

SB 2149 in favor

Dear Chairman Bekkedahl, Vice Chairman Krebsbach, and members of the appropriations committee. I am writing in favor of SB 2149.

On October 16, 2020, President Trump signed the National Suicide Hotline Designation Act into law, officially designating 988 as the new, easy-to-remember number for anyone experiencing suicidal ideation, a mental health crisis, or any other kind of emotional distress. As you may know, the transition from 1-800-273-8255 to 988 as the nation's suicide hotline officially happened on Saturday, July 16, 2022. This transition represents a historic moment for North Dakotans in crisis, giving them a number to call 24/7, seven days a week. With the increased national and local attention to 988, comes a strong likelihood that 988 call volume in North Dakota will significantly increase. The National Suicide Hotline Designation Act of 2020 allows states and expects states to enact new telecommunication fees to help support 988 operations.

Ten years ago, FirstLink took 1,501 calls directly related to suicide, in 2021 we took 15,465 calls related to suicide. These calls are only those directly related to suicide, each year FirstLink handles over 85,000 contacts (calls, text, chats), these are people reaching out for prevention, intervention, and for support on their journey to recovery. The complexity and volume of our calls have greatly increased. We need to have a diverse and culturally competent workforce and pay our staff professional wages to provide quality service to those reaching out for help. We need updated technology and equipment to make sure that we are ready, willing, and able to answer the 988 and 211 phone lines 24/7/365. SB 2149 would make this all possible.

FirstLink has several new federal mandates that we must follow to ensure we are keeping North Dakotans safe from suicide. These federal mandates came with a one-time federal funding source with expectations to secure consistent and reliable state funding.

Please see attachments from Vibrant (oversees 988 suicide and crisis lifeline at the national level), SAMHSA, and NAMI. All three of these national agencies affirm that financial state support for 988 suicide and crisis lifeline is imperative.

Yours truly,

A handwritten signature in cursive script that reads "Jennifer Illich".

Jennifer Illich  
Executive Director  
FirstLink  
701-293-6462



# 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.

Continued >

### **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.



## Frequently Asked Questions

### What is the Lifeline and will 988 replace it?

The Lifeline is a national network of over 200 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. **Moving to 988 will not replace the Lifeline**, rather it will be an easier way to access a strengthened and expanded network of crisis call centers. Beginning July 16, 2022, people can access the Lifeline via 988 or by the 10-digit number (which will not go away).

### When will 988 go live nationally?

The 988 dialing code will be available nationwide for call (multiple languages), text or chat (English only) on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, **1-800-273-8255**.

### How is 988 different from 911?

988 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs. 988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911 (where the focus is on dispatching Emergency Medical Services, fire and police as needed).

### How is 988 being funded?

Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

### Is 988 available for substance use crisis?

The Lifeline accepts calls from anyone who needs support for a suicidal, mental health and/or substance use crisis.

## Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2020 alone, the US had one death by suicide about every 11 minutes — and for people aged 10-34 years, suicide is a leading cause of death.

## Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.


## There is hope.



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:

**988Team@  
samhsa.hhs.gov**



**988**  
SUICIDE  
& CRISIS  
LIFELINE

**In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline.**

**The Substance Abuse and Mental Health Services Administration (SAMHSA)** is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a **once-in-a-lifetime opportunity** to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for anyone experiencing mental health related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Preparing for full 988 implementation requires a bold vision for **a crisis care system that provides direct, life-saving services to all in need.**

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.



In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is **essential to meeting crisis needs across the nation.**





**PENDING LEGISLATION  
PASSED LEGISLATION  
INACTIVE LEGISLATION**

**State Name**

**Bill Number/Proposal**

**Status**

**988 Fee/911 Fee**

**988 Trust Fund**

**Appropriations (Other than fee)**

**988 Advisory Body Created**

**Addresses Insurance Coverage**

**Additional  
Notes**

State Name	Bill Number/Proposal	Status	988 Fee/911 Fee	988 Trust Fund	Appropriations (Other than fee)	988 Advisory Body Created	Addresses Insurance Coverage	Additional Notes
Georgia	Executive Budget	Proposed	N/A		\$13.1M- for three additional behavioral health crisis centers (FY 23 and FY 24); and \$6.3M- for additional mobile crisis teams (FY 23 and FY 24)			At an unspecified amount- increases funding for 988 Hawaii Cares, creates a coordinator of statewide crisis mobile outreach team position, funding to increase mental health crisis stabilization bed capacity in all counties (FY 23-24)
Hawaii	HB 1334	Introduced	N/A					
Hawaii	HB 948	Introduced	N/A		\$1.7M (FY 23 and FY 24)			Establishes a pilot two year child adolescent crisis mobile outreach team program in Oahu.
Illinois	SB 4212	Introduced	N/A		\$5M-to the Statewide 988 Trust Fund			Repeals previous provision of transferring \$5M from the Statewide 911 fund to the Statewide 988 Trust fund.This allows



