



Episode 13: The 988 National Suicide Prevention Lifeline with Dr. Abigail Tucker and Elizabeth Pyke

Release date: April 12, 2022

Intro:

Welcome to the NCJA Podcast. This podcast series explores promising practices, provides guidance on strategic plan, and discusses how the Byrne Justice Assistance Grant program or Byrne JAG contributes to improving justice systems across the country. We hope you enjoy it.

Simone Greene:

Hello and welcome to the NCJA Podcast. My name is Simone Greene and I am a program manager here at NCJA. Today we will be discussed 988, a new rule implemented by the FCC in July of 2020. We will review what this rule is, how it came to be, and what it means for behavioral health and criminal justice stakeholders. Joining me today to discuss 988 are Dr. Abigail Tucker, a Denver based psychologist and owner and founder of SHE Consulting and Elizabeth Pyke, director of government affairs here at NCJA. Welcome to the both of you. And thank you for being here. To get started, we want to make sure that everyone has a general understanding of what 988 is. So Abigail, can you provide us with a high level overview of what the 988 rule is?

Dr. Abigail Tucker:

The National Suicide Hotline Designation Act often referred to as the 988 rule was signed into law as federal legislation directing the Federal Communication Commission, the FCC to universally designate 988 as the three digit dialing code for the National Suicide Prevention Lifeline. The Federal Communications Commission has required telephone providers to make calling the lifeline via 988 accessible by July 16th, 2022. Individual states are expected to develop their own plan to implement this rule, including fiduciary oversight. As an example, a state may impose and collect a fee for providing 988 related services just like is currently done for 911. The fee must be held in a designated account to be spent only in support of 988 services. The Department of Health and Human Services, and the Department of Veteran Affairs who manages the veterans crisis line must jointly report on how to make use of the 988 operational and effective across the country.

Simone Greene:

And how did 988 come to be? What was behind the move to 988?

Dr. Abigail Tucker:

I'm so glad you asked. The 911 calling system has been in existence for over 50 years and the National Suicide Prevention Lifeline for 17. The idea of moving to a national 988 three digit dialing system for suicide prevention grew as awareness about and prevalence of suicide grew. Since 1999, the rate of death by suicide in the United States has increased by nearly 30%. It is the second leading cause of death for young people and the ninth leading cause for adult. Sadly, a study in 2019 found that nearly 20% of high school students seriously considered attempting suicide and 9% attempted. The hotline reported more Americans died, mental health crises and substance use crises in 2018 than have died in



combat in every war combined since World War II. With this growing trend of death by suicide has also come an increase awareness that suicide is preventable.

So in 2019 legislation was introduced in Congress, which led to giving the FCC the authority and demanding to facilitate the 988 calling system nationwide. While the legislation included the technical behind the scenes work makes it possible for a person at risk of suicide to call a three digit number instead of the existing 10 digit number, it is the promise of 988 as a tool for enabling a caller to talk to a trained counselor that is wonderful to see coming to fruition. When we can connect someone in crisis to train counselors and local resources, we reimagine our entire mental health and crisis response system. And that's exciting.

Simone Greene:

Thank you. That really is exciting. It sounds like 988 is really timely. Elizabeth, could you talk a little bit about the impact on the criminal justice system?

Elizabeth Pyke:

Yes. As Abigail said, what makes this so promising and exciting to the criminal justice community is the idea that this simplified calling system has the potential to facilitate what so many local law enforcement leaders, mental health advocates and policing reform advocates hope for, which is a workable way to have mental health professionals respond to people in mental health crisis rather than a police officer when police presence is not needed. We know that when someone experiences mental health crisis and doesn't receive the care they need, they can end up in the emergency room or on the street, or they can end up in jail because that's where police can take people. That may be the only option for them when they encounter someone in crisis. And despite having made really terrific progress in training for law enforcement, in responding to people with a mental health crisis, they're not mental health professionals, nor where they want to be.

So it's really unfair to place them in that role, but when they are, they often have nowhere to take the person except to jail. And we know that half of people in jail and over a third of people in prison have a mental health condition with two million people with mental health issues booked into the nation's jails every year. The community doesn't want this, law enforcement doesn't want this and it's expensive. And jail is the worst place for someone to be when they're having a mental health crisis. So the behavioral health and the justice community are eager to work toward a vision of a person or family member being able to call 988 or 911, and to have the training and coordination behind the scenes to send the most appropriate, most humane response, and to get that person into a continuum of services, to get them the help that they need.

Simone Greene:

And that really is a great vision to have. So what are the components of 988 or potentially better put, what are the aspirational goals for 988?

