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), Seth Moulton (D-MA), Nanette Barragán (D-CA), Donald Beyer Jr. (D-VA)

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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Individual Bills

The ***988 Call Center Improvement Act*** would authorize a onetime investment in grants for call centers.

This $441 million investment would be used to:

- Invest in technology necessary to expand capacity and increase local response rates;
- Provide follow up and follow through so that individuals are effectively engaged with local behavioral health crisis services;
- Support staff, including licensed mental health professionals as well as peer support workers; and
- Train staff and volunteers in providing evidence-based interventions, including for high-risk populations.

The ***988 Crisis Response Act*** provides sustainable funding streams for mobile crisis response teams (MCRTs) and other elements of the crisis care continuum. This includes Medicaid reimbursement for crisis call centers, MCRTs, and crisis receiving and stabilization facilities, in line with the Substance Abuse and Mental Health Administration (SAMHSA) recommendation that insurers cover all three pillars of the crisis care continuum. The bill also provides grant funding to build MCRT capacity.

Specifically, this bill:

- Authorizes $100 million for the **Mental Health Crisis Response Partnership program** 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 supports.
- Makes permanent the 85% federal matching assistance percentage (FMAP) for mobile crisis response teams and expands the FMAP to crisis call centers and crisis stabilizing and receiving facilities, ensuring unambiguous **Medicaid financing for all three pillars of the crisis care continuum**.

The ***Campaign to Prevent Suicide Act*** would conduct a national suicide prevention media campaign.

Specifically, this bill:

- 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.
- Includes 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.

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Individual Bills

The ***988 Community Infrastructure Act*** would create a capital projects grant fund to be used for building crisis response programs.

Specifically, this bill:

- Authorizes **$1 billion** to be available until expended for grants to eligible entities, including health centers, crisis receiving and stabilization programs, or crisis call centers.
- Directs grant funds to be used to **build, renovate, or expand facilities** for the purposes of crisis receiving, stabilization and response programs.
- Requires grant recipients to demonstrate **working relationships with local mental health and substance use care providers** including inpatient and residential treatment settings.

The ***988 Crisis Response Workforce Act*** expands existing behavioral health workforce training programs to include trained crisis professionals, improving recruitment and retention efforts for these critical members of the behavioral health care team.

Specifically, this bill:

- Directs the Secretary to collect data on the availability and shortage of crisis response professionals and facilities.
- Creates a $10 million pilot program to train **professionals who provide crisis management services**, including those delivered at crisis call centers, as part of a mobile crisis response team, or through a crisis receiving and stabilization program, as part of the **Minority Fellowship Program,**
- Authorizes $10 million to add crisis workforce training programs as part of the **Behavioral Health Workforce Education and Training** program.

The ***Behavioral Health Crisis Services Expansion Act*** provides coverage for crisis response services, including MCRTs, 9-8-8 lifeline calls, and short-term crisis receiving and stabilization under public and private insurance.

Specifically, this bill:

- Fulfills the Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for a Behavioral Health Coordinated System of Care recommendation that **all insurers cover three core crisis services**—24/7 clinically staffed regional crisis call centers, mobile crisis teams, and crisis receiving and stabilization facilities.
- Allows services to be provided by MCRTs, crisis receiving and stabilization facilities, mental health or substance use urgent care facilities, or other appropriate providers as determined by the Secretary.

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The ***988 and 911 Integration Act*** would establish a panel, jointly convened by the Department of Health and Human Services and Department of Justice, to make recommendations on streamlining 988 and 911 call centers. The panel would include behavioral health professionals, law enforcement officers, and crisis response professionals, and would update its recommendations every five years.

Specifically, the panel would:

- Provide recommendations on technical and operational integration of the 988 and 911 call lines and appropriate response;
- Establish training, staffing, and protocol requirements to ensure that 988 and 911 dispatch personnel respond appropriately to callers in crisis;
- Ensure appropriate care is provided to members of particularly vulnerable communities, including Native Americans, veterans and service members; and
- Develop data collection and reporting standards to monitor outcomes for individuals who contact 911 and 988 in mental health crisis.

The ***Supporting 988 Crisis Stabilization Act*** ensures individuals in crisis can access the trauma-informed, clinically appropriate, patient-centered care they need by ensuring Medicaid coverage for providers that offer such services, including short-term crisis receiving and stabilization.

Specifically, this bill:

- Clarifies that the IMD payment prohibition on long term residential care does not apply to **short-term crisis receiving and stabilization services** run by community-based programs.
- Provides **specific guardrails to define** short-term crisis receiving and stabilization services.
- 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.