

Rebuilding the Mental Health Crisis Response System in New York City

**A public policy road map created by
the members of Fountain House**

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Executive Summary

Over the next several years, New York City has an extraordinary opportunity to rebuild its mental health crisis response system to better meet the needs of people living with serious mental illness (SMI).

As our country continues to recover from the COVID-19 pandemic, mental health care needs have reached unprecedented levels among people of all ages. In response, there is a bipartisan commitment to increasing funding for mental health solutions on the national, state, and local levels. President Joe Biden has pledged a nearly [\\$1 billion investment](#) in the mental health crisis continuum. This significant federal investment supports the new [988](#) mental health crisis hotline, an alternative to 911 that was rolled out nationwide in summer 2022.¹

[Fountain House](#), a voluntary therapeutic community of 2,000 members living with SMI, urges the City of New York to fully seize the potential of this historic level of federal and state funding. Many of our members have interacted with mental health crisis response services, so the urgent need to improve crisis response is personal for us. As we articulated in our framework [From Harm to Health: Centering Racial Equity and Lived Experience in Mental Health Crisis Response](#), cities often deploy public safety and enforcement resources during mental health crises instead of health, mental health, and social support. The result is trauma, drawing people into repeated cycles of punishment and institutionalization, and needlessly fatal interactions with law enforcement.

If New York City leverages the full potential of this investment, we can turn a broadly supported vision into reality: We can replace a public safety and enforcement approach to mental health crises with a system that is managed and staffed by trained mental health professionals and peers, with the capacity to dispatch in-person care teams quickly and connect people to the community-based treatment and social service support that will help them to stabilize and prevent future crises.

More than 100 Fountain House members shaped the recommendations in this policy road map. In the next two city budgets, we recommend that the City of New York accelerate the transition from 911 to 988 by taking the following steps:

¹ The federal government has invested nearly [\\$1 billion](#) into 988 across the country, with New York state securing \$7.2 million for implementation planning and 988 infrastructure investments. The state has also included \$35 million in its fiscal year 2023 budget, which will increase to [\\$60 million on a full annual basis starting in fiscal year 2024](#). New York City received [\\$10.8 million](#) of this funding to answer up to 500,000 calls, texts, and chats from New Yorkers between July 2022 and July 2023.

<p>STEP 1 Through 988, build a real alternative to 911 for mental health crises.</p>	<p>In the next year, we urge the City of New York to work quickly to close trust and service gaps in the current 988 system so that the people making the approximately 95,000 crisis calls that come into the 988 system every year have access to:</p> <ol style="list-style-type: none"> 1. A peer or mental health professional they can speak to within seconds instead of minutes. 2. A mental health response team that can come to them within minutes instead of hours, day or night. 3. Access to short-term respite and other community-based hospital alternatives within hours instead of weeks or months. 4. Real, ongoing support in the community after a crisis. 5. Smoother integration into the social service system so that people calling 988 can access other city services that address housing, financial, and benefits stressors without facing bureaucratic hurdles. 6. Increased trust, because the City of New York has established a Peer Oversight Board to provide guidance and accountability for the mental health crisis response system.
<p>STEP 2 Encourage New Yorkers to reach out to a trusted, well-resourced 988 system for all mental health crises, diverting as many calls as possible from 911 to 988.</p>	<p>If the City of New York adopts the recommendations in this paper to make 988 a trustworthy, well-resourced, responsive system, we urge it to move as many calls out of the 911 system and into the 988 system as possible. To do this, the city should:</p> <ol style="list-style-type: none"> 1. Scale service capacity within the 988 system so that calls can be answered within seconds, mobile treatment teams can respond within minutes, and people experiencing a crisis can be connected to community-based care within hours. 2. Continue to improve trust in the 988 system by working with the Peer Oversight Board to create clear and transparent guidelines for responding to mental health crises that involve a weapon or imminent risk of violence and for using involuntary hospitalization as a last resort. 3. Invest in significant public education campaigns to encourage people to reach out to 988—not 911—for help during mental health crises.

By implementing the recommendations in this road map, the City of New York could improve public safety, prevent mental health crises, and save lives.

Overview

Unprecedented national attention

As our country continues to recover from the COVID-19 pandemic, mental health care needs have reached [unprecedented levels](#) among people of all ages. Right now, considerable national, bipartisan attention is focused on finding ways to meet these needs, such as building new care systems and expanding the behavioral health workforce.

A central pillar of the federal government's strategy is to allocate nearly [\\$1 billion](#) for the mental health crisis continuum. This significant investment is intended to support more local capacity to answer crisis calls through the new [988](#) mental health crisis hotline, and to expand community-based mobile crisis response teams and community-based facilities to provide stabilizing care during and after a crisis, thereby reducing the need for unnecessary emergency department visits. [According to the Biden administration](#), the goal of these investments is to provide “someone to call, someone to respond, and somewhere for every American in crisis to go.”

Fountain House members, who are individuals living with SMI, have experienced crises and seen firsthand the good and bad aspects of New York City's crisis response system. They believe this significant new federal funding has created an unprecedented opportunity to replace the current public safety approach to mental health crises with a public health approach. By leveraging the full potential of this investment, the city can turn a broadly supported vision into reality: a mental health crisis system managed and staffed by trained mental health professionals and peers, with the capacity to dispatch in-person care teams quickly and connect people to the community-based treatment and social service support that will help them to stabilize and prevent future crises.

A significant opportunity for New York City

In March 2023, the administration of New York City Mayor Eric Adams released [Care, Community, Action: A Mental Health Plan for New York City](#), a sweeping mental health agenda that explicitly acknowledges an emerging consensus that mental health crises should be treated through the public health system, not through the public safety system. It states:

“The entry way to our SMI care systems is often through emergency response systems [such as 911], the majority of which have been led by law enforcement. Law enforcement and mental health advocates agree this situation is not ideal, and would prefer more clinically and health-led responses to mental health crises.”

Fountain House’s members and staff vehemently agree that New York City should have health-led responses to mental health crises. However, to date the city has not acted quickly or boldly enough to rebuild its mental health crisis response system to better meet the needs of people living with SMI.

New Yorkers living with SMI should be able to turn to a mental health crisis system they can trust when they need help. Right now, Fountain House’s members say that trust is frayed. For decades, the city has almost exclusively invested in police and ambulances as the only 911 dispatch option for people who need in-person, mental health help within minutes. Because these responders are not trained to de-escalate a mental health crisis or deliver on-site mental health care, they transport nearly everyone to a hospital. That approach is unnecessarily costly, and often traumatizing.

The city’s overreliance on police and ambulances to respond to mental health crises has had profound consequences. One Fountain House member said, “If you are struggling, the police’s first reaction is to rough you up, take you to the hospital, then they release you back to the same situation where you started.”² Fountain House’s members repeatedly shared that when police with little or no training in how to interact with someone experiencing a mental health crisis arrive with lights, sirens, and weapons, they escalate a situation, when what is urgently needed is de-escalation and calm. Members feel that the lights, sirens, and guns bring them unwanted attention, make them feel like they did something wrong by seeking help, and can be physically dangerous.

[According to the Biden administration](#), the goal of recent federal investments is for every person experiencing a mental health crisis to have “someone to call, someone to respond, and somewhere to go.” New York City has significant work to do to meet this national goal. Right now, its 988 system does not have the capacity to offer an in-person response within minutes to people experiencing an acute mental health crisis. If people need help quickly, their only reliable option is to call 911.

