

INFORM988

988 Primer: Foundational knowledge and early findings on the implementation of 988

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Drawing inspiration from mental health professionals, other service providers, practitioners, researchers, and activists whose work forms the foundation of this project, the authors worked over the past year to compile the information contained in this primer, which we hope will provide a baseline of knowledge around 988 and its development nationwide. We thank these professionals and community advocates for their tireless efforts in creating equitable access to mental healthcare, efforts which predate the implementation of 988.

We are grateful to everyone who contributed to this primer in ways big and small. If we've missed you, please accept our apologies, as it wasn't intentional.

Inform988 is led by Principal Investigator S. Rebecca Neusteter. The 988 Primer was developed by Sara Hayden, Melissa Reuland, Sarah Scaffidi, Hana Rahman, Jason Lerner, Harold Pollack, and S. Rebecca Neusteter.

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This primer is a testament to the collaborative spirit and dedication of those who strive to make a positive impact on the wellbeing of individuals facing mental health crises.



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Introduction

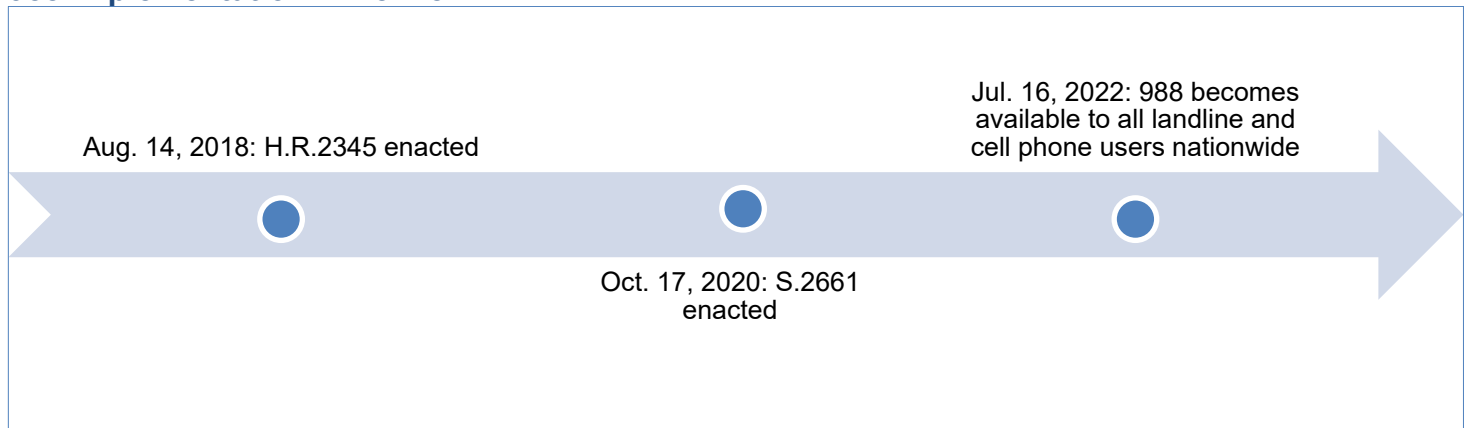
This primer is intended to provide an overview of 988’s origins, explore its nationwide implementation starting in July 2022, and to gather organizational best practices and existing “playbooks” into a central location. It is intended to be a living document, updated as the nascent 988 landscape continues to develop. The authors welcome feedback and request that additions or corrections to this current draft be sent to us at Inform988@uchicago.edu. This primer will be accessible via the [Transform911 website](#) and will be periodically updated.

988 Origins

In 2020, the Centers for Disease Control and Prevention (CDC) ranked suicide as the twelfth leading cause of death in the United States and the second leading cause of death among Americans aged 10-34. In 2018, the federal National Suicide Hotline Improvement Act became public law. This Act called upon the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) and the Veterans Administration (VA) to provide a report to the Federal Communications Commission (FCC) examining the effectiveness of the existing National Suicide Prevention Lifeline and the potential value of a three-digit hotline being designated as the new national suicide prevention number. Two years later, the National Suicide Hotline Designation Act was enacted. This Act allowed for the planning and funding of a three-digit-number designated as 9-8-8 to be implemented as a national suicide prevention and mental health crisis hotline. In July of 2022, 988 was officially made public and available in the United States.

While 988 was established and funded via federal action, its implementation is largely left to states and localities. As such, each state is unique in its implementation and uptake, as well as in its design, implementation, accomplishments, and challenges. This document seeks to provide a brief overview of the main insights, practices, and resources regarding 988.

