

988 Serviceable Populations and Contact Volume Projections

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, linked to the current phone number of 1-800-283-TALK (8255). As the administrator of the Lifeline since its inception in 2005, Vibrant Emotional Health knows that a national three-digit phone number can improve access to vital crisis services, extend the national reach of suicide prevention efforts, and reduce the stigma surrounding mental health and getting help. Most importantly, 988 will help to save lives, every day.

In order to support the development of appropriate infrastructure and operations for 988, Vibrant Emotional Health has compiled models to project the populations likely to utilize 988, and the potential volume of contacts via phone, SMS, and online chat for the first five years of 988's service.

These projections and any related statements of expectation or forecasts in this report represent a hypothetical range of outcomes. They are based on a combination of internal Lifeline and crisis hotline network data, publicly available academic literature and data, and industry benchmarks, and are informed by Vibrant Emotional Health and external expert interviews and discussions. They begin with assessing the population most likely to be served who could be in crisis, including persons in the U.S. with mental health, substance abuse and/or trauma-related disorders. They incorporate estimates based on historical trends for the Lifeline, potentially diverted calls from sources such as local hotlines and 911, and possible new users for this and other hotline services. They include some best estimates on currently unknowable factors that are likely to affect volume, such as the extent and duration of public promotion and marketing of 988, the depth of integration within healthcare service systems, and other factors.

Regarding public messaging of 988: While a few carriers have been able to activate 988 at this time, the number will not be available across all carriers nationwide until July 2022. The Lifeline will continue to work with its network of over 180 centers and other stakeholders to prepare for the nationwide launch at that time. Until July 2022, anyone in mental health crisis or emotional distress should continue to call the National Suicide Prevention Lifeline (1-800-273-8255).

The scenarios described in this document do not represent an exhaustive range of all potential future scenarios. These materials do not contain (and should not be interpreted as) medical, legal, accounting, tax, or other regulated advice.

If you have any questions relating to this report, please reach out to Alana Leviton, Special Projects Director at Vibrant Emotional Health, at ALeviton@vibrant.org.

The Current Network

The National Suicide Prevention Lifeline is funded by the Substance and Mental Health Services Administration (SAMHSA) and administered by the nonprofit Vibrant Emotional Health. The Lifeline consists of a network of over 180 local crisis centers across the country, and provides 24/7 phone and web-based chat services, as well as limited SMS support.

When people call the Lifeline, they first hear a greeting. The greeting introduces the caller to the Lifeline, and presents the caller with options to connect to the Veterans Crisis Line (“press 1”) or the Spanish subnetwork (“oprima dos”). If they do not choose one of those options, the caller is then routed to a local Lifeline crisis center based on area code. If that center is unable to answer the call, the caller is rerouted to another center in the Lifeline network. The Lifeline utilizes a subnetwork of national backup centers to ensure capacity is available to meet demand.

The Lifeline’s crisis centers provide the specialized care of a local community with the support of a national network. The Lifeline’s united network provides at-risk individuals across the country with access to immediate help at any time from anywhere in the country, through a single, well-known phone number and name. By unifying a network under a singular federally-funded administrator, the Lifeline can assure that centers are accredited, that they provide training for counselors in line with industry standards, and disseminate best practices to continuously improve the quality of care. The Lifeline's network also allows for additional support during times of increased call volume (locally or nationally), as well as assure that centers suffering outages have backups to respond to callers in their area.

Current Lifeline Metrics



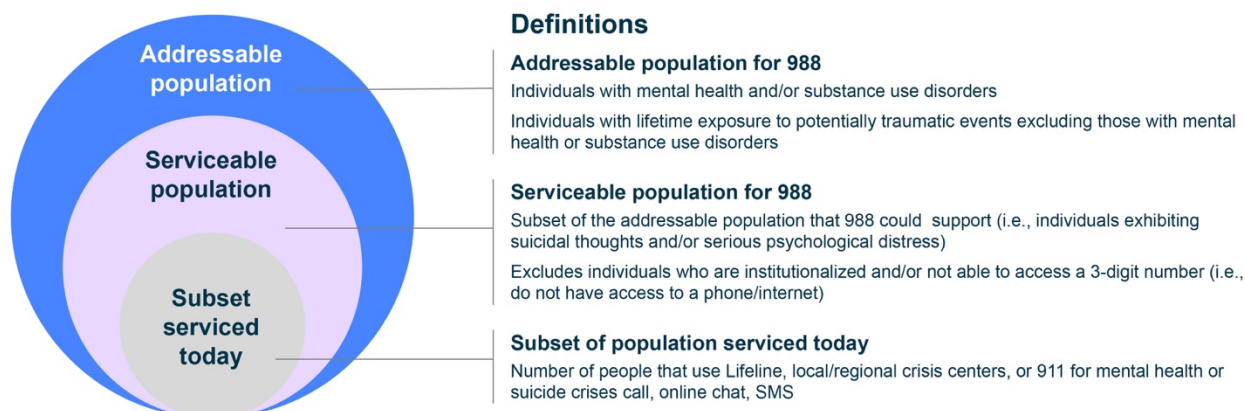
The Lifeline network has experienced variations in call volume throughout its history. The administrator, Vibrant Emotional Health, has had sporadic access to additional funding at certain periods to collaborate with states and crisis centers to build capacity and meet increasing demand. Many variations in call volume are related to unexpected public events that have increased awareness of the Lifeline and related services in the public consciousness, including losses of public figures to suicide such as Robin Williams, Kate Spade and Anthony Bourdain, and collaborations with Logic for televised performances of his song "1-800-273-8255." Close alignment and swift collaboration on messaging and resources during public events is critical in order to promote the service accurately and appropriately, as well as to ensure that staffing is available to accommodate potential surges in volume.

