

March 2022

RESEARCH BRIEF:

PUBLIC ATTITUDES REGARDING THE IMPLEMENTATION OF 988 CRISIS RESPONSE HOTLINE IN NEW JERSEY

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), suicide is a leading cause of death in the United States, with 45,979 deaths in 2020. This is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide. Suicide is the second leading cause of death for people aged 10–34 years ([Facts about Suicide](#)).

Too often, people with mental illness do not receive a mental health response when experiencing a mental health crisis. Instead, people in crisis often come into contact with law enforcement rather than a mental health professional. Quick and easy access to mental health and crisis counseling services is critical. Evaluations of crisis line networks in the U.S. have established the effectiveness of crisis line services as suicide prevention tools while also identifying the need for continued development of a robust and integrated crisis response system to meet the needs of individuals in suicidal and mental health crisis (see [Gould & Lake, 2021](#)).

In August 2019, the Federal Communications Commission (FCC)—in consultation with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, the Department of Veteran Affairs, and the North American Numbering Council—released a [report](#) recommending the use of 988 as the 3-digit code for the National Suicide Prevention Lifeline in an effort to make it easier for Americans in crisis to access the help they need and to decrease the stigma surrounding suicide and mental health issues.

A federal law passed in 2020 ([the National Suicide Hotline Designation Act](#)) replaces the existing ten-digit suicide prevention line (1-800-273-TALK) with 988 and requires telephone carriers to enable calls to 988 and states to set up call center networks by July 2022. Recognizing that texting is critical to Americans, particularly young people and those who are deaf, have hearing loss or speech disabilities, FCC rules require a texting option as well. Calls will be answered by trained crisis operators prepared to assess and de-escalate crises over the phone, connect callers to additional services, and dispatch a mobile crisis team where available. Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

STUDY GOALS AND METHODOLOGY

On February 3 2022, The New Jersey Senate Health, Human Services, and Senior Citizens Committee unanimously advanced bill S311 to support the state's rollout of the nationwide 988 Suicide Prevention and Mental Health Crisis Hotline. The bill would establish a core statewide behavioral health crisis

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system, including call centers, mobile crisis response teams, and stabilization services. S311 would boost efforts to respond to mental health crises with licensed mental health professionals and certified peers versed in the linguistic and cultural norms of their communities. To maintain the statewide behavioral health system, S311 will also require the NJ Department of Human Services to establish a “988 System and Response Trust Fund Account,” by establishing a monthly statewide 988 fee on mobile services bills to support the costs of maintaining 24/7 988 call centers. Such a fee would resemble the one consumers already pay for local 911 services and would not apply to those receiving benefits from the federal Lifeline program.

According to a [national poll commissioned by NAMI](#) and conducted by Ipsos, 73% of respondents nationally would be willing to pay a fee to support 988 crisis response services. When respondents were told that 911 fees average \$1.00 a month, willingness to pay increased to 78%. To assess the degree of public support for the implementation of 988 in New Jersey and ways to pay for it, we included similar questions in the Rutgers-Eagleton Poll. The poll was conducted by telephone using live interviewers from February 25 to March 4, 2022 with a scientifically selected random sample of 1,044 New Jersey adults, 18 or older. Responses were weighted to be representative of the non-institutionalized adult population of New Jersey. The survey’s margin of error is +/-3.0 percentage points. Details regarding the characteristics of the sample and the questions asked are included in the Appendix.

SURVEY FINDINGS

The overwhelming majority of survey respondents (92%) support the creation of a 24/7 mental health, alcohol/drug, and suicide crisis call centers that can respond effectively to callers and follow-up later (73% strongly support the idea and 19% somewhat support). A greater percentage of **females** (96%, compared to 88.5% of males), **non-Whites** (97% of Blacks, 95% of Hispanics, and 96% of those of another race, compared to 91% of Whites), those identifying or leaning toward **Democrats or Independents** (97% and 90%, respectively, compared to 87% of self-identified Republicans) expressed support for the idea. There were no statistically significant differences by levels of education or income, age group, parental status, and region of the state.

