



**988 Update  
Texas Suicide Prevention  
Symposium**

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

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**988** SUICIDE & CRISIS  
LIFELINE

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**V!brant**  
Emotional Health

# Disclaimer


Funding for this presentation was made possible, in part, by the Substance Abuse and Mental Health Services Administration (SAMHSA)

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## Over the last two years...

**10 MILLION** Calls, chats & texts answered

 Nearly **6M** calls answered

 Nearly **1.7M** texts answered

 Over **1.3M** chats answered

## Expanding access to care through specialty services:

Nearly **110K Spanish** language calls, texts, & chats answered

\*Spanish chat & text services launched in July 2023

Over **475K LGBTQI+** youth & young adults contacts answered

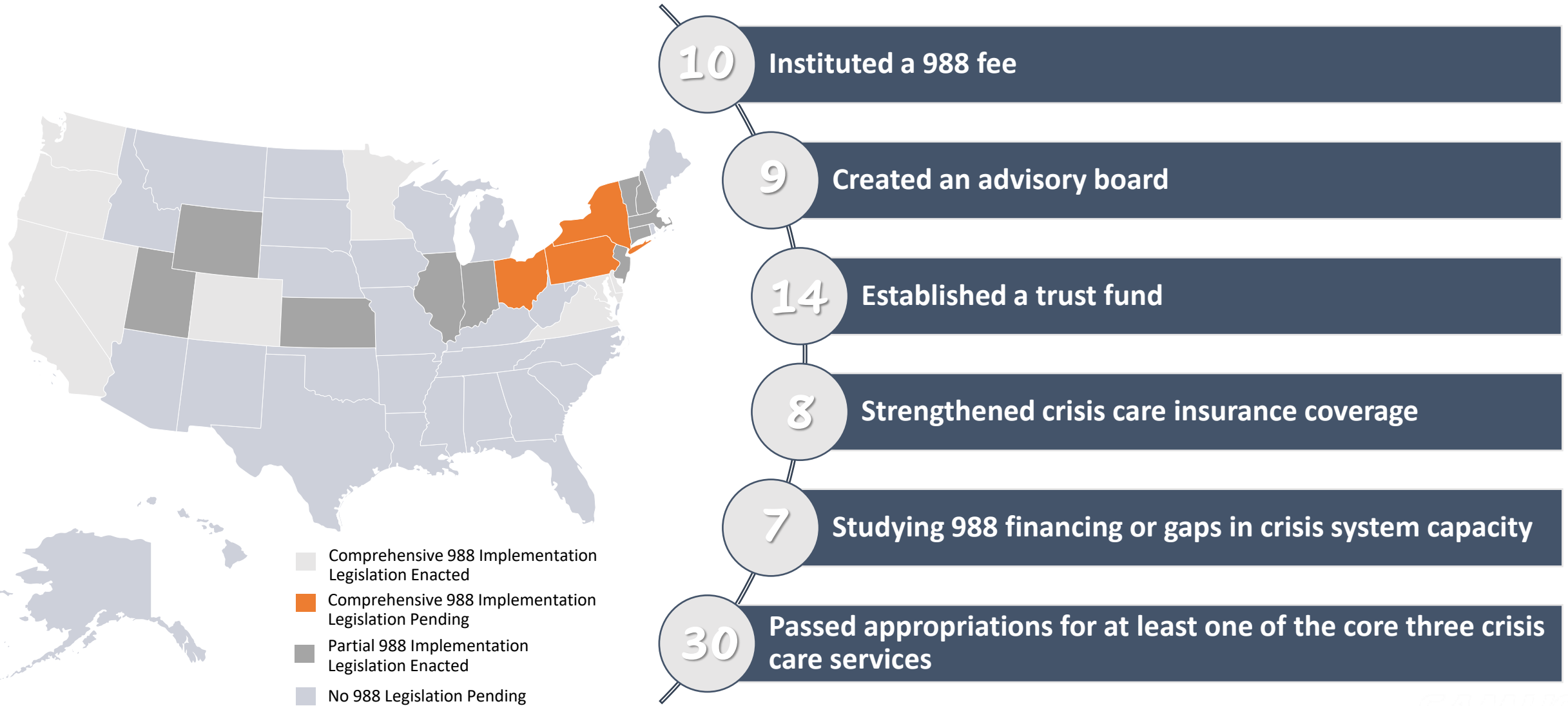
\*LGBTQI+ services launched in July 2023

**20K Videophone** contacts answered in American Sign Language (ASL)

\*Videophone services launched in September 2023

Nearly **\$1.5 billion** in investments from the Biden-Harris Administration have strengthened and expanded 988 Lifeline capacity and services.

