

988 Sustainable Funding

The specific methods of sustainable funding for 988 crisis mental health and suicide prevention services can vary from state to state, and the allocation of funding methods can change over time due to legislative changes, funding availability, and evolving priorities. Here's a general overview of how some states have utilized the methods mentioned:

In Kansas

- **Legislative Initiatives:**
 - Kansas passed House Substitute for Senate Bill 19 in 2022, which created the Living, Investing in Values, and Ending Suicide (LIVES) Act. The Act enforces the implementation of the 988 Suicide Prevention and Mental Health Crisis Hotline within the state of Kansas. It delineates the roles and responsibilities of the Kansas Department for Aging and Disability Services (KDADS), the hotline centers, and service providers. Furthermore, the legislation establishes the 988 Suicide Prevention and Mental Health Crisis Hotline Fund and mandates the transfer of State General Fund resources to this fund. In addition, the bill offers specific legal protections for service providers, establishes the 988 Coordinating Council, and mandates that the Council must submit an annual report to designated Legislative standing committees.
- **Federal Grants:**
 - The Kansas Department for Aging and Disability Services (KDADS) is receiving more than \$5.4 million over three years to continue building local capacity for the 988 Suicide and Crisis Lifeline and related crisis services. The funding will support efforts to increase staffing, raise public awareness of 988 services, and expand post-contact support through mobile crisis outreach and crisis stabilization services.,

Other State Options

As you review the options below, please keep in mind that the funding methods employed can evolve, and some states may use a combination of several of these approaches to ensure the sustainability of 988 services. Additionally, the availability of resources and funding mechanisms may differ based on the state's budget, priorities, and the prevalence of mental health issues within the region.

- **Telecommunications Funding:**
 - As of July 2023, 6 states utilize a telecom fee for funding 988: California (\$0.08 to \$0.30), Colorado (up to \$0.30), Minnesota (up to \$0.25), Nevada (up to \$0.35), Virginia (\$0.08 to \$0.12), and Washington (\$0.24). Oregon (\$0.40) and Delaware (\$0.60) have passed legislation that is awaiting signature from their governors.
 - According to the November 2023 988 State Advocacy Call with NAMI, several other states are having conversations surrounding telecom fees and may be introducing legislation in their next state sessions, including Maryland, Utah, and Rhode Island.

Other State Options (continued)

- **Medicaid Role:**
 - CMS released guidance in December 2021 on the American Rescue Plan Act's new state plan option for qualifying community-based mobile crisis intervention services.
 - Georgia claims Medicaid administrative funds to help support their crisis line and mobile crisis response.
 - Arizona uses contracted regional behavioral health authorities (RBHAs) under a capitated managed care model that employs billing code H0030 (Behavioral Health Hotline Services in 15-minute increments).
 - Indiana and Utah submit either waiver applications or state plan amendments to CMS for reimbursement for a portion of crisis services delivered to Medicaid recipients.
 - The federal government has approved 10 states plus Washington D.C. additional Medicaid funding to grow their mobile crisis services. This option is available under the American Rescue Plan Act (ARPA) and provides states an 85% federal medical assistance percentage (FMAP) for mobile crisis for the first 3 years of implementation. These states include Arizona, California, D.C., Indiana, Kentucky, Massachusetts, Montana, Oregon, Washington, West Virginia, and Wisconsin.
 - In addition to the states approved, 13 states have also received planning grants under this program. These states include Alabama, Colorado, Delaware, Maine, Maryland, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Utah, and Vermont.
- **Research and Data Collection**
 - Several states are investing in research and data collection to demonstrate the impact of 988 services on public health. This is often written into legislation and includes states like Alabama (HJR 168), Florida (SB 914), Illinois (HB 3230), Mississippi (HB 732), Nebraska (LB 247), New York (S 6194B), and Texas (SB 1).
- **Public Awareness Campaigns/Fundraising**
 - Multiple states have launched public awareness campaigns to educate citizens about the importance of 988 services, in hopes that it could lead to increased funding from local or state governments and donations.
 - South Carolina has one 988 center, operated by Mental Health America of Greenville County, that is funded through grants and donations. They utilize a GoFundMe page on their website.