988 Implementation Timeline



Key 988 National Organizations

[The 988 Lifeline](#)

1. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) is a national network of [over 200 local mental health crisis centers](#) that answer 988 Lifeline calls and texts to provide support and local resources with innovative best practices and quality care across the United States.
2. Applications for a crisis center to become a member of the 988 Lifeline network are accepted on a rolling basis. The crisis center must meet [minimum requirements](#) to apply.

3. Calls to 988 are currently routed to these crisis centers based on the caller's area code rather than the direct geolocation of the caller. Counselors at these centers seek to provide appropriate local resources if needed. Most centers can provide resources only by phone, although some do or will have the capacity to support mobile in-person response. If no center is available in the caller's area code, the call is routed to a backup center, one that may or may not be nearby. 988 can also be reached via text message and is accessible by texting "988" on your mobile phone.
4. 988 offers Spanish language assistance.
5. Callers who are TTY users may utilize their preferred relay service or dial 711 followed by 988.
6. Callers who are Deaf, DeafBlind, Deaf Disabled, Hard of Hearing, and Late-Deafened can click the "ASL Now" button on 988lifeline.org and follow the prompts. ASL callers can call 1-800- 273-TALK (8255) from their videophone to reach ASL services.
7. A virtual chat option is accessible through the [Vibrant Emotional Health](#) website.
8. Vibrant Emotional Health (Vibrant) acts as the administrator of the National Suicide Prevention Lifeline (988 Lifeline) under a Cooperative Agreement with SAMHSA.
9. Vibrant also administers the National Football League Lifeline, New York City Well, and other crisis intervention services.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services (HHS) whose mission is to "lead public health efforts to advance the behavioral health of the nation."
2. Congress established the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992 to make substance use and mental disorder information, services, and research more accessible.

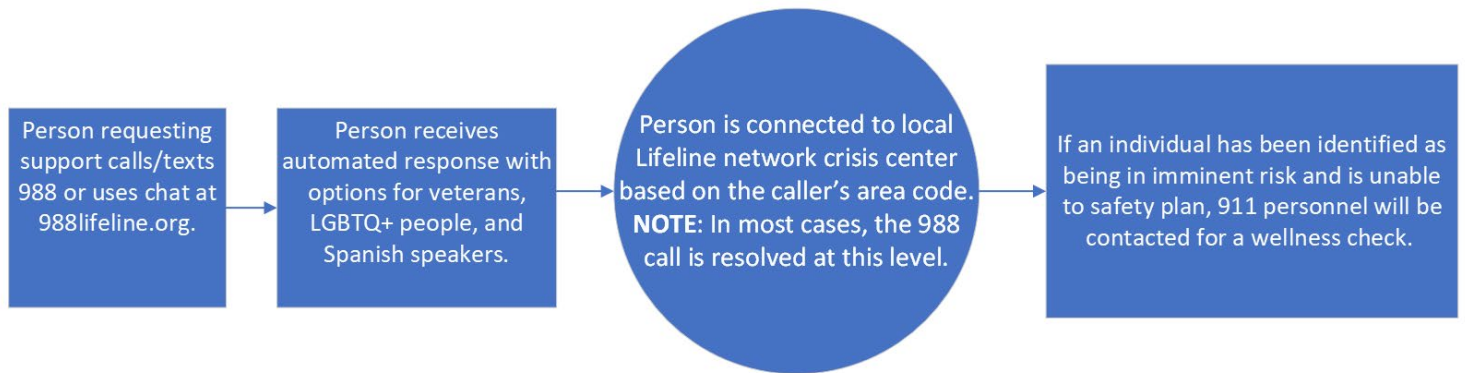
[Department of Veteran Affairs/Veteran Crisis Line](#)

1. The Department of Veteran Affairs (VA) operates the Veterans Crisis Line (VCL) through the 988 Lifeline's national network and collaborated to accomplish the transition to this new three-digit hotline.
2. To reach the [Veterans Crisis Line](#), Veterans need to Press 1 after dialing 988. Veterans and service members who Press 1 are then routed to a trained Veterans Crisis Line responder, just as they were before 988's implementation. Veterans may still utilize the Veterans Crisis Line with the previous phone number—1-800-273-8255 (TALK)—and may also access services through chat.

