

988 Commission 2024-25 Annual Report

Executive Office of Health and Human Services

July 30, 2025

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Table of Contents

- Background
- Executive Summary
- Overview of the Development and Implementation of 988
- Evaluation
- Current Funding Sources
- Overview of the National Landscape and Funding Mechanisms
- Plans for 2025
- Appendix: Commission 2024 Recommendations

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Background: Definitions of Components of the MA Crisis System

988 Suicide & Crisis Lifeline: Formerly known as the National Suicide Prevention Line (NSPL), this is a national network of call centers overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health.

Behavioral Health Access and Crisis Intervention Trust Fund (BH Trust): Funds from an all-payer surcharge on commercial insurers that supports the statewide, payor-agnostic community behavioral health crisis system.

Behavioral Health Help Line (BHHL): A 10-digit phone line that connects individuals and families to the full range of clinical treatment services for mental health and substance use offered in Massachusetts. Anyone in Massachusetts can call, text, or chat at any time to receive individualized support, clinical assessment, and personalized treatment referrals.

Community Behavioral Health Center (CBHC): An entity that serves as a hub of coordinated and integrated behavioral health disorder treatment for individuals of all ages, including routine and urgent behavioral health outpatient services, mobile crisis services for adults and youth, and community crisis stabilization services for adults and youth.

Community Crisis Stabilization (CCS): A community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization when clinically appropriate and provides short-term staff-secure, safe, and structured crisis stabilization and treatment services for individuals with mental health and substance use disorders; services for adults and youth.

Equity and accessibility: **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.¹ **Access** to health care means having the timely use of personal health services to achieve the best health outcomes.²

Mobile Crisis Intervention (MCI): A community-based behavioral health service available 24/7/365 that provides short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization for people experiencing a behavioral health crisis. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community, when necessary; services for adults and youth.

¹ Centers for Disease Control and Prevention: [What is Health Equity? | Health Equity | CDC](#)

² Agency for Healthcare Research and Quality: [Access to Care | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

988 Commission Statute Language

Legal Authority: *Chapter 177 of the Acts of 2022*

Summary

(1) There shall be a state 988 commission within the executive office of health and human services to provide ongoing strategic oversight and guidance in all matters regarding 988 service in the commonwealth.

(2) The commission shall review national guidelines and best practices and make recommendations for implementation of a statewide 988 suicide prevention and behavioral health crisis system, including any legislative or regulatory changes that may be necessary for 988 implementation and recommendations for funding that may include the establishment of user fees. The commission shall also advise on promoting the 988 number including, but not limited to, recommendations for including information about calling 988 on student identification cards and on signage in locations where there have been known suicide attempts.

(3) The commission shall consist of:

- The secretary of health and human services or the secretary's designee, who shall serve as chair;
- The secretary of public safety and security or the secretary's designee;
- The commissioner of mental health or the commissioner's designee;
- The commissioner of public health or the commissioner's designee;
- The executive director of the Massachusetts Behavioral Health Partnership or the executive director's designee;
- The executive director of the state 911 department or the executive director's designee;
- The executive director of Mass 2-1-1 or the executive director's designee;
- A representative designated by the Massachusetts Chapter of the National Association of Social Workers, Inc.;
- A 911 dispatcher designated by the Massachusetts Chiefs of Police Association Incorporated;
- An emergency medical technician or first responder nominated by the Massachusetts Ambulance Association, Incorporated;

988 Commission Statute Language

Legal Authority: *Chapter 177 of the Acts of 2022*

Summary (*continued*)

•And the following members to be appointed by the chair:

- 1 representative from an emergency service provider, nominated by the Association for Behavioral Healthcare, Inc.;
- 1 representative from the Association for Behavioral Healthcare, Inc.;
- 1 representative from a suicide prevention hotline in the commonwealth, nominated by the Samaritans, Inc.;
- 1 representative from the Riverside Community Care, Inc. MassSupport program;
- 1 representative from the Massachusetts Coalition for Suicide Prevention;
- 1 representative from the Children's Mental Health Campaign;
- 1 representative from the INTERFACE Referral Service at William James College, Inc.;
- 1 representative from the National Alliance on Mental Illness of Massachusetts, Inc.;
- 1 representative from the Parent/Professional Advocacy League, Inc.;
- 1 representative from the Massachusetts Association for Mental Health, Inc.;
- 1 representative from the Boston branch of the National Association for the Advancement of Colored People;
- 1 representative from the American Civil Liberties Union of Massachusetts, Inc.;
- 1 representative from the Mental Health Legal Advisors Committee; and
- 3 persons who are or have been consumers of mental health or substance use disorder supports or services.

Every reasonable effort shall be made to ensure representation from all geographic areas of the Commonwealth.

(4) Annually, not later than March 1, the commission shall submit its findings and recommendations to the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the joint committee on health care financing.

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Executive Summary: Overview

988 Suicide and Crisis Hotline: Two Years After Launch

Since its launch in July 2022, the 988 Suicide and Crisis Hotline has served as the national, 3-digit number for mental health support and suicide prevention. This three-digit lifeline offers comprehensive services including trained counselors, text and chat options, multilingual support, accessibility services, and direct connectivity to the Veterans Crisis Line. At a national level, 988 utilizes a geo-routing system to connect calls to a network of locally operated and federally funded crisis centers. For states like Massachusetts, this approach has significantly improved service delivery by reducing response times, ensuring region specific support, and enhancing overall efficiency. The first two years focused on the 988 implementation and marketing campaigns. This year the focus shifted to securing sustainable funding.

