

Reimagining Crisis: 988

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Our Current Crisis Response

The lack of available mental health response means people in crisis, their families and their communities face avoidable trauma and tragedy.

1 in 4

Between 2015 and 2020, nearly 1 in 4 fatal police shootings have been of people with mental illness

2 million

People with mental illness are booked into the nation's jails around 2M times every year

90,000+

90,000+ people died of a drug overdose in a 12-mo. period – +30% from previous year

47,500+

Over 47,500 people died by suicide in 2019.

What is 988?

988 is a 3-digit, universal calling code for mental health and suicidal crises – available nationwide by July 16, 2022

- Operates through existing National Suicide Prevention Lifeline (800-273-TALK)
- Funded by Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Vibrant Emotional Health
- Calls routed to ~200 local crisis centers & national backup center
- Expanded scope of Lifeline to include mental health crises
- States are allowed to expand and fund crisis services in anticipation of increased demand

Why We Must Leverage 988

988 is a great step, but it's only the *first* step. We must leverage this once-in-a-lifetime opportunity to reimagine our response to mental health crises.

Without further action, people in crisis are left with the status quo:

- Limited resources for Lifeline network call centers to answer current volume locally
- Patchwork system for crisis services across country
- No consistent expectation of what services you'll receive
- Frequent law enforcement involvement
- Inequitable outcomes for marginalized and/or underserved communities

An Ideal Crisis Response System

24/7 local crisis call center

- Trained in responding to behavioral health crises
- Available by phone/text/chat
- Coordinate services and dispatch mobile crisis

Mobile crisis teams

- De-escalate situations
- Transport or connect to other services
- Staffed by behavioral health professionals, including peer specialists

Crisis stabilization

- Capacity to diagnose and provide initial stabilization and observation
- Connect to follow-up care with a “warm hand-off”
- Alternative to emergency departments with no psychiatric capacity

People Overwhelmingly Support Action

4 in 5

people believe that mental health professionals should be the primary first responders when someone is in crisis rather than law enforcement

90%

of Americans support the creation of 24/7 mental health, alcohol/drug, and suicide crisis call centers

85%

of people support state funding for 988 call centers and crisis response services. 84% support federal funding.

Nearly 3 in 4

would be willing to pay a monthly fees on their phone bill to support 988. Willingness to pay increases to 78% when given specific dollar amounts & explanation that 911 emergency service call centers are also funded as fees on monthly phone bills.

Our Policymakers Need to Act

Federal Priorities



Funding to upgrade technology and expand Lifeline capacity (nationally & locally)



Permanent enhanced Medicaid rate for mobile crisis teams



Mobile crisis team pilot program



Permanent 10% Mental Health Block Grant set-aside for crisis services



Funding for crisis stabilization start-up and non-billable costs



Remove barriers to insurance coverage and billing

State Priorities



Provide funding for crisis response services



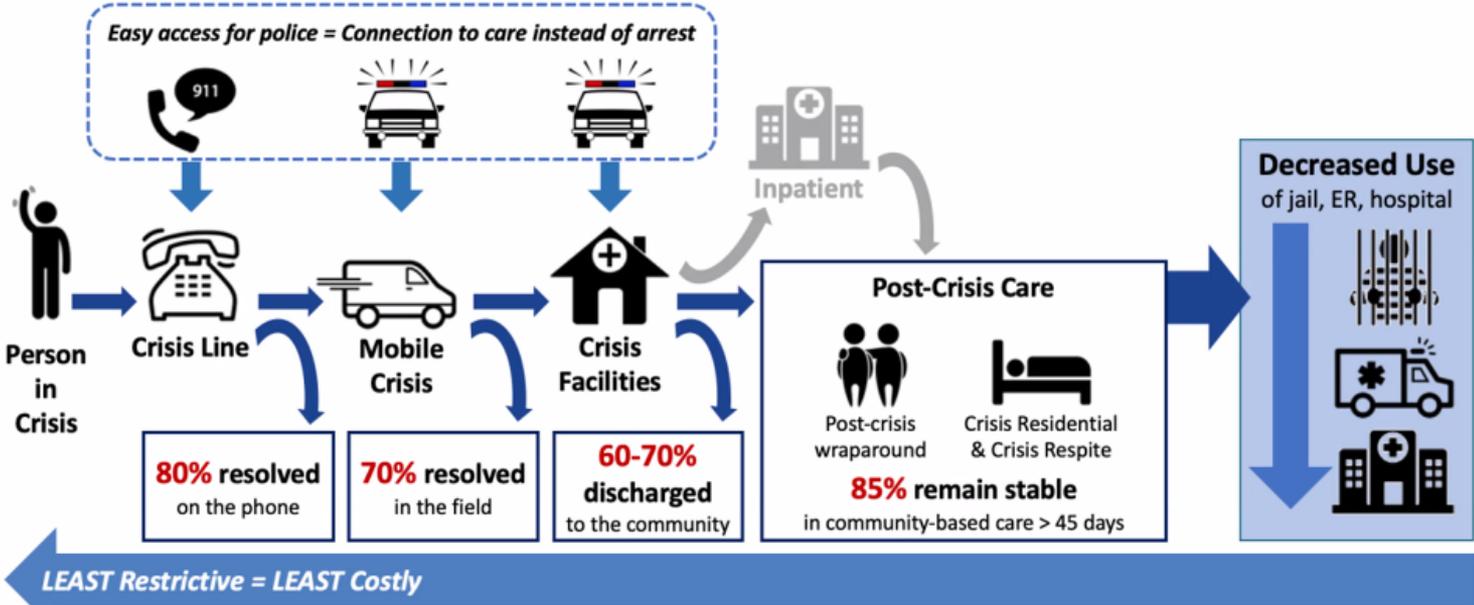
Ensure effective coordination between all emergency, mental health crisis and provider systems



Build statewide mental health crisis response capacity

What could be the impact of a crisis system?

Alignment of crisis services toward common goals
care in the least restrictive (and least costly) setting



Data courtesy Johnnie Gasper, Arizona Complete Health. Based on FY2019 for the southern Arizona geographical service area.

Contact me

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