[Federal Communications Commission \(FCC\)](#)

1. In July 2020, the FCC designated 988 as the nationwide three-digit telephone dialing code for the 988 Lifeline in the hope that individuals in need of mental health assistance could more easily reach help by dialing the three digits instead of needing to dial Lifeline's toll-free number, 1-800-273-TALK.
2. FCC rules required all covered telecommunications providers (i.e., telephone companies in the United States) to participate to ensure that all users could dial 988 by July 16, 2022.

988 Call Flowchart



[While roughly 98% of calls made to 988](#) are resolved remotely through a call or text within the 988's crisis counselors' networks, there are protocols in place to address callers facing an imminent threat to themselves or others. Depending on the state or locality, a 988-crisis counselor may also seek assistance from an alternative crisis response team or mobile unit if available. Law enforcement response is contingent upon state law. The above flowchart is a generalization of call outcomes directed to 988. More granular details regarding 911 guidance for this process can be found in the National Emergency Number Association's (NENA) [Suicide/Crisis Line Interoperability Standard, which preceded the advent of 988.](#)

Interoperability with 911

[NENA's Suicide/Crisis Line Interoperability Standard](#) is designed to facilitate collaboration between crisis lines and 911 to help ensure that callers at *imminent* risk of suicide receive the emergency assistance they need. SAMHSA expects that 988 crisis counselors will contact emergency services (e.g., 911 or law enforcement) for assistance only in instances where risk of harm to self or others is imminent or in progress, and when a less invasive plan for the caller's/texter's safety cannot be implemented with the individual. NENA recommends that crisis lines shall provide the 911 Emergency Communications Center (ECC) with all information available to them that may assist responders in locating the individual at imminent risk.

Interoperability Practices: State Examples

The implementation of 988 varies significantly from state to state, with some working to include interoperability between 988 and 911 within their early implementation efforts. Below is a short list of states that represent diverse demographics in terms of population, landscape, and mix of rural and urban environments.

For more detailed information on state 988 legislation, refer to the National Association of Mental Health Program Directors (NASMPHD), which has compiled a [guide encompassing state legislation on 988](#) and other crisis service systems.

[Ohio](#) plans to construct a 911-988 Interoperability Committee to ensure ongoing communication between the state's 911 professionals and ECCs and 988 Lifeline regional call centers. Sample agreements to establish call transfer protocols are currently being developed.

In [Wisconsin](#), early implementation experiences indicate that fewer than two percent of 988 contacts require connection to emergency services, such as 911. While some safety and health issues may warrant a response from law enforcement or emergency medical services (namely when a suicide attempt is in progress), the 988

Suicide & Crisis Lifeline coordinated response is intended to promote stabilization and care in the least restrictive manner. In cases in which imminent harm to self or others is assessed, Wisconsin law requires emergency law enforcement and medical response.

[Virginia](#), under the [Marcus-David Peters Act](#)—which requires interconnection within and between law enforcement and behavioral health systems—has created a 911 call matrix. [This four-level matrix](#) includes protocols on when to divert a 911 call to 988, a mobile crisis team, or other appropriate behavioral health systems.

In September of 2022, [California](#) approved [AB-988](#), which requires verifiable interoperability between 988 and 911 by no later than July 1, 2024. This legislation also requires a plan for sustainable interoperability that addresses legal barriers which may impede transferring 911 calls.

988 Concerns and Challenges

Public discussion of 988 has raised several areas of potential concern and challenges. These include:

[Undesired Police Interaction](#)

Although 988 counselors are trained to collaborate with 988 callers on establishing a safety plan, there are instances in which this collaboration is not feasible. In such cases, counselors may seek support through alternative responders, mobile crisis teams, and/or local law enforcement personnel. NASMHPHD has composed [a sample memorandum of understanding \(MOU\)](#) outlining the working relationship between an Emergency Communications Center (ECC) and 988.

There are a growing number of law enforcement agencies that have implemented Crisis Intervention Team (CIT) training for their officers. This training gives officers skills and communication tools for responding to mental health calls in their community. However, in many instances non-law enforcement responses are preferable. Concerns include the additional distress that police presence may have on an individual during a mental health crisis, especially in communities that experience tense or contentious relationships with law enforcement. Ongoing active collaboration between 988 Lifeline centers and 911 ECCs is needed to work through these challenges.

[Involuntary Treatment/Hospitalization](#)

Several mental health advocates recounted their traumatizing experiences online after seeking support via the previous iteration of the Suicide Lifeline only to find themselves hospitalized involuntarily. These online posts acted as a warning to users and, in some cases, may have deterred individuals in need of support from utilizing the 988 Lifeline system.