As the demand for 988 increases, the need for sustained state-level investments are essential to maintaining the system and expanding its impact. In 2024, Accenture partnered with the Massachusetts Department of Public Health to analyze national funding strategies and state legislation for implementing 988 across all states. The research emphasized the importance of affordable publicly supported revenue models. A [national survey](#) revealed that a majority of Americans are willing to pay a small monthly charge for 988 services, similar to the existing funding structure for 911.

National Funding Mechanisms

When 911 was established as the universal emergency number under the [Wireless Communications and Public Safety Act of 1999](#), a small surcharge averaging a dollar was added to monthly phone bills to fund the 911 infrastructure. Similarly, under the [National Suicide Hotline Designation Act of 2020](#), states can collect phone fees to help sustainably fund their local 988 call centers. The 988 legislation authorized states to collect phone fees to help sustainably fund 988 and other crisis services. At the national level, the authority to issue the user fee was designated in the original legislation.

Executive Summary: 988 Commission

988 Commission Objectives

The 988 Commission is responsible for providing ongoing strategic oversight and guidance in all matters regarding 988 service and make recommendations for any legislative or regulatory changes that may be necessary for 988 implementation and funding that may include the establishment of user fees.

Opportunities

- Funding 988 Programs and Services: Initial funding was provided by the federal government for the 988 launch, but funds are needed to support long-term operations and meet increasing demands. Sustainability relies on state-level funding mechanisms. Many states have proposed or endorsed small telecommunication fees to fund local call centers and crisis response services.

Approach

- The 988 Commission is required by statute to submit findings and recommendations annually by March 1st. Guided by this mandate, the commission prioritized the development of sustainable funding mechanisms to secure the long-term maintenance for the 988 programs and services.
- Funding options were reviewed, discussed and evaluated before reaching consensus through voting.
- By aligning state-level initiatives with the commission's recommendations, 988 can achieve its full potential as an important component of the mental health infrastructure.

Executive Summary: 2024-2025 Commission Recommendations

This year's recommendations are to address the following language in the statute which states:
including any legislative or regulatory changes that may be necessary for 988 implementation and recommendations for funding that may include the establishment of user fees.

The two recommendations set forth by the 988 commission:

- 1) Draft a statute establishing a reasonable user fee amount for all phones within the commonwealth. Funding would be deposited into a trust fund designated specifically for 988 services and only to be used for 988 centers for phone, text, chat services or other 988 related services. The Department of Public Health will be responsible for maintaining and distributing funds.
- 2) Establish a designated appropriation line within the DPH Suicide Prevention Program to maintain and distribute funds for 988 centers and services. DPH will evaluate said appropriation each year to anticipate further growth of funding based on increase of service to the line.

Recommendation Rationale

Fee models across States show line surcharge fees and trust funds provide sustainable and consistent long-term revenue for 988 programs. For Massachusetts, the fee would be a per phone line surcharge. When surveyed nationally, **78%** of Americans are **willing** to pay for a surcharge on their monthly phone bill for **988** after learning on average \$1.00 per month goes to 911. Funds within the trust grow over time through investment strategies and replenishment from fund sources, ensuring continuity and effectiveness of crisis support services over time. Additional details on legislation in other states can be found on the [988 Crisis Response State Legislation Map](#).

The 988 Commission: 2024 - 2025

988 Commission Meetings

- The Commission met five times between 3/1/24 – 2/28/25
 - 2024: May 13th, August 15th, September 30th, November 18th
 - 2025: January 27th
- Kelley Cunningham started as the Chair for the 988 Commission in May 2024
- The priority of the 988 Commission in 2024 was to explore and identify long-term funding for the 988-suicide crisis hotline, support, and services.
- Meetings focused on the statute and commission's purpose with a priority on funding mechanisms, crisis response, clear messaging/marketing, and operational improvements.

Commission Composition

- Comprised of 26 members
- Chaired by Kelley Cunningham, Director of the Division of Violence and Injury Prevention at the Department of Public Health, acting as the designee of Executive Office of Health and Human Services Secretary Kate Walsh
- Meeting Topics and Dates are outlined on the following slides. Additional detailed information can be found including the meeting minutes, agendas, and presentations on the Commission website: <https://www.mass.gov/988-commission>

988 Commission Members (as-of 1/3/25)

	Member	Seat and Affiliation
1	Kelley Cunningham	Chair, DPH Division of Violence and Injury Prevention EOHHS Secretary Appointee
2	Danielle Bolduc	Director of the Suicide Prevention Program DPH Commissioner Appointee for Public Health
3	Patrick Bowlin	Current or former consumer of mental health or substance use disorder supports or services
4	Kelly Casey, PhD	Managing Director, Department of Forensic & Clinical Services at William James College and Executive Director, Brenner Assessment and Consultation Center Representative from the INTERFACE Referral Service at William James College, Inc.
5	Courtney Chelo	Assistant Director of Government Relations, leads Mass. Society for the Prevention of Cruelty to Children (MSPCC) and serves as a member of the LGBTQ Youth Commission and the Cannabis Advisory Board Representative from the Children's Mental Health Campaign
6	Undersecretary Kerry Collins	Undersecretary for Forensic Sciences, oversees State 911 Representative for Secretary of Executive Office of Public Safety and Security (EOPSS)
7	Commissioner Brooke Doyle	The Commissioner of Mental Health
8	Rebekah Gewirtz	Executive Director at NASW-MA & RI Representative for the Massachusetts National Association of Social Workers, MA & RI Chapter
9	Sharon Hanson	Chief Executive Officer, Mass. Behavioral Health Partnership (MBHP) Representative from the Association for Behavioral Healthcare, Inc.

