Reinventing Crisis Response
Preparing Illinois for 988 | Updated July 1, 2022

988 can be more than a phone number.
It’s a historic opportunity to build a stronger mental health crisis system.

The July 16 launch of the national 988 crisis line is an important step for Illinois towards reimagining our mental health crisis system.

It will be the first step, but much more work remains. Just like the 911 phone number is only one part of an emergency response system, the 988 line should be the front door into a complete mental health crisis system that includes the three components to the right.¹

1. **Someone to talk to**
   regional crisis call centers

2. **Someone to respond**
   mobile crisis team services

3. **A place to go**
   mental health focused walk-in crisis spaces

**HISTORY IN ILLINOIS**

The National Suicide Prevention Lifeline (NSPL) has existed since 2005. When 988 launches, the dialing code will route people to NSPL call centers for someone to talk to.

Illinois’ NSPL call centers have been under-resourced for years. In the first quarter of 2022, 80% of Illinois NSPL calls were answered in other states, leading to long wait times and callers hanging up.² Illinois has a lot of work to do to successfully build 988 on this foundation.

Illinois also lags behind many states in the infrastructure of in-person crisis services that are available for 988 to coordinate with.

- **Someone to respond:** Most of Illinois’ mobile mental health crisis teams are brand new, and they do not cover the whole state.³ The work to build a central deployment, and coordinate them with 988 and 911, will not see progress until 2023.

- **A place to go:** Illinois has limited mental health focused walk-in spaces for people in crisis, instead mostly relying on hospitals.

**FUNDING IN ILLINOIS**

In the past, each of Illinois’ six NSPL call centers was independently funded. These centers will now receive some government funding as they transition into the 988 network – but we will need additional, sustainable state funding to build the 988 system.

- **New federal funding:** Illinois distributed $10 to 15M of federal grant funds to 988 call centers this year. That is about 20% of what SAMHSA believes will be needed yearly by the end of 2023. More than 60% of the funds are from the American Rescue Plan (ARPA) and are therefore time-limited, only renewing through Dec. 2024.⁴

- **New state funding:** Illinois’ FY23 Budget allocates $5M to 988, but these funds are redistributed from 911 – they are not a new funding stream.

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Our 988 Advocacy

ILLINOIS MUST BUILD A SUSTAINABLE FUNDING STRUCTURE TO SUPPORT 988.

Federal funds and current State investment will get Illinois started in building our 988 system, but it won’t be enough. Demand for mental health crisis services will continue to grow, and many federal 988 funding streams expire at the end of 2024.

Illinois has several options to create additional, sustainable funding streams to make 988 successful long-term, including:

- Collecting telecomms fees to support 988 operations, which has been done in states like Virginia, Colorado and Nevada. In Illinois, we already do this to fund 911.

- Increasing health insurance coverage of in-person mental health crisis care, via Medicaid plan amendments and waivers and/or private insurance requirements.

- Building a better system on the ground, by increasing resources for programs like mental health specific, brick and mortar crisis receiving locations.

ILLINOIS MUST BUILD 988 AS A FULL CRISIS CONTINUUM.

Illinois must prioritize this historic opportunity to reinvent our mental health crisis response system. We must not limit ourselves to thinking of 988 as a crisis line. Our effort must include:

- Building sophisticated processes for 988 call centers to coordinate with mobile crisis response, 590 and co-responder teams, 911, first response, and more.

- Creating a more hyper-regional network of 988 call centers, so people calling 988 can speak with a qualified call-taker located near them, who can connect them to locally appropriate resources.

- Visioning a statewide continuum of mental health specific crisis receiving and stabilization services, so people have a range of options for same day, walk-in care that can act as a real alternative to emergency rooms.

1 Substance Use and Mental Health Services Administration, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, (2020), 8.
3 Illinois Department of Human Services, 2539 Notice of Funding Opportunity (590), 2021.
4 Substance Use and Mental Health Services Administration, 988 Appropriations Report, (2021), 10.

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