



The First Year and Beyond

In its first year,

the 988 three-digit dial code has grown and evolved to give hope to millions of people in need by connecting them with trained crisis counselors. The transition to 988 from a full ten-digit number was an immense step forward and offered an unprecedented opportunity to strengthen and transform crisis care in our country.



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

Strengthening and Expanding the
988 Suicide & Crisis Lifeline.

Transforming America's Behavioral
Health Crisis System.

The Biden-Harris Administration has a bold vision for the future of crisis care in our nation. It is built on a belief that everyone experiencing crisis should have: Someone to talk to. Someone to respond. A safe place for help.

The successful implementation of the 988 Suicide & Crisis Lifeline is a leap toward realizing that vision by providing an easy to remember portal for care for anyone in crisis and a network of call centers across the nation with trained counselors ready to answer texts, chats, or calls from people in crisis 24 hours a day, 7 days a week.

The overarching goal of transforming America's Behavioral Health Crisis System is to save lives by serving anyone, at any time, from anywhere, and in a manner that promotes linkages to ongoing local supports. The implementation of 988 is a tremendous step forward to achieving this goal, but a crisis care system with 988 at its core can't be built overnight. Transformation of this scale takes time and depends heavily on state and territory support and collaboration at all levels with federal, state, tribal, and local governments and national partners.

988 Milestones to Date

In the year since rolling out the 988 Suicide & Crisis Lifeline, the line has answered nearly **5 million contacts** — nearly **2 million more** than the previous 12 months following the \$1 billion Biden-Harris Administration investment.

Of the nearly 5 million answered, about **665,000** were texts.

Compared to the 12 months prior,



The average speed to answer decreased from **2 minutes and 39 seconds to 41 seconds**.

Of the 5 million contacts in the past year, almost **1 million** were answered by the Veterans Crisis Line (VCL). The 988 Lifeline links to the VCL, which military members, veterans, and their families can reach by dialing 988 and pressing option 1.



I searched on Google to locate information on how to peacefully die by suicide. However, the first search result I found was information on 988. I decided to reach out to 988 and am so thankful that I was connected with the assistance and guidance I needed, instead of the assistance I originally searched for.



He called because he was about to attempt suicide. He was heartbroken, crying, devastated. And he felt that he couldn't take the pressure of being a provider. By the end of the call, he thanked me and said that he wouldn't be alive if it wasn't for our services and resources.



Deyanira Carceres,
Spanish Bilingual
Program Coordinator,
Didi Hirsch Mental
Health Services

Expanding Lifesaving Services

In addition to making enhancements across the existing 988 technology system, bolstering cybersecurity, and introducing a new learning management system for crisis counselors, the 988 Lifeline has also expanded services for key populations:

- 988 **added Spanish text and chat** services to expand Spanish call services, which have been in place since 2006, along with over 240 additional languages provided through translation services through Language Line.
- Following a successful pilot, 988 added **specialized services for LGBTQI+ youth and young adults** who want to connect with a counselor specifically focused on meeting their needs.
- In the coming months, 988 will add **video phone service** to better serve deaf and hard of hearing individuals.

988 Specialized Services

- 1** Military veterans, service members, and their families can reach the VCL by calling 988 and selecting option 1, texting 988 (or 838255 directly), or chatting online at 988Lifeline.org.
- 2** Spanish speakers can connect directly to Spanish-speaking crisis counselors by calling 988 and pressing option 2, texting "AYUDA" to 988, or chatting online at linea988.org or 988Lifeline.org.
- 3** Youth and young adults seeking specialized services for LGBTQI+ can call 988 and select option 3, text "PRIDE" to 988, or chat 988Lifeline.org.

How 988 Works

The U.S. Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency that awards federal funding and provides oversight and support for the 988 Lifeline. Other major federal partners include the Federal Communications Commission and the U.S. Department of Veterans Affairs.

