



The Impact of State Telehealth Policy Expansion on 988 Suicide & Crisis Calls Nationally

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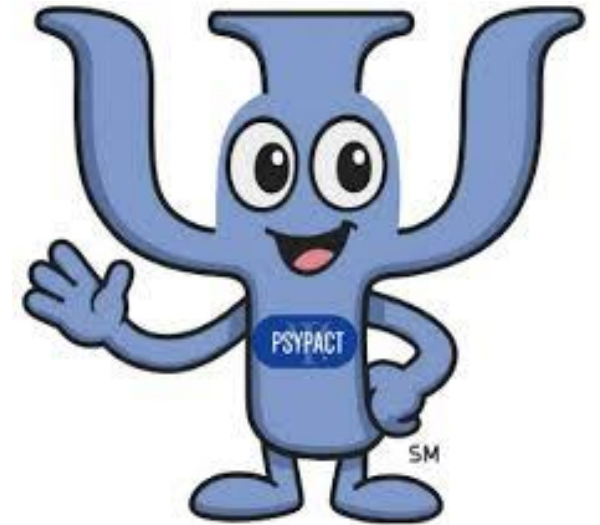
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The views expressed are those of the authors and do not represent the views of the National Institutes of Health, US Department of Veterans Affairs, or the United States Government.

Background & Objective

- The 988 Suicide & Crisis Lifeline launched nationally in 2022 to improve access to behavioral health crisis care.
- The Psychology Interjurisdictional Compact (PSYPACT) allows licensed psychologists to practice across state lines through a streamlined multistate credentialing process.
- State telehealth policies—such as participation in PSYPACT—may influence 988 call routing by expanding the reach of licensed psychologists across state lines.



Study Rationale & Objective

Little is known about the downstream effects of telehealth policies on crisis service engagement.

This study aimed to examine the adjusted association between PSYPACT adoption and 988 call volumes within states.

