



STATES' EXPERIENCES
IN LEGISLATING

988

AND CRISIS SERVICES
SYSTEMS

FEBRUARY 2022

STATES' EXPERIENCES IN LEGISLATING 988 AND CRISIS SERVICES SYSTEMS

AUTHOR

Arlene Hahn Stephenson, M.A.S., NDHP-BC
Senior Advisor,
National Association of State Mental Health Program Directors (NASMHPD)

NASMHPD

nasmhpd.org

RECOMMENDED CITATION

Stephenson, A.H. (2022). States' Experiences in Legislating 988 and Crisis Services Systems. Alexandria, VA: National Association of State Mental Health Program Directors.

DISCLAIMER

The views, opinions, content, and positions expressed in this paper are those of the author and do not necessarily represent or reflect the official views, opinions, or policies of any governmental, academic, or other institution with whom the authors are affiliated; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. government, any state government, academic or other institution. The information provided in this report does not constitute legislative advice or representation.

ACKNOWLEDGEMENT

This report was authored by Arlene Hahn Stephenson, M.A.S., NDHP-BC, Senior Advisor, NASMHPD, with assistance by Nili Ezekiel, TA & Research Associate, NASMHPD, and Christy Malik, M.S.W., Project Manager, NASMHPD. A special thanks to Laura Evans, Director, National and State Policy, Vibrant Emotional Health, and Matthew Taylor, Director of Network Development, National Suicide Prevention Lifeline, for their invaluable input into the development and review of this paper.

TABLE OF CONTENTS

INTRODUCTION	4
OVERVIEW OF STATE 988 LEGISLATION	6
SUMMARIES OF STATE LEGISLATION	7
LEGISLATION ENACTED WITH A FEE	7
LEGISLATION ENACTED WITHOUT A FEE	10
ENACTED LEGISLATION REQUIRING A COMPRHENSIVE STUDY	12
RESOLUTIONS.....	22
INTERFACE BETWEEN 988 AND 911—FINANCING—OBSTACLES	23
LEGISLATION WITH A FEE	23
LEGISLATION PASSED WITHOUT A FEE.....	26
LEGISLATION REQUIRING A COMPREHENSIVE STUDY.....	27
LEGISLATION FOR CONSIDERATION IN 2022.....	28
RESOLUTIONS.....	33
CONCLUSION	34
RESOURCES	36

STATES' EXPERIENCES IN LEGISLATING 988 AND CRISIS SERVICES SYSTEMS

INTRODUCTION

The road to a comprehensive and equitable behavioral health crisis system is under construction. It began in September 2004 when the Mental Health Association of New York City (MHA-NYC) was selected to by the Substance Abuse and Mental Health Administration (SAMHSA) to administer the federally funded network of crisis centers named the National Suicide Prevention Lifeline (NSPL) that provides 24/7 service via a toll-free hotline with the number **1-800-273-8255 (TALK)**. It is

available to anyone in suicidal crisis, experiencing a behavioral health crisis or emotional distress. The caller is routed to their nearest crisis center to receive immediate counseling and local mental health referrals. Since 2004 it has expanded into about 200 crisis contact centers throughout the nation.

280 people

**seriously contemplate
suicide**

for every suicide loss*

**according to Vibrant Emotional Health*

A major change is now taking place, emanating from the idea of making it easier to remember the phone number to call to reach for help when experiencing a behavioral health crisis. After a period of public comment, in August 2019 the Federal Communications Commission (FCC) recommended the use of 988 as the three-digit code for the NSPL. The FCC consulted with SAMHSA, the

Department of Veterans Affairs, and the North American Numbering Council concerning the technical foundation for 988 and by July 2020 had adopted regulations that designated 988 as

the new phone and text number for people in crisis across the United States. By October 2020 Congress had passed the [988 National Suicide Hotline Designation Act](#) establishing 988 into law and directing states to create statewide coordinated crisis services systems with adequate and stable funding. In July 2022, 988 will become the national three-digit dialing code for the Lifeline. As the administrator of the Lifeline since its inception in 2005, Vibrant Emotional Health (Vibrant) knows that a national three-digit phone number can improve access to vital crisis services, extend the national reach of suicide prevention efforts, reduce the stigma surrounding mental health and getting help. Most importantly, 988 will help to save lives. According to Vibrant, 280 people seriously contemplate suicide for every suicide loss. Per the current federal law, only Lifeline member centers are those who will receive 988 calls, chats and texts.

The change to 988 has been a catalyst for transforming the system of crisis care into one that offers a continuum of services from the initial call to 988, to a mobile response by a team including behavioral health professionals, to a location for receiving and stabilizing individuals and follow up care including prevention services. One aspect of the Act allows states to assess a fee on cell phone bills to recover the costs related to the three-digit number and associated crisis services. A similar fee on cell phone bills currently supports 911 in most states. With this Act the federal government brought the road to the states' borders leaving them with the job of designing the road in legislation, e.g., a financing strategy, an oversight body, the types of mobile crisis response teams, and real-time service coordination, etc.

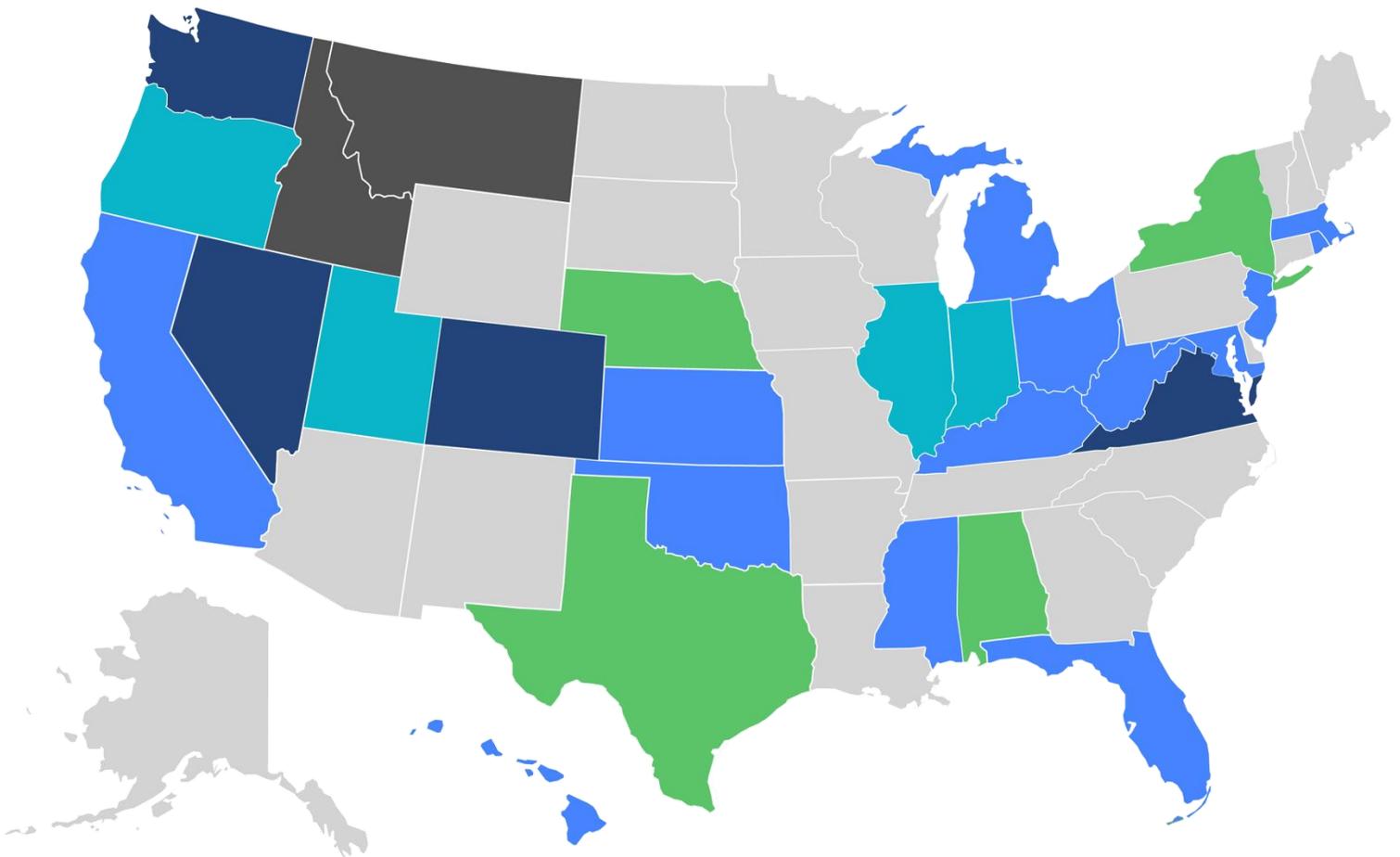
To assist the states during the fall of 2020, the National Association of State Mental Health Program Directors (NASMHPD) collaborated with stakeholders to develop and distribute a [Model 988 Bill](#) (published April 2021) for states to use as a template in developing legislation. The Model Bill defines key terms and establishes criteria for state crisis call centers' relationships with NSPL and the importance of chat and text functions, real-time crisis care coordination and specialized crisis services for populations at-risk. It also proposes criteria for mobile crisis team (MCT) staffing, MCT and crisis stabilization services staff that reflect the demographics of the community, and relationships with law enforcement. A model for funding the system suggests a fee on subscribers of mobile and VOIP telecommunications services that would cover the costs of the crisis call centers, personnel, and outreach and stabilization services. The fees would be held in state trust funds and could be adjusted for volume and other criteria. States may create a variety of implementation and oversight boards. Timeframes for implementation would be consistent with the FCC July 16, 2020 Ruling and the National Suicide Hotline Designation Act of 2020.