# State Legislation by the Numbers



- The National Guidelines for Crisis Care advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts.

## Core elements of a crisis system must include:

1. Regional or statewide crisis call centers coordinating in real time;
  2. Centrally deployed, 24/7 mobile crisis;
  3. 23-hour crisis receiving and stabilization programs; and
  4. Essential crisis care principles and practices.
- Intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.



# What is the Crisis Now model?

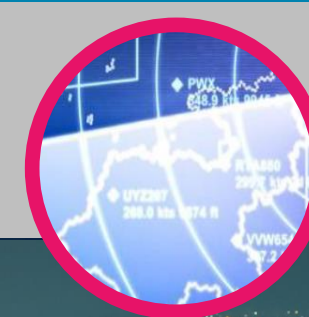
Call Center Hub



Mobile Crisis



Crisis Facilities



8 SUICIDE & CRISIS  
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“Air Traffic Control”  
Crisis Call Center Hub  
Connects and Ensures  
Timely Access and Data

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**Encourage  
and normalize  
help seeking**



**Build credibility  
and public  
trust in the  
988**



**Encourage  
people to contact  
the 988,  
for themselves  
and others**

# 988 National Paid Marketing

- Running research-informed advertising nationwide from June-November 2024.
- First round focusing on a sub-set of audiences as described in the formative research:
  - LGBTQI+ teens and young adults (13-34)
  - AI/AN teens and young adults (13-34)
  - Black teens (13-17)
- Initial step towards a future, comprehensive campaigns and continuous paid marketing
- Vibrant adding more audiences in fall/winter
- Updates and assets posted on SAMHSA's 988 webpage





# Materials for 988 Communications

**Suicide Warning Sign in Youth**

Displaying severe or overwhelming emotional pain or distress



988 SUICIDE & CRISIS LIFELINE



**YOU ARE NOT ALONE**

WE ARE HERE TO HELP.

**CALL, TEXT, OR CHAT 988**

988 SUICIDE & CRISIS LIFELINE

**Breathe In**

988 LIFELINE

**YOU ARE NOT ALONE**

988 LIFELINE

**Suicide Warning Signs in Adults**

Behavior Changes Like:

- Talking about being a burden to others

Text us. 24/7 every day

988 SUICIDE & CRISIS LIFELINE

If you or someone you know needs support, call or text 988 or chat 988lifeline.org

**Señales de alerta de suicidio en adultos**

Cambios en el comportamiento, como:

- Aumentar el consumo de alcohol o drogas.
- Mostrar ansiedad o agitación.
- Comportarse de forma irresponsable.

988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

Visit <https://www.samhsa.gov/resource-search/988> to access materials and sign up for the 988 Partner Newsletter with new, monthly materials.

Struggling with anxiety

**THERE IS HOPE.**

**Text or Call 988**

to connect with someone who cares.

988 SUICIDE & CRISIS LIFELINE

#MentalHealthAwareness #988Lifeline 24/7

**988** SPANISH TEXT AND CHAT ARE NOW AVAILABLE!

988 SUICIDE & CRISIS LIFELINE

Conoce las señales del suicidio.

Hay esperanza.

988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

**Sign up** for 988 email updates on **[www.samhsa.gov/find-help/988](http://www.samhsa.gov/find-help/988)** (scroll to the footer on the home page) and follow the instructions below:

- 1 Enter your email address.
- 2 Scroll to “Behavioral Health Topic Areas.”
- 3 Select “Suicide Prevention.”
- 4 Click “Subscribe.”