Populations and Projections

In the National Suicide Hotline Designation Act of 2020, 988 is designated as "the universal telephone number for reaching a national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline." To determine volume projections for 988, Vibrant Emotional Health examined potential audience populations for the service as well as potential sources of volume.

Three categories of potential audience populations were determined:

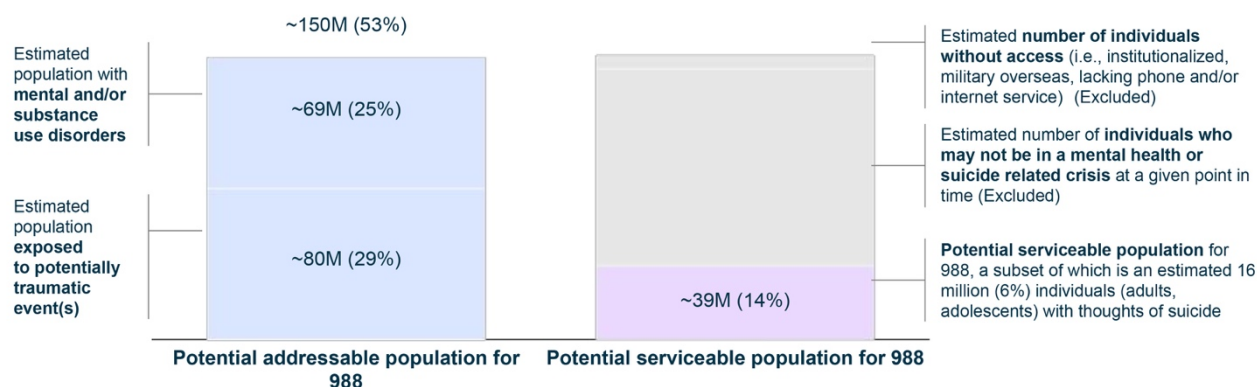
- **Addressable population**, which includes individuals with mental health and substance use disorders as well as individuals with lifetime exposure to traumatic events;
- **Serviceable population**, which includes individuals in suicidal crisis situations as well as broader mental health and substance use crises; and
- **Currently serviced population** represents the population that currently utilizes crisis services including the Lifeline, regional and local lines, and 911.



Individuals in the potential addressable and potential serviceable populations for 988 may be at higher risk for emotional distress, and may move between and in and out of these categories throughout life

Estimated size of the potential addressable and serviceable population for 988

Millions (% of U.S. population age 12 and older)



Audience estimates are based on publicly available data and academic research, (including research regarding technical access to 988 and the prevalence of mental and substance use disorders in the general population), historical data regarding Lifeline volume and user analysis, provided volume of 911 and other crisis services, interviews with mental health and suicide prevention experts, and input and perspectives from Vibrant Emotional Health leadership and staff.

To estimate potential contact volume of 988, three potential sources of volume have been considered. The total projected volume has been calculated as the sum of all three volume sources. These sources are:

- **Baseline volume** based on current volume received by the National Suicide Prevention Lifeline;
- **Volume likely to be diverted toward 988** from other local or regional crisis lines as well as 911; and
- **New user volume**, or the potential population that have not contacted the Lifeline, crisis services, or 911 in the past, but may use 988 in the future.

Baseline volume has been calculated utilizing routed call, chat, and text volume for 1-800-273-TALK (8255) using 2019 and available 2020 data, as well as calculated growth rates based on historical call volume and population growth data.

