

## **Countdown to 988 Implementation: An Overview of 988 to Guide Urgent Philanthropic Action**

Instances of mental health crises and suicides have been trending upwards for more than a decade in the United States. This disturbing decline of American mental health has been accompanied by a recent re-evaluation of current emergency services, specifically police, in light of major events such as the death of [Daniel Prude in Rochester](#) and [Walter Wallace in Philadelphia](#). In both cases, black men with a history of mental health issues faced an ill-equipped law enforcement response when someone called 911 for help.

In an attempt to provide an entry into care in times of crisis that is more easily remembered and more likely to be utilized, Congress passed the [National Suicide Hotline Designation Act of 2020](#). This Act establishes a three-digit number, 988, as a mental health crisis hotline nationwide. The aim of 988 is to remove cost and logistical barriers for individuals accessing urgent support, decriminalize mental health and substance use issues, and, when needed, provide an individualized entry point to care for those in crises. While it is only the first of many steps to achieve a [better behavioral healthcare system that cares for those in crisis](#), well-resourced implementation of a 988 crisis call line at the state and local levels can jumpstart the creation of a robust and equitable crisis response system.

Achieving this potential requires local call centers with well-trained and culturally competent personnel to answer phone calls (or texts), appropriately staffed crisis response teams, and fully developed crisis stabilization and quality care options in the community. The federal government has left the majority of implementation, and funding, up to the states. Yet, currently only 10 states have passed any legislation whatsoever on 988, which is scheduled to fully launch just one year from now.

Local and national philanthropies have a once-in-a-lifetime opportunity to enable a robust and equitable implementation of 988. In this meeting, you will hear examples of how other funders are already working on 988 implementation at the local, state, and federal levels through advocacy, research, and support for services and care infrastructure. An improved crisis response system, coupled with access to community-based care, are key to keeping people with mental illness out of the criminal legal system.

### **Context: 988 Opportunities and Challenges**

#### *Opportunities*

The creation of 988 represents a tremendous win for mental health advocates, who for years had been sounding the alarm about our country's growing behavioral health crisis, one made exponentially worse by the COVID-19 pandemic. Tragically, on average, there are 130 suicides in the United States every day and suicides represent our 10th leading cause of death. Moreover, 25% of the individuals shot by police had a mental illness and, because we lack appropriate crisis response systems and supports, individuals with mental illness are too often funneled into the criminal justice system. Within prisons, inmates with mental illnesses receive sparse and inadequate treatment, if they're lucky enough to receive treatment at all. The FCC conservatively estimates that the implementation of this number will provide for [\\$2.4 billion in benefits to service providers over 10 years](#).

#### *Challenges*

988 can be a game changer for the nation's response to mental health crises, but much depends on how it is implemented. While the law did specify that all calls be centrally routed, allowing for better standard-setting and data collection, it left states with a great deal of independence in how they choose to implement 988 and what legislation they choose to enact.

Foremost among these challenges is the cost of implementation. The FCC conservatively estimated the

implementation costs for the first year to be approximately \$570 million, inclusive of costs to telecommunications service providers of \$400 million. This figure does not include an estimate of what it would cost to build out the necessary crisis services on the ground that would be linked to the crisis call centers. The legislation also failed to authorize any federal funds to facilitate implementation, leaving it up to states to assess telecommunication fees to fund. It is conservatively estimated that 988 will increase Lifeline call volume from approximately [3.5 million calls/year to 6 million calls/year in the first year alone](#), increasing to 13 million calls/year in five years. Without adequate federal and state funding, the current national Lifeline call centers could be overwhelmed by call volume and states will not have the services needed to appropriately respond to the variety of crisis calls they will receive.

The legislation also left open the question of a three-digit text line, what many consider a necessity to support youth in crisis, for future consideration by Congress. And neither the legislation nor the FCC mandated that telecommunications companies release geo-location information for callers to the Lifeline call center, preventing calls from being appropriately routed. This and other unanswered questions about standardization and practices remain unresolved.

### **988 Overview: Structure, Funding, Oversight, and Reporting Requirements**

#### *Structure*

Currently, all calls to 988 are routed to the National Suicide Prevention Lifeline run by Vibrant Emotional Health (formerly MHA New York) under contract with SAMHSA. The Lifeline accepts calls 24/7/365. Callers press 1 to access VA-specific call center personnel and press 2 to access Spanish speaking personnel. All other calls are routed to the 180 local crisis centers. If the local centers do not have capacity, calls are rerouted back through the central Lifeline. Vibrant Emotional Health provides standards and training for the call center personnel. Training ensures that all personnel are able to respond to a variety of behavioral health crises. Vibrant also collects centralized data on call center traffic and performance.

