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Since 988 Launch, Mental Health Crisis Services Have Faltered

Study shows the nationwide system is falling well short of its potential, while funding issues loom

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In July 2022, 988 launched as the number anyone across the country could dial in a mental health crisis. It's one entryway to a sprawling system of mental health care options, but new research shows that since then, critical crisis services have not become more available — a key objective of the nationwide rollout, designed to strengthen an underfunded, patchwork system that left many people alone in times of crisis.

While calls to the national hotline have continued to increase, fewer psychiatric facilities are offering emergency psychiatric walk-in services, mobile crisis response units, and suicide prevention services, according to a study published Wednesday in [JAMA Psychiatry](#).

“988 isn’t going to reach its full potential until there’s a full system of crisis services in every single community,” said Hannah Wesolowski, chief advocacy officer at the National Alliance on Mental Illness.

The downward trends didn’t surprise experts, who said that funding for crisis care services has long been an issue. But as the Trump administration throws all types of federal funding into question, some worry that publicly funded facilities will only face more problems.

“The federal freeze in funding is really troubling and disturbing,” said Ashwini Nadkarni, the associate medical director of psychiatry at Brigham and Women’s Hospital in Boston. “It’s a situation of great complexity, ambiguity, volatility and uncertainty.”

Researchers at RAND followed changes in crisis services offered by psychiatric facilities, using Substance Abuse and Mental Health Services Administration data from between November 2021 and June 2023. Out of more than 15,600 facilities, the proportion offering emergency psychiatric walk-in services dropped from 32% to 29% during that period. That was the largest decrease among the tracked services, though the researchers found significant variation in availability from state to state both before and after 988 launched.

By June 2023, only 21% of facilities had mobile crisis units, and 68% offered suicide prevention services. Just one service was more available over time to people seeking help: peer support services, which jumped from being available at 39% of facilities to 42%.

It's important to note that the RAND study focused on psychiatric facilities, meaning that services offered at medical emergency departments, schools, in community health centers, or other doctor's offices aren't included, Polina Krass, a pediatrician and researcher at Center for Violence Prevention, wrote in an email. The data are also self-reported from those facilities.

Publicly funded facilities and those that accepted Medicaid or private insurance were all more likely to offer crisis services compared with their counterparts. In particular, certified community behavioral health clinics (CCBHCs), which receive Medicaid funding and federal grants, are required to provide crisis services. There are only around 500 CCBHCs across the country, but study author and RAND policy researcher Jonathan Cantor saw them as a "bright spot" that could serve as a model for other types of providers in the future.

It's still unclear how the federal freeze on funding could affect these providers. While 988 launched in 2022 under former President Joe Biden, it was Donald Trump, in the fall of 2020, who signed it into law.

There was an influx of federal funding for mental health crisis services when the number launched, but the law also gave states the ability to charge fees on wireless service as one sustainable funding method. Typically this looks like a charge of 75 cents or less per line per month that gets passed on to wireless customers throughout the state. Ten states have put such fees in place.

"Something we've been telling states is: You can't rely on federal funding forever," Wesolowski said.

The study authors weren't able to investigate the causes behind changes in service availability. More "fine-grain data" are needed on county-level offerings, Cantor said. He'd also like to work on linking state-level policies to trends in crisis service offerings, to see which particular services might be making a difference.

And while SAMHSA posts overall performance metrics for 988, specific call log data on what people are calling about, where they are calling from, and the referral outcomes are not publicly available. "Having more transparency around 988 data may help us build a more useful and equitable crisis service," Krass wrote.

988 counselors answered more than 5,700,000 calls in 2024. That's 89% of all the calls they received — a lower percentage than the 91% they answered in 2023.

"If we don't actually enhance access to care," Nadkarni said. "Then one wonders how much we're actually achieving."