National Alliance on Mental Illness

NAMI 2024 STATE LEGISLATION
ISSUE BRIEF SERIES

Trends in 988 and Reimagining Crisis Response State Policy

JULY 2025

National Alliance on Mental Illness

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NAMI HelpLine
800-950-NAMI (6264)

Text
“HelpLine” to 62640

Email
helpline@nami.org

@NAMICommunicate

Facebook.com/NAMI

@NAMICommunicate

@NAMIAdvocacy

@NAMICommunicate

www.linkedin.com/company/nami

NAMI
4301 Wilson Blvd., Suite 300
Arlington, VA 22203
(703) 524-7600

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

This brief was prepared by NAMI’s state affairs team, Samira Schreiber, Stephanie Pasternak, and Kathryn Gilley, with contributions from Hannah Wesolowski and Shannon Scully. NAMI is grateful to NAMI State Organization executive directors and public policy leaders for providing information on their legislative priorities and accomplishments, which serve as the basis for this report.

NAMI deeply appreciates all of the people working hard to transform crisis care systems across the country. We thank NAMI State Organization leaders and NAMI grassroots advocates who have made mental health crisis response a priority in state legislatures. We extend our gratitude to federal and state policymakers and staff who have worked tirelessly to develop, implement, and constantly improve 988 and the crisis continuum of care, including bipartisan members of Congress, leaders and staff in the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA), governors, state legislators, and state agencies.

Finally, we recognize the caring people who answer 988 contacts 24/7 and the providers and peers who support individuals experiencing any kind of mental health emergency. We are all indebted to you for your service, compassion, and help.

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Introduction

NAMI's Reimagine Crisis Response Initiative

People in a mental health crisis deserve a compassionate and effective response. Far too often, this is not the case, and people in a mental health crisis are met with a law enforcement response or are forced to wait in crowded emergency rooms that lack psychiatric care. Relying primarily on law enforcement for mental health crisis response has led to the overincarceration of people with mental illness. It has also contributed to individuals in crisis cycling in and out of emergency departments, hospitals, and jails rather than receiving the care and services they need.

NAMI is committed to advancing efforts to reimagine crisis response in communities across our country. As a voice for people with mental illness and their loved ones, NAMI created the #ReimagineCrisis initiative in 2021, bringing together over 50 multi-sector national organizations to drive these efforts forward.

REIMAGINE
Crisis Response

AN IDEAL CRISIS CARE SYSTEM

Communities have been working for decades to change the ways they respond to mental health crises. With the creation of 988, these efforts have advanced quickly.

To support this work, SAMHSA published guidelines that outlined the ideal crisis care system, which is centered around three core pillars, including:

Someone to Contact

988 crisis contact centers staffed by well-trained crisis counselors who can provide immediate support by call, text, or chat

Someone to Respond

Mobile crisis teams staffed by behavioral health professionals who can deliver rapid, on-site interventions to de-escalate crises and transport someone to additional care when needed

A Safe Place for Help

Emergency and crisis stabilization services that support on-demand crisis care and crisis-related supports in a variety of community settings

Although the 988 Suicide and Crisis Lifeline (988 Lifeline) was created by federal legislation, states are largely responsible for its implementation, including ensuring that a range of crisis services are available to 988 help seekers.