Volume likely to be diverted to 988 from other services has been calculated utilizing National Emergency Number Association (NENA) call volume reports and interviews, internal call data including 2018's Lifeline Crisis Center Survey, NYC Open Data regarding 911 EDP encounters, the National Criminal Justice Reference Service report "Reducing Non-Emergency Calls to 9-1-1," and scenarios depicting various outcomes dependent on local resources.

For new user volume, the size of this population is uncertain and sensitive to factors such as: the extent of 988 marketing, population uptake, events that lead to spikes in volume (e.g., disasters, news events), and system readiness/rollout influencing capacity to answer and effectively route 988 contacts (note: these factors were not modelled independently). Estimates were gathered from comparable services in Australia and the United Kingdom as well as current Lifeline data of presenting concerns within 988's serviceable populations.

For flexibility, three hypothetical scenarios were modelled, with ranged estimates of the potential baseline growth rate, diversion rate from local/regional centers and 911, and new volume:

- **Low scenario:**
 - assumes a minimal growth rate of current baseline (Lifeline volume) of ~1% (in line with population growth),
 - ~70% diversion rate of relevant crisis center volume to 988,
 - ~10% diversion rate of relevant 911 volume (assuming that ~8% of all 911 calls relate to emotionally disturbed persons).
 - assumes ~5% of the potential serviceable population contributes to new volume
- **Moderate scenario:**
 - assumes a moderate growth rate of the baseline (Lifeline volume) of ~7%,
 - ~80% diversion rate of relevant crisis center volume to 988
 - ~20% diversion rate of relevant 911 volume (conceptually, this represents a relatively greater share of individuals changing behavior to call 988 instead of 911, as well as local systems having the right resources in place (e.g., mobile crisis teams) to effectively use 988 for more acute crisis situations)
 - assumes new volume includes ~10% of the potential serviceable population using 988
- **Significant scenario:**
 - assumes a relatively higher growth rate of the baseline (Lifeline volume) of ~14%
 - ~90% diversion rate of relevant crisis center volume to 988
 - ~30% diversion rate of relevant 911 volume (~8% of all 911 calls related to emotionally disturbed persons)
 - assumes new volume includes ~15% of the potential serviceable population using 988

The projected volumes in this report represent a range based on available information, and do not include multiple factors that may affect volume, such as coordination of state and local crisis systems, the extent and duration of public promotion and marketing of 988, the depth of integration within healthcare service systems, and other factors. As 988 moves forward, decisions must be made regarding these additional factors on the local and national level.

Potential future 988 volume

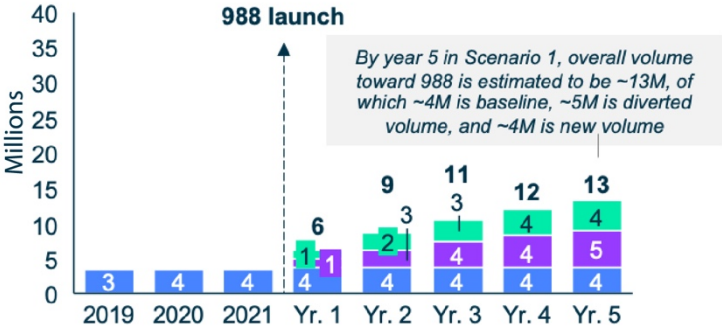
Millions of encounters annually, including call, online chat, and SMS

Detail follows on each component of overall volume

- Baseline volume (Lifeline)
- Diverted volume from 911 and crisis centers
- New volume (previously un-served)

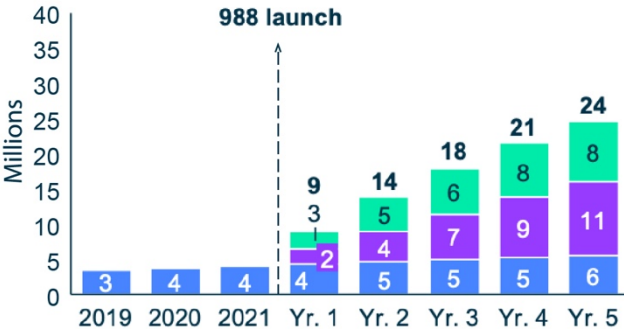
Low scenario

Minimal baseline growth, diversion, and new volume



Moderate scenario

Moderate baseline growth, diversion, and new volume



Significant scenario

Extensive baseline growth, diversion, and new volume



Across scenarios, modality percentages were roughly

Call: 65%, Online Chat: 30%, and expected growth SMS of 2-6% across all contacts.