- In New York City, calls to 988 are answered by NYC Well, the local version of the 988 Suicide and Crisis Lifeline, which is operated by Vibrant Emotional Health, a nonprofit organization the city has contracted with to provide this service. While many calls are answered quickly, some people who call 988 for help still must

² Member quotes in this report were transcribed during conversations with HR&A and have been lightly edited for context and clarity.

wait several minutes before a call taker answers,³ suggesting the need for more funding to support enough staff to meet the demand.

- If the call taker sends a mobile crisis team to deliver in-person care to someone experiencing a crisis, the team could take hours to arrive.
- If the mobile crisis team facilitates a connection to stabilizing care, the person in crisis may have to spend weeks or months on a waiting list before they can be served by a respite center or ongoing mobile treatment team.

Our recommendations for rebuilding New York City’s mental health crisis response system

Over the next few years, New York City has an opportunity to leverage the historic levels of state and federal 988 funding to create a new mental health crisis response system, anchored in 988, that is fully designed by health experts and people with lived experience and that delivers the immediate help people need.

With this new system, health professionals, not police, would respond to mental health crises within minutes, and people would receive care in their homes and communities instead of in hospitals. Once this new 988 system is built, the city should move as many mental health calls as possible out of the 911 system and into the 988 system.

This policy road map lays out a strategy that will allow New York City to close its 988 system’s gaps in service and trust and build a real alternative to 911. The new system would have the capacity to handle the approximately 95,000 crisis calls already coming into the 988/NYC Well system annually and most of the approximately 170,000 mental health crisis calls coming into the 911 system annually, and to help the unknown number of people who, right now, will not reach out to city services during a mental health crisis because they do not trust the city to protect their safety and agency.

Specifically, we recommend the following two-step operational strategy:

³ [Across the country](#), the National Suicide Prevention and Crisis Lifeline has received more calls and answered calls more quickly following the transition from a 10-digit number to 988 and significant federal investment to support 988 implementation. In New York state, according to [the most recent data](#), 79% of calls to 988 were answered in-state in February 2023 while 10% of callers hung up before their call was answered. The average statewide answer time in February 2023 was 28 seconds; leaders overseeing the 988 Suicide and Crisis Lifeline [have said](#) their goal for 988 is that, eventually, 95% of calls will be answered within 20 seconds. The New York State Office of Mental Health (OMH) has found that New York City’s 988 system has capacity challenges that result in delays in answering some calls. When the system is unable to answer, callers are directed to a national backup crisis center—another national 988 Suicide and Crisis Lifeline, [according to OMH](#). A February 2022 [report](#) from OMH says calls to 988 are less frequently answered in New York City than in the rest of the state: Calls from Manhattan, Brooklyn, Queens, and the Bronx have a higher likelihood of being routed out of state than those in most counties in New York. This suggests that New York City’s 988 system needs more counselor and peer staff capacity.

<p>STEP 1 Through 988, build a real alternative to 911 for mental health crises.</p>	<p>In the next year, we urge the City of New York to work quickly to close trust and service gaps in the current 988 system so that the people making the approximately 95,000 crisis calls that come into the 988 system every year have access to:</p> <ol style="list-style-type: none"> 1. A peer or mental health professional they can speak to within seconds instead of minutes. 2. A mental health response team that can come to them within minutes instead of hours, day or night. 3. Access to short-term respite and other community-based hospital alternatives within hours instead of weeks or months. 4. Real, ongoing support in the community after a crisis. 5. Smoother integration into the social service system so that people calling 988 can access other city services that address housing, financial, and benefits stressors, without facing bureaucratic hurdles. 6. Increased trust, because the City of New York has established a Peer Oversight Board to provide guidance and accountability for the mental health crisis response system.
<p>STEP 2 Encourage New Yorkers to reach out to a trusted, well-resourced 988 system for all mental health crises, diverting as many calls as possible from 911 to 988.</p>	<p>If the City of New York adopts the recommendations in this paper to make 988 a trustworthy, well-resourced, responsive system, we urge it to move as many calls out of the 911 system and into the 988 system as possible. To do this, the city should:</p> <ol style="list-style-type: none"> 1. Scale service capacity within the 988 system so that calls can be answered within seconds, mobile treatment teams can respond within minutes, and people experiencing a crisis can be connected to community-based care within hours. 2. Continue to improve trust in the 988 system by working with the Peer Oversight Board to create clear and transparent guidelines for responding to mental health crises that involve a weapon or imminent risk of violence and for using involuntary hospitalization as a last resort. 3. Invest in significant public education campaigns to encourage people to reach out to 988—not 911—for help during mental health crises.

We recognize that it could take a decade to transition fully from the 911 system to the 988 system. New York City has a profound shortage of mental health and peer workers, and scaling services within the 988 system will require long-term planning and significant investment in training and fairly compensating this critical workforce. Additionally, some efforts are underway to improve the 911 system, such as crisis

intervention training for NYPD officers and the B-HEARD program, which dispatches social workers and emergency medical technicians instead of police to respond to nonviolent 911 mental health calls. However, Fountain House believes the city's mental health crisis response system should be one in which:

- Every person in crisis has access to a health-led response.
- The City of New York takes every step possible to avoid unnecessary hospitalizations and instead connect people to stabilizing community-based care.
- The City of New York takes every step possible to avoid violence, traumatization, and jail bookings. Our crisis response system should be the front door to ongoing care, not to punishment and institutionalization.

This policy road map provides steps the City of New York should take in fiscal years 2024 and 2025 to accelerate the transition from the 911 system to the 988 system. If these steps are implemented, the city could lay a foundation for more safety, fewer mental health crises, and better outcomes for New Yorkers living with SMI.

Approach

Solutions shaped by those closest to the challenge

This public policy road map was developed by the members of Fountain House, who are individuals living with SMI; trained social practitioners who provide members with daily support in the organization's clubhouses; and analysts from HR&A, an employee-owned, mission-driven public policy and economic development advisory firm. Fountain House takes a public health approach to SMI that addresses both the health and social needs of its members through an integrated model that connects a physical [clubhouse](#), where members are engaged in an innovative therapeutic community rooted in [social practice](#) and take steps in reclaiming their agency and dignity, with access to clinical support, housing, employment and education opportunities, and care management.

Fountain House has two clubhouses in New York City—direct service locations in Hell's Kitchen and the South Bronx—that engage 2,000 members, 40% of whom have been unhoused, a quarter of whom have been involved in the criminal legal system, and many of whom have had some interaction with the city's mental health crisis response system. Fountain House's approach is a solution to these realities: Within a year of joining the organization, our members are twice as likely to be employed, have better educational attainment, and an increased likelihood of being stably housed compared with others living with SMI. A [study from New York University](#) also found that Fountain House members have 21% lower Medicaid costs than their peers, largely due to the holistic benefits of psychosocial rehabilitation.

To develop the analyses and recommendations in this road map, more than 100 Fountain House members described to HR&A their experiences with the current mental health crisis response system and their ideas for rebuilding it to better serve people living with SMI. HR&A's staff directly engaged with members in Fountain House's therapeutic community: Social practitioners, who work with members to reclaim their emotional, cognitive, and social skills and get holistic support in all aspects of their lives, co-facilitated every interview and focus group, and the HR&A team was integrated into trusted environments within the clubhouses, such as the culinary and communications units.

