

# 988 Suicide and Crisis Lifeline in Texas

Behavioral Health Services  
Division



**TEXAS**  
Health and Human  
Services

**November 2022**

# Table of Contents

<b>Table of Contents .....</b>	<b>ii</b>
<b>1. Introduction .....</b>	<b>3</b>
<b>2. Background .....</b>	<b>4</b>
Overview .....	4
NSPL History and Federal Legislation .....	4
How 988 Works.....	5
Transition to 988.....	7
<b>3. 988 in Texas .....</b>	<b>9</b>
Texas 988 Centers .....	9
Funding.....	10
NSPL Capacity Building and 988 Planning Grants .....	10
SAMHSA 988 Grant.....	10
Timeline .....	12
988 Performance Metrics.....	12
Challenges.....	13
Conclusion .....	13
<b>List of Acronyms .....</b>	<b>15</b>
<b>Appendix A. Monthly Data Report Metrics and Definitions.....</b>	<b>A-1</b>

# 1. Introduction

The National Suicide Hotline Improvement Act (H.R. 2345, 115th Congress, 2017-2018) directed the Federal Communications Commission (FCC) to study the feasibility of designating a three-digit dialing code for the National Suicide Prevention Lifeline (NSPL). The FCC designated 988 as the three-digit code and changed the name from the NSPL to the 988 Suicide and Crisis Lifeline (988). 988 launched nationwide on July 16, 2022.

988 offers 24/7 access to free and confidential support for anyone experiencing behavioral health-related distress – whether it is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. 988 is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health (Vibrant). Made up of a network of more than 200 independently operated and funded local and state crisis centers, 988 is designed to connect callers with local crisis centers using a phone system that routes calls based on the caller's area code. 988 serves as a universal entry point so that no matter where a person lives in the United States (U.S.), they can reach a trained crisis counselor who can help.

## 2. Background

### Overview

988 is a network of over 200 independently operated and funded local and state crisis centers. It provides support for people in a suicide crisis or mental health-related distress, as well as suicide prevention and crisis resources, and best practices for professionals. 988 is available through calls, chats, or texts at no cost, 24/7. Calls are confidential and require a court order for disclosure.

In federal fiscal year 2021, the former NSPL received approximately 2.4 million calls, 1.1 million chats, and 0.1 million texts.<sup>1</sup> SAMHSA expects the overall demand to increase, especially for chat and text services, with the transition to 988. The primary goal of all 988 contacts is to work collaboratively with the person in crisis to determine the least-invasive intervention and keep them safe.

### NSPL History and Federal Legislation

In 2002, the former NSPL launched with the number 1-800-273-8255 (TALK) and received approximately fifty thousand calls in the first year.<sup>2</sup> In 2006, the NSPL introduced a Spanish language subnetwork, partnered with Veterans Affairs to establish the Veterans Crisis Line in 2007, and incorporated the Disaster Distress Helpline into the NSPL in 2015. Online chat services were initiated in 2013 and text services in 2020.

#### *Federal Legislation*

First introduced in May 2017 and enacted in August 2018, the National Suicide Hotline Improvement Act (H.R. 2345, 115th Congress, 2017-2018) directed the FCC and SAMHSA to study the feasibility of designating a three-digit dialing code for the NSPL. In August 2019, the FCC and SAMHSA submitted a report recommending 988 as the three-digit dialing code for the NSPL.<sup>3</sup> In July 2020, the FCC officially designated 988 as the universal telephone number for the NSPL, requiring all U.S. telecommunication carriers to ensure nationwide accessibility by July 16, 2022.

---

<sup>1</sup> SAMHSA. (2022). 988 PowerPoint Presentation Deck. Retrieved from <https://www.samhsa.gov/sites/default/files/988-presentation-deck.pptx>

<sup>2</sup> SAMHSA. (2022). Lifeline Timeline. Retrieved from <https://www.samhsa.gov/find-help/988/lifeline-timeline>

<sup>3</sup> Federal Communications Commission. (2020). Report and Order in WC Docket No. 18-336, 85 FR 57767.