**Additional Notes**

									for the money to be transferred from the General Revenue Fund instead.
									Creates the 988 Suicide and Crisis Lifeline Taskforce and sets up requirements among other provisions. The taskforce requires one or more individual or family with lived experience.
Illinois	HB 5866	Introduced	N/A		N/A	N/A		Yes	N/A
									Creates the 988 Suicide and Crisis Lifeline Taskforce and sets up requirements among other provisions. The taskforce requires one or more individual or family with lived experience.
Illinois	SB 4256	Introduced	N/A		N/A	N/A		Yes	N/A
									Creates the 988 Suicide and Crisis Lifeline Taskforce and sets up requirements among other provisions. The taskforce requires one or more individual or family with lived experience.
Indiana	SB 1	In Committee	N/A		N/A		\$15M- for crisis response services, including mobile crisis teams, crisis receiving and crisis stabilization services and CCBHC Development (in FY 23 and FY 24)	N/A	Yes
									Amends the state Medicaid plan to require reimbursement for eligible CCBHC services provided by a behavioral health professional. Establishes the Indiana behavioral health system in Indiana and sets up reporting requirements.
Maryland	HB 271	Introduced	N/A		N/A		\$12M- to 988 Trust Fund	N/A	N/A
									Companion bill for SB 3.
Maryland	SB 3	In Committee	N/A		N/A		\$12M- 988 Trust Fund	N/A	N/A
									Companion bill for HB 271.
Minnesota	Executive Budget	Proposed	\$0.12/\$0.95		N/A		\$2.8M- to the Mobile Response and Stabilization Services model for youth experiences a behavioral health crisis; \$12M and then \$16M- to expand temporary funding for mobile crisis	N/A	N/A

**Additional Notes**

Missouri	Executive Budget	Proposed	N/A	teams to triage 988 call and funding for tribally based mobile crisis response teams in Minnesota \$28.5M for 988 and mobile crisis (FY 23)	N/A	N/A	
New Hampshire	SB 85	In Committee	N/A	No	N/A	No	Yes Creates a commission to study behavioral health crisis programs and report on findings and recommendations. Additionally this bill limits prior-authorization requirements for emergency behavioral health services.
New Jersey	A 3076	In Committee	Fee level not specified/ \$0.90	Yes	N/A	N/A	N/A
New Jersey	A 4879	In Committee	N/A	N/A	N/A	N/A	N/A Companion bill for S 3391- Adds postpartum depression services to the state's behavioral health crisis services system.
New Jersey	S 3391	In Committee	N/A	N/A	N/A	N/A	N/A Companion bill for A 4879- Adds postpartum depression services to the state's behavioral health crisis services system.
New York	A 1997	Introduced	N/A	N/A	N/A	N/A	N/A Establishes a council on mental health emergency and crisis response.
North Dakota	SB 2149	In Committee	\$0.00-0.30/\$1.50-2.00	Yes	N/A	No	N/A Addresses 988 service definitions and requirements; 988 fee that doesn't exceed 30 cents; and establishes the 988 Crisis Stabilization Fund.
Oregon	HB 2757	Introduced	\$0.50/\$1.25	Yes	N/A	Yes	N/A Addresses 988 service definitions and service

**Additional Notes**

									requirements; 988 fee at \$0.50; 988 Trust Fund; and 988 oversight. The advisory body includes members with lived experience.
Puerto Rico	PC 1550	Introduced	N/A	No	N/A	No	N/A		Addresses 988 service definitions and service requirements and 988 oversight.
Rhode Island	HB 5200	Introduced	N/A	N/A	\$1.6M- to the 988 Hotline	No	N/A		
Virginia	HB 2216	Introduced	N/A	N/A	N/A	No	Yes		Companion bill for SB 1347 that strengthens crisis care insurance coverage. To include coverage of mobile crisis response services, support and stabilization services provided in a residential crisis stabilization unit.
Virginia	SB 1347	Introduced	N/A	N/A	N/A	No	Yes		Companion bill for HB 2216 that strengthens crisis care insurance coverage. To include coverage of mobile crisis response services, support and stabilization services provided in a residential crisis stabilization unit.
Washington	HB 1134	Introduced	N/A	N/A	N/A	No	N/A		Adds on to previous legislation to update crisis center requirements, response times, sets up a 988 geolocation subcommittee to examine privacy issues among other provisions.
Wyoming	HB 0065	In Committee	N/A	Yes	\$46M- to the Trust Fund	Yes	Yes		Addresses 988 service definitions and service requirements; and 988 trust fund. This bill also

**Additional  
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addresses insurance coverage provisions if an individual is not insured or if their health insurance does not cover the services provided, among other provisions.