

On March 9, 2020, three days after a cruise ship was held at sea rather than being allowed to dock in San Francisco, and two days before the World Health Organization declared COVID-19 a pandemic, Mental Health Weekly published a small article entitled “SAMHSA Releases Behavioral Health Crisis Care Guidelines.” [The National Guidelines for Behavioral Health Crisis Care](#) had been issued by SAMHSA on February 26, 2020, in the form of a Best Practice Toolkit. The toolkit reflected “consideration of all relevant clinical and health service research, review of national program practices and replicable approaches that support best practice implementation” ([Mental Health Weekly DOI:10.1002/mhw \(March 9, 2020\), Page 8](#)).

The toolkit has proven to be a guiding light for systems that want to develop effective care for individuals in a behavioral health crisis. The Toolkit was quickly downloaded thousands of times. The leaders who developed the toolkit put forward the phrase that services are for **anyone, anywhere, and anytime**. What does it mean to serve anyone, anywhere, and anytime?

Just after the toolkit picked up momentum, in May of 2020, the U.S. Senate passed the National Suicide Hotline Designation Act (S. 2661), and in September of 2020, the U.S. House of Representatives passed the legislation. The National Suicide Hotline Designation Act of 2020 was signed into law on October 17, 2020. For behavioral healthcare, this offered a transformation of the way services could be provided for the most vulnerable. The 988 designation brought the potential for behavioral health crisis calls to stop the pipeline to jail and long emergency department holds (known as psychiatric boarding), as well as reduce the stigma associated with behavioral health care.

The promise of 988 emerged within a world in lockdown due to COVID-19, and in one way it is ironic. Many people who have experienced a behavioral health crisis describe feeling like a criminal, or they remember being restrained to a gurney in an emergency department while “they figured out where to send me.” People talk of being locked up in hospitals for long periods of time, sometimes causing them to lose their housing, their pets, or even with friends and family who shy away from challenges they sometimes mistakenly view as a deficit in a person.

During COVID-19, the world was experiencing the feelings of desperation that come from being locked in, held against your will, and having your freedom of movement curtailed and beyond your control to change. It was ironic in the way the lockdown mirrored the feelings of people hospitalized against their will for months on end.

But, from the chaos of the months—and now over a year—of uncertainty and frustration around the pandemic, rose a Phoenix. The promise that 988 and the Crisis Toolkit hold to change the trajectory of the lives of thousands upon thousands of people with behavioral healthcare needs cannot be underestimated. The possibility of a person in crisis having someone to call who knows how to help, having someone trained to assist people come to them in their community, and having somewhere to go so that they can receive the right care is truly a game-changer.

The police have been roped into being behavioral health care workers, and at times, this has led to poor outcomes that include loss of life. Police are trained to protect and serve the community, to keep cities and neighborhoods safe. Some of them take Crisis Intervention Training (CIT), a week-long training for officers that gives them basic understanding of behavioral health conditions. However, there are not enough officers trained, and they do not have continuing education of how to help. Behavioral health professionals are trained to assist people with trauma, substance use disorder, and other mental health concerns. In addition, these workers will come unarmed, and police will only be called to accompany when there is a danger to others or weapons are present.

In addition, when police are removed as a center core of crisis care, the view of people with behavioral health challenges as dangerous and criminal will hopefully subside. 988 is both a treatment imperative and a human rights necessity. There are anywhere from 218,000 to 356,000 individuals with serious mental health challenges in jails in the United States ([source](#)). According to [Mental Illness Policy Org.](#), “29% of jails acknowledged holding ill individuals with no charges against them and the vast majority of inmates with serious brain disorders who do have charges against them have been arrested for misdemeanors such as trespassing.”

Caring for **anyone, anywhere, anytime**, is about getting our systems of care working more closely on behalf of the individuals in need of crisis services. It’s about taking away barriers to access, changing the confusing steps to get community-based help, and preventing people who need care from being jailed or waiting for long hours or days in an emergency department. People will talk to a person when they call 988. They will determine together what the person needs—if they can be given a connection to a service they need, that will be provided; if they need someone to come to them in their community, someone will come. At that point, they will talk and decide together if the person needs a referral or an appointment to get what they need, or if they need to visit a Crisis Recovery Center (CRC). If they need to visit the CRC, then they will be taken to receive care from people who are trained to assist. In addition, it should be noted that the Crisis Now Model includes peer supporters every step along the way. If someone is in grave danger of harming themselves or someone else, then the police will be called to accompany the mobile team when they visit the person in their community. From those who visit the CRC, most will return to the community within a day. Some will enter the hospital, and some may be referred to crisis residential and other supportive services.

The promise of 988 is not just a benefit to our systems of care. More than that, it is an opportunity to correct disparities, to increase the human rights of people who have been marginalized and incarcerated for much too long, and to offer the opportunity for people to learn about recovery from their very first interaction with mental health and substance use services. It is also an opportunity for our systems of care to recover from the hopelessness bred by ineffective engagement, and too few services too late. 988 and Crisis Now hold the promise of hope for all of us.