In October 2020, U.S. Congress passed the National Suicide Hotline Designation Act (S. 2661, 116th Congress, 2019-2020), designating 988 as the universal telephone number for national suicide prevention and mental health crises, incorporating 988 into statute and directing the Department of Health and Human Services to develop a strategy to provide access to services for high-risk populations. Additionally, the legislation includes a provision allowing states to levy a fee for:

- ensuring the efficient and effective routing of calls made to the 988 National Suicide Prevention and Mental Health Crisis Hotline to an appropriate crisis center; and
- personnel and the provision of acute mental health, crisis outreach, and stabilization services by directly responding to calls to the 988 National Suicide Prevention and Mental Health Crisis Hotline.

On October 17, 2020, the bill was signed into law. In November 2021, the FCC ruled to require all U.S. telecommunication providers to also activate text messaging to 988 by July 16, 2022.

### How 988 Works

People can call or text 988 or chat 988lifeline.org for themselves or another person who may need crisis support. When people call 988,

1. a greeting presents the caller with options to connect to the Veteran's Crisis Line or the Spanish subnetwork.
2. If the caller does not make a selection, the person is routed to a local 988-affiliated crisis center based on area code.
3. If the local crisis center is unable to answer, then the call is routed to an in-state or national backup center. See the flow chart in Figure 1 below.
4. When a caller connects to a local crisis center or one of the many national backup centers, a trained crisis counselor is there to listen to the caller, provide support, and share resources or referrals as needed.

**Figure 1. 988 Call Flow**



One of the key performance metrics used to evaluate a 988 crisis center is the in-state answer rate. The in-state answer rate is the percentage of calls originating from Texas-based area codes answered by a Texas-based 988 center before rolling over out-of-state to 988 centers serving as national rollover sites. The goal is for Texans to speak to Texans and ensure they receive community-based resources and assistance whenever needed.

Vibrant requires 988 crisis counselors to follow-up with callers experiencing current thoughts of suicide within 24 to 72 hours after the 988 contact. Callers requiring emergent or urgent care services are warm transferred to the crisis hotline of the local mental health authority (LMHA) or local behavioral health authority (LBHA) in their county of residence or current location.

In Texas, LMHAs and LBHAs provide crisis and substance use services, ongoing community-based behavioral health services, and connections to local resources. HHSC requires contracted 988 crisis centers to have written procedures for providing access to resources, making referrals for services, and activating emergency services for callers outside of the center's local service area.

### *Chats or Texts*

When someone texts 988 or uses the online chat,

1. they first complete a short survey letting the crisis counselor know a little about their current situation. Both text and chat interactions are organized into one queue in Vibrant's system.
2. When someone texts or chats 988, they are routed to the appropriate state queue.
3. Chatters enter a zip code that determines their state, and texters' states are determined by area code.
4. If a 988 staff member in the appropriate state is available, the text or chat interaction enters the appropriate state queue and waits for **one minute** to be answered.
5. The interaction automatically rolls over to the national queue if a 988 staff member does not connect after one minute.

### **Transition to 988**

On July 16, 2022, the nation adopted 988 as the easy to remember three-digit code for anyone experiencing a suicidal or mental health related crisis. The U.S. based universal dialing code connects to the existing 988 network of local crisis centers throughout the country, increasing the accessibility and use of life-saving interventions and resources. The implementation of 988 is expected to increase the volume of calls to 988 nationwide. The transition to the use of 988 provides an opportunity to build upon the established crisis continuum of care in Texas. It also serves as another way for Texans to access the suicide and mental health support they need.

The process under the former named NSPL remains the same for the 988 implemented on July 16, 2022. The NSPL 1-800-273-8255 (TALK) number continues to function and automatically routes callers to 988. The Veteran Crisis Line and the Spanish subnetwork can still be accessed by pressing the appropriate option. Additional support and interpretation services are accessible in **more than 150 languages**.