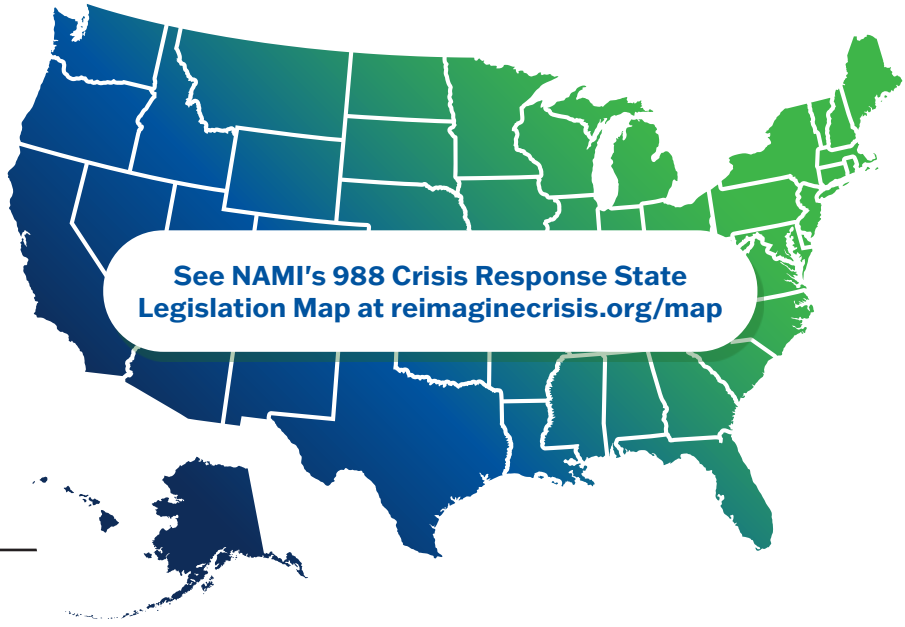
To do so, many states have used all or part of the 988 model state bill, developed by the National Association of State Mental Health Program Directors (NASMHPD) with input from NAMI and other advocacy organizations, to develop their 988 and crisis systems. This model legislation includes a new funding mechanism for states to create a monthly fee on all phone lines — similar to how communities fund 911 — to ensure that funding for 988 and related crisis services is sustainable and will not experience any gaps.

Since launching in July 2022, 988 has received over 15 million contacts, and contacts to 988 have steadily increased as awareness of 988 has grown across the country. Rising demand only puts more pressure on states to quickly implement adequate funding and appropriate crisis services for help seekers.

WHAT IS 988?

- **Nationwide 3-digit dialing code** for mental health, suicide, and substance use-related crises
- **Became available in 2022**
- **Free, confidential** for any person in crisis or emotional distress — or someone witnessing a person in crisis or distress
- **Available via call, text, or chat** (988Lifeline.org) 24/7/365
- **Supported by a national network** of over 200 local crisis centers

NAMI tracks 988 and crisis response legislation across the country with **NAMI's 988 Crisis Response State Legislation Map**.



Methodology

The content of this issue brief is focused on mental health legislation that was enacted in 2024 (vetoed bills were not included). The research for this brief was conducted primarily using legislative tracking software (Quorum). Additionally, to inform our analysis of major legislation, NAMI National collected NAMI State Organizations' (NSO) 2024 state legislative summaries (when available) and surveyed NSOs on their 2024 legislative activity.

Many public policy issues impact mental health and are important and worthy of policymakers' attention. However, in the interest of creating an accessible and usable brief for advocates and other interested parties, the brief's scope is specific to state policies on 988 and crisis response. This brief is not comprehensive; it is intended to discuss trends in reimagining crisis response through state policies. Even with these limits, more than 65 bills from 2024 were collected for consideration in this brief. Upon further refinement, 25 bills were included in the final brief.

> "Recently, our family experienced a mental health crisis. The 988 Suicide and Crisis Lifeline served as a valuable support during this time. The empathetic staff provided encouragement and resources to help us find a solution to our situation."
>
> **Lee**
> *NAMI Advocate from Kansas*

Policy Recommendations

To reimagine the mental health crisis response system, NAMI encourages states to:

- **Implement a 988 fee to achieve long-term funding stability** and reduce dependence on government
- **Leverage and braid multiple sources of sustainable funding** to build a comprehensive crisis care system through 988 fees, recurring state appropriations, Medicaid, private insurance, and other resources
- **Create or expand local mobile crisis teams and crisis stabilization options**
- **Enact policies to minimize police involvement** and reduce use of force incidents in mental health emergencies
- **Improve insurance coverage** of mobile crisis teams and crisis stabilization services
- **Require ongoing evaluation** of the state's crisis care system and gaps to inform next steps

988 Fee

One of the biggest challenges facing states regarding 988 implementation has been funding a robust crisis care system. While some federal funding was initially made available to states for 988, this funding was not meant to cover all costs to operate local crisis contact centers and support the other two pillars of crisis care. More importantly, this funding is subject to annual appropriations and may vary over time.