Dr. Abigail Tucker:

Great question, Simone. The primary goal set to go live this July is a direct three digit line, just like 911. However, instead of connecting to train emergency communication specialist often known as 911



dispatchers callers to 988 will be connected to trained counselors. There already exists a National Suicide Prevention Lifeline. That number is 1-800-273-TALK, and now 988 will create a universal dialing code. 988 will expand on the work of the National Suicide Prevention Lifeline to support individuals in mental health crisis, tackle the stigma for help seeking behavior and provide more cost effective early intervention that reduces the use of law enforcement.

For those familiar, with the sequential intercept model 988 falls within intercept zero. Depending however on how it's implemented, it will also cross over into intercept one. Key components of 988 include these four priorities. First, a designated universal crisis line 988 that's easy to remember and includes an awareness campaign. Second, a responsive and trained counselor to answer those calls. That counselor can provide the best practices and crisis counseling as well as tailored responses to individuals with unique needs. The third component is connection to care. This key component requires engagement with local resources to ensure individuals calling 988 can get the referrals they need.

And the final component is one that requires engagement from all stakeholders, both nationally and locally. And that is a robust behavioral health response. In other words, 988 counselors will need local resources so they can refer callers. They might also need treatment provider information, mobile crisis teams, community crisis stabilization units, or peer led recovery programs. Just to name a few.

Simone Greene:

Thank you for laying that out for us. Taking a moment to think about this in the broader context, how is Congress thinking about that broader vision of crisis response?

Elizabeth Pyke:

Yeah. Abigail talked about the components of a strong crisis response system, and each of these components are the topic of a number of bills in Congress. The National Alliance for Mental Illness or NAMI puts the responses into three buckets, which I personally find really helpful. They are someone to talk to, someone to respond, and somewhere to go. So the someone to talk to is 988, the 24/7 crisis call centers and research shows that 80% of all calls are resolved on the phone at that stage. The second, someone to respond is a mobile crisis team that can dispatch mental health professional to the scene, and ideally coordinate with law enforcement in high risk situations.

And the third is somewhere to go, which is perhaps a stabilization center, maybe a hospital or handoff to community based services. Abigail will talk more about this in a minute, but the research is almost jaw dropping that if you have all of these components in place and coordinating well, the vast majority of people who are experiencing a mental health crisis whose behavior doesn't justify being arrested and taken to jail will have their needs addressed and not get pulled into the justice system with all the collateral consequences that we know about. And the bills in Congress seek to provide federal support and guidance and funding for all these components of this system.

Simone Greene:

It's great to hear that there are continued discussions about this in Congress. Can you tell us a little bit more about what that legislation is likely to include?

Elizabeth Pyke:



Sure. But let me say first that we are just at the very start of this effort. Some of these are comprehensive bills that touch many elements of the mental health system. It is a pretty good rule of thumb in Congress to say that legislation like this takes a good three years or more to be widely understood and to build the bipartisan support to pass. So I would say these are not imminent, but particularly on the heels of COVID, there really is widespread and growing awareness in Congress that our mental health system is in really desperate need of support. And that we're reforming our justice system means in part diverting people with mental illness out of the justice system and into mental health services. So some of these key components of these bills are new federal funding for technology training and operations of the current regional or local lifeline call centers, including resources for specialized services for underserved populations. Different ways to provide funding for treatment and crisis response, largely focusing on Medicaid.

So giving states authority to cover these services in Medicaid without having to apply for a waiver, increasing the share of crisis response services funded by Medicaid. And there's also a temporary carve out for crisis services from SAMHSA Mental Health Block Grant program. There's an effort to make that carve out permanent. So there are ways to use Medicaid that the federal government can authorize that will be helpful here. Also, some of the bills would provide just brand new funding, new grant programs to local governments to create or enhance existing mobile crisis response teams or funding for crisis receiving and stabilization programs. And one thing that's not talked about too often on the criminal justice side is expanding the behavioral health workforce and training programs. All of that is under active consideration or in bills being drafted and introduced. But at the same time, several committees in both the House and the Senate are holding hearings and exploring how the federal government can restore and strengthen our overall mental health system of which this crisis response work is just a part.

Simone Greene:

Thanks for sharing that Elizabeth. It'll be interesting to see what role the federal government continues to play in restoring and strengthening our mental health system. So moving on from the federal level, we know that there are many stakeholders involved. What does this new rule mean for practitioners and communities?

Dr. Abigail Tucker:

Another great question, Simone. So in July 988 will provide an immediate change for practitioners and communities with having a universal and recognizable number that people can call if they're feeling suicidal or having a mental health crisis. However, the additional components of 988, as Elizabeth mentioned earlier, the someone to respond and somewhere to go parts of the system will be where communities can start to move from the crisis to the connection for care. In other words, 988 is the beginning. And as we near that go live date this summer, we can return to or start thinking about what this means or rather what is possible for clinical practitioners and communities.