At minimum, the call centers have the potential to deescalate mental health crises over the phone. Ideally, they also connect to and have interoperability with local 911 (for police, EMT and fire response), coordinate and dispatch mobile crisis teams, and track availability in local crisis shelters and psychiatric inpatient or outpatient settings. Each state has a varied existing capacity to provide crisis services. Under the best circumstances, every jurisdiction will have mobile crisis teams (MCT) and a variety of crisis stabilization options such as 24/7 crisis receiving centers, sobering centers, detox facilities, low-barrier shelters, warming centers and mental health emergency departments. While limited states and counties are in the process of developing these essential services, most have taken no major action.

#### *Funding*

The Act itself did not authorize any funds for the implementation of 988 or the services necessary to make it effective. It did allow states to fund local 988 implementation with the imposition of telecommunication user fees, which are essentially a monthly surcharge for phone customers. States are not obligated to implement these end user fees and may choose instead to fund 988 implementation out of their general fund, increased taxes, any combination thereof, or not to allocate increased funding at all. Congress has, however, appropriated some federal funding for implementation, including:

- FY 2021 budget included an increase in the Mental Health Block Grant of 5% that is set aside for crisis response services;
- Additional \$5 million to Lifeline to expand their services (to \$24 million);
- FY 2021 budget also included emergency funding to SAMHSA for crisis response;
- \$15 million to SAMHSA/Lifeline for planning grants to states;

- Increased resources in the American Rescue Plan to use Medicaid partial reimbursement for mobile crisis team expansion.

### *Oversight*

The administrative implementation bodies are the FCC, SAMHSA, and the VA. Congressional oversight bodies are as follows:

- Senate Committee on Commerce, Science and Transportation;
- Senate Committee on Health, Education, Labor and Pensions,
- Senate Appropriations Committee, House Committee on Energy and Commerce, and
- House Appropriations Committee.

### *Required Reporting*

The FCC must submit a report to each House and Senate committee listed above no later than October 2022 to ensure transparency and accountability in the collection and expenditure of fees and surcharges. This report must detail the status in each State of the collection and distribution of the fees and surcharges, as well as findings on the amounts of revenues that were expended for any purpose other than those specified in their respective legislation.

### **988: State Implementation**

Most states are just beginning to plan for their 988 implementation. Forty-seven states, Washington DC, American Samoa, Guam and Puerto Rico received modest SAMHSA-funded planning grants administered by Vibrant Emotional Health that were issued this spring. Three states (Alabama, Nebraska and Texas) have created legislative study commissions or task forces on 988 implementation. Seventeen states have introduced and are currently considering 988 implementation legislation.<sup>1</sup> Yet, the reality is that many states will not be even proposing legislation until 2022. The National Association of State Mental Health Program Directors (NASMHPD) has issued model state legislation that includes: what crisis services should be available; how to fund the services<sup>2</sup>; how to facilitate cross communication with 911 when needed; and the designation of a state oversight body for oversight and evaluation.

**Spotlight on Washington State:** In January 2021, Washington State became the first state to introduce a bill for 988 implementation (HB 1477). The bill was signed into law on May 13, 2021. The bill, modeled on Arizona and Georgia's crisis response systems, calls for the development of high-tech crisis call centers with the ability to link callers to care. It also calls for planning to build out local crisis responses, with peers integrated throughout the continuum. The bill includes a telecom customer service fee through a line tax on the use of all radio access lines, including wireless, wireline (landlines), and VoIP services. The tax will increase from 30 cents to 75 cents per month for each radio access line between October 1, 2021, and July 1, 2024. CTIA, a trade association representing the wireless communications industry, had pushed for limiting the fee. In their January 2021 testimony to the Washington State legislature, CTIA argued that any new user

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<sup>1</sup> Alaska, California, Colorado, Idaho, Indiana, Kansas, Kentucky, Massachusetts, Montana, Nebraska, Nevada, New Jersey, New York, Oregon, Utah, Virginia and Washington.

