



A Call for Hope: How Philanthropy Can Support 988 and Mental Health Crisis Care

Meeting this Urgent Moment in Mental Health

A mental health crisis can be a time of distress, desperation, and even tragedy. But with the right connections to care, a crisis can also be a turning point. 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.

Effective implementation of 988 intends to remove cost and logistical barriers for individuals accessing urgent support, reduce the reliance on law enforcement responses to mental health crises, and, when needed, provide an entry point to longer term care. 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 can jumpstart the creation of a robust and equitable crisis response system. With states and localities responsible for the implementation and funding of this system, philanthropy has an opportunity - and responsibility - to strengthen these efforts.



How Funders Can Help Right Now

The opportunities for funders to support 988 implementation and crisis systems reform will primarily occur at the local level and develop organically based on community needs and existing assets. Below are three steps that funders can take right now to support the effective launch and future implementation of 988 in their communities:

1. Learn about how your community currently responds to mental health crises to understand key need areas and identify local stakeholders.

2. Support existing programs focused on one or more parts of the crisis continuum to improve services, increase understanding of impact, or expand accessibility for all communities.

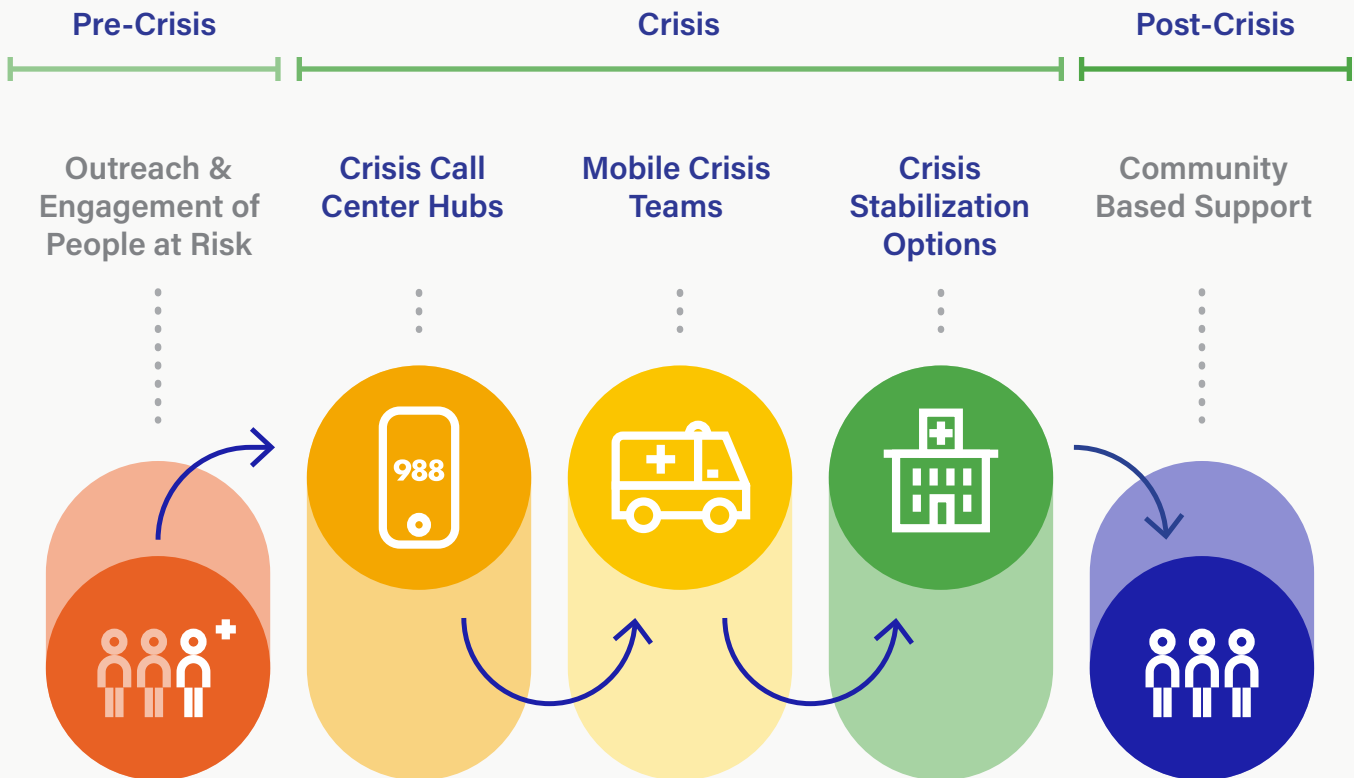
3. Convene local stakeholders to increase alignment, promote coordinated action, and fund the expansion of crisis response systems and infrastructure in line with national best practices.