Fortunately, in 2020, when Congress passed the National Suicide Hotline Designation Act (P.L. 116-172), they offered states a new funding option for 988: allowing states to enact a small telecommunications fee on residents' monthly phone bills to pay for 988 and corresponding services — the same way 911 is funded. Some states also refer to this as a 988 surcharge.

NAMI'S LATEST POLL

74%
of Americans
are willing to pay a fee on their monthly cell phone bill for 988 Suicide & Crisis Lifeline Funding

In 2024, Maryland and Vermont implemented this monthly 988 fee, becoming the 9th and 10th states to leverage this new option. Having a 988 fee offers states the unique opportunity to generate their own funding for 988, instead of relying entirely upon federal and/or state general revenue funds that often decrease during economic downturns or as policy priorities shift. A new revenue stream also means that 988 funding may not have to compete with other spending priorities, which gets harder when state budgets constrict. It is crucial to have financial stability for these life-saving services.

Another important element of 988 funding infrastructure has been states' establishment of 988 trust funds, which are special revenue accounts to house and protect 988 funding. Trust funds are used to prevent diversion of 988 funding to non-988 or crisis system-related expenses, allow 988 funding to gain interest, and ensure that any unspent 988 funds are kept for 988, rather than returned to a state's general revenue fund. While a trust fund does not create new funding on its own, establishing a 988 trust fund has been an important step for some states to enact a fee in later legislative sessions (e.g., Oregon and Maryland). In 2024, Ohio enacted legislation that set up a 988 trust fund.

988 Fee

Maryland

Bill Number HB 933/SB 974

Sponsor(s)
Del. Jessica Feldmark (D) and Sen. Guy Guzzone (D)

Summary
An act that establishes a 988 fee set at $0.25 per month for cell phone and landlines and a prepaid 988 fee set at $0.25 per retail transaction. Exempts individuals participating in the federal Lifeline program, which provides discounts to individuals with low incomes for phone and broadband internet service, from paying 988 fees.

Ohio

Bill Number SB 211

Sponsor(s)
Sen. Kristina Roegner (R)

Summary
An act that establishes a "988 fund" in the state treasury. Adds definitions for 988 to state law and codifies the position of state "988 Administrator." Specifies that the 988 Administrator is required to provide an annual report to the state legislature and Governor on 988 usage and performance metrics. *Note: this is part of a Dietitian Licensure Compact bill.*

Vermont

Bill Number H 657

Sponsor(s)
Rep. Katherine Sims (D)

Summary
An act that establishes a charge of $0.72 for each retail access line. Distributes funds collected to support the Vermont telecommunications relay services, the Vermont Lifeline program, enhanced 911 services, and local 988 Suicide and Crisis Lifeline contact centers. *Note: only a portion of the $0.72 fee is directed to 988, with current estimates indicating revenue up to $1 million per year for 988.*

For more about states with 988 fees, see the chart on the following page.

988 Fee

STATES WITH A 988 FEE

	988 Fee Amount	Estimated Annual Revenue† *(in Millions)*	Total Amount Received‡ *(in Millions)*	Effective Date *(on or after)*
California	$0.08-$0.30 per line per month	$55.6	$44.3	$0.08 charge reconfirmed in 2025
Colorado	Capped at $0.30 per line per month	$12.7	$23.8	$0.18 charge began Jan. 1, 2022
Delaware	$0.60 per line per month	$9.4	*data not available*	Jan. 16, 2024
Illinois*	1.65% of total monthly bill	$49	*data not available*	July 1, 2025
Maryland	$0.25 per line per month	$27	*data not available*	Oct. 1, 2024
Minnesota	$0.12 per line per month	$9.8	*data not available*	Sept. 1, 2024
Nevada	$0.35 per line per month	$13.3	$7.9	Jan. 20, 2023
New Mexico*	1.3% of total monthly bill on intrastate telephone services	$3.6	*data not available*	July 1, 2025
Oregon	$0.40 per line per month	$32.9	*data not available*	Jan. 1, 2024 (sunsets Jan. 1, 2030)
Vermont	A portion of $0.72 per line per month	$1	*data not available*	July 1, 2025
Virginia	$0.12 per line per month	$10	$11.3	July 1, 2021
Washington	$0.40 per line per month	$46	$27.9	Jan. 1, 2023
Total Estimated Annual Revenue *(in Millions)*		**$270.3**		

† Estimated annual revenue figures are pulled from state fiscal notes/legislative analysis documents of enacted fee legislation.

