

Frequently Asked Questions: 988 & Crisis Response Services

This FAQ is designed to help answer common questions received from legislators and other decision-makers when advocating for adoption of 988 legislation, and in particular when advocating for fee legislation or state budget funding for the 988-crisis response system.

For general information on the Lifeline's future transition to 988, please consult the following webpages:

- [AFSP: Funding for 988 and Crisis Response](#)
- [Vibrant and 988](#)

1. Is federal funding provided, and if so, why is state funding necessary?

While the Lifeline is a national program, federal funding goes toward managing call routing, best practice standards, public messaging, capacity-building opportunities, and technical assistance for the nationwide network. Local crisis centers answering the calls are reliant on funding from state and local contributors to operate. Currently, the only regular federal funding that goes to local Lifeline centers is a small annual baseline stipend of \$1,500 to \$2,500.

In 2020, the Lifeline received over 3.6 million calls, chats, and texts. Full implementation of 988 will result in even higher call volumes, requiring more trained personnel to answer the phones, mental health professionals to do the training and supervise shifts, and advanced infrastructure upgrades. Increased, reliable, and sustainable state and local investment is needed now more than ever to ensure capacity to respond to a steadily increasing call volume and as state residents continue to face stressors during the COVID-19 pandemic.

The National Suicide Hotline Designation Act of 2020 included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through monthly telecom customer service fees. It is critical that appropriate funding for the Lifeline network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and suicidal crises.

2. What will happen if legislation is not passed before 988 goes into effect in July 2022?

The 988 dialing code will become nationally available in July 2022. State planning efforts should be well underway by now, including plans to address funding for the 988-crisis response system, as the transition has already begun with several wireless service providers currently connecting customers to the Lifeline through 988. The work that we do now to support the implementation of 988, fortify the Lifeline's network of local crisis call centers, and strengthen state crisis service capacity will set this new system up for success.

Passage of state 988 legislation will effectively establish the 988-crisis response system for individuals experiencing suicidal distress or a mental health crisis by supporting the crisis call centers in our state and mobile crisis outreach to directly respond to individuals in need.

Continued >

3. Is the National Suicide Prevention Lifeline effective?

Since launching in 2005, the Lifeline's call volume has increased 14% annually. Call centers in the Lifeline network divert hundreds of thousands of calls from 911 every year and resolve 98% of calls without requiring emergency services. Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality and help tens of thousands of people get through crises daily.

Callers experiencing a suicide or mental health crisis will soon be able to call 988, instead of 911, to receive appropriate care and avoid unnecessary law enforcement involvement. Valuable law enforcement time and resources could then be spent responding to crimes and other emergencies rather than people in mental or emotional distress.

4. What happens if local call centers are unable to answer a call from in-state? Why is it so important that 988 calls are answered in-state?

When in-state call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers out-of-state and into the Lifeline's national backup network. Low in-state answer rates put a strain on the backup network. When a caller is routed to the backup network, callers in crisis wait longer to be connected to a counselor and receive fewer linkages to effective local care, making the use of in-state crisis centers as opposed to a centralized national help center crucial.

In-state crisis centers connect callers to local counselors who are familiar with the community and better equipped to provide culturally competent support and referrals to local community resources and other lifesaving follow-up care. 988 is not only about answering calls – it's also about providing emotional support to people in crisis during the moments they most need it, which can include making appropriate and accessible referrals, or linking to mobile crisis teams and crisis stabilization programs that connect people to a continuum of care.

5. What are the main 988 components funded and supported by the legislation? What does an ideal state-wide crisis services system look like?

To more effectively build on the promise of 988, state lawmakers must take steps now to develop and fund an effective crisis response infrastructure that includes three key components: (1) Someone to answer the call: this requires funding for 24/7 call centers adequately staffed by specially trained individuals to respond to a range of mental health and suicide crises; (2) Someone to come help: this requires funding mobile crisis teams that can be dispatched to the scene and are equipped to effectively assist people in crisis; (3) Somewhere to go for care: this requires funding for crisis stabilization services to provide short-term observation as well as connection to follow-up care.