With these three steps in mind, this guidance dives deeper into impactful opportunities for philanthropy to support 988 implementation and crisis system reform, with a keen eye toward state and local action.

A Funder's Guide to 988

Motivated by the number of inquiries from those interested in supporting this issue, as well as confusion on where to start, Mindful Philanthropy developed this guidance for funders, both individuals and organizations alike, to ensure that 988 serves as an opportunity to improve crisis care for all communities.

Crisis Response Continuum of Care



Adapted from CEO Alliance for Mental Health. (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)

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Case Study: **Philanthropy's Role** **in Creating 911**

Through the 1960s, many people in emergency situations died on their way to hospitals due to lack of medical treatment enroute. With the support of the Robert Wood Johnson Foundation (RWJF), the national 911 hotline was established in 1968. RWJF's funding not only incentivized first responders and other local agencies to work together, but also provided the seed funding that led to other more sustainable sources of funding for the entire 911 response system. Today, dialing 911 leads to a robust emergency response across the country, but this took time. Philanthropy can play a similar role in supporting systems change and capacity building for mental health crisis response that will continue well after the July 2022 launch of 988.¹

Essential Focus Areas for Funders

The launch of 988 on July 16, 2022 presents funders with a unique opportunity to create a crisis response system that supports people with mental health challenges before, during, and after their most vulnerable times. In this guide, we focus on three essential system components: **1) Someone to Call** - local call centers with well-trained and culturally competent personnel to answer and address crisis-related phone calls to 988, **2) Someone to Come** - appropriately staffed crisis response teams, and **3) A Place to Go** - fully developed crisis stabilization and quality care options in the community.



1. The Bridgespan Group. 911 emergency services. <https://www.bridgespan.org/911-emergency-services>

Opportunities referred to in this guidance cut across the full spectrum of [how philanthropy can help](#), which includes direct services, system capacity building, policy and advocacy, and research and development, so funders of all types, sizes, and giving approaches can find ways to help that feel right for them and their strategic goals.

Throughout this section, there are also examples of promising models to provide an illustrative example of what they could fund in support of 988 and the mental health crisis continuum. Each model is intended to serve as an example of how each system component is being implemented and likely requires adaptation based on the local community context. In addition to providing examples of what to fund, the limitations of these models are also opportunities for funders to innovate and improve upon what's already being done.



Promising Model: Georgia Crisis and Access Line

In 2006, **Behavioral Health Link**, a crisis call software development company, began to administer the 24/7 [Georgia Crisis and Access Line](#) (GCAL) on behalf of the Georgia Department of Behavioral Health and Developmental Disabilities. With Behavioral Health Link's functionality, GCAL operators have: real-time access to available crisis and detox beds in the state, phone/text/chat services, ability to follow-up with callers, and GPS technology to dispatch mobile crisis teams. Integrated technology allows GCAL to be more than a number and act as "care traffic control" for mental health crises in the state. This model can serve as an example for other states and localities achieving best practices for 988 and crisis call center hubs.



Someone to Call: Crisis Call Center Hubs

Regional crisis call hub services act as the entry point to care for an acute mental health crisis, theoretically offering 24/7 immediate access to a real live person trained to provide crisis intervention support over the phone. When established, 988 will provide a single, easily remembered entry point to regionally operated crisis support. Data from existing call center hubs demonstrates that well-trained operators can resolve many acute mental health crises by phone, by providing support to the caller while also assessing additional needs and coordinating connections to outside resources. However, to do so, call center hubs need to be well-staffed with appropriate training, dispatch appropriate mobile crisis teams to respond, and be able to connect callers to locally available facility-based care. To support crisis call center hubs, funders can:

- Provide funding to existing crisis call center hubs to increase staff capacity and expand certification and training opportunities to incentivize personnel, so that all mental health and substance use crisis calls are answered and addressed appropriately
- Expand call center technical functionalities, including real-time data collection and analysis, and air traffic control (ATC) quality coordination of crisis care in real-time with GPS enabled dispatch, crisis bed registries, outpatient scheduling, and performance outcomes dashboards
- Support advocacy efforts, for example to increase funding allocation to call infrastructure and to allow for Medicaid reimbursement of crisis center caller engagement as a telehealth encounter
- Engage community insights to inform crisis system improvements, build trust in accessing these services, and improve outcomes
- Make capital investments in the setup and configuration of new crisis call centers where needed





Someone to Come: Mobile Crisis Teams

Mobile crisis teams act in coordination with regional crisis call center hubs to offer prompt in-person interventions to individuals who need greater support than they are able to get over the phone. Mobile crisis teams meet individuals where they are to resolve the crisis situation when possible and avoid unnecessary law enforcement involvement or hospitalization. Best practices dictate that these teams are made up of two individuals with the ability to provide emergency medical and psychological care and justice system diversion, and act in collaboration with hospitals, medical and behavioral health providers, law enforcement, and other social services.