Methods

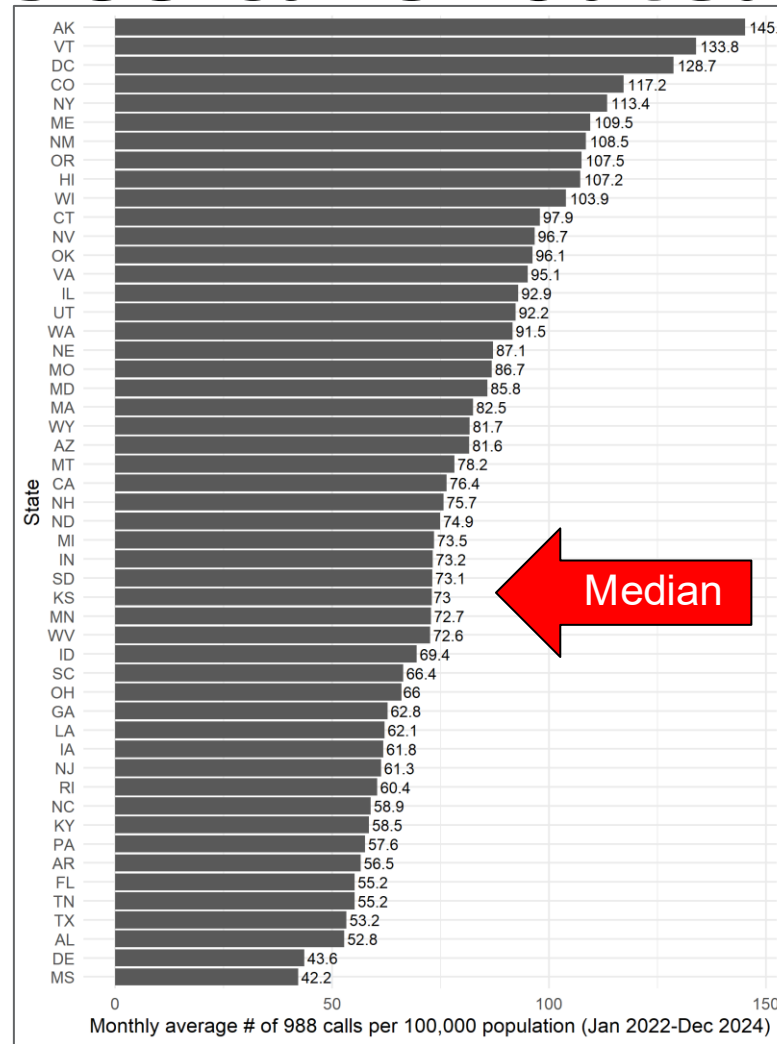


- **Data source:** Vibrant Emotional Health
 - Administers the 988 Suicide & Crisis Lifeline in the U.S., funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Study sample:** All 50 states and D.C., aggregated monthly at the state level
- **Study period:** January 2022 - December 2024
