

Key Talking Points

These customizable talking points are not intended to be scripts that must be used verbatim, but rather, points to emphasize and guidance for talking about 988 with policymakers.

- **What is 988 and who should use it?**
 - Approved by Congress in fall 2020, 988 is the nation’s first three-digit crisis number dedicated to mental health and designed to help connect people with appropriate care.
 - Once 988 goes live by July 2022, if you or someone you know is having suicidal thoughts, experiencing delusions, or displaying concerning symptoms of mental illness, you can call 988 instead of 911.
- **Why do we need 988?**
 - Traditionally, police have responded to mental health emergencies, which require tremendous local resources and often result in criminalizing mental illness.
 - In 2017, an average of 10% of law enforcement agencies’ total budgets and 21% of staff time were spent responding to and transporting persons with mental illness. ([Treatment Advocacy Center](#))
 - People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians ([Treatment Advocacy Center](#))
 - 988 is not only about answering calls—it’s also about making appropriate and accessible referrals, creating a system of mobile crisis teams, and offering crisis stabilization programs that connect people to a continuum of care at critical moments.
 - Fully implemented, 988 will reduce avoidable emergency department or hospital admissions for people in crisis and avoid traumatic, often deadly, engagements with the criminal justice system.
- **What is needed to make 988 work?**
 - While an easy-to-remember, three-digit number is an important first step, a number alone is not enough. Each state must take action to begin building a crisis response system supporting 988 before it goes live nationwide by July 2022.
 - Every state needs:
 - Someone to answer the call. Every state needs 24/7 call centers that are adequately staffed by specially trained individuals to respond to a range of mental health crises.
 - Someone to come help. Every state needs mobile crisis teams that can be dispatched to the scene and are equipped to effectively assist people in crisis.
 - Somewhere to go for care. Finally, crisis stabilization services must be available to provide observation and connection to follow-up care.
- **What do we need the general public/advocacy organizations to do?**
 - Contact your Congressional representatives and ask them to support states in building a crisis response infrastructure that ensures people get the help they need.
 - Contact your state representatives and ask them to pass a bill that includes 988 user fees to support a crisis system that provides a mental health response to mental health crises.
 - Ensure 988 implementation and crisis services are key priorities in policy agendas for both state and federal policymakers.
 - Engage people with lived experience to inform policy asks.
- **What do we need state policymakers to do?**
 - Introduce and pass bills that include 988 user fees to support crisis call centers and non-billable mobile crisis and crisis stabilization costs.

- **What do we need federal policymakers to do?**
 - Ensure federal coordination and technical assistance for 988 implementation.
 - Provide funding for states to develop and maintain an effective crisis response infrastructure.
 - Ensure all payers, including commercial insurers, cover crisis services.

For more information, visit www.TheKennedyForum.org/988Toolkit.