As of this writing about one half of all states have introduced and/or passed laws (some states with provisions for studies) and many more are in progress for 2022. This paper provides information on the states' legislative experiences, various aspects of the laws they have attempted to enact or have successfully enacted, methods of financing their crisis systems, and the interface between 988 and 911.

OVERVIEW OF STATE 988 LEGISLATION

Two organizations have created online dashboards to track state-level 988 policy developments. The National Alliance on Mental Illness (NAMI) [988 State Bill Tracking](#) site has a map of 988-related state legislation as illustrated in Figure 1. In addition, Vibrant Emotional Health launched an interactive mapping tool, [988 Policy Map](#), that tracks in real-time 988 legislative and regulatory developments. These two online dashboards provide state-level policy monitoring to support state decision makers in staying informed of the ever-changing 988 legislative landscape.

Figure 1: NAMI 988 State Map



KEY

- Enacted 988 infrastructure with fee
- Enacted 988 infrastructure without fee
- Enacted 988 legislation to create 988 study and/or commission
- Pending 988 legislation
- 988 legislation that did not pass

SUMMARIES OF STATE LEGISLATION

This section provides a summary of the various legislation processes and includes state spotlights highlighting their bills' key policy components. The legislative processes outlined in this portion include legislation enacted with a fee, legislation enacted without a fee, enacted legislation requiring a comprehensive study, legislation eligible for consideration in 2022 including bills that are pending or have stalled, and resolutions. The legislative landscape is continuously evolving as states prepare for 988 implementation. Please refer to the 988 state legislation map, referenced as Figure 1, as a resource on the latest state 988 legislative developments.

LEGISLATION ENACTED WITH A FEE

COLORADO (SB21-154)

Colorado followed the lead of their Former US Senator Cory Gardner, who introduced the 988 legislation (National Suicide Hotline Designation Act) at the federal level with their enactment of SB21-154, entitled "988 Suicide Prevention Lifeline Network". Colorado acknowledges that it is taking action to address their high rates of suicide, the majority by firearms, particularly in Mesa County where the rates of suicide are double the national average and most involve young people ages 10 to 19 years old.

The bill took effect on January 1, 2022 and provides for collaboration with and following the best practices and operational and clinical standards of the NSPL and the Veterans Crisis Line (VCL). The services will include acute care, crisis receiving and stabilization and follow up services emphasizing serving those at high risk. Onsite response will be provided by both mobile response units and co-responder programs. Colorado has taken a unique approach to funding the 988 crisis system through a 988 Crisis Hotline Enterprise discussed in the section *Financing and the Interface Between 988 and 911*. It will be financed through 988 fees imposed through a surcharge on phone service users and a charge on prepaid wireless phones. The rate is initially set for \$0.18 and will be reviewed annually but may not exceed \$0.30 per retail transaction.

NEVADA (SB390)

On June 4, 2021, the Nevada Governor signed into law SB390 which requires the Division of Behavioral Health within the Department of Health and Human Services to establish one or more 988 crisis call centers by July 1, 2022. The new law encourages the establishment of mobile crisis teams to respond to the calls and coordinate, deploy and provide follow-up services. It also provides for any regulations necessary for real-time communications. Some unique features of the law are the inclusion of Nevada's special populations: individuals with substance use disorders or co-occurring disorders and Native Americans; and three types of Mobile Crisis Teams (MCTs) established by law enforcement agencies: law enforcement officers, persons professionally qualified in the field of psychiatric mental health, and providers of peer recovery support services.

The Act also requires the State Board of Health to adopt regulations to impose a surcharge on mobile communication services, IP-enabled voice services and landline telephone services. Their 988 system will be supported and sustained via a surcharge that must be sufficient to support the uses specified but must not exceed \$0.35 for each access line or main trunk line. They anticipate revenues of \$13.3 million per year that may be used for 988 operations, technology, mobile crisis and crisis stabilization. Nevada also has a substance abuse hotline. The new 988 number represents an opportunity to fold the two lines together under the crisis contact centers.

VIRGINIA (SB1302)

Virginia was the first state to enact 988 service fee legislation (March 18, 2021). The law is very comprehensive, covering all provisions in the Model Bill and creating 988 crisis contact centers (utilizing calls, chats and texts that are interoperable across emergency response systems), community care teams, and mobile crisis teams. Revenues from the fees (\$0.12 on recurring wireless accounts and \$0.08 on prepaid accounts) established in the bill create a Crisis Contact Centers Fund to be spent on the crisis system along the *entire* continuum of care including the crisis contact centers, community care, mobile crisis teams, and crisis stabilization centers. Virginia's system is designed to divert people in a mental health, substance use, or developmental disability crisis from a law enforcement response. It also provides for next generation of 911, i.e., direct dial, notification, and dispatchable location requirements.

Virginia designated two types of response teams: a Mobile Crisis Team (MCT) and a Community Care Team (CCT). An MCT includes a mental health professional, a peer recovery specialist, or a family support partner. A CCT includes a mental health service provider and may also include registered peer recovery specialists and law enforcement agencies, but with mental health providers leading to help stabilize and law enforcement providing backup support. The MARCUS Law provides considerable guidance on 911 and law enforcement involvement and is clear that their goal is to divert from 911 dispatch. Law enforcement agencies are directed to enter into memorandums of agreement for protocols with mobile crisis response providers regarding law enforcement back up during MCT or CCT responses.

SB1302 provides a timeline for adequately and fully covering the five regions of the Commonwealth by July 1, 2026. The legislation requires reports on successes and problems, analysis of operations, any disparities in response and outcomes by race and ethnicity, and recommendations for program improvements. Virginia addresses health disparities by requiring centers to provide linguistically and culturally competent care. Teams must reflect the diversity of the community and include individuals with lived experience.

WASHINGTON (HB1477)

The State of Washington, the third state to pass legislation, was compelled by two major factors to move quickly to pass the bill: Data spoke to the need—nearly 6,000 Washington adults and children died by suicide in the prior five years—and suicide was the major cause of death among young people ages 10 to 24. The State’s legislation included three major components: (1) preparing a statewide 988 crisis system by the federal July 16, 2022 deadline; (2) tasking the Department and crisis contact centers hubs to connect people with crisis services; and (3) establishing a Crisis

Response Improvement Strategy Committee to develop an integrated behavioral health crisis response and suicide prevention system that includes needs assessment, goals, and improvement targets. Washington’s bill was extremely comprehensive including a vast majority of the components of the 988 Model Bill. Their bill designated funds for multiple aspects of the implementation including collaboration of stakeholders, creation of several implementation committees and the gubernatorial appointment of a 988 hotline and behavioral health crisis system coordinator.

The crisis contact center hubs have the authority to deploy mobile crisis rapid response teams and coordinate access to a list of crisis care services. In addition to designated mobile crisis rapid response teams, other responders such as co-responder teams, fire departments’ mobile integrated health teams, community assistance referrals and educational service programs are included.

Ambulance and fire/police drop-offs will be accepted. Emphasis is given to services for high-risk populations that include agricultural and older adult populations. A new platform will support crisis and emergency response systems statewide, an integrated client referral system and real-time information needed to coordinate services and all bed types.

The bill language appropriated \$23 million for a statewide 988 system to route calls to and contract for the operations of crisis contact centers, including funding for operations, training, and information technology and program staff. An additional \$609,000 was appropriated for staff support for planning, development, and implementation of technology solutions and for the Strategy and Steering Committees. Another \$1 million is dedicated to a tribal crisis line. The Washington Health Authority received almost \$2 million for staffing, planning and administrative costs. A statewide monthly fee began October 1, 2021, at \$0.24 (switch access, radio access, and VOIP) and will increase to \$0.40 on January 1, 2023.

Washington State Legislature HB1477

focuses on

access to an equitable behavioral

health crisis system

including the creation
of a tribal crisis line.

LEGISLATION ENACTED WITHOUT A FEE

ILLINOIS (HB2784)

Illinois' bill relates to the implementation of a 988 system, SB2784, the "Community Emergency Services and Support Act". The bill states that individuals have a right to behavioral health response that is equivalent to the response already provided to individuals who require emergency physical health care. The bill language is heavily related to the relationship between 988 and 911. It defines

"Each 911 PSAP and provider of emergency services dispatched through a 911 system must coordinate with the mobile mental and behavioral health services established by the Division of Mental Health."

Illinois HB 2784

a responder by what a responder is not: "A responder is not an Emergency Medical Services Paramedic or EMT as defined in the EMS Systems Act unless that responding agency has agreed to provide a specialized response in accordance with the Division of Mental Health's services offered through its 988 number and has met all the requirements to offer that service through that system." The essence of the bill is to force coordination between a 988 and a 911 response. "Each 911 PSAP [public safety answering point] and provider of emergency services dispatched through a 911 system must coordinate with the mobile mental and behavioral health services established by the Division of Mental Health."

Mobile responses must ensure that individuals in a crisis are diverted from hospitalization or incarceration whenever possible. Responders will be required to be trained in de-escalation techniques, have a knowledge of local community services

and be supportive and respectful during interaction with the individual in crisis. The Division and a Committee will determine the appropriate credentials for responding mental health providers, the extent to which the responders can be peer support professionals, as well as establish a protocol for responders, law enforcement, and fire and ambulance services to request assistance from each other. Law enforcement will not be used to provide transportation to access mental or behavioral health care. A Statewide Advisory Committee will be convened to review and make recommendations coordinating 911 and the 988 mobile mental health response system. There will also be an Emergency Response Equity Committee composed of individuals with a lived experience of a behavioral health disorder or developmental/intellectual disability.

