National Criminal Justice Association

988: A Fact Sheet for State Administering Agencies

The National Suicide Hotline Designation Act, often referred to as the "988" Rule, was signed into law as federal legislation directing the Federal Communications Commission (FCC) to universally designate 988 as the three-digit dialing code for the National Suicide Prevention Lifeline. The FCC has required telephone providers to make calls to the Lifeline via 988 accessible by July 16th, 2022, and states are expected to develop their own plan to implement this rule including fiduciary oversight. The Department of Health and Human Services (HHS) and the Department of Veterans Affairs (who manage the Veterans Crisis Line) must jointly report on how to make the use of 988 operational and effective across the country.

History & Timeline

While the National Suicide Prevention Lifeline has been in existence for 17 years, the idea of moving to a national 988 three-digit dialing system for suicide prevention grew as awareness about, and prevalence of, suicide grew. Under the new rules, calls to 988 will be directed to 1-800-273-TALK, which will remain operational during and after the 988 transition.

The time between legislation passing (2020) and going live (2022) was designed to give phone companies time to make necessary network changes, time for the National Suicide Prevention Lifeline to prepare for a likely increase in the volume of calls following the switch and time for states to prepare their individual state response.

Why Now?

Since 1999 the rate of death by suicide in the U.S. has increased by nearly 30 percent.[1] Suicide is the 2nd leading cause of death for young people and the 9th leading cause for adults.[2] A study in 2019 found that nearly 20 percent of high school students seriously considered attempting suicide and almost 9 percent attempted suicide.[3] This growing prevalence of death by suicide has led to an increased focus on prevention and mental health treatment. In 2019, legislation was introduced in Congress giving the FCC the authority and the mandate to facilitate the 988-calling system nationwide. The legislation includes the technical, behind-the-scenes work that will make it possible for a person at risk of suicide to call a three-digit number instead of the existing 10-digit number.

Benefits of 988

The promise of 988 as a tool for enabling a caller to talk to a trained counselor reimagines our existing crisis response system and reinforces the urgent need to redirect individuals with mental health, substance use and other behavioral health crises away from the justice system and to the healthcare system.

The anticipated benefits of 988 include:

- Increased focus and awareness on suicide prevention,
- Increased awareness among law enforcement and mental health professional on the value of collaboration, including coordinated 988/911 dispatch,
- Reduction in the use of law enforcement to respond to behavioral health crises,
- Increased use of trained counselors responding to behavioral health crises,
- Continued reduction in stigma regarding suicide, mental health crisis and help-seeking behavior, and
- Support for the evolving broader crisis system of care.

Important components of 988 Legislation

- **Standards of response and care**. The legislation sets requirements for 988 crisis call centers and crisis response services including how the calls are received and handled, standards for mobile crisis teams and expectations for high-quality crisis stabilization programs.
- **Path to funding 988 and crisis services**. Individual states are expected to develop their own plan to implement this rule including fiduciary oversight. As an example, a state may impose and collect a fee for providing 988 related services, as is currently done for 911. The fee must be held in a designated account to be spent only in support of 988 services. Many states are implementing additional 988 legislation. Follow individual state legislation here.
- **Oversight**. The legislation will create an implementation body including key stakeholders, required and needed data and budget information.

Stay informed: The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency and offers up-to-date information including updates on federal funding on its website.

State Spotlight: Utah

Utah's quick adoption of state-specific 988 legislation was grounded in years of advocacy and commitment from the state's leaders, legislators and community providers. In addition to passing oversight and fiscal support for Utah's 988 implementation, the legislation includes behavioral health, criminal justice and other key stakeholders. Utah's 988 Mental Health Crisis Assistance bill also supports and strengthens their call center, mobile crisis options, crisis stabilization services and the broader community treatment provider community.

Components of Crisis Response

The National Alliance for Mental Illness (NAMI) describes 988 and its role in broader crisis response as three buckets:

"Someone to talk to" is 988 – the 24/7 crisis call centers. Research shows most calls are resolved on the phone – trained crisis counselors are effective.

"Someone to respond" is a mobile crisis team that can dispatch a mental health professional to the scene – and, ideally, coordinate with law enforcement in high-risk situations.

"Somewhere to go" is perhaps a stabilization center, maybe a hospital, and hand-off to community-based services.

State Spotlight: Oregon

In the summer of 2021 Oregon's legislature passed House Bill 2417, which set aside General Fund dollars to implement 988 call centers, 988 implementation and infrastructure. In addition, this legislation supports SAMHSA's best practices by including a workgroup to study and evaluate behavioral health supports for 988 including mobile crisis, peer respite and walk-in crisis centers.

988 and the Role of the State Administering Agency

Through their strategic planning, State Administering Agencies (SAAs) can support 988 in a variety of ways. For instance, SAAs can participate in state 988 stakeholder groups, engage in the use of the Sequential Intercept Model (SIM) and support broader crisis response implementation. (See below.)

Stakeholders: SAAs can inform and advise who is included in the state's 988 stakeholder groups. These should include public sector partners (e.g., state agencies, crisis services organizations, nonprofits) and community partners (e.g., individuals in crisis/recovery, family and allies, specific populations, general population, media).

Sequential Intercept Model: Using the Sequential Intercept Model, crisis response falls within Intercept Zero or could cross into Intercept One. Intercept Zero, Community Services, includes police-mental health collaborations such as co-responder teams and community-driven models such as 24/7/365 Walk-in Crisis Centers or Mobile Crisis Outreach teams. Intercept One, Law Enforcement, includes specialized police response options such as Crisis Intervention Team (CIT) programs or alternative health response options resulting from 911 calls that may include Emergency Medical Services.

The SIM highlights the need to have behavioral health, as well as public safety representatives at the table to discuss solutions to address behavioral health. Contact NCJA for training and technical assistance in using the sequential intercept model at strategicplanning@ncja.org.

Strategic Planning: The key takeaways for strategic planning as it relates to 988 includes the inclusion of all stakeholders, a capacity to collect and review data and budget information and a long-term planning commitment. A great resource is one of SAMHSA's 988 Partner Tool Kits. Visit NCJA's website to learn more about strategic planning.

Endnotes

1. CDC. CDC WONDER: Underlying cause of death, 1999–2019. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

2. Peterson C, Sussell A, Li J, Schumacher P, Yeoman K, Stone D. (2020) Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. MMWR Morb Mortal Wkly Rep; 69: 57–62. https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6903a1-H.pdf

3. Ivey-Stephenson A, Demissie Z, Crosby A, et al. (2020) Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. MMWR Suppl; 69(Suppl-1): 47–55. https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm

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