

In 2020, Congress passed a new law to make 988 the nationwide three-digit number for mental health crisis and suicide prevention, operating through the existing National Suicide Prevention Lifeline. By July 2022, all telecommunications companies will be required to route 988 calls to the Lifeline, which has a nationwide network of call centers. Now, states need to work quickly to build their 988 crisis response systems to be able to effectively respond to mental health crisis calls.

Traumas and Tragedies

In too many communities, people in crisis don't get the right services at the right time.



To prevent these tragedies, we need a crisis system that provides a mental health response to mental health crises – and reduces the inequities experienced by communities of color.

New Hope

A 988 crisis response system can change how we respond to people experiencing mental health crises. There are three key elements in an ideal crisis response system:

- **24/7 crisis call center “hubs”:** When someone calls 988, they should be connected to well-qualified people – 24 hours a day, 7 days a week – who are trained to effectively handle mental health, substance use and suicidal crises, including by text and chat.

Call centers should operate as coordinating “hubs,” giving counselors the ability to communicate with mental health providers, book same day or next day outpatient appointments, dispatch mobile crisis teams, see real-time availability of inpatient care – and follow-up with callers within 24 hours to see how they are doing and if they're getting the support they need.

- **Mobile crisis teams:** When an on-site response to a crisis is needed, mobile crisis teams should be deployed by crisis call centers, using geolocation where possible. Mobile crisis teams should be able to de-escalate situations, arrange transportation to crisis stabilization, or connect people to other services and supports.

Mobile crisis teams should be staffed by behavioral health professionals, including certified peer specialists. While there will be some crises where a law enforcement response is necessary, the goal is to limit their involvement. Mobile crisis teams should collaborate closely with law enforcement but include police as co-responders only in high-risk situations.

- **Crisis Stabilization:** When more intensive care is needed, short-term crisis stabilization should be available. Crisis stabilization programs should be in a home-like environment, and should have the capacity to diagnose, provide initial stabilization and observation, and ensure a warm hand-off to appropriate follow-up care. Crisis stabilization programs should also include options for peer crisis respite, peer navigation and follow-up, crisis residential, and substance use detox.

Importantly, peers should be part of any crisis response system. People with lived experience are critical to creating rapport with a person in crisis, engaging people in care, and offering hope. The inclusion of peers, including peers representing the diversity of their communities, can help people get on a path to recovery.

Community Vision

The three elements above represent an *ideal* scenario, but there's not one right answer. Your state may have an existing crisis response infrastructure that already addresses some of these pieces. Community partners and policymakers will need to come together – along with people with mental health conditions and families – to identify what already exists and shape where your state wants to go.

Support the Vision

Every state should have a responsive system that doesn't rely on law enforcement and effectively connects people to timely, appropriate care. It's possible to make this a reality in your community. The federal 988 legislation created an expectation that states will pass legislation creating telecommunications "user fees," a small monthly fee on cell phone and landline bills, to support 988. This fee would help cover call center operations and associated crisis response services – similar to how we fund the 911 system. This would likely be a small increase (911 fees average about \$1 per month).

988 fees are critical because the current National Suicide Prevention Lifeline is underfunded to meet their current call volume, let alone the many mental health, substance use or suicide-related calls that are currently handled by 911 and other crisis lines – calls that would start to be redirected when 988 is live. Resources will be needed to meet the increased demand on call centers, as well as to provide mobile crisis teams and crisis stabilization programs.

Respect and Dignity

A call for help shouldn't result in trauma or tragedy. Building a 988 crisis system in your community will move us closer toward our shared goal: a respectful, dignified and effective response to *everyone* who experiences a mental health, substance use or suicidal crisis.

1. <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>
2. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.6.761>
3. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
4. <https://afsp.org/suicide-statistics/>