- **Hypothesis:** *Participation in PSYPACT could influence 988 utilization in either direction as expanded access to outpatient mental health care might reduce crisis service use .*

Main Outcome: Count of 988 calls routed

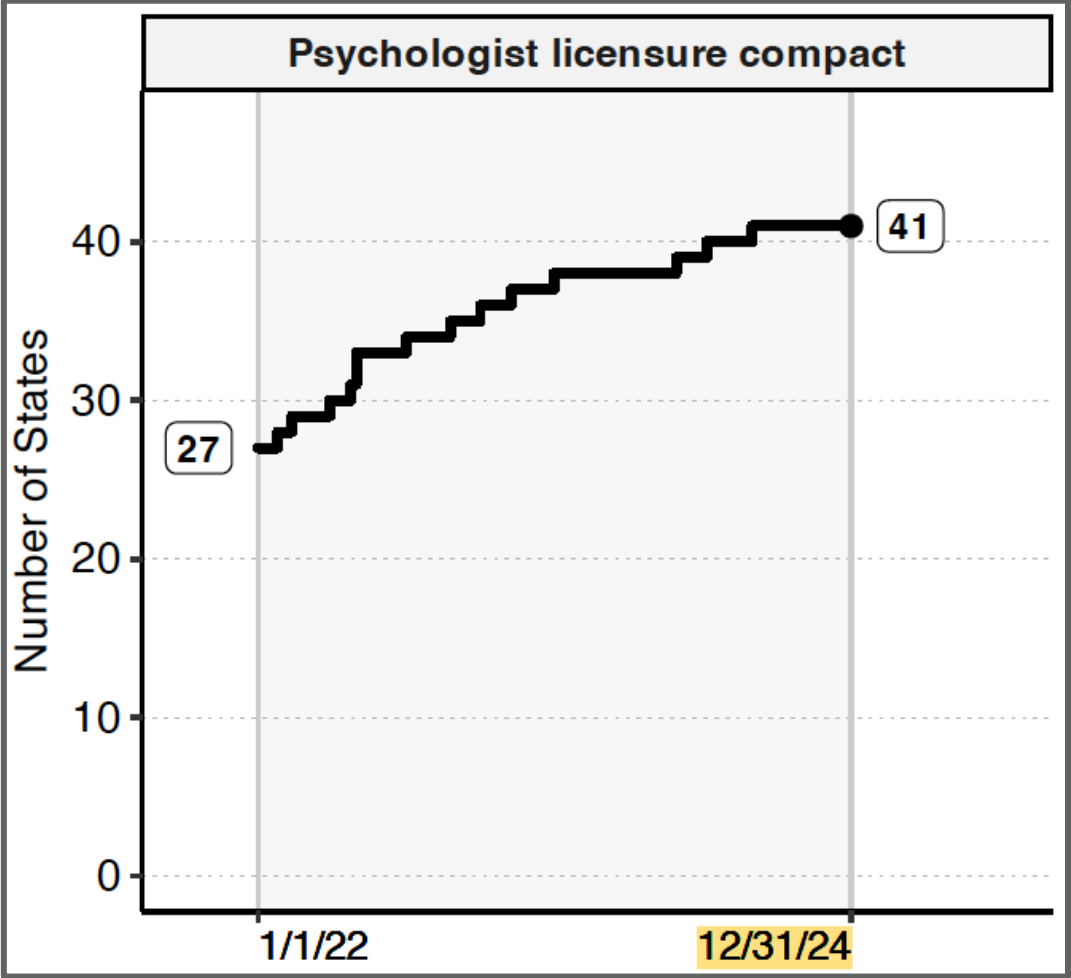
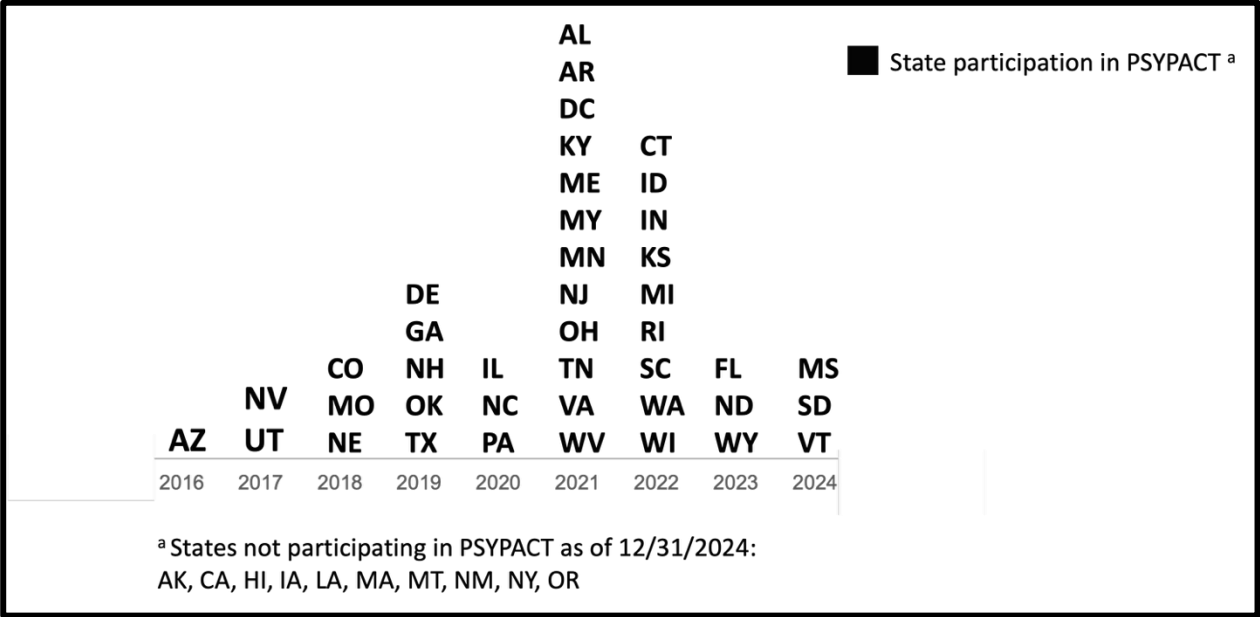
Calls routed per 100,000 population:

- Mean (SD): 81.0 (40.6)
- Median (IQR): 72.9 (55.8-96.1)



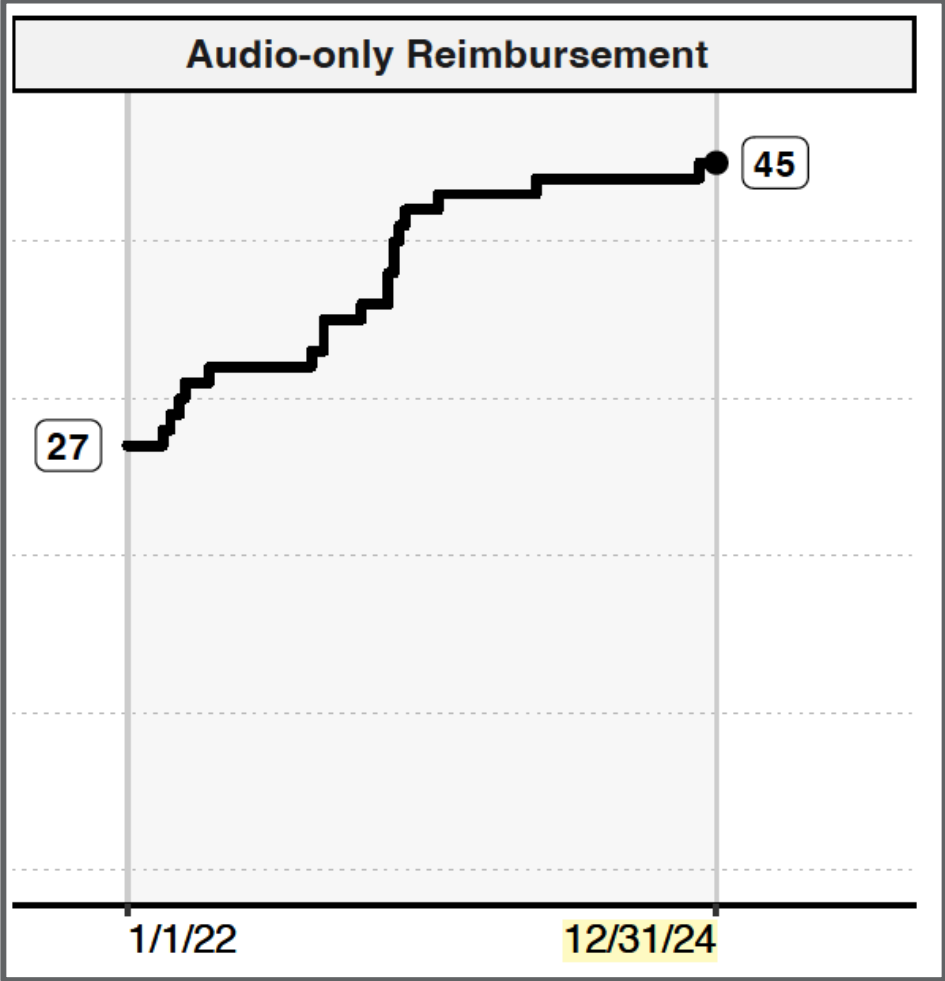
