



Best Practices for Optimizing 988 Response

Two-Year 988 Lifeline Anniversary Reflections & Future
Insights for Call Centers

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Introduction

On July 16, 2022, the U.S. transitioned the formerly 10-digit phone number for the National Suicide Lifeline (NSPL) to the three-digit phone number 988. With this change, hundreds of local call centers began expanding services to meet crisis needs.

Since its inception, the 988 Suicide and Crisis Lifeline (988 Lifeline) has undergone a continuous evolution, including expanding to offer specialized services for youth and LGBTQ+ individuals and implementing Spanish-language text and chat services. In tandem, agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) provided more than \$200 million in new funding for states, territories and tribes to build local capacity for the 988 Lifeline, drawing heightened scrutiny to the appropriate use of the funding for its continued evolution.

As 988 Lifeline call centers continue to evolve funding and workflow practices to ensure the Lifeline’s sustainability, this document serves as a guide for crisis call center personnel, community health centers and all those who support behavioral healthcare to streamline crisis response.

Population Profiles

In the last two years, the 988 Lifeline routed over 9 million calls, texts and chats (**according to SAMHSA**) across its overall network and subnetworks for Spanish-speaking individuals, the LGBTQ+ community and the Veterans Crisis Line. Given that SAMHSA specifically tracks data related to these subnetwork implementations, we've included a snapshot of available call center data and additional crisis context for other populations.

Data Related to SAMHSA's 988 Lifeline Subnetworks:



- **LGBTQ+ individuals:** A **2023 Pew Research Study** shows that LGBTQ+ individuals are more likely to know about and use the 988 Lifeline compared to the straight/heterosexual population, although this awareness level is still only at 20%.



- **Spanish speakers:** **According to Vibrant Emotional Health**, almost 70,000 calls were routed to the Spanish calling subnetwork in the 988 Lifeline's first year.



- **Veterans:** **According to the Department of Health**, almost 1 million of the nearly 5 million contacts in 2023 were answered by the Veterans Crisis Line (VCL).

Additional Populations in Crisis:

- **Children & teenagers:** Suicide is the **second leading cause of death** for young people between 10 and 24 in the U.S.
- **Older adults:** GHE 2019 shows that globally, around a quarter of deaths from suicide (27.2%) are among people aged 60 or over. Yet **according to Pew**, older adults are still the least likely to know about the lifeline at only 11% for the 50-64 age range and only 11% for 65+.
- **BIPOC individuals:** According to **Pew**, the **suicide rate among Black adolescents is increasing** faster than other racial and ethnic groups. And the **American Psychological Association** reported that Asian Americans were 60% less likely and Hispanic Americans 50% less likely to have received mental health treatment than non-Hispanic Whites. American Indians/Alaskan Natives also reported higher post-traumatic stress disorder and alcohol dependence rates than any other ethnic or racial group.

Challenges Facing Call Center Operators



Call centers are tasked with operationalizing the whole crisis continuum – from initial contact with the 988 Lifeline to recovery – with limited resources. While call centers vary in their size and interconnectedness with other health resources, many struggle with the same institutional roadblocks:

1. Workforce constraints: Without adequate staff, more calls go unanswered as greater strain is placed on existing staff, creating a cycle of burnout and unabated mental health crises. This challenge is only further augmented when you consider workforce shortages across the behavioral health industry at large – where even if you have staff to receive the calls, there isn't always someone to send them to without the presence of well-resourced community and behavioral health clinics. According to **McKinsey & Company**, healthcare worker vacancies reached 710,000 in May 2023, and the educational pipeline indicates that the gap is likely to expand in the next decade. **NRI also reports** that 89% of state mental health agencies reported workforce shortages within the crisis system.

2. Lack of sustainable funding: Sustainable funding is essential to keep existing behavioral health clinics, critical crisis response programs and call centers open as well as to open the additional clinics and mobile crisis response teams already needed to meet increased demand.