A great majority (84%) also strongly (64%) or somewhat (20%) support the principle of ensuring that a person having a mental health, suicide, or drug/alcohol crisis should be treated first by a health care provider or crisis counselor, and not by law enforcement. A greater percentage of **females** (90%, compared to 78% of males), **non-Whites** (96% of Blacks, 91% of Hispanics, and 86% of those of another race, compared to 80% of Whites), those identifying or leaning toward **Democrats** (95% compared to 84% of self-identified independents and 70% of self-identified Republicans), those with **household income below 75K** (92% compared to 80% of those with income between 75-150K, and 72% of those with income greater than 150K), and **residents of urban centers** (90% compared to 81-84% of residents of other regions) were supportive of this policy. There were no statistically significant differences by levels of education, age group, and parental status.

A majority of respondents (90.5%), in addition, favor requiring all health insurers to cover mental health crisis services (73% strongly support the idea and 17.5% somewhat support). A greater percentage of **females** (95%, compared to 85% of males), **Blacks and Hispanics** (98% and 92%, respectively, compared to 86% of those of another race and 90% of Whites), those identifying or leaning toward **Democrats** (97% compared to 87% of self-identified independents and 85% of self-identified Republicans), and non-parents (91% compared to 87% of parents with children living in household) were

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supportive of this policy. There were no statistically significant differences by levels of education or income, age group, and region.

	Strongly support	Somewhat support	Somewhat oppose	Strongly oppose	Don't know / refused
Create 24/7 mental health, alcohol/drug, and suicide crisis call centers that can respond effectively to callers and follow-up later	73%	19%	3.5%	2.5%	2%
Ensure that a person having a mental health, suicide, or drug/alcohol crisis should be treated first by a health care provider or crisis counselor, and not by law enforcement	64%	20%	5%	7%	4%
Require all health insurers to cover mental health crisis services	73%	17.5%	4%	3.5%	2%

	Strongly support	Somewhat support	Somewhat oppose	Strongly oppose	Don't know / refused
Providing state funding of 9-8-8 call-center operations and crisis response services	51%	31%	7%	8%	3%
Adding a monthly fee on phone bills to fund 9-8-8 call center operations and crisis response services, similar to the service charge already collected to fund 911 services. The fee would not apply to those receiving benefits from the federal Lifeline program for low-income consumers	27.5%	26%	15.5%	29%	2%

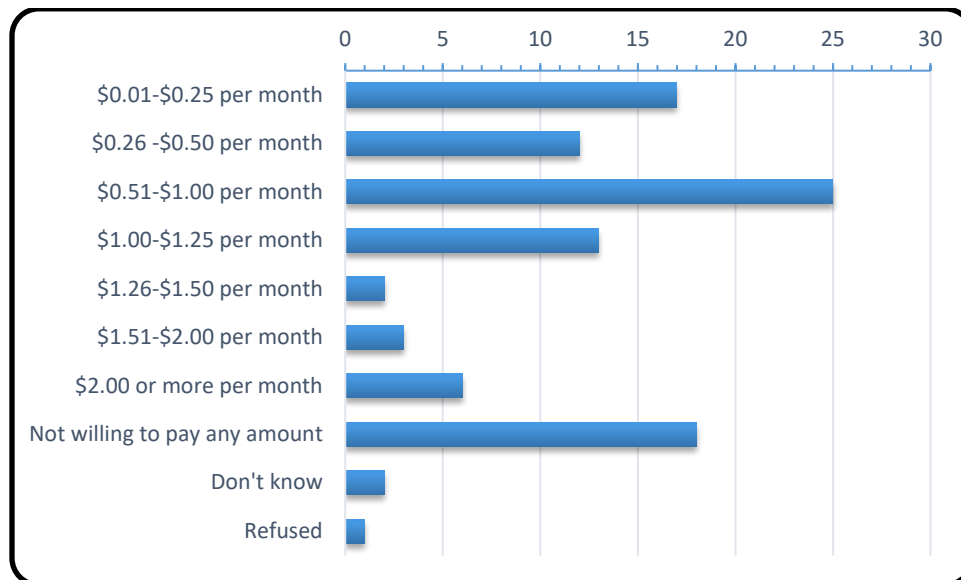
When asked about the best way for New Jersey to fund the 988 call centers, a majority of respondents (82%) strongly or somewhat support state funding and a smaller majority (about 54%) expressed support for applying a monthly fee on phone bills (similar to the service charge already collected to fund 911 services). A greater percentage of **females** (86%, compared to 76% of males), **Blacks and Hispanics** (87% and 86%, respectively, compared to 81% of those of another race and 80% of Whites), those identifying or leaning toward **Democrats** (92% compared to 77% of self-identified independents and 71% of self-identified Republicans) expressed support for state funding. A greater percentage of **Blacks and Hispanics** (63% and 60%, respectively, compared to 53% of those of another race and 50% of Whites), those identifying or leaning toward **Democrats** (68% compared to 51% of self-identified independents and 38% of self-identified Republicans), and those below age 50 (58% compared to 50% of 50+) were positive about the prospects of paying for 988 by imposing a fee on their phone bill. There were no other statistically significant or substantive differences in the way respondents responded to these two questions.

