

# Saving Lives in America: 988 Quality and Services Plan

**U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration**

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***SAMHSA***  
Substance Abuse and Mental Health  
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## **Introduction**

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The transition of the National Suicide Prevention Lifeline to the 988 Suicide & Crisis Lifeline continues to represent a once-in-a-lifetime opportunity to strengthen the Lifeline and transform America’s crisis care system. The overarching goal of the transformation is to save lives by serving anyone, at any time, from anywhere across the nation, and in a manner that promotes linkages to ongoing local supports. The implementation of 988 has been a tremendous first step in achieving this goal, providing an easy-to-remember portal to care for anyone in crisis.

Recent data underscore the need for a comprehensive crisis care system. In 2022, according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health (NSDUH), 5.2 percent of adults ages 18 years or older (or 13.2 million people) had serious thoughts of suicide, and among adolescents ages 12 to 17 years, 13.4 percent (or 3.4 million people) had serious thoughts of suicide.<sup>1</sup> The provisional estimated number of suicides in 2022 was 49,449, which is 2.6 percent higher compared to 2021.<sup>2</sup> Provisional data from the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics indicated 109,360 drug overdose deaths in the United States during 2022, an increase of 1.7 percent from the 107,573 deaths reported in 2021.<sup>3</sup> The NSDUH 2022 survey also demonstrated gaps in access to services: more than half of adults with serious mental illness perceived an unmet need for mental health services in the past year.<sup>4</sup>

These tragic statistics demonstrate the tremendous personal burden that can stem from lack of access to mental health promotion and substance use prevention services as well as the full continuum of crisis care and treatment options for behavioral health conditions. Increased pandemic-related stressors and pervasive inequities across the system of care reinforce the need for change. High levels of distress and lack of accessible behavioral health care also create burdens on schools, primary care providers, hospital emergency department staff, and public safety officials, many of whom lack the resources necessary to effectively meet these behavioral health care crisis needs.

## **Background and Administration of the 988 Lifeline<sup>5</sup>**

The National Suicide Hotline Designation Act of 2020 required the Federal Communications Commission (FCC) to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline. On July 16, 2020, the FCC issued the final order designating 988 as the new Lifeline and Veterans Crisis Line number, requiring all U.S. telecommunication providers to activate 988 for subscribers by July 16, 2022. In 2021, the FCC added to their order that all providers must also activate text to 988 by the same date.

On July 16, 2022, the country transitioned the Lifeline to 988, an easy-to-remember, three-digit dialing code, where calls, texts and chats are answered by 200+ local, independently owned and operated crisis centers. The Lifeline offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crises, or any other kind of emotional distress. People can also call, text or chat 988 if they are worried about a loved one who may need crisis support. The following illustration summarizes the Federal structure for help seeking experience through 988:

### People who call 988 are given five options to connect to a caring, trained counselor:

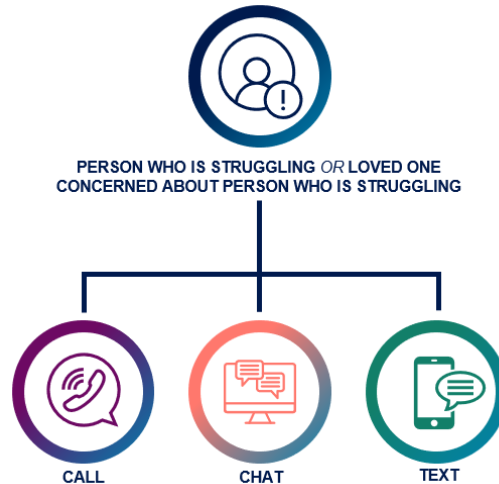
- Press 1 to connect with the **Veterans Crisis Line**
- Press 2 to connect with the national **Spanish Subnetwork**
- Press 3 to connect with national **LGBTQI+ support for youth and young adults**
- **Remain on the line** and be connected to a **counselor** who can listen and provide **local support resources**.
- Press 0 to bypass the message and connect directly

### People who text/chat 988:

- **LGBTQI+** subnetwork, text "**PRIDE**" to 988, or chat 988lifeline.org
- **Spanish-language** support national subnetwork, text "**AYUDA**" to 988, or chat linea988.org/chat
- **Remain on the text/chat** and be connected to a **counselor** who can listen and provide **support resources**

### Deaf and Hard-of Hearing Service

- For **Videophone services**, dial 988 directly on a videophone to connect with crisis counselors who can communicate in ASL
- Select "**ASL Now**" from 988lifeline.org for service in American Sign Language



SAMHSA is the lead Federal agency overseeing 988. Currently structured through a cooperative agreement with the 988 Lifeline Administrator, SAMHSA oversees administration of the 988 Lifeline system, with core expectations of clinical, technical, and operational network performance.

