



National Alliance on Mental Illness

NAMI 2023 STATE LEGISLATIVE
ISSUE BRIEF SERIES

Trends in State Policy: 988 and Reimagining Crisis Response

JULY 2024

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

This brief was prepared by NAMI's state affairs team, Samira Schreiber, Stephanie Pasternak and Kathryn Gilley, with contributions from Brandon Graham, Jen Snow, Shannon Scully and Hannah Wesolowski. NAMI is grateful to NAMI State Organization (NSO) executive directors and public policy leaders for providing information on their legislative priorities and accomplishments, which serve as a basis for this brief. We are also indebted to Chris Bouneff and NAMI Oregon for providing insights into their advocacy strategy for the feature spotlight. Additional thanks are extended to NAMI staff who helped to edit (Anne Staab) and to Pamela Krikorian, the designer of this brief.

NAMI deeply appreciates all of the people working hard to transform crisis systems across the country. We thank NAMI State Organization leaders and their grassroots advocates who work with legislators to make implementation of 988 and improvement of our country's mental health crisis response system a priority in state legislatures across the country. We extend our gratitude to federal and state policymakers and staff who have worked tirelessly to develop, implement and constantly improve 988 and the crisis continuum of care, including bipartisan members of Congress, leaders and staff in the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA), governors, state legislators and state agencies.

Finally, we recognize the caring people who answer 988 calls and respond to people in mental health crisis every day. We are all indebted to you for your service, compassion and help.

We encourage policymakers who are interested in improving access to mental health care in their states to reach out to their NAMI State Organization leaders or to NAMI National.

Look up your NAMI:
[NAMI.org/findsupport](https://nami.org/findsupport)

Reach out to NAMI National:
mhpolicy@nami.org

NAMI.org



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Reimagine Crisis Response

Too often, people experiencing a mental health crisis do not receive a mental health response. Instead, people in crisis often encounter law enforcement and crowded emergency rooms rather than a mental health professional. Since 2015, 1 in 5 fatal police shootings have involved a person in a mental health crisis. Relying primarily on law enforcement for mental health crisis response has also contributed to the overincarceration of people with mental illness and led to poor outcomes — with people often cycling in and out of crisis and through emergency departments, hospitalizations and jail.

NAMI is committed to advancing efforts to reimagine crisis response in communities across our country. As a voice for peers and loved ones affected by mental illness and the inadequate response to people in crisis, NAMI created the [#ReimagineCrisis](#) initiative in 2021, bringing together over 50 multi-sector national organizations to drive these efforts forward.

REIMAGINE *Crisis Response*

AN IDEAL CRISIS CARE SYSTEM

Communities have been working for decades to change the ways in which they respond to mental health crises.

To support these efforts, [SAMHSA published guidelines](#) that outlined the ideal crisis care system, which is centered around three core pillars, including:

Someone to Talk to

24/7 crisis contact centers staffed by well-trained crisis counselors who are available by call, text and chat



Someone to Respond

Mobile crisis teams staffed by behavioral health professionals who can meet someone in person at home or in the community, deescalate the situation, and transport someone to additional care when needed



A Safe Place for Help

Crisis stabilization options that provide initial, short-term observation, diagnosis and treatment in a variety of facility settings



The July 2022 launch of the 988 Suicide and Crisis Lifeline, the three-digit dialing code for mental health, substance use, and suicide crises, put responsibility on states to ensure that a range of crisis services are available to 988 help seekers.