‡ Total amount received reflects actual 988 fee revenue as reported by the state to the FCC in their most recent 988 Fee Report from Oct. 17, 2023. Note: several states had not yet started 988 fee collection in 2023, thus their data is not available.

* Illinois and New Mexico passed 988 fee legislation in 2025.

988 Appropriations

State appropriations are another important source to finance 988. State appropriations for 988 have varied widely in size, scope, and duration. To date, only 5 states* have established a recurring appropriation (a multi-year appropriation that extends beyond the current budget cycle) for 988 and/or related crisis services, and 33 states have appropriated funds on a one-time or nonrecurring basis.

In a continuing trend from 2023, some states prioritized providing new appropriations in 2024 to expand the in-person elements of the crisis care continuum — mobile crisis teams and crisis stabilization options — as seen in Florida and Maine. Additionally, states like Rhode Island worked to maintain or increase existing appropriations for 988 contact centers.

> "I called the 988 line twice, both times I believed saved my life. 988 is extremely important."
>
> **Ann**
> *NAMI Advocate from California*

Notably, multiple sources of federal funding that states have used to help fund 988 in its early years — such as the American Rescue Plan Act (ARPA) and the Bipartisan Safer Communities Act — are expiring soon, and some funds were abruptly terminated in early 2025, creating instability for programs relying on these funds. With federal funding shrinking, states will need to replace these sources of funding to maintain current 988 service levels.

* Current as of June 30, 2025.

988 Appropriations

Florida

Bill Number SB 7016

Sponsor(s)
Senate Committee on Health Policy and Senate Committee on Fiscal Policy

Summary
An act that creates extensive health care reforms, including expanding access to behavioral health crisis services by appropriating $11.5 million in recurring general revenue funding to expand mobile response teams (MRT) to ensure coverage in every county, establishing minimum standards for MRT services, and requiring the state Medicaid agency to seek federal approval for Medicaid reimbursement of MRT.

Maine

Bill Number LD 2214

Sponsor(s)
Rep. Melanie Sachs (D)

Summary
An act that makes supplemental appropriations for FY 24-25, including over $600,000 for new mobile crisis services and over $2 million to establish three new crisis receiving centers. Ensures the coordination of services of the 911 system and the state's 988 mobile crisis services system and sets up reporting requirements on the coordination of services.

Rhode Island

Bill Number HB 7225

Sponsor(s)
Rep. Marvin Abney (D)

Summary
An act that makes appropriations for FY 25, including $1.9 million for a "988 Hotline." This was an increase of the prior fiscal year's appropriation of $1.6 million.

For more examples of 988 appropriations legislation, see Appendix A.

Insurance Coverage of Crisis Services

While the vast majority of 988 calls can be resolved over the phone, communities must have services available when an in-person response is needed, such as mobile crisis teams and crisis stabilization services. Health insurance should cover mental health emergency services to the same extent services for medical emergencies are covered. However, many health plans still do not reimburse mental health crisis services, or do so at inadequate rates or with limitations, creating an obstacle to sustainable funding for crisis response infrastructure.

Currently, many communities offering mobile crisis response and crisis stabilization have not been able to or have found it difficult to bill insurance for these services. That means that many communities are paying for these services out of government funds. In physical health emergencies, insurers pay for services for covered individuals; they are not doing the same in mental health emergencies. Any contraction of government budgets puts these services at risk.