Since the July 2022 transition, 988 has received more than 9 million calls, texts, and chats and has made significant strides toward its goals, including increasing response rates to ensure that more than 90% of incoming calls, texts, and chats are answered in a timely manner. To offer equitable comprehensive behavioral health care to all communities and better meet the needs of individuals in crisis, SAMHSA, working with the Lifeline Administrator and other key partners, has made 988 more accessible by offering chat and text services in Spanish; launching a new videophone option for individuals who are deaf or hard of hearing; and launching specialized access for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) youth and young adults through call, chat, and text. The 988 Lifeline also provides interpreter service through a language line for 200+ additional languages. SAMHSA has also worked toward better coordination of 988 and 911 services, partnered with Federal agencies to elevate its messaging and better reach communities across the nation, and provided support and education to develop a common understanding of the Lifeline and communicate a shared vision for its execution and practice. SAMHSA remains committed to continuous improvement to build upon these performance gains.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (P.L. 117-328), which provided \$5 million to establish a 988 & Behavioral Health Crisis Coordinating Office under SAMHSA's Office of the Assistant Secretary for Mental Health and Substance Use. This law also established SAMHSA as the lead Federal behavioral health crisis services entity.

### Congressional Directive

The Saving Lives in America: 988 Quality and Services Plan (Plan) for the 988 Lifeline has been developed pursuant to 42 U.S.C. § 290bb-36c(c) (Section 520E-3, Public Health Service Act), which directs the

Secretary of the U.S. Department of Health and Human Services to “develop and implement a plan to ensure the provision of high-quality services” for the purpose of supporting 988 Lifeline centers. Full language is included below:

*(c) PLAN.—*

*(1) IN GENERAL.—For purposes of supporting the crisis centers under subsection (b)(1) and maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high quality services.*

*(2) CONTENTS.—The plan required by paragraph (1) shall include the following: (A) Program evaluation, including performance measures to assess progress toward the goals and objectives of the program and to improve the responsiveness and performance of the hotline, including at all backup call centers. (B) Requirements that crisis centers and backup centers must meet— (i) to participate in the network under subsection (b)(1); and (ii) to ensure that each telephone call and applicable other communication received by the hotline, including at backup call centers, is answered in a timely manner, consistent with evidence-based guidance or other guidance or best practices, as appropriate. (C) Specific recommendations and strategies for implementing evidence-based practices, including with respect to follow-up and communicating the availability of resources in the community for individuals in need. (D) Criteria for carrying out periodic testing of the hotline during each fiscal year, including at crisis centers and backup centers, to identify and address any problems in a timely manner.*

*(3) CONSULTATION. - In developing requirements under paragraph (2)(B), the Secretary shall consult with State departments of health, local governments, Indian Tribes, and Tribal organizations.*

*(4) INITIAL PLAN; UPDATES. - The Secretary shall—*

*(A) not later than 1 year after December 29, 2022, complete development of the initial plan under paragraph (1) and make such plan publicly available; and*

*(B) periodically thereafter, update such plan and make the updated plan publicly available.*

## **Performance, Quality, and Evaluation of the 988 Lifeline Network**

SAMHSA views access to 988 across the country as a national public health priority: an effective life-saving intervention as well as a critical first step in linking people to essential services for crisis care needs and beyond. This framework demands a Federal role for unifying and aligning access points to 988. SAMHSA’s approach to 988 implementation prioritizes equitable, efficient, reliable, and timely access across call, chat, and text; consistent experience and receipt of high-quality, culturally responsive, and trauma informed care by the help seeker; tailored services for populations that face higher risk of suicide; consistent branding and messaging; and coordination with State, local, and Tribal partners to meet ongoing service, treatment, recovery, and harm reduction needs. A key feature of this Federal role involves serving the public through transparency in sharing information about the performance of the system across the country. The above is operationalized through:

- A nationwide Lifeline network routing structure that maintains access to national subnetwork services while permitting flexibilities in local technologies that maximize crisis care response and coordination;

- Adherence to national response standards;
- Consistency in quality of supports offered to the help seeker;
- Setting Federal requirements across operations, data, privacy, cybersecurity, training, referrals, quality assurance, communications, and quality improvement;
- Convening Federal and external partners to solve identified system challenges and to promote practice adoption; and
- Leading evaluation of the 988 Lifeline and crisis system to drive performance improvement.

