

988 On-Ramping Playbook

Accelerating Adoption of the
New Mental Health Crisis Hotline

Micah Mutrux

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Introduction

In July 2020, the Federal Communications Commission (FCC) adopted rules to establish 988 as the new, nationwide, 3-digit phone number for the National Suicide Prevention Lifeline. The FCC recognized the difficulty of remembering the existing 10-digit phone number in moments of crisis, and on August 15, 2019, released a report recommending 988 as the best option.¹ The new hotline is not limited to individuals at risk for suicide; it will serve those experiencing other mental and behavioral health and substance use crises.

However, the new hotline may be underutilized if people are not intentionally directed to use it. On October 26th, 2021 – only 9 months before the official release of the new 988 Hotline – the Pew Charitable Trusts issued a report, *“Most States Have Not Yet Acted to Support New 988 Behavioral Health Lifeline,”* that demonstrated how limited the uptake of the 988 system has been.² The important second step of implementing the new hotline — creating on-ramps for people to enter the 988 system — is at risk of being passed over, as many state administrators of the program find themselves tasked with implementing an unfunded program without state-legislated support.

988 HOTLINE SCOPE AND LOCAL VARIATION

Across the country, there has until now been a high level of variability in the scope of issues assigned to 988. The rule adopted by the FCC defines 988 as the “3-digit dialing code for a national suicide prevention and mental health crisis hotline.”³ Implementations by different states range from simply forwarding 988 calls to the National Suicide Prevention Hotline to using 988 as the entry point for a full spectrum of mental health crisis services.⁴

[Vibrant Emotional Health](#) (a mental health nonprofit responsible for running the National Suicide Prevention Lifeline) and the Substance Abuse and Mental Health Services Administration (SAMHSA, a federal government office within the Department of Health and Human Services) are working to provide guidance and consistency as the 988 program rolls out. However, the reality is that 988 implementations will vary locally according to funding, existing mental health resources, and options for integrating into local emergency response systems.

While the recommendations made in this document will be applicable on a general basis, the downloadable assets may need to be altered to reflect local variation. All assets are designed to be easily modified, and instructions are provided for doing so.

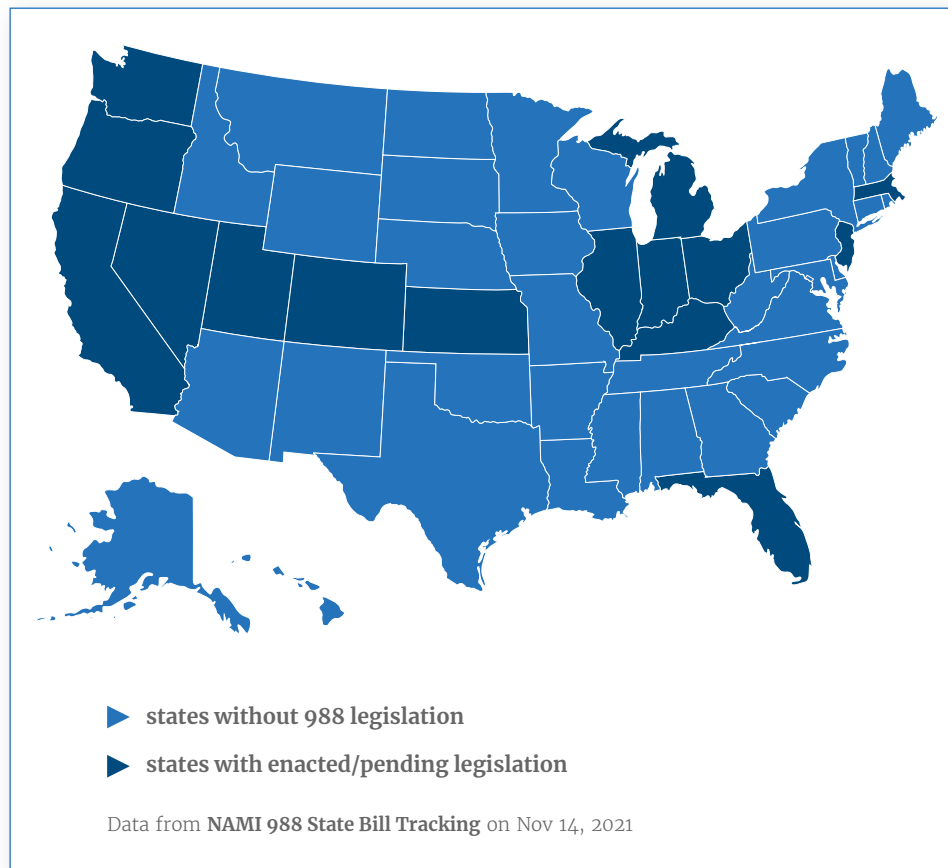


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WHO IS THIS DOCUMENT FOR?