Unlike many states, the bill does not include agreements with the NSPL, a continuum of crisis behavioral health services, high-risk populations, the need for culturally and linguistically competent care, nor responders who reflect the demographics of the community they are serving. The bill also does not establish a funding source, although a separate bill, SB2945 (see the *Legislation Eligible for Consideration in 2022* section), would have created a 988 trust fund. HB2784 became public law on September 25, 2021 and took effect on January 1, 2022. Illinois [SB 2945](#) creates a statewide 988 trust fund. The bill was reported favorably on January 11, 2022.

INDIANA (HB1468)

As part of a bill to improve mental health services to individuals who are participants in Medicare and Medicaid, Indiana added language to HB1468 regarding changes to their crisis hotline. The bill, signed into law on April 29, 2021, specifies that the Division of Mental Health and Addiction has primary oversight over suicide prevention and crisis services activities, as well as coordination and designation of the 988 crisis hotline center(s). Indiana developed an [*Indiana 988 Infrastructure Plan*](#) which is a vision of an operational infrastructure and directed their Medicaid agency to submit a [Medicaid state plan amendment](#) to allow for federal reimbursement of a portion of crisis services delivered to Medicaid beneficiaries.

By July 1, 2022, Indiana plans to designate one or more 988 crisis hotline centers to act as a coordinator(s) for crisis intervention and crisis care anywhere in Indiana 24/7. The organization must have an agreement with the NSPL, comply with the requirements and best practices guidelines, use real-time interoperable technology including chat and text and deploy mobile crisis teams. The teams could have one of the following configurations: (1) behavioral health professionals and peers, (2) emergency medical services personnel, and (3) law enforcement-based co-responder behavioral health teams. The teams would be responsible for coordinating access to crisis receiving and stabilization services or other appropriate local sources and serving high risk and special populations with culture and linguistic competency. The State will establish a 988 Trust Fund of monies from legislative appropriations, federal funds, and other earnings. The fund does not revert to the State general fund and is not subject to transfer to any other fund. There is no provision for collecting fees from mobile phones nor VOIP services to sustain the fund.

UTAH (SB155)

Utah's legislature passed its 988 Mental Health Crisis Assistance bill on March 4, 2021, and a week later was signed into law. This was timely; however, it should be noted that the bill was the product

**A unique feature is a
tiered priority
spending list
which places
crisis contact centers before
other 988 services.**

Utah SB155

of seven years of work. It began with a call from a parent with a suicidal 15-year-old to his friend, State Senator Thatcher who enlisted Sen. Orrin G. Hatch, who in turn enlisted Rep. Chris Stewart, and in 2017 they began the process to designate a nationwide three-digit dialing code by introducing the National Suicide Hotline Improvement Act. In Utah, Sen. Thatcher and Rep. Eliason proposed bills in 2014 and 2018 to create a single three-digit number and text across the State. Among the bills passed was SB155, the 988 Mental Health Crisis Assistance bill, designed to fund and strengthen crisis services. The new law establishes an account appropriated by the legislature (\$15.9 million) and includes federal or private donations, if any. It supports all 988 services as well as a continuum of crisis services.

A unique feature is a tiered priority spending list which places crisis contact centers before other 988 services. A Medicaid waiver application or State plan amendment will be pursued.

The infrastructure and policy guidance are entrusted to a newly created Behavioral Health Crisis Response Commission charged with making recommendations including what would comprise a sustainable funding source, including a 988 fee, which may explain the lack of a fee in the legislation. Interestingly, the law requires that the statewide crisis contact center collaborate with 911 and that any 988 fees be used for “mitigation of any negative impacts on 911 emergency service from 988 services”. The Commission is to report out by December 31st of 2021 and 2022.

There is strength in the bill, but several key provisions are missing from the plan: an active agreement with the NSPL, a system for real time coordination of services, training requirements for serving high-risk populations, and mobile crisis teams that reflect the demographics of the community. These may be tasks for the new Commission, but the statute does not define these tasks as their role.

ENACTED LEGISLATION REQUIRING A COMPREHENSIVE STUDY

Legislation in the following states required a study of many aspects of a crisis system including call centers, mobile response teams, crisis receiving and stabilization, cost analyses, and fee structures.

MISSISSIPPI (HB732)

Mississippi has introduced HB732 which expresses their intent to be compliant with the National Suicide Hotline Designation Act of 2020. The bill creates a study commission on the 988 comprehensive behavioral health crisis response system that will assess and develop recommendations for crisis response services and to adequately fund crisis response services statewide thus sustaining the call centers and crisis services. The bill was voted favorably out of committee.

NEBRASKA (LB247)

The State of Nebraska introduced and passed LB247 (first-round approval with a 41-0 vote) and was signed by the Governor in May 2021. It creates a Mental Health Crisis Hotline Task Force to develop an implementation plan for Nebraska to integrate and utilize a 988 mental health crisis hotline as was established in federal law. The Task Force will determine how to integrate local mental health crisis hotlines; develop a plan for staffing; and conduct a cost analysis to determine how a fee structure could be designed to cover the costs. It is composed of eight legislators, behavioral health clinicians and providers, advocacy groups, educational institutions, and law enforcement from all congressional districts. The Task Force is to meet through December 31, 2022. The bill references federal legislation permitting a 988 fee to be imposed in the same manner as 911.

NEW YORK ([S6194B/A7177B](#))

New York's bill relates to establishing a 988 suicide prevention and mental health crisis hotline system with their Core Behavioral Health Crisis Services System. The State has been aggressively pursuing impactful suicide prevention programming. While the nation has witnessed an increase in the suicide rate over the last two decades, New York's rate has remained flat since 2012. Though the CDC lists New York as having the lowest suicide rate in the nation, suicide is the 12th leading cause of death in New York, the second leading death for people between the ages of 10 and 34 years old, and the fourth for individuals between the ages of 35 and 54. New York is interested in pursuing 988 recognizing that it has the potential to make their system stronger.

The bills require the Commissioner of the Department of Public Service, the Commissioner of the Office of Mental Health and the Commissioner of Addiction Services and Supports to designate a crisis hotline center on or before July 16, 2022 and establish minimum standards. These agencies are authorized to have joint oversight of suicide prevention and crisis service activities and coordination of crisis centers. The previous year New York passed related bills, [S6194B/A7177B](#), known as Daniel's Law, that provide for mobile crisis teams rather than law enforcement and regional mental health response councils to coordinate coverage as the issue of oversight was controversial.

S6194B and its companion bill A7177B both passed their respective houses. S6194B was sent to the Governor and signed into law on December 22, 2021, but with a chapter amendment that would have the Office of Mental Hygiene submit a report on implementation plans. The plan is for the legislature to pass another bill in the 2022 session. The new bill numbers are A8711 and S7850.

OREGON ([HB2417](#))

Oregon's legislative road to 988 began with HB3069, which later merged into HB2417. The plans for 988 services are clearly based in SAMHSA's behavioral health crisis care implementation guidelines, using the best practices laid out in SAMHSA's toolkit and guidelines. The bill is thoughtful and comprehensive, lacking only a sustainable financing methodology. The purpose of the bill is described as removing barriers to access and quality; improving equity in treatment and ensuring culturally, linguistically, and developmentally appropriate responses recognizing that historically, marginalized communities are at disproportionate risk of poor outcomes and criminal justice involvement; and ensuring an effective level of crisis services no matter the location.

Oregon seeks modern technology to provide necessary linkages and follow up care. The State recognizes the need to expand mobile crisis intervention teams and crisis stabilization services, have a no reject policy for walk-in and first responder drop-offs at stabilization centers. Collaborations with crisis and emergency response systems including 911 and 211 and with other centers in the NSPL network are a priority, as are policies and training needed for working with high-risk populations, veterans, military, rural residents, and individuals with co-occurring disorders.

A January 1, 2022, report is due from the Oregon Health Authority to the Legislative Committee regarding the establishment of the crisis hotline center and projections for crisis care services.

The bill considered not only needs at different life stages but also improving health disparities by addressing health inequities. It does not mandate a fee but raises questions related to the fee amount and mechanisms, types of telecommunications lines or accounts on which the fee would be imposed, the allocation of the fee revenue, whether the fee revenue would supplant any existing funding, and recommendations for maximizing federal financial participation.

TEXAS (SENATE BILL 1–GENERAL APPROPRIATIONS ACT)

The Texas State legislature in their General Appropriations Act (Senate Bill 1) included language regarding a “Study Related to 9-8-8 Implementation”. The language began in the House version of the bill and became part of the Engrossed Senate Bill 1. Section 58 of the bill provided funds for supporting the Health and Human Services Commission in studying “the adequacy and efficacy of existing National Suicide Prevention Lifeline (NSPL) infrastructure”. In addition, Texas will make recommendations for sources of sustainable funding for the NSPL infrastructure and crisis response services and submit a report by September 1, 2022, which is six weeks after the implementation date established in federal legislation. Senate Bill 1 also requires a report of suicide and suicide prevention including data and recommendations specific to suicides among veterans and foster youth in the State, also due by September 1, 2022.

LEGISLATION ELIGIBLE FOR CONSIDERATION IN 2022

CALIFORNIA (AB988)

California (AB988) stated intent to enact legislation to implement the National Suicide Hotline Designation Act of 2020, in compliance with rules adopted by the Federal Communication Commission, by July 16, 2022, designating “988” as a three-digit number for the National Suicide Prevention Hotline (NSPL). The bill is a two-year bill, and currently in the Senate Governmental Organization Committee.

