



**American
Foundation
for Suicide
Prevention**

Policy Priority: 988 & Crisis Services

According to the latest verified data from the Centers for Disease Control and Prevention (CDC), in the United States in 2021, suicide was the 11th leading cause of death overall and the second leading cause of death for youth and young adults ages 10-34 (CDC, 2023). In 2021 in the U.S., 48,183 people died by suicide (CDC, 2023). A recent CDC report found that from 1999 through 2018, the suicide rate increased 35%, with a significant increasing trend after 2006; the rate increased on average approximately 1% per year from 1999 to 2006 and by 2% per year from 2006 through 2018 (Hedegaard, Curtin, & Warner, 2020). While these statistics point to a serious public health problem, there are steps we can all take to help prevent suicide.

Suicide and suicide attempts have a devastating impact on individuals, families, and communities across the country. Upwards of 90% of individuals who ultimately die by suicide were living with a diagnosable mental health condition at the time of their death, although these conditions often go undiagnosed or untreated. Mental health conditions like depression, anxiety, and substance problems, especially when untreated, increase risk for suicide.

Connecting individuals with mental health services and resources is a vital component in suicide prevention. By offering immediate help to everyone who may need it, crisis lines provide invaluable support at critical times. As of July 16, 2022, 988 is the new three-digit dialing code for the National Suicide Prevention Lifeline, now called the [988 Suicide and Crisis Lifeline](#) (although the previous 1-800-273-TALK (8255) number will continue to function indefinitely). The 988 Suicide & Crisis Lifeline and statewide hotlines help to fill any existing gaps in local services and ensure that crisis calls can truly be answered 24/7/365. Timely access to mental health services and crisis supports can save lives.

The National Suicide Prevention Lifeline: The 988 Suicide and Crisis Lifeline (“Lifeline”) is a national network of state and local crisis centers linked through a 24/7 toll-free number that connects callers throughout the U.S. to immediate crisis care. Trained counselors assess callers for suicidal risk, provide emotional support and crisis counseling, and offer referrals to behavioral health and emergency services when necessary (Gould, Munfakh, Kleinman, & Lake, 2012). The Lifeline is accessible in over 150 languages and includes chat and TTY services for the deaf and hard of hearing. The Lifeline also includes Veteran-specific services through call routing to the Department of Veterans Affairs’ Veterans Crisis Line as well as non-English speaker specialized services (“About the Lifeline,” n.d.). The Lifeline is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is administered by Vibrant Emotional Health (National Suicide Prevention Lifeline (NSPL), 2019).

The Lifeline network consists of over 200 independently operated local- and state-funded crisis call centers spread across all 50 states and the District of Columbia. Callers dial and are routed to their nearest crisis center based on area code. Ideally, callers are connected with a local counselor in their own state. However, if the local center is unable to answer, the call is routed to the Lifeline’s national backup network (“Our Network,” n.d.). Affiliation with the Lifeline

network requires accreditation from a certifying organization such as the American Association of Suicidology, the Council on Accreditation, or the Joint Commission. The crisis call center must also have liability insurance, the capacity to consistently cover a geographic region, designated and trained staff, administrative guidelines, and adherence to Lifeline quality assurance – including evaluations, referrals, and other best practices (NSPL, 2017).

Since the original National Suicide Prevention Lifeline launched in 2005, call volume has increased approximately 14% annually. In 2005, the Lifeline answered over 46,000 calls; 15 years later in 2020, the Lifeline received over 2.6 million calls, chats, and texts (Vibrant Emotional Health, 2021). Additionally, the Veterans Crisis Line has served over 3.5 million callers since its inception in 2007, including 600,000 Veterans and active service members in 2018 (NSPL, 2019).

As predicted, the launch of 988 saw an increase in calls, texts, and chats. Upon implementation of 988 in July 2022, there was a 28% increase in calls, texts, and chats compared to the month before (June 2022). One month after the launch, in August 2022, the 988 Lifeline received 112,000 more calls, texts, and chats than August 2021, a 45% increase (Saunders, 2022).