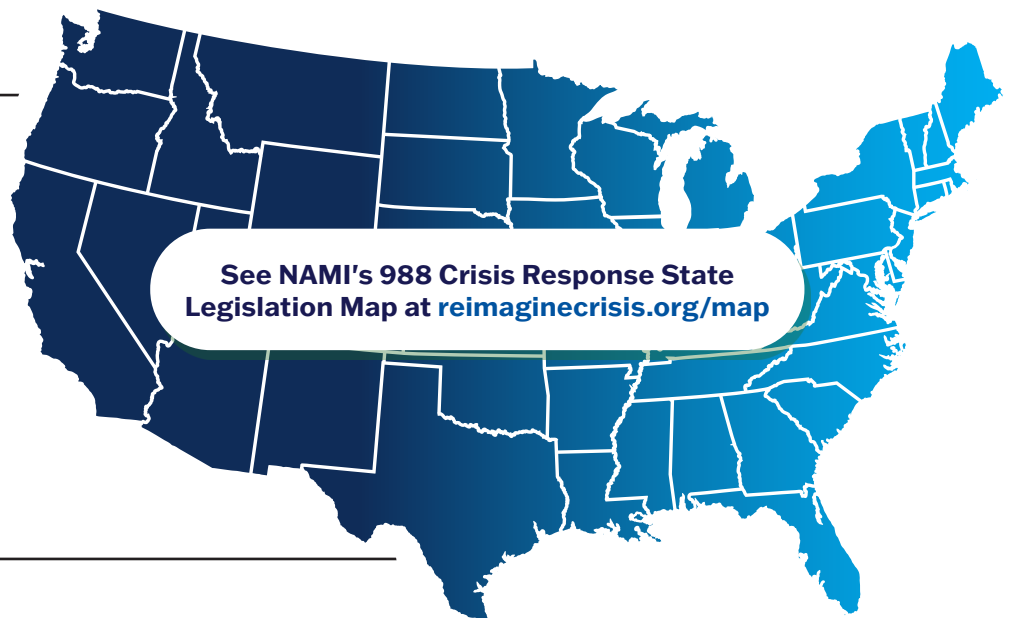
To do so, many states have used all or part of the [988 model state bill](#), developed by the National Association of State Mental Health Program Directors (NASMHPD), to develop their 988 and crisis systems. This model legislation includes a new funding mechanism for states to create a monthly fee on all phone lines — similar to how communities fund 911 — to ensure that funding for 988 and related crisis services is sustainable and will not experience any funding gaps.

In the first two years, 988 has had 10 million contacts, and demand is expected to increase as awareness of 988 increases across the country. This only puts more pressure to quickly implement adequate funding and appropriate crisis services for help seekers.

WHAT IS 988?

- **Nationwide 3-digit dialing code** for suicide prevention, substance use and mental health crisis
- **Became available in 2022**
- **Free, confidential** for any person in crisis or emotional distress — or someone witnessing a person in crisis or distress
- **Available via call, text or chat** (988Lifeline.org) 24/7/365
- **Supported by a national network** of over 200 local crisis centers

NAMI tracks legislation related to the 988 state model bill and related bills across the country with **NAMI's 988 Crisis Response State Legislation Map**.



This issue brief highlights state legislation passed in 2023 that works to reimagine the mental health crisis response system, and includes policy recommendations that may be implemented in states across the country within the following key categories:

- **988 Monthly Phone Fee/Sustainable Funding**
- **Crisis Response Appropriations**
- **Insurance Coverage of Crisis Care**
- **988 and Crisis System Study**

Methodology

The content of this issue brief is focused on mental health legislation that was enacted in 2023 (vetoed bills were not included). The research for this brief was conducted primarily using legislative tracking software (Quorum). Additionally, to inform our analysis of major legislation, NAMI National collected NAMI State Organizations' (NSO) 2023 state legislative summaries (when available) and surveyed NSOs on their 2023 legislative activity.

Many public policy issues impact mental health and are important and worthy of policymakers' attention. However, in the interest of creating an accessible and usable brief for advocates and other interested parties, the brief's scope is specific to state policies on 988 and crisis response. This brief is not comprehensive; it is intended to discuss trends in reimagining crisis response through state policies. Even with these limits, more than 55 bills from 2023 were collected for consideration in this brief. Upon further refinement, 30 bills were included in the final brief.

