



For people with intellectual
and developmental disabilities

A New Opportunity to Help People with Disabilities in Crisis

What is 988?

988 is the new three-digit phone number to call for help during mental health and substance use crisis situations. The number will be available nationwide by July 2022. While this number is called the National Suicide Prevention Lifeline and will serve people with mental health or substance use disorder disabilities, this is also an opportunity to advocate for needed crisis services for people with both intellectual and developmental disabilities (IDD), and people with co-occurring IDD and mental health disabilities (often called dual diagnosis).

Beginning July 2022, all phone companies will route 988 calls to call centers, either locally (if available) or national hubs. But many states currently do not have call centers or do not provide 24/7 crisis services in all communities. Investments are needed to staff the 988 call centers in your community and to provide additional crisis response services, such as mobile crisis teams and crisis respite centers.

How Can 988 help people with IDD?

A mental health crisis deserves a mental health response and the same is true for people with IDD. When 988 is fully implemented, call centers could divert many calls from 911 and law enforcement to mental health crisis professionals. Thirty to forty percent of people with IDD also have a mental health condition,¹ and sometimes communicate overwhelming feelings through “challenging behaviors.” This can lead to inappropriate and costly stays in more restrictive settings (psychiatric hospitals, jail, or mental health institutions).²

People with disabilities account for one-third to one-half of all people killed by law enforcement.³ More than half of Black people with a disability have been arrested by the time they turn 28.⁴

Envisioning An Inclusive and Fully Funded Model:

1. Services for people with IDD and mental health needs in crisis, including peer support.
2. 24/7 crisis call centers in local communities that are available by text/chat/phone, with trained behavioral health staff, including specific training for IDD mental health crisis.
3. 24/7 availability of mobile crisis units to de-escalate situations, provide transportation, offer peer support, and minimize law enforcement involvement.
4. 24/7 respite centers that offer a home-like environment rather than emergency rooms and jails as drop off centers for short term support.

A mental health crisis deserves a mental health response.

The same is true for people with intellectual and developmental disabilities.

Nationally, American Indian/Alaska Natives have the highest rates of disability, 3 in 10 adults, followed by black people, with 1 in 4 adults having a disability; 1 in 5 for White adults; 1 in 6 for Hispanic adults, and 1 in 10 for Asian adults.⁵

What You Can Do

Questions to Consider Now:

1. Has your state started planning for transition to 988?
2. Do those plans include people with IDD and co-occurring IDD and mental health disabilities? If so, are self-advocates included as stakeholders in the planning?
3. How have people of color with IDD been impacted by your state's current crisis response system?
4. Has your state funded 988 call centers through enactment of a phone service tax, similar to the tax currently used to fund 911?
5. How many calls are answered through the current service level? If it's not 100%, is this due to budget shortfalls? How will an influx of calls be handled in anticipation of a new national crisis number? Does your call center have an estimate of the funding needed to respond to all calls, including the anticipated increase?
6. What is your state's protocol to ensure collaboration between 911 and 988? Will 911 mental health calls be routed to local mental health call centers? Will dispatch operators receive any IDD awareness training?
7. If ground support is needed in addition to hotline support, does each locality in your state have mobile crisis units available 24/7?
8. Do police co-respond with mobile crisis teams? Have police, call center staff, and mobile crisis teams received IDD specific training?
9. Are respite centers available in your community? These centers can provide a place to meet stabilization needs in a non-carceral setting. Are the centers available 24/7? Do the centers operate on a No Wrong Door policy--meaning the centers accept walk-ins, police drop offs, clinician referrals?
10. What role can you or your chapter play to ensure that a mental health crisis receives a mental health response?

Many states have 988 coalition planning groups. Contact your state and/or county administrator in charge of mental health and disability services to get involved as a stakeholder.

[NCI Data Brief: Dual Diagnosis \(nationalcoreindicators.org\)](#);¹ [Dual Diagnosis – Community Outreach Wisconsin – UW–Madison](#); ²The Ruderman White Paper On Media Coverage of Law Enforcement Use of Force and Disability (March 2016); ³ [Understanding the Policing of Black, Disabled Bodies - Center for American Progress](#); ⁴ [Socioeconomic Factors / Race and Ethnicity | CDC](#); ⁵ and [National Suicide Hotline Designation Act](#).⁶

How Will 988 be Funded?

A new federal law,⁶ allows states to implement a 988 fee through mobile or internet phone service providers. However, states must choose to exercise their authority to implement a 988 fee.

The emergency number, 911, is funded through a similar fee. In 2019, fees for 911 generated over \$3 billion to support that service; similar investment is needed for mental and behavioral health crisis support.