The Lifeline's united network provides uniformity for at-risk individuals across the country with a single, well-known three-digit number and name. This unity enables the Lifeline to assure that centers are accredited, provide training for counselors, and disseminate best practices. Most crisis centers are nonprofit organizations, and many utilize trained volunteers as well as mental health professionals ("Our Network," n.d.).

Lifeline Effectiveness: There is clear evidence that the Lifeline can be effective in reducing suicide. Utilization of the Lifeline has been found to successfully de-escalate callers classified as high risk and to reduce the burden on emergency rooms, police, emergency responders, and other mental health emergency services.

A 2013 study of imminent-risk callers found that crisis counselors actively engaged the callers in one or more collaborative interventions on 76.4% of calls; on most of those calls, less invasive procedures were used such as collaborating on a safety plan or the caller agreeing to receive a follow-up call from the crisis center (Gould et al., 2016). A 2018 survey of Lifeline centers found that almost 98% of crisis calls are de-escalated rendering further costly, highly restrictive responses from law enforcement and emergency medical services unnecessary (NSPL, 2018b).

In an evaluation of a national initiative funded by SAMHSA to provide follow-up care to high-risk callers, a majority of follow-up call recipients interviewed reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%) (Gould et al., 2017).

Call centers in the Lifeline also divert hundreds of thousands of calls from 911 every year and only dispatch emergency services for 2% of calls. People in crisis who call the Lifeline have better outcomes than people in crisis triaged with emergency services personnel. Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality and help tens of thousands of people get through crises daily (Vibrant Emotional Health, 2021).

Lifeline Challenges: Although the Lifeline has proven itself to be an essential and necessary component of the suicide prevention and mental health care system, the network of crisis

centers consistently faces two main interconnected barriers to its effectiveness and success: (1) insufficient funding, and (2) the capacity to respond to a steadily increasing call volume.

While the Lifeline is a national program, federal funding goes toward managing call routing, best practice standards, public messaging, capacity-building opportunities, and technical assistance for its nationwide network (NSPL, 2018b). As a result, local crisis centers answering the calls are reliant on funding from state and local contributors to operate and grow. Less than half of states have a suicide prevention-specific line item in their state budget in general, and only some of those have a provision that puts aside state funds for crisis centers. Many centers rely on private contributions and volunteers to keep their centers running.

Without the necessary resources, local centers are unable to answer calls, resulting in high out-of-state answer rates. Based on funding and staffing levels, local call centers set their own hours and determine their coverage area, and most Lifeline-affiliated call centers in the U.S. answer calls on other helplines in addition to the Lifeline (NSPL, 2018b). In addition, a convergence of modern-day events and other factors have caused a steady increase in the number of calls made to the Lifeline. Increased media attention, such as celebrity deaths and musical references to the Lifeline and social media posts, have also had a major effect on call volume in recent years (NSPL, 2018a).

When local call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers in their state, or out-of-state and into the Lifeline's national backup network. When this happens, callers in crisis wait longer, receive fewer linkages to effective local care, and are more likely to abandon their calls, making the use of in-state crisis centers, as opposed to a centralized national help center, crucial.

Low in-state answer rates also put a strain on the backup network. A 2018 evaluation of four national backup centers that utilize Automatic Call Distribution (ACD) technologies found that the average longest wait time increased 29% in one year (NSPL, 2018a). In 2018, 21% of all calls were answered out-of-state (NSPL, 2019).

Currently, the only regular federal funding that goes to local Lifeline centers is a small annual stipend of \$1,500 to \$2,500, with an extra \$1,000 if they collect data on Veteran calls, though centers can apply for additional grants (Vivekae, 2018). In 2014, 46% of the network's crisis centers had flat funding and 31% had funding decreases; 73% of the centers with flat funding and 81% with funding cuts had call volume increases (NSPL, 2018a).