Previous versions of the bill proposed to establish the Miles Hall Lifeline Act to establish a 988 Crisis Hotline Center, using the digits “988” in compliance with existing federal law and standards governing the NSPL Network; require the Office of Emergency Services to take specified actions to implement the hotline system, including hiring a director with specified experience and designating a 988 crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 number; create a surcharge, beginning January 1, 2022, on each access line for each month or part of the month a service user subscribes with a service supplier, based on the OES’ estimate of 988 costs, which would be calculated in the same fashion as the OES’ estimate of 911 charges; create a 988 State Mental Health and Crisis Services Special Fund (the 988 Fund) and requires the fees to be deposited along with other specified moneys into the 988 fund.

California is working to build a continuum of crisis services, of which 988 will be a critical component. The California Department of Health Care Services (DHCS) has collaborated closely

with the network of the California Lifeline Centers for the Vibrant Health 988 Planning Grant, working with a planning group for including state departments, state associations, and advocacy groups. DHCS invested \$20 million in the Lifeline Centers to help build capacity in anticipation of the 988 launch, \$205 million for counties to expand mobile crisis response services and has committed \$2.2 billion to support the Behavioral Health Continuum Infrastructure Program to expand the number and types of BH services in California. DHCS is actively pursuing SAMHSA opportunities for future funding.

In 2022, the California Health and Human Services Agency will develop a plan through stakeholder engagement to support connections between prevention efforts like hotlines and peer support services, 988 behavioral health crisis call centers, and mobile crisis response at the local level.

FLORIDA (SB478)

Florida's SB478 requires the Statewide Office for Suicide Prevention within the Department of Children and Families to conduct a study to assess the adequacy of the current infrastructure of Florida's NSPL system and other components of the State's behavioral health crisis system to inform the Legislature on how best to provide appropriate and sustainable funding for changes required by the 988 Act and the FCC regulations. The Department will study the current infrastructure of the NSPL system within the State, the current capacity of other crisis response services including services provided by mobile response teams and centralized receiving facilities, strategies to improve linkages between the NSPL infrastructure and crisis response services, available funding through the mental health block grant funds, opioid settlement, the American Rescue Plan Act (ARPA), the CARES Act, the Medicaid program or other federal legislation that could be used to support the NSPL and crisis response infrastructure. Strategies will be developed to ensure that managing entities continue to work with community stakeholders throughout the State for the purpose of supporting the NSPL system and other crisis response services. A report of their findings is due by July 1, 2023, which is one year after the federal 988 implementation date. On October 21, 2021, the bill was referred to the Children, Families, and Elder Affairs, Appropriations Subcommittee of the Health and Human Services Committee. The Committee passed it favorably on January 11, 2022.

HAWAII (SB2205; HB1665)

Hawaii has introduced four crisis system related bills for the 2022-2023 session. Hawaii ([SB2205](#)) approaches building a system through a task force implementation plan. The Department of Health would be responsible for administering the work of the task force. Their goals would be to develop the plan, identify and collaborate with community partners to create or invest in existing programs to support call centers, and make recommendations to the legislature no later than twenty days prior to the convening of the regular session of 2023. The bill requires an appropriation for FY22-23 out of the general revenues of an amount that was left blank in the bill. The Act would be effective immediately upon signing and the appropriation would take effect on July 1, 2022. [HB1665](#) establishes a core State behavioral health crisis services system with one or more crisis hotline centers with call, text, and chat capabilities, that is interoperable between and across crisis and

emergency response systems. It would serve high risk and specialized populations and include evidence-based training for all staff and volunteers in the management of calls. Each crisis hotline center would have the authority to deploy crisis and outgoing services, including mobile crisis teams that include peers, coordinate a continuum of crisis services or other local resources. The bill requires the Department of Health to provide crisis callers onsite response services using mobile crisis teams and to facilitate appropriate information sharing for real-time crisis care coordination. The mobile crisis teams would be funded by the State and/or locally.

ILLINOIS (SB2945)

Illinois' 988 bill, SB2945, was not enacted but was referred to the Assignments Committee on October 26, 2021. The intention of the bill is to create a fund to provide for a crisis services system. It has a strong beginning, explaining that the system should align with the federal 988 bill, the FCC regulations, and SAMHSA's guidelines for crisis care. It also describes the components of the fund: (1) appropriations by the General Assembly; (2) grants and gifts intended for deposit in the Fund; (3) interest, premiums, gains, or other earnings on the Fund; and (4) monies from any other source that are deposited in or transferred to the Fund. These sources are consistent with those of other states' funds. It assures protection for the fund from reversion and transfer or reassignment but does not provide sustainability. It is a bill with intent, although short on details.

According to an Illinois Human Services Department news release, the Department is partnering with the six existing Lifeline crisis contact centers in the State as well as other advocates and key stakeholders to ensure the transition to the new federal hotline in July 2022 goes smoothly. The Illinois Key Stakeholder Coalition will serve as an advisory group for the IDHS 988 Planning Grant Team.

KANSAS (HB2281)

The Act created by HB2281 is entitled "Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas". The Kansas Department for Aging and Disability Services would be responsible for designating a hotline center/network to provide crisis intervention services and care coordination for a continuum of crisis care services. The bill also establishes an important relationship with the NSPL for consistent public messaging and training for hotline center staff. An advisory board would provide guidance to the Secretary and gather feedback and make recommendations for crisis contact centers, local counties and municipalities regarding planning and implementation. The State was pleased to find assistance in new partners such as the sheriff's and social worker's associations. On March 5, 2021, the bill was withdrawn from the calendar and referred to the Committee on Appropriations. In January 2022 it was re-referred to the Committee on Health and Human Services. If the bill had been enacted, a 988 fee would have been imposed. Opposition to the bill is discussed in the section on financing.

KENTUCKY ([HB403](#); [HB546](#); [HB373](#))

Kentucky demonstrated an early interest in working on improving the crisis mental health system by sending Resolution [HR109](#) to the FCC to make a request, "The Kentucky House of Representatives respectfully urges the Federal Communications Commission to adopt 988 as the three-digit dialing code for a national suicide and mental health crisis hotline system". Kentucky already operates crisis hotlines in all regions. Kentucky introduced HB403 and HB546 which closely follow the 988 Model Bill. HB403 planned how mobile crisis teams will be created jurisdictionally consisting of behavioral health professionals and peers, or teams embedded in EMS, collaborating with law enforcement (LE) including LE as responders on teams, would reflect the demographics of the community, and collect customer service data. HB546 describes the types of funds that would be overseen by the cabinet as a permanent fund. It also describes the sources of fees or taxes as: individual exchange-line taxes, any private commercial telephone service or owner of a dispersed private telephone system for compensation collecting and remitting the subscriber charge; and a tax on any provider of interconnected VOIP local and 988 emergency services to subscribers for compensation. The cabinet would sequester the funds for the purpose of hotline centers. Both bills died and to date have not been reintroduced. In January 2022, another bill, HB373, was introduced and would establish a 988 mental health crisis hotline and create a 988 oversight board. A crisis restricted fund would hold the proceeds from a 988 service charge of \$0.70 established by this legislation. The bill describes the services subject to the charge as well as retailer's obligation to pay or collect and remit the taxes imposed. It would become effective January 1, 2023.

MARYLAND ([HB283](#); [SB241](#))

In January 2022, companion bills HB293 and Senate Bill 241, were introduced, referred to committee, and are in active status. The bills create 988 Trust Fund as a special, non-lapsing fund and require that by July 16, 2022, the Maryland Department of Health designates 988 as the primary phone number for the State's behavioral health crisis hotline. It also develops a statewide initiative for coordinating and delivering a continuum of behavioral health crisis response services including crisis call centers, mobile crisis team services, crisis stabilization centers and other acute behavioral health care services. The Department of Health is to work with NSPL and VCL for messaging of 988 services in a consistent manner. On December 1st of every year a report will be provided to specified legislative committees on the status of the fund. The bill also provides that for FY24, the Governor shall include in the annual budget bill an appropriation of \$10 million to the 988 Trust Fund.

MASSACHUSETTS ([S. 2584](#); [HB2081](#); [S. 1274](#); [HB4269](#))

During the debate of S. 2584, Massachusetts senators adopted an amendment that would create a State 988 crisis hotline center to provide crisis intervention services and care coordination. The bill, an updated version of S. 1274 which passed on a 39-0 vote on November 17, 2021 and will head to the House for consideration. A companion bill, HB2081, had a hearing scheduled for July 19, 2021, but no further action is recorded. Another bill, HB4269, was very recently introduced and is just beginning its way through committee. It is an omnibus package that includes language regarding creation of a trust.

In S. 2584, the State's Health and Human Services agency would be responsible for the creation of a crisis hotline center or centers to provide crisis intervention services and crisis care coordination. Calls made to 988 line(s) would be routed to designated hotline center(s) and community behavioral health centers. Massachusetts will also operate chat and text and share information via real-time communication among crisis and emergency response systems.

The hotline centers would deploy mobile crisis responders and coordinate access to crisis triage, evaluation and counseling services, community crisis stabilization programs or other resources. Partnership agreements would be formed with community behavioral health centers and other behavioral health programs and facilities, including programs led by individuals who have been consumers of behavioral health services. Community behavioral health centers must be capable of serving high risk and specialized populations and provide timely crisis and outgoing services in all geographic areas of the State.

A State 988 Commission would be formed to provide ongoing strategic oversight and guidance. The Commission has a lengthy list of representatives including three persons with lived experience and some unique appointments—the secretary of public safety and security, the executive director of 911, the executive director of Mass 211, a 911 dispatcher designated by the Massachusetts Chiefs of Police Association, the Parent/Professional Advocacy League, and the American Civil Liberties Union. The Commission will make recommendations for funding that may include the establishment of user fees. News outlets reported that the American Rescue Plan Act (ARPA) funding caused a distraction from discussions of a state levy.

