

988 Sustainability of Financing

State Examples of Usage and Sustainability of 988 Funding

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- **Provide enhanced access for people in behavioral health crisis through the use of an easily remembered three-digit number;**
- **Reduce reliance on the police by linking Lifeline/988 centers with mobile crisis teams (when the person in crisis requires services beyond what the call center itself provides);**
- **Reduce the deadly gaps in the existing fragmented behavioral health crisis care system by enabling Lifeline/988 centers to stay in contact and follow up with those in crisis;**
- **Relieve emergency room boarding by providing needed evaluation and crisis intervention in the community whenever possible; and**
- **Better meet the behavioral health needs of all people experiencing crises in a way that reduces stigma and encourages people at risk and their family members to seek help in the future.**

Washington States' Efforts in Sustaining 988 Services

Washington state is among those ahead of the game, [enacting legislation](#) last year that added a 24-cent fee per line to residents' monthly phone bill in order to fund 988. That fee is expected to bring in about \$46 million annually to cover most of the cost of expanding the state's suicide call center.

1. Tribal 988 Behavioral Health and Suicide Prevention

Washington State is creating a 988 tribal behavioral health and suicide prevention line, which includes \$1 million in funding to develop and operate the line and a tribal 988 subcommittee.

The new [legislation](#) states the subcommittee will “examine and make recommendations concerning the needs of tribes related to the 988 system.” That includes representation from the American Indian Health Commission of Washington State.

2. Building Infrastructure

In the [988 implementation bill](#), legislators propose Washington go beyond merely expanding the call center response to the accredited NSPL lines by building the state's crisis system's much-needed infrastructure. This is because, just like in many other states, Washingtonians in crisis and their families have to navigate convoluted, fragmented systems to get their behavioral healthcare.

3. Enhancing Crisis Response Services

The 988 implementation bill aims to enhance and expand behavioral health crisis response services. It draws from the Crisis Now model seen in Arizona and Georgia and **SAMHSA's National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit**. The bill calls for high-tech crisis call center hubs to triage calls and link people to care. It also calls for planning to expand mobile rapid response crisis teams and crisis stabilization services, with peers threaded throughout the crisis care system.

It includes 23-hour stabilization units based on the living room model, crisis stabilization centers, short-term respite facilities, peer-operated respite services, and behavioral health walk-in urgent care centers. It also adopts no wrong door, accepting all walk-ins and first responder drop-offs.

4. 988 Service Fee

Transforming state crisis systems to prepare for 988 will require funding. That's no less true for Washington. The [National Suicide Hotline Designation Act](#) allows states to implement a monthly telecom customer service fee to pay for 988-related services. The fee can cover costs attributed to (a) ensure efficient and effective 988 call routing to an appropriate crisis center and (b) personnel and providing acute mental health, crisis outreach, and stabilization services by directly responding to the 988 hotline. Washington's [988 implementation bill](#) includes its telecom customer service fee through a line tax on the use of all radio access lines, including wireless, wireline (landlines), and VoIP services. The tax will increase from 30 cents to 75 cents per month for each radio access line between October 1, 2021, and July 1, 2024.

California's Efforts to Sustain 988 Services - California Assembly Bill 988 - The Miles Hall Lifeline and Suicide Prevention Act

Key elements include:

- **Sustained funding for crisis centers and mobile response:** To create an effective crisis response system that every Californian has universal and reliable access to, the bill creates a permanent and sustainable funding source. AB 988 introduces a small **telephone surcharge**, as permitted in federal 988 legislation, set at only \$0.08 per line per month for the first two years with a lifetime cap of \$0.30 per line per month. The federal 988 legislation left it to individual states to implement and fund the new line, and many states continue to face funding challenges. California is only the fifth state to implement a 988 phone line surcharge.

- **Coordinated implementation and long-term planning:** AB 988 tasks the Office of Emergency Services (OES) with creating a **technical advisory board at OES** to inform the integration of 988 and 911. **AB 988 also tasks the Health and Human Services Agency (HHS) with developing a 5-year implementation plan for 988.**



To comply with this change and to ensure the system's longevity, Cal Cities advocated for [AB 988 \(Bauer-Kahan\)](#). Signed into law by the Governor, AB 988 directs a group of stakeholders — made up of county behavioral health, law enforcement, and other local agencies — to outline a five-year implementation plan. This includes the creation of a new surcharge for 988 to fund the services.

Culturally Sensitive Counselors

The 988 Lifeline is also trying to improve access to crisis care for people in marginalized communities.

Last September, it launched a pilot program to allow people to connect with a counselor specifically trained to address issues faced by LGBTQ youth. Those services are being provided by the [Trevor Project](#), the leading suicide prevention organization for LGBTQ youth.

Gov. Gavin Newsom and the Legislature also committed \$50 million toward officer wellness grants in [this year's budget](#), which will be distributed to local law enforcement agencies throughout the state. Much like firefighters, police officers are often exposed to a variety of incidents that lead to mental exhaustion, burnout, and overall poor mental health. Improving mental health for police officers from recruitment to retirement is imperative for both personnel and the communities they serve.

[AB 662 \(Rodriguez\)](#), signed into law at the end of session, marks an important step toward addressing the acute and chronic traumas of duty, as well as the stigmas surrounding mental health. The measure will create a peer-to-peer suicide prevention curriculum for firefighters and emergency medical services personnel. This is crucial, as general mental health practitioners often lack the background knowledge needed to provide first responders with culturally competent care.

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The additional \$105 million will help states and local call crisis centers:

- Expand capacity to increase local response rates;
 - Provide follow up and follow through so that individuals are effectively engaged with local behavioral health crisis services;
 - Have sufficient funds to pay staff (e.g., mental health professionals, peer support workers); and
 - Have sufficient resources to train staff/volunteers in providing evidence-based interventions, including for high- risk populations.
- While state funding streams may increase (e.g., through the passage of state cell phone fees authorized in the Hotline Designation Act of 2020), as of now, there are limited sources of dedicated funding. This \$105 million identified above will support a Federal partnership with states to develop local center capacity, with a focus on sustainability and service integration in order to avoid continued fragmentation with disconnected systems of care.



Thank You!

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