988 Commission Members (as-of 1/3/25)

	Member	Seat and Affiliation
10	Debbie Helms	Director, Samaritans Merrimack Valley Representative for the Mass Coalition for Suicide Prevention
11	Jennifer Honig	Co-Director for Public Policy and Government Relations, MAMH Representative for Mass. Association for Mental Health (MAMH)
12	Jacqueline Hubbard, Esq	Deputy Director of Policy, Advocacy, and Communications Representative for National Alliance on Mental Illness of Massachusetts (NAMI MA)
13	Charmain Jackman, PhD	InnoPsych, Inc. Representative from the Boston branch of the National Association for the Advancement of Colored People
14	Karin Jeffers	President and CEO of Clinical & Support Options (CSO) Representative for the Association for Behavioral Health (ABH)
15	Kathy Marchi	Representative for Samaritans, Inc. Suicide Prevention Hotline in Mass
16	Paul Mina	President & CEO of the United Way of Tri-County and 2-1-1 Representative for Mass 211
17	Ivy Moody	Staff Attorney, MHLAC Representative for Mental Health Legal Advisors Committee (MHLAC)
18	Pam Sager	Executive Director, Parent/Professional Advocacy League Representative for Parent/Professional Advocacy League (PPAL)
19	Pata Suyemoto	National Asian American Pacific Islander Mental Health Association Current or former consumer of mental health or substance use disorder supports or services
20	Joan Taglieri	Senior Director, Cambridge Health Alliance Representative for ABH – Emergency Service Provider

988 Commission Members (as-of 1/3/25)

	Member	Seat and Affiliation
21	Monna Wallace	Programs Director for the State 911 Department Representative for the State 911 Department
22	Vacant	An emergency medical technician or first responder nominated by the Massachusetts Ambulance Association, Incorporated
23	Vacant	A 911 dispatcher designated by the Massachusetts Chiefs of Police Association Incorporated
24	Vacant	Representative from an emergency service provider, nominated by the Association for Behavioral Healthcare - ACLU of Mass.
25	Vacant	Riverside Trauma Center, Riverside Community Care
26	Vacant	Current or former consumer of mental health or substance use disorder supports or services (3rd Rep)

988 Commission: Meeting Topics

Topic	Date
Kelley Cunningham Appointed Commission Chair <ul style="list-style-type: none">▪ Chair reiterated Statute defining the Commission's purpose and goals.▪ Emphasized need for sustainable long-term 988 funding.▪ Importance of clear messaging to the public on 988.▪ Concerns on call routing.	May 13, 2024
988 Suicide and Crisis Lifeline Business Analysis & Planning <ul style="list-style-type: none">▪ Presented findings on surcharges and sustainability for the 988 service.▪ Key Take Aways: Fee Model - customize for costs over time, affordable fee has significant impact, and surcharge creates sustainable revenue.	August 15, 2024
988 Funding: Key Insights from Virginia <ul style="list-style-type: none">▪ Virginia shared key insights: supportive champion for fee, introduced with 911 fee change, trust fund established, and minimal surcharge did not face opposition.▪ Announced geo-routing for the 988 service went live nationally on September 17th with Verizon and T-Mobile. Discussions are in progress at the national level for all other providers.▪ Drafted funding recommendations to address commission concerns on options researched and presented by other States.	September 30, 2024

All meeting materials can be found on the 988 Commission website: [988 Commission | Mass.gov](#)

988 Commission: Meeting Topics

Topic	Date
<p>Review Commission Recommendations</p> <p>Recommendations discussed, updated live based on input and voted on:</p> <ol style="list-style-type: none">1) Draft a statute establishing a reasonable user fee amount for all phones within the commonwealth. Funding would be deposited into a trust fund designated specifically for 988 services and only to be used for 988 centers for phone, text, chat services or other 988 related services. The Department of Public Health will be responsible for maintaining and distributing funds.2) Establish a designated appropriation line within the DPH Suicide Prevention Program to maintain and distribute funds for 988 centers and services. DPH will evaluate said appropriation each year to anticipate further growth of funding based on increase of service to the line.3) Combine funding sources between state appropriation and user fees. User fees will be deposited into a designated trust fund for this service. State appropriation will be a set funding amount with any additional funding needed to be obtained through the trust fund. <p>An official vote was held on all 3 recommendations, results on next slides.</p>	<p>November 18, 2024</p>
<p>Discussion of Final Report</p> <ul style="list-style-type: none">• Input on draft of 988 Commission 2024 – 2025 Annual Report	<p>January 27, 2025</p>

All meeting materials can be found on the 988 Commission website: [988 Commission | Mass.gov](#)

Commission Recommendations

At the 988 Commission meeting on November 18, 2024, the group voted on the recommendations in full:

Recommendation One	In favor	Opposed	Abstained	Absent
Draft a statute establishing a reasonable user fee amount for all phones within the commonwealth. Funding would be deposited into a trust fund designated specifically for 988 services and only to be used for 988 centers for phone, text, chat services or other 988 related services. The Department of Public Health will be responsible for maintaining and distributing funds.	14	1	1	6

Recommendation One Passed

Commission Recommendations

At the 988 Commission meeting on November 18, 2024, the group voted on the recommendations in full:

Recommendation Two	In favor	Opposed	Abstained	Absent
Establish a designated appropriation line within the DPH Suicide Prevention Program to maintain and distribute funds for 988 centers and services. DPH will evaluate said appropriation each year to anticipate further growth of funding based on increase of service to the line.	11	5	0	6

