

How states can  
prepare to make  
lifesaving  
connections  
with 988

The EY logo consists of the letters 'EY' in a bold, white, sans-serif font. A yellow chevron shape is positioned above the 'Y'.

Building a better  
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**By Kennedy Reid**  
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## A new 988 emergency hotline is rolled out across the US as a way to help those experiencing mental health crises

### In brief:

- ▶ The COVID-19 virus has exacerbated a rise in the nation's suicide rates.
- ▶ Most people don't know who to call in the event of a mental health crisis.
- ▶ The 988 hotline could mark a turning point in the way the US responds to such crises.

As the pandemic continues to take its toll on individuals and families nationwide, it has further illuminated the need for accessible resources for people experiencing mental health challenges and crises. Suicide rates increased 33% nationwide between 1999 and 2019 and initial data from the years during the COVID-19 pandemic show increases in suicide attempts, overdoses and demand for mental health services.<sup>1</sup> The rollout of a new three-digit dialing code, 988, for the National Suicide Prevention Lifeline is more important than ever.

Suicide, the 10th leading cause of death in the US, is now the second leading cause of death among young people ages 15 through 19.<sup>2</sup>

### Why we need 988

Although the US already has a National Suicide Prevention Lifeline – +1 800 273 TALK (8255) – many people do not know who to call in the event of a mental health crisis. Because of this, calls may be directed to 911 or law enforcement, which creates a burden on law enforcement to respond and often does not connect the individual with the most effective response.

### Residents default to 911

The Pew Charitable Trust recently provided a snapshot into how behavioral health calls to 911 are handled.<sup>3</sup> Key themes emerged from input provided by emergency call centers in diverse communities across 27 states. Chief among them are:

- ▶ Few of the call centers had staff members with behavioral health crisis training.

- ▶ The centers indicated that they have limited options to dispatch specialized responses to crisis calls.
- ▶ Some respondents did not realize that there are specialized resources available to address mental health emergencies.
- ▶ Most respondents record calls, in their electronic data management system, as mental health- or substance use-related, but few report on these statistics internally or publicly.
- ▶ Many respondents recognize the need to improve responses to behavioral health emergencies; some are working to improve their systems, and others hope to do so.

Moreover, police are usually the first responders to 911 calls. But law enforcement is not appropriate in all mental health crisis situations and can even prove dangerous or traumatic, especially in historically marginalized communities.

1. State of State, Territorial, and Tribal Suicide Prevention," *The CDC website*, <https://www.cdc.gov/suicide/resources/sos.html>.

2. National Vital Statistics Reports Volume 70, Number 9 July 26, 2021 Deaths: Leading Causes for 2019, *The CDC website*, <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>.

3. "New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises," *The Pew Charitable Trusts website*, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/10/new-research-suggests-911-call-centers-lack-resources-to-handle-behavioral-health-crises>.

# Supporting 988 readiness and implementation planning

The GPS Health and Human Services team collaborates with state behavioral health leaders.

## Connecting individuals with the right resources

By promoting 988 nationwide as the number to call in a mental health crisis, individuals experiencing substance use or a suicide crisis will be directed to local call centers with personnel trained to provide support and resources specific to behavioral health, which may include:

- ▶ Crisis call hub services
- ▶ Mobile crisis team services
- ▶ Crisis receiving and stabilization services

Investing in our nation's behavioral health crisis continuum is critical to enabling the right response to individuals seeking help.



**The goal is to make it easy for individuals to access mental health resources and provide them with someone to talk to, someone to respond and somewhere to go.**

Kennedy Reid  
Manager, Government & Public Sector,  
Ernst & Young LLP

## States anticipate a surge in calls

The Federal Communications Commission (FCC) took action in 2020, designating 988 as the new dialing code for the Lifeline. Congress passed legislation within weeks, with bipartisan approval of the new 988 dialing code, which launched on July 16, 2022.

The increasing demand for mental health services, coupled with the new and easier-to-remember number, is expected to increase call, text and chat volumes. However, similar to the introduction of 911, it will likely take several years for states to expand the infrastructure and services capacity needed to meet the growing demand.

“While a lot of planning and activity took place for states to be ready in July, we anticipate there will be much more work ahead in the coming years to optimize our crisis systems and services as 988 is adopted,” says Ernst & Young LLP Manager Kennedy Reid, who is with the Government and Public Sector (GPS) practice. Reid, whose focus is on public health services transformation, notes that the rollout of 988 will require significant attention.