States Without 988 Legislation

As of November 2021, [only 15 states have enacted legislation](#) focused on implementing the 988 Hotline system (see **Figure 1.1**).⁵ This playbook provides implementation guidance for the remaining 39 states. It focuses on low-cost, high-value outreach strategies that states can use to expedite the adoption of 988 Hotline systems.

988 Coordinators

Coordinators overseeing the new hotlines are uniquely positioned to advocate for cross-agency changes that will help connect people to 988. The transferable concepts and reusable assets contained in this playbook are designed for easy adoption by individuals responsible for the 988 implementation.

911 Administrators

The 988 Crisis Hotline offers a valuable opportunity to divert behavioral health calls from the 911 system, thus reducing the burden on public safety services. This playbook outlines ways in which 988 and 911 systems can collaborate to switch behavioral health calls to a system explicitly designed to support them.

The 988 Crisis Hotline presents a unique opportunity to strengthen our capacity for crisis response and simultaneously **deliver more appropriate and cohesive support to people** experiencing a behavioral crisis.

THE IMPORTANCE OF 988 DIVERSION

The quickest way to accelerate adoption of the 988 Crisis Hotline is to divert people from existing systems such as 911. Capturing people who would be more appropriately served through 988 has the dual benefit of improving the human experience while also reducing demand on public safety systems.

Due to limited capacity at 988 call centers, it will likely be necessary to prioritize some opportunities for diversion above others. Figure 1.2 shows distinct transition points within the emergency response ecosystem and the different paths a person may travel. Paths are colored on a spectrum, ranging from more positive experiences for affected individuals in green, to more negative experiences in red.

This playbook provides recommendations for diverting people who would be better served by the 988 mental health hotline away from the more negative paths in the 911 system. These recommendations factor in the number of impacted individuals who can be diverted at a given transition point (911 dispatch, for example), and the probability that individuals will continue using the 988 Hotline, rather than reappearing in the 911 system.

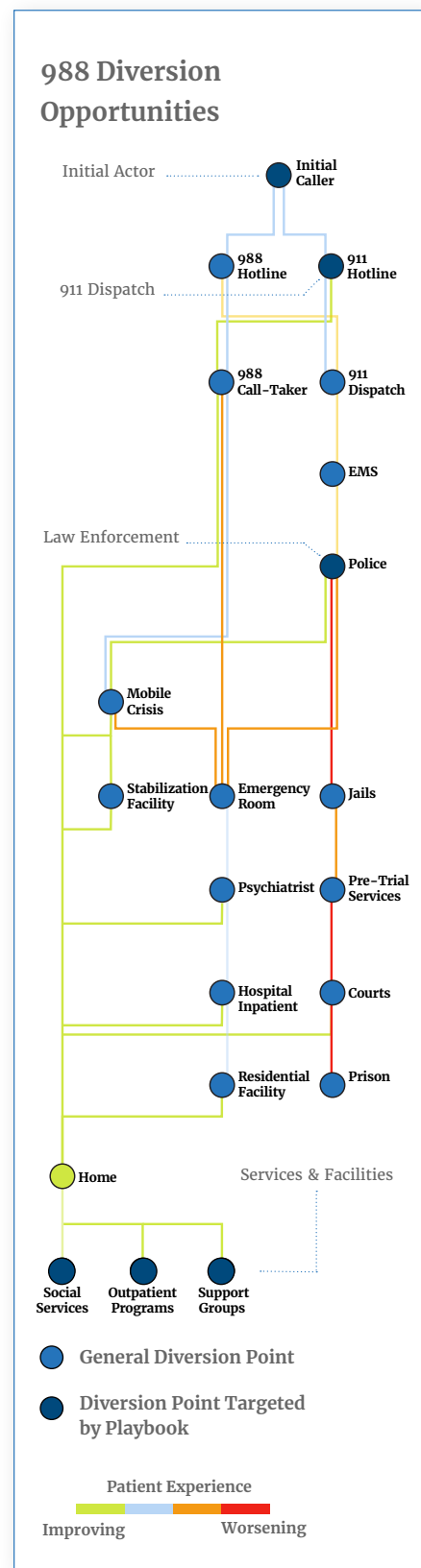


Figure 1.2 - Potential intervention points within the 911 system where people may be diverted to 988

TARGETED DIVERSION POINTS

This guide reviews four key targeted diversion points where interventions may be most effective and offers recommendations that can be implemented by 988 administrators with limited staff and budget.

Diversion by the Initial Actor

The “Initial Actor” is the person who first decides to seek external help. If these callers choose 988 over 911, many of the worst outcomes can be avoided.

Diversion by 911 Dispatch

The “911 Hotline” point represents a high number of potential diversions. This is an intervention point that requires a significant level of effort, but promises high rewards in return.

Diversion by Law Enforcement

The most negative experiences result when people in crisis pass through the “police” diversion point, making this a critical area for diversion.