[Data Security](#)

Concerns have been expressed regarding 988 data sharing policies. Some callers seeking aid are hesitant to release sensitive personal information without assurance that these data are secure and cannot be shared without consent or accessed by law enforcement. As recently as December 1, 2022, the voice calling functionality of 988 was rendered unavailable as a result of a [cybersecurity incident](#). [Intrado](#)—the 988 Lifeline service provider on the network affected by the 988 cyberattack—is working with a third-party assessor to investigate the incident.

[Geolocation](#)

Geolocation refers to the use of a Wi-Fi or Global Positioning System (GPS) connected device to track a caller's location. Concerns have been expressed around fears of 988 calls being traced. Currently, 988

utilizes a caller's area code to route to the corresponding 988 call center and does not rely on geolocation. So, for example, if someone in New York City (NYC) contacts 988 using a cell phone with a 508 (Boston) area code, that person will be routed to a 988 call center in the greater Boston area, not NYC where they are physically located. Since 988 does not currently utilize geolocation, this can result in delayed aid in situations of imminent risk.

In 2023, Congress introduced the [Local 988 Response Act of 2023](#) in hopes to improve mental healthcare access in the U.S. This act would amend the Communications Act of 1934 by expanding accessibility of 988. If passed, the following changes would be enacted:

1. All calls or texts to 988 would be routed based on the proximity of the caller's geographical location without revealing the exact location to maintain privacy.
2. Call providers must comply with regulations allowing calls and text from 988 to be transmitted through a "non-service-initialized handset (if the call or text message originates on a phone using a compliant radio frequency protocol of the provider)".
3. Callers will be able to access 988 via direct dial on multi-line telephone systems (e.g., office buildings or hotels).

Geo-routing directs calls to their destination based on the geographical location of the caller. 988 is examining whether geo-routing would assist callers in being routed to a local call center versus one based on the area code of their phone number, which may differ from the caller's—or the subject of the call's—actual location. While geolocation is not currently utilized by 988, geo-routing options are [under consideration and development](#).

[Staffing Challenges](#)

911 ECCs and 988 call centers alike have expressed growing concerns regarding hiring and retention of trained staff, particularly as demand increase. One year post-launch, 988 saw a [33% increase](#) in calls and texts received, which may place additional strain on crisis call counselors.

In January of 2024, the first national staff survey of 988 Lifeline crisis counselors was published by [CrisisCrowd.org](#). The study found significant disparities between 988 call centers with respect to training provided to crisis counselors, ongoing learning and support, and standards of care.

988 Literature Overview

The [Journalist's Resource](#) has compiled several peer-reviewed research studies related to 988 and crisis line services. Excerpts of this research are listed below. We encourage readers to reference the articles directly for a full contextual understanding of the literature.

[Third-Party Callers to the National Suicide Prevention Lifeline: Seeking Assistance on Behalf of People at Imminent Risk of Suicide](#)^{1,2}

Overview: "To assist suicidal individuals, people in their social network are often directed to the National Suicide Prevention Lifeline (Lifeline). The study's objective was to provide information on third-party calls

¹ Within crisis response communities, first-party callers refer to an individual in crisis calling about themselves, second-party callers are an individual known to the individual in crisis, and a third-party caller is someone with little to no background or information related to the person in crisis. Given these definitions, in some instances, the third-party callers may also be considered second-party callers.

² Madelyn S. Gould et al., "Third-Party Callers to the National Suicide Prevention Lifeline: Seeking Assistance on Behalf of People at Imminent Risk of Suicide," *Suicide and Life-Threatening Behavior* 52, no. 1 (2022): 37–48, <https://doi.org/10.1111/sltb.12769>.

made out of concern for another person.”

Key Findings: “Given the reluctance of many suicidal individuals to seek help for themselves, suicide prevention initiatives often encourage people in the social networks of at-risk individuals to seek help on their behalf.”

[Individuals who text crisis text line: Key characteristics and opportunities for suicide prevention](#)³

Overview: “Text-based crisis services are increasingly prominent, with inclusion in the national 988 crisis number launching in 2022. Yet little is known about who uses them. This study seeks to understand the population served by Crisis Text Line (CTL), the largest crisis text service in the United States.”

Key Findings: “CTL reaches a highly distressed, young, mostly female population, including typically underserved minorities and a substantial percentage of individuals who do not receive help elsewhere. These findings support the decision to include texting in the forthcoming national 988 implementation.”