> "Adequate reimbursement for behavioral health is dire as a sustainable funding stream for crisis systems."
>
> **Paul Galdys**
> *Deputy CEO at RI International and Former Assistant Director at Arizona Medicaid*

In 2024, two states took action to expand mental health emergency services insurance coverage. Virginia enacted legislation that allows emergency services provided at a location other than the emergency room, such as a behavioral health crisis service provider, to be covered by insurance. California clarified that their Medicaid managed care plans must cover all hospital emergency department visits, including psychiatric emergencies.

Insurance Coverage of Crisis Services

California

Bill Number AB 1316

Sponsor(s)
Assemb. Christopher Ward (D) and Assemb. Jacqui Irwin (D)

Summary
An act that clarifies that the state Medicaid program's (known as Medi-Cal) managed care plans are responsible for covering emergency department services, including psychiatric services. Revises the definition of "psychiatric emergency medical condition" to apply that definition regardless of whether the patient is voluntarily or involuntarily detained.

Virginia

Bill Number HB 601/SB 543

Sponsor(s)
Del. Terry Kilgore (R) and Sen. Lamont Bagby (D)

Summary
An act that adds crisis receiving centers to locations where mobile crisis response services and supports may be provided and thereby must be covered by health insurance.

Youth Crisis Care

While 988 provides free, confidential, 24/7 crisis response services through text, chat, and voice calls to anyone of any age, it is important to note that the crisis response needs of children and youth are vastly different than those of adults. We must ensure that our crisis response services meet the needs of children, youth, young adults, and their families and caregivers.

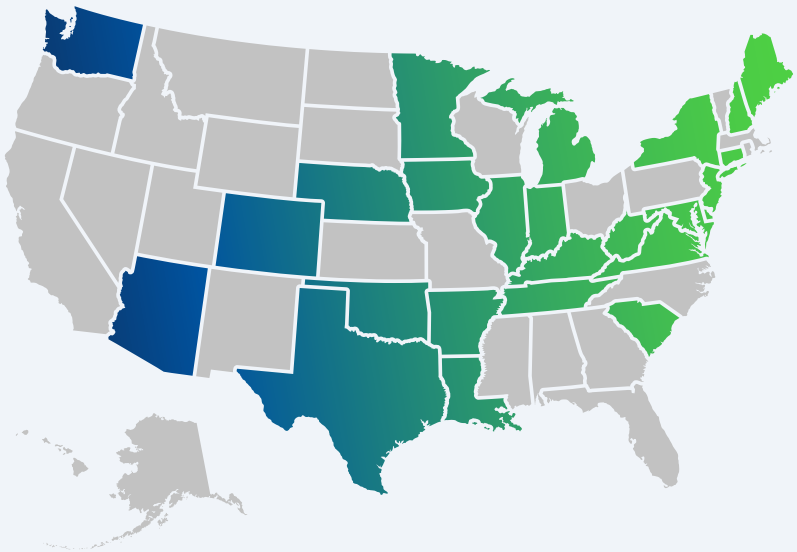
The need for developmentally appropriate crisis response services for youth is critical.

In 2024, Washington state worked to address the specialized needs of children and youth in their communities by enacting legislation (SB 5853) that extended their crisis relief center (CRC) model to minors. CRCs are an example of a crisis stabilization option in which individuals can quickly access emergency mental health and substance use care for up to 23 hours, which can help many people avoid unnecessary hospitalizations.

Additionally, states like New Hampshire have been raising awareness of 988 by requiring public schools and/or institutions of higher education to add 988 and/or other crisis helplines to student identification cards.

AT LEAST 25 STATES HAVE REQUIRED 988 TO BE LISTED ON STUDENT ID CARDS

Arizona
Arkansas
Colorado
Connecticut
Delaware
Illinois
Indiana
Iowa
Kentucky
Louisiana
Maine
Maryland
Michigan
Minnesota
Nebraska
New Hampshire
New Jersey
New York
Oklahoma
South Carolina
Tennessee
Texas
Virginia
Washington
West Virginia



Youth Crisis Care

New Hampshire

Bill Number HB 1109

Sponsor(s)
Rep. Rosemarie Rung (D)

Summary
An act that requires student ID cards to include the 988 Suicide and Crisis Lifeline and the helpline for the National Alliance for Eating Disorders for grades 6-12.