Diversion by Services and Facilities

Unlike many emergencies, behavioral health crises are cyclical. Therefore, interventions with services and facilities at the “end” of the 911 pipeline can help divert people toward using 988 in the future.

Image by Jay Ron Lach on Pexels



Diversion by the Initial Actor

The most effective diversion requires no diversion at all, because the person selects 988 for themselves. Unless they are already familiar with the crisis hotline, the average person will most likely turn to the internet to find resources for suicide prevention and mental health. Vibrant Emotional Health (a mental health nonprofit responsible for running the National Suicide Prevention Lifeline) provides marketing and communication guidance, support, and specific materials, but the important step of identifying who should receive those communications is left to individual states.

Leaders in the mental health ecosystem may have an excellent understanding of the services available to people. However, search engines create a gap between the services one might assume a person seeking help would find, and what they actually see. Today's search results vary by person, search history, other people's search history, geographic location, device, paid advertisements, and the quality of an organization's website.

Diverting people to 988 before they dial 911 will require building an outreach list that accurately reflects the resources people are likely to find when seeking out for crisis services. It is difficult to anticipate people's online search experience without having objective data. This section explains how to use a digital landscape analysis to help ensure that outreach efforts connect with your target audiences, and improve the chance that those in crisis will use the 988 Hotline.



Image by Liza Summer on Pexels

DIGITAL LANDSCAPE ANALYSIS

The first step in ensuring that your outreach strategy includes all the people you want to reach is to see the internet from their perspective. Constructing a digital landscape analysis will help generate lists of the websites people are visiting, the search terms they use, and the number of people that see these sites daily. You can use this data to incorporate the names of organizations into your communication strategy confidently, with an understanding of how many people are visiting each website and why.



If these website traffic reports are unfamiliar, this may sound more formidable than it is. Reviewing website traffic is a daily routine for most companies in the commerce industry, and as a result, many search engine optimization (SEO) tools and services already exist that can empower you to perform the analyses yourself.

For guidance on finding resources to help perform the landscape analysis, understanding the process, and developing a relevant report, see the [Digital Landscape Analysis Guide](#).

Governmental Analysis

A landscape analysis should begin with a review of state agency websites. Since government sites are trustworthy and reliable, they are typically among a user's highest-ranking search results. In the spreadsheets from your digital landscape analysis, filter out any websites that do not have a state URL (e.g., [idaho.gov](#) or [nc.gov](#)). Sort, count, and filter the spreadsheets for insights such as:

- ▶ Which agencies occur most frequently?
- ▶ Which web pages are associated with specific search topics?
- ▶ When you visit the URLs that people are seeing, does the information fit your 988 educational needs?

As you explore your government’s digital landscape, update your outreach list and communication strategy as necessary.

Community Analysis

In addition to reviewing the websites of public agencies, it is necessary to coordinate with community service providers as well.

Figure 2.1 shows an example from Vermont, where all of the vermont.gov web pages returned in search results only account for 10% of the results that the public sees when searching for mental health resources.

An understanding of the most frequently viewed mental health websites (both locally and nationally) can provide valuable insights, such as:

- ▶ Which organizations offer services that people might confuse with 988?
- ▶ What search terms are people using that do not provide many local results?
- ▶ What community services are still promoting outdated information?

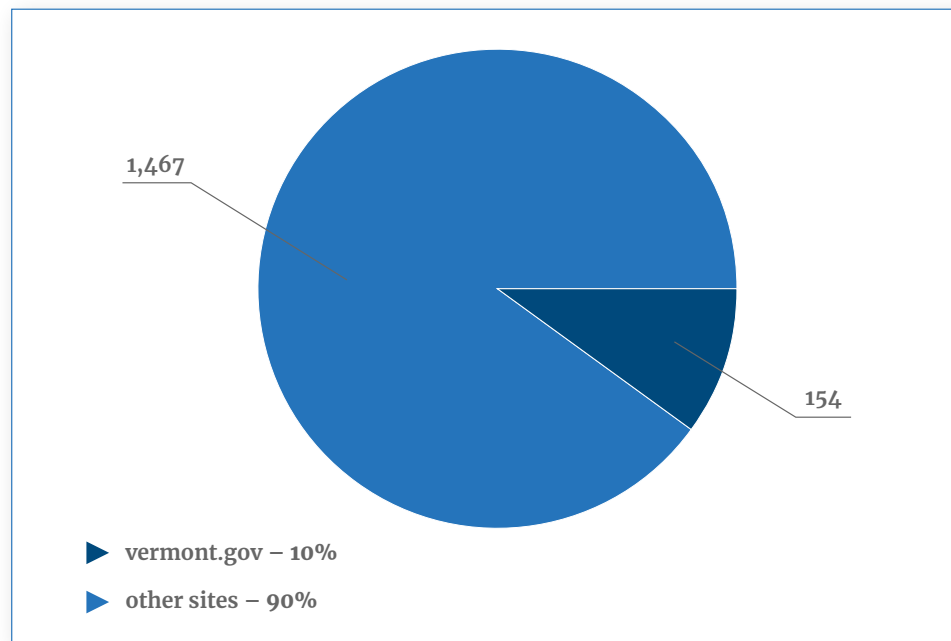


Figure 2.1 – Number of Vermont government websites relative to all mental health search results