In general, a respondent's degree of support for the creation of a 24/7 mental health, alcohol/drug, and suicide crisis call centers was positively but moderately associated with that respondent's degree of support for paying for 988 using state funds ($r = .28, p < .01$) and less so with support for imposing a phone service fee ($r = .14, p < .01$). The same was true regarding support for a policy requiring insurers to cover the cost of mental health crisis services. Respondents who support this idea are also moderately

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supportive of using state funding to pay for 988 ($r = .31, p < .01$) but somewhat less supportive of paying for the service via a phone fee ($r = .17, p < .01$).

Despite this ambiguity regarding the best way to cover the cost of the 988 service in New Jersey, when asked, only 18% of respondents said they are not willing to pay any amount of fee on their phone bill to pay for this service (3% didn't know or refused to answer the question). By comparison, 54% of all respondents indicated being willing to pay up to a one-dollar per month to support the service and 24% said they would be open to paying up to \$2 per month. In general, **males** were slightly more likely than females to oppose any fee (23% compared to 15%, respectively), as were **Independents** and **Republicans** (24% and 23%, respectively, compared to 10% of Democrats). There were no other statistically significant differences in the way different respondents responded to this question or any systematic way of characterizing those who are supportive of an up-to-one-dollar fee and those who are willing to pay more.



Question: Given that Americans pay an average of \$1.00 on their monthly phone bill for 911 services, how much, if any, in fees would you be willing to pay on your monthly phone bill to fund 988 call-center operations and associated crisis response services?

CONCLUSIONS AND LIMITATIONS

The findings of this survey demonstrate broad public support for 988 crisis response services in New Jersey. A majority of adult New Jerseyans clearly recognize the need and significant value of a dedicated crisis response hotline and express a strong preference for decoupling response to mental health emergencies from response to other types of emergencies that are handled by 911. This is particularly true for members of racial and ethnic minorities and low-income individuals in the state, although it is clear that virtually all segments of the public in New Jersey are supportive of this initiative.

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New Jerseyans are also mostly supportive of using state funds to pay for the service. A majority (82%) say that they strongly or somewhat support this option, which is particularly popular among women, members of the Black and Hispanic communities, and Democrats, a majority of members from diverse socio-economic, racial/ethnic, and ideological background express support to this idea. Support for the alternative option—i.e., adding a monthly fee on phone bills to fund 988—is somewhat less popular with New Jerseyans, although only 18% of adults in the state appear to categorically oppose the idea. A majority (54%) of the public would support this option, although a majority of self-identified Republicans somewhat or strongly oppose this option. Among those who are supportive, about two-thirds indicate being willing to pay up to a one-dollar per month to support the service and an additional 27% would be open to paying up to \$2 per month.

It is important to keep in mind that this survey provides a snapshot of public attitudes regarding 988 and paying for this service in New Jersey. While the data used in all analyses was obtained from a representative sample of adults statewide and therefore provide credible estimates of the distribution of attitudes regarding this issue within the public (with a margin of error is +/-3.0 percentage points), the survey did not include questions that probe about the reasons and/or motivations for these attitudes, which is an important limitation of the study. However, given that the patterns of support for 988 that emerge from this study are very similar to those reported for a nationally representative sample (see the [national poll commissioned by NAMI](#)), it is likely that findings regarding reasons and motivations for supporting or opposing 988 (including paying for 988) in that study, provide important clues about the same within the New Jersey public.

Suggested Citation

Public attitudes regarding the implementation of 988 crisis response hotline in New Jersey (2022). Project ASPEN. New Brunswick, NJ: Rutgers University. Retrieved from <https://aspen.rutgers.edu>.