Washington

Bill Number SB 5853

Sponsor(s)
Sen. Manka Dhingra (D)

Summary
An act that extends Washington's CRC model to provide behavioral health crisis services to minors. Specifies these facilities must be open 24/7 and accept walk-ins, drop-offs from first responders, and individuals referred through the 988 system, regardless of behavioral health acuity, and without requiring medical clearance. Requires any CRC serving minors to do so in a separate treatment area from adults (if the facility serves both adults and children) and requires the Department of Health to create licensure and certification rules for CRCs serving children.

For more examples of youth crisis care legislation, see Appendix B.

988 and Crisis Systems Coordination

Each state has a unique system of managing behavioral health services, from state-level agencies to local entities. As such, there is no universal model for how states should coordinate crisis services. However, it is crucial to facilitate communication and collaboration between stakeholders to ensure individuals in crisis receive the appropriate care when they need it.

Additionally, while mental health crises deserve a mental health response, law enforcement, firefighters, and emergency medical services are still a large part of many states' crisis systems, and states should pass legislation ensuring that these stakeholders are included in mental health response guidance, as Vermont did in 2024. To ensure that a person gets the best response for their needs, it is vital that 911 and 988 systems talk to one another, which is why Nebraska passed legislation requiring standards for the transfer of calls between the two systems.

> "988 saved my child from a suicide attempt and provided me, as a parent, with concrete guidance to support in the situation. It is a vital service that should be a priority for any representative of our communities and lives."
>
> *A Mom and NAMI Advocate from Minnesota*

988 and Crisis Service Systems Coordination

Nebraska

Bill Number LB 1200

Sponsor(s)
Sen. Mike Moser (R)

Summary
An act that requires the Department of Health and Human Services (DHHS) and Public Service Commission to collaborate and develop statewide standards for dual capability of 911 to transfer to 988 and vice versa by Jan. 1, 2025. Adds liability protections for 988 call center counselors and names DHHS as the oversight authority of 988 in the state.

Vermont

Bill Number S 189

Sponsor(s)
Sen. Ginny Lyons (D)

Summary
An act that instructs the Department of Mental Health to develop mental health response service guidelines for use by municipalities, including emergency medical technicians, firefighters, and law enforcement officers.

For more examples of 988 and crisis service systems coordination legislation, see Appendix C.

SPECIAL FEATURE

Success as a 988 Advocate

NAMI advocates have been a leading voice in ensuring 988 can live up to its promise of a reimagined crisis response system. In particular, at the state level, NAMI State Organizations have led advocacy campaigns to educate state lawmakers, bring stakeholders together, identify and secure sustainable funding, and bring the voice of lived experience to the implementation and oversight of 988. NAMI State Organizations offered the following advice:

Sam Hawkins, Public Policy Assistant at NAMI New Hampshire, ON THE ROLE OF NAMI STATE ORGANIZATIONS IN 988 ADVOCACY:

As grassroots, community organizations, NAMI State Orgs are specially positioned to build effective coalitions to guide, shape, and implement policies that support the needs of the entire community. By leveraging relationships with people with lived experience, partner organizations, state agencies, and legislators, NAMIs can bring all the players to the table while uplifting the voices of lived experience. NAMI's strength lies in its connections to the community — and that remains true in our work to shape crisis systems.

Julie Gomez, Executive Director at NAMI Greater Wheeling/NAMI West Virginia, ON EDUCATING STATE LEGISLATORS:

We emphasized that 988 is not just a number, it's a lifeline that depends on a full continuum of care: someone to contact, someone to respond, and a safe place to go. We framed 988 as the emergency response option for mental health emergencies, similar to how we have 911 for physical health emergencies. This helped lawmakers understand the urgency and infrastructure required, especially as suicide continues to significantly impact us every day in West Virginia.

Carali McLean, Executive Director at NAMI Florida, ON EDUCATING STATE LEGISLATORS:

Legislators have responded well to data on 988 call volume and answer rates, which clearly demonstrate the system's impact. We connected investment in 988 with our initiative to expand mental health programs into rural communities — ensuring timely information and local support are accessible after the call, especially in areas with limited mental health resources.