MICHIGAN (HB5353)

Michigan's 988 bill was written as an amendment to [1974 PA 258](#), "Mental Health Code." The "Michigan Crisis and Access Line," known as MiCAL, is designated as the state's crisis hotline center to provide crisis intervention services and crisis care coordination to individuals accessing the 988 suicide prevention and behavioral health crisis hotline. It permits police to serve as members of mobile crisis team co-responders. The bill follows the 988 Model Bill requiring an agreement with the NSPL administrator and meeting their guidelines, best practices, and operating and reporting requirements. It also requires deployment of mobile crisis teams, and coordination and access to crisis stabilization units or other local resources and the NSPL and VCL. MiCAL will serve high-risk and specialized populations, providing follow-up services to users and data to the State legislature.

The Department of Health and Human Services is responsible for funding treatment for crisis stabilization and crisis stabilization units using money from the fund created in the "988 Suicide Prevention and Mental Health Crisis Hotline Fund Act" ([HB5354](#)). For uninsured individuals and Medicaid recipients the fund will cover the State share and the Department is to seek federal financial participation for the balance for Medicaid recipients. The bill was referred to the Committee on Health Policy on September 30, 2021 and does not take effect unless HB5354 is enacted.

MICHIGAN (HB5354)

HB5354 would create Michigan's "988 Suicide Prevention and Mental Health Crisis Hotline Fund" administered by the Department of Health and Human Services. The sources of funds are the State's 988 phone and prepaid wireless 988 charges, grants and gifts, or other sources. Expected expenses include the routing of calls made to the 988 and Michigan crisis and access line, staffing and technology infrastructure enhancements, personnel, staff training, and a continuum of crisis care services using law enforcement or first responder agencies, and local providers.

The Department of Treasury will establish both a monthly State 988 charge and a prepaid wireless 988 charge to cover the creation, operation, and maintenance of a statewide 988 crisis system and the continuum of services. Service suppliers will bill \$0.55 and collect the State charge from all users. In addition, a prepaid wireless 988 charge (2% per retail transaction or 5% for bundled products) must be collected for each retail transaction between a seller and a consumer. These charges may be adjusted to provide for continuous operation, volume increase, and maintenance. The Department of Health and Human Services will create boards or committees or assign tasks to existing agencies, boards, or committees to accomplish the planning required for implementation or ongoing oversight. This bill was heard on September 30, 2021 and referred to the Committee on Health Policy. It does not take effect unless HB5353 is enacted.

MONTANA (HB315)

Montana has been on the forefront regarding building a system for behavioral health crises. Data shows them at the top of suicide rates in the country, hovering between the highest and third highest in recent years. Despite this, Montana is ahead of many states in increasing mobile crisis, co-responder, and crisis stabilization services. Montana's efforts to increase crisis services began prior to the efforts to put 988 in place. In 2019, the passage of [HB660](#) provided grants for mobile

crisis teams. Counties were required to provide a match to receive the grant. Missoula County used the grant to fund mental health professionals for two mobile support teams located within the Missoula fire department diverting people from jail and hospital emergency rooms by including a social worker and an EMT within each mobile support team. Mobile support teams in other parts of the State accompany 911 while the program is being fully established. The State's desire to increase the numbers of co-responder teams and mobile crisis teams came with the support of police departments that recognized that behavioral health crises were not their area of expertise and should not be their primary role.

The ultimate plan was to ensure that all citizens and visitors receive a consistent level of 988 and behavioral health crisis services.

Montana HB315

In 2021, HB315 was introduced with the intention of implementing the National 988 Suicide Hotline Designation Act of 2020. If enacted, it would have created crisis centers, required telephone service providers, and prepaid wireless sellers to collect a \$0.10 fee (without future adjustments). The description of the fee and fund was very thorough. The ultimate plan was to ensure that all citizens and visitors receive a

consistent level of 988 and behavioral health crisis services. The bill was introduced in February 2021 in the House Energy, Technology and Federal Relations Committee where it died having missed a deadline for Revenue Bill Transmittals on April 8, 2021. The bill would have provided for a full continuum of crisis services but lacked a few other components. It did not acknowledge the needs of specialty populations, linguistic or cultural competence or the importance of personnel reflecting demographics of the community served, or collaboration with the VCL or police departments.

NEW JERSEY (A5496; S3500; A2036)

New Jersey's A5496, and its companion bill S3500, are Acts "Preventing Suicidality and Addressing Mental Health and Substance Use Disorder Crises". The Commissioner of Human Services is charged with designating a crisis hotline center(s) to provide crisis intervention services and crisis care coordination to individuals accessing 988 by July 16, 2022. The State would have an active agreement with the NSPL to meet NSPL standards, have technology that is interoperable with the NSPL and across crisis and emergency response systems, and regulations to permit real-time crisis care coordination. The Commissioner is charged with primary oversight and would work in concert with NSPL and VCL networks on public messaging. A designated hotline center would serve high-risk and specialized populations providing linguistically and culturally competent care, and follow-up services. The system would provide onsite response services for crisis calls utilizing State or local mobile crisis teams composed of licensed behavioral health professionals, and peers, or a behavioral health team and peers embedded within an emergency medical services entity. A designated center would collaborate on data and crisis response protocols with local law enforcement agencies and include police as co-responders only as needed to respond to high-risk situations. A mobile crisis team would be designed in partnership with community members, including people with experience utilizing crisis services.

The Commissioner of Human Services would use available funds for services utilized by an individual who is uninsured or underinsured as well as maintain a 988 trust fund for a statewide 988 system that consists of monies from a statewide 988 fee assessed on users, appropriations, grants and gifts, and other earnings. The provisions of this Act will be implemented consistent with timeframes required by the federal 988 law and the FCC rules adopted on July 16, 2020. Both bills would have taken effect immediately but were referred to Committees.

For the 2022-2023 session, New Jersey recently refiled [A5496](#) and [S3500](#) bills with a new [A2036](#) and companion [S311](#) entitled Core Behavioral Health Crisis Services System. The financing for the bills would require the Commissioner, consistent with the National Suicide Hotline Designation Act of 2020, to establish a monthly Statewide 988 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 988 suicide prevention and behavioral health crisis system. The fee also covers the continuum of services provided pursuant to federal guidelines for crisis services. Under the bill, the 988 fee is not to be applied to mobile service users who receive benefits under the federal Lifeline program as 41 defined in 47 CFR 54.401.

OHIO (HB468)

Ohio's 45% increase in suicides between 2007 to 2018 was a major concern that spurred Ohio's bill, "Establish 9-8-8 Suicide and Mental Health Crisis Line". The crisis line will be overseen by an administrator in the Department of Mental Health and Addictions Services working with the local boards and jurisdictions. The administrator will also be responsible for data, disbursement of funds, and coordination with the VCL and the NSPL on consistent messaging. By July 16, 2022, the administrator will designate crisis centers to participate in the crisis line and to provide and coordinate crisis stabilization and intervention services. Responders will reflect the demographics of the community served and are trained to work with special populations in a culturally and linguistically competent manner. Real-time crisis technology will be available to coordinate communications as well as text and chat. Communication parameters will be made formally with a variety of providers including crisis receiving and stabilization providers. A cost analysis is being prepared for transparency. The bill was referred to the House Behavioral Health and Recovery Supports Committee on November 2, 2021.

WEST VIRGINIA (SB181)

West Virginia's Core Behavioral Health Crisis Services System was introduced January 21, 2022. It requires the Secretary of Health and Human Resources designate a crisis hotline center(s) to provide crisis intervention services and crisis care coordination to individuals accessing the 988 suicide prevention and behavioral health crisis hotline. The hotline is to include all of the features suggested in the 988 Model Bill including chat and text and have the authority to authority to deploy crisis and outgoing services, and coordinate access to crisis receiving and stabilization services or other local resources. Crisis receiving and stabilization services as related to the call would be reimbursed by the Department if the individual is uninsured or the service is not covered. The Secretary of Health and Human Resources is responsible for oversight of the crisis system. The bill established a trust fund from a statewide 988 fee assessed on users, State appropriations and other sources of funds. The fund is to be used to pay expenses for ensuring the efficient and effective routing of calls made to the 988 suicide hotline to the designated hotline center(s) including staffing and technological infrastructure which enhancements necessary, personnel and the provision of acute behavioral health, crisis services, data, related quality improvement activities, and oversight of the fund. The monthly fee is charged to each resident that is a subscriber of commercial mobile and/or IP-enabled voice services. The fee is established in a separate section of statute, Chapter 24. Public Service Commission. Article 6, which authorizes a fee for the 911 system. The fee would begin July 1, 2022 and will be collected from each in-State two-way service subscriber. The 988 fee would be \$0.11 per month and will be shown as a separate fee on the subscriber's bill. The bill passed and was assigned to the Finance Committee.

RESOLUTIONS

ALABAMA (HJR168)

HJR168 will create the “Study Commission on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System”. The Commission would consider all the following: achieving 24/7 statewide coverage for 988 calls, chats, and texts in each county; new technology to triage calls and link individuals to follow-up care; funding to boost the financial stability and sustainability of crisis contact centers, increase capacity at the crisis contact centers answering 988 contacts, and for long-term improvement of answer rates for 988 calls; requirements for compliance with the NSPL requirements and best practices; ways for crisis contact centers to maintain local resource and referral listings and ensure linkages to local community crisis services; ways for centers to provide follow-up services to 988 callers, texters, and chatters based on Lifeline best practices and guidelines; and requirements for compliance with the National 988 Act and the FCC rules adopted July 16, 2020, to assure that all Alabama residents receive an effective level of 988 and crisis behavioral health services throughout the State. The Study Commission was to review the findings of the [988 Comprehensive Behavioral Health Crisis Communication System Landscape Analysis](#) and submit a report of its findings and recommendations. The bill passed but as a resolution, which does not carry the same weight as the law.