Fountain House is intentionally designed to involve its members in all aspects of clubhouse management, including public policy and advocacy. This road map and the process used to develop it reflect a power-sharing approach to supporting people living with SMI, enabling them to analyze and advocate for the policy changes that could protect and improve their lives.

Potential Impact

Right now, New York City has an immediate opportunity to leverage significant federal and state investment to increase health-led responses to mental health crises. In the summer of 2022, New York City—along with the rest of the country—launched 988, a three-digit number designed to provide help during a mental health crisis. The federal government and the state of New York have pledged tens of millions of dollars to New York City to support 988 implementation over the next several years.⁴

If the City of New York fully seizes the potential of this federal funding, it could accelerate three important system changes: the transition from law enforcement-led to health-led responses to mental health crises; faster, more reliable responses through the 988 system; and the closing of long-standing gaps in trust in the mental health response system.

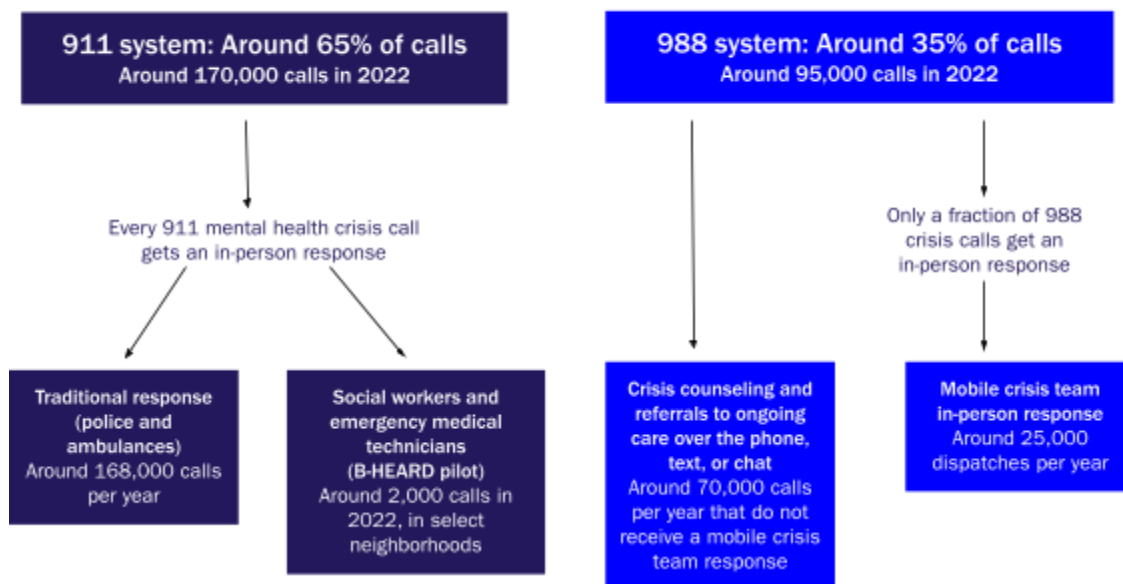
System Change 1: Transition from law enforcement-led to health-led responses to mental health crises

Hundreds of people experience mental health crises in New York City every day.⁵ Given the limitations of data, the primary way we can measure how many occur is by the number of crisis calls that come into the 911 and 988 systems.

⁴ The federal government has invested nearly [\\$1 billion](#) in 988 across the country, with New York state securing \$7.2 million for implementation planning and 988 infrastructure investments. The state has also included \$35 million in its fiscal year 2023 budget, which will increase to [\\$60 million on a full annual basis starting in fiscal year 2024](#). New York City received [\\$10.8 million](#) of this funding to answer up to 500,000 calls, texts, and chats from New Yorkers between July 2022 and July 2023. The Biden administration's [fiscal year 2024 budget](#), released in March 2023, pledges an additional \$559 million to the 988 Suicide and Crisis Lifeline to address 100% of estimated contacts, scale up follow-up crisis services, and expand suicide prevention programs to all states, the District of Columbia, and 18 tribal and territorial jurisdictions.

⁵ For the purposes of this paper, a “mental health crisis” is defined in three ways: any call that comes into the 911 system and is categorized as a “mental health call”; a risk level 5, 6, or 7 call (as described in the [independent evaluation](#) of the NYC Well system from Abt Associates, a risk level 5, 6, or 7 “crisis” call involves active suicidal or homicidal ideation); and the unknown number of people who experience mental health crises but do not reach out to city services. In addition to crisis calls, the 988/NYC Well system receives hundreds of calls, texts, and chats every day from individuals who are seeking mental health support and connection to services but are not experiencing an active crisis.

How mental health crisis calls are currently handled in New York City



1. The majority of mental health crisis calls in New York City come into the 911 system, which received [around 170,000 mental health crisis calls in 2022](#), or about 465 calls per day.⁶ Every mental health crisis call that comes into the 911 system receives an in-person response, the vast majority from police and ambulances. In some neighborhoods, 911 operators will dispatch teams of social workers and emergency medical technicians instead of police to respond to mental health calls that do not involve a weapon or an imminent risk of violence. These teams are part of the [B-HEARD pilot program](#), which began in June 2021. Traditional 911 responses and B-HEARD teams respond within [around 15 minutes citywide](#).
2. Vibrant, the nonprofit New York City has contracted with to operate the NYC Well helpline to which 988 calls are directed, receives about 1,300 calls, texts, and chats daily from New Yorkers seeking mental health support. According to [an independent evaluation](#) of the NYC Well helpline from Abt Associates, about 20% of these calls are from people experiencing a crisis. This means Vibrant receives about 260 crisis calls every day, just over half as many as 911. Of these crisis

⁶ The most recent [reported](#) full year data is from 2022, reported in the *New York Times*. According to [testimony](#) from the Mayor's Office of Community Mental Health: "From 2008 to 2018, the number of 911 mental health calls nearly doubled from 98,000 calls in 2008 to 170,000 calls in 2018. Now, the tide is turning. In 2019, 911 mental health calls went down by 4% for the first time in a decade to 163,000 calls. And in 2020, they went down even more by another 6% to 153,000 calls." An article in the [New York Times](#) reported that the City of New York's 911 system received 139,000 911 mental health crisis calls between January and the end of September 2021, which may suggest that the number of 911 mental health calls increased in 2021 compared to 2020.

calls, about 25% (or 25,000 per year) receive an in-person response from a mobile crisis team. Mobile crisis teams can respond within two hours citywide and are operational from 8 a.m. to 8 p.m.

In 2019 and 2020, the number of mental health crisis calls coming into the 911 system [fell](#), the first decline following a decade in which 911 mental health calls increased every year and in every precinct in the city. Encouragingly, during the same period [the number of calls to 988/NYC Well](#) grew. According to the independent evaluation of NYC Well, many callers are seeing NYC Well as an alternative to traditional emergency services. Twenty-three percent of surveyed NYC Well users, including both those contacting the program on their own behalf and those contacting on behalf of someone else (e.g., a friend or family member), reported that if not for NYC Well, they would have considered calling 911 or going to an emergency room.