An ideal system should also include public education and awareness campaigns that promote the new 988 number and the availability of crisis services and that encourage and normalize seeking help for suicide and mental health crises. Robust administration and oversight are also needed, as well as regular reporting of 988 services provided and populations served. This will facilitate greater understanding of the 988 crisis care continuum and support a quality, standardized service for callers in need.






Mobile crisis response is crucial for the implementation of 988 on the state level. States need the capacity to provide mental health crisis response when individuals calling 988 need in-person interventions. This responsibility currently falls upon emergency responders, most commonly law enforcement officers who are often not trained in managing a mental health crisis.

6. Why is the 988 vision an improvement over the current status quo?

According to a 2019 report by the Treatment Advocacy Center, in 2017 an average of 10% of law enforcement agencies' total budgets and 20% of total law enforcement staff time was spent responding to and transporting persons with mental illness. Fully implemented, 988 will reduce avoidable emergency department or hospital admissions for people in crisis and avoid traumatic engagements with the criminal justice system.

2.2 Services Overview: Key Differences Between 988 and 911

Knowing when and how to communicate the distinctions between 988 and 911 is critical. People may not always know when to reach out for behavioral health support versus emergency medical care, and they often rely on their providers for clarity.

988: A LIFELINE FOR BEHAVIORAL HEALTH CRISES	911: A RESPONSE SYSTEM FOR MEDICAL, FIRE, OR POLICE EMERGENCIES
DESCRIPTION	
<p>The 988 Lifeline connects people with trained counselors who provide emotional support, crisis de-escalation, and linkage to local community resources, without relying on law enforcement or emergency medical intervention unless necessary.</p>	<p>911 is the primary contact for medical emergencies, fire, crimes in progress, or other situations requiring immediate physical intervention. Although 911 is highly effective for emergencies involving physical harm, it is not specialized to manage behavioral health crises.</p>
KEY FEATURES	
<p> Crisis Counseling: People receive real-time emotional and mental health support and crisis intervention from trained crisis counselors.</p> <p> Minimal Law Enforcement Intervention: Most crises (approximately 98 percent of calls) are managed without involving law enforcement, reducing the likelihood of escalated responses.⁵⁴</p> <p> Connection to Local Resources: People are referred to local mental health and/or substance use treatment services for follow-up care, ensuring continuity of support.</p>	<p> Immediate Intervention for Physical Danger: 911 dispatches police, fire, or EMS to address urgent threats to life or safety.</p> <p> Law Enforcement Involvement: Law enforcement officers are typically dispatched in crises involving potential violence or criminal activity.</p>
Summary: Both 988 and 911 provide critical support but focus on different crisis types: 988 specializes in behavioral health crises, offering crisis counseling and emotional de-escalation, while 911 addresses physical dangers needing police, fire, or EMS. Understanding the distinction is essential to ensuring the appropriate response and care.	
Adapted from Centers for Disease Control and Prevention (CDC) Vital Signs and 988 Suicide & Crisis Lifeline Fact Sheet	



988

SUICIDE & CRISIS LIFELINE

WHATEVER TIME: Day. Night. Weekends. Holidays.

WHATEVER THE REASON:

Mental health distress. Substance use crisis. Thoughts of suicide.
The 988 Suicide & Crisis Lifeline is here for you.



Text 988



Call 988



Chat 988lifeline.org

Simply calling or texting 988 or chatting 988lifeline.org will connect a person in crisis to compassionate care and support for any mental health or substance use-related distress. Anyone—a person in crisis, or someone supporting a person in crisis—can reach 988 in the United States through any land line, cell phone, and voice-over internet device.