SPECIAL FEATURE

Success as a 988 Advocate

Gayle Giese, Former Board Member at NAMI Florida and President of Florida Mental Health Advocacy Coalition (FLMHAC), ON EDUCATING STATE LEGISLATORS:

We met with 13 behavioral health organizations monthly for over a year to collaborate on how to enhance and fund the 988 system. We educated both legislators and behavioral health stakeholders via webinars, conferences, and Behavioral Health Day at the state capitol. In 2024, impressed by data on suicides prevented from the 13 call centers, Florida added recurring funding in their budget for 988.

Lyssette Galvan, Public Policy Director at NAMI Texas, ON THE ROLE OF COALITIONS IN 988 ADVOCACY:

Coalition work has been essential to strengthening 988 advocacy in Texas by uniting diverse voices across crisis response, healthcare, and public safety. Partners like the Texas Council of Community Centers, Crisis Text Line, American Foundation for Suicide Prevention, Texas Pediatric Society, counties across the state, and local law enforcement helped build credibility and momentum to pass HB 5342. Their collaboration ensured our messaging reflected broad community needs and made the case for sustainable crisis system investments.

Luke Russell, Executive Director at NAMI Ohio, ON WORKING WITH STATE AGENCY OFFICIALS AND THE GOVERNOR'S OFFICE:

It's important to meet regularly with those charged to implement and maintain the 988 system, and to be part of any coalition set up to advise and provide input. NAMI Ohio has influenced 988's implementation as a member of the state 988 advisory group at the Ohio Department of Mental Health and Addiction Services as well as by working closely with Governor Mike DeWine's (R) office.

Sue Abderholden, Executive Director at NAMI Minnesota, ON THE IMPORTANCE OF SUSTAINABLE FUNDING FOR 988, INCLUDING LEVERAGING A TELECOM FEE:

We helped legislators understand that 988 is as vital as 911 in addressing mental health crises and thus deserved the same kind of funding. We needed sustainable, reliable funding to build the infrastructure to answer calls in our state and to divert people with mental illnesses from the criminal justice system. We did have a legislator push back on us about using a fee instead of appropriations. However, we pointed out that a 988 fee would enable the state to fund 988 without pulling any funding away from other mental health priorities such as increasing funding for our mobile crisis teams.

Conclusion

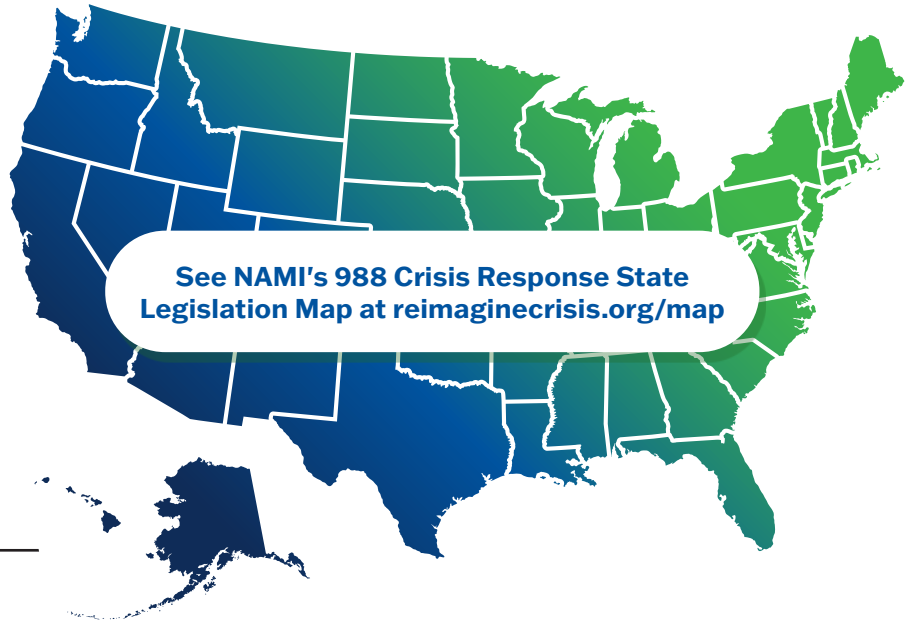
States have made progress in identifying diverse and sustainable funding streams for 988 and crisis services, bringing us closer to the mental health community's collective vision of having comprehensive crisis care systems in every state — available to every person in crisis.