<sup>2</sup> To date, state legislation has included proposed fees of .08 - \$1/month - a broad range that is dependent on the services needed by the state for implementation. These end user fees represent the first potential new, consistent and steady funding stream for mental health services since the ACA in 2010. It is recommended that states revisit these end user fees on a regular basis so that they can be adjusted to respond to the current needs in the state, particularly since it is difficult to know the full cost of implementation until 988 fully ramps up. Overall, state legislation has varied a great deal. For example, Utah and Virginia passed laws implementing 988 with companion funding bills, and without any user fees. Other states have included telecommunications fees but have capped them.

fees should be used only for call center technology and personnel, rather than for a build out of community-based crisis services. This would parallel how 911 is funded with user fees, leaving the counties to carry the costs of the police response. However, county-level ability to provide crisis response is both insufficient and highly varied. Relying on a 911 equivalency will likely lead to inequitable crisis care.

## **OPPORTUNITIES FOR PHILANTHROPY TO HAVE AN IMPACT**

Given that 988 will be nationwide in 12 months, states have very little time to implement the numerous components that would be necessary for 988 to fulfill its promise. There is a clear and urgent need for the philanthropic community to provide planning, seed, research, evaluation, and infrastructure funding to the field as well as resources to assist advocates in establishing robust federal and state policies and locking in future funding streams. Even after the official implementation date, continued philanthropic support will be crucial. It is highly unlikely that states will have the ability to build out their local crisis infrastructure to accommodate all of the intricate services related to 988 by July 2022. It is also necessary that evaluation of initial implementation efforts help to guide continued action based on what works or needs readjustment, as well as what elements any secondary national legislative and regulatory initiatives should embrace.

## **INITIAL ADDITIONAL OPPORTUNITIES FOR PHILANTHROPIC INVESTMENT**

### **Ensuring Adequate Funding for 988 Implementation**

#### *Local Opportunities*

- Support the provision of information to state legislators and advocates on funding vehicles for full and appropriate 988 implementation.
- Help advocates counter telecommunication companies who prefer lower, narrower, or even no end user fees.

#### *National Opportunities*

- Support the passage of S. 1902, Behavioral Health Crisis Services Expansion Act - a bipartisan bill that establishes standards of care and opens up sustainable funding streams for crisis services.
- Support efforts to increase Congressional appropriations for 988 implementation.
- Support efforts to allow for Medicaid reimbursement of crisis center caller engagement as a telehealth encounter.

### **Improving 988 & 911 Regulations**

#### *National Opportunities*

- Support efforts to move the FCC and Congress to implement integrated multi-channel 988 options such as text-to-988 and direct video calling.
- Support efforts to move the FCC to require that telecommunications companies provide accurate caller location information so calls can be appropriately routed to local call centers.
- Support efforts to reclassify public safety telecommunicators (911 operators) from administrative to protective service employees.

### **Building an Evidence-Based Local Crisis Response**

#### *Local Opportunities*

- Support for on-the-ground crisis response systems and workforce development, such as mobile crisis teams, 24/7 crisis centers, sobering centers, detox facilities, low-barrier shelters, warming centers and mental health emergency departments.

## *Local and National Opportunities*

- Support the coordination, data collection, information sharing, etc. between national level experts and state-based advocates.
- Support analyses to capture the actual costs of implementation including the build out of appropriate crisis response infrastructure.

## **Evaluating 988 Implementation and Various Crisis Response Modalities**

### *Local and National Opportunities*

- Support evaluation efforts, including gathering baseline measurements, output and impact documentation and assessment, and helping states integrate data collection in their crisis response systems.
- Support the impact evaluation of the variety of mobile crisis services and various pilot crisis responses, such as MCT's contacting an on-call telehealth psychiatrist during an encounter.

## **Ensuring 988 is Well-Publicized and Received**

### *Local Opportunity*

- Support engagement with local communities, particularly communities of color and other marginalized communities, in the planning for 988 state implementation, so that they inform the rollout of 988 and trust in it as a crisis response that is different from 911.

### *Local and National Opportunity*

- Support public messaging campaigns that are in varied languages, are culturally appropriate, and that have relevant community in-reach (barbershops, Spanish radio station PSA's, etc.).

## **Leverage 988 Implementation to Increase Community-Based Care**

### *Local and National Opportunity*

- Support local and national advocates to enforce parity, push for changes to funding structures, and create funding streams for interventions such as Coordinated Specialty Care

## **Supporting Youth Engagement with 988**

### *National Opportunity*

- Support 988 integration with texting as an alternative to entry for youth, and to enable the privacy and flexibility individuals may need to seek support when otherwise not safe or likely.

### *Local and National Opportunities*

- Support stabilization and recovery following a mental health crisis through school based mental health resources, so young people can access timely and effective care.
- Support 988 implementation and the decriminalization of youth mental illness by replacing law enforcement response to mental health crises with trained mental health crisis teams
- Support youth access to 988 and mental health resources by removing financial barriers to support

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