

One year after its debut, 988 emergency number drawing many more calls—and more challenges

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The new national number for mental health emergencies—988—has been contacted five million times across the country since it was

introduced a year ago July 9, according to national data.

Virginia has been expanding its ability to take these calls, according to the Virginia Department of Behavioral Health and Developmental Services.

Between May 2022 and May of this year, the department's five regional hubs fielded about 75,000 more calls than in previous years, said Bill Howard, director of crisis operations.

The department started working with call centers to divert mental health crisis calls in 2021. In Virginia, the call centers are where the "tapestry" of local, state and federal mental health services comes together, he said. For example, the 988 line helps with response for the Marcus Alert—legislation enacted after a high school teacher was shot to death in Richmond during a mental health crisis in 2018.

Virginia localities are trying to prepare such mental health crisis programs by July 2026. Virginia Beach was the first to have a pilot program in Hampton Roads.

Responses from call centers range across four levels from lowest risk to highest:

In January 2021, state call centers received 1,886 calls, 52% with an average answer time of 35 seconds. By May 2023, they fielded 5,671 calls with an average answer time of 20 seconds, according to data provided by the department.

"We view this as the entry point to the crisis system with someone to talk to, someone to respond and a place to go," Howard said. "So we've been building capacity on this front end of that system and then in subsequent years we have to build out further the capacity for that someone

responds and the place to go and a number of those initiatives are being addressed with the Right Help Right Now initiatives coming from the governor's office and other ongoing programs being developed at DBDHS as well."

This includes Virginia Crisis Connect, which provides lists of localized resources to the call centers, according to Howard. The aims of building out localities' crisis response teams also will help unburden [police departments](#).

"We're asking the police officers to deal with mental health challenges, and to deal with bad neighborhoods, to deal with all of the problems that come with communities that lack resources that have historically been marginalized," Norfolk Police Chief Mark Talbot told a community gathering Monday in Lamberts Point.

The state is split into five regions: Region 5 includes Hampton Roads and the Eastern Shore.

Across all of Region 5, there was a 518% increase in mobile clinician responses in the first six months of last year compared with the first six months of this year, according to data provided by Casey Mewborn of the Western Tidewater Community Services Board. Responses to adults increased by 447% from 89 to 398, while responses to juveniles increased 638% from 52 to 332.

The regions also have their own community lines because 988 is not geolocated—the number in Region 5 is 757-656-7755. Calls through the community lines increased from 466 in the first six months of last year to 2,109 in the first six months of this year—more than a 450% increase, according to data provided by Mewborn.

Situations where police are already on a scene, but the case is deemed

suitable for mobile crisis response have increased over 1,000% from 23 cases in the first six months of last year to 246 cases in the first six months of this year.

"We're trying to treat each crisis as best we can before it becomes so that you require law enforcement involvement," Mewborn said.

And law enforcement was only rarely needed to respond to these mental health crises—only 26 times out of 730 cases in the first six months of this year and only three times out of 141 cases in the first six months of last year. And some of these situations were mental health crews requesting law enforcement to carry out a welfare check, according to Mewborn.

However, the rollout of the new phone line and crisis response has not been without its hiccups.

"Certainly we welcomed 988 and I do think it's having a positive impact," said Bruce Cruser, executive director of Mental Health America Virginia. "The challenge has been, I think for them, gearing up to provide the services they're expected to deliver."

Cruser said it was a misstep to launch 988, then build out capacity.

"Because it's not just a number, it's supposed to also be a network of community resources that people can be connected with," Cruser said. "And that continuum of care does not exist in a lot of the state."

That matters because if someone were to call and have a negative response, including no answer, they will likely put them off from ever calling again, according to Cruser.

"If they expect to get somebody right away and they expect to be able to

avoid a police response or to be connected to community resources and then they aren't—then they're less likely to call again," he said. "My concern from the beginning has been that's a risk of starting it before it's fully operational."

"Callers have been complaining that they either can't get through or the staff were unprofessional and didn't help much. We've heard that from several callers, so that's unfortunate and I hope this is partly growing pains as they try to staff up."

The 988 line has to determine how to slot in with myriad new local, state and federal initiatives that have come out in recent years to address the mental health crisis, Cruser said.

"I think once it gets to the point where they're fully staffed and work out the kinks, it will be a really good thing because it will be connected to the Virginia services that are also coming on line like the mobile response teams," he said.

There are advantages to having locality specific services that can be tailored and respond best to local needs instead of a one-size-fits all approach, according to Cruser. However, there still needs to be state coordination and some form of integration to ensure needed services are available and can be delivered, he said.

Local mental health providers also have a role, according to Freddie Anderson Jr., CEO of Harbor Point Behavioral Health Center in Portsmouth.

"It's our responsibility to make sure people are educated about this process," he said. "All of us have to have a willingness to make sure we are directing people to what we believe is the right frontline response."

The responses to call lines are also set at various levels—1 through 4. Virginia Beach city staff, which help operate the Level 2 call center for the [mental health crisis](#) lines, also are trying to help get the word out about their services.

The Virginia Beach team has geared up staffing calls from 8:30 a.m. to 10:30 p.m. Monday through Friday—above the state requirements of 2 p.m. to 10:30 p.m., according to Shelby Giles, Virginia Beach behavioral health clinical services administrator.

"Our goal is to be able to build into the weekend," she said.

The city's mobile crisis response teams for the regional hub several months ago expanded into weekends and is now operational seven days a week from noon to 10 p.m., she said.

"We are looking to have job fairs to promote that so we can get those weekend hours and 24-hour coverage," she said.

There is a clinician at each level of the response tree from the top—the national 988 number—down to regional hubs, according to Mewborn and Giles. The local number is especially important because it also streamlines the process for local health care workers to make sure people have been followed up with and there are other benefits, such as a local call taker being more familiar with local issues and needed resources a caller may need.

"When I think about building, in regards to trust, I think if you put your word out there that you're going to be able to do something, you have to have the resources to do it," she said.

"Our end goal is to call the call center, you get a supportive ear and they're conducting a risk assessment and at some point if they realize

that you might be better served by someone responding in the community, they would ask you for your consent for someone to respond in the community and link you with the nearest person via the mobile dispatch service that we have."

And they would still be able to provide other resources that are locally available, such as shelters and soup kitchens, according to Howard. These sort of ongoing need calls amount to about 6% of the calls coming to DBDHS contracted 988 call centers, he said.

Last year's focus of building up call centers and building out crisis response continues, while new data modeling for placement of future crisis stabilization and receiving centers and tying together those crisis teams with the [call centers](#) is the focus of the coming year, Howard said.

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