[Crisis Text-line Interventions: Evaluation of Texters’ Perceptions of Effectiveness](#)⁴

Overview: “The study’s objective was to assess texters’ perceptions of the effectiveness of CTL crisis intervention.”

Key Findings: “Our study offers evidence for CTL’s perceived effectiveness. These findings are of critical importance in light of the launch of a nationwide three-digit number (988) for suicide prevention and mental health crisis supports in the U.S., which will include texting.”

[The Effectiveness of Crisis Line Services: A Systematic Review](#)⁵

Overview: “This review examines models of crisis line services for demonstrated effectiveness.”

Key Findings: “The authors concluded that high quality evidence demonstrating crisis line effectiveness is lacking. Moreover, most approaches to demonstrating impact only measured proximal (near-in-time) outcomes. Research should focus on innovative strategies to assess proximal and distal (longer term) outcomes, with a specific focus on behavioral health treatment engagement and future self-directed violence.”

[Systematic Review of Research and Interventions with Frequent Callers to Suicide Prevention Helplines and Crisis Centers](#)⁶

Overview: “Helplines worldwide have frequent callers who may occupy a large proportion of call volume. Therapeutic gain from frequent calling has been questioned. We conducted this review to identify the characteristics of frequent callers and to compile recommendations about how best to help them.”

Key Findings: “Rather than focusing on reducing call frequency, we should empirically evaluate the benefits of interventions for frequent callers with different calling patterns, characteristics, and reasons for calling.”

³ Anthony R. Pisani et al., “Individuals Who Text Crisis Text Line: Key Characteristics and Opportunities for Suicide Prevention,” *Suicide and Life-Threatening Behavior* 52, no. 3 (2022): 567–82, <https://doi.org/10.1111/sltb.12872>.

⁴ Madelyn S. Gould et al., “Crisis Text-Line Interventions: Evaluation of Texters’ Perceptions of Effectiveness,” *Suicide and Life-Threatening Behavior* 52, no. 3 (2022): 583–95, <https://doi.org/10.1111/sltb.12873>.

⁵ Adam S. Hoffberg, Kelly A. Stearns-Yoder, and Lisa A. Brenner, “The Effectiveness of Crisis Line Services: A Systematic Review,” *Frontiers in Public Health* 7 (2020), <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00399>.

⁶ Brian L. Mishara, Louis-Philippe Côté, and Luc Dargis, “Systematic Review of Research and Interventions with Frequent Callers to Suicide Prevention Helplines and Crisis Centers,” *Crisis* 44, no. 2 (March 2023): 154–67, <https://doi.org/10.1027/0227-5910/a000838>.

Public Surveys About 988

[Pew 988 Awareness Survey](#)

Based on survey feedback, as of April 2023, only 13% of U.S. adults reported they had heard of 988 and knew its purpose. Additionally, the survey found that:

1. White and non-Hispanics comprised the highest percentage of knowledgeable adults.
2. 988 knowledge is also highly impacted by educational attainment and income.

[NAMI-Ipsos Poll](#)

According to a poll conducted in the summer of 2023, 82% of Americans were unfamiliar with 988, one year after its launch.

[National Action Alliance for Suicide Prevention Messaging Surveys:](#)

Of those surveyed, barriers to 988 messaging include:

1. Lack of understanding of the 988-call process.
2. Lack of understanding about when to call 988 vs. 911.
3. Lack of understanding that 988 is part of a broader crisis system infrastructure.

988 Funding Sources

Direct 988 programmatic funding

[State Legislation](#)

Much of the crisis service financing relies on state funding. The National Academy of State and Health Policy provides a [map](#) of current state 988 funding legislation.

[National Suicide Hotline Designation Act of 2020](#)

This bill requires the FCC to designate 988 as the universal telephone number for a national suicide prevention and mental health crisis hotline.

A state may impose and collect a fee for providing 988-related services. This is largely how 988 is funded. However, this fee must be held in a designated account to be spent only in support of 988 services, and the FCC must submit an annual report on state administration of these fees. Although this is also the case for 911, [states have reappropriated 911 revenues](#) to fund other unrelated activities.

HHS and the VA must jointly report on how to make the use of 988 operational and effective across the country, and HHS must develop a strategy to provide access to competent, specialized services for high-risk populations such as lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, minorities, and rural individuals.