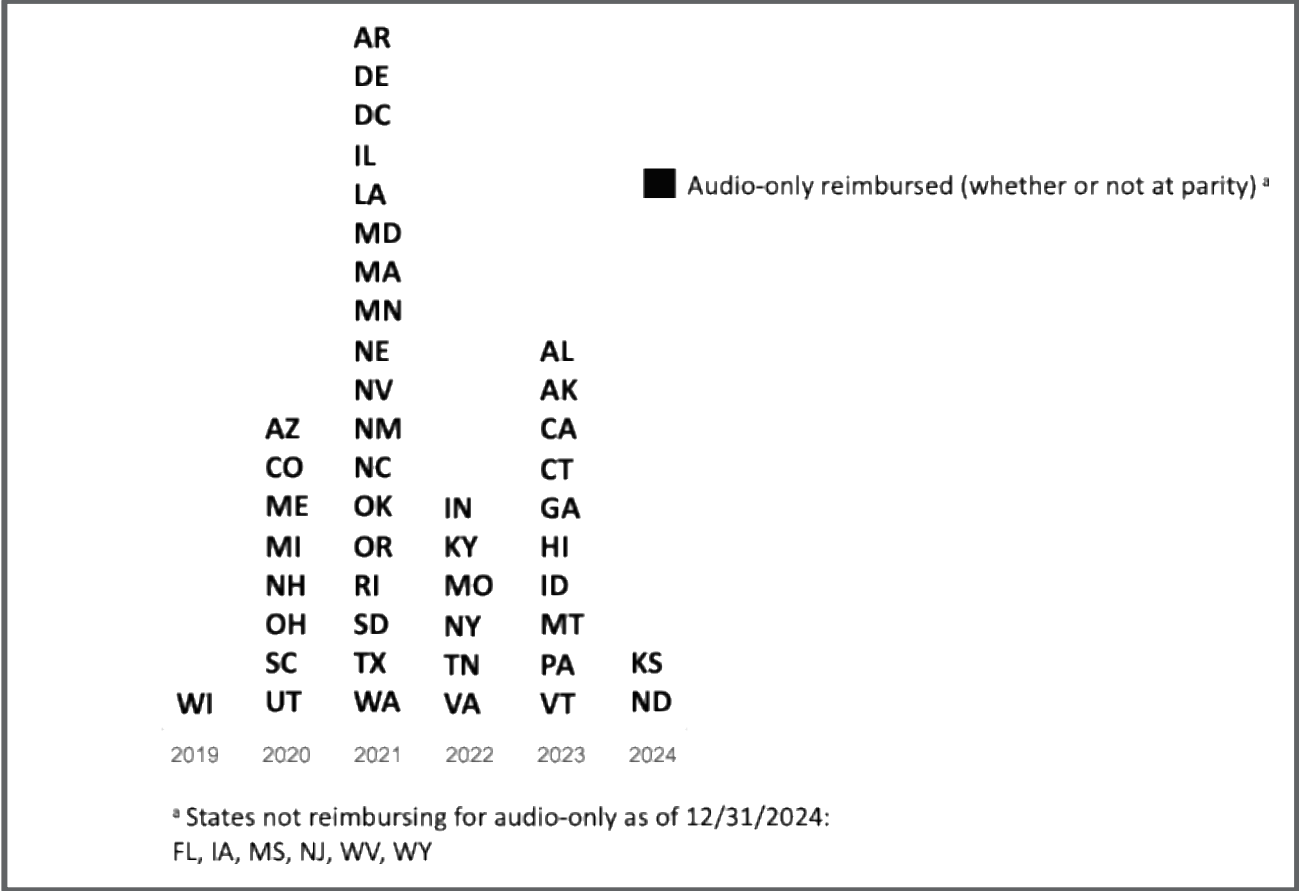
(aggregated to state-month)