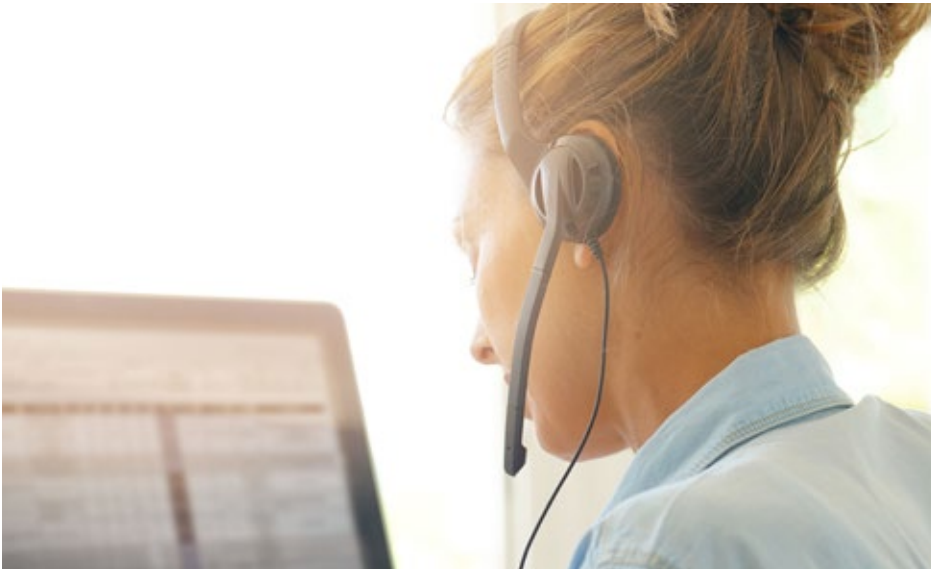
## How the GPS team works with states

Within the GPS Health and Human Services practice, our team is experienced supporting 988 readiness and implementation planning. Our team is collaborating with state behavioral health leaders to develop planning governance structures and establish detailed implementation plans. This work includes facilitating discussions to enable state leaders to define how 988 fits into the current state crisis system, identify gaps in the current system, establish a future state vision of the crisis system and assess the system's level of readiness for the 988 rollout.

Our teams are also helping to lead engagement and communications with stakeholders external to state agencies, such as behavioral health providers, 911 partners, law enforcement, advocacy organizations, and representatives from high-risk and diverse communities. Through this work, we are supporting the incorporation of input and diverse perspectives in the development of 988 and the future state crisis system that will meet the growing needs for crisis care.

# The EY approach to now, next and beyond

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States must assess their capabilities, learn from the first year of 988 and imagine the future.

Our broad EY methodology for thriving amid today's rapid, unabated change requires organizations to think and plan in three dimensions at once: now, next and beyond.

## Now

States should assess their capacity and the capability to answer calls from people who are in crisis and seeking immediate help.

Key aspects that states should consider include:

- ▶ Projected call volume and demand for crisis services
- ▶ Anticipated budget and funding sources
- ▶ Workforce needs across the crisis system
- ▶ Messaging and education, particularly to the highest-risk populations
- ▶ Stakeholder engagement
- ▶ Technology capabilities

## Next

As 988 is adopted and states begin to see an increase in call volume and mental health crisis needs, they must explore what comes next. Just as 911 took decades to implement, there will be lessons learned and opportunities for improvement in the first year of 988.

While answering the calls is integral, it is only one piece of the overall crisis system. In year one of 988, states should consider additional areas of the system where there are capacity needs or opportunities to leverage leading practices or lessons learned to make adjustments in their crisis system. Utilizing data and reporting will be critical to enable state leaders to make informed decisions regarding the next steps for 988. For example, call center data such as volume and caller location will help inform states where additional investments in the call center and provider workforce are needed to build additional capacity. Insights into the number of calls transferred between 988 and 911 centers in the state may indicate opportunities for enhanced processes or technology to enable call center staff to meet the needs of callers more efficiently and effectively.

## Beyond

Once 988 is live and it's possible to assess the volume, states can broaden the lens to expand their view of what's possible. Beyond is about thinking through not just how your state is answering its 988 phone calls, texts and chats, but continuing to transform crisis services to meet the needs of residents.

"States approach behavioral health crisis in a variety of ways – there are unique ideas and innovative models out there," Reid says, adding that collaborating differently with law enforcement is just one example.

As the nation's 988 initiative evolves, she says, the first year will demonstrate whether people are adopting the new number, which models need to change and whether states are enhancing their crisis response infrastructure by following leading practices.

At every point of the journey, states must imagine the beyond. Ultimately, showing people what services and facilities are within reach may enable them to connect to crisis resources preventively. A successful rollout and adoption of 988 may prove transformative in the nation's ability to respond to mental health crises. "The

way we see it," says Reid, "the goal is to make it easy for individuals to access mental health resources and provide them with someone to talk to, someone to respond and somewhere to go."

The new number represents an important first step in reducing the stigma of seeking behavioral health support and promotes access to services for individuals in crisis. As 988 is rolled out in the coming years, states should continue to pursue investments and initiatives to transform the model of behavioral health, including the services available to 988 callers and early interventions, to prevent individuals from reaching a state of crisis.

## Summary

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While there is an immediate need for states to launch 988, this critical point in time in our nation's commitment to behavioral health also offers an opportunity for states to consider what's possible. Leaders who help to enhance our nation's behavioral health infrastructure now are furthering the mission of 988. They are advancing its success at connecting individuals with the critical services they seek and are mitigating future crises.

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