These trends suggest that a transition from the 911 system to the 988 system is possible—and that New York City may have been headed toward this transition before the COVID-19 pandemic. There is also reason to believe that the 988 system could be trusted and effective. Abt’s [independent evaluation](#) of NYC Well found that nearly 90% of people who used the helpline reported that they received assistance in dealing with their problems. However, this finding was for all NYC Well users, not specific to NYC Well users who called the helpline during a crisis. Additionally, the evaluation found that a diverse range of New Yorkers are reaching out to NYC Well—30% of callers identified as Black or African American, 18% as other, 8% as Asian, and 8% as multiple races. In response to a separate question about ethnicity, 26% of callers identified as Hispanic.

In 2022, the number of 911 mental health calls [increased to approximately 170,000](#) from [approximately 150,000 in 2021](#). This uptick in 911 mental health calls, following two years of decline, suggest the need for a more intentional effort from the City of New York to divert mental health crisis calls out of the 911 system and into the 988 system. In its [New York State 988 Implementation Plan](#), OMH estimates that “30% of 911 calls [will be] diverted to 988.” We encourage the City of New York to implement the recommendations in this report to accelerate the transition away from 911 and to 988 for mental health crises.

System Change 2: Faster, more reliable responses through the 988 system

During a mental health crisis, a person might experience profound confusion and paranoia. Or a mother may worry that her child will hurt herself. Like anyone having or witnessing a physical health emergency, such as a stroke or heart attack, these New Yorkers need to access the right kind of medical attention as quickly as possible.

Yet in New York City, mental health care is hard to find—before, during, and after a crisis. Every day, New Yorkers facing mental health challenges linger on waiting lists for

community-based clinics or respite care and have trouble finding providers who are in their neighborhoods, accept Medicaid or their insurance, or speak their language. The [most recent data](#) from the New York City Department of Health and Mental Hygiene (DOHMH) shows that half of the nearly 500,000 New Yorkers who experienced serious psychological distress in the past year did not get the medication or treatment they needed. The truth is that there are too many barriers preventing access to the ongoing, community-based mental health care that can help people avoid a crisis or stabilize after one.

Without adequate or affordable mental health care in our communities, too many people are forced to rely on 911 and emergency rooms. DOHMH reports over [75,000 mental health emergency department visits](#) per year in which the individual seeking care was discharged to the community. [According to DOHMH](#), these patients likely ended up in the emergency department because they faced “barriers to appropriate and relevant community care,” and these emergency department visits are “costly and potentially preventable.”

Sadly, overreliance on the 911 system and hospitalization during a crisis follow familiar patterns of divestment and underservice. The poorest neighborhoods in our city—those many New Yorkers of color call home—have the fewest mental health clinics and [more than twice as many psychiatric hospitalizations](#) as the richest neighborhoods. Our clubhouses are strategically based in two of the neighborhoods with the greatest need, Hell’s Kitchen and the South Bronx, to provide resources and support in areas where there are significantly more mental health 911 calls than on the Upper East Side or in Brooklyn Heights, for example.

Many public health programs, such as respite care or mobile crisis teams, could address the problem, says a social practitioner in the Clubhouse New York Coalition, “but these programs are all in a pilot stage—they are not available everywhere, or they are not available 24 hours a day, or they have waiting lists. Until these programs are brought to scale, we are in limbo. In an emergency, I simply do not have another option than to call 911.”

Examples of promising public health programs that have not yet received sufficient investment include:

- **Mental health response teams dispatched through 988.** Mobile crisis teams of behavioral health professionals—such as social workers, peer specialists, and family peer advocates—can be dispatched by Vibrant, the nonprofit that operates 988/NYC Well, or by hospitals to provide in-home mental health care. But these teams operate only between 8 a.m. and 8 p.m., and with just [19 teams serving all five boroughs](#), they are stretched thin. They aim to arrive within two hours of being dispatched, significantly longer than the response time for the traditional 911 dispatch of police and ambulances.

- **Community-based alternatives to hospitalization.** In interviews, Fountain House members and social practitioners reported that hospitals often quickly discharge people experiencing a mental health crisis—meaning they are not providing care for a long enough period to help people stabilize. Members and social practitioners shared that longer-term support from community-based alternatives to hospitals are very effective. Crisis respite centers, for example, serve people who anticipate or are experiencing a mental health crisis and provide 24/7 support from trained peers, mental health care, and a temporary stay in a warm, safe, and supportive home-like environment where residents are free to come in and out of the building as they please. An [independent evaluation of crisis respite](#) in New York City found that peer-staffed crisis respite centers are an effective alternative to emergency departments, and that respite clients experienced 2.9 fewer psychiatric hospitalizations in the month of respite use and the 11 following months than would have been expected without the intervention. However, New York City has [lost half](#) of its crisis respite centers since 2019. Just four health department community partners are operating respite centers for adults, and each is able to serve around 10 people at any given time. This results in a small number of respite beds and waiting lists that can be weeks or months long.
- **Stabilizing care that can help prevent repeated crises.** A November 2022 [analysis from Crain's](#) found that more than 1,000 New Yorkers living with SMI were on waiting lists for clinical care from city- and state-funded ongoing mobile treatment teams, which bring psychiatrists, nurses, social workers, and peer counselors to people who need comprehensive and frequent mental health and social services. Mobile treatment teams [have been shown](#) to reduce hospitalization, help clients connect to permanent housing, and limit involvement with the criminal legal system.

System Change 3: Close long-standing gaps in trust

In 2016, Deborah Danner, a 66-year-old Black woman living with schizophrenia who was a proud mental health advocate and a beloved member of Fountain House and her Bronx community, was shot and killed by police while experiencing a mental health emergency. Stories like Deborah's, of violence and trauma, steeped in racism, have become all-too-common headlines, and have made Fountain House's members fearful of calling 911. Nationwide, for every four people killed in response to an emergency call, [at least one has a diagnosed SMI](#). Those killed are [disproportionately people of color](#). Having a mental health emergency, particularly if you're Black, can be a frightening and sometimes deadly proposition when it comes to police encounters.

As we articulated in [From Harm to Health: Centering Racial Equity and Lived Experience in Mental Health Crisis Response](#), rebuilding the mental health crisis response system in New York City must be about much more than leveraging funding to add more services. The city must also ensure that its residents can trust these services—services

should be shaped and implemented by people who have lived experience with mental illness, and the crisis response system should be accountable to the people it serves.

In focus groups and interviews, over 100 Fountain House members shared the following ideas for closing gaps in trust in the mental health crisis response system and building a system that New Yorkers living with SMI would feel comfortable accessing when they need urgent help.

988 call takers should offer personalized support that quickly de-escalates the situation.

Starting with the call, members want 988 call takers to offer quality, personalized support. Members feel call takers need more training to help them effectively navigate moments of crisis, and they worry that insufficient training could cause misunderstandings. Some members said that when they have called NYC Well or 988 in the past, call takers used a script that felt impersonal and unhelpful. They asked standard questions instead of listening and responding to the caller's individual needs.

While members agreed that some basic questions are necessary to ensure a caller's safety, one member noted that the standard questions can escalate the situation: "When they ask me their standard questions, it feels like they come out of nowhere. They are sensitive questions that make the situation feel more intense." Another member shared, "When I am in a crisis, I really want someone to calm me down, tell me it is going to be OK, and ask me what I need. Once this happens, if the call taker needs to ask me a lot of questions, they should explain that they are asking because they care about my safety and want to help me get the support I need."