Main Predictor: State Participation in PSYPACT



This study used legal mapping research methods to characterize the effective dates and specific provisions of PSYPACT up to December 31, 2024 in all 50 U.S. states and Washington, D.C. Using discrete-time hazard models, we did not find any state factors (e.g., size, demographics, rurality, Medicaid Expansion) to be associated with telehealth policy expansion.

Secondary Predictor: State Medicaid Participation in Audio-only Reimbursement



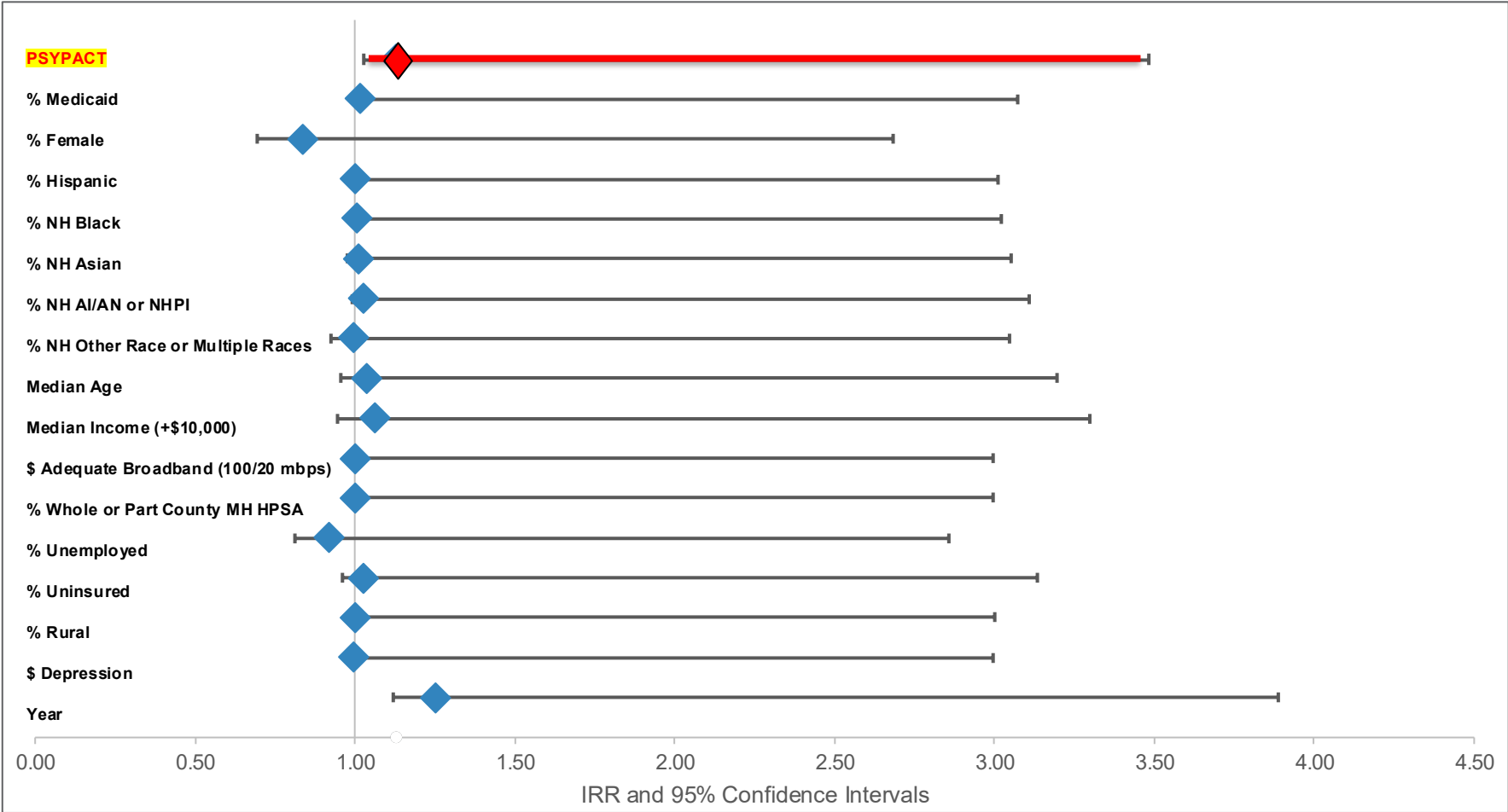
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Methods (cont'd)