## 3.988 in Texas

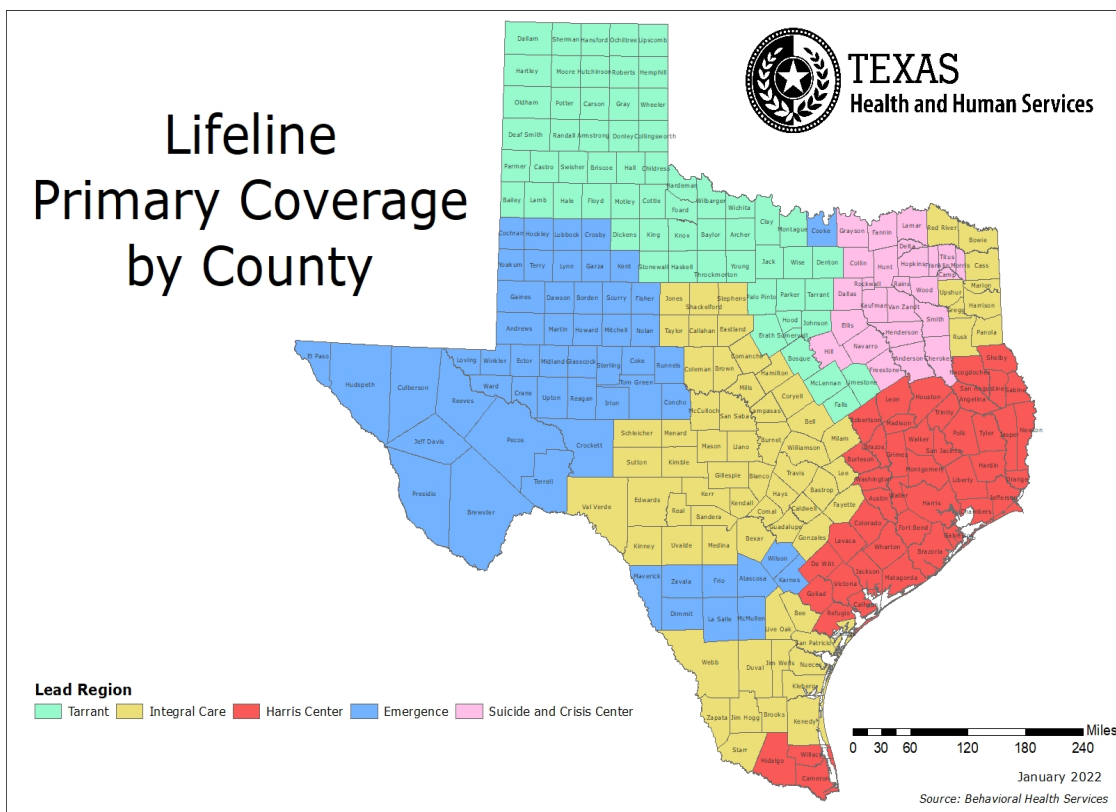
### Texas 988 Centers

The Texas Health and Human Services Commission (HHSC) is responsible for the oversight of 988 and the integration of this service into existing crisis continuum services in Texas. HHSC contracts with four 988 centers to cover Texas 988 calls (see Figure 2):

- MHMR of Tarrant County (Fort Worth)
- Emergence Health Network (El Paso)
- The Harris Center (Houston)
- Integral Care (Austin)

The Suicide and Crisis Center of North Texas also answers 988 calls, but HHSC does not have a formal contractual relationship with this agency.

**Figure 2. Texas 988 Primary Coverage by County**



## **Funding**

HHSC supports the contracted 988 centers through Mental Health Block Grant (MHBG) funding. HHSC has committed over \$18 million in funding through state fiscal year 2024 for workforce expansion and increased responsiveness to 988 contacts.

### **NSPL Capacity Building and 988 Planning Grants**

In October 2019, SAMHSA competitively awarded HHSC the NSPL Capacity Building Grant for federal fiscal years 2020 and 2021. The purpose of this grant was to enhance long-term state support for call centers and boost in-state answer rates.