A **report from KFF** highlights how some states expressed concern about sustainable crisis funding, noting that the American Rescue Plan Act's (ARPA) 85% federal match in funding for community-based mobile crisis response is only available for the first three years of implementation. Other states also expressed challenges with Medicaid funding crisis response since people with other types of coverage may also need crisis services, requiring greater support and investment from commercial health plans.

3. Siloed, inefficient data: Although many organizations may already have systems that collect and manage data, this data isn't always actionable, and it can be challenging to operationalize, i.e., utilize it to make better decisions and access cost savings. A **Forrester study** found that 84% of contact centers report agents use 4-10 different applications during a typical caller interaction – that's data spread across several applications, adding administrative burden to aggregate or analyze for better caller outcomes.

Guidelines and Strategies for Crisis Response

Call coordinators work diligently across the nation's 200+ 988 call centers to meet growing demand. While we offer a sampling of the concerns and opportunities facing call center personnel, this is not an exhaustive or definitive list, and there may be differences in implementation across states depending on available resources and funding. **According to KFF**, "in-state answer rates vary widely across states—from 55 to 98%—which may reflect state investments in crisis services, as well as length of investment."

Here's a look at some of the top insights we see in call center response trends:

- **Supporting manual processes with digital backup:** Many organizations — especially rural or small centers — continue to manage call center data and subsequent data manually. Clinical judgement should be used to determine when manual processing like Excel spreadsheets are the best option (as it often is depending on call center technology use) or if another program could expedite response and better document follow-up. Some rural regions with cell connectivity issues will necessarily rely on manual processes or even paper documentation, as that makes the most sense for their operations. However, organizations often see improvements when strengthening workflows to allow for additional follow-up. For organizations that use paper, it's recommended to come back to digitally document it later so it can still be trackable in the digital process, integrated with other providers throughout the rest of the health system and readily available for reporting purposes.
- **Vendors partnering with states to align compliance and SAMHSA requirements:** Healthcare organizations and vendors are partnering to improve intake forms and workflow design.
- **Technology implementation for care coordination:** Many organizations are adding new tools to their toolbox with technology programs that offer real-time insights to complement and enhance existing workflows, prioritizing technology options that can be integrated with other platforms and not require a whole overhaul of the call management system and platform. Flexible technology adaptations reduce the need for double data entry and administrative burden overall.

Did you know?

At Bamboo Health, we modify our intake to meet 988 standards through our state partnerships, recognizing each state may have unique requirements for their healthcare system.

Learn from one of our clients: In Nevada, the Crisis Support Services of Nevada (CSSNV) uses Bamboo Health solutions to respond to 988 Lifeline calls.

"This year has been the most productive and responsive the providers have been in Bamboo Health's OpenBeds® over the past few years. Also, awhile back, we provided a list of rural and southern Nevada providers to Bamboo Health and we now see the majority of these providers in OpenBeds which has been very successful for Crisis Support Services of Nevada (CSSNV) as we can now send referrals to these providers in the system."

- Mele Eteuati, Case Manager Coordinator at CSSNV

Preparing for the Next Phase in 988's Evolution

According to a **March 2024 White House fact sheet**, there are 7.5 million calls expected to 988 in 2025. With such high call volume, the 988 Lifeline will need to undergo necessary evolution to better respond to calls and ensure the Lifeline's sustainability. Many opportunities remain on the horizon: better allocating care resources using 211 and 911, reducing time to respond to crises with geographic targeting and leveraging sustainable funding streams to bolster crisis response.

Resource Allocation with 211 and 911

The U.S. now has three primary call lines with shortened three-digit calling codes to expand access to much-needed resources during emergencies: 911 for emergencies related to crime or fire, 211 for public health emergencies and coordinating after a disaster or other help topics and 988 for behavioral health emergencies. Yet these distinctions aren't always clearly defined – some people may also call 911 or 211 for mental health emergencies, or someone calling 988 may end up routed to support from 911 or 211 based on available call center personnel and crisis response resources.

