

988 Crisis Line Implementation

Policy

The transition to the new 988 code to access the Suicide and Crisis Lifeline begins in July 2022. The potential of this resource is enormous, but realizing its full potential will take years. Courts have a stake in the design and implementation of 988, and should be at the table as plans are made to roll it out to communities across the country. As part of an integrated crisis intervention and diversion strategy, 988 could dramatically decrease the number of people with mental illness who are inappropriately funneled to the criminal justice system and the courts.

The promise of 988 is that calls, texts, and chats that appear to involve people experiencing a mental health crisis will be triaged and connected with an appropriate response, and the ultimate goal is that those who require further intervention will be matched with an appropriate responder (such as a mobile crisis team) and other care resources. While not all communities currently have access to these services, plans are underway to build capacity across the country. The emerging mantra – someone to call, someone to respond, somewhere to go – portends the potential of 988: a continuum of appropriate response resources, from call to care.

Getting Started

When Congress enacted the enabling legislation for 988 it recognized that providing an alternative to 911 was only part of the solution, and that response and care resources needed to follow. Therefore the legislation also authorized states, local governments, and tribes to impose a surcharge on certain cell phone and internet connections, and those funds can be used for “personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to [988].” These funds, combined with Community Mental Health Block Grant allocations (as well as other SAMHSA grants), American Rescue Plan Act dollars, Medicaid and commercial reimbursement, and existing and new state and local funds, provide numerous options for braiding funding streams into a sustainable support for crisis response infrastructure.¹

Courts have an interest and advocacy role in that infrastructure development and in its sustainability. Courts and judges should seek to be involved in the planning and implementation of 988 and broader crisis services in their jurisdictions. The National Association of State Mental Health Program Directors (NASMHPD) has a primary role in supporting implementation of 988. As part of that effort they drafted model planning and

¹ NASMHPD’s [988 Convening Playbook](#) details the multitude of potential sources of funding, including examples of state funding legislation already in place



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implementation legislation, and that model statute specifically includes as a recommended member of a state level 988 advisory committee a representative from “state courts appointed by the Chief Justice.”²

Court leaders should proactively advocate for implementation models that include a focus on deflection from unnecessary law enforcement involvement and diversion from inappropriate justice system penetration. Courts are ill-equipped to respond effectively to the breadth and depth of issues that accompany people with serious mental illness who do not otherwise need to be in the court system. To the extent that those in that circumstance can be deflected from unnecessary court involvement public safety will improve, successful outcomes will increase, and court resources will be better used. Effective crisis care solutions will decrease the inflow of cases on criminal and civil dockets, and because courts will have increased opportunities to make direct connections to appropriate services, and prompt, accurate referrals to effective care options are likely to increase compliance with court orders.

Unfortunately, public awareness of this resource is limited, and fluency with 988 issues among judges is not much better. State level court administrative offices should proactively provide information to all judges about 988, including why it is a relevant resource for courts.

Some of the lack of awareness generally is due to the varying levels of readiness with respect to that full continuum of resources. This has led SAMHSA to treat the July implementation date as a “soft roll-out,” but that incremental implementation also means that courts still have an opportunity to impact the development of 988 and related crisis services.

988 implementation is going to look different from state to state, and community to community, but courts should embrace this potential *carpe diem* moment.³

Resources

SAMHSA, [988 Suicide and Crisis Lifeline](#)

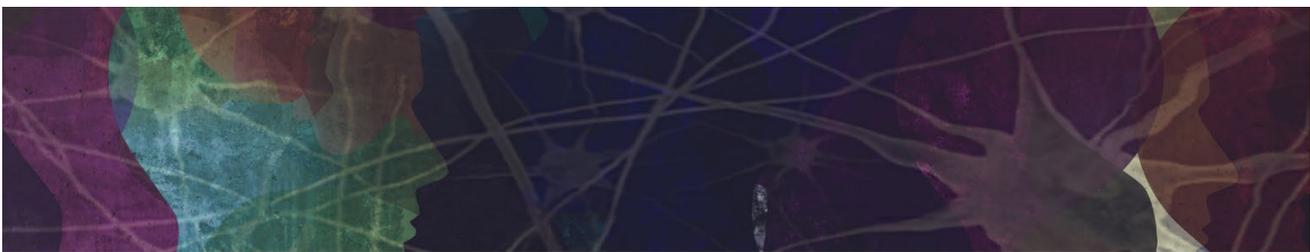
NASMHPD, [988 Convening Playbook](#)

Additional resources for basic information on 988:

- SAMHSA FAQ site: <https://www.samhsa.gov/find-help/988>
- Vibrant FAQ sites: <https://www.vibrant.org/988/>

² [NASMHPD Model 988 Legislation](#)

³ Thank you to those who served as a focus group for development of this Leadership Brief



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- Suicide Prevention Lifeline: The Lifeline and 988
<https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/>
- Suicide Prevention Lifeline How 988 calls are routed
<https://suicidepreventionlifeline.org/wp-content/uploads/2021/08/Back-to-Basics.png>
- The CEO Huddle 988 toolkit <https://www.thekennedyforum.org/988toolkit/>