IDAHO (HCR11; SB1125)

In 2019 Idaho had a suicide rate that was 41 percent higher than the national rate. About 90 percent of the attempts and deaths were committed by individuals living with a diagnosable behavioral health condition. House Concurrent Resolution No. 11 (HCR11) introduced on March 3, 2021, was written to recognize and address the significant rates of mental illness and suicide in Idaho, raise awareness of 988 and share messaging. However, as resolution it does not have force of law. The Resolution was approved and sent to the Senate on March 8, by April 8 it had been reviewed and passed by the Senate, and on April 13 it was delivered to the Secretary of State. The Concurrent Resolution recognized 988 as the universal mental health and suicide prevention crisis phone number effective July 2022. It closely resembles the 988 Model Bill.

The companion bill SB1125 was introduced on February 15 and was referred to the Health & Welfare Committee the next day. SB1125 died in Committee.

INTERFACE BETWEEN 988 AND 911— FINANCING—OBSTACLES

When the 988 National Suicide Hotline Designation Act was signed into law in 2020 it directed the Federal Communications Commission to designate the number 988 for the national suicide and behavioral health crisis center, and for SAMHSA, the FCC and the Veterans Administration to complete certain reports. A provision of the Act allows states to assess a fee on telecommunications bills to recover the costs related to 988 and associated crisis services. This fee operates similarly to how fees now support 911 in a majority of the states. The relationship between and among 988 and 911 has sometimes been a source of confusion across states. Other issues that have caused confusion or resulted in a more phased approach to fees is the one-time \$1.58 billion in Mental Health Block Grant funding that can be used for crisis services; other sources of federal 988 funding; inflexibility of federal funds; insufficient data to calculate fees; how a fee is different from a tax; timing with an election year; and what the Health Insurance and Portability and Accountability Act requires regarding confidentiality. The following section describes the 988 and 911 interfaces, how 988 is being financed in some states, and some of the resistance and confusion individual states have encountered attempting to legislate sustainable sources of funding to support their crisis systems into the future.

LEGISLATION WITH A FEE

COLORADO

FINANCING

Colorado described in detail the source of their funding and how it may be used. Colorado has taken a unique approach to funding by creating a 988 Crisis Hotline Enterprise which is a business within the government. It did not require voter approval because it was structured in a manner that averted criteria that would have required a vote such as no other Enterprise with the same purpose within 5 years and revenues of less than \$100 million over a 5-year period. In addition, the revenues are not State fiscal year spending, and the charges are not a tax, but a fee, because the charges allow the Enterprise to defray the costs of providing the benefits and services. Their approach is unique as revenue would be returned to voters if funds were unspent or exceeded a certain threshold.

The revenues are held in a cash fund, and 911 and 988 funds may not be combined. The 988 fees will be imposed on commercial mobile and IP-enabled voice services. As mentioned earlier the rate will be reviewed annually but may not exceed \$0.30 per retail transaction. The State's Fiscal Analysis shows an appropriation total of \$5,687,692 cash funds from the 988 Crisis Hotline Cash Fund to the Department of Human Services for FY21-22. The bill requires total appropriations of \$8.5 million for FY21-22 and \$8 million the following year. \$10.7 million will go to multiple state agencies' expenses related to implementation and operation of the crisis system and the fund. Expenses anticipated are the same.

NEVADA

INTERFACE BETWEEN 988 AND 911

In Nevada, the law requires interoperability between and across crisis and emergency response systems—EMS, 911 and bed registries, the NSPL program and the VCL.

FINANCING

In accordance with existing federal law, Nevada law requires imposition of a surcharge and stipulates those proceeds be deposited into an account administered by the Division. As mentioned earlier, the amount of the legislated surcharge must be sufficient to support the uses specified but must not exceed \$0.35 for each access line or trunk line. They anticipate \$13.3 million in revenue per year. The funding may be used for 988 operations, technology, mobile crisis and crisis stabilization.

OBSTACLES

A provision of interest is an exemption for telecom providers from certain damage related to the hotline. The telecom industry launched the only opposition to covering crisis services.

The Attorney General and DHHS jointly negotiated with them, and the State succeeded in including mobile response and crisis stabilization, but the fee was capped. The needs assessment related to the opioid settlement dollars allows use for all pieces of the crisis response system, determines how the State defines crisis, and determines the allocation of the funds.

The rural hospital association talked to the more conservative legislative members to explain why a 988 system is important to rural Nevada and was extremely helpful in showing rural legislators the importance of this funding. Both the 988 and the opioid language is very clear that funds are intended to supplement but not supplant other services. Because there are dual funding streams, Nevada has committed to continue fiscal support even with additional funding. This path follows the approach proposed in model legislation, [Opioid Litigation Proceeds Act](#), distributed by Georgetown University Law Center for opioid settlements. Nevada has created the Crisis Response Account for the 988 fee and a separate account for Resilient Nevada settlement funds. The law also authorizes the

Division to accept gifts, grants, and donations to support the operation of the hotline and service provision to callers.

The rural hospital association talked to the more conservative legislative members to explain why a 988 system is important to rural Nevada.

The association was extremely helpful in showing rural legislators the importance of this funding.

VIRGINIA

INTERFACE BETWEEN 988 AND 911

Virginia was the first state to enact 988 service fee legislation. Their Crisis Contact Centers Fund is a dedicated and non-reverting fund.

FINANCING

988 fees from wireless bills include a fee of \$0.12 assessed monthly on wireless accounts and \$0.08 on prepaid accounts to be deposited into the Crisis Call Center Fund. The 2021 Fiscal Impact Statement provided by the Department of Taxation states the Crisis Contact Centers Fund would receive \$9.2 million in FY22 and \$10 million in FY23 and each year beyond.

The costs associated with establishing a crisis hotline are \$5 million in FY21 for the Crisis Contact Centers development. In FY22, costs are \$4.7 million for Crisis Contact Centers staffing and \$375,000 for maintenance. In FY23 the costs would increase to \$9.5 million and \$500,000, respectively.

WASHINGTON

INTERFACE BETWEEN 988 AND 911

In Washington there are two interfaces between 911 and 988. The law includes requires the technology to be compatible between 911 and 988 and requires a public safety representative on at least three committees/working groups that are to be created.

FINANCING

Washington provided fiscal support for 988 for the fiscal biennium beginning June 30, 2023, with an appropriation as well as a fee that began October 1, 2021, at \$0.24 and will increase to \$0.40 on January 1, 2023 (fee discussed in the section *Summaries of State Legislation*). A \$23 million appropriation is dedicated to 988 for call routing, center operations, and call center hubs, and \$1 million dedicated to the development of a tribal crisis line, and other specified amounts. A June 21, 2021 bulletin from the Office of the Governor/Office of Financial Management regarding the bill's passage provided a Fiscal Year 988 Tax Line with of \$17.9 million for FY22, increasing to \$36.1 in FY23, \$45.7 million for FY24, and out ten years to FY31 at \$48.9 million. The ten-year total is \$432.1 million.

OBSTACLES

Washington encountered pushback from within and outside of the State. Although the House passed the bill with a vote of 78 to 18, the Senate perceived the bill as regressive and passed it with a narrower margin of 27 to 22. Also, CTIA, a trade organization representing the wireless communications industry argued that Washington already had the 3rd highest fee in the U.S. and that any fee should be narrow and only cover the direct costs associated with the crisis contact centers not crisis services.

LEGISLATION PASSED WITHOUT A FEE

ILLINOIS

FINANCING

SB2784 bill does not establish a funding source, although a separate bill, SB2945, would have created a 988 trust fund.

INDIANA

FINANCING

Indiana's Fiscal Note explains that the bill allows, but does not require, the Division of Mental Health and Addiction to designate 988 crisis centers and exert oversight and coordination of their suicide prevention and crisis services. The Division of Mental Health and Addiction may experience additional workload resulting in costs of \$228,000 for FY22 and \$230,000 for FY23. Ultimately, the source of funds and resources required to satisfy these requirements of the bill will depend on legislative and administrative actions.

Explanation of State Revenues: The bill establishes the non-reverting 988 Trust Fund to receive appropriations of the General Assembly and federal funds supporting the 988 system.

Explanation of Local Expenditures: Community Mental Health Centers (CMHCs) are funded through a combination of state and county appropriations, and these funds are leveraged as the nonfederal share of Medicaid spending when used for Medicaid Rehabilitation Option (MRO) services. If the Family and Social Services Administration is granted federal approval of the single points of access required by the bill, additional services provided at CMHCs could become reimbursable. To the extent that additional Medicaid services are provided, local expenditures could increase. However, there could be a net decrease in expenditure if CMHCs are able to draw down federal reimbursement for services that were previously being provided without reimbursement. The nonfederal share of this amount is approximately \$133 million.

UTAH

FINANCING

In Utah, a fee was not established, however, their Commission is charged with an examination of what would comprise a sustainable funding source including a 988 fee, a general fund appropriation or other sources, which may explain the lack of a fee in the legislation. The law requires that the Statewide center collaborate with 911, and that any 988 fees be used for "mitigation of any negative impacts on 911 emergency services from 988 services". This was likely the result of confusion that arose between the roles of 988 and 911. Advocates indicated that charts developed to compare the differences in role, response and funding were found to be helpful. Also, it was suggested that a history of law enforcement's default roles as crisis responders since de-institutionalization in the 1960s might also be helpful. The Commission is to report out by December 31 of 2021 and 2022.

