

# Overview of Model State Legislation to Implement 988 Mental Health Crisis Infrastructure

In 2020, the Federal Communications Commission and Congress acted to make 988 the nationwide three-digit number for mental health crises and suicide prevention, operating through the existing National Suicide Prevention Lifeline, which has a nationwide network of call centers. By July 2022, all telecommunications companies will be required to route 988 calls to the Lifeline.

**States must act rapidly to develop a 988 crisis service infrastructure**, including passing legislation to implement fees to fund crisis call centers and response capacity, as well as consider appropriations of general funds to support the crisis system. To do this, NAMI strongly supports the “Model Bill for Core State Behavioral Health Crisis Services Systems,” which would enable a state, if the legislation is enacted, to comply with the federal National Suicide Hotline Designation Act of 2020 (S. 2661) and build needed infrastructure to effectively respond to mental health crises.

## Model Legislation

The model legislation would ensure a range of crisis response: over-the-phone (crisis counseling), onsite (with mobile crisis teams) and in-person (with crisis receiving and stabilization services):



## Create robust 988 Crisis Hotline Centers

*(Model bill section 1)*

The legislation calls for designated crisis hotline center(s) that must meet specific requirements, including:

- **Serving as a centralized 24/7 hotline for mental health crisis calls.** The state must select a one-stop-shop to respond to 988 calls made by individuals experiencing a mental health, substance use, or suicidal crisis. The designated hotline center(s) must agree to be part of the National Suicide Prevention Lifeline network.
- **Fully integrating 988 with other emergency systems.** Mental health crises do not occur in isolation. The 988 hotline center(s) must be interoperable with 911, emergency medical services (EMS), the Veteran’s Crisis Line, and other non-behavioral health crisis services, etc.
- **Collecting data to maximize effectiveness.** To ensure effective 988 implementation, annual reports are needed on the 988 hotline’s usage and services. These reports will help the state to assess its progress and make data-driven decisions about any needed adjustments for the 988 system.

## Ensure access to appropriate and high-quality crisis response services

(Model bill sections 1, 2 and 3)

The legislation calls for state crisis response services to be strengthened by:

- **Making a range of crisis response services available.** Effective response to mental health crises requires a range of interventions: over-the-phone (with crisis counseling), onsite (with mobile crisis teams) or in-person (with crisis receiving and stabilization services). The state's designated 988 Crisis Hotline Center(s) must have the full range of these crisis response options available.
- **Implementing training requirements for hotline staff.** No matter how a crisis is handled by a 988 Crisis Hotline Center, it must be done so in accordance with operating standards of the National Suicide Prevention Lifeline and clinical best practices to ensure individuals receive a safe and humane response. To ensure the response is tailored to the unique needs of the person in crisis, the hotline center must meet NSPL requirements for serving high-risk and special populations.
- **Leveraging Mobile Crisis Teams (MCT) and crisis receiving and stabilization services.** As mobile and in-person crisis services are a common gap in mental health systems, the bill contains provisions outlining these as critical services. These services must be designed in partnership with community members, including people with lived experience utilizing crisis services. The bill specifies what professionals (including peers) are to serve on MCTs and how and when they are to work with law enforcement. Crisis receiving and stabilization services should be covered by an individual's insurance. However, in the instances that it is not covered, or an individual has no insurance, the model legislation calls for treatment costs to be covered by the state.

## Develop a fund and oversight to support 988 operations

(Model bill sections 4 and 5)

The legislation calls for the following financing to support the 988 system:

- **Establishing monthly phone fees to fund 988.** As permitted in the federal law (S.2661) passed in 2020, the model legislation would authorize a small, monthly telecommunications fee (sometimes referred to as a "user fee") on landline and wireless phone bills, similar to current 911 fees, to fund 988 infrastructure and services. (Note: for 911, monthly fees average around \$1/month.)
- **Creating a 988 Trust Fund.** The revenue generated from monthly phone fees would go into a 988 Trust Fund, along with any 988-related appropriations made by the state or any funds from other sources, such as grants. These dollars could only be used to support the operation of 988 and corresponding crisis services. Any money in the fund would roll over from year-to-year. The legislation requires an annual report to the state legislature and Federal Communications Commission on revenue from the 988 monthly fees as well as deposits and expenditures from the 988 Trust Fund.

## Provide a mechanism for planning and oversight

*(Model bill sections 6 and 7)*

The legislation calls for planning and oversight, as well as setting a timeline for implementation, including:

- **Assigning tasks to new or existing government bodies.** The model bill would require the state to create a new board or committee or assign tasks to existing agencies, boards or committees for the purposes of planning and ongoing oversight of implementation.
- **Requiring cross-agency coordination.** To ensure cooperation across systems, the model bill also calls for coordination with designated hotline center(s), 9-1-1 centers, the state mental health authority and the National Suicide Prevention Lifeline.
- **Establishing timeframes.** As required by the FCC and S. 2661, the bill specifies that the state create timelines consistent with the FCC rules (which require implementation by July 16, 2022).

Building a strong 988 mental health crisis infrastructure will require coordination and investment across all levels of government and across agencies. At the same time, NAMI will continue to advocate at the federal level for increased resources for training of Lifeline staff and to help states establish more robust crisis services. States would benefit from having a centralized, coordinating body to review and respond to any federal guidance or funding opportunities, coordinate system changes across relevant state agencies, and to also work with local agencies and programs.