Challenges to Just and Effective 988 Implementation: Criminalization

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The National Suicide Hotline Designation Act, which was signed into law after receiving bipartisan support in 2020 and launched in 2022, authorized 988 as the new three-digit number for people experiencing suicidal, mental, and behavioral health crises. The 988 Suicide & Crisis Lifeline (988 or The Lifeline) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health (Vibrant). As 988 is built out, there is growing concern from policymakers, advocates, and community members around its implementation and impact.

Youth and young adults currently face an unprecedented mental and behavioral health crisis that has led to an increase in youth suicide rates, mental and behavioral health concerns, and disconnection from school and work. This crisis acutely impacts Black, brown, and Indigenous young people who experience systemic racism through structural disadvantages such as mass criminalization, unemployment, and housing insecurity. 988 should serve as an opportunity to transform the way young people view services and build trust in the crisis systems that serve them, rather than becoming a new entrypoint into the criminal legal system for Black youth and other marginalized young people. This is the first in a series of fact sheets that explore the challenges and missed opportunities to effectively implement 988 and transform the United States’ existing mental and behavioral health crisis response system. This fact sheet focuses on the ways that 988 has expanded criminalization.

One Year at a Glance

Since its implementation, 988 has seen decreased response times and improved response rates. More than 200 local and state-run call centers with crisis counselors support people in need, sharing resources and making community connections. Twenty-six states have enacted legislation to implement 988. Of these states, only five have enacted legislation to sustain 988 through telecommunication fees. Thirteen states have set up funds to support 988 implementation.

States That Have Enacted Legislation for 988 Implementation

Since its launch in July 2022, 988 has received nearly 1 million contacts. The rest consist of 2.6 million calls, over 740,000 chats, and over 600,000 texts.

Sources:
2 Census data reports that 74% of young people reported extraordinarily high levels of depression and anxiety, and the Centers for Disease Control (CDC) reports that suicide is currently the second-leading cause of death among people ages 10-14 and 25-34 and that it was the third-leading cause of death among people ages 15-24 in 2020. Sources: https://www.clasp.org/new-deal-4-youth/youth-data-healing-wellbeing-2023/; https://www.nimh.nih.gov/health/statistics/suicide.
3 According to 2020 CDC data, young Black people were four times more likely than white people to die due to contact with law enforcement. Moreover, the Bureau of Labor Statistics reports that the Black youth unemployment rate is 15.9%, higher than that of youth from all other racial groups. Source: https://www.clasp.org/why-we-cant-wait-a-youth-data-portrait-on-safe-communities-2022/.
4 According to 2020 CDC data, young Black people were four times more likely than white people to die due to contact with law enforcement. Moreover, the Bureau of Labor Statistics reports that the Black youth unemployment rate is 15.9%, higher than that of youth from all other racial groups. Source: https://www.clasp.org/why-we-cant-wait-a-youth-data-portrait-on-safe-communities-2022/.
Sustaining 988

The lack of across-the-board service fees to support the infrastructure of 988 undermines the system’s sustainability and threatens its ability to offer crucial supportive services to young people. Service fees would ensure efficient and effective 988 call routing to the appropriate crisis center and would support costs related to personnel and providing acute mental health, crisis outreach, and stabilization services responding to the 988 hotline. This is not a new model; many state and local 911 agencies fund their 911 technology, operations, training, and administration with a combination of surcharge fees and general funds. Using this model for 988 would make that system more sustainable.

Law Enforcement and Crisis Response

Law enforcement and the criminal legal system have long been the primary responders to and providers of mental health services for Black youth. Factors that have contributed to the criminalization and increased involvement of police with people experiencing mental and behavioral health crises include:

- The War on Drugs.
- Development of procedures that create and expand the roles of the court and police in involuntary commitment.
- Failure to create an adequate community mental health infrastructure.
- Inequities in mental health care.
- Changes in policing that coincided with deinstitutionalization.

Consequently, young people with mental and behavioral health conditions are susceptible to state surveillance and police interventions. Historically, the racist nature of policing means that Black people are disproportionately impacted and are also often the targets of these interventions.

- Black youth continue to have greater contact with law enforcement, leading to higher rates of incarceration and greater exposure to police violence, especially for Black youth with disabilities.
- Black people with a mental and/or behavioral health diagnosis are more likely to be incarcerated than any other race.

Criminalizing mental and behavioral health crises complicates care and worsens the health of young people.

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1. 135% more texts were answered, 14% more chats were answered, and 46% more calls were answered. Ibid.
2. Ibid.
4. Ibid.
7. Ibid.
Implications of 988 on Mass Criminalization and Incarceration

Despite the danger of a law enforcement response, the Lifeline’s policies require crisis counselors to share information with law enforcement, and some states have Duty to Warn policies. These policies require mental health professionals, including crisis counselors, to alert law enforcement about people who may be a danger to others or themselves. 988 calls are directed to the 911 system when there is “imminent risk” to someone’s life that cannot be reduced during the Lifeline call.21

According to SAMHSA and Vibrant, around 2 percent of 988 contacts result in a law enforcement response.22 However, data from the past year obtained from different state health agencies indicate that 100 percent of calls to 988 in Wyoming and Vermont that required an in-person intervention received a police response.23 In New Mexico, Kansas, and Michigan, 98 percent, 87 percent, and 79 percent, respectively, of in-person interventions received a police response.24 Meanwhile, Alabama, Virginia, and Washington do not track the number of police versus mobile crisis team responses at all.25 Transparent, disaggregated data by state would provide a more accurate understanding of how 988 implementation has performed over time.

Fifty-six percent of people with mental health issues expressed concerns about using 988 due to fear of contact with law enforcement.26

The ideal structure of 988 is connected to mobile response teams. These consist of a 24/7 team of mental and behavioral health professionals, peer support specialists, and/or community interventionists that can respond to a crisis on site.27 However, the structure of mobile response teams varies by state; some collaborate with law enforcement.28 In addition, in some cases access to services depends on health insurance coverage.29 Furthermore, where these teams exist in states and localities, the reach, capacity, and effectiveness of each team varies and is largely dependent on the resources and infrastructure offered by government agencies.

Conclusion

When states do not have the infrastructure for effective and equitable implementation, law enforcement becomes the default response. Involving law enforcement in mental and behavioral health crisis response is unjust and irresponsible. This involvement makes 988 unsafe and inaccessible for young people in the margins.

For 988 to truly offer a turning point for the mental and behavioral health system, it should divorce itself from the criminal legal system by creating an alternate point of entry that can circumvent police involvement in crisis response altogether.