A fiscal note for the initial version of the bill shows revenues generated by additional drawing down of federal funds in FY22 of \$6.956 million and in FY23 of \$13.616 million. Enactment of this legislation could increase revenue related to the statewide mental health crisis line beginning in FY22, assuming a 175% increase in call volume and 40% of clients being Medicaid-eligible by FY26: Department of Health: \$3.325 million ongoing and \$3.316 million one-time loss from federal funds, and \$1.162 million ongoing and \$1.162 million one-time loss from expendable receipts. This legislation would transfer \$15.9 million ongoing and \$9 million one-time from the General Fund to the Statewide Behavioral Health Crisis Response Account beginning in FY22.

Expenditures for FY22 would amount to \$20.743 million and in FY23, \$38.741 million. Enactment of this legislation could increase expenditure beginning in FY22. Division of Substance Abuse and Mental Health: \$15,903,100 ongoing and \$8,955,900 one-time loss from the Statewide Behavioral Health Crisis Response Account. There are also costs associated with the new 988 Mental Health Crisis Assistance Task Force. The net funds anticipated for FY22 are a loss of \$13.8 million and in FY23 a loss of \$25.1 million.

LEGISLATION REQUIRING A COMPREHENSIVE STUDY

NEBRASKA

FINANCING

The study would include conducting a cost analysis to determine how a fee structure could be designed to cover the costs.

NEW YORK

FINANCING

As the Senate and House did not agree upon sustained funding via a fee, a financial analysis is required to examine available and new revenue sources to support the implementation, staffing, and ongoing activities of 988 including the establishment of a trust fund. The report would be submitted on or before December 31, 2021, to the Governor, the Assembly and Senate. In January 2022, New York announced funding for 988 services of \$35 million for FY22-23 and \$60 million in FY23-24. Note: New bill numbers are [A8711](#) and [S7850](#).

OREGON

INTERFACE BETWEEN 988 AND 911

Oregon's statute speaks to the interface of 911 and 988 in its language related to utilization of technologies to provide a no-wrong-door approach for individuals and to ensure collaboration among crisis and emergency response systems used throughout this State, such as 911 and 211, and with other centers in the NSPL network.

FINANCING

The Oregon statute does not mandate a fee but raises the question whether a fee should be proposed to pay expenses that the State is expected to incur for: (a) ensuring the efficient and effective routing of calls made to the 988 suicide prevention and behavioral health crisis hotline to an appropriate crisis center and personnel; and (b) providing acute behavioral health, crisis outreach and stabilization services by directly responding to the 988 suicide prevention and behavioral health crisis hotline.

The Oregon Impact Statement: The bill directs the Oregon Health Authority (OHA) to provide grants to cities or funding to county community mental health programs to fund mobile crisis intervention teams and other specified programs. It appropriates \$10 million in General Fund money to OHA to provide grants and funding for mobile crisis intervention teams and fund one full-time position at the White Bird Clinic in the City of Eugene. It directs OHA to convene a work group to study and evaluate methods for continuing to fund mobile crisis intervention teams and other specified services.

TEXAS

FINANCING

Senate Bill 1 requires recommendations for sources of sustainable funding for the NSPL infrastructure and crisis response services and submission of a report by September 1, 2022.

LEGISLATION FOR CONSIDERATION IN 2022

CALIFORNIA

FINANCING

The 2022-23 Budget Proposal for California includes \$7.5 million in General Funds for the Office of Emergency Services to advance implementation of the 988 call system and support call handling equipment so existing crisis hotline centers have the needed resources to process additional 988 calls and coordinate and transfer calls with no loss of information between the 988 and 911 systems. An additional \$108 million in total funds (\$16 million General Fund) for DHCS to add community-based mobile crisis intervention services as a new Medi-Cal benefit, as soon as January 1, 2023. Providing community-based mobile crisis services will help reduce the impact of untreated mental health and substance use disorders on emergency departments and psychiatric facilities, by providing a system for triaging and referring people to services in the community.

FLORIDA

FINANCING

The Florida bill looked to future strategies available for funding through the mental health block grant funds, the opioid settlement, the American Rescue Plan Act (ARPA), the CARES Act, the Medicaid program or other federal legislation that could be used to support the NSPL and crisis response infrastructure.

HAWAII

FINANCING

Hawaii (HB1665): There is no language regarding the financing of a core state behavioral health crisis services system with one or more crisis hotline centers. However, the mobile crisis teams would be funded by the State and/or locally. [SB2205](#) creates a task force to study the creation of a crisis services system. It requires an appropriation for FY22-23 out of the general revenues of an amount that was left blank in the bill. [SB2736](#), which creates a CAHOOTS-like mobile crisis team, appropriates funds for the Adult Mental Health Division of the Department of Health to support a statewide CAHOOTS-like crisis outreach program and would require an appropriation of general revenues of \$1.7 million or “so much thereof as may be necessary” for FY22-23. [SB3237](#) which expands and develops crisis response services for at-risk children requires an appropriation of general revenues of \$1.78 million or “so much thereof as may be necessary for FY22-23” would be made available.

KANSAS

FINANCING

If Kansas’s bill had passed, following July 16, 2022, the plans for 988 would have become operational, and a 988 fee of \$0.50 per month per subscriber would have been imposed on accounts of any exchange telecommunications service, wireless telecommunications service, VOIP service or other service capable of contacting a hotline center. The fee would not be imposed on prepaid wireless service.

OPPOSITION

According to an article in the Sunflower State Journal, the proposal has been met with opposition from some telecommunications companies. The companies have raised concerns about accountability and transparency for how the money raised by the fee would be spent. Two companies lodged concerns about the bill, T-Mobile, and Verizon, but AT&T actively supported it and offered to assist with funding the implementation. Verizon suggested that the Legislature study the issue between now and next year before moving ahead with the legislation. Verizon said it had not been invited to participate in the discussion about how the \$0.50 fee was calculated and was uncertain how high a 988 fee should be without a more extensive funding analysis. The company had concerns about whether it was the State that would fund services outside the scope of federal guidelines. Their lobbyist stated that Congress

made clear that states can only collect fees that would be restricted to crisis centers and service provider expenses. Verizon also expressed concern that some of the proceeds from the \$0.50 surcharge could fund a separate bill requiring the State to implement mobile crisis services for Kansans with intellectual or development disabilities.

Some telecom companies questioned accountability and transparency related to 988 fees; yet they supported a \$0.37 increase in 911 fees during the 2019 legislative session.

Source: Sunflower State Journal

Fiscal note: The proposed \$0.50 surcharge would generate about \$17.4 million in new revenue each year, including \$5.5 million for mobile crisis response teams and \$4 million for crisis stabilization services. About \$2.8 million would cover the cost of a bill requiring the State to establish and implement a mobile crisis services program for individuals with intellectual or developmental disabilities. Another \$3 million is slated for the Kansas crisis contact centers for staffing the suicide-prevention hotline 24/7. About \$1 million would be dedicated to a statewide media campaign to promote the use of 988. The state had also developed a plan that would refine the list of services that would be offered

depending on the proposed amount of the cellphone charge. However, since the bill stalled, the House Appropriations Committee agreed to put \$7 million into the state budget for 988 services, far less than what would have been generated by the \$0.50 tax on phones. The money proposed by the House would put \$1.5 million into crisis contact centers staffing, \$3 million for mobile crisis response teams and \$2 million for crisis stabilization services.

KENTUCKY

FINANCING

HB546 includes a description of the types of funds that would become part of a restricted and permanent fund overseen by the cabinet. Included in that list are individual exchange-line taxes, any private commercial telephone service or owner of a dispersed private telephone system for compensation collecting and remitting the subscriber charge; and a tax on any provider of interconnected VOIP local and 988 emergency services to subscribers for compensation. The bill failed and is not eligible for consideration in 2022. However, the State plans to use about \$3.3 million from COVID and ARPA block grant funds for implementation of Lifeline response. A new bill, HB373, was introduced and would establish a 988 mental health crisis hotline and create a 988 oversight board. A crisis restricted fund would hold the proceeds from a 988 service charge of \$0.70 established by this legislation. The bill describes the services subject to the charge as well as retailer's obligation to pay or collect and remit the taxes imposed. It would become effective January 1, 2023.

MARYLAND

FINANCING

[HB293](#) and [SB241](#) provide that for FY24, the Governor shall include in the annual budget bill an appropriation of \$10 million to the 988 Trust Fund.

MASSACHUSETTS

FINANCING

The Commission will make recommendations for funding that may include the establishment of user fees.

OPPOSITION

It was reported that the American Rescue Plan Act (ARPA) funding caused a distraction from discussions of a state levy.

MICHIGAN

FINANCING

The Department of Health and Human Services is responsible for funding treatment for crisis stabilization and crisis stabilization units using money from the fund created in the “988 Suicide Prevention and Mental Health Crisis Hotline Fund Act” ([HB5354](#)). For uninsured individuals and Medicaid recipients the fund will cover the State share and the Department is to seek federal financial participation for the balance for Medicaid recipients. The bill was referred to the Committee on Health Policy on September 30, 2021 and does not take effect unless HB5354 is enacted.

HB5354 would create Michigan’s “988 Suicide Prevention and Mental Health Crisis Hotline Fund” administered by the Department of Health and Human Services. The sources of funds are the State’s 988 phone and prepaid wireless 988 charges, grants and gifts, or other sources. Expected expenses include the routing of calls made to the 988 and Michigan crisis and access line, staffing and technology infrastructure enhancements, personnel, staff training, and a continuum of crisis care services using law enforcement or first responder agencies, and local providers.