Policy Recommendations

To reimagine the mental health crisis response system, NAMI encourages states to:

Establish a permanent funding source for the full crisis response continuum (988 call centers, mobile crisis response and crisis stabilization options) through monthly telecommunications fees and related appropriations

Create or expand local mobile crisis teams and crisis stabilization options

Enact policies to minimize police involvement and reduce use of force incidents in mental health emergencies

Improve insurance coverage of mobile crisis team and crisis stabilization services

Require ongoing evaluation of the state's crisis care system and gaps to inform next steps

988 Monthly Phone Fee/ Sustainable Funding

NAMI'S LATEST POLL



71%

of Americans

are willing to pay a fee
for 988 Suicide & Crisis
Lifeline funding.

One of the biggest challenges facing states related to 988 implementation has been how to fund a robust crisis system. Some federal funding was made available for 988 initially, but this funding is not guaranteed in the future, nor is it enough to meet the needs of all local call centers and crisis response and stabilization services.

Fortunately, Congress had the foresight to offer states a new funding option for 988 when it passed the National Suicide Hotline Designation Act (P.L. 116-172) in 2020, to create 988 — one that would be reliable year-after-year and would not pull funds away from an existing budget items. In the [federal 988 law](#), Congress permitted states to permanently fund 988 and related crisis services in the same way 911 is funded, which is through small telecommunication fees on all state residents' monthly phone bills. Some states also refer to this as a 988 surcharge.

In 2023, three new states (DE, MN, and OR) implemented this monthly 988 fee, including the creation of a 988 Trust Fund, which is a special revenue account used to maintain and protect 988 funding. Having these components allows states to sustainably fund the crisis response system in their state, and Delaware notably created a 988 fee of \$0.60 that is equal to their state 911 fee.

Delaware



Bill Number [HS 2 / HB 160](#)

Sponsor(s)

Rep. Valerie Longhurst (D), Sen. Nicole Poore (D), Sen. Kyle Evans Gay (D), Rep. Cyndie Romer (D) and Rep. Sherry Dorsey Walker (D)

Summary

An act that establishes a 988 fee at \$0.60 (effective Jan. 1, 2024) and a Behavioral Health Crisis Services Board and Fund. The Behavioral Health Crisis Services Intervention Board provides oversight and input on the development of an integrated behavioral health crisis care system, imposes a behavioral health crisis intervention services surcharge and makes changes to the definition of “mobile crisis team” to mean a group of trained health professionals such as licensed behavioral health practitioners and certified peer recovery specialists who respond on-site to an individual crisis.

Minnesota



Bill Number [SF 2995](#)

Sponsor(s)

Sen. Melissa Wiklund (D) and Rep. Tina Liebling (D)

Summary

An act that establishes a 988 fee capped at \$0.25 (currently set at \$0.12) and is expected to start on or after Sept. 1, 2024.

Oregon



Bill Number [HB 2757](#)

Sponsor(s)

Rep. Tawna Sanchez (D) and Rep. Rob Nosse (D)

Summary

An act that establishes a 988 fee at \$0.40 (effective on or after Jan. 1, 2024 and sunsets Jan. 1, 2030), 988 Trust Fund, 988 oversight and advisory body that must include members with lived experience.

To learn more about states with 988 fees, please see chart, “States with a 988 Fee,” on the [following page](#).