In February 2021, Vibrant awarded HHSC the 988 Planning Grant to assist in planning for the implementation of the national 988 Suicide Prevention and Mental Health Crisis hotline. HHSC and the existing 988 centers partnered to plan for the long-term improvement of the in-state answer rate for 988 contacts and address key coordination, capacity, funding, and communication strategies that are foundational to the implementation of 988.

Through the 988 Planning Grant, HHSC and stakeholder coalition members representing various agencies working on reducing suicide and mental health crises convened over several months to develop a roadmap for Texas' implementation of 988. Per Vibrant's directive, the 988 implementation plan addresses challenges, gaps, and opportunities in eight core areas:

- Core Area 1: Statewide 988 Coverage
- Core Area 2: Funding for Call Centers
- Core Area 3: Capacity for Target In-State/In-Territory Answer Rates
- Core Area 4: NSPL Standards, Requirements, and Performance Metrics
- Core Area 5: 988 Stakeholder Coalition
- Core Area 6: Comprehensive Resource Listings and Plan for Expanded Services
- Core Area 7: Follow-Up Services
- Core Area 8: Marketing 988

### **SAMHSA 988 Grant**

In April 2022, SAMHSA awarded HHSC the 988 State and Territory Cooperative Agreements Grant. The purpose of this funding is to improve state response to 988 contacts (including calls, chats, and texts) originating in Texas by:

- Recruiting, hiring, and training behavioral health workforce to staff local 988 centers to respond, intervene, and provide follow-up to people experiencing a behavioral health crisis;
- Engaging 988 centers to unify 988 responses across states and territories; and
- Expanding the crisis center staffing and response structure needed for the successful implementation of 988.

Through this opportunity, Texas received approximately \$8 million over two years to support workforce capacity building and unification of 988 responses statewide. Table 1 outlines all 988 funding amounts.

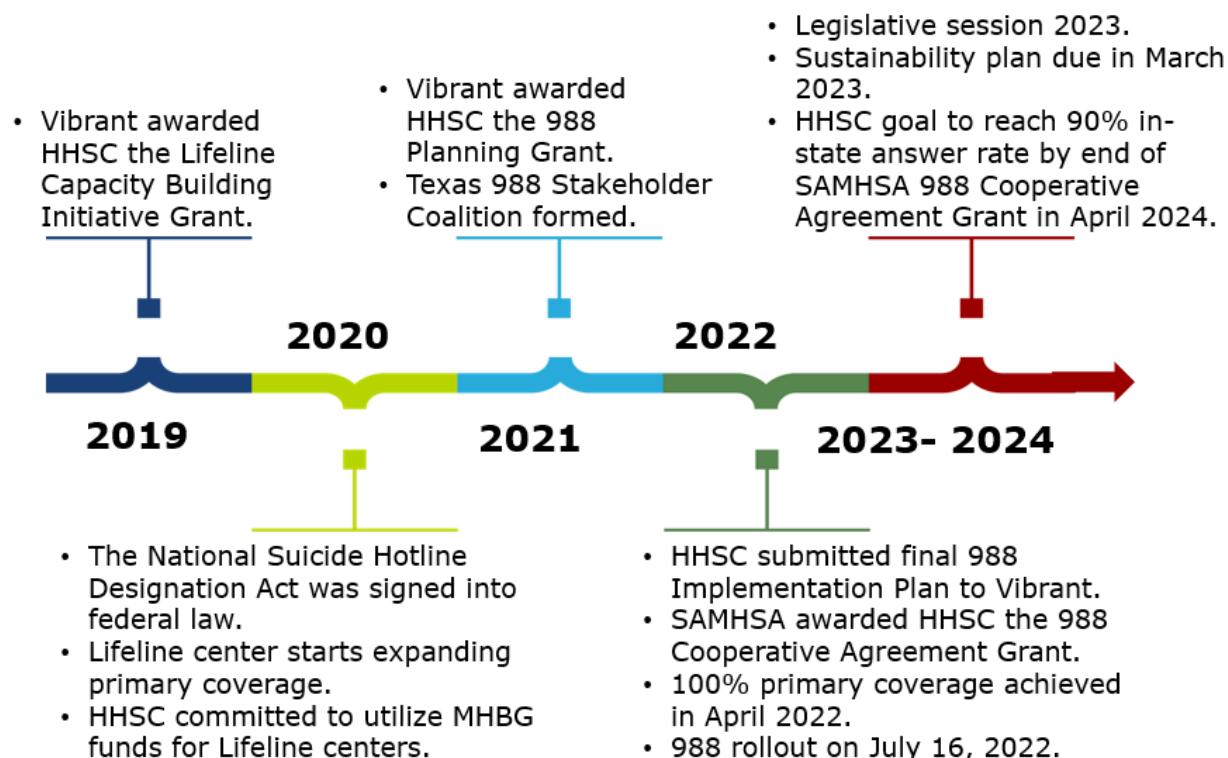
**Table 1. 988 Funding Amounts by Fiscal Year**