SAMHSA funds Vibrant Emotional Health, a national non-profit, which supports the network, data, quality, training, and routing of 988 Lifeline contacts, as well as the back-up network.

SAMHSA also collaborates with states, territories, and tribes; and with the National Action Alliance for Suicide Prevention (Action Alliance), the National Association of State Mental Health Program Directors (NASMHPD), and hundreds of other private and public sector organizations to ensure the success of 988.

The 988 Suicide & Crisis Lifeline is made up of an expansive network of over 200 local – and state – funded crisis centers located across the United States. The counselors at these local crisis centers answer calls, texts, and chats from people in distress that the 988 Lifeline receives every day. Trained crisis counselors are there 24/7 to listen, assess risk, help with safety planning, and provide referrals and linkages to additional community-based support, as needed. The 988 Lifeline's crisis centers provide the specialized care of a local community with the support of a national network.

988 Crisis Center Locations



- Anyone who calls, texts, or chats 988 **is not required to disclose their identity or location to receive services** from the 988 Lifeline.
- Trained counselors in **more than 200 call centers across the U.S.** are ready to answer calls, texts, and chats at any time of day or night.

People who call the 988 Lifeline are given three options:

- 1** **PRESS 1** to connect with the Veterans Crisis Line
- 2** **PRESS 2** to connect with the Spanish subnetwork
- 3** **PRESS 3** to connect with LGBTQI+ support for youth and young adults

- For any option, the caller should remain on the line to be connected to a local crisis center; if a local crisis center is unable to answer, the caller is routed to a national backup center.
- Additionally, people who text/chat the 988 Lifeline are given an option to access Spanish-speaking counselors or to choose the LGBTQI+ support national subnetwork. All people who choose to access either of these services are connected to crisis centers equipped to respond through texts and chats.

Vision for Crisis Services Within the Broader Behavioral Health Ecosystem

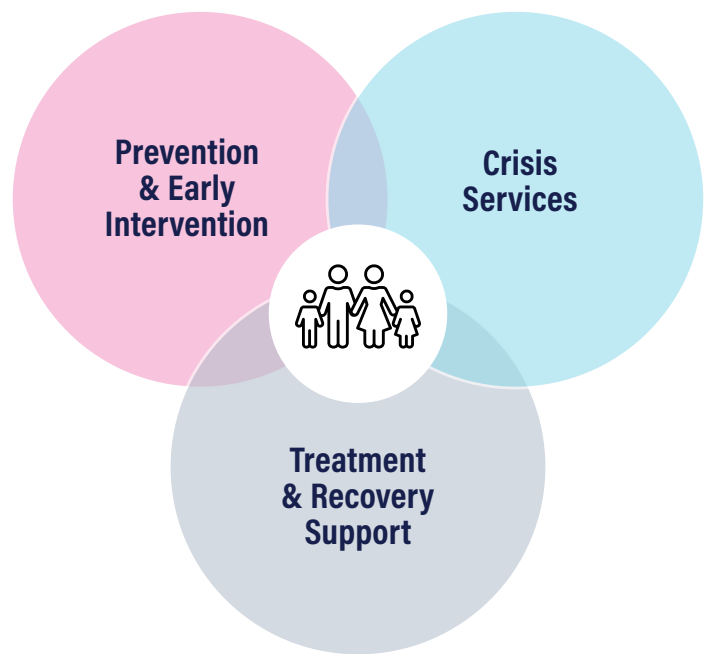
A fully developed behavioral health crisis system is responsive any time and any place. A crisis response system must have the capacity to prevent, recognize, respond, de-escalate, and follow up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. Given the multisystem involvement of many individuals with behavioral health issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes and better invest resources for the entire behavioral health system.