988 call takers should offer support for callers who may be feeling isolated.

"Crises can happen at night when you are alone, your provider is not answering the phone, and Fountain House is closed," one member said. "That's when you need someone, and you can't wait hours." Members have found comfort in picking up the phone and hearing another voice on the other end of the line—and many believe the 988 helpline could play a critical role in providing after-hours support to address isolation and loneliness.

People with SMI often have small or restricted social networks, which can increase their risk of social isolation. This not only leads to persistent feelings of loneliness, which has been associated with stigmatization, impaired social skills, and worsening symptoms, but can also [increase the likelihood of psychiatric rehospitalization](#).

988 call takers should respect agency and choice.

Members want to choose how, when, where, and from whom they get care. Members shared their deep-seated fears about reaching out to the city for help, worrying that 988 might send police without their consent or that a mobile crisis team might force them to go to the hospital against their will. “I am scared [to call 988 because I fear they] will send the police,” one member said. “I don’t trust that they will listen to me if I am in a crisis and just need someone to talk to. Sometimes that really helps, and it’s all I need.” Members felt they need to be able to trust that when they ask for their desired level of care, 988 counselors will respect their wishes.

Fountain House’s diverse membership shared a range of perspectives on hospitalization and involuntary treatment. Some said there is real value in involuntary hospitalization in instances where it may be needed to help people become stabilized to the point where they can regain their agency, choice, and informed decision-making. “If I were to get to that point where I cannot make an informed decision about care, I would want treatment to get me stabilized,” one member said. However, members consistently said they would only want health professionals to make decisions about involuntary care. Importantly, members agree that standards for involuntary care should specify that it should be considered a last resort, not a starting place.

The 988 crisis response system must be able to connect people to effective, accessible, ongoing services.

Members want 988 to support their long-term mental health by connecting them with ongoing care they can actually access. Members said they feel exasperated by long lists of providers who do not take Medicaid, are not accepting new patients, or have a months-long waitlist. “When I am in a crisis, it makes things worse to go through a list of providers who tell me they can’t see me for six months or don’t accept my insurance,” one member said.

An [independent evaluation](#) of 988/NYC Well found that only a fraction of people who received referrals for behavioral health care through the helpline were able to make an appointment: “[Callers] expressed frustration with not being able to access the behavioral health care they needed due to the referred provider not taking their insurance or long wait times to make an appointment. Some [callers] noted that even though they were given the names of three or four potential providers, they were not able to find one that was a good fit for their personality, finances, or acuity of need.”

While the 988 funding streams are unlikely to be sufficient to address the shortage of mental health care providers in New York City, members suggested that 988 could play a more intensive care-navigation role by supporting callers until they are able to successfully make an appointment, as they said Fountain House does for them.

According to one member, “It helps having Fountain House because you know people who can help you through the process.”

The 988 crisis response system must be connected to other city services that address social and economic factors that can exacerbate mental health needs.

“Just a hotline is not enough,” one member said. “There are two things that make me have a crisis: no money in my pocket and no roof over my head.” Members agreed that stressors in their lives—like economic insecurity, housing insecurity, job insecurity, inaccessible health care, family violence, and unsafe shelters—have profound effects on their mental health.

Members said they would find it very helpful if the 988 helpline could facilitate easy connections to other services that address some of those stressors. For example, if a person experiencing a mental health crisis that has been exacerbated by fear of eviction calls 988, the call taker should be able to provide mental health support first, then directly connect the caller to the city’s [support services](#) for people at risk of eviction or entering shelter. Or if a 988 caller is having a mental health crisis exacerbated by fear of abuse from a family member or intimate partner, the call taker should be able to provide mental health support and then connect the caller to [Safe Horizon’s hotline](#), which offers safety planning and referrals to programs and services in their community.

The 988 system should address the profound stigma faced by people living with mental illness.

“I want people to treat me like everyone else,” one member said. “We need community education so people’s first reaction [to witnessing a mental health crisis] isn’t to call the police.” Members said they routinely experience stigma, and they feel like many New Yorkers see people who experience mental health issues as dangerous instead of as human beings who may need help and health care. This stigma perpetuates the overuse of 911 and the public safety system to address mental health needs. Fountain House’s members said it would be very helpful to have sustained, significant public education to teach all New Yorkers to see mental health crises as public health issues, not as public safety issues. This public education could help combat stigma, and encourage people to call 988 instead of 911 if they believe someone is having a mental health crisis.

Implementation Road

Map

Step 1: Through 988, build a real alternative to 911 for mental health crises.

In the next year, we urge the City of New York to work quickly to close trust and service gaps in the current 988 system so that the people who make the approximately 95,000 crisis calls that come into the 988/NYC Well system every year have access to immediate support; community-based care; and connection to other city services that address housing, financial, and benefits stressors. We also urge the city to enhance trust in the mental health crisis response system by inviting peer oversight.

Below we suggest ways the City of New York could implement these changes over the coming year, including recommended steps to take in its fiscal year 2024 budget.

A peer or mental health professional they can speak to within seconds instead of minutes.

New York City invests \$22.5 million per year in NYC Well, which operates its 988 helpline. In fiscal year 2023 (July 2022 to June 2023), NYC Well received [a one-time investment](#) of \$10.8 million from the New York State Office of Mental Health (OMH) as part of the rollout of the 988 helpline. This additional investment was intended to support enough call takers (counselors and peer support specialists) to answer up to 500,000 calls, texts, and chats from New Yorkers—a nearly 20% increase in capacity from the previous year.

Despite this investment, NYC Well is still struggling to consistently provide sufficient staff to answer all the calls it receives. When NYC Well is unable to answer, callers are directed to a national backup crisis center—another 988 Suicide and Crisis Lifeline—[according to OMH](#). A February 2022 [report](#) from OMH found that calls to 988 are more frequently unanswered in New York City than in the rest of the state: 988 calls from Manhattan, Brooklyn, Queens, and the Bronx have a higher likelihood of being routed out of state than in most counties in New York, which suggests that New York City's 988 system needs more counselor and peer staff capacity.

To ensure that the 988 helpline can answer every call it receives—and do so within seconds—we recommend these actions:

- The New York State Office of Mental Health should provide recurring annual funding to New York City to support 988 expansion, and the city should increase its annual investment in NYC Well by \$10.8 million to support sufficient staffing for the 988/NYC Well helpline.
- The City of New York and Vibrant should publicly report on a monthly basis the number of calls, texts, and chats received by 988/NYC Well; the percentage of calls that were not answered, either because the caller hung up after waiting too long or was routed to a call line outside of the state; and the percentage of calls, texts, and chats that were answered in under one minute. The city should commit to investing in sufficient 988/NYC Well staff capacity to ensure that all calls that come into the helpline can be answered in under one minute and increase funding for Vibrant to help it achieve this goal.
- New York City and New York state should invest in building a workforce pipeline of peer specialists and mental health providers so that 988 can recruit well-trained mental health professionals as it grows.⁷ The city should also explore raising the compensation for 988 call takers to help retain this critical mental health workforce.

A mental health response team that can come to them within minutes instead of hours, day or night.

