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 2022, suicide was the 11th leading cause of death overall, the second leading cause for youth ages 10-14 and young adults ages 25-34, and the third leading cause for adolescents and young adults ages 15-24 (CDC, 2024). In 2022 in the U.S., 49,476 people died by suicide (CDC, 2024). 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, can 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. On July 16, 2022, 988 became the three-digit dialing code for the National Suicide Prevention Lifeline, now called the 988 Suicide & Crisis Lifeline (although the previous 1-800-273-TALK (8255) number continues 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 988 Suicide & Crisis Lifeline: The 988 Suicide and Crisis Lifeline ("988 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 988 Lifeline is accessible in over 150 languages and includes chat and TTY services for the deaf and hard of hearing. The 988 Lifeline also includes Veteran-specific services through call routing to the Department of Veterans Affairs' Veterans Crisis Line (VCL) (Press 1) non-English speaker specialized services (Press 2), as well as LGBTQI+ youth services (Press 3) ("About the Lifeline," n.d.). The 988 Lifeline is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is administered by Vibrant Emotional Health (Vibrant, 2020).

The 988 Lifeline network consists of over 200 independently operated local- and state-funded crisis contact 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 988 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 contact 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 (SAMHSA, 2020).

Since the original National Suicide Prevention Lifeline launched in 2005 call volume increased approximately 14% annually. In 2005, the 988 Lifeline answered over 46,000 calls; 15 years later in 2020, the 988 Lifeline received over 2.6 million calls, chats, and texts (Vibrant Emotional Health, 2021). Since July 2022, the VCL has answered more than two million calls, texts, and chats. This has resulted in more than 1.6 million referrals to VA suicide prevention coordinators, and more than 337,000 active rescue dispatches through emergency services.

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).

Between July 2022 to July 2024, the 988 Lifeline was contacted 10.8 million times via calls, texts, and chats. In May 2024, 988 contacts were over 500,0000, up about one-third from May 2023 and 80% from May 2022 (Saunders, 2024).

The 988 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 988 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.).

The 988 Crisis Systems Response Training and Technical Center (CSR-TTAC) was established to provide support to states, territories, tribal organizations, and community partners along the crisis care continuum and within the network of 988 Lifeline contact centers. The CSR-TTAC assists with integration of the 988 Lifeline with 911 and mobile crisis response services; expanding access to services for populations who have traditionally been underserved; identifying best practices; and creating materials for changemakers, the behavioral health crisis workforce, and families. SAMHSA selected Altarum, a public health nonprofit, to provide training and technical assistance through CSR-TTAC, in 2023, and since then the CSR-TTAC has offered monthly training sessions and collaborative webinars to improve quality, access to, and equity of the 988 Lifeline.

988 Lifeline Effectiveness: There is clear evidence that the 988 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).

Contact 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 contact 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 contact centers set their own hours and determine their coverage area, and most Lifeline-affiliated contact centers in the U.S. answer calls on other helplines in addition to the Lifeline (NSPL, 2018b). Furthermore, 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, 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 contact 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 contact centers provide invaluable support at critical times and connect individuals to services that can save lives. Statewide crisis contact centers can reduce gaps in local service delivery, and local Lifeline-affiliated contact 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 the years since 988 launched, we have seen a clear increase in outreach, which full implementation and public promotion of 988 will only drive higher, 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 dialing code, the 2020 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 contact 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 contact 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 occur through the appropriations process (federal funding) and through authorizing legislation (laws to improve the 988 Lifeline). Federal funding and authorizing legislation will go hand in hand to secure top-down support for the national Lifeline and the local contact center network.

Appropriations. Federal appropriations for the 988 Lifeline have increased since its inception in 2005, with significant investments over the past several years. The 988 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 contact centers as well as the small annual stipends ($1,500-$2,500) that go directly to crisis contact centers. Additional federal funding for the Lifeline supports local capacity, as new funding has provided additional grants for states and local crisis contact centers.

In December 2021, the Department of Health and Human Services (HHS) announced an additional funding for the Lifeline has come through the American Rescue Plan and the Bipartisan Safer Communities Act. This funding has been used 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 local crisis centers to help increase staffing and capacity.

In May 2023, HHS announced $200.15 million in new funding opportunities for the Lifeline through SAMHSA to support states and territories, Indian Tribes, Tirbal organizations, and Organizations as they implement culturally competent crisis care across the continuum and build out the technology and infrastructure needed to sustain 988. This also encompassed funding for critical follow-up programs to improve crisis stabilization and better address the needs of high-risk populations.

Authorizing Legislation. Authorizing efforts in Congress include federal legislation to fortify quality assurance provisions, protect cybersecurity, improve capacity and infrastructure, establish a public education campaign to raise awareness of the 988 number and available crisis services, and strengthen follow-up services and crisis stabilization.

AFSP supports these efforts to strengthen the Lifeline, as well as efforts to require the Federal Communications Commission (FCC) to implement regulations to require carriers to route contacts to 988 based on where the caller is located, rather than based on area code. Connecting people to a crisis center near their physical location – a process known as georouting – improves access to local services, timely supports, including connection to a crisis

response team or crisis center when needed. SAMHSA is currently transitioning to georouting with three major wireless carriers who have voluntarily opted in.

State Efforts: State support for and investment in crisis support systems and contact 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.

Adequate and steady funding for local crisis contact 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 contact 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 contact centers and response services that make up the crisis continuum, specifically mobile crisis and crisis stabilization. This will help to ensure a robust infrastructure is in place and local contact centers and response services are adequately prepared for the continued increase in calls. Part of this focus also includes ensuring the mobile crisis and crisis stabilization services are available to ALL communities statewide.

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. As of September 2024, 10 states have implemented a 988 fee – California, Colorado, Delaware, Maryland, Minnesota, Nevada, Oregon, Vermont, Virginia, and Washington.

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.

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.

While efforts to implement *georouting* are being undertaken at the federal level, this is distinct from *geolocation* as it does not transmit exact pinpoint location data of a caller. *Georouting* encrypts the exact location of a caller, and only approximates physical proximity to a contact center based on cell tower pings. AFSP does not advocate for 988 to utilize geolocation, nor does it do so.

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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