The Biden Harris Administration supports a behavioral health crisis care system that includes someone to talk to, someone to respond, and a safe place for help. This includes crisis lines, mobile crisis response teams, and crisis receiving centers that work together to coordinate care. These services address the acute behavioral health needs of people in crisis. Too often, people with mental health and substance use treatment needs cannot access the care they need when they need it, or they get lost in transition across a highly fragmented and under-resourced system. Underserved and marginalized populations, such as those from racial, ethnic, sexual, and gender minority groups, individuals with co-occurring intellectual/developmental disabilities, and rural communities often face additional burdens with respect to access and outcomes.

The figure "**Core Elements of the Behavioral Health Continuum**" illustrates the critical intersections between the crisis care system and the broader behavioral health care continuum.

Required services cut across these care elements, with specific examples cited in the table "**Services Included in the Behavioral Health Continuum**" (see next page). Essential throughout is ensuring that systems are coordinated and integrated to meet the needs of people with mental and substance use concerns. Services must be trauma-informed, culturally and linguistically relevant across the developmental lifespan, and need to include linkages to services that address social determinants of health.

Core Elements of the Behavioral Health Continuum



(Source: SAMHSA Advisory, "Peer Support Services in Crisis Care", June 2022)

Services Included in the Behavioral Health Continuum

(Source: SAMHSA Advisory, "Peer Support Services in Crisis Care", June 2022)

Prevention & Early Intervention Services	Behavioral Health Crisis Services	Treatment & Recovery Support Services
<ul style="list-style-type: none"> Public awareness Community recovery capital Outreach Screening/brief intervention Harm reduction Drop-in services Warm lines First Episode Psychosis programs 	<ul style="list-style-type: none"> Crisis and suicide prevention hotlines Mobile crisis teams Crisis receiving and stabilizing facilities (including in-home stabilization) Peer Respite Centers First responders Withdrawal management Comprehensive Psychiatric Emergency programs 	<ul style="list-style-type: none"> Recovery support services Case management Opioid treatment programs Team-based wraparound care Outpatient services Certified Community Behavioral Health Clinics Intensive outpatient/day services Residential services Hospital/intensive inpatient services Warm lines Assertive Community Treatment

It is critical to achieve a seamless integration of crisis services across the lifespan for both mental and substance use disorders.

The continuum of care encompasses a full range of services. It can support the needs of an individual with a mental and/or substance use disorder with preventive and early intervention care, recovery support services, crisis care, and more intensive outpatient or inpatient treatment and recovery, if needed.

Funding for the 988 Lifeline

The Biden-Harris Administration has invested nearly \$1 billion into the 988 Lifeline in recent years, not including mental health block grants and other federal money that supports behavioral health care systems. This \$1 billion includes funding from the American Rescue Plan (ARP) and Bipartisan Safer Communities Act (BSCA), as part of the President's Unity Agenda to address the mental health crisis. Also included is more than \$200 million in grants that will be awarded in Fiscal Year 2023 to support states, territories, and tribes as they continue to build out local capacity for crisis services and connect with more people in need.

A lot of the funding has gone to states, territories, tribes, and crisis centers to hire crisis counselors and improve response

rates (see tables below — all states, territories, and tribal organizations who applied for 988 funding opportunities were awarded funds). Additionally, about half of states have passed appropriations to fund 988-related services. The remainder of the funding has been crucial to running the national back-up network; launching and expanding the LGBTQI+ and Spanish language subnetworks; developing a video phone option for people who are deaf or hard of hearing (set to launch in the coming months); improving response for Tribal communities; improving training, workforce communication, technical infrastructure, and data collection; and developing a coordinated awareness campaign with partners at all levels of government and community.

FY22 Cooperative Agreements for States and Territories to Build Local 988 Capacity

Funding Stream: American Rescue Plan (ARP); Supplement: Bipartisan Safer Communities Act (BSCA)

The funding that was awarded in FY22 to states and territories was based upon 988 Lifeline routed call volume from FY21.

State/Territory Government Agency Name	Total Funding
Alabama	\$2,426,822
American Samoa Government	\$708,333
Arizona	\$2,953,661
Arkansas	\$1,273,660
California	\$14,488,135

Need Support Now? If you or someone you know is struggling or in crisis, help is available. Text or call 988 or chat 988lifeline.org.