Recommendation Two Passed

Commission Recommendations

At the 988 Commission meeting on November 18, 2024, the group voted on the recommendations in full:

Recommendation Three	In favor	Opposed	Abstained	Absent
Combine funding sources between state appropriation and user fees. User fees will be deposited into a designated trust fund for this service. State appropriation will be a set funding amount with any additional funding needed to be obtained through the trust fund.	2	13	1	6

Recommendation Three Did Not Pass

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Overview of the Development and Implementation: 988 Call Centers

- Federal law created 988 in November 2020 as the dedicated 3-digit national number for mental health or suicidal crisis support
 - 988 went live on July 16, 2022
 - This was formerly the National Suicide Prevention Line (NSPL): 1-800-273-8255
 - This line is overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health
 - Trained Call takers offer non-judgmental, emotional support and are not licensed mental health clinicians
 - A caller does not need to be suicidal to call this number
- Only centers that are members of the 988 Lifeline can answer 988 calls
 - Five (5) Call Centers in Massachusetts are part of the 988 Lifeline:
 - Call2Talk (part of United Way of TriCounty, Mass211)
 - Samaritans of Cape Cod and the Islands
 - Samaritans, Inc. (Boston)
 - Samaritans of Merrimack Valley (part of Family Services of Merrimack Valley)
 - Samaritans SouthCoast
 - Membership requires meeting accreditation and training requirements and following guidelines set forth by Vibrant
 - Centers receive calls from both 988 callers and callers using the local suicide prevention number; currently text/chat is answered by the national centers with the goal of answering all texts and chats locally.
- Calls are distributed to the closest local center based on the caller's location
 - Geolocation is now available through 988 with Verizon and T-Mobile (AT&T plans to join later) which means that if a caller with a California area code is in Massachusetts when they call 988, the call will be routed to a Massachusetts call center
- Functionality includes text and chat options, as well as access for the Deaf and Hard of Hearing
 - Videophone launched in 2024 as the primary communication and preferred option in American Sign Language (ASL)
 - The Deaf and Hard of Hearing may use their preferred relay service or dial 711, then 988

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

MA 988 Suicide Prevention Helpline Network: Evaluation Overview

The MA 988 Suicide Prevention Helpline Network consists of a network of five contact centers, overseen by the MDPH Suicide Prevention Program, that responds to contacts received through the national 988 Lifeline and local suicide prevention legacy lines.

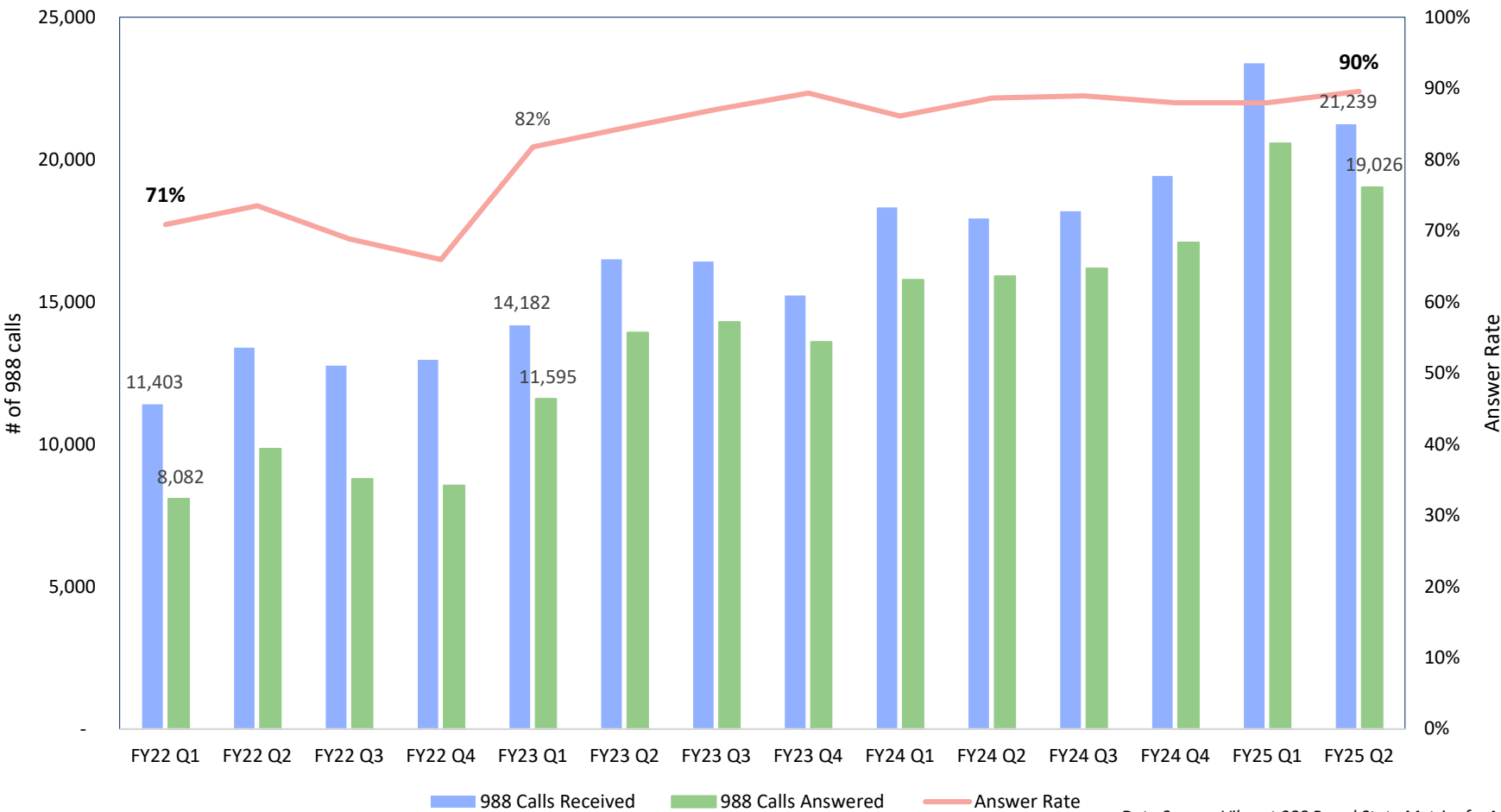
The following evaluation and data section reviews:

1. 988 Lifeline: Phone demand and response over time within Massachusetts
2. 988 Lifeline: Phone KPIs and most current monthly performance
3. 988 Lifeline: Chat and text demand over time within Massachusetts
4. Total network: Phone demand (988 + legacy lines) over time within Massachusetts

988 Lifeline: Phone Demand and Response in MA

The 988 Lifeline is available 24/7 via phone.

- MA responds to phone contacts 24/7/365
- Call volume has steadily grown over time – FY25 Q2 received 50% more volume compared to FY23Q1 when 988 first went live
- Capacity to respond has also steadily grown over time with an 8 percentage point increase in the answer rate since 988 went live in July 2022 (FY23 Q1)



988 Lifeline: Phone Key Performance Indicators

Key Performance Indicators for the 988 Lifeline are established by SAMHSA (federal partner and funder) and Vibrant Emotional Health (national administrator):

KPI	Definition	Goal	December 2024 Performance (Data source: Vibrant Broad State Metrics Report)
Calls Received	Total number of calls received	n/a	7,266
Calls Answered	Total number of calls answered	n/a	6,488
Answer Rate	# of calls answered out of # of calls received	Greater than 90%	89.3%*
Abandoned Calls	% of calls received vs. disconnected prior to answer	Less than 5%	10.3%*
Rollover Rate	Total number of calls sent to backup centers	Less than 10%	0.3%
Avg. Speed to Answer (ASA)	Speed to answer call	20 seconds	26.2 seconds

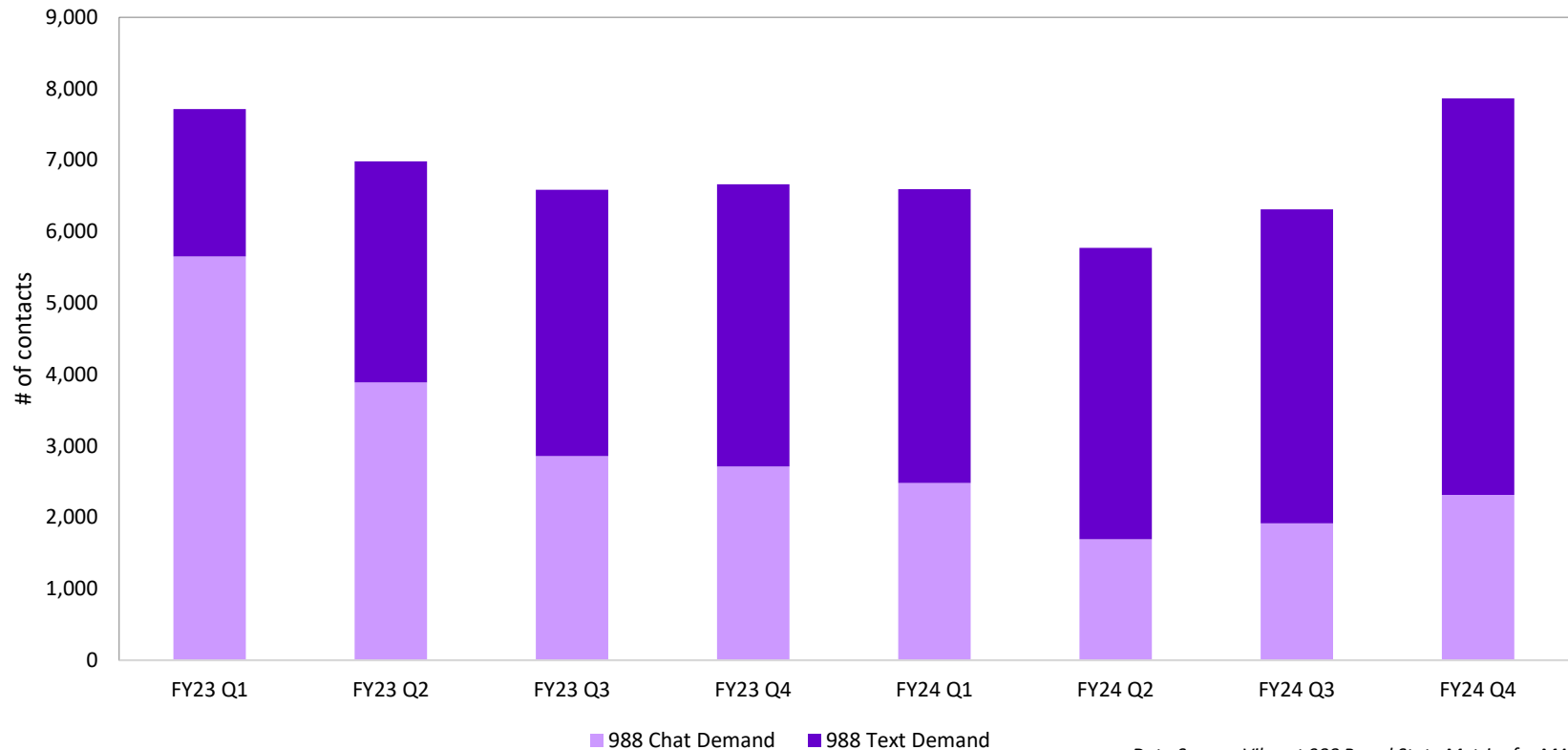
Data Source: Vibrant 988 Broad State Metrics for MA