[The Department of Health and Human Services: Consolidated Appropriations Act, 2023](#)

In 2023, HHS, through SAMHSA, announced more than \$200 million in new funding for states, territories, and tribes to build local capacity for the 988 Suicide & Crisis Lifeline and related crisis services.

[Bipartisan Safer Communities Act](#)

The Act reauthorizes, funds, and supports various programs, grants, and activities to promote access to behavioral and mental health services, enhances school safety and security initiatives, and addresses gun violence in communities. Funds include: \$150 million for 988, including \$35 million to better link 988 to Tribal communities.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

In addition to mental health training grants, SAMHSA has posted three separate 988 grant opportunities on their dashboard. You may learn more about grant opportunities offered by SAMHSA [here](#).

[National Institute on Mental Health \(NIMH\)](#)

The National Institute on Mental Health (NIMH) offers resources on suicide prevention and is the nation's leading funder of suicide prevention research.

988 research and training funding

[Sozosei Foundation](#)

The Sozosei Foundation is working to collaboratively move the needle to decriminalize mental illness in the United States. Among other priorities, grant funding focuses on “Access to Care, Envisioning and building a United States where people with mental illness can access quality mental healthcare in communities—before, during, and after emergencies—through advocacy, litigation, enforcement of the Mental Health Parity Act, increasing the number of psychiatrists and effective implementation of 988.” The Sozosei Foundation was one of the first private funders to prioritize investments in this space and has issued several grants to increase 988's reach, practice, and the related work.⁷

[Peg's Foundation](#)

Peg's Foundation seeks to improve crisis reform work and provide funding and guidance to those working in the field, primarily in Ohio. In 2020, the foundation introduced an initiative to create partnerships with local and state level to improve crisis systems in communities. Additionally, the foundation introduced the “Think Bigger, Do Good” policy series in 2022 to address national mental health issues, such as 988.

[Pew Charitable Trust](#)

The Pew Charitable Trust partners with many nonprofit organizations and philanthropies to address issues that extend between the mental health and justice sectors. The trust has played an important role in funding areas of research to highlight successful reforms in areas such as incarceration, probation, crisis response systems and 988-call centers.

⁷ Health Lab's Inform988 initiative is supported by grant funding by the Sozosei Foundation.

[Cambia Health Foundation](#)

Cambia Health Foundation strives to change the way people experience healthcare. The foundation provides funding through several grants designed to advance “whole person care models at every stage of life to build a just and inclusive healthcare system for all.” In 2022, Cambia Health Foundation invested over \$300,000 in nonprofit organizations partnering with the National Suicide Prevention Lifeline system to “expand, diversify, support and train the behavioral work forces.” Organizations that received funding include Crisis Connections (Washington), Huntsman Mental Health Institute Utah Crisis Line (Utah), Jannus, Idaho Crisis & Suicide Hotline (Idaho), Lines for Life (Oregon), Northwest Human Services (Oregon), Volunteers of America Western Washington (Washington).

[Duke Energy Foundation](#)

In 2021, Duke Energy Foundation provided \$100,000 in funding to suicide prevention call centers in Indiana to help expand 988 and further advance mental health support.

988 Tool Kits, Fact Sheets and Resources

Inform988 recognizes the work and dedication of the listed organizations. This list of resources is not intended to be comprehensive. We encourage readers to review these resources and to recommend additional materials.

- [988 Convening Playbook - Public Safety Answering Points \(PSAPs\)](#) by [NASMHPD](#) (National Association of State Mental Health Program Directors)
- [988 Convening Playbook – States, Territories](#) and Tribes by NASMHPH
- [988 Convening Playbook – Mental Health and Substance Use Disorder Providers](#) by NASMHPD
- [988 Convening Playbook -Lifeline Contact Centers](#) by NASMHPD
- [988 Partner Toolkit](#) by [SAMHSA](#) (Substance Abuse and Mental Health Services Administration)
- [The State of 988](#) by [AFSP](#) (American Foundation for Suicide Prevention)
- [988 Fact Sheet](#) by [FCC](#) (Federal Communications Commission)
- [How to Use 988 to Respond to Behavioral Health Crisis Calls](#) by [BJA](#) (Bureau of Justice Assistance)
- [NAMI 988 Suicide & Crisis Lifeline Tracker](#) by [NAMI-Ipsos](#)
- [988 FAQ for Nationwide Availability](#) by [NAMI](#) (National Alliance on Mental Illness)
- [988 Mental Health Crisis Line](#) by [AAS](#) (American Association of Suicidology)