With rising levels of anxiety, depression, emotional distress, and overdose deaths, it is crucial that people have somewhere to turn when they're in crisis. Suicide is a leading cause of death in the United States. The number of people with a substance use disorder continues to increase. The 988 Lifeline is a direct connection to immediate and free support and resources for anyone in crisis.

And it works. About 98 percent of people who call, chat, or text the 988 Lifeline get the crisis support they need and do not require additional services in that moment. The 988 Lifeline is a key part of a broader vision for reimagined crisis care in the United States. Through federal, state, local, and community partnerships, SAMHSA is working towards a vision where everyone has:

Someone to talk to. Someone to respond. A safe place for help.



FREQUENTLY ASKED QUESTIONS

What support is available through the 988 Lifeline?

The 988 Lifeline offers free and confidential support for anyone in crisis. That includes people who need support for a suicidal, mental health and/or substance use crisis, or who are in emotional distress.

What happens when a person calls, texts, or chats?

When a person calls or texts 988 or chats [988lifeline.org](https://www.988lifeline.org), they are connected with a crisis counselor who listens, tries to understand how the problem is affecting the person, provides support, and shares resources. 988 Lifeline crisis counselors are trained to help reduce the intensity of a situation for the person seeking help and connect them to additional local resources to support their wellbeing.

How does the 988 Lifeline protect the privacy of those who call, text, or chat?

When a person contacts the 988 Lifeline, they don't have to say who or where they are to get support. The 988 Lifeline crisis counselor knows only the person's phone number if they call or text, or their IP address if they use chat. No one is required to provide any personal information to receive the help from the 988 Lifeline.

How is 988 different from 911?

The 988 Lifeline was established to improve access to immediate support to meet the nation's growing mental health, suicide, and substance use distress needs. The 988 Lifeline provides easy access to emotional distress care, which is distinct from 911, where the focus is on dispatching emergency medical services, fire, and police, as needed.

Only a small percent of 988 Lifeline calls require activation of the 911 system. Most of those are done with the consent and cooperation of the caller. This occurs when there is imminent risk to someone's life that cannot be reduced during the call. In these cases, the crisis counselor shares information with 911 that is crucial to saving the caller's life.

SAMHSA is working towards a long-term vision of strong coordination between 988 and 911 so people in crisis get to the most appropriate care needed in that moment. SAMHSA is actively working with 911 counterparts at federal, state, and local levels as our country continues to improve response.



Urgent Realities.

A person dies by suicide every 11 minutes.

In 2022:

- The number of suicides was the highest number ever recorded in the U.S.
- Over 950,000 youth and 1.6 million adults attempted suicide.
- 12.3% of Asian youth, 12.6% of Latino youth, 12.2% of Black youth, and 15.2% of multiracial youth had serious thoughts of suicide, made suicide plans, or attempted suicide in the past year.
- Nearly 108,000 people died from a drug overdose.



Easier Access.

988 is an easy-to-remember number that is providing greater access to life-saving services.



You Are Not Alone.

988 offers 24/7 judgment-free support for mental health, substance use, and more. Text, call, or chat 988.

Email 988 questions to:

[988Team@
samhsa.hhs.gov](mailto:988Team@samhsa.hhs.gov)

inseparable

A Better Response

Improving America's Mental Health Crisis System

OUR VISION

No one's worst day keeps them from living their best life.

We Need a Better Mental Health Crisis Response

Half (51%) of American adults say that their families have experienced a severe mental health crisis. Too often, those in crisis don't know who to turn to, and many don't receive the care they need.

Every minute, on average:



2 people will attempt suicide.



3 people with a mental health condition will be booked into a jail.



8 calls, texts, and chats will be made to the 988 Suicide & Crisis Lifeline.

Fortunately, with appropriate and timely interventions, people can start on a road to recovery.