**There has been an average 8 percentage point discrepancy in the measured answer rate and abandoned calls Between national and local measurement, with the national measurement being the lower of the two. Locally measured answer rate for December 2024 captured 7,008 answered calls for an answer rate of 96%.*

988 Lifeline: Chat and Text Demand in MA

The 988 Lifeline is available 24/7 via chat and text.

- Text support launched on the network in July 2022
- Chat and texts are currently answered by national back-up centers
- Providing local response to chat and text is a national priority and requires state resource investment to launch and sustain.
- Reporting from the national administrator (Vibrant Emotional Health) provides us with insight into chat and text demand trends. Chat/text support commonly engages adults and youth that might not otherwise seek support through a phone call.
- **In September 2024, Vibrant transitioned reporting to an online dashboard; reporting on chat/text demand was paused at that time and is planned to be included in future, upcoming versions of the dashboard.*

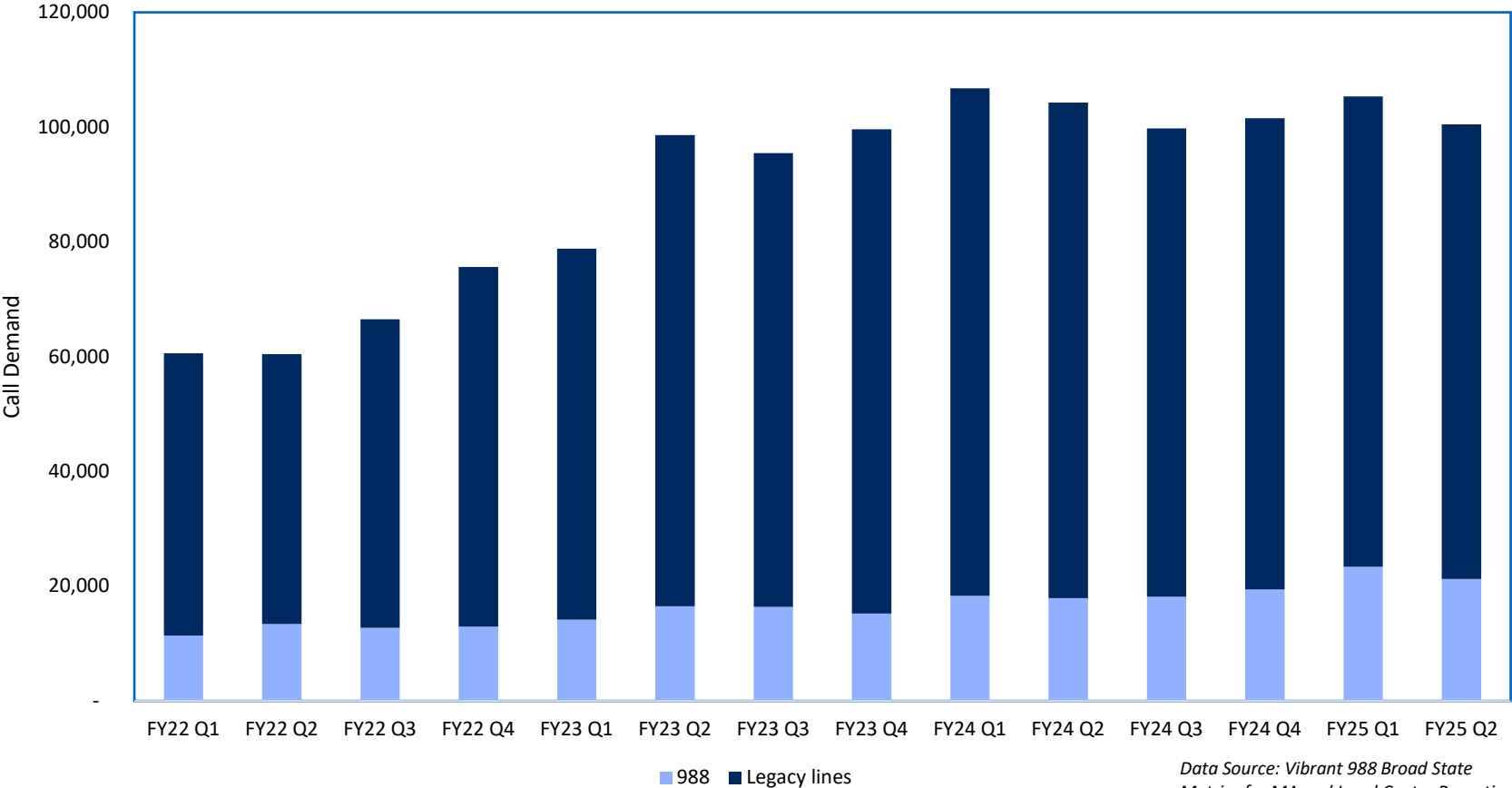


Data Source: Vibrant 988 Broad State Metrics for MA

MA 988 Network Overall Demand: Phone Contacts

The MA 988 Network responds to phone contacts received through 988 Lifeline and local legacy lines established prior to the National Lifeline.