Ideally, mobile crisis teams only include law enforcement when necessary and are representative of the communities they serve, incorporate peers, or, at the very least, trained to support diverse populations. To support mobile crisis teams, funders can:

- Support existing mobile crisis response teams locally to increase their staff and infrastructure capacity (i.e., vehicles), evaluate effectiveness, implement improvements, align with best practices, and expand evidence based services
- Expand implementation of existing models, including mobile crisis teams and co-responder models, to more diverse communities to assess effectiveness and develop adaptive models
- Identify and fund culturally informed models for crisis response that are driven by the needs and concerns of communities
- Support evaluation of new or pilot mobile crisis response services, for example those that contact an on-call telehealth psychiatrist during an encounter
- Engage local emergency medical services and law enforcement to understand and improve responses to mental health crises, in lieu of best practice mobile crisis response teams





A Place to Go: Crisis Stabilization Options

A walk-in facility for those who need greater support than what is offered by crisis call centers or mobile responses or do not engage in these services is essential to reducing emergency department utilization and justice system involvement. Crisis receiving and stabilization services enable anyone to access community-based care when they need it, whether they walk-in or are delivered to care by mobile crisis teams, fire, police, or other emergency responders. In addition to being able to address acute mental health crises on site, the crisis receiving and stabilization facility must also be able to arrange the next step in a person's care, whether they refer a warm hand off to outpatient care or more intensive hospital based treatment. To support crisis stabilization options, funders can:

- Increase the availability and capacity of community-based crisis receiving and stabilization units that implement evidence based best practices for crisis stabilization, including crisis centers, integrated health centers, and mental health emergency departments
- Provide supplemental pay to work undesirable shifts (when the need is greatest), student certification, loan forgiveness, and other incentives to address mental health workforce shortages
- Develop tools for increased coordination between call centers, crisis response teams, stabilization centers, and other facilities for higher level support
- Provide capital to support new crisis center construction and configuration

Promising Model: CAHOOTS in Eugene, OR

In 1989, White Bird Clinic and city officials in Eugene, Oregon created a mobile crisis intervention program called **CAHOOTS** (Crisis Assistance Helping Out on the Streets). The program, which rarely calls on law enforcement, consists of a two-person team of a medic (nurse, paramedic or EMT) and a trained mental health crisis worker. CAHOOTS has received national recognition as a best

practice for responding to mental health crises and issues related to homelessness and addiction.

Funders can help scale implementation of models like this that meet national best practices, while also working with diverse groups to evaluate and adapt such models to meet community needs.

Promising Model: Arizona Model for Crisis Care

With a flagship RI International location in Maricopa County, AZ (Phoenix), the **Arizona Model** offers the three core services of a crisis continuum in partnership with law enforcement. Bypassing emergency rooms, law enforcement takes individuals in mental health crises directly to crisis facilities. In 2016, the Arizona model improved mental health crisis care in Maricopa County (Phoenix) by:

- Saving \$260 million from reduced psychiatric inpatient care (after accounting for the initial \$100 million investment in the crisis care continuum);

- Significantly reducing psychiatric patient boarding in emergency departments; and
- Saving the equivalent of 37 full-time equivalent police officers.²

Philanthropy can help to scale, replicate, and adapt this comprehensive approach by assessing current infrastructure and services, building local collaboration, and funding technical assistance to adopt this or similar comprehensive models.

2. Crisis Now. (2018). Business case: The Crisis Now model. <https://crisisnow.com/wp-content/uploads/2020/02/CrisisNow-BusinessCase.pdf>

Support in the Community

The three components included in this guide (someone to call, someone to come, a place to go) are guided by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s [National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit](#).

This three part system was recently adapted by the CEO Mental Health Alliance in their [Consensus Approach and Recommendations for the Creation of a Comprehensive Crisis Response System](#), to support individuals before and after a crisis. While not the core focus of this guide, here we outline opportunities for funders to support outreach and engagement of people at risk of experiencing a crisis as well as post-crisis community-based support. These components can prevent crises, while also reducing reliance on emergency departments and law enforcement, and are foundational to the other three components.



Guiding Resources

[How Communities Must Use 988 to Improve Care and Correct Crisis System Disparities](#): Paper in the Think Bigger Do Good policy series guiding communities as they implement 988 and bolster existing crisis response networks.

[Consensus Approach and Recommendations for the Creation of a Comprehensive Crisis Response System](#): Resource from the CEO Alliance for Mental Health outlining the elements of an effective crisis system.

