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Testimony Before the District of Columbia Council
Committee on Health
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Public Hearing:
988 Lifeline Support and Sustainability Establishment Amendment Act of 2025

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Introduction

Good morning, Chairperson Henderson, and members of the Committee on Health. My name is Chris Gamble, and I am a Behavioral Health Policy Analyst at Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health, and education and live in a world free from poverty, trauma, racism, and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today in support of the 988 Lifeline Support and Sustainability Establishment Amendment Act of 2025. People experiencing a behavioral health crisis¹ require a behavioral health response, and developing a cohesive behavioral health crisis response system is the way to ensure that happens. Otherwise, law enforcement will continue to respond to behavioral health crises they are not equipped to handle and emergency rooms will continue being stretched beyond their function to try to treat people with no other place to go. The Substance Abuse and Mental Health Services Administration (SAMHSA) three-part framework for the crisis response system—someone to contact, someone to respond, and a safe place for help—

maps out the areas that must be invested in for the system to effectively support people from the time a crisis begins through stabilization and connection to ongoing care. With continued federal funding for the Suicide and Crisis Lifeline (988) uncertain,² the District must develop other ways to support 988 and the full crisis response system. Twelve states so far have instituted a 988 telecommunications fee to provide additional funding for their crisis response systems.³ The proposed legislation establishes a modest fee that will generate an estimated, non-lapsing \$12.5 million a year, giving the District a predictable supplemental funding source to expand and improve our crisis response system. We support this sensible method of funding a system that is in the early stages of becoming a cohesive and well-known resource.

The District has some of the components of a crisis response system, but they are not operating at full capacity and do not work together in a cohesive manner. Between an understaffed 988 call center in need of technological upgrades, understaffed and operationally limited mobile crisis teams, and a crisis stabilization unit only for adults, there are many gaps to fill in our system that the District currently doesn't have the money for. In my testimony, I will indicate where investment in the crisis response system is most needed, laying out several possibilities for how money collected through the 988 fee can be used. Specifically, I will address:

- 1) Raising awareness about 988 and enhancing call center functions
- 2) Maintaining capacity for specialized youth mobile crisis response

3) Establishing crisis stabilization units for youth

The 988 Call Center Requires Substantial Investment To Operate As The Front Door To The Crisis Response System

988 is intended to be more than a hotline. The shift to the three-digit number was not only meant to make it easier to remember, but to set the stage for Suicide and Crisis Lifeline call centers to become the front door to the crisis response system. When it comes to familiarity in the community and the capabilities of the call center, DC has areas for improvement that the 988 fee can help fund.

DBH should create a marketing campaign to increase knowledge about the existence of 988, how it works, and when to call

Nationwide, 74% of people have at least heard of 988, but only 28% say they are somewhat familiar with the Lifeline.⁴ We have previously testified about the District's lack of outreach and marketing of 988 beyond signs posted in Metro stations and elsewhere and inconsistent social media posts.⁵ Without sustained, strategic outreach and marketing, DC residents will continue calling 911 for help during behavioral health crises.

One glaring gap between DC and states' approaches to publicizing 988 is that we have no website dedicated to explaining what 988 is, when to contact, and what to expect from the call. Through conducting a basic Google search, entering "988 [state name]", all fifty states plus Guam have some sort of website that provides information about 988, sometimes including state-specific functions. For example, South Dakota's 988 website explains that calls to the line don't have to be limited to suicidality and

distinguishes when 911 should be called instead.⁶ Ohio's website includes video explanations of the service from actual 988 call takers and even has a 988 merchandise shop that uses proceeds to further fund the call center.⁷ DC has no 988 web presence at all. A well-designed 988 website can inform people and make them feel comfortable about the service before calling.

It's also an important resource for behavioral health service providers developing safety plans for clients; they could provide detailed instructions to clients on how to utilize 988 and inform them about any features that are specific to DC such as mobile crisis team dispatching capabilities. The more people know about and understand 988, the more they can get the appropriate support in times of need. We ask the Committee to encourage DBH to implement an outreach and marketing strategy for 988.

DBH should adopt an "air traffic control" model for the crisis response system

For our 988 call center to more fully become the front door of the crisis response system, it also must fulfill the roles of management, navigation, and referral amongst all parts of the system. National guidelines developed by SAMHSA refer to an Air Traffic Control (ATC) model for crisis services that enables real-time connection to GPS-enabled mobile teams, system-wide access to available inpatient beds, and outpatient appointment scheduling.⁸ Missouri has a system called MOConnect that facilitates electronic referral and sharing of information, direct dispatching, coordinating care, and

closing the loop by following the individual through the crisis continuum of care.⁹ By comparison, it is something like a mix between the information exchange and care coordination of CRISP DC and the referral capacity of Link U with additional functions specific to the crisis response system. To operate according to the ATC model, we would need to make investments in technology, personnel, and training, which the 988 fee can assist with.