APPENDIX

The Rutgers-Eagleton Poll was conducted by telephone using live interviewers February 25 to March 4, 2022, with a scientifically selected random sample of 1,044 New Jersey adults, 18 or older. Persons without a telephone could not be included in the random selection process. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. This telephone poll included 255 adults reached on a landline phone and 789 adults reached on a cell phone, all acquired through random digit dialing. The data were weighted to be representative of the non-institutionalized adult population of New Jersey. The weighting balanced sample demographics to target population parameters. The sample is balanced to match parameters for sex, age, education, region, race/ethnicity, and phone use. The sex, age, education, race/ethnicity, and region parameters were derived from 2019 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.

Weighted Sample Characteristics 1,044 New Jersey Adults

Man	48%	Democrat	32%	18-34	27%	HS or Less	30%	White	57%
Woman	52%	Independent	44%	35-49	25%	Some Coll	29%	Black	12%
		Republican	24%	50-64	28%	Coll Grad	22%	Hispanic	19%
				65+	21%	Grad Work	19%	Other	12%
		<\$50K	30%			Urban	17%		
		\$50K-<\$100K	33%			Suburb	35%		
		\$100K-<\$150K	17%			Exurban	13%		
		\$150K+	20%			Phil/South	18%		
						Shore	17%		

In this poll, the simple sampling error for 1,044 New Jersey adults is +/-3.0 percentage points at a 95 percent confidence interval. This means that in 95 out every 100 samples using the same methodology, estimated proportions based on the entire sample will be no more than 3.0 percentage points away from their true values in the population. The design effect is 1.30, making the adjusted margin of error +/- 3.5 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 46.5 and 53.5 percent (50 +/- 3.5) if all New Jersey adults had been interviewed, rather than just a sample.

The Rutgers-Eagleton Poll is paid for and sponsored by the Eagleton Institute of Politics at Rutgers, The State University of New Jersey, a non-partisan academic center for the study of politics and the political process.

SURVEY QUESTIONS

Now for a different topic. The next few questions are about ways to improve state and local response to mental health emergencies in your community.

Would you strongly support, somewhat support, somewhat oppose, or strongly oppose policies that ...

- A. Create 24/7 mental health, alcohol/drug, and suicide crisis call centers that can respond effectively to callers and follow-up later
- B. Ensure that a person having a mental health, suicide, or drug/alcohol crisis should be treated first by a health care provider or crisis counselor, and not by law enforcement
- C. Require all health insurers to cover mental health crisis services

- 1 Strongly support
- 2 Somewhat support
- 3 Somewhat oppose
- 4 Strongly oppose
- 8 Don't know (VOL)
- 9 Refused (VOL)

Starting in July of this year, 9-8-8 will serve as the three-digit number for suicide prevention and mental health crisis hotline, both nationally and in New Jersey, as designated by the Federal Communications Commission and Congress. The federal law requires states like New Jersey to cover the costs of maintaining 24/7 9-8-8 call centers, but there are different ways to do this. Please tell me whether you would strongly support, somewhat support, somewhat oppose, or strongly oppose each of the following:

- A. Providing state funding of 9-8-8 call-center operations and crisis response services
- B. Adding a monthly fee on phone bills to fund 9-8-8 call center operations and crisis response services, similar to the service charge already collected to fund 911 services. The fee would not apply to those receiving benefits from the federal Lifeline program for low-income consumers.

- 1 Strongly support
- 2 Somewhat support
- 3 Somewhat oppose
- 4 Strongly oppose
- 8 Don't know (VOL)
- 9 Refused (VOL)

Given that Americans pay an average of \$1.00 on their monthly phone bill for 911 services, how much, if any, in fees would you be willing to pay on your monthly phone bill to fund 988 call-center operations and associated crisis response services? Just stop me when I get to the right amount.

- 1 \$0.01-\$0.25 per month
- 2 \$0.26 -\$0.50 per month
- 3 \$0.51-\$1.00 per month
- 4 \$1.00-\$1.25 per month
- 5 \$1.26-\$1.50 per month
- 6 \$1.51-\$2.00 per month
- 7 \$2.00 or more per month
- 8 Or are you not willing to pay any amount
- 88 Don't know (VOL)
- 99 Refused (VOL)