**988 AND CRISIS RESPONSE POLICY
HIGHLIGHTS AND EXAMPLE LEGISLATION**

States with a 988 Fee

	988 Fee Amount	Estimated Annual Revenue (in Millions)	Effective Date (on or after)
 California	\$0.08-\$0.30 per line per month	\$55.6	\$0.08 charge began on Jan. 1, 2023. Starting Jan. 1, 2025, the fee will be charged at an amount based on a specified formula, but no greater than \$0.30
 Colorado	Capped at \$0.30 per line per month	\$12.7	\$0.18 charge began Jan. 1, 2022
 Delaware	\$0.60 per line per month	\$9.4	Jan. 16, 2024
 Maryland*	\$0.25 per line per month	\$27	Oct. 1, 2024
 Minnesota	Capped at \$0.25 per line per month	\$9.8	\$0.12 charge begins Sept. 1, 2024
 Nevada	\$0.35 per line per month	\$13.3	Jan. 20, 2023
 Oregon	\$0.40 per line per month	\$32.9	Jan. 1, 2024 (sunsets Jan. 1, 2030)
 Virginia	\$0.12 per line per month	\$10	July 1, 2021
 Vermont*	A portion of \$0.72 per line per month	\$1	July 1, 2025
 Washington	\$0.40 per line per month	\$46	Jan. 1, 2023

* Maryland and Vermont enacted 988 fee legislation in 2024.

NAMI State Organization
Spotlight

NAMI Oregon



The fee structure is important because it ensures that Oregon’s 988 call centers are funded from a sustainable revenue source that “doesn’t wax and wane based on the economy.”

Chris Bouneff
Executive Director,
NAMI Oregon

In 2023, NAMI Oregon prioritized the passage of HB 2757, a bill to provide the framework and funding necessary to build a successful 988 system. Thanks to NAMI Oregon’s efforts, Oregon is one of [10 states](#) that have adopted the 988 fee funding structure since 988 went live in 2022.

Specifically, HB 2757 created a \$0.40 fee that is charged on residents’ monthly phone bills in order to fund 988, similar to how 911 is funded. According to NAMI Oregon Executive Director Chris Bouneff, the fee structure is important because it ensures that Oregon’s 988 call centers are funded from a sustainable revenue source that “doesn’t wax and wane based on the economy.” The fee not only funds the state’s 988 call centers, but also gives an additional revenue source for the expansion of mobile crisis teams, who can respond in-person when someone contacting 988 needs more support than can be provided over the phone.

Additionally, the bill created the Behavioral Health Crisis System Advisory Committee to provide primary oversight, implementation and recommendations for the crisis system statewide. The Advisory Committee creates a centralized point to develop and advance a number of initiatives that will contribute to a better crisis response system, such as evolution of 988 call centers, building out mobile crisis teams, developing and funding alternatives to emergency departments, and modernizing the Emergency Medical System in Oregon.

In order to pass HB 2757, NAMI Oregon needed a supermajority (three-fifths vote) in their Legislature because the bill had a tax impact. This meant that support from both Democrats and Republicans was necessary for passage. Despite this challenge and a tense political environment that included a [six-week legislative walkout](#), the bill was able to gain the needed bipartisan support and ultimately pass, thanks to the tireless effort of NAMI Oregon and their coalition partners.

Bouneff attributed the bill’s success to the following key actions:

- **Collaborating with the Oregon Health Authority** on budget numbers that justified the fee amount.

**NAMI State Organization
Spotlight** *(Continued)*

NAMI Oregon



“Ultimately, our aim is to develop a response system that actually acts like a system, giving us a nexus around which to further transition to a more integrated system overall.”

Chris Bouneff
*Executive Director,
NAMI Oregon*

- **Specifying that the 988 telecom fee could only be used to pay for call centers, and, if there is additional revenue, the expansion of mobile crisis services.** Drawing a direct line between the fee and the services it paid for effectively blunted criticism from the telecommunications industry that the fee would be “paying for health care” or constitute a “slush fund.” Adding fee parameters reassured Republican leadership as well.
- **Building coalition** – bringing a workgroup of key stakeholders together to develop the bill and showcase significant buy-in from other organizations.
- **Partnering with strong legislative champions** – the bill’s chief sponsors Rep. Tawna Sanchez, Co-Chair of the Joint Ways and Means Committee, and Rep. Rob Nosse, Chair of the House Behavioral Health and Health Care Committee, both understood behavioral health issues and were well-positioned to move the bill. Keeping the Oregon Legislature’s leadership informed as the bill developed was also helpful.