The "Crisis Now" Model

The "Crisis Now" Model offers the promise of a **better response, better outcomes, and better use of state and local resources.**

CRISIS NOW MODEL

Someone to Talk To

Support from a trained crisis counselor at a 988 Lifeline contact center. **Approximately 80% of crisis calls are resolved on the phone.**



Someone to Respond

Mobile response teams with professional and paraprofessional staff available to reach anyone who needs in-person support anywhere, anytime. **Typically 70% of mobile response dispatches are resolved in the field.**



A Safe Place to Go

Crisis receiving and stabilization facilities for observation and crisis stabilization in a home-like environment for less than 24 hours. **About 60% or more who go to crisis stabilization facilities return directly to the community.**



State policymakers have the power to help.

State policymakers are uniquely positioned to shape and sustain reimagined crisis systems. By adopting policies proven to enhance access, quality, and coordination of care, states can ensure:

- ✓ Everyone in a mental health crisis receives **the right services at the right time** and has a supportive, recovery-oriented experience of care
- ✓ Youth in mental health crisis and their families receive **developmentally-appropriate services and supports**
- ✓ Law enforcement involvement in a mental health crisis **is the exception, not the rule**

Solutions at a Glance

State policymakers can address issues of financing, accountability, infrastructure, workforce, and service delivery to reimagine crisis response and ensure the right care is delivered at the right time. **The keys are:**

Establish sustainable financing

- Fund 988 call centers and related services through a small telecom surcharge
- Apply for an enhanced Medicaid match rate of 85% for qualifying mobile response services
- Require state-regulated commercial insurance coverage of mobile response
- Enforce federal coverage requirements for crisis stabilization services
- Require state-regulated payers to cover all recommended billing codes in [Sustainable Funding for Mental Health Crisis Services](#)
- Require Medicaid and commercial insurers to reimburse providers at rates that cover costs of care
- Invest state general funds that provide flexibility to cover system costs

Ensure system accountability

- Require data collection, analysis, and reporting throughout the crisis response system
- Require Medicaid contracts to include crisis system measurement, information-sharing, and performance standards
- Facilitate coordination and information sharing with emergency response systems, key system stakeholders, and partners
- Establish a state advisory board to inform the improvement of crisis response systems
- Require annual reporting to legislative bodies on the mental health crisis system, including gaps, needs, and recommendations

Build system infrastructure

- Establish common definitions, across all payers, for 988 call centers, mobile response, 23-hour crisis receiving and stabilization services, crisis residential services, peer respite, and in-home stabilization services
- Ensure that crisis-related transportation does not rely on law enforcement
- Leverage technology to allow first responders, schools, and others to connect users with a mental health professional through a virtual platform
- Develop capacity for all three components of crisis response, including youth-specific services
- Support warm lines to provide an appropriate level of support to people with less acute struggles
- Permit on-site medication storage and dispensing for crisis receiving and stabilization and crisis residential facilities

Develop Workforce Capacity

- Incorporate peer services into crisis response systems
- Enact liability protections for crisis response staff and facilities
- Update licensing and credentialing standards to include a range of crisis response professionals, paraprofessionals, and facilities
- Support training and retention of specialized crisis response staff

Promote a Culture of Service

- Require mobile response providers to “just go” when requested and prohibit providers from triaging calls or refusing to serve certain people, places, or times
- Require crisis providers to “just serve” anyone in crisis and prohibit providers from rejecting a person as “too acute,” “too agitated,” or “too intoxicated,” or from specifying a percentage of patients that may be refused
- Establish population-specific services to meet community needs

Key Terms

Key terms included in the guide are listed below. Key terms are **bolded** the first time they appear in the text.