When a 988 call taker believes a crisis call should receive an in-person response, Vibrant can dispatch a mobile crisis team of nurse practitioners, licensed social workers, and certified peers who can arrive within hours and treat people in their homes. These teams are dispatched about 25,000 times per year, by both Vibrant and hospitals—meaning that about 25% of the crisis calls NYC Well receives result in a mobile crisis team dispatch. The other 75% are either resolved over the phone or, in several hundred instances per year, referred to emergency medical services if a mobile crisis team is unavailable.

⁷ Currently, 988/NYC Well call takers (counselors and peers) are able to support around 10 to 12 callers per shift. With a total of around 1,300 calls, texts, and chats per day, Vibrant estimates they need about 300 full-time counselors on staff in order to offer 24-hour coverage, seven days a week.

Fountain House’s members, social practitioners, and the system implementers interviewed as part of this project consistently pointed out that having mobile crisis teams operate only from 8 a.m. to 8 p.m., rather than 24 hours a day, is problematic. One system implementer said, “At night, our only option is to call 911 and attempt to send emergency medical services if someone in crisis needs an in-person response. The risk is that 911 will also dispatch police.” Fountain House’s members also shared concerns that mobile crisis teams could involuntarily hospitalize them or provide care that does not respect their agency and choice.

To ensure that mental health response teams can respond 24 hours a day and be trusted by the people they serve, we recommend these actions:

- New York state and New York City should partner to fund increased mobile crisis team capacity in the city. This service should be available 24 hours a day, with sufficient capacity for teams to respond within minutes anywhere in the five boroughs. While the state currently mandates that mobile crisis teams respond within several hours, we recommend that the city set an operational goal—and provide funding to enable the teams to achieve it—of a response time comparable to that of emergency medical services. New York City may be able to leverage federal funds to support this expansion: From April 2022 through April 2025, section 9813 of the American Rescue Plan Act is authorizing an enhanced 85% federal match Medicaid reimbursement for mobile crisis services. According to the [New York State OMH](#), this expanded federal match “will offset the cost to NYS of expanding the geographic coverage and operating hours (move to 24/7 operations) resulting in a robust Mobile Crisis system that meets the needs of all New Yorkers.”
- New York City should publish quarterly data on the outcomes of mobile crisis team care and on the self-reported experiences of individuals and families who received care from a mobile crisis team.

- New York City should standardize mobile crisis team transportation resources. While some teams have response vehicles, others rely on public transit. Teams with vehicles do not have the same privileges as other first responders (meaning they do not have the lights and sirens that could help them arrive to treat someone more quickly), with some teams describing delayed care because of difficulty finding parking (rarely an issue for ambulances and police vehicles). The city should invest in clearly marked mobile crisis team response vehicles that have Department of Transportation approval to park as needed, as other emergency vehicles do, to streamline their responses.
- New York City should standardize the process by which mobile crisis teams are dispatched. According to interviews with mobile crisis team providers, these teams receive dispatch requests from two sources: the psychiatric hospital with which the team is affiliated and the 988 system. Typically, 988's threshold for dispatching a mobile crisis team is higher than a hospital's, which leaves some teams responding to especially high volumes of hospital referrals, creating response backlogs and inhibiting their ability to respond quickly to new dispatch requests from 988. To help mobile crisis teams work effectively and efficiently, the city should develop clear, universal standards for both 988 and hospitals so that the teams can prioritize responses to acute mental health crises.

Access to short-term respite and other community-based hospital alternatives within hours instead of weeks or months.

Members and social practitioners reported that when people are taken to a hospital during a mental health crisis, the hospital will often release them within a few hours—meaning that the care hospitals provide is not sufficiently intensive to help people stabilize during a crisis. The quick churn in and out of emergency rooms can be stressful and traumatizing for people experiencing a crisis. The Adams administration's recent focus on increasing involuntary transports to hospitals could exacerbate these trends.

Fountain House's members widely endorse short-term, community-based hospital alternatives, such as respite care. These care options provide days or weeks of residential support

to help people stabilize after a crisis, and they are integrated into communities, which can support connection with friends, family, housing providers, employers, and ongoing mental health providers who can continue to support individuals after they leave respite care. However, respite providers report that for every person they can serve, there is at least one person on their waiting list. People often must wait for weeks or months before they can access stabilizing care.

To support community-based stabilizing care for people experiencing a crisis, we recommend these actions:

- New York state and New York City should partner to fund more respite and short-term recuperative care in the city. There is an urgent need within the next year to fully clear the waiting list for crisis respite services, which we estimate will require at least doubling crisis respite capacity. Gov. Kathy Hochul’s [fiscal year 2024 budget](#) allocates \$60 million in capital and \$122 million annually to expand outpatient services. We recommend that the city advocate to secure some of this funding to support the expansion of mental health crisis respite care in the city.
- Crisis respite care providers report that it is very difficult for them to cover their full costs, in part because of complications when billing Medicaid. We recommend that the state and the city commit to funding respite care providers at a level that will cover the cost of care, including funding to help them cover their costs while awaiting Medicaid reimbursement.

Real, ongoing support in the community after a crisis.

Connecting to ongoing, community-based care after a mental health crisis can be a real challenge. Fountain House members reported that they have been released from hospitals without a care plan or without a care plan they can actually follow, often because of the long waiting lists for community-based care or difficulty finding a provider who accepts their insurance, speaks their language, or is located in a neighborhood convenient for them.

While the 988 system isn’t and should not be responsible for addressing the shortage of affordable, accessible mental

health care providers in New York City, the system could connect people experiencing a crisis to lower-cost care navigation programs and community-based support services that can help them find care that meets their needs.

One way to do this is by using the [mental health clubhouse model](#), as Fountain House does. We address the health and social needs of our members through a supportive community and access to clinical support, housing, and care management. [Evidence for the clubhouse model](#) is powerful: Our members are hospitalized and experience crises significantly less often than others with SMI, resulting in [21% lower Medicaid costs](#) compared with the highest-risk SMI population. Our members complete their education, find paid work, and achieve health and wellness goals at significantly higher rates than people living with SMI who do not have access to similar programs.

In March 2023, the Adams administration pledged [\\$7 million to expand clubhouse capacity](#) in New York City, which will help the city's 16 clubhouses serve more people with SMI and provide stabilizing support before, during, and after mental health crises. But even with this new funding, clubhouses will not have the capacity to serve all of the hundreds of thousands of New Yorkers living with SMI who would benefit from clubhouse membership. Growth in sustained investments to community-based mental health models like clubhouses can and should be an integral part of any government investment in the mental health landscape to meet the health and social needs of people living with SMI.

To increase the number of New Yorkers who can be supported by clubhouses—a proven model that has been linked to fewer hospitalizations and crises for members—we recommend these actions:

- The federal Centers for Medicare and Medicaid Services (CMS) clarifies states' authority to use Medicaid funding for psychosocial rehabilitation (such as the clubhouse model) and encourages states to do so. New York state and New York City should take advantage of this, which would make it much more cost-effective for organizations to operate clubhouses and reach Medicaid-eligible people living with SMI.

- The New York State Department of Health can also authorize Medicaid reimbursement for psychosocial rehabilitation within the state, as [other states](#) have done.
- The City of New York should continue to scale up its investment in clubhouses in the coming year to include funding for capital expansions as well as programming to serve more members and provide the types of support that have been linked to reducing mental health crises.