IMPROVING YOUR 988 COMMUNICATION STRATEGY

After generating a digital landscape report, review which services and organizations are most frequently presented to the public and update your 988 outreach strategy accordingly. Nearly every state will be receiving communication support and material from Vibrant Emotional Health.⁶ A digital landscape analysis can make your outreach more effective by showing where people go for information online. When you know exactly which websites the public sees, you can confidently incorporate these sites into your outreach plan.

Alignment Among State Agencies

A digital landscape analysis can help identify state agencies that can assist in promoting the new hotline. The number of different government offices providing 988-related information varies by state. Smaller states, and states with a centralized governing structure, will have fewer government web pages providing information than states with a federated, county-based system.

Table 2.2 displays the top 5 Colorado agency websites included in the top 100 Google search results for "suicide prevention."

Number of Search Results	Domain	Associated Agency
40	leg.colorado.gov	Colorado General Assembly
34	cdphe.colorado.gov	Colorado Department of Public Health & Environment
11	cssrc.colorado.gov	Colorado School Safety Resource Center
3	publicsafety.colorado.gov	Colorado Department of Public Safety
2	cdhs.colorado.gov	Colorado Department of Human Services

Table 2.2 – Top 5 government domains for Google search results for “suicide prevention” in Colorado.

Upon seeing that the Colorado School Safety Resource Center (CSSRC) is the third most commonly returned agency website for mental health-related searches in Colorado, the state’s 988 hotline coordinators may choose to develop specific strategies to coordinate a rollout with CSSRC, along with the Colorado Department of Public Health.

Identifying Community Partners

The digital landscape analysis can also be used to identify prospective community partners that appear frequently in mental health-related search results. Visibility into which web sites and pages people in your region are most regularly seeing can help prioritize how and where to partner with external organizations.

Note that the top-ranking sites may not provide the greatest insight. The sites that rank highest are likely to be government agencies and organizations that you are already collaborating with. You may therefore wish to explore sub-groups of particular interest.

Table 2.3 shows results for searches related to mental health-related residential stays in Vermont that also include the phrase “LGBT,” revealing two significant findings.⁷ First, the majority of results shown to Vermonters are for organizations that operate outside Vermont. Second, the [Brattleboro Retreat](#) – a non-profit psychiatric and addiction hospital in Southern Vermont – is the in-state website people are most likely to see. Depending on the existing strategy for 988 in Vermont, this information may suggest some specific actions including:

- ▶ Working with the Brattleboro Retreat make sure the most helpful 988 information is available to the LGBTQ community via [brattlebororetreat.org](#).
- ▶ Prioritizing support and outreach to other Vermont organizations doing similar work that do not rank highly in search engine results.
- ▶ Considering including organizations outside your state (such as [pride-institute.com](#)) when they are highly ranked in searches performed by your constituents.

Domain	Count	In Vermont?
pride-institute.com	10	No
cornercanyonhc.com	2	No
www.banyanmentalhealth.com	2	No
www.skylandtrail.org	2	No
www.brattlebororetreat.org	2	Yes
www.ascendhc.com	2	No
synergyhealthprograms.com	2	No
sbtreatment.com	2	No
www.optimumperformanceinstitute.com	1	No
www.touchstonemh.org	1	No
www.retreatbehavioralhealth.com	1	No
www.chicagolakeshorehospital.com	1	No

Figure 2.3 – Count of web pages returned in results for searches related to residential care in Vermont that also include “LGBT.”

Image by Cottonbro on Pexels



Locating Inconsistent Online Messaging

An SEO analysis can make it easier to answer questions that may have previously been unapproachable. Since there are so many criteria that can alter search results, even if performing a manual search were not prohibitively time consuming, it would still represent the context of the person doing the search – not the general public.

Consider a common example for 988 administrators: the need to deliver consistent messaging to the public about how to seek mental health crisis support. When Steve Eliason, a member of the Utah House of Representatives, started to overhaul how residents accessed mental health services in the early 2000’s, he discovered that there were over 20 existing assistance help lines.⁸ A lack of coordination and integration of resources is a common challenge for states trying to roll out a unified, 3-digit hotline.

A digital landscape analysis can be a helpful resource for answering questions about what the public finds online. For example, **Figure 2.4** shows the results of filtering the keywords and URLs in Vermont’s landscape data for terms related to providing mental health support by phone and text.⁹ Given how frequently these sites turn up in people’s searches, a 988 coordinator might consider partnering with these organizations. Furthermore, a quick review of these sites shows that the 4 most frequently viewed sites operate nationally or out of state.