NAMI Oregon plans to continue advocating to strengthen their crisis response system. With HB 2757, they have addressed the first pillar of an ideal crisis care system of “someone to call” and will continue working with call centers on evolving their services. The second pillar “someone to respond” (improving 24/7 mobile crisis response services), and the third pillar “a safe place for help” (collaborating with both emergency departments and crisis stabilization centers to improve services for children and adults), will take additional planning and funding.

HB 2757 helped give Oregon the framework to develop a comprehensive system. Bouneff added, “Ultimately, our aim is to develop a response system that actually acts like a system, giving us a nexus around which to further transition to a more integrated system overall.”

For an additional example of 2023 988 Monthly Phone Fee/Sustainable Funding legislation, see [Appendix A](#).

Crisis Response Appropriations

NAMI'S LATEST POLL



83%

of Americans

support state funding for 988 Suicide & Crisis Lifeline call center operations and crisis response services.

While NAMI and other advocates recommend a fee structure to provide for ongoing funding, as included in the 988 state model bill, only one-fifth of states (as of July 2024) have implemented such a fee to date. In the meantime, many states have acted to provide at least one-time appropriations to support 988 and related crisis services and increase systemwide capacity to help people in crisis.

Compared to [2022](#), there was more state legislative focus in 2023 on creating and funding the in-person elements of the crisis care continuum — mobile crisis teams and crisis stabilization options — in addition to continuing funding for 988 call centers. Some of this funding is from federal sources, such as the American Rescue Plan Act, while others are appropriations of state revenue. While most people can get the help they need from speaking with a crisis counselor, these additional in-person services are critical for people who need more help than can be provided over the phone.

Connecticut



Bill Number [HB 6941](#)

Sponsor(s)

House Speaker Matt Ritter (D), Rep. Jason Rojas (D), Sen. Martin Looney (D) and Sen. Bob Duff (D)

Summary

An act that appropriates \$8.6M* for FY 25 to expand mobile crisis intervention services; \$1.6M to enhance mobile crisis service case management; and \$3M to expand availability of privately provided mobile crisis services.

* M = Million

Texas



Bill Number [HB 1](#)

Sponsor(s)

Rep. Greg Bonnen (R)

Summary

An act that appropriates \$28M* to fund up to five new crisis stabilization facilities; \$11.5M for four additional crisis respite units for youth and to pilot three peer-run units; and \$14M to establish youth mobile crisis outreach teams.

* M = Million

Wisconsin



Bill Number [SB 462](#)

Sponsor(s)

Sen. Howard L. Marklein (R), Sen. Jesse L. James (R), Sen. Joan Ballweg (R), Sen. Rachael Cabral-Guevara (R), Sen. Mary Felzkowski (R), Sen. Mark Spreitzer (D), Senate President Pro Tempore Patrick Testin (R), Sen. Cory Tomczyk (R) and Sen. Romain Robert Quinn (R)

Summary

An act that establishes one or two crisis urgent care and observation facilities for voluntary and involuntary brief admission to prevent, de-escalate, or treat mental health or substance use disorders.

For more examples of 2023 Crisis Response Appropriations legislation, see [Appendix B](#).

Insurance Coverage of Crisis Care

NAMI'S LATEST POLL



88%
of U.S. adults
support requiring
all health insurers
to cover mental health
crisis services.

While the vast majority of 988 calls can be resolved over the phone, communities must have services available when an in-person response is needed. NAMI urges states to have resources such as mobile crisis teams and crisis stabilization services to ensure a full crisis continuum of care is in place. Mobile crisis teams are staffed by behavioral health professionals who are dispatched to a person in crisis, and crisis stabilization services provide recovery-focused, trauma-informed, “living room-like” crisis observation and stabilization.

