

Frequently Asked Questions: 988 & Crisis Response Services

This FAQ is designed to help answer common questions received from legislators and other decision-makers when advocating for adoption of 988 legislation, and in particular when advocating for fee legislation or state budget funding for the 988-crisis response system.

For general information on the Lifeline's future transition to 988, please consult the following webpages:

- [AFSP: Funding for 988 and Crisis Response](#)
- [Vibrant and 988](#)

1. Is federal funding provided, and if so, why is state funding necessary?

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 the nationwide network. Local crisis centers answering the calls are reliant on funding from state and local contributors to operate. Currently, the only regular federal funding that goes to local Lifeline centers is a small annual baseline stipend of \$1,500 to \$2,500.

In 2020, the Lifeline received over 3.6 million calls, chats, and texts. Full implementation of 988 will 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. Increased, reliable, and sustainable state and local investment is needed now more than ever to ensure capacity to respond to a steadily increasing call volume and as state residents continue to face stressors during the COVID-19 pandemic.

The National Suicide Hotline Designation Act of 2020 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 monthly telecom customer service fees. It is critical that appropriate funding for the Lifeline network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and suicidal crises.

2. What will happen if legislation is not passed before 988 goes into effect in July 2022?

The 988 dialing code will become nationally available in July 2022. State planning efforts should be well underway by now, including plans to address funding for the 988-crisis response system, as the transition has already begun with several wireless service providers currently connecting customers to the Lifeline through 988. The work that we do now to support the implementation of 988, fortify the Lifeline's network of local crisis call centers, and strengthen state crisis service capacity will set this new system up for success.

Passage of state 988 legislation will effectively establish the 988-crisis response system for individuals experiencing suicidal distress or a mental health crisis by supporting the crisis call centers in our state and mobile crisis outreach to directly respond to individuals in need.

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3. Is the National Suicide Prevention Lifeline effective?

Since launching in 2005, the Lifeline's call volume has increased 14% annually. Call centers in the Lifeline network divert hundreds of thousands of calls from 911 every year and resolve 98% of calls without requiring emergency services. 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.

Callers experiencing a suicide or mental health crisis will soon be able to call 988, instead of 911, to receive appropriate care and avoid unnecessary law enforcement involvement. Valuable law enforcement time and resources could then be spent responding to crimes and other emergencies rather than people in mental or emotional distress.

4. What happens if local call centers are unable to answer a call from in-state? Why is it so important that 988 calls are answered in-state?

When in-state call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers out-of-state and into the Lifeline's national backup network. Low in-state answer rates put a strain on the backup network. When a caller is routed to the backup network, callers in crisis wait longer to be connected to a counselor and receive fewer linkages to effective local care, making the use of in-state crisis centers as opposed to a centralized national help center crucial.

In-state crisis centers connect callers to local counselors who are familiar with the community and better equipped to provide culturally competent support and referrals to local community resources and other lifesaving follow-up care. 988 is not only about answering calls – it's also about providing emotional support to people in crisis during the moments they most need it, which can include making appropriate and accessible referrals, or linking to mobile crisis teams and crisis stabilization programs that connect people to a continuum of care.

5. What are the main 988 components funded and supported by the legislation? What does an ideal state-wide crisis services system look like?

To more effectively build on the promise of 988, state lawmakers must take steps now to develop and fund an effective crisis response infrastructure that includes three key components: (1) Someone to answer the call: this requires funding for 24/7 call centers adequately staffed by specially trained individuals to respond to a range of mental health and suicide crises; (2) Someone to come help: this requires funding mobile crisis teams that can be dispatched to the scene and are equipped to effectively assist people in crisis; (3) Somewhere to go for care: this requires funding for crisis stabilization services to provide short-term observation as well as connection to follow-up care.

An ideal system should also include public education and awareness campaigns that promote the new 988 number and the availability of crisis services and that encourage and normalize seeking help for suicide and mental health crises. Robust administration and oversight are also needed, as well as regular reporting of 988 services provided and populations served. This will facilitate greater understanding of the 988 crisis care continuum and support a quality, standardized service for callers in need.

Mobile crisis response is crucial for the implementation of 988 on the state level. States need the capacity to provide mental health crisis response when individuals calling 988 need in-person interventions. This responsibility currently falls upon emergency responders, most commonly law enforcement officers who are often not trained in managing a mental health crisis.

6. Why is the 988 vision an improvement over the current status quo?

According to a 2019 report by the Treatment Advocacy Center, in 2017 an average of 10% of law enforcement agencies' total budgets and 20% of total law enforcement staff time was spent responding to and transporting persons with mental illness. Fully implemented, 988 will reduce avoidable emergency department or hospital admissions for people in crisis and avoid traumatic engagements with the criminal justice system.