Domain	Search Volume	In State?
www.resourcehouse.com	950	No
suicidepreventionlifeline.org	550	No
firstcall211.net	320	No
firstcallforhelpsemo.org	240	No
www.211.org	160	Yes
www.healthvermont.gov	140	Yes
www.hcrs.org	100	Yes
governor.vermont.gov	100	Yes
www.vffcmh.org	100	Yes
vtspc.org	100	Yes

Figure 2.4 – Top 10 domains by search volume, filtered by terms related to assistance help lines.

Diversion by 911 Dispatch

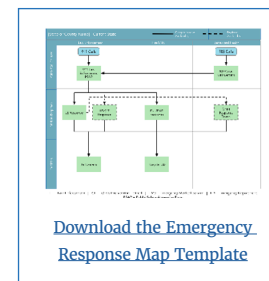
Diverting calls to 988 as they come into the 911 Public Safety Answering Points (PSAPs) is beneficial for both the caller and the 911 system. Officials in Tuscon, AZ found that 80% of callers experiencing mental health crises can be assisted entirely through conversation, without the need to dispatch responders.¹⁰ Diverting calls can improve the lives of citizens and police while also saving significant financial and logistical public safety resources, but a diverse coalition of invested stakeholders will be needed to enable this transition.

This section introduces two elements that can help people visualize, discuss, and actuate redirecting incoming 911 calls to 988. First, we explore using process maps as a means of visualizing the current and desired systems. Then we look at using existing guidance from the National Emergency Number Association (NENA) to develop a framework for diverting behavioral crisis calls.

MAPPING CURRENT AND FUTURE EMERGENCY RESPONSE SYSTEMS

For states not yet pursuing a 911 Dispatch Diversion strategy to divert 911 calls to 988, there are several ways to begin building momentum. A good first step is to create process maps of your emergency response systems to visualize how all the components of your system fit together.

How to Create a Process Map



A shared visual diagram can be an important tool for discussing complex systems. If you have not created a process map before, please see the sample and [download the template here](#). These templates can help you:

- ▶ Identify connections (or disconnections) between resources and agencies;
- ▶ Highlight resources that are widely available, and those that are conditionally available;
- ▶ Surface relationships that are unclear or unintuitive; and
- ▶ Visualize the forces that direct people toward choosing law enforcement or 988 intervention.

How to Use a Process Map

A process map is first and foremost a communication tool. The process of creating this visual aid can help spark conversations and ensure that everyone is involved from an early stage. Stakeholder buy-in and individual aspirations tend to converge at roughly the same pace as the visual representation, particularly the forward-looking version.

The result is an abstract map of both the current and future states of the emergency response system. Most likely, some issues with the system will be made visible in the process map. Perhaps your crisis call centers can transfer to 911, but 911 cannot divert calls to 988, for example. Use the questions raised by your process map to open conversations about how well behavioral health crises fit within the existing system, and collect ideas for better alternatives.

AN ITERATIVE APPROACH TO 911 DISPATCH DIVERSION

Dispatch diversion refers to the 911 call-taker redirecting incoming 911 calls to other support services, rather than deploying emergency medical services (EMS) or law enforcement. Cities and states across the country are working to develop dispatch diversion procedures for calls that would be better served outside the law enforcement system.

Dispatch diversion is the most effective solution for ensuring mental health crisis calls are routed to the 988 Hotline system. If your state has the capacity to implement a comprehensive 911 dispatch diversion program, your team should consider such a program to be a top implementation priority. However, the public safety implications of modifying the 911 dispatch protocols necessitate a methodical and exhaustive approach. If the expense and effort may be problematic, consider an iterative approach that specifically targets callers at risk of suicide as the initial diversion type.

Suicide Risk as the First Iteration

While the 988 Suicide Prevention and Mental Health Hotline offers professional support across many mental, substance use, and behavioral health scenarios, creating a comprehensive set of 988 diversion policies is a formidable undertaking. Instead, consider pursuing a tightly scoped initiative focused on diverting callers who are at risk of suicide to the 988 Hotline.

Suicide risk calls present a compelling case for diverting callers for several reasons:

- ▶ **Suicide is a familiar 911 call type:** Unlike many other mental health crises, suicide is a well-defined call type. Suicidal ideation, threats, and risk assessment are directly addressed in industry standards for 911 call handling.¹¹ Although call handling procedures vary by location,

suicide risk is likely to have established procedures to inform protocols regarding diverting calls to the 988 Hotline.¹²

- ▶ **911 is not the best response for suicide calls:** A Pew Research study found that few 911 call centers have staff with training in managing behavioral health crises, and had limited options for dispatching specialized responses.
- ▶ **988 call-takers are specially trained providers:** Call-takers receiving 988 calls have a minimal standard of training specified by the National Suicide Prevention Hotline.¹³ Many 988 centers also employ existing crisis responders who have masters-level psychological, clinical, or psychiatric education.