In summary, crisis call centers provide invaluable support at critical times and connect individuals to services that can save lives. Statewide crisis call centers can reduce gaps in local service delivery, and local Lifeline-affiliated call centers ensure callers are linked with local services and resources. State, county, and local level support for and investment in the Lifeline network is critical for crisis centers across the U.S., at a time when many are underfunded and in jeopardy of having to reduce services, or in some cases, close entirely.

Current Advocacy Efforts: In a historic victory for the suicide prevention community, the federal [*National Suicide Hotline Designation Act*](#) (S. 2661) became law in October of 2020, designating "988" as "the universal telephone number for reaching a national suicide prevention

and mental health crisis hotline system operating through the National Suicide Prevention Lifeline."

In 2020, the Lifeline received over 2.6 million calls, chats, and texts. While we've already seen some increase in calls since 988 launched, full implementation and public promotion of 988 will likely result in even higher call volumes, requiring more trained personnel to answer the phones, mental health professionals to do the training and supervise shifts, and advanced infrastructure upgrades. Therefore, in addition to designating the new dialing code, the new law also aimed to strengthen local crisis response capacity to adequately meet increased 988 service demand by allowing each state to pass their own legislation funding 988 the same way as 911, through monthly fees on customer cell phone bills. More details on related advocacy efforts are provided below.

AFSP supports increases in federal, state, and local funding for the future 988 crisis response system, including the 988 Suicide & Crisis Lifeline and its network of independently operated state and local crisis centers.

Adequate funding is needed to ensure that calls can be answered locally 24/7/365 by individuals who have been trained to handle suicide risk and other mental health crisis situations, are supervised by a mental health clinician, and are familiar with available community mental health services. Funding is also needed to ensure that call centers can link callers to a full continuum of crisis care and can collaborate and coordinate with 911 and emergency services when needed. This crisis care continuum includes:

- **Someone to talk to:** 24/7 crisis call centers that are adequately staffed by mental health professionals and volunteers who are specially trained to respond to suicide and mental health crises.
- **Someone to respond:** mobile crisis response teams that provide acute stabilization and assessment services to individuals within their own homes and in other locations outside of traditional clinical settings.
- **Somewhere to go:** crisis respite and stabilization centers that provide short-term supervised care for individuals in acute distress to help de-escalate the severity of the crisis, avoid unnecessary hospitalization, and make connections to follow-up care.

A 988 crisis line that is effectively resourced and promoted is able to connect a person in a suicidal or mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care; reduce healthcare spending with more cost-effective early intervention; reduce use of law enforcement, public health, and other safety resources; and meet the growing need for crisis intervention at scale.

Federal Efforts: Congressional efforts to support 988 are through the appropriations process (federal funding) and through authorizing legislation (legislation to improve the Lifeline). Federal funding and authorizing legislation will go hand in hand to secure top-down support for the national Lifeline/988 and the local call center network.

Appropriations. Federal appropriations for the Lifeline have gradually increased since its inception in 2005. The Lifeline received \$101 million in FY 2022, and has received significant investments since FY 2018. The Lifeline's current funding more than triples its authorized

funding level of \$7.2 million. Federal funding pays for national Lifeline services, administration, and backup call centers as well as the small annual stipends (\$1,500-\$2,500) that go directly to crisis call centers. Additional federal funding for the Lifeline would directly support local capacity, as new funding has provided additional grants for states and local crisis call centers.

In December 2021, the Department of Health and Human Services (HHS) [announced](#) an additional \$282 million would be invested, in part with funds from the American Rescue Plan, to help the Lifeline transition to the new 988 number. This included \$177 million to strengthen and expand the existing Lifeline network operations and infrastructure, including centralized chat and text response, backup center capacity, and specialized services such as the Spanish language sub-network; and \$105 million in grants to local crisis centers to help increase staffing and capacity.

In June 2022, the Bipartisan Safer Communities Act was signed into law, allocating \$150 million for the 988 Lifeline. \$35 million of this funding was released in September through a grant program to support 988 Lifeline services in tribal communities while \$50 million was released in supplemental grant funding to help expand and enhance 988 services within the 54 states and territories that had previously received funding through the American Rescue Plan.