An element we can start with is a public data dashboard. Georgia shares data including volume of contacts, disposition, and caller demographics.¹⁰ This is the type of data DBH should share monthly on its website, rather than only in performance oversight responses that are only known to those engaged in the policy process. Transparency lends to better oversight and the ability to make targeted service improvements. The utility of data sharing was recognized for our 911 system, with OUC developing a 911 Performance Dashboard.¹¹ We recommend that DBH develop a 988 Performance Dashboard.

Youth Mobile Crisis Services Need Increased Funding And A Clear Direction For How They Operate

The FY26 budgeting process made DBH's skewed perspective on mobile crisis services, particularly for children, apparent. The agency has demonstrated throughout this year that they aim to take children's mobile crisis services largely, if not entirely, in-house. This goal rests on the incorrect assumption that ChAMPS is performing a duplicative function when it provides crisis intervention at a school. The assumption is

that schools have the staffing necessary to handle student crises on their own. Despite an existing triaging model created by the Office of the State Superintendent of Education (OSSE) showing that a school must attempt to de-escalate a crisis before calling ChAMPS,¹² DBH has maintained that ChAMPS is not needed in school settings. As a result, DBH slashed funding for the Child and Adolescent Mobile Psychiatric Service (ChAMPS) in half.¹³ Then, the agency made mention in their testimony for the School-Based Behavioral Health comprehensive plan that they are planning to create a DBH-operated youth mobile crisis team, akin to a “ChAMPS plus”.¹⁴ With no explanation of how this in-house team would function or what it would mean for ChAMPS’ funding we have concern that DBH’s vision for youth mobile crisis services does not align with what youth actually need.

The motives displayed by DBH in relation to youth mobile crisis services show that because the proposed legislation provides discretion in how the 988 funds are used, there should be reasonable guardrails to ensure the crisis response system is improved in sensible ways. That is to say, either legislation that more concretely defines the crisis response system or stronger enforcement of current regulations will need to be implemented to ensure best use of the funds. For instance, DBH regulations state that a youth mobile crisis team must operate 24/7,¹⁵ yet DBH cut ChAMPS hours from 24/7 to Monday through Friday, 8am-8pm in FY23.¹⁶ With proper guardrails in place, there are

ways to expand mobile crisis services in DC with the help of the 988 fee rather than shrinking them.

First, additional staffing is needed for ChAMPS and the Community Response Team (CRT). The CRT is tasked with filling the gaps when ChAMPS is not operating to conduct youth crisis response in addition to its normal adult crisis response duties, yet it remains understaffed. And for ChAMPS to be able to reach callers more quickly and eventually operate 24/7 again, they will need more staff. Sufficient staffing could even potentially allow for responding to more types of crises. Connecticut has instituted a “just go” crisis response policy, where they aim to provide in-person response to whomever calls their crisis line.¹⁷ While there would need to be serious discussion about whether such a policy was right for DC, we can’t reach nearly enough of the youth in crisis now with a halfway funded youth mobile crisis team.

As with the 988 call center, data transparency should be invested in for mobile crisis response. The 988 Dashboard proposed earlier could also include mobile crisis response data, or this could exist in its own dashboard. The dashboard for Durham, North Carolina’s HEART team is a great example of what this could look like.¹⁸ Transparency will allow future decisions about mobile crisis response to be made based on data everyone can see and analyze rather than making assumptions about the value the service.

There Are No Options For Care Besides Hospitals For Children To Access When Experiencing A Crisis

Children in the District are still in need of access to crisis stabilization units that offer extended observation. We have previously testified in favor of the Children's Comprehensive Psychiatric Emergency Program (CCPEP) model which would provide an option for rapid stabilization of immediate crises, helping to avoid hospitalization and the escalation of needs to the point of needing intermediate or acute levels of care such as partial hospitalization or residential treatment.¹⁹ The investments our neighbors in Maryland and Virginia have made into establishing crisis facilities demonstrate the growing recognition that our health system needs to be updated to meet the needs of those experiencing crises.²⁰ Money from the 988 fee can help the District overcome the key funding barrier to establishing a crisis stabilization unit for children and focus on identifying an operator and other necessary components to make the CCPEP model a reality.

Conclusion

The supplemental funding from the 988 fee will create opportunity to expand our crisis response system into a reliable resource that people can reach out to in critical times of need. Thank you for the opportunity to testify and I welcome any questions you may have.