Diverting Suicide Calls to 988 Using the NENA Standard

The National Emergency Number Association's (NENA's) [Suicide Prevention Standard](#) (NENA-STA-001) provides operational guidelines for the handoff of suicide calls between 911 and crisis centers.¹⁴ NENA adopted this standard in 2013. Since it predates some modern communication technology and 988 call centers, some modifications to the standard may be necessary. For example, Section 4 details 911 call-taker suicide trainings that may not be necessary because 988 call-takers already have received this training.

How a New 911 Standard is Made

Naturally, changes to 911 call handling is done with great care, including the following:

- ▶ **Partnership** – To consider diverting calls by 911 call takers, a reliable partner must be available 24 hour a day, 7 days a week, 365 days a year.
- ▶ **Protocols** – Developing standards should include insights from states attorneys, the American National Standards Institute (ANSI) accredited standards developers, physicians, 911 oversight boards, etc.
- ▶ **Safeguards** – Fallback alternatives need to be evaluated, such as the ability for 988 to quickly return a call to 911 if necessary.
- ▶ **Training** – Necessary training must be developed and provided to 911 and 988 call takers.
- ▶ **Liability** – New standards and the training for their use must be reviewed for legal considerations.

The NENA Suicide Prevention Standard has several benefits for administrators seeking a way to begin diverting 911 mental crisis calls to the 988 Hotline:

- ▶ **Precedent:** Over 125 Suicide Prevention Lifeline call centers have already established formal or informal collaborations with 911 PSAPs and may be available to share their experiences and best practices.¹⁵
- ▶ **Narrowly Scoped:** The NENA standard applies specifically to calls associated with suicide. Although 988 call-takers are qualified to handle a much wider range of issues, establishing new 911 call-handling protocols requires substantive effort (see inset). The narrower the scope of the proposed diversion, the more swiftly it can be adopted.
- ▶ **Communication Framework:** The greatest effort will lie in establishing communication protocols and verifying the smooth handoff of callers between systems. Once done, other diversion protocols can be added without considering communication technicalities.

For a brief case study on implementing a mental health diversion program, see “[An Overview of the 911 Distressed Caller Diversion Program and Risk Assessment Tool in Broome County, New York.](#)”¹⁶

Subsequent Iterations

Introducing a narrowly scoped protocol for diverting suicide risk callers will lay the groundwork for subsequent behavioral crisis diversions. Work will have been done to explore funding options for training and staffing needs. One or more 911 call-taking protocols will have been established that meet legal and safety standards. A technical path will be established for executing a warm handoff of the caller between two systems, and possibly back to 911. And new working relationships will have been formed.

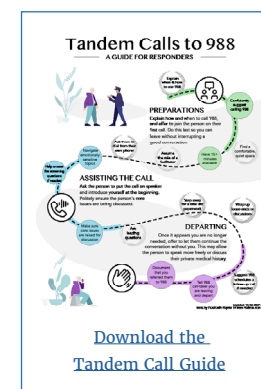
This work will set a precedent for diverting other types of behavioral crisis calls to 988. The types of calls diverted next will vary in accordance with local need, financial support, and existing capacity.

Diversion by Law Enforcement

Unlike 911 call-takers, police officers have the opportunity and responsibility to create an accurate and objective assessment of the situation. They also possess the unique authority to send people to a hospital or jail. When an incident involves physical injury or crime, the correct action is clear. However, many behavioral events are less clear, such as an unmedicated anxiety attack, a domestic dispute involving alcohol, or a depressed person experiencing suicidal ideations. In these cases, the law enforcement official’s most beneficial role may be that of an educator.

As the 988 program brings dozens of new call centers online with trained behavioral health professionals, they can be a resource for police as well as for people in crisis. Next, we look at how police can help educate people in crisis about the 988 Hotline, while also leveraging the expertise of behavioral health experts from the field.

988 TANDEM CALLS



A *tandem call* is a technique by which an emergency response professional (a “responder”) accompanies a person in crisis as they contact the 988 Hotline. This is a common practice for social workers and case managers who need their clients to adopt a new resource and continue using it in the future, but tandem calls are far less common among law enforcement professionals. When positioned as a best practice for police during behavioral health incidents, this light-touch intervention is a reasonable request, even when delivered

by a 988 coordinator operating outside of law enforcement.

Tandem calls will be most effective in transitional times during an incident, after strong emotions have subsided, but before a plan or resolution has been established. When the person calls 988, first responders assume the role of facilitator, leading to more productive calls, good first impressions, and an increased chance that the person will use 988 again in the future — ideally instead of 911.

During the tandem call, responders can de-escalate heightened emotions, ensure that core issues are addressed, and tip off the 988 call-taker to known triggers. The [provided Tandem Call Guide](#) offers suggestions for how to set up a tandem call for success, how to get the call started, and how and when to separate from the conversation.

