

THE 988 IMPLEMENTATION ACT

Someone to Call, Someone to Come, and Somewhere to Go

THE PROBLEM:

Without a robust mental health crisis care continuum, Americans experiencing a mental health or substance use crisis are forced to call the police or go to hospital emergency rooms. In July 2022, the national 3-digit calling code, 988, went live to respond to mental health emergencies. This was a huge step forward in our ability to respond to mental health crises, but states still need continued support to effectively respond to callers in crisis.

Since its launch, the 988 lifeline has been contacted more than 26 million times through calls, texts, and online chats.¹ It has proven effective in increasing access to care in hard-to-reach communities, helping to reduce suicides among people who connect with the line.² Still, more can be done to strengthen and expand the 988 lifeline and increase partnerships with other community organizations. Evidence shows that, to be truly effective, crisis services must operate symbiotically. There must be someone to call, someone to come and somewhere to go if for anyone that needs it.

THE SOLUTION:

[The 988 Implementation Act](#), introduced by Congresswoman Matsui (D-CA), provides federal funding and guidance for states to implement their 988 and crisis response infrastructure that relies on trained mental health specialists instead of armed law enforcement. The legislation is co-led by Representatives Brian Fitzpatrick (R-PA), Becca Balint (D-VT), Nanette Barragán (D-CA), Donald Beyer Jr. (D-VA), Troy Carter (D-LA), Daniel Goldman (D-NY), Jennifer McClellan (D-VA), Seth Moulton (D-MA), Jamie Raskin (D-MD), Kim Schrier (D-WA), and Lori Trahan (D-MA).

The bill:

- ♦ Solidifies funding for 988 regional and local call centers to ensure 24/7 access.
- ♦ Provides funding for [community-based crisis response](#), including [mobile crisis teams](#) and [crisis centers](#).
- ♦ Supports crisis [workforce development](#) with increased funding for [training](#) and scholarship opportunities.
- ♦ Increases access to care by requiring all [health insurance plans to cover crisis services](#).
- ♦ Implements a national suicide prevention [awareness campaign](#) in partnership with a wide array of stakeholders.

¹ <https://www.samhsa.gov/mental-health/988/performance-metrics>

² <https://jamanetwork.com/journals/jama/article-abstract/2848066>

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SECTION BY SECTION

Substance Abuse and Mental Health Services Administration

- ♦ **Regional/Local Lifeline Call Center Program:** Authorizes a free-standing line item for \$441 million that would provide federal funding for technology, training, and operations for 250+ regional/local lifeline call centers, which are essential for providing a local response to callers in crisis.
- ♦ **Mental Health Crisis Response Partnership Pilot Program:** Authorizes \$100 million for communities to create or enhance existing mobile crisis response teams, composed of licensed counselors, clinical social workers, physicians, paramedics, crisis workers, and/or peers. Teams must respond to people in crisis and provide immediate stabilization and referral to behavioral health services and support.
- ♦ **Suicide Prevention Media Campaign:** Authorizes \$10 million for HHS and CDC to conduct a national suicide prevention media campaign, including increasing awareness of suicide prevention resources such as 988. The campaign will include culturally competent material tailored for all ages in consultation with state officials, mental health professionals, first responders, patient advocacy organizations, individuals with lived experience, and other appropriate groups.

Health Resources Services Administration

- ♦ **HRSA Capital Development Grants:** Broadens eligibility for capital projects to include crisis receiving and stabilization programs as well as call centers. Recipients of these grants would be required to demonstrate working relationships with local mental health and substance use care providers including inpatient and residential treatment settings.
- ♦ **Expand behavioral health workforce training programs:** Authorizes \$25 million for crisis service workforce development through the HRSA Behavioral Health Workforce Education and Training (BHWET) Program, SAMHSA Minority Fellowship Program (MFP), HRSA Graduate Psychology Education (GPE) Program) and expanding National Health Service Corps eligibility to include crisis call centers, mobile crisis teams, and crisis receiving and stabilization programs.

Department of Health and Human Services

- ♦ **Behavioral Health Crisis Services Expansion Act:** Sets standards and expands access to coverage for mental health and substance use disorder crisis response services.

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Social Security Act Amendments: Medicaid

- ◆ **State Crisis Care Option:** Amends Sec. 9813 of the American Rescue Plan (mobile crisis state option) to add unambiguous Medicaid financing for regional/local lifeline call center operations and crisis receiving and stabilization programs. Extends and expands mobile crisis FMAP incentives.
- ◆ **Institution for Mental Diseases (IMD) Amendments:** Clarifies that the IMD payment prohibition on long-term residential care does not apply to short-term crisis stabilization services run by community-based programs. Requires CMS to issue guidance and collect data on crisis stabilization programs, including length of stay, facility size, diversion from law enforcement and incarceration, and other relevant categories.