## Phase 1: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide

## Phase 2: Messaging and Communications to Trusted Messengers of People Disproportionately Impacted by Suicide

### Phase 1 Key Messaging Principles

- The most **resonating and motivational** components of 988, generally, were the **24/7 availability, the ability to engage with a trained counselor, privacy protection, and no cost.**
- Skepticism, uncertainty, and/or fear of 988 were generally due to concern about **opening up to a stranger, privacy worries, and credibility concerns.**
  - In general, messaging should address:
    - **988's privacy/trustworthiness**
    - **Training of 988 counselors to ensure that they are providing the support needed, no matter the circumstances, with empathy, discretion and no judgement**
    - **24/7 availability**

### Phase 2 Key Messaging Principles

- Trusted messengers noted the following **information/resources would help increase 988's value:**
  - What happens when someone calls
  - That information shared is confidential
  - Personal success stories/knowing who has used it
  - More about the trained counselors who work for 988
- Trusted messengers are most likely to consider recommending 988 because **the counselors are trained** to handle mental health situations, it's best to **directly connect with a professional**, and 988 could assist with **getting the help they need.**

Scan to access full findings from Phase 1 and Phase 2 formative research



- The Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) provides support to states, territories, tribal organizations, and community partners.
- The CSR-TTAC supports a crisis care system that is integrated, sustainable, equitable, and aligned around evidence-based and evidenced-informed practices by:
  - ✓ Helping to integrate the 988 Lifeline with 911 and mobile crisis response services
  - ✓ Working to increase access to mental health and substance use crisis services
  - ✓ Convening experts and leaders to identify emerging best and promising practices
  - ✓ Developing and disseminating materials to help improve crisis systems and services nationwide



## Workforce Shortages

- 24/7 care, especially at night
- High stress leads to high turnover
- Scope-of-practice limitations



## Geographic Challenges

- Increased travel time for mobile crisis teams in rural areas impacts response time
- Telehealth limitations for those without smartphones, reliable services, and/or comfort using them



## Financial Resources

- 5% Block Grant Crisis Set-aside
- Medicaid Institutions for Mental Diseases Rule
- Non-licensed staff & billing



## Provider Training Needs

- Initial and ongoing training needed in crisis services and population-specific topics; trauma-informed, developmentally, and culturally appropriate care
- Difficult to take the existing crisis workforce offline for training; impact on productivity
- Shortage of available training



## “Connecting” Crisis Care

- Underdeveloped interconnections between 988 and the state’s existing infrastructure for effective “dispatching” of mobile crisis teams
- Lack of technology to facilitate timely access to stabilization services

## Routing calls by nearest cell tower rather than area code

Working toward starting activation before the end of the year as carriers are ready

## What this unlocks

- Calls go to the crisis contact center closest to the caller's location
- States can consider sunsetting legacy suicide hotlines
- We can collectively market 988

## How Georouting Works

Wireless caller dials 988

Carrier generates cell site location data

Location data is then translated to geographic boundary data

988 uses a destination code to route to the nearest contact center

- Partnering with external researchers to analyze data and evaluate 988's impact
- Began five-year comprehensive evaluation plan
- Will provide a cohesive national picture on progress in access to crisis services, along with the impact on both individuals and community systems.



# Why focus on imminent risk data now?

Table 2

## Percent Indicating They Had Concerns About Using 988 for Following Reasons:

Law enforcement would be sent	41%
Would be forced to go to the hospital	40%
The call would not remain private and others might find out	37%
Would end up being charged for services that they couldn't pay	36%
988 responders wouldn't be able to handle the issue I contacted them about	34%
Would end up in jail	23%

Source: The Pew Charitable Trusts/Ipsos Public Affairs poll

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A man with short dark hair, wearing a light blue button-down shirt over a white t-shirt and tan pants, is seated in a wheelchair. He has his hands raised near his head, palms facing forward, in a gesture of distress or contemplation. The setting is a modern living room with a wooden wall, a black metal shelving unit, a potted plant on a table, and a large window with a grid pattern. The background is slightly blurred, focusing attention on the man.