Unfortunately, mobile crisis response and crisis stabilization services are not always covered by insurance like emergency services are covered for physical illnesses. As a result, in 2023, several states passed legislation requiring insurance coverage of mobile crisis and crisis stabilization services.

Virginia



Bill Number [HB 2216](#) / [SB 1347](#)

Sponsor(s)

Del. Jay Leftwich (R) and Sen. John Cosgrove (R)

Summary

An act that strengthens crisis care insurance coverage to include coverage of mobile crisis response services, support and stabilization services provided in residential crisis stabilization units.

New York



Bill Number [S 4007C](#)

Sponsor(s)

NY Senate Committee on Budget and Revenue

Summary

An act that strengthens private insurance coverage of mobile crisis teams and crisis stabilization services.

For more examples of 2023 Insurance Coverage of Crisis Care legislation, see [Appendix C](#).

988 and Crisis System Study

Another noticeable legislative trend to address crisis services is legislation to study the state's current crisis care system through a commission or task force, often used to identify gaps and outline solutions to address those gaps.

The groups are charged with providing recommendations to the legislature that can serve as a roadmap for future legislation. In 2023, Florida passed legislation that requires a study of 988 funding and services and gathering of input from advocates and people with lived experience.

Florida



Bill Number [CS/SB 914](#)

Sponsor(s)

Sen. Ileana Garcia (R) and Sen. Lauren Book (D)

Summary

An act that studies the state's current suicide prevention infrastructure, extends the work of the Commission on Mental Health and Substance Use (Commission) through Sept. 1, 2026, and requires the Commission to report to the legislature about possible funding sources for 988.

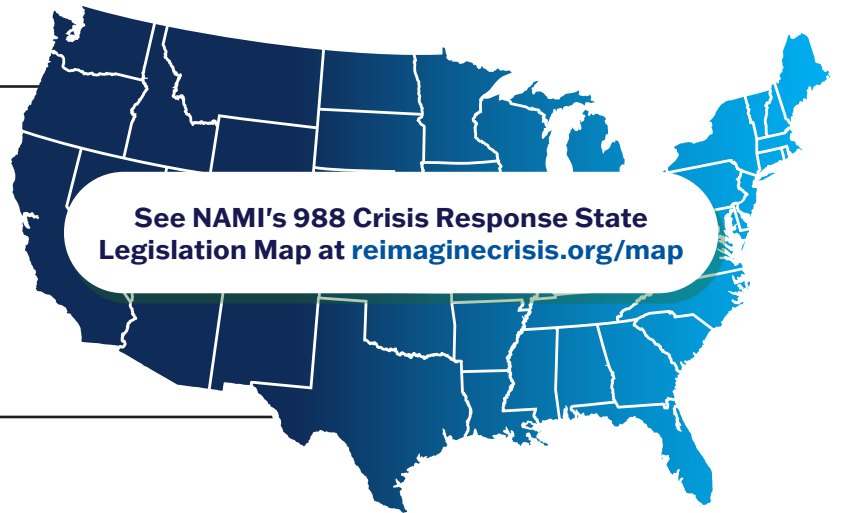
For more examples of 2023 988 and Crisis System Study legislation, see [Appendix D](#).

A mental health crisis deserves a mental health response.

While there is much work to be done to improve 988 and our crisis system of care, states across the country have been working toward improving these services. NAMI encourages state policymakers to learn from other state leaders and consider the policy recommendations in this issue brief, using featured legislation as roadmaps to reimagine mental health crisis response systems in their state.

Want to learn more about what is happening across the country?

Check out NAMI's 988 Crisis Response State Legislation Map.



988 Monthly Phone Fee/Sustainable Funding

State	Bill Number	Summary
Nevada	SB 237	An act that maintains the State Board of Health as the agency to impose their already enacted \$0.35 fee, clarifies definitions of phone lines subject to the fee, and requires telecommunication providers to report the number of lines subject to the fee.