Smoother integration into the social service system.

Fountain House’s members said that stressors in their lives—like economic insecurity, housing insecurity, job insecurity, inaccessible health care, family violence, and unsafe shelters—have profound effects on their mental health. Right now, the 988 system is not directly connected to other city-funded services that support New Yorkers facing these stressors. Instead, they need to call one hotline for help with their mental health needs, then must navigate other city systems to address the issues that are causing or exacerbating those needs.

To improve the 988 crisis response system’s ability to help New Yorkers address the social and economic stressors that could be causing or exacerbating their mental health crises, we recommend these actions:

- The City of New York should integrate the 988 helpline with other city-funded services, such as 311; the domestic violence hotline operated by Safe Horizon; and housing assistance hotlines operated by the Human Resources Administration.
- When New Yorkers call 988 for help during a mental health crisis, they should be able to receive support and de-escalation over the phone and then, if appropriate, be directly connected to another hotline operator who can address their social and economic needs. The city should be intentional about minimizing bureaucracy as it connects these services so that people experiencing a crisis or profound mental health stress do not experience additional frustration and anxiety.

Increased trust, because the City of New York has welcomed peer oversight of the mental health crisis response system.

As the city implements these foundational changes to crisis response, it will be critical to have ongoing guidance and oversight from New Yorkers experiencing SMI and those who have interacted with the mental health crisis response system.

The City of New York should establish a Peer Oversight Board composed of people living with SMI to offer input and oversight on the 988 system and its implementation. This council should be invited to work with the city to do the following:

- Review and revise the 988 call-taker script to ensure it helps de-escalate crises quickly, clearly communicates that the questions are meant to help support callers' safety and address their needs, and explains the options available to callers.
- Review and revise the 988 call-taker training to develop recommendations for improving and expanding training protocols, including expanding training to support people with mental health needs who are experiencing loneliness or isolation.
- Review and revise 988 mobile crisis team referral protocols and develop success metrics and tracking protocols to allow the city to assess the quality of care the teams deliver.
- Recommend strategies the city must implement to support care navigation through the 988 system.

Step 2: Encourage New Yorkers to reach out to a trusted, well-resourced 988 system for all mental health crises, diverting as many calls as possible from 911 to 988.

Once New York City has taken steps to close trust and service gaps for calls to the 988/NYC Well system, we recommend that it begin a significant and sustained effort to make 988 the default system for addressing mental health crises in the city. This will involve increasing the capacities of call takers, mobile crisis teams, respite care centers, and clubhouses.

Fountain House believes every person experiencing a mental health crisis should have access to a health-led response. We urge the City of New York to accelerate the transition from 911 to 988 in the following ways:

Scale service capacity within the 988 system.

To scale the 988 system’s capacity to provide services during all mental health crises in New York City, we recommend these actions:

- **Invest in hiring more 988/NYC Well peer and mental health professionals to ensure that staff will still be able to answer calls in under one minute as the number of calls coming into the 988 system increases.** Adjust funding on an ongoing basis to continue to achieve this goal.
- **Scale mobile crisis team capacity so that these teams are able to arrive within minutes when dispatched as the number of calls coming into the 988 system increases.** Increasing the number of mobile crisis teams will not be possible through additional funding alone. The city is already experiencing a significant shortage of peers, nurses, and social workers, with widespread vacancies for these roles within government, hospitals, clinics, and nonprofit service providers. New York City must invest in workforce pipeline strategies to grow the mental health workforce and explore tactics such as increased compensation, scholarships, and student loan forgiveness to incentivize and retain mental health professionals to fill these positions.
- **As more New Yorkers begin to call 988 instead of 911 during mental health crises,** the city could consider allowing the 988 system to dispatch the B-HEARD teams of paramedics and social workers who currently respond to some nonviolent 911 calls.
- **Continue to scale crisis respite center and clubhouse capacity** and facilitate direct connections between 988, mobile crisis teams, and these community-based care and support services.

Continue to improve trust in the 988 system.

To continue to improve trust in the 988 system as it becomes the default response to mental health crises in New York City, we recommend that the city take these actions:

- **Work with the recommended Peer Oversight Board to establish clear, transparent policies for how the city will respond to mental health crises where there is a suspected risk of imminent violence or the presence of a weapon.** One option may be to have public health responders always be part of the response team and to engage the public safety system as backup only in rare instances.
- **Work with the Peer Oversight Board to establish clear, transparent policies that indicate when mobile crisis teams may seek involuntary hospitalization as a last resort.** These guidelines should ensure that involuntary hospitalizations only occur when necessary to help someone stabilize so that they can regain the ability to make decisions about their own care. Any decisions regarding hospitalization should be made by mental health professionals, not by public safety officers.

Invest in significant 988 public education campaigns.

Both 911 and 988 are “calls for service” systems—when the public calls, extensive state and federal regulations dictate how the city must respond. Reducing use of the 911 system and moving as many mental health crises as possible into the 988 system, then, will require significant, sustained public education to encourage New Yorkers to trust the 988 system and to rely on its ability to provide a response within minutes and deliver helpful, respectful care.

If the city adopts the recommendations in this paper in order to make 988 a trustworthy, well-resourced, responsive system, we recommend that it invest in two public education campaigns:

- One campaign should be designed by and directed toward people with SMI and people who have interacted with the mental health crisis response system to encourage them to reach out to 988 for help during a mental health crisis. This campaign should highlight staffing and capacity changes to assure people that their calls will be answered by peers and professionals

who understand their needs, and that they can request that someone come to them to provide care within minutes. The goal should be to gain the trust of people with SMI, many of whom may be wary of city services because of their past experiences trying to access them. Most importantly, the city should widely advertise these changes and their commitment to upholding them, along with a mechanism to ensure proper treatment and care for those who call.

- The second campaign should encourage all New Yorkers to see mental health crises as a public health issue, not a public safety issue. It should emphasize that the most appropriate response to a mental health crisis is mental health care, and that 988 can deliver such care quickly. The campaign should reduce the stigma surrounding SMI, educate the public about how mental health crises can manifest, and use that education and compassion to advertise 988 as the most effective way to get someone in crisis the help they need.

Conclusion

Laying the foundation for a safer, healthier New York City

If New York City implements the recommendations in this paper, more New Yorkers will have rapid access to appropriate support during a mental health crisis and to stabilizing care that could help prevent future crises. When crises do occur, systems and services will be in place to keep the people experiencing crises, their families, and first responders safe. And the city could noticeably reduce the stigma faced by people living with mental illness.

We urge the City of New York to seize the full potential of federal and state funding and act with urgency to build a mental health crisis response system that truly meets the needs of the hundreds of thousands of New Yorkers who seek crisis mental health care every year.