- **Negative binomial regression models to examine the adjusted association between PSYPACT adoption and 988 call volumes within states**
- Other control variables:
 - State-level factors associated with clinical need and/or access to non-crisis behavioral health services
 - Demographics, median income, broadband [$\geq 100/20$ Mbps] availability, mental health professional shortage areas, unemployment rates, Medicaid and uninsured rates, and rurality
 - *State population offset, fixed year effects, state random effects*
- Sensitivity analysis: Audio-only reimbursement (whether or not at parity); interaction between policies and rurality

State adoption of PSYPACT was associated with **12%** more 988 crisis calls

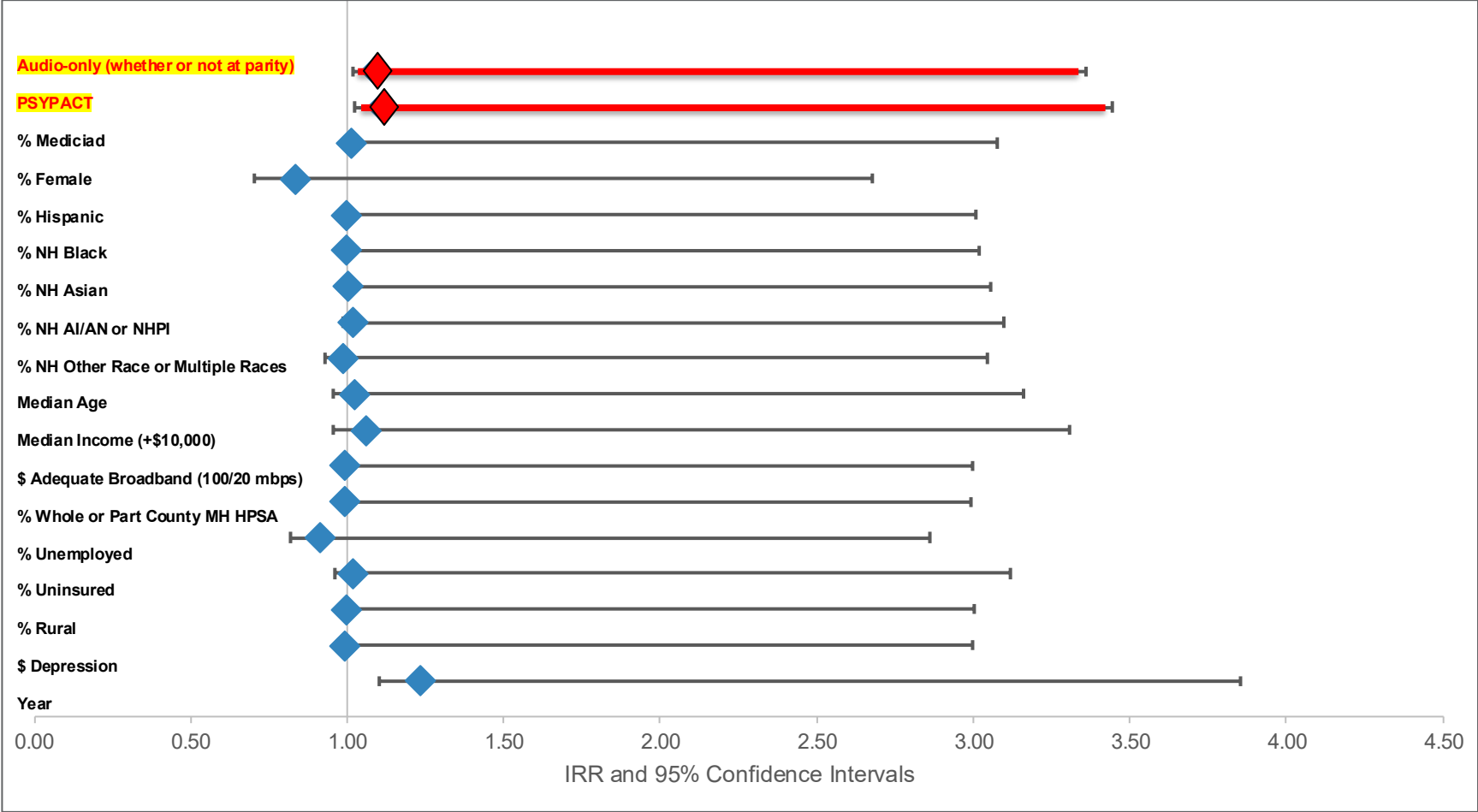
- **Cohort:** All 50 states and D.C., aggregated monthly at the state level
- **Source:** Vibrant Emotional Health; January 2022-December 2024



*p<.05; **<p.01; ***p<.001. Negative binomial regression models predicted the adjusted association between state PSYPACT adoption and 988 call volumes within states, controlling for state-level demographics, median income, broadband [≥100/20 Mbps] availability, mental health professional shortage areas, unemployment rates, Medicaid and uninsured rates, and rurality. Models included state population size offset, fixed year effects, and state random effects.

State adoption of Medicaid Audio-only reimbursement was associated with **9%** more 988 crisis calls

- **Cohort:** All 50 states and D.C., aggregated monthly at the state level
- **Source:** Vibrant Emotional Health; January 2022-December 2024



*p<.05; **<p.01; ***p<.001. Negative binomial regression models predicted the adjusted association between state audio-only reimbursement and 988 call volumes within states, controlling for state-level demographics, median income, broadband [≥100/20 Mbps] availability, mental health professional shortage areas, unemployment rates, Medicaid and uninsured rates, and rurality. Models included state population size offset, fixed year effects, and state random effects.

Limitations

- Lacked individual-level information on call characteristics and outcomes
 - Call intent, repeat utilization, whether calls resulted in effective crisis intervention—limiting interpretation of how telehealth policy expansion may have influenced the quality or clinical impact of crisis encounters
- Continued change in interstate licensure compact (*dates accurate as of Dec 2024*)
- Modest sample sizes at the state-level
 - Limited statistical power and ability to examine causal relationships
 - States adopting PSYPACT may differ systematically from nonparticipating states in ways not fully captured by our covariates

Conclusion and future work

- Our results suggest that policies expanding telemental health provider reach may strengthen crisis service engagement
 - PSYPACT participation by states was independently associated with increased 988 call routing
- Future research can incorporate direct measures of underlying need to ensure findings are sufficiently robust to ongoing policy discussions on sustaining pandemic-era telehealth flexibilities



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Thank You - Questions?

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