A mental health crisis deserves a mental health response.

Yet, states face new challenges ahead — from decreasing federal funds to ever-increasing contacts to 988 — all while the attention from 988's initial launch begins to fade, making it harder for advocates and policymakers alike to continue to keep the focus on building out these systems.

However, state advocates and legislators can keep up the momentum by bringing proven solutions to the policymaking table. NAMI encourages state policymakers to connect with their NAMI State Organizations to learn about what is and is not working with mental health crisis response in their state and to consider the policy recommendations and featured legislation in this issue brief as a roadmap to reimagine mental health crisis response systems.

Want to learn more about what is happening across the country? Check out **NAMI's 988 Crisis Response State Legislation Map**.



APPENDIX A

988 Appropriations

State	Bill Number	Summary
Arizona	HB 2897	An act that appropriates $16.4M for behavioral health crisis services.
Connecticut	HB 5523	An act that appropriates $1.6M to enhance mobile crisis services; $3M to expand availability of privately provided mobile crisis services; and $8.6M to expand mobile crisis intervention services.
Washington	SB 5950	An act that appropriates: • $1.4M per fiscal year for behavioral health support services for youth in crisis • $1M to establish grants to crisis services providers to expand 23-hour crisis relief center capacity • $500k for a one-time grant to a nonprofit organization in Island County for crisis stabilization and secure withdrawal management services • $200k to develop a request for information to identify digital technologies for supporting youth and young adult behavioral health services.
Wyoming	HB 001	An act that appropriates $10M from the general revenue fund to the 988 system trust fund account.

APPENDIX B

Youth Crisis Care

State	Bill Number	Summary
Delaware	HB 137	An act that corrects information for two resources required to be printed on student identification cards for all public schools grades 7–12, updating the Delaware crisis text number to "text 'DE' to 741741" and updating the National Suicide Prevention Lifeline to "call or text 988."
Louisiana	SB 310	An act that requires public and approved nonpublic secondary schools to post 988 on their websites.
Maine	LD 1263 (HP 811)	An act that requires Maine schools and public postsecondary institutions to include 988 on student ID cards and in accessible locations to improve access to mental health resources.
Maryland	HB 284/ SB 122	An act that updates the requirement that each county board of education provide certain students with the telephone number of the Maryland Youth Crisis Hotline, by instead requiring 988 on student ID cards (if provided) and prominently printing the 988 number in school handbooks for students in grades 6–12.
New York	A 6563A	An act that requires institutions of higher education to establish a campaign to educate students, faculty, and staff about 988, including distributing resources describing when to use 988 and providing contact information on student ID cards.

APPENDIX C

988 and Crisis Systems Coordination

State	Bill Number	Summary
Louisiana	SR 14	An act that establishes the Community Responder Taskforce to study the feasibility and implementation of a partnership between law enforcement agencies, behavioral health providers, and hospitals.
Vermont	H 883	An act that instructs the Department of Public Safety to relay the outcomes of the embedded mental health worker program and report on the collaboration with the Department of Mental Health to achieve a coordinated and integrated system of care, including how this program works with 988, the statewide mobile crisis response program, and the designated and specialized service agencies.
Washington	SB 6251	An act that requires behavioral health administrative services organizations (BH-ASOs) to coordinate within the behavioral health crisis response system in each regional service area. Requires BH-ASOs to also establish comprehensive protocols for dispatching mobile rapid response crisis teams and community-based crisis teams.

National Alliance on Mental Illness

Learn more:
NAMI.org/Advocacy

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NAMI | 4301 Wilson Blvd., Suite 300 | Arlington, VA 22203