

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

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BACKGROUND

- The 988 Suicide & Crisis Lifeline launched nationally in 2022 to improve access to behavioral health crisis care.
- State telehealth policies—such as participation in the Psychology Interjurisdictional Compact (PSYPACT)—may influence 988 call routing by expanding the reach of licensed psychologists across state lines.
- Little is known about the downstream effects of telehealth policies on crisis service engagement.

OBJECTIVE

- To examine the adjusted association between PSYPACT adoption and 988 call volumes within states.

METHODS

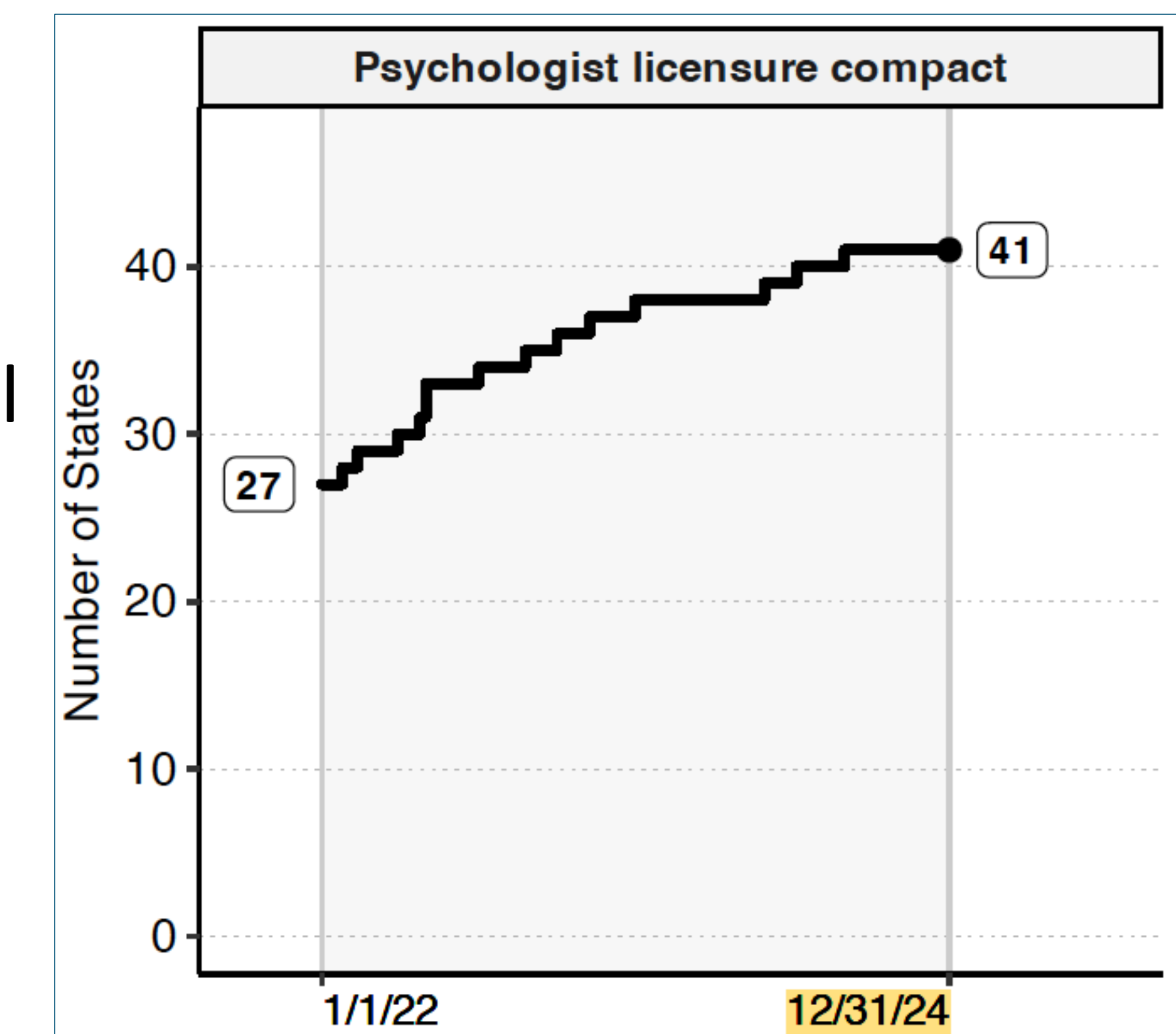
- **Study Period:** January 2022 - December 2024
- **Study Design:** Retrospective Cohort Study
- **Study Population:** All 50 states and D.C., aggregated monthly at the state level
- **Data Sources:** Vibrant Emotional Health, Household Pulse Survey, American Community Survey, Area Health Resources Files, U.S. Bureau of Labor Statistics, Federal Communications Commission
- **Outcome:** Count of 988 calls routed (aggregated to state-month)
- **Key Predictor:** State participation in PSYPACT
- **Analysis:** Using negative binomial regression models, we examined for associations between state PSYPACT participation and the following: demographics, median income, broadband [$\geq 100/20$ 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.

Acknowledgements: This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the National Telehealth Center of Excellence cooperative agreement (U66RH31459), which has a total award amount of \$4,250,000 for the approved project period. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. This work was supported by a grant RF1 MH133436 from the National Institute of Mental Health (PI: Leung). The views expressed here are those of the authors and do not necessarily reflect the position or policy of the US Dept of Veterans Affairs or the US government.

RESULTS

- The median number of 988 calls was 3,171 per month.
- 988 calls **increased over time**, with 34% more calls each year.
- There was no association seen with state sociodemographics, rurality, unemployment, Medicaid coverage, Health Professional Shortage Areas, or broadband internet availability.

State adoption of PSYPACT was associated with **12% more 988 crisis calls** ($p < .05$). This association was similarly observed across all states, **regardless of how rural they were.**



Key Predictors of 988 Call Volume: Incidence Rate Ratios (IRR)

Predictor	IRR (95% CI)
PSYPACT	1.12 (1.03-1.23)***
Median Age	1.04 (0.96-1.12)
% Female	0.84 (0.69-1.01)
% Hispanic	1.00 (0.98-1.01)
% Non-Hispanic Black	1.00 (0.99-1.02)
% Non-Hispanic Asian	1.01 (0.97-1.04)
% Non-Hispanic American Indian/Alaskan Native or Native Hawaiian/Pacific Islander	1.02 (0.99-1.06)
% Non-Hispanic Other Race or Multiple Races	0.99 (0.92-1.07)
Median Income (+\$10,000)	1.06 (0.95-1.18)
% Medicaid	1.02 (0.99-1.04)
% Adequate Broadband (100/20 mbps)	1.00 (0.99-1.00)
% Whole County or Part County Mental Health Professional Shortage Area	1.00 (0.99-1.00)
% Unemployed	0.91 (0.81-1.03)
% Uninsured	1.02 (0.96-1.09)
% Rural (Non-metropolitan- population <2500 individuals)	1.00 (0.99-1.01)
% Depression Screen Positive (Patient Health Questionnaire-2 >3)	0.99 (0.98-1.01)
Year	1.25 (1.12-1.39)***

*Statistical significance: * $p < .05$, ** $p < .01$, *** $p < .001$

CONCLUSION

- PSYPACT participation was independently associated with increased 988 call routing, suggesting that policies expanding telemental health provider reach may **strengthen crisis service engagement.**
- Future research can incorporate direct measures of underlying need (e.g., suicidal thoughts) to ensure findings are sufficiently robust to ongoing policy discussions on telehealth flexibilities.