Appendix

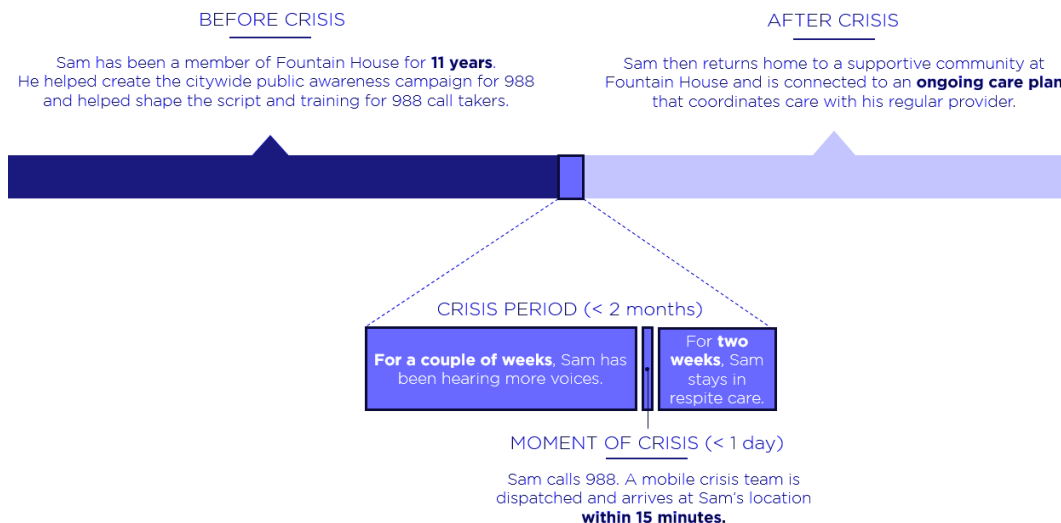
Three ideal 988 user experiences

Below are three possible experiences New Yorkers could have if they reached out to a well-resourced, trusted 988 system for help during a mental health crisis.

USER EXPERIENCE 1: Sam's Mental Health Journey

- **Sam** (not his real name) has been a Fountain House member for 11 years.
- Last year, Sam helped create the citywide 988 public awareness campaign that features stories of people living with serious mental illness who have become call takers and now serve their peers. Sam also helped shape the script and training for 988 call takers.
- For a couple of weeks, Sam has been hearing more voices.
- At 2 a.m., the Fountain House clubhouse is closed, so Sam cannot reach his regular provider. He knows and trusts 988. Sam calls 988, and a call taker—a trained peer—answers on the second ring. The call taker asks Sam what is happening and what he needs to feel safe, and explains Sam's options. Together, Sam and the call taker decide it would be helpful to have a medical team come to Sam's home.
- A mobile crisis team including a social worker, nurse, and peer arrives at Sam's home within 15 minutes. They calmly introduce themselves, ask Sam what would make him feel comfortable (maybe food or water, for example), and explain the kinds of care they can provide. Sam tells them what tests and onsite care would be helpful to him, and he receives the care he requests. He and the mobile team decide together that a stay in respite would benefit him, and the team facilitates immediate enrollment in and transport to a respite care facility.
- Sam is quickly admitted, and he stays for two weeks. The care team at the respite center adjusts his medication and ongoing care plan in coordination with Sam and his regular provider. Sam receives supportive cards from his community at Fountain House while staying at the respite center.
- Sam returns home.

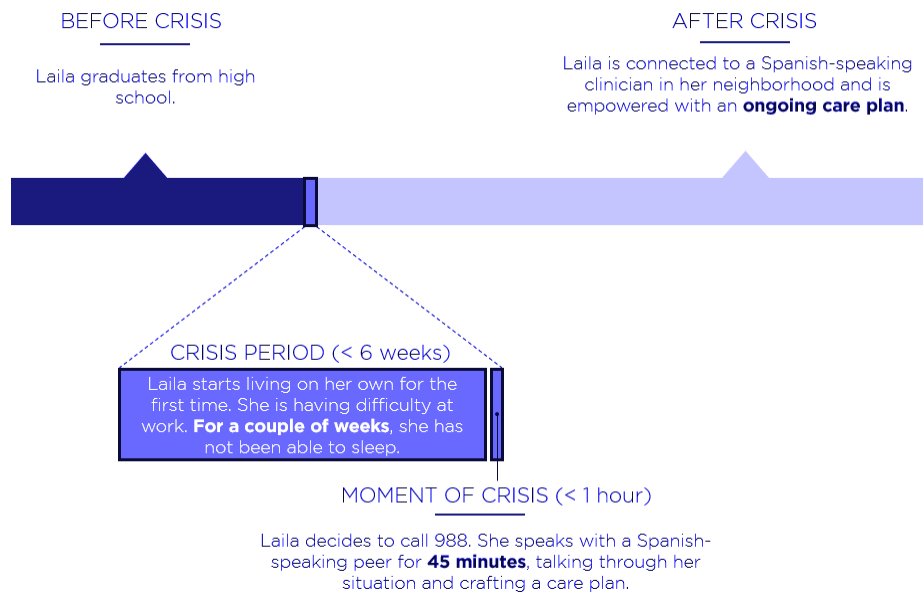
Sam's Timeline



USER EXPERIENCE 2: Laila's Mental Health Journey

- **Laila** (not her real name) has just graduated from high school, and she is living on her own for the first time. She has never sought mental health care before.
- Life is getting stressful. Laila is having difficulty with a supervisor at work who has started harassing her. She is worried about losing her job and what that would mean for her—she would not have enough money for rent and she would lose her health insurance. Her anxiety has affected her sleep for a couple of weeks.
- Laila has seen a poster about 988 and noted that the helpline offers free 24/7 support from native Spanish speakers. Because Spanish is her first language, this gives her some comfort; she feels that the call takers might understand her and her culture.
- Laila decides to call 988. A trained peer answers within seconds and asks Laila how they can help. Laila says she would feel more comfortable speaking in Spanish, and the call taker immediately transfers her to a peer who is a native Spanish speaker. Laila explains the stress she has been feeling. The peer stays on the phone with Laila for 45 minutes, talking through her situation, her feelings, and her needs.
- Laila and the call taker decide on a plan: The peer call taker makes an appointment for Laila at a Health + Hospitals clinic in her neighborhood with a Spanish-speaking therapist who can provide care and help her identify and enroll in an alternative insurance plan. The call taker then connects Laila to the state's hotline that provides free support for people experiencing harassment in the workplace.

Laila's Timeline



USER EXPERIENCE 3: AJ's Mental Health Journey

- **AJ** (not their real name) learned about 988 from the Recharge Station, a kiosk operated by Fountain House in Times Square that offers free water, coffee, phone charging, blankets, and connections to mental health and housing resources. AJ has been housing insecure for the past few years and has had difficulty finding reliable physical and mental health care.
- AJ is drawn to 988's offer of free 24/7 support. They call a few times to speak with a peer anonymously from a private location. The peer call takers stay on the phone with AJ for 30 minutes and share stories about their own experiences with mental health care and with Fountain House. Each time, the peer call takers communicate that when AJ feels ready and comfortable, they would be happy to connect AJ to the kind of support AJ wants.
- The fourth time AJ calls, they share that their symptoms have become overwhelming and that they would like help getting a psychiatric evaluation, but they are worried about going to the hospital. The peer call taker offers to send a mobile crisis team operated by the city to AJ's location to perform an evaluation. AJ agrees and shares their location.
- The mobile crisis team arrives within a few minutes and provides AJ with care, including a psychiatric evaluation. AJ and the mobile crisis team work together to develop an after-care plan that includes the mobile crisis team coming back to check up on AJ every other day for the next week. The team offers to drive AJ to the nearest clubhouse and support AJ's enrollment in the clubhouse's community. AJ agrees.

AJ's Timeline

