

THE 988 SUICIDE AND CRISIS LIFELINE

A Front Door to Care in Times of Crisis

INTRODUCTION

Community Counseling Centers of Chicago, also known as C4, is one of the city's largest and oldest mental health agencies.

C4 has provided [crisis services since 1989](#), beginning with programs focused on youth and adolescents. When the nationwide 988 Suicide and Crisis Lifeline launched in July 2022, C4 became the call center for 19 zip codes in Chicago. The line is funded nationally by the Substance Abuse and Mental Health Services Administration (SAMHSA), a part of the U.S. Department of Health and Human Services.

The 988 service is a new iteration of the longtime ten-digit Suicide Prevention Lifeline. The shorter phone number is being widely promoted to serve people in emotional distress, not solely those who are experiencing suicidal feelings. The line connects callers with counselors trained to help reduce the intensity of the situation and guide the person to additional local resources to support their well-being. When a person's crisis is severe enough to risk injury or permanent harm, the counselors may send a mobile mental-health crisis team if one is available, or transfer the call to emergency services (911), if one is not.

Data from the previous form of the Lifeline showed that [fewer than 2 percent of calls nationwide were referred to emergency services](#). Helping callers manage crises without involving emergency services avoids overtaxing hospital emergency departments, averts police involvement, and prevents the overrepresentation of people with mental health conditions in jails.

At the [Alliance's Summit on Mental Health in America](#), C4 President and CEO Kerri Brown described the organization's skill in engaging people having mental health crises: "You want the right tool for the job, and we are the right tool for the job."

In a follow-up conversation, Brown got more specific, saying, "Individualized care goes beyond having the right tool for the job. It is having the appropriate level of expertise and precision to approach care in a culturally sensitive and patient-centered way."

Between the roll-out of 988 in July and mid-October 2022, [C4 counselors in Chicago fielded 350 calls](#) in the city region where it is contracted to answer calls and had transferred none to emergency services (911). Ninety-five percent of calls C4 received were resolved on the phone, and in the other five percent,

the caller was served with a visit by crisis counselors in a mobile clinic van.

The experiences of Community Counseling Centers of Chicago answering the 988 line and other crisis calls yield lessons for the ongoing development of the program and mental health crisis response in general.

- **Delivered** by staff who can have meaningful, empathetic dialogues with patients
- **Connected** to a full continuum of care
- **Sufficiently funded** by stable sources with low administrative burdens

FAMILIARITY AND TRUST ON THE OTHER END OF THE LINE

Brown describes care from Community Counseling Centers of Chicago as “boots on the ground, blue-collar social work.” Community health workers and other counselors with C4 have deep familiarity with the neighborhoods, social climate, economic realities, and life experiences of their clients.

Brown said in an interview that this type of understanding is essential when taking 988 crisis calls. “Our staff are integrated in the community, so they can have a meaningful dialogue and de-escalate the situation. It creates a connection.”

Community-rooted call staff also are best-equipped to refer callers to follow-up care and related services. Not all 988 Suicide and Crisis Lifeline calls, however, are answered by local, community-informed crisis counselors.

The 988 network is made up of 200 independent state and local call centers plus a national line. Most state centers do not have the capacity to answer all the calls they receive and route the overflow to the national line, answered by qualified but remotely located counselors. In addition, in-state call staff may be distant from the caller. Even in Chicago, calls not based in the zip codes served by the C4 center are routed to a state-wide call center in Bloomington, Illinois. Early [data from the first full month the 988 line was operational](#) show variation for in-state answer rates, from 58 percent of Florida calls answered in-state to 100 percent in Rhode Island.

In Chicago, C4 runs crisis-response programs that predate their role with 988. For example, when a crisis call requires an in-person response, C4 can dispatch their own mobile response or a responder from another provider. It is a literal example of “meeting patients where they are.” C4 teams arrive in a van painted with the word “hope” and are staffed by people ready to have a personable, meaningful dialogue with the person in need.

Brown [described the response at the Summit](#). “Anybody ever been pulled over by the police? How do you feel when you see those lights behind you? That’s the exact opposite of what you need when you’re in the middle of a crisis,” he observed. “Imagine how you feel with a van that says ‘hope’ on the side that shows up. We can take you out of the glaring eye of the public, put you in a therapeutically sound mobile clinical environment, and de-escalate, give you the support you need, and then find the permanent support you need.”

“OUR STAFF ARE INTEGRATED IN THE COMMUNITY, so they can have a meaningful dialogue and de-escalate the situation. It creates a connection.”

Kerri Brown, President & CEO, C4

“Imagine how you feel with a van that says ‘hope’ on the side that shows up. We can take you out of the glaring eye of the public, put you in a therapeutically sound mobile clinical environment.”

Kerri Brown, President & CEO, C4

That level of care is not available everywhere. [SAMHSA recognizes the benefits](#) of community-based care in a full range of crisis care services, like mobile crisis teams or stabilization centers. The agency acknowledges, “Currently, these crisis-care services do not exist in all areas of the country, and it will take time and sustained support for this crisis-care system to evolve.”