- Demand through legacy lines continues to be a significant avenue of help-seeking for MA residents due to the long-term historical presence of the resource (40+ years).
- Current awareness efforts aim to educate the public about the local availability and national accessibility of 988; the proportion of calls received from 988 has increased from 23% to 27%.
- Volume conversion from legacy lines over to 988 is expected to continue over the next 5-10 years.
- Overall, more individuals are reaching out for support with total network demand in FY25Q1 experiencing 74% more volume demand compared to FY22 Q1.



Data Source: Vibrant 988 Broad State Metrics for MA and Local Center Reporting

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Current Funding Sources

- **988 Funding supports:**
 - Expansion of center operational hours (24/7/365)
 - Increased capacity through workforce and technology investments
 - Workforce training
 - Marketing and Communications Campaign (updated public transit awareness materials, workforce recruitment, and misinformation research)
- **988 FY22 funding**
 - **State:** \$500k
 - **State:** \$10 million supplemental funding - [Session Law - Acts of 2022 Chapter 42](#)
- **988 FY23 funding**
 - **State:** \$6 million from FY22 supplemental funding
 - **Federal:** \$3.5 million SAMHSA grant (April 30, 2022 – April 29, 2024) (across multiple FYs)
- **988 FY24 funding**
 - **State:** \$1 million + \$4 million from FY22 supplemental funding
 - **Federal:** \$4.1 million SAMHSA grant (September 30, 2023 – September 29, 2026)
- **988 FY25 funding**
 - **State:** \$6.2 million
 - **Federal:** \$4.2 million SAMHSA grant (September 30, 2023 – September 29, 2026)
80% (\$8.3 million goes directly to centers for phone response)

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Presentation: An analysis of 988 Funding Mechanisms

State-by-State Analysis:

- A scan of all 50 states' legislation regarding 988 implementation was conducted.
- Differences in how 988 operates across states were emphasized, particularly regarding funding and service expansion.
- Key expenditures identified: operational expenses, service expansion, and infrastructure development.

Funding Mechanisms:

- Increasing trend of states enacting legislative surcharges for 988.
- Three main revenue sources were identified: phone line surcharges, trust funds, and state general appropriations.
- Potential legislative amendments required for Massachusetts to implement a surcharge.

Trust Fund Implementation:

- Establishing a trust fund for 988 to ensure sustainable, long-term funding without the risk of legislative cuts affecting service levels.
- Examples from other states like Kentucky and Missouri provided context on the potential for a trust fund model.

Presentation: An analysis of 988 surcharge options & sustainable revenue

Public Support for Surcharges:

- Survey data showed strong public support for a surcharge, especially when linked to the funding of public health services like 988.
- Americans expressed willingness to pay a surcharge, with support increasing after awareness of existing 911 surcharges.

Revenue Potential in Massachusetts:

- A comparison of the proposed 988 surcharge with the existing 911 surcharge in Massachusetts.
- Estimated revenue implications based on different surcharge amounts discussed, indicating potential significant increases in funding for 988 operations.

Conclusion:

- The presentation concluded with a call for discussion on the recommendations and next steps for implementing a sustainable funding mechanism for 988 in Massachusetts.
- Key findings in the presentation are included on the following slides.

Sustainable Revenue Legislation Best Practices

As modeled by other states, fee-per-line models and trust funds give 988 programs consistent long- term revenue to operate and grow capabilities.



Surcharges

Fee Per Line systems provide consistent revenue for 988

- **Flat rate monthly surcharges** usually fall between \$0.06 - \$0.60
- Differences between how fee is transferred from consumer to state for prepaid and postpaid lines
- Relies on service providers as the middle-man



Trust Funds

Trust Funds provide secure long-term funding through their perpetuities

- Needs a **large fund** to be allocated in the beginning
- **Continues to generate revenue** as money is withdrawn from the fund

Surcharge to Fund 988

A surcharge fee passed by Commonwealth legislation would allow Massachusetts to adopt a consistent funding structure for 988 programs that already exists for 911 operation.

Fund Design

- 988 surcharge should be modeled off the pre-existing 911 surcharge
 - 911 is currently set at \$1.50 per line, monthly
- **Minimal initial set-up** as current service provider partnerships can be leveraged

Program Support

- Revenue is reserved for 988 Programs and their operating costs
 - Similarly to 911, funds are mandated via state legislation and pooled into trust fund

Existing Public Buy-In

- When surveyed, **78%** of Americans are **willing** to pay for a surcharge on their monthly phone bill for **988** after learning on average \$1.00 per month goes to 911

Source: National Alliance on Mental Alliance
[Poll on Public Perspectives on 988 & Crisis Response \(2023\)](#)

Estimated Revenue from 988 Surcharge

State Name	988 Fee	988 Fee (Average)	Annual Fee (Average)	Total Lines (Wireless + Wired)	Estimated Total 988 Revenue	State Population	Average 988 Cost Per Resident
Minnesota	\$0.00-0.25	\$0.13	\$1.56	7,077,935	\$10,616,903.13	5,737,915	\$1.85
Pennsylvania	\$0.06	\$0.06	\$0.72	16,275,063	\$ 11,718,045.05	12,961,683	\$1.26
California	\$0.08-0.30	\$0.19	\$0.96-3.60	49,853,056	\$113,664,966.67	38,965,193	\$1.28
Virginia	\$0.12	\$0.12	\$1.44	9,339,115	\$13,448,325.61	8,715,698	\$1.54
Washington	\$0.24	\$0.24	\$2.88	9,361,812	\$26,962,019.18	7,812,880	\$3.45
Delaware	\$0.60	\$0.60	\$7.20	1,341,213	\$9,656,734.12	1,031,890	\$9.36
Vermont	\$0.72	\$0.72	\$8.64	839,000	\$7,248,960	647,464	\$11.20