¹ DBH defines a behavioral health crisis as "An unplanned event during which an individual struggles to manage their psychiatric or substance use related symptoms without de-escalation or other intervention. Also includes situations in which an individual's daily life challenges result in or put them at risk of an

escalation in symptoms.” See: DC Municipal Regulation 22-A8099 Definitions, *available at*: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/Title%2022-A%20DCMR%20Chapter%2080.pdf.

² Art Levine and Rob Waters, Inside America’s Mental Health Agency: Mass Firings and Work Stoppages Sap Morale, Impede Mission, (March 2025), *available at*: <https://mindsitenews.org/2025/03/14/chaos-at-samhsa/>.

³ 988 Crisis Response State Legislation Map, *available at*: <https://reimaginecrisis.org/map/>.

⁴ NAMI/Ipsos, 988 SUICIDE AND CRISIS LIFELINE TRACKER, (July 2025), *available at*: <https://www.ipsos.com/en-us/988-suicide-crisis-lifeline-awareness-reaches-new-high-information-gaps-persist>.

⁵ Chris Gamble, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (March 31, 2025), *available at*: HYPERLINK "https://childrenslawcenter.org/wp-content/uploads/2025/04/C.-Gamble_Childrens-Law-Center_Sense-of-the-Council-on-Supporting-Humane-and-Trauma-Informed-Responses-to-Behavioral-Health-Cris.pdf" https://childrenslawcenter.org/wp-content/uploads/2025/04/C.-Gamble_Childrens-Law-Center_Sense-of-the-Council-on-Supporting-Humane-and-Trauma-Informed-Responses-to-Behavioral-Health-Cris.pdf

⁶ SD Behavioral Health, *available at*: <https://sdbehavioralhealth.gov/988>.

⁷ Ohio Department of Behavioral Health, 988 Suicide and Crisis Lifeline in Ohio, *available at*: <https://dbh.ohio.gov/get-help/crisis-systems/988-suicide-and-crisis-lifeline-in-ohio>.

⁸ Substance Abuse and Mental Health Services Agency, *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*, *available at*: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>.

⁹ Missouri Department of Mental Health, *Provider Guidelines for Missouri Behavioral Health Connect (MOConnect)*, *available at*: <https://dmh.mo.gov/media/pdf/moconnect-guidelines-crisis-services>.

¹⁰ 988 Lifeline Georgia, Georgia DBHDD 988 Data Publications, *available at*: <https://988ga.org/data>.

¹¹ Office of United Communications, 911 Performance Dashboard Beta, *available at*: <https://ouc.dc.gov/page/911-performance-dashboard-beta>.

¹² See the crisis protocol flow chart. Office of the State Superintendent of Education, Responding to a School Crisis, *available at*: <https://osse.dc.gov/page/responding-school-crisis>.

¹³ Chris Gamble, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (May 30, 2025), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2025/06/C.-Gamble-DBH-FY26-Budget-Childrens-Law-Center-Written-Testimony-5.30.25.pdf>.

¹⁴ *Roundtable on DBH’s Comprehensive Plan for the School-Based Behavioral Health Program*, YouTube (November 5, 2025), *available at*: <https://www.youtube.com/watch?v=ME4Gc0Mx5Og>.

¹⁵ DC Municipal Regulation 8028.3, CERTIFICATION STANDARDS FOR BEHAVIORAL HEALTH STABILIZATION PROVIDERS, *available at*: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/Chapter%2080%20Certification%20Standards%20for%20Stabilization%202.2021%20%28FINAL%29.pdf.

¹⁶ DBH FY2023 Performance Oversight Responses, response to Q44h, *available at*: HYPERLINK "https://dccouncil.gov/wp-content/uploads/2024/08/FY-23-Oversight-Pre-Hearing-Responses.-DBH_UPDATED.pdf." https://dccouncil.gov/wp-content/uploads/2024/08/FY-23-Oversight-Pre-Hearing-Responses.-DBH_UPDATED.pdf.

¹⁷ Stephanie Hepburn, *Connecticut’s Statewide Youth Mobile Crisis Services*, Crisis Talk, (July 19, 2022), *available at*: <https://talk.crisisnow.com/connecticuts-statewide-youth-mobile-crisis-services/>.

¹⁸ 911 Crisis Response (HEART), HEART’s Data Dashboard, *available at*: <https://www.durhamnc.gov/5461/911-Crisis-Response-HEART>.

¹⁹ Chris Gamble, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (March 31, 2025), *available at*: https://childrenslawcenter.org/wp-content/uploads/2025/04/C.-Gamble_Childrens-Law-Center_Sense-of-the-Council-on-Supporting-Humane-and-Trauma-Informed-Responses-to-Behavioral-Health-Cris.pdf.

²⁰ Prince William County Crisis Receiving Center, *available at*: <https://pwcworks.pwcva.gov/crisis-receiving-center>.