One federal act in the Senate may help clarify this process: the Human-services Emergency Logistic Program (HELP) Act of 2023. The goal is to facilitate nationwide accessibility and coordination of 211 services and 988 services to provide information and referrals to all residents and visitors in the United States for mental health emergencies, homelessness needs and other social and human services needs.

On the 911 side, there will be continued adjustments to determine the right response for mental health crises that come through the 988 Lifeline. Some

states have partnered with 911 to co-dispatch crisis responders and multiply the available force, allowing people to get the services they need as quickly as possible using minimum resources when behavioral health personnel is reduced. However, many organizations prefer law enforcement not be involved unless it's necessary. According to **Pew Research**, the top concern in calling 988 was that law enforcement would be sent. While this is a valid concern, most crisis calls are resolved without involving 911 -- the **National Council reported that** more than 98% of Lifeline interactions are resolved without involving 911.

Georouting to Reduce Response Time

Currently, 988 Lifeline calls are directed based on the caller's area code, which may not always accurately reflect the caller's current location. A legal bill to change this process is currently in the House of Representatives – the Local 988 Response Act of 2023. The goal of this Act is to ensure that each outreach to a 988 Lifeline is routed to the participating crisis center closest to the geographic area from which the outreach originated, requiring the FCC to allow for georouting through phone calls. Such georouting is key for the 988 Lifeline's sustainability since, currently, some individuals may fall through the cracks without geographically specific follow-up care.

Sustainable Funding Streams

While SAMHSA grants and ARPA federal matching have been helpful, many of these grants have a time cap of several years and will run out soon. As such, any existing grants should be optimized for longevity. For example, the Department of Justice has some

funds to help with community outreach for mobile crisis response, but how this funding gets distributed to the states varies. In some states, the funding goes to the state Department of Health as opposed to the Department of Behavioral Health or Community Health, which could lead to disparate outcomes when funding may need to be centralized in one area. All government health agencies, health plans and 988 stakeholders will need to be creative on how to utilize different funding streams to build out the crisis continuum accordingly. There is no universal solution,

but rather a suite of options where each healthcare system will need to make decisions on what works best given geographic and use case priorities.

One way to be creative is to manage economies of scale by choosing solutions that integrate with your existing systems. If a healthcare organization has a care coordination system or a closed-loop referral system that can support some of the 988 Lifeline functionality, then it becomes even easier to build out crisis support without a costly system overhaul.

“Expanding the crisis continuum is key to the sustainability of the 988 Lifeline. In addition to call centers, we need more behavioral health clinics and mobile response teams that are interconnected and working from the same seamless workflows. This isn’t a problem that can be solved overnight but rather requires continued efforts and focus across our healthcare system.”

- Gina Gibson, Senior Director of Behavioral Health Solutions

Best Practices for Streamlining Crisis Response System Implementation

When implementing a new process to support outreach, the solution you choose is equally as important as how you implement it. Both the process and solution should ease the lives of call center operators and speed response time for callers.

Effective crisis response systems should have:

- ✓ Flexibility to integrate with existing workflows
- ✓ Streamlined data entry opportunities for end-users
- ✓ Ability to communicate with other partners and key resource providers across the care continuum
- ✓ Real-time resource identification for bed availability
- ✓ Directly link call centers with crisis response teams

To encourage adoption of a new solution, keep rollout simple and uncomplicated. Care coordinators deserve simple but effective crisis management systems. One part of this is having an intuitive intake form without requiring an inquiry and response to a myriad of questions to allow coordinators to cover the most important information.

Flexibility is also key. Certain platforms also allow coordinators to use one system to answer more than one book of business. If a coordinator manages 988 calls in addition to answering the National Problem Gambling Helpline or the National Domestic Violence Hotline, it could all be done in one system to reduce the disparate programs that operators have to manage.

To learn more about streamlining crisis response, check out our [988 best practices landing page](#) or [contact us](#).