<b>State Fiscal Year</b>	<b>MHBG 5% Crisis Set Aside</b>	<b>Federal Grant Funding</b>	<b>Totals</b>
2020	\$0	\$814,822	\$814,822
2021	\$0	\$2,215,397	\$2,215,397
2022	\$5,651,019	\$0	\$5,651,019
2023	\$7,147,039	\$4,590,789	\$11,737,828
2024	\$7,923,937	\$3,060,526	\$10,984,463

\*NSPL Capacity Building Grant

## Timeline

Below is a timeline for the 988 Lifeline implementation through 2024.



## 988 Performance Metrics

The HHSC-contracted 988 centers submit monthly data reports to HHSC which include call summaries, staffing information, caller demographics, caller disposition, suicide experiences, outcomes, and referrals. The specific metrics and definitions are provided in Appendix A. HHSC also receives a monthly report from Vibrant with call metrics, including total calls routed, calls answered, and the answer rate for all five 988 centers in Texas.

Texas has increased its in-state answer rate, the percentage of calls originating from Texas-based area codes answered by a Texas-based 988 center before rolling over to 988 centers serving as national rollover sites. In January 2017 the in-state answer rate was 23 percent and has climbed to 67 percent as of August 2022. As shown in the table below, 988 centers have steadily increased the volume of calls answered in-state. 988 centers answered 73,699 calls in fiscal year 2022, a 22

percent increase compared to the total number of calls answered in fiscal year 2021. Below are statistics from 2021 and 2022 year to date.

<b>Calendar Year</b>	<b>Routed</b>	<b>Answered in-state</b>	<b>Answered out-of-state</b>
2021	152,229	60,502	63,266
2022	74,336	73,699	23,291

## Challenges

The most significant challenge is the current behavioral health workforce shortage causing staffing and retention difficulties. HHSC-contracted 988 centers struggle to cover weekends and overnight shifts. Adequate compensation, turnover, and finding experienced staff are also concerns.

Another significant challenge is the volume of calls originating in the state. Texas receives the second-most calls in the U.S., only behind California, and currently answers the third-most calls across the five 988 sites (9,428 calls answered in August 2022). The average state receives 3,300 calls per month; Texas receives over 14,000 calls per month. Since 2019, the HHSC contracted 988 centers have been busy expanding primary coverage across Texas to regions where 988 calls were not previously answered in state. In calendar year 2021, Texas 988 centers answered nearly 60,000 calls, a 92 percent increase compared to 2018. Though Texas has significantly increased the volume of calls answered in-state, the total volume of calls initiated in Texas has also increased.

To promote in-state answer rates HHSC has increased backup capacity, adjusted the centers' coverage area, increased funding for primary coverage, and continued training and technical assistance.

## Conclusion

Over time, the vision for 988 is to have additional crisis services available in communities across the country, much the way emergency medical services work. Too many people are experiencing suicidal crisis or mental health-related distress without the support and care they need. There is hope. 988 works — it helps thousands of people overcome crisis situations every day. Studies have shown that after speaking with a trained crisis counselor, most people served by 988 are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful.