Crisis Response Appropriations

State	Bill Number	Summary (M = Million; K = Thousand)
Georgia	HB 19	An act that appropriates \$16M to increase crisis stabilization services and \$300K to increase call center capacity.
Hawaii	HB 948	An act that establishes a two-year child and adolescent crisis mobile outreach team pilot program on Oahu and one neighbor island site to expand existing crisis response services. Appropriates \$3.5M. Sunsets Dec. 31, 2025.
Maryland	HB 271 / SB 3	An act that appropriates \$12M to the state's 988 Trust Fund.
Montana	HB 557	An act that clarifies that HEART (Healing and Ending Addiction through Recovery and Treatment) special funds may be used for crisis stabilization services.
New Mexico	HB 505	An act that appropriates \$910K to purchase and equip mobile health units for on-site mobile emergency mental health response, intervention and crisis stabilization statewide.
New York	A 3003D	An act that appropriates \$60M in FY 24 to fund the expanded crisis center network to support people contacting the 988 Crisis Hotline in New York.
Ohio	HB 33	An act that appropriates \$20.7M (FY 24) and \$25.8M (FY 25) to 988 Suicide and Crisis Response.
Rhode Island	HB 5200	An act that appropriates \$1.6M to the 988 Hotline.

Crisis Response Appropriations *(Continued)*

State	Bill Number	Summary (M = Million; K = Thousand)
South Carolina	<u>SB 0343</u>	An act that amends the definition of “crisis stabilization unit facility” to include all short-term residential stabilization and intensive crisis services. Expands the definition to include services for age five and older instead of age 18 and older.
South Carolina	<u>HB 4300</u>	An act that appropriates \$8.5M of recurring funds to support the suicide prevention efforts at the 988 Suicide Prevention Lifeline Call Center in Greenville and to establish a secondary call center in the state to increase capacity.
Utah	<u>HB 66</u>	An act that requires the Behavioral Health Crisis Response Commission and the Division of Integrated Healthcare to make recommendations and administer grant programs for the development of mobile crisis outreach teams and behavioral health receiving centers.
Washington	<u>SB 5120</u>	An act that establishes 23-hour crisis relief centers.
Wisconsin	<u>AB 573</u>	An act that establishes a pilot program to implement virtual behavioral health crisis care services for use by county or municipal law enforcement agencies in the field to connect law enforcement officers who encounter people in crisis to behavioral healthcare services.

Insurance Coverage of Crisis Care

State	Bill Number	Summary
Indiana	<u>SB 1</u>	An act that amends the state Medicaid plan to require reimbursement for eligible Certified Community Behavioral Health Clinics (CCBHC) services provided by a behavioral health professional. Establishes the Indiana Behavioral Health Commission and sets up reporting requirements.
Washington	<u>HB 1134</u>	An act that sets up an endorsement process that allows mobile crisis response teams to become endorsed. It is not a requirement but endorsed mobile crisis response teams would receive performance payments through enhanced case rates. To be endorsed, mobile crisis response teams would have to meet an established set of standards related to staffing, training and transportation.
Wyoming	<u>HB 65</u>	An act that establishes a 988 Trust Fund and addresses insurance coverage provisions if an individual is not insured or if their health insurance does not cover the services provided.

988 and Crisis System Study

State	Bill Number	Summary
Illinois	<u>HB 3230</u>	An act that studies the cost for developing and maintaining a sustainable behavioral health crisis response system in the state.
New Hampshire	<u>SB 85</u>	An act that clearly defines what behavioral health crisis programs within the state should look like, prohibits prior authorization for emergency mental health services in parity with physical health services (took effect upon passage Aug. 8, 2023) and creates a commission to study behavioral health crisis programs and funding opportunities for 2025 and beyond.
Illinois	<u>HB 1364</u>	An act that creates the 988 Suicide and Crisis Lifeline Taskforce and outlines responsibilities and action plans for the taskforce. The taskforce must include at least one individual or family member with lived experience.



National Alliance on Mental Illness

Learn more:

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