
- Voice support for crisis services such as mobile crisis teams and crisis stabilization options
- Provide clinical and operational expertise, as a key stakeholder, to help inform the design, implementation, and continuous improvement of local 988 crisis response
- Support legislation that creates standards, designates funding, and establishes oversight for the 988 Suicide & Crisis Lifeline and crisis response services

988 Crisis System State Legislation



Find the latest on status of state 988 legislation at NAMI's [ReimagineCrisis.org/map](https://www.reimaginecrisis.org/map)

State Planning Happening Around 988 & Crisis Services

Aligning/combining/ adding to existing state call center capacity

Building up culturally competent, diverse workforce

Passing legislation/funding for call centers, mobile crisis teams and crisis stabilization

Determining how law enforcement and crisis services will work together

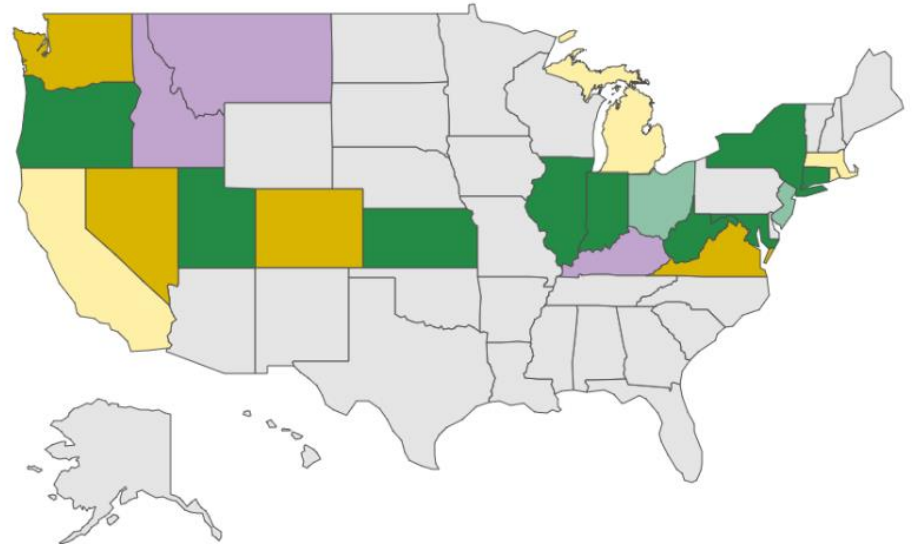
Oversight/advisory boards with lived experience

Identifying Funding Streams/Gaps

- Local call centers are funded by state & local funding and grants, and often staffed in part by volunteers
 - Some states are investing more than others
 - **\$105M** to build up staffing across states and territories' local crisis call centers in early 2022 – about **20%** of estimated local funding need for call centers
- Mobile crisis teams and crisis stabilization are not always covered by insurance
 - Both have significant start-up costs/costs not billable to insurance
- This needs to be braided funding – federal, state & local – and insurance coverage

State Telecommunications Fees

- Similar to 911 fees – an average of \$1/month per phone line
- A new source of funding for communities to support crisis services
- Offsets costs that aren't covered by other sources
- Only **four states** have passed 988 fees: Virginia, Washington, Colorado and Nevada



reimaginecrisis.org/map

Broad Public Support for Crisis Services

(June 2022)

4 in 5

86% believe that when someone is in a mental health or suicide crisis, they should receive a mental health response — not a police response

91%

of Americans support the creation of 24/7 mental health, alcohol/drug, and suicide crisis call centers

85%

of people support state funding for 988 call centers and crisis response services. **83%** support federal funding

Nearly 3 in 4

would be willing to pay a monthly fees on their phone bill to support 988

The 988 survey was conducted by Ipsos using KnowledgePanel® of the American general population (ages 18+). Interview dates: May 20-23, 2022

Number of interviews: 2,045. Margin of error: +/-2.3 percentage points at the 95% confidence level.

<https://www.nami.org/Press-Media/Press-Releases/2022/NAMI-Poll-Finds-Public-Unaware-of-988-Before-July-Launch-but-Supportive-of-Policies-to-Improve-Crisis>

Priorities Moving Forward

- Funding for specialized services: LGBTQ+ youth, services for individuals who are deaf/hard-of-hearing, address intersection with people with intellectual and developmental disabilities, Spanish text and chat services
- Funding for local call centers
- Expand mobile crisis team pilot program and advocate for permanent Medicaid coverage option
- Insurance coverage of crisis response
- Reduce dependence on law enforcement
- Public awareness of 988 and crisis system
- Geolocation/improved routing of 988 calls (currently based on area code)



Additional Resources

- 988 hub: www.reimaginecrisis.org
- State 988 legislation: ReimagineCrisis.org/map
- Advocate for crisis services: nami.org/crisisadvocacy
- NAMI 988 crisis response system video:
https://youtu.be/gXEvzH_iF8U



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