# Summary of Scientific Research using Lifeline Imminent Risk Data

# Gould et al., 2016

*Successfully establishing a collaborative relationship with callers appears to enhance helpers' chances of mitigating imminent suicide risk through collaborative interventions, and to reduce the need to involve emergency services, even in the presence of robust indicators of suicidal desire, capability, and intent.*

- Researchers defined emergency services as “police, sheriff, EMS”
- Emergency services were sent collaboratively on 19.1% of imminent risk calls and non-collaboratively on 24.6% of imminent risk calls.
- 76.8% of suicide attempts in progress resulted emergency services being sent
- Emergency services were sent noncollaboratively for 47.5% of suicide attempts in progress; 30.3% were collaborative.

# Gould et al., 2022

*... our findings indicate that it can be feasible for crisis counselors to obtain usable information on the suicide risk and safety of individuals who are not calling on their own behalf but whose suicide risk assessment is based on third-party reports alone.*

- Emergency services were contacted in 58.1% of third-party imminent risk calls.
- Less invasive measures like monitoring by a third party or coordinating with a mobile crisis team were used in just 25% of cases when a third-party contacted emergency services (compared to nearly 80% when counselors directly contacted emergency services)
- Factors increasing odds of emergency service contact:
  - Suicide attempt in progress
  - Planned to act on thoughts within a few hours
  - Ambiguity about whether a suicide attempt was in progress or could occur in less than a few hours
  - Age (younger) or relation of third party (friends or acquaintances)
  - When third-party did not have face-to-face contact with person in crisis,

# Imminent risk data sources (calls)



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National Suicide Prevention Lifeline's (NSPL) December 2010 Policy for Helping Callers at Imminent Risk of Suicide

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2018 National Suicide Prevention Lifeline (NSPL) Network Survey

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Imminent Risk Amendment

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State Capacity Building Grant

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9-8-8 State Planning Grant

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**There is variability in emergency service dispatch percentages across imminent risk data sources.**

**Emergency service dispatch percentages for reviewed data sources ranged from 1.64 – 2.40% (of total call volume)**

**Percentages may vary due to several factors**  
(e.g., centers sampled, first vs. third party calls, mobile crisis availability, etc.).

**The percentage of involuntary emergency service dispatches appears consistently higher than voluntary dispatches for third party calls.**

**Examining data at a deeper level of analysis (e.g., by quarter) may reveal greater fluctuations in emergency dispatch percentages.**

# Future Research Needs

**SAMHSA**  
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# Imminent risk definition from 988 Suicide and Crisis Lifeline Suicide Safety Policy



*"... there is a **close temporal connection (very short time frame)** between the person's current risk status and actions that could lead to their suicide."*

*"The risk must be present in the sense that it **creates an obligation and immediate pressure on the crisis counselor to take urgent actions to reduce the individual's risk ...**"*

*"**Imminent Risk may be determined if an individual states (or is reported to have stated by a third party) both a desire and intent to die and has the capability of carrying through on this intent.**"*

1. **Subjective assessment of risk introduces likelihood of inconsistent responses to similar situations.**
2. **Increased uncertainty about true risk status during third-party calls?**
3. **Concepts of "imminence" and "close temporal connection" lack clarity.**
4. **Are we assessing desire, intent, and capability in a valid and reliable way?**

# Future Research Needs

## Demographic characteristics of crisis contacts at imminent risk need more research

- How do cultural factors influence imminent risk decision making?
- How do demographic factors influence the experience of individuals at imminent risk for suicide during crisis calls?
- How can crisis intervention services be tailored to meet the unique needs of diverse populations?
- What is the impact of equity considerations on the outcomes of crisis interventions for individuals at imminent risk of suicide?
- How can data collection and analysis processes be optimized to capture the nuanced experiences of all individuals at imminent risk for suicide?
- Through research, how can we further test the definition of imminent risk?