Term	Definition
Behavioral health crisis*	A disruption in a person’s thoughts, emotions, behaviors, or functioning that leads to an urgent need for assessment and treatment to prevent the condition from worsening or becoming dangerous. ^{1,2} A behavioral health crisis can happen to anyone, anytime, and is shaped by how the person perceives the situation.
Behavioral health providers	Professionals who help individuals to address mental health and substance use disorders, including psychologists, psychiatrists, nurses, peers, patient navigators, therapists, addiction and mental health counselors, recovery coaches, case workers, social workers, psychiatric aides and technicians, and other medical and nonmedical professionals who support people in managing behavioral health issues. ^{3,4}
Behavioral health services	Services and supports designed to meet the needs of people with mental and/or substance use disorders. ⁵
Continuum of care	An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to their needs. A continuum of care may include prevention, early intervention, harm reduction, treatment, continuing care, and recovery support. ⁶
Crisis care	A range of services for anyone who is experiencing a behavioral health crisis. Services can include crisis lines, mobile crisis teams, and crisis receiving and stabilization facilities. ⁷
988 crisis counselor	A person trained to provide crisis counseling through the 988 Suicide & Crisis Lifeline, specializing in providing emotional support, crisis intervention, and referrals to local resources for people in emotional distress or experiencing behavioral health crises. ⁸
Cultural responsiveness	“[A] set of behaviors, attitudes, and policies that...enable a system, agency, or group of professionals to work effectively in cross-cultural situations.” It involves honoring and respecting “the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services” (p. xvii). ⁹ Cultural responsiveness includes ensuring that 988 offers appropriate services for different cultural backgrounds and languages.
Emergency medical services (EMS)	A comprehensive system in which highly skilled pre-hospital clinicians respond to emergencies that require coordinated medical care, including behavioral health crisis services. EMS integrates with other services and systems, such as emergency management, public health, and public safety. EMS can also play a role in nonemergent medical care, such as mobile health and home-based services. ¹⁰

*The field lacks a standardized definition for “behavioral health crisis” because crises can vary widely in nature, severity, and how they affect each person.

Term	Definition
Emotional distress	A state of mental suffering or emotional upset that can be temporary or may last longer (e.g., several weeks or months). Signs of emotional distress can include feeling overwhelmed, sad, anxious, worried, or angry; changes to sleep and appetite; feeling tired or lacking energy; experiencing physical symptoms like headaches or stomach upset; increasing substance use; lack of interest in relationships; and difficulties at home or work and with relationships. ¹¹
Mental health	A person's emotional, psychological, and social well-being. It affects how someone thinks, feels, and acts and helps them determine how to handle stress, relate to others, and make choices. ¹²
Opioid overdose reversal medication (OORM)	OORMs are lifesaving medications approved by the Food and Drug Administration (FDA) to reverse opioid overdose. Two FDA-approved OORMs are naloxone (available over the counter) and nalmefene (available by prescription), which are effective in reversing opioid overdose, even in instances when opioids are used in combination with other sedatives or stimulants. ¹³
Primary care provider (PCP)	PCPs include physicians, nurses, nurse practitioners, and physician assistants. PCPs typically advise and treat a variety of health-related issues and coordinate care with specialists. They remain involved with people's care on a long-term basis. ¹⁴
Problematic substance use	"The use of any substance in a manner, situation, amount, or frequency that causes harm to the person using the substance or to those around them...In the case of prescription medications, problematic use is any use other than as prescribed or directed by a healthcare professional. For some substances (e.g., heroin, cocaine) or people (e.g., those who engage in injection drug use), any use constitutes problematic use." (p. xiv) ¹⁵
Safety planning	A brief intervention in which people identify steps they can use during a suicidal crisis to reduce the chance of engaging in suicidal behavior. ¹⁶
Suicidal ideation	A range of thoughts that exist on a continuum from fleeting, vague considerations of death to more persistent and highly specific thoughts about suicide. These thoughts may occur sporadically or may be constant and unrelenting, but they do not necessarily involve concrete plans to carry out the act of suicide. ¹⁷
Trusted network	The trusted people (e.g., family members, caregivers, friends, classmates, coworkers) involved in helping people make decisions during a crisis.