Authorizing Legislation. Current authorizing efforts in Congress include federal legislation to fortify quality assurance provisions, improve capacity and infrastructure, and establish a public education campaign to raise awareness of the 988 number and available crisis services.

State Efforts: State support for and investment in crisis support systems and call centers within the Lifeline network is also critical; increased state and local investment is needed now more than ever to ensure capacity to respond to a steadily increasing call volume as Americans continue to face stressors during the COVID-19 pandemic.

Adequate and steady funding for local crisis call centers is vital so that access to immediate help is available 24/7 to everyone who may need it and individuals in crisis are connected to local counselors who are familiar with the community and better equipped to provide culturally competent support, referrals to local community resources, and other lifesaving follow-up care.

The *National Suicide Hotline Designation Act* included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through state-managed monthly customer service fees. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and suicidal crises.

AFSP is currently focused on advocating for state funding by urging state legislators to exercise their authority to implement a 988 fee. This fee would go toward funding local crisis call centers and response services that make up the crisis continuum. This will help to ensure a robust infrastructure is in place and local call centers and response services are adequately prepared for the continued increase in calls expected within these first two years of 988. The fee revenue should supplement, not supplant, funding from diverse sources, including federal, state, and local governments. Absent of a fee, states must ensure that any funding provided is sustainable year to year.

AFSP also supports efforts to require commercial insurers to cover behavioral health emergency services (including mobile response) for plan members in the same manner physical health emergency services are covered. For more information, see the Kennedy Forum's issue brief, [Ensuring Coverage of Behavioral Health Emergency Services](#).

For more information about state 988 implementation and funding, model state legislation, and other state advocacy efforts, please email AFSP's Public Policy Team at advocacy@afsp.org.

988 & 911: The ultimate goal of 988 is to provide an effective alternative to 911 and law enforcement response to a suicide, mental health, or substance use crisis, so that individuals experiencing a crisis can receive appropriate and supportive assistance during their time of need. Far too often, a mental health call to 911 has resulted in tragedy for those who require a mental health response to their emergency. The 988 and 911 systems will need to be closely coordinated to seamlessly allow referral of callers for appropriate care or response that addresses the unique circumstances present with each crisis encounter. SAMHSA is actively engaged with 911 counterparts at the federal, state, and local levels to plan for smooth coordination between the two services.

Currently, **988 does not have geolocation services**, which means that if a person reaches out to the Lifeline by phone, chat, or text, their exact location cannot be tracked or automatically shared with law enforcement. Most calls to the Lifeline result in de-escalation, the dissemination of resources, and follow-up services without requiring an in-person response. The Lifeline's counselors do not need a caller's location to connect them with relevant mental health resources, unless the caller specifically wants information on local programs and supports. Callers also do not need to disclose any personal information to receive assistance from Lifeline counselors.

988 is intended to provide support and services, with an eye towards person-centered treatment and stabilization through the least invasive intervention possible. While occasionally crisis centers must work with emergency services to ensure the safety of a person who is in immediate danger, the reality is that these instances are rare and only occur when the caller is at the highest level of risk – resulting in fewer than 2% of Lifeline calls requiring in-person emergency response. The Lifeline's [Imminent Risk Policy](#) outlines when call information should be shared with emergency services. In these cases, the connections only occur when rigorous criteria for an active rescue is met – such as an ongoing suicide attempt when the caller's imminent safety is at risk. When a caller is determined to be at imminent risk, crisis counselors are responsible for connecting with public safety answering points (PSAPs) to provide any available information to assist the PSAP in locating the individual and ensuring their safety. [Click here to learn more from Vibrant, the current administrator of the Lifeline.](#)

Going forward, SAMHSA and Vibrant will work with emergency services at the federal, state, and local levels to strengthen the protections for those contacting 988 and to preserve their privacy and ensure their safety.

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