CONNECTING TO A CONTINUUM OF CARE AND PREVENTING THE NEXT CRISIS

The 988 Suicide and Crisis Lifeline is often called a “front door” to mental health care. However, in many cases, the appropriate assistance is not accessible beyond the 988 threshold, with wait lists for outpatient care and long delays for hospital beds.

Although C4 grapples with the same labor-shortage challenges familiar throughout the mental health care system, it also maintains a cohesive crisis continuum of care. Relying on community health workers, engagement specialists, and practitioners with meaningful lived experience, C4 approaches crisis care in three steps:

- **Receive** the call for help
- **Respond** to the crisis
- **Provide** post-crisis care

The 988 line is equipped to handle the essential role of receiving calls, and in many cases, also can respond to the person’s need, whether that response is brief counseling on the phone, referral to another service, or a mobile clinic visit.

In remarks at the Summit, Brown looked beyond immediate crises, saying, “The third level is what happens if you need permanent support and the wait lists are going through the roof. What happens if you need inpatient care? That’s what really needs to happen next.”

He concurs with leaders throughout the mental health care system that greater investment and coordination is needed to expand treatment capacity. In an interview, he pointed to three programs that can help prevent repeated crises among people with severe mental illness and also allow people to recover in a meaningful way. They include:

- Assertive community treatment
- Community support teams
- Drop-in center services

[Assertive community treatment](#), or ACT, is—like crisis services—heavily reliant on the patient’s trust in the counselors who are part of the program. An intensive approach for some of the most challenging mental health conditions, ACT can include

numerous services, such as individual therapy; substance-use treatment; medication management; employment support; assistance with activities of daily living; intervention with friends, neighbors, or family; and community services like housing, income support, and transportation. A cross-trained team jointly delivers services to a relatively small patient population, usually in community settings, outside of hospitals and clinics. Evidence shows the approach greatly reduces psychiatric hospitalizations and leads to higher levels of housing stability.

[Community support teams provide similar services](#) on a less intensive scale for people who “graduate” to this stepped-down level of care from ACT.

C4’s drop-in center also is a crucial follow-up resource and opportunity to prevent future crises. The center allows people to visit for social activities as well as connect to community resources and mental health services. Peer support specialists and other counselors at the center can recognize and offer support before a person ends up in crisis. The drop-in center also enables healing in a community atmosphere with peers, a critical opportunity for self-determination and support, balanced with treatment in clinical settings.

SUSTAINABLE FUNDING FOR 988 AND THE CRISIS CONTINUUM OF CARE

Funding for crisis services is particularly difficult. Having providers on-call 24 hours a day, ready to respond to a person in crisis regardless of their ability to pay, follows a “firehouse model.” However, mental-health programs are not compensated as stably as other first responders like police and firefighters.

Instead, the local 988 call centers and response services are funded with [a total of \\$105 million in federal grant dollars passed through states](#) and variable levels of state funding, with an option for states to impose mobile phone fees for additional support.

[Medicaid is a source of reimbursement](#) for services to stabilize and follow-up with people in a mental health crisis, but billing rules limit which patients can be treated using the funds and raise the administrative burden for accessing them. Some enhanced Medicaid funding available as part of the [American Rescue Plan Act is more flexible, but available only for a limited time.](#)

“**A CROSS-TRAINED TEAM** jointly delivers services to a relatively small patient population, usually in community settings, outside of hospitals and clinics. Evidence shows the approach greatly reduces psychiatric hospitalizations and leads to higher levels of housing stability.”

“What the pandemic made us realize is that none of us are truly okay. We all need additional levels of support, but we have to make the appropriate levels of investment in that support.”

Kerri Brown, President & CEO, C4

CONCLUSION: OPTIONS FOR THE FUTURE

CEO Kerri Brown was frank about the state of crisis response in the Summit discussion, saying, “What the pandemic made us realize is that none of us are truly okay. We all need additional levels of support, but we have to make the appropriate levels of investment in that support. My grandmother used to tell me that you can always tell what’s important to a person by where they spend their money and where they spend their time. Well, it’s time as a country that we put our money where our mouth is.”

After decades of underfunding the mental health care system, federal and state governments have a new opportunity to bolster key services for protecting some of society’s most vulnerable people from languishing in emergency departments, being incarcerated, or dying violently. The national 988 Suicide and Crisis Lifeline provides a doorway to crisis services, and policymakers have options for building a more robust response system to meet them at that threshold.

Resources

“[988 Crisis Response State Legislation Map.](#)”

National Alliance on Mental Illness.

“[Building a Comprehensive and Coordinated Crisis System.](#)” Council of State Governments. 2021.

“[Model Bill for Core State Behavioral Health Crisis Services Systems.](#)” National Association of State Mental Health Program Directors. 2022.

“[Reimagine Crisis Response.](#)” National Alliance on Mental Illness.

Saunders, Heather. “[Taking a Look at 988 Suicide and Crisis Lifeline Data, One Month After Launch.](#)” Kaiser Family Foundation. 2022.