## Coordinated 988 and 911 Emergency Response Systems



### Policy

Advance decision making around legal issues involving first responders and the 988 Lifeline network



### Practice

Identify best practices around 911/988 Lifeline collaboration and alternative responses to law enforcement



### Publicity and Promotion

Educate first responder, criminal justice, emergency medical services, and other groups about the 988 Lifeline with the goals of:

- Collaborating
- Integrating of the 988 Lifeline into a network of services
- Identifying/implementing "health-first" staff trainings and resources

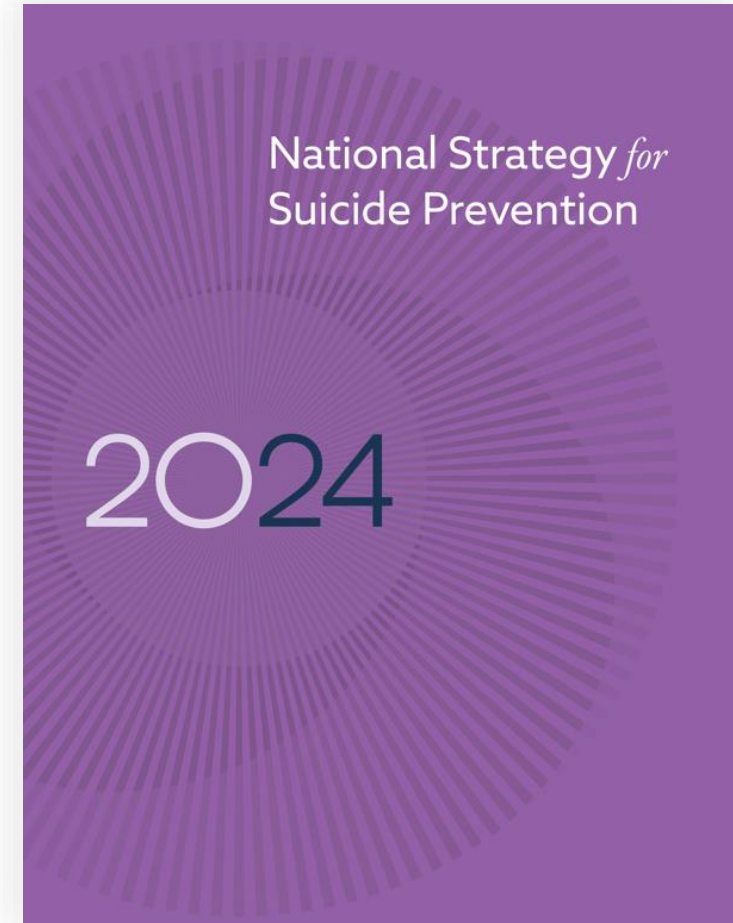
**Emergency response plays a critical role in transforming crisis care!**

# 2024 National Strategy *for* Suicide Prevention

The 2024 *National Strategy for Suicide Prevention* is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field.

## **The new 2024 *National Strategy*:**

- Incorporates advancements in the field and addresses emerging issues
- Is designed to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention
- Focuses on addressing the many risk and protective factors associated with suicide, with the recognition that there is no single solution to this complex challenge



- **Goal 9-Improve the quality and accessibility of crisis care services across all communities**
- Objective 9.1: Develop and maintain a robust crisis care system through ongoing quality improvement to help people at risk of suicide.
- Objective 9.2: Increase local collaboration and coordination between 988 centers and 911 Public Safety Answering Points; police, fire, and emergency medical services; and behavioral health crisis services to improve quality of care for those in crisis.
- Objective 9.3: Through expansion of effective mobile crisis teams and diversion programs, reduce unnecessary police interventions with individuals who call 988 or 911 with suicidal thoughts.

- Objective 9.4: Increase timely access to assessment, intervention, lethal means safety counseling, and follow-up for people at risk of suicide along the crisis care continuum.
- Objective 9.5: Ensure that crisis services are integrated into health care delivery.
- Objective 9.6: Ensure that 988 crisis counselors and other components of crisis services provide effective suicide prevention services to all users, including those with substance use disorders.

National Strategy *for*  
Suicide Prevention

**FEDERAL ACTION PLAN**

2024

- SAMHSA will improve data collection and reporting on critical 988 data-including suicide attempts in progress and both voluntary and involuntary emergency interventions –and evaluate outcomes to support ongoing quality improvement.
- SAMHSA in coordination with DOT OEMS will develop guidance on when a behavioral health crisis requires 911 engagement vs 988 or 988 plus mobile crisis.
- Increase the number of states that have established processes and protocols for review of 988/911 interactions and to increase the number of 911 diversion programs to 988 centers.