REIMAGINE

Crisis Response

States with a 988 Fee

	988 Fee Amount	Estimated Annual Revenue (in Millions)	Effective Date (on or after)
 California	\$0.08-\$0.30 per line per month	\$55.6	\$0.08 charge began on Jan. 1, 2023. Starting Jan. 1, 2025, the fee will be charged at an amount based on a specified formula, but no greater than \$0.30
 Colorado	Capped at \$0.30 per line per month	\$ 12.7	\$0.18 charge began Jan. 1, 2022
 Delaware	\$0.60 per line per month	\$9.4	Jan. 16, 2024
 Maryland*	\$0.25 per line per month	\$27	Oct. 1, 2024
 Minnesota	Capped at \$0.25 per line per month	\$9.8	\$0.12 charge begins Sept. 1, 2024
 Nevada	\$0.35 per line per month	\$13.3	Jan. 20, 2023
 Oregon	\$0.40 per line per month	\$32.9	Jan. 1, 2024 (sunset Jan. 1, 2030)
 Virginia	\$0.12 per line per month	\$10	July 1, 2021
 Vermont*	A portion of \$0.72 per line per month	\$1	July 1, 2025
 Washington	\$0.40 per line per month	\$46	Jan. 1, 2023

* Maryland and Vermont enacted 988 fee legislation in 2024.

Opinion: When crisis calls, Alaska needs more than handcuffs



Social work navigator Tanya Vandebos, left, and Officer Ruth Adolf, both of Anchorage Police Department's HOPE Team, speak with campers at Davis Park in Anchorage on May 8, 2025. (Marc Lester / ADN)

The Anchorage Police Department strives to create an environment where everybody matters. We often see community members on their worst day, during incredibly stressful times or when they are in crisis. The people we serve can be struggling with mental illness, substance use or suicidal ideation. Too often, these situations escalate because there are limited alternatives to arrest or emergency detention. But we know there is a better way.

Currently, the Legislature is working on [Senate Bill 196](#), a bill that proposes a modest \$0.98 monthly surcharge to fund behavioral health crisis services, including the operation and improvement of the 988 crisis line, crisis response teams and related infrastructure. As the chief of the Anchorage Police Department, I strongly support this legislation. Law enforcement needs all the tools available when we are called upon to help.

SB 196 ensures surcharge funds are used to support and expand crisis response services statewide, recruit and retain qualified behavioral health professionals, provide culturally competent and community-based care and increase public awareness of available crisis centers. For law enforcement agencies like the Anchorage Police Department, this bill is not just about funding mental health services — it's about transforming how we respond to people in crisis.

Arresting someone in crisis is not always the right answer. It can temporarily remove a person from a dangerous situation, but it rarely addresses the underlying causes of their behavior. Without access to timely behavioral health care, many individuals cycle repeatedly through our jails, emergency rooms and streets. This is costly, ineffective and deeply frustrating for officers who want to help but lack the tools and resources to do so.

Passing SB 196 will strengthen our behavioral health crisis system by reducing unnecessary arrests and jail bookings for individuals whose primary issue is their mental health or substance abuse. It will free up police resources to focus on crime prevention and community safety, improve officer safety by providing trained crisis responders who can deescalate volatile situations and connect people to care, reducing repeat calls for service and resulting in a reduction of long-term public safety costs.

I am proud of the work the Anchorage Police Department is already doing to reimagine what help in a crisis can look like. We have embedded behavioral health clinicians into our Mobile Intervention Team to work with people who may have an adverse view of law enforcement, need to connect to services or need field social services. Creating an environment where everybody matters is not just a slogan, it is a core belief. To do that, we need to meet people where they are and have the ability to provide robust wraparound services. I strongly encourage the Legislature to pass SB 196 to strengthen our connection to behavioral health services and enhance public safety in Alaska.

Sean Case is chief of the Anchorage Police Department.

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