For more guidance on structures, services, and processes for an ideal crisis system, see the National Council for Mental Wellbeing and Group for the Advancement of Psychiatry's [Roadmap to the Ideal Crisis System](#) and SAMHSA's [National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit](#).

Outreach and Engagement of People at Risk

Prevention of mental health crises is possible through culturally sensitive and linguistically competent outreach and engagement of at-risk populations. In the long run, avoiding the need to call 988 is the ultimate goal. To support outreach and engagement of people at risk, funders can:

- Reduce the financial barriers to accessing mental health services before a crisis, especially for youth of color
- Support education, mental health first aid, and crisis intervention training for nontraditional first responders, such as coaches, barbers, librarians, or park rangers
- Fund community outreach programs that engage high risk populations to increase access to mental health and substance use care before a crisis
- Provide technical assistance to community based organizations, such as the YMCA or Boys and Girls Clubs, so that all community members have the skills to identify and respond to a mental health challenge, especially in moments of crisis
- Promote the development of a diverse, multilingual crisis workforce that is responsive to communities of need, from peer support to psychiatry, by reducing barriers to training and increasing financial and logistical feasibility of working in these roles

Post-Crisis, Community-Based Support

Following mental health crises, people will need support in the communities to which they return. Effective community-based support could prevent a person needing to call 988 or rely on crisis care in the future. To support post-crisis, community-based support, funders can:

- Expand availability and services provided via community-based structures for individuals with serious mental illness, for example via local clubhouses
- Ensure access to recovery support and long-term mental health care following a mental health crisis through work, school, and community-based services
- Promote partnerships and collaboration between each component of a crisis response system to ensure connectivity between care via warm handoffs

Across the Mental Health Crisis Care Continuum

The elements of the mental health crisis continuum are interconnected. To broadly support the full continuum, funders can:

- Map crisis system assets and needs at a local and statewide level
- Support engagement with local communities, particularly communities of color and other marginalized communities, in the planning for 988 state implementations, so that they inform the rollout of 988 and trust in it as a crisis response that is different from 911
- Fund analyses to capture the actual costs of implementation, including the build out of appropriate crisis response infrastructure
- Support evaluation efforts, including gathering baseline measurements, output and impact documentation and assessment, and helping states, counties, and cities integrate data collection in their crisis response system
- Support local and national advocacy efforts to ensure standards for 988 implementation, regulation and reporting, allocate appropriate funding across the continuum, and enforce parity with physical health emergency services





Promising Model: The Clear Pathways Project in Ohio

Clear Pathways, a statewide initiative in Ohio led by Peg’s Foundation, works across sectors at the local, state, and national levels to improve services for the public that produce better outcomes for adults experiencing crisis and their families.

Clear Pathways activates channels to help bolster crisis responses in communities through a statewide peer learning network to promulgate promising crisis response practices and data, technical assistance and support to select urban, suburban, and rural communities from across Ohio to improve their crisis response systems, and a policy pathway to sustainably fund changes in crisis response systems.

It is a data-driven initiative that seeks to create change within systems with four key measures of success:

- Increase the capacity of and access to services for adults in mental health and substance use disorder crisis
- Decrease criminal justice interactions and hospital emergency department visits for those adults in crisis
- Measure improvements in crisis outcomes through data and align these improvements with national best practices
- Showcase long-term, sustainable solutions for crisis response at the county level that can be modified, replicated, and scaled to meet community needs

Ways That Philanthropy Can Support the Mental Health Crisis Response System

Included here are just examples of the many ways philanthropy can support an improved crisis response system, starting with the implementation of 988.

Direct services:

Mobile crisis response teams and crisis stabilization units; Recruit diverse, multilingual crisis workforce; School and community-based mental health resources after a crisis; Partner with local communities of color to build 988 infrastructure

System capacity building:

Mental health first aid and crisis intervention team training for nontraditional practitioners; Map crisis system assets at state and local levels; Workforce development; Integrated care and linkages across impacted systems; Technical assistance for community stakeholders

Policy and advocacy:

Establish appropriate fee structure for 988 calls; Inform state legislators and advocates on 988 funding vehicles; Public messaging campaigns to diverse audiences; Advocate for relevant state/local laws, rules, and regulations; Support parity enforcement; Bolster efforts for Medicaid reimbursement of crisis call centers as telehealth

Research and development:

Data collection and analysis; Information sharing between national experts and state advocates; Determine costs of building out full crisis response infrastructure in a community; Evaluation and measurement of 988 and various pilot crisis responses; Develop standards for integration/coordination of 988 with 911





To learn more about Mindful Philanthropy's commitment to 988 and mental health crisis care and how you can join our efforts, visit

www.mindfulphilanthropy.org/988

or contact us directly a

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