The Department of Treasury will establish both a monthly State 988 charge and a prepaid wireless 988 charge to cover the creation, operation, and maintenance of a statewide 988 crisis system and the continuum of services. Service suppliers will bill \$0.55 and collect the State charge from all users. In addition, a prepaid wireless 988 charge (2% per retail transaction or 5% for bundled products) must be collected for each retail transaction between a seller and a consumer.

MONTANA

FINANCING

The Montana bill, [HB315](#), imposed a fee for the administration of 988 services for both prepaid wireless services and non-prepaid wireless services of \$0.10 per month for each access line on each subscriber. The fee does not apply to public telephone coin usage. The Department of Revenue may impose a fee, penalty, or interest for overdue payments to the account. The bill failed and the legislature in Montana does not meet until 2023.

NEW JERSEY

FINANCING

New Jersey's [A5496](#) has not been signed into law but is still in Committee. Their 988 fund would consist of monies from a Statewide 988 fee assessed on users, appropriations and other earnings, gifts, grants, etc. The statewide fee is established by the Commissioner and would be imposed on each resident that is a subscriber of commercial mobile services or IP-enabled voice services. However, under the bill, the 988 fee is not to be applied to mobile service users who receive benefits from the federal Lifeline program. It would be a fixed rate that provides for the creation, operation, and maintenance of the system as well as the continuum of services to be provided. The Commissioner of Human Services would establish and maintain a 988 trust fund for the purposes of creating and maintaining a Statewide 988 system. Monies in the fund do not revert and are not subject to transfer or reassignment.

The 2022 New Jersey bills [A2036](#) and companion [S311](#) entitled Core Behavioral Health Crisis Services System would require the commissioner to establish a monthly Statewide 988 fee on each resident that is a subscriber of commercial mobile services or IP-enabled voice services at a fixed rate that provides for the creation, operation, and maintenance of a Statewide 988 suicide prevention and behavioral health crisis system. The fee also covers the continuum of services provided pursuant to federal guidelines for crisis services. Under the bill, the 988 fee is not to be applied to mobile service users who receive benefits under the federal Lifeline program as 41 defined in 47 CFR 54.401.

OHIO

FINANCING

The bill, [HB468](#), will create a 988-fund consisting of appropriation of general funds, donations, gifts, bequests and other monies, and interest on earnings. Within 90 days the Department will adopt rules regarding the qualifications of the administrator and responsibilities of the Department for overseeing the hotline. In addition, tasks will be assigned to a new agency, commission, or other entity to complete the planning and implementation necessary. It will also ensure that the timeline is consistent with the 988 Act and FCC rules effective July 16, 2022.

WEST VIRGINIA

FINANCING

The bill, [SB181](#), established a trust fund from a statewide 988 fee assessed on users, State appropriations and other sources of funds. The monthly fee is charged to each resident that is a subscriber of commercial mobile and/or IP-enabled voice services. The fee is established in a separate section of statute, Chapter 24. Public Service Commission. Article 6, which authorizes a fee for the 911 system. The fee would begin July 1, 2022 and will be collected from each in-State two-way service subscriber. The 988 fee would be \$0.11 per month and will be shown as a separate fee on the subscriber's bill.

RESOLUTIONS

ALABAMA

The bill, [HJR168](#), passed but as a resolution and does not carry the same weight as the law.

IDAHO

Idaho's resolution, [HR11](#), passed but does not have the authority of law and therefore no fiscal impact.

OPPOSITION

It was reported that the Idaho 988 bill did not move forward because representatives of telecommunications companies pushed back on the idea of a fee. The companies expressed concerns about the fees being used for a crisis services system and raised so many questions that it was prevented from advancing. Bill drafters had tried to allay the companies' concerns by adding some concessions in the bill's language. That is, a fee would have been imposed only in counties or 911 service areas, a tax deduction would have been allowed for uncollected amounts, and the service providers would not have been obligated to pursue uncollected amounts. In addition, when the fund exceeded \$100 million, the fee would be discontinued until the fund was reduced to \$50 million. On the other hand, the fee could be adjusted as needed to provide for continuous operation, volume increases and maintenance, but not exceed the amount collected for 911.

FINANCING

The fiscal note for SB1125 used an estimate of a \$1 per phone line per month charge and would raise \$20 million per year. Although the Senate bill was cleverly drafted, it did not pass. The local crisis contact center has been mostly funded by individual donors and fundraising efforts, with the remaining 30% coming from State funds. The Legislature approved an additional \$300,000 for suicide prevention as part of the Division of Public Health Services' budget.

CONCLUSION

OBSERVATIONS

The most outstanding observation regarding the coming changes to the National Suicide Prevention Lifeline is that there is now a true national vision. States may be facilitating the changes in various ways, but the outcome planned is the same. The Lifeline will be more robust, able to handle increased volume for calls, texts, and chats, and better prepared to work with special populations. The greater scope and the visibility through messaging will direct people in need to not only a crisis contact center ready to help them, but also to a crisis services continuum that will meet them where they are, coordinate their care, and provide for follow-up.

LESSONS LEARNED

Successes have been achieved because of communicating the same message, preparation of answers to difficult questions, and the sharing of resources, knowledge, and experiences. The tremendous support from the federal government agencies in terms of legislation and financial resources is providing the infrastructure needed by the states to create the system imagined and moving it forward faster than states could have done alone. Now the states can build upon existing services and systems and work to make it all financially sustainable.

CHALLENGES

The biggest challenge is ensuring that staff and leadership in state and local agencies are clear about the vision so they can speak articulately and passionately about it. The telecommunications providers have been the vocal opponents, but they are weakened by the divisions among themselves. Preparation to clearly and confidently address or counter those concerns with them and with those who voice similar concerns will be critical.

LEGISLATION AND PLANNING

As states begin planning for 988 legislation, a starting point is the 988 [Model Bill](#) on NASMHPD's website that articulates the vision and the core components needed to build the crisis system. All interested parties were included in developing the bill to increase collaboration and shared ownership. Access to those with the greatest influence, such as the Governor, legislators, related industry executives, and even famous individuals, may be difficult to obtain, but identifying and forming connections with their staff and others in their circles can be helpful. Develop estimates of costs saved by law enforcement, by EMS and fire/rescue response systems, by emergency department visits and hospitalizations averted, etc. Get to know Attorney General(s) and ask about the best methods for countering any legal issues that are raised. Plan a media strategy with regular articles, postings, interviews and updates because public perception and regular reminders are

what make the issue important to those who otherwise would be unfamiliar with it. States know their existing advocates, and it is important to thank them as well as seek new advocates. States have been surprised by the support they have received from law enforcement, health care associations, and others who are not on their regular list of partners.

States are still in the process of building their roads to a full 988 system with sustainable methods of financing and a full continuum of coordinated crisis services. Despite the challenges, a tremendous amount of progress has been made. No one state or stakeholder has achieved progress alone, which demonstrates that success comes from a shared vision and working tirelessly together to make it a reality. To complete this work throughout the nation, it will be essential to be undaunted and continue collaborating.

RESOURCES

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) website, [988: America's Suicide Prevention and Mental Health Crisis Lifeline](#), and [FAQ \(pdf\)](#) outlines SAMHSA's key vision of 988 being the first step towards transforming the nation's crisis care system.
2. The [National Suicide Prevention Lifeline](#) is a national network of over 200 local crisis call centers that provides emotional support to people in suicidal crisis or emotional distress.
3. The American Foundation for Suicide Prevention [Frequently Asked Questions: 988 & Crisis Response Services](#) answers common questions from legislators and other key state policymakers when advocating for 988 legislation, in particular for 988 funding.
4. Vibrant Emotional Health [988 Policy Map](#) is an interactive platform allowing viewers to drill down to specific bills of interest. The map is updated daily to reflect the latest legislative developments.
5. The National Alliance on Mental Illness (NAMI) [988 State Bill Tracking](#) dashboard primarily focuses on 988 legislation and includes a [988 State Bill Tracking Sheet](#).
6. The Federal Communications Commission [Thirteenth Annual Collection of Information on State Collection and Use of 911 Fees](#) (December 31, 2021) report to Congress details the collection and distribution of 911 and Enhanced 911 fees and data elements (ex., call centers, call volume) by states, territories, and the District of Columbia.
7. The Technical Assistance Collaborative report, [Implementation of the 988 Hotline: A Framework for States and Local Systems Planning](#) (October 2021), provides a framework for key stakeholders for 988 planning and implementation.
8. The Council of State Governments Justice Center published a brief, [A Matter of Public Health and Safety: How States Can Support Local Crisis Systems](#) (June 2021), that outlines five action items for state policymakers to consider when financing and sustaining community-level crisis support systems.
9. [988 Model Bill for Core State Behavioral Health Crisis Services Systems](#) (revised: February 2022; [original draft](#): April 2021) was developed by the National Association of State Mental Health Program Directors (NASMHPD) to provide a template to states in developing 988 legislation.
10. The [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#) (December 2020) defines the core element of an effective crisis services systems and strategies for developing and implementing these services. These guidelines are in response to the Substance Abuse Mental Health Services Administration's (SAMHSA) mission of providing best practices to the behavioral health field.

11. The National Suicide Hotline Designation Act of 2020 (S.2611) was signed into law on October 17, 2020, designating 988 as the universal telephone number for the National Suicide Prevention Lifeline.
12. The Federal Communications Commission (FCC) rule designated 988 as the new three-digit number for the national Suicide Prevention Lifeline. The rule authorizes all telecommunication providers to route 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.
13. Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe mental Illness (May 2019) is a report written by the Treatment Advocacy Center that includes key finding from a national survey of responses from sheriffs' offices and police departments on the role of law enforcement plays in responding to individuals in psychiatric crisis and transporting to appropriate services.