Of course, other responders can use this same technique to assist someone in crisis, too. Firefighters, crisis workers, and EMS responders can also use 988 tandem calls to involve mental health specialists in appropriate situations. Professionals working in healthcare facilities, residential and outpatient facilities, social services, and support programs can also use tandem calls to normalize the 988 Hotline as a preventative measure available for use in the future.

Keep in mind that, while other service providers can show people an alternative to using 911 in the future, police officers should be prioritized for training because they have the authority to send people to jails and emergency rooms today.

A 988 REFERENCE SHEET FOR RESPONDERS

The [sample Tandem Call Guide](#) provided in this playbook can be used by responders and providers in any state. This guide intentionally uses only one page so that you may use the back as a reference sheet to provide more local guidance.

Here are some examples of helpful topics to consider in a reference guide for law enforcement. Combine these examples with your own working knowledge, that of your peers, and the marketing materials that Vibrant and SAMHSA share with you. And be sure to seek opinions from responders in the field to incorporate feedback from the people using the reference sheet.

Why: 988 Crisis Hotline Services

Help people understand the value of using 988. Providing a clear list of 988 Crisis Hotline benefits will help responders and providers explain why someone should use this resource. As examples of benefits, 988 Hotline provides:

- ▶ Someone for people experiencing mental health crises to talk with;
- ▶ Suicide risk assessments for family and friends;
- ▶ Anonymous support (if desired); and
- ▶ Follow-up services (next day check-ins, etc.).

Who: 988 Mental Health Topics

Help people understand whether the 988 Hotline is right for them. Seeing “their” topic associated with 988 will give both responders and people in crisis more confidence that 988 will be able to help them. Below are the 18 most common mental health topics across the United States, according to the Crisis Text Line.¹⁷ While your state may prefer to promote a different set of topics, all the items in **Table 4.1** are among those that 988 call-takers can support.

Physical Abuse	LGBTQ Issues
Bereavement	Physical Abuse
Bullying	Relationship Issues
Depression	School Problems
Eating Disorders	Self Harm
Family Issues	Sexual Abuse
Friend Issues	Stress
Health Concerns	Substance Abuse
Isolation	Suicidal Thoughts

Figure 4.1 – The most common mental health issues in the United States, according to Crisis Text Line.

How: Specific Language & Prompts

Law enforcement officers often use prepared prompts and statements because choosing which words to use is more difficult than it sounds. Help responders begin these unfamiliar conversations by providing brief prompts such as:

- ▶ An invitation to someone to call 988 together;
- ▶ An explanation of how 988 could help;
- ▶ An opening introduction to the 988 call-taker; and
- ▶ Questions regarding suicide (see this [Guide by NAMI](#)).¹⁸

Build a list of prompts by taking careful note of the questions that other agencies ask about 988. Incorporate topics and language from Vibrant and SAMHSA’s communication materials that you believe will be useful. Once you have written some simple prompts, try them on co-workers or family members to verify that they make sense to a lay person.

Also be sure to select prompts that are specific to the resources in your area. If mobile crisis teams are available, consider providing simple language that police could use to explain what these teams are, and how they might help someone.

Related: Other Local Services

The 988 Hotline does not operate in isolation. Provide a list of local services related to mental health that responders and providers can share with members of the public. For example:

- ▶ 211 (Essential Human Services)
- ▶ Peer Services Hotline (see the [NAMI National Warmline Directory](#))¹⁹
- ▶ Emergency Shelters
- ▶ State Office(s) of Economic Opportunity
- ▶ Military Veteran Hotline

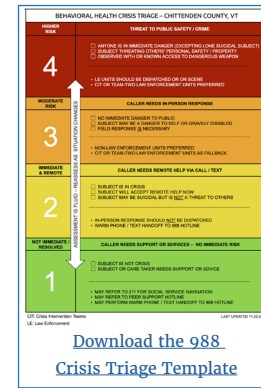
Diversion by Services and Facilities

It is important to remember that the 911 system is a pipeline of connected services that begin with the dispatcher and typically end at a hospital, jail, or elsewhere. However, most behavioral crises are not linear and are not usually resolved by a single pass through an emergency system. For example, although the 911 system is very good at responding to singular events, such as a vehicle accident, it is unlikely to resolve behavioral crises, such as social disruptions involving a person who is unable to afford prescription medications.

Given that mental and behavioral crises are likely to reoccur, leading to individuals reentering the 911 system again in the future, it makes sense for those implementing the 988 system to collaborate with the services and facilities that tend to get involved at the end of the 911 pipeline. This includes inpatient facilities, social and wellness programs, penal organizations, and many others.

In order to help these services and facilities guide people toward the 988 Hotline, it will be important to ensure they have a clear understanding of when to recommend 988 over other existing options. This section reviews two tools that 988 coordinators can use to clarify the purpose of the 988 Crisis Hotline, including how and where it fits into your state’s unique ecosystem.