I think a great way to think about this is to consider where states and local communities are already partnering with justice agencies to strategically think about and respond differently to those who are in need of mental health crisis care. For example, in Phoenix, Arizona, the Phoenix Police Department works with the crisis responses network to triage 911 phone calls for eligible calls that



would be better served with mobile crisis co response, dispatching, both police and a train counselor. In Houston, Texas the Harris Center partnered with local law enforcement and fire rescue teams to divert 911 calls to their crisis call diversion collaboration, and they use train counselors by phone. They use co responder models to outreach or in many cases, mobile crisis response that dispatches without law enforcement. Did you know that partnership in Texas reported between March 2016 and December 2021, they diverted 9,203 calls from standard law enforcement and between July 2017 and December 2021 they diverted another 3,975 calls from fire department response. That's impressive.

One more example I'd like to share with you, I think is appealing for rural areas and that's using iPads and telehealth to connect responding law enforcement officers to the mental health resources they need. In Springfield, Missouri, the police bureau behavioral health are using a virtual mobile crisis intervention where officers are given iPads to connect with behavioral health specialists in real time for assessments, referrals, and as we've already reviewed very important for 988, connection to follow up care. These are great examples. More broadly with 988 implementation clinical practitioners in states across the country will be able to include 988 as a resource when working with individuals at risk of a mental health crisis. Depending on how states implement 988, practitioners and justice agencies may also see opportunities to support the expansion of crisis services in their local jurisdictions, as well as be asked to engage in stakeholder groups regarding this legislation and that implementation.

Practitioners in the justice community should also be preparing for changes by thinking about the following considerations and questions. First, will there be changes to the resources they offer with the advent of 988? Second, what is, or what could be the expanded crisis services in that state, in that jurisdiction, in that local community? Third, and of importance to state administering agencies, how does any existing or developing expansion of crisis services account for the needs for those who are justice involved, including justice involved individuals who are also veterans? And finally, consider how your agency can advocate and support 988.

Simone Greene:

Thanks for sharing some of those really great examples and for helping us to think about some of those very important considerations. So now I'll ask a question that people are always curious about, benefits. What are some of the benefits of 988, those that we may already be seeing as well as what can expect as the transition is finalized?

Dr. Abigail Tucker:

Well, the benefits of 988 already include reduction in stigma, support for an evolving crisis system of care, and awareness that emergency responder and justice communities are too often overburdened with the needs of individuals in mental health crisis. So let me break down those benefits a little bit more. Reduction in stigma, increased awareness that suicide is preventable and increased awareness that counselors who are trained in dealing with mental health crisis are the best response, that already is a benefit of 988 and we haven't even gone live yet. Then returning support for the broader crisis system. This support can bring greater awareness. And sometimes that can bring more resources to the need that we know exists.

And finally, the awareness that police and 911 are frequently called as frontline emergency mental health care and the continued reality that jails are overwhelmed with individuals experiencing



significant mental health needs. Communities such as law enforcement and public safety answering points often known as 911 communication centers have also expressed support for 988 legislation as it will redirect individuals whose primary reason for calling 911 is not related to criminal activity, but rather for mental health crisis. It's time for a change here.

And the solution is within reach. Did you know that a 2018 study found that 80% of callers to a suicide hotline reported six to 12 weeks later that the call helped them feel heard, supported, connected, and most importantly played a key role in their own prevention of death by suicide. This tells me that phone-based care works. And so the plan to bring it nationally with a universal number is a step in the right direction. Simone, you also asked about transition. I think it's important to pause here and explain a little bit more about the transition timeline. Under the new rules, calls to 988 will be directed to 1-800-273-TALK, which will remain open and operational during and after the 988 transition. The time between legislation passing in 2020 and go live in 2022 was designed to give phone companies time to make necessary network changes, time for the National Suicide Prevention Lifeline to prepare for a likely increase for volume of calls following the switch, and time for states to prepare their individual response.

Overall, I would offer that the technology and infrastructure for the switch is more complicated than it sounds involving the National Suicide Lifeline, but also state and local crisis providers, 911 communications centers, and the Federal Communications Commission, as well as others. However, despite the nitty gritty and all the attention to detail that will be required for a smooth transition, in reviewing some of the benefits we can see where agencies can use their own knowledge and support to support this change. It is expected that the benefits of 988 will include reduction in law enforcement for mental health crisis and suicide prevention, easy to remember number to increase the likelihood that individuals in crisis or their loved ones will call to get the help, continued reduction in stigma, and potential expansion of crisis services in your community.