KEY TAKEAWAYS

- 988 collection is continuing to develop but it is still in its early stages
- Colorado, Virginia, and Washington collected revenue funding from a fee-based phone surcharge funding in the last FY
- Many states like California, Delaware, Minnesota, Pennsylvania, and Vermont will be collecting a statewide surcharge this FY
- New York, Ohio, Colorado, Nevada, and Oregon are charging a surcharge at the municipality level
- Minnesota has imposed a phone fee range, with exact amount to be recommended by the Health Commissioner
- To date only 10 states have implemented a surcharge for 988

6

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Massachusetts 988 Fee Models

988 Fee	Total Lines Charged	Estimated Total 988 Revenue
\$0.05	9,160,075	\$5,496,044.79
\$0.10	9,160,075	\$10,992,089.59
\$0.15	9,160,075	\$16,488,134.38
\$0.20	9,160,075	\$21,984,179.17
\$0.25	9,160,075	\$27,480,223.97
\$0.30	9,160,075	\$32,976,268.76
\$0.35	9,160,075	\$38,472,313.55
\$0.40	9,160,075	\$43,968,358.34
\$0.45	9,160,075	\$49,464,403.14
\$0.50	9,160,075	\$54,960,447.93



KEY TAKEAWAYS

- **Customizable:** States using 988 fees can largely fund the program by aligning the charge to match their costs, with the ability to change it to meet needs over time
- **Affordable:** A \$0.05 increase in the monthly fee creates an estimated difference of \$5,496,045 in revenue → the fee can remain affordable while providing a significant impact
- **Sustainable:** Revenue from the surcharge can grow with demand and be saved for later use as 988 volume rises

Table of Contents

Background

Executive Summary

Overview of the Development and Implementation of 988

Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Plans for 2025 - 2026

The Path Forward

The 988 Commission pursued the tasks charged by the Statute:

- Implemented 988 and launched the hotline
- Research on funding mechanisms across States
- Marketing campaigns and signage updates underway

The 988 Commission remains committed to continuing this work in the coming year.

Discuss plans for 2025 - 2026 including recommendations from previous years with the 988 Commission at upcoming meetings.

Table of Contents

Background

Executive Summary

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Evaluation

Current Funding Sources

Overview of the National Landscape and Funding Mechanisms

Plans for 2025

Appendix: Commission 2024 Recommendations

Appendix: Commission Recommendations 2024

Commission recommendations are based on the goal to ensure that the consumer experience is seamless, meets each caller's needs, is equitable, accessible, and continuously improving through quality assurance.

- 1) Conduct a feasibility assessment of technology-supported information sharing, in compliance with state and federal privacy laws, to ensure a coordinated technology-supported interface between 988 and the crisis system.
- 2) Implement a technology solution to enable one-touch, bi-directional transfer among the BHHL, MCI, and 988.
- 3) Stand up an ongoing system-wide evaluation process that solicits information from both 988 and the BHHL that includes:
 - Feedback from call-takers/staff about quality improvement opportunities.
 - Caller feedback
 - Direct feedback while ensuring compliance with the anonymous nature of 988.
 - Aggregated consumer feedback through engagement with stakeholder and consumer advocacy groups that represent individuals who use 988 and the crisis system (e.g., KIVA center, NAMI, PPAL).
- 4) Implement a feedback process with quality improvement activities for both 988, the BHHL, and MCI, and streamline input from the feedback QR codes, mailboxes, ombuds, advisory groups so there is a system-wide perspective on improvement opportunities.
- 5) Develop a singular, streamlined directory to support all phone lines (988, BHHL, 211, etc.) to be updated regularly so that there is a source of accurate public information.
- 6) Establish an ongoing process to review incidents of emergency calls from 988 and/or the BHHL to 911 to ensure that dispatch is only happening when necessary and appropriate and to initiate quality improvement opportunities.

Appendix: Commission Recommendations 2024 (continued)

Commission recommendations are based on the goal to ensure that the consumer experience is seamless, meets each caller's needs, is equitable, accessible, and continuously improving through quality assurance.

- 7) Reauthorize funding through budget appropriation with consideration to any increased operating cost or new operating expenses, and an adequate marketing budget.
- 8) Stand up an ongoing evaluation process to explore whether there is fiscal efficiency in streamlining any aspect of 988 with any aspects of other call support and service lines, such as the BHHL.
- 9) Require an EOHHS cross-agency point person to ensure cross department oversight of the 988, the BHHL, and MCI occurs, and policies, operations and funding are overseen centrally.
- 10) Continuously involve consumer voices, including family voices, as an ongoing role in all evaluation, planning, and implementation decisions of 988 and the MA crisis system.
- 11) List the 988 number on student identification cards.
- 12) Near-term topics for this Commission to assess and provide ad hoc recommendations before the next annual report include options for fee-based funding, including potential telephonic tax and additional trainings related to police and crisis system intersection.

Appendix: Commission Recommendations 2024 Vote

At the Commission meeting on January 29, 2024, the group voted on the recommendations in full:

	In favor	Opposed	Abstained	Absent
988 Commission Annual Report recommendations	17	0	2	5