INTRODUCING 988 INTO AN EXISTING ECOSYSTEM



The 988 Crisis Hotline is not being introduced into a vacuum. Providing a high-level, holistic vision of where 988 will fit into the established emergency response and behavioral wellness ecosystems will reduce confusion and accelerate adoption. Whereas the last section took a tactical look at 988 services for emergency responders, this section provides a systems-level view of 988 for organizational leaders.

Establishing a clear and specific scope of service as part of your state’s 988 implementation is particularly important if your state has not adopted legislation that provides an official mandate for this program.

988 Within the Continuum of Care

Regardless of the services your state decides to provide as part of the 988 system, the overall continuum of care should provide the following 4 levels of support. These should be available through one or more service providers to all people, in all regions, every day of the year, 24 hours per day:

- ▶ Medical/criminal emergencies;
- ▶ Behavioral crisis support;
- ▶ Mental health support; and
- ▶ Follow-up call services.

INTEGRATING 988 WITH EMERGENCY SERVICES

The 988 Hotline can be a resource for all the agencies involved in emergency response: 911, EMS, mobile crisis teams, fire, and police. This section recommends creating a hierarchical guide that places 988 among other public safety and urgent response options.

Intended Purpose

The Crisis Triage Sheet uses a numbered, multi-tiered hierarchy to clearly indicate where 988 fits into the progression of emergency response options. The numbered tiers generally align with the four levels of support listed under “988 Within the Continuum of Care.”

This triage sheet clearly shows when the 988 Crisis Hotline should be used, and contrasts it against other emergency response and social services. Criteria for each level are stated succinctly. This framing will clearly establish how and when emergency response teams of all kinds can leverage 988.

Adapting the Crisis Triage Template

This document includes a template for creating your own [988 Crisis Triage Sheet](#). Create a copy of the template sheet and follow the instructions for how to adapt the content to reflect the services and protocols in your area.

Begin by filling in the template as best you can. Then share it with people from the different services and agencies involved, incorporate their feedback, and repeat. When there is agreement that this resource represents a proper approach to using 988, ask agency leaders to share it with their teams as a best practice for handling mental and behavioral crises.

A Note Regarding Responding Remotely to Suicide Risk

The 911 system generally does not engage remotely with people at risk of suicide. With a few exceptions (such as specially trained 911 call-takers, or 911 call centers with behavioral health specialists on site), suicide-related calls either receive an in-person response or are discontinued. Therefore, some education regarding the efficacy of the 988 Hotline may be necessary.

Even crises as grave as risk of suicide can be appropriately served remotely. Studies of the National Suicide Prevention Hotline have shown that calling the hotline significantly reduces callers’ psychological pain and intent to die.²⁰ If there is not a threat to the physical safety of others, an in-person law enforcement response may not always be necessary or preferred.

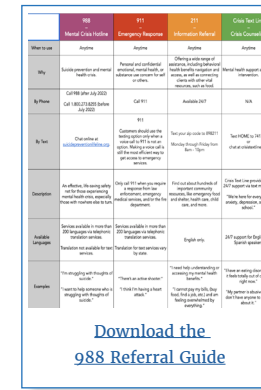
INTEGRATING 988 WITH COMMUNITY SERVICES

Every county, city, and region has mental health services that predate 988. To help community providers decide when they should refer people to the 988 Hotline, and when they should continue to use other services, administrators need to provide them with specific guidance.

Intended Purpose

You can help existing services understand where the 988 Crisis Hotline fits into the local behavioral support ecosystem by providing a simple informational grid of key services that are available in the region.

Creating a side-by-side comparison of 988 and other similar services makes it easy for other service providers to see the key benefits of the new 988 Hotline. Comparing 988 against other well-known services, such as 911, can help set strong expectations regarding the significance and quality of the crisis hotline.



Adapting the Referral Guide Template

This document includes a template for creating your own [988 Referral Guide](#). As with the 988 Crisis Triage template, you can use the link in the footnote to create a copy of the Google Spreadsheet and begin updating it for your area.

Deciding when the 988 Hotline should be referred instead of another local service is a judgment call. Some helpful criteria include:

- ▶ **24/7 Availability:** If a given service has limited availability, consider whether 988 would be preferable.
- ▶ **Fallback Mechanism:** If a service falls back on voicemail or an out-of-state network, consider whether it would be better to refer people to 988.
- ▶ **Local 988 Scope:** A local 988 guide can clarify whether your 988 scope covers a particular service.

Prioritizing Services

When selecting the services to include, remember that this guide will work best when it is relatively small. If you have more than 5-8 services, the columns become long and narrow when printed, and it is more difficult to read. Also be sure only to select services that are comparable to 988 in their breadth and reputation.

Also remember to maintain good coverage for specialized audiences. For example, emergency shelters for veterans, LGBTQ crisis lines, or services targeting non-native speakers may be a priority, based on your local community’s needs. When organizations serving smaller populations are not explicitly considered, they may be at risk of falling through the cracks.

Endnotes

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