Recommendations

In preparing these projections and analyses, Vibrant Emotional Health developed a vision and mission for 988:

- **Vision:** 988 serves as America's mental health safety net. We will reduce suicides and mental health crises, and provide a pathway to well-being.
- **Mission:** Everyone in the US and the territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through 988.

Vibrant has identified three key themes for 988 and developed the following tenets to guide implementation:

Theme 1: Universal and convenient access

- **Public awareness and engagement:** 988 will have public awareness levels comparable to 911, and the public will be aware of the scope of services provided
- **Resources for self-help:** 988 will provide access to resources for individuals to effectively help themselves and others to de-escalate crises, develop coping skills, and build resiliency
- **Multi-channel availability:** 988 will be accessible through varying modalities based on individual needs through a unified platform
- **Reliable and timely response:** All persons contacting 988 will be connected to professionally trained individuals reliably, timely, and efficiently

Theme 2: High quality and personalized experience

- **Tailored support:** 988 will be a source of personalized, trusted support
- **Consistency in line with best practices:** All persons contacting 988 should receive care in line with best practices

Theme 3: Connection to resources and follow-up

- **Localized response:** All persons contacting 988 will be connected to helpline support and additional local community resources as needed
- **Connection to local public health and safety services:** 988 can connect to local public health and safety services to provide appropriate support while avoiding unnecessary law enforcement involvement, emergency department use, and hospitalization
- **Follow-up as needed:** As appropriate, persons contacting 988 may be offered follow-up services to facilitate on-going support and safety

Vibrant has also identified several opportunities for collaboration in keeping with this vision and mission:

Appropriate Funding

Considering the potential increase in projected volume, it is critical that appropriate funding for the network, individual crisis centers, and the crisis continuum be allocated/appropriated to serve more people in crisis. States have the authority, and should exercise such authority, to implement a 988 fee, similar to the current 911 fee, that would be restricted to crisis center and service provider expenses, to ensure a robust infrastructure. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment is needed to adequately support individuals experiencing mental and behavioral health crises. The fee revenue should supplement, not supplant, funding from diverse sources, including federal, state and local governments.

Multi-Channel Service

Lifeline currently offers phone and web chat, as well as limited SMS support, however, more resources must be dedicated to scale multi-channel services fully. To ensure effective service and benchmarking, these multiple modalities must utilize a unified technological platform that is interoperable within and across the crisis and emergency response systems as well as with the administrator of 988.

Access and Inclusion

We must also seek to optimize and support services that ensure access and inclusion within 988 to meet the unique needs of at-risk groups, including youth, rural populations, BIPOC communities, and LGBTQ+ individuals, many of whom prefer certain modes of communication over others.

911 Collaboration

In addition to serving more people in emotional crisis and distress, 988 presents an opportunity to better weave the national mental health safety net of the Lifeline into the fabric of the crisis care continuum. Increased collaboration between 911 systems and 988 can provide more options for those in crisis, such as dispatching mobile crisis teams to individuals in mental health or suicidal crisis rather than police or EMS, and greater coordination of care options like crisis stabilization units. Such collaborations can reduce the burden on the costly use of hospital emergency departments.

Geolocation and PSAP Designation

It is incumbent upon emergency service providers, their supporting agencies, and federal regulatory agencies to require telecommunications providers to develop and implement 911-like technological solutions for 988. Like 911, the Lifeline provides immediate assistance, yet their telecommunications service providers are unable to offer accurate caller location for hundreds of wireless callers each day. The mobility of wireless devices presents difficulty with matching a device's number to the location of a caller, because the caller may be on the move or may have relocated his or her residence and maintained a phone number with no relation to the area from which they are calling. As the Lifeline routes calls by area code, this may result in calls routing to a center in a different state

than the caller's location, or in unnecessary delays with linking persons in crisis to lifesaving resources. States also may experience challenges in gathering accurate metrics of usage for the service, affecting the understanding of resources and need within a state. Activation of geolocation capabilities for 988, as well as designation of 988 crisis centers as public safety answering points (PSAPs), can reduce routing mismatches and provide more effective, and potentially life-saving, pathways to care for those in crisis.

988 is a watershed moment in the history of crisis and behavioral health care in the United States, and presents an opportunity to reach millions in emotional distress while de-stigmatizing help-seeking. As the administrator of the Lifeline network, Vibrant Emotional Health understands that collaboration is needed between crisis centers, state and local authorities, mental health advocates, and federal agencies including SAMHSA to determine a 988/crisis response model that meets the needs of their state and incorporates the best practices in crisis coordination, while providing effective support for people in crisis every day.

If you have questions relating to this report, please reach out to Alana Leviton, Director of Special Projects at Vibrant Emotional Health, at ALeviton@vibrant.org.

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