Simone Greene:

So many benefits. However, we know that nothing is without challenges. So what are some of the challenges to the implementation of 988?

Dr. Abigail Tucker:

Yeah, so often technology and funding we present as our primary challenges. However, in the case of 988, I would argue that the funding is there and while technology and infrastructure needed for the switch is not necessarily simple, there are solutions and the telephone companies and others have been at work in preparation. So I mentioned funding. Federally HHS advised that the Biden administration has allocated 282 million to help transition the National Suicide Prevention Lifeline to 988. The administration plan additional funds to bolster and expand the lifelines operations infrastructure. And the remaining funds are committed by the administration is designated to local crisis call centers across the states to help with staffing. Most subject matter experts agree that fiscal support from each state will also be needed to support both the infrastructure change from the lifeline to 988, as well as the expansion of crisis services needed to back up the crisis line with connection to care.

As Elizabeth mentioned earlier, the backup to crisis line can include someone to respond and somewhere to go. A few states have passed legislation in this direction, but there are funding options



that include the Byrne JAG grants and other solutions. To me taking the time to think strategically and coordinate with state and local stakeholders can bring funding barrier down from a perceived roadblock to a hurdle managed with collaboration. The other challenge is the transition itself from a network to a national universal service. 911 had similar transition challenges and now for 50 years later, no one thinks twice about dialing 911 and getting a life saving response. The National Suicide Prevention Lifeline is currently a network of about 170 local and state funded crisis centers. As a federal government and SAMHSA administer the National Suicide Prevention Lifeline, they currently and will continue to do so in partnership with the Department of Veteran Affairs, which manages the Veteran Crisis Lifeline and all state funded crisis centers.

Simone Greene:

As states start to finalize the transition to the new 988 rule, what are key components they should consider to ensure successful implementation?

Dr. Abigail Tucker:

The Treatment Advocacy Center outlines seven key principles for states to successfully launch 988. I think they're great and I'm going to include them here. First, systems level planning, stakeholder groups, committees. Second, is a coordinated crisis responders. This is both for the operation of 988, but also to connect callers to local services. Third, is sustainable financing. The fourth, is a marketing and communications plan. That plan will be key to help make sure people recognize this 988 number and use it. And the final is an evaluation process to monitor both the appropriated funds and the outcomes of this life saving measure.

Simone Greene:

Thank you. So finally, we've come to our last question. What does this new rule mean for state administering agencies and their criminal justice efforts?

Dr. Abigail Tucker:

The most important thing anyone can do is find out about what's happening in your state regarding 988. Justice professionals have a critical voice to share in the promotion and advocacy of 988 as well as to be a voice for the role of criminal and juvenile justice needs as it pertains to the overall crisis system of care. This can include joining 988 planning committees, engaging in strategic planning initiatives, including the use of the sequential intercept model. It might include updating state supported resources to include 988 and continue basic deescalation training on how to identify individuals experiencing a mental health crisis, such as mental health first aid or crisis intervention team training.

As it pertains to public safety answering points and law enforcement, I like to see this through the lens of the sequential intercept model, where the need for collaboration with 911 communication centers and law enforcement is crucial. A few suggestions for state administering agencies working with PSAPs and law enforcement include intentional and consistent education for PSAP and law enforcement agencies on 988, the transition, existing state, regional, and local crisis service options. Create a communication channel with stakeholders so people can get regular updates on the 988 transition. And



finally, consider reviewing your communication and dispatch policies, including if available mobile crisis response or triage from 911 to 988.

Elizabeth Pyke:

And Simone, let me just add one thing. I echo everything that Abigail said. There really is such potential in all this to keep folks out of the justice system in the first place and to improve outcomes for justice-involved individuals, but it's difficult because it requires the justice system and the behavioral health practitioners to learn each other's language. And SASs can really play an important role here by understanding this of intersection between the two systems and making sure all the right people are at the table for planning, and then to think about ways that Byrne JAG and other grant funding can support the different pieces of that plan.

Simone Greene:

Well, thank you both for being here. It sounds like 988 will be a great resource for behavioral health and criminal justice stakeholders, and I'm really encouraged by the direction that we're headed in. So thank you so much again for being here and sharing your knowledge with us and please take care.

Elizabeth Pyke:

Thank you, Simone.

Dr. Abigail Tucker:

Thank you, Simone.

Outro:

Thanks again to Dr. Abigail Tucker and Elizabeth Pyke for speaking with us about 988, the new three digit code for the National Suicide Prevention Lifeline expected to go live in 2022. To learn more about Dr. Tucker's work, visit her website at sheconsulting.co. To learn more about Elizabeth Pyke's work and to find all episodes of the NCJA Podcast, visit ncja.org. Thank you.