Harnessing the full potential of 988 to transform overall crisis care will require ensuring states not only have the capacity to handle 988 contacts, but also adequate funding and sufficient capacity in the crisis care and behavioral health systems to meet the ongoing needs of people and or their families and allies in crisis who contact 988.

## List of Acronyms

Acronym	Full Name
988	988 Suicide and Crisis Lifeline
FCC	Federal Communications Commission
HHSC	Health and Human Services Commission
LBHA	Local behavioral health authority
LMHA	Local mental health authority
MHBG	Mental Health Block Grant
NSPL	National Suicide Prevention Lifeline
SAMHSA	Substance Abuse and Mental Health Services Administration
U.S.	United States

## **Appendix A. Monthly Data Report Metrics and Definitions**

- Call Summaries
  - ▶ Calls Received: Total number of calls received
  - ▶ Calls Answered: Total number of calls answered
  - ▶ Average Speed to Answer: Average time taken to answer calls, in seconds
  - ▶ Center Answer Rate: Total calls answered divided by total calls received, as a percentage
- Staffing
  - ▶ Employees hired: Total number of employees currently hired and answering 988 contacts
  - ▶ Vacant positions: Total number of vacant positions
- Caller Demographics
  - ▶ Gender: Total number of callers who identify as male, female, total that preferred not to answer, and total that gender was unknown
  - ▶ Age: Total number of callers by age groups
  - ▶ Veteran Status: Total number of callers who identified as being a veteran or in active military service
- Caller Disposition and Suicide Experience
  - ▶ Suicidal Ideation Current: Total number of callers where suicidal ideation was present within the past 24 hours
  - ▶ Suicidal Ideation Recent: Total number of callers where suicidal ideation was present within the past two months, but not within the past 24 hours
  - ▶ No Suicidal Ideation: Total number of callers where suicidal ideation was not present
  - ▶ Prior Attempt: Total number of callers who disclose a past suicide attempt
  - ▶ Loss Survivor: Total number of callers who disclose losing someone to suicide
  - ▶ Third-Party Caller: Total number of callers concerned about another person in crisis



- No Assessment: Total number of calls where an assessment of suicidal ideation and experience was not applicable
- Imminent Risk and Dispatch Outcomes<sup>4</sup>
  - Risk Imminent: Total number of calls where the caller was at imminent risk for suicide
  - Risk Not Imminent: Total number of calls where the caller was not at imminent risk for suicide
  - Risk Reduced: Total number of calls where imminent risk for suicide was reduced during the call
  - Emergency Room (ER) Dispatched Voluntary: Total number of calls when a voluntary emergency rescue was dispatched
  - ER Dispatched Involuntary: Total number of calls when an involuntary emergency rescue was dispatched
  - ER Dispatched Unknown: Total number of calls when emergency rescue was dispatched but the person could not be located
- Referral Outcomes<sup>5</sup>
  - Referral to a mobile crisis outreach team (MCOT): Total number of calls resulting in referrals to MCOT
  - Referral to a crisis unit: Total number of calls resulting in referrals to a crisis stabilization facility (crisis stabilization units, extended observation units, crisis residential units, or crisis respite units)
  - Referral LMHA and LBHA: Total number of calls resulting in referrals to an LMHA or LBHA for outpatient services

Referral Other: Total number of calls resulting in referrals to another resource or provider for outpatient services or counseling

---

<sup>4</sup> Per Vibrant, a caller is determined to be at imminent risk of suicide if the center staff responding to the call believe, based on information gathered during the exchange from the person at risk or someone calling on his/her behalf, that there is a close temporal connection between the person's current risk status and actions that could lead to his/her suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on the center staff to take urgent actions to reduce the caller's risk; that is, if no actions are taken, the center staff believe that the caller is likely to seriously harm or kill him/herself.

<sup>5</sup> Referrals include warm handoffs, direct coordination with facilities or services, as well as providing contact information for local service providers. For data tracking and reporting purposes, a referral does not necessarily equate to a received service.