- In FY23 Appropriations, SAMHSA was directed to “develop and implement a plan to ensure the provision of high-quality services” for the 988 Suicide & Crisis Lifeline (988 Lifeline).
- The Plan **defines key roles and definitions** critical to the success of the 988 Lifeline network and includes **specific goals and requirements** for all elements of the 988 Lifeline.
- The Plan sets forth **national federal requirements** across operations, data, privacy, cybersecurity, training, referrals, quality assurance, and communications.
- The Plan emphasizes the roles of SAMHSA and the Lifeline Administrator in setting **national performance expectations** and **adherence to standards** while establishing processes to approve local flexibilities in building crisis networks and systems of care.



<b>Sections</b>	<b><i>Includes</i></b>
<b>Introduction</b>	<i>Background and administration of the 988 Lifeline, Congressional Directive, roles and definitions</i>
<b>Crisis Center and 988 Lifeline Network Administration Requirements</b>	<i>General, operational, technical, data, and security, and communications and marketing requirements</i>
<b>Implementing Evidence-Based Practices: Goals and Requirements for Training, Referral, and Follow-up</b>	<i>Training and supervision standards, tailored services for populations at higher risk of suicide and overdose, Learning Management System, referral, linkage and follow-up</i>
<b>Lifeline Administrator and Crisis Center Requirements Related to Quality Assurance (QA) and Quality Improvement (QI)</b>	<i>Compliance attestation, Sentinel events, performance improvement plans, and Lifeline periodic testing</i>
<b>Quality Improvement and Program Evaluation</b>	<i>Program Evaluation and QI Background, Current activities, clinical key performance indicators and upcoming evaluation efforts</i>
<b>Conclusion</b>	
<b>References</b>	



## Substance Abuse and Mental Health Services Administration (SAMHSA)

- Through the 988 & Behavioral Health Crisis Coordinating Office, SAMHSA is authorized as the lead federal agency overseeing 988 and receives federal appropriations in this role to expand service capacity and disseminate performance and quality standards

## 988 Lifeline Administrator

- Oversees the operations of the 988 Lifeline through a cooperative agreement with SAMHSA
- In consultation with SAMHSA, implements service expectations, standards, and minimum requirements, and provides the clinical and technology resources necessary to deliver the 988 Lifeline

## 988 Lifeline Centers

- 200+ independently operated entities which as a component of an agreement with the Lifeline Administrator, provide local and/or national backup services to those in need

## 988 Lifeline national subnetwork services

- A subset of Lifeline centers that provide national backup services for call, chat, and text; Spanish, LGBTQI+, and videophone services

## State, Territory, Tribal, and County (STTC) leadership

- Often provide local sources of funding to support crisis services; in many cases have statutory and regulatory requirements that influence service providers and overall system development within their jurisdictions

## State Centralized Platforms (SCP)

- Platforms developed within States, Territories, or Tribal Nations where Lifeline centers that receive 988 contacts within that jurisdiction are connected through a technology infrastructure that is separate from the platform used by the Lifeline Administrator

**Through SAMHSA oversight, the Lifeline Administrator provides ongoing monitoring, data reporting, and security testing for 988 Centers.**

- ***Cybersecurity Monitoring:*** The Lifeline Administrator must engage a third party to monitor the 988 Lifeline 24/7 for cybersecurity threats and to provide response capacity in the event of an incident. Any major incident would appear in Lifeline Administrator operational dashboards and result in real-time alerts.
- ***Performance Monitoring:*** The Lifeline Administrator must continuously monitor performance to ensure volume for all networks is performing at expected thresholds.
- ***Clinical Quality Monitoring:*** Monthly, centers will be required to monitor between 0.5% - 3% of regular network 988 Lifeline interactions, which will be reviewed by the Lifeline Administrator.

The Lifeline Administrator may implement a Performance Improvement Plan with a center to address major performance or quality issues. If a center has been unable to demonstrate improvement, they may be removed from the 988 Lifeline network.

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**Thank you!**

You can email questions to our team  
at [988Team@samhsa.hhs.gov](mailto:988Team@samhsa.hhs.gov)



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