State/Territory Government Agency Name	Total Funding
Colorado	\$3,458,104
Connecticut	\$1,414,979
Delaware	\$708,333
Florida	\$7,284,388
Georgia	\$3,927,923
Guam	\$708,333
Hawaii	\$949,275
Nevada	\$2,069,192
Idaho	\$642,017
Illinois	\$6,496,838
Indiana	\$3,016,340
Iowa	\$1,391,233
Kansas	\$1,394,270
Kentucky	\$2,163,404
Louisiana	\$2,352,934
Maine	\$727,329
Maryland	\$2,972,989
Massachusetts	\$3,563,100
Michigan	\$5,350,829
Minnesota	\$2,845,532
Mississippi	\$1,151,559
Missouri	\$2,850,668
Montana	\$850,424
North Carolina	\$5,252,972
Nebraska	\$1,089,374
New Jersey	\$3,521,695
New Mexico	\$886,787
New York	\$9,279,976
New Hampshire	\$796,635
Northern Mariana Islands	\$708,333
North Dakota	\$708,333
Ohio	\$5,315,098
Oklahoma	\$2,047,986
Oregon	\$3,114,860
Pennsylvania	\$5,187,862
Puerto Rico	\$708,333
South Carolina	\$2,390,817
South Dakota	\$708,333
Tennessee	\$2,688,142
Texas	\$10,367,877
Utah	\$2,409,262
Vermont	\$708,333
Virgin Islands	\$708,333
Virginia	\$3,642,519
Washington	\$3,245,711
Washington D.C.	\$841,037
West Virginia	\$1,019,464
Wisconsin	\$2,787,657
Wyoming	\$708,333
Total Funding for States and Territories	\$150,984,666

FY22 Support for 988 Tribal Response Cooperative Agreements

Funding Stream: Bipartisan Safer Communities Act

Indian Tribe/Tribal Organization Name	Total Funding
Albuquerque Area Indian Health Board	\$1,925,000
American Indian Health Service Of Chicago	\$249,699
Black Feet Tribe	\$825,000
Catawba Indian Nation	\$250,000
Cherokee Nation	\$1,883,431

Indian Tribe/Tribal Organization Name	Total Funding
Cheyenne & Arapaho Tribes	\$825,000
Choctaw Nation Of Oklahoma	\$1,924,766
Chugachmiut, Inc.	\$250,000
Comanche Nation	\$949,852
Eastern Shoshone Tribe	\$250,000
Fort Peck Assiniboine And Sioux Tribes	\$249,914
Iowa Tribe Of Oklahoma, Inc.	\$250,000
Muscogee Creek Nation	\$825,000
Navajo Nation Tribal Government	\$1,925,000
Northern Cheyenne Tribe	\$250,000
Osage Nation	\$250,000
Pala Band Of Mission Indians	\$250,000
Port Gamble S'Klallam Tribe	\$250,000
Rocky Boy Health Board	\$250,000
South Dakota Urban Indian Health, Inc.	\$267,881
Southern Plains Tribal Health Board Foundation	\$1,925,000
Wabanaki Health And Wellness	\$250,000
Wichita & Affiliated Tribes	\$849,859
Total Funding for Tribal Organizations	\$17,125,402

Media Resources for Reporting on 988

The media plays an important role in preventing suicide and opening up conversations about mental health. **Scan the QR code to access the 988 Newsroom**, which provides support materials for journalists to write about this topic, including informational resources, performance metrics, images, b-roll video, and soundbites of various 988 call centers and mobile crisis teams around the U.S.

For national media requests, please email media@samhsa.hhs.gov.



Reporters and editors are encouraged to include the following language when reporting about suicide:

If you or someone you know is struggling or in crisis, help is available.

Text or call 988 or chat 988lifeline.org.