As described in the language above, quality service efforts are far more than data collection, measurement, and monitoring. To ensure the effective and efficient functioning of the Lifeline, quality assurance and improvement start before 988 Lifeline crisis contact centers even join the network, by identifying comprehensive requirements that maintain a high level of crisis contact center functioning, and mandating that crisis contact centers meet those requirements. SAMHSA, the Lifeline Administrator, local and State/Territory/Tribal leadership, and Lifeline contact center staff all must partner to guarantee effective oversight and to ensure national responsive and optimal performance of the 988 Lifeline network. This Plan begins by reviewing key roles and definitions critical to the success of the 988 Lifeline network. We subsequently outline the minimum technical and operational requirements of 988 Lifeline crisis contact centers and of the 988 Lifeline Administrator, followed by the specific requirements around training. We conclude by discussing quality assurance, improvement measures, and evaluation questions and processes that are planned for the 988 Lifeline, including continued periodic testing of the 988 Lifeline.

## **Roles and Definitions**

**SAMHSA**, through the 988 & Behavioral Health Crisis Coordinating Office, 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.

The **988 Lifeline Administrator** (Lifeline Administrator) oversees the operations of the 988 Lifeline through a cooperative agreement (current award through September 2026) with SAMHSA. The Lifeline Administrator, in consultation with SAMHSA, implements service expectations, standards, and minimum requirements, and provides the clinical and technology resources necessary to deliver the 988 Lifeline to millions of people each year.

The **988 Lifeline centers** are 200+ entities around the country operated independently from SAMHSA and the Lifeline Administrator, but as a component of an agreement with the Lifeline Administrator to be part of the 988 Lifeline network, provide local and/or national backup services to those in need. These centers are commonly referred to as 988 Lifeline crisis contact centers to reflect the call, chat, and text communication channels that people use to seek help.

The **988 Lifeline national subnetwork services** are provided through a subset of Lifeline centers to provide national backup services for call, chat, and text; Spanish language services; services for LGBTQI+ youth and young adults; and videophone services for people who are deaf or hard of hearing.

**State, Territory, Tribal, and county (STTC) leadership** often provide local sources of funding to support crisis services and 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 multiple 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.

**External Lifeline Technology Vendor (vendor):** A public or private entity that develops and manages any Lifeline telephony infrastructure that is separate from products used by the Lifeline Administrator.

**External System Components:** Technologies or products which are developed to support any component of the 988 Lifeline and are maintained external to the Lifeline Administrator.

**Contact:** A call, chat, or text with the 988 Lifeline.

**Routed:** Contacts that are routed to a center after the person listens to the greeting (calls) or are sent to a counselor after answering a pre-chat or pre-text survey (chat/text).

**Answered:** Contacts that are connected to a center and then engaged by a counselor.

**Abandoned:** Contacts that disconnect after being routed to a center and before being engaged by a counselor. Disconnection may happen for a number of reasons including, but not limited to: the person seeking contact changes their mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a technical service interruption, which may occur due to internet instability or carrier glitches.

**Average Speed of Answer (ASA):** The average time a contact takes to be answered after the person listens to the automated greeting (calls) or answers a pre-chat or pre-text survey (chat/text). This is typically measured by channel of communication over a specified period of time.

**Average Contact Time:** The average amount of time counselors spend talking/chatting/texting to answered contacts. As this measure is an “average,” people contacting the Lifeline may have conversations that vary widely in contact time length, depending on their individual needs.

**Contact Record:** Documentation of a 988 contact by the crisis counselor, which includes information such as individual risk assessment, reasons for contact, demographic information, disposition, resource provision, and informed consent for service linkage and referral.

**Termination Number:** A 10-digit number to which the Lifeline Administrator, an SCP or vendor routes calls to a 988 Lifeline center.

## **Crisis Center and 988 Lifeline Network Administration Requirements**

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**The Lifeline Administrator is tasked with leadership and coordination of 200+ individual crisis centers across the country. At this time, calls and texts to the 988 Lifeline are routed to the nearest 988 crisis contact center based on where the caller’s phone number area code is registered. Chats to the 988 Lifeline are routed to the nearest 988 crisis contact center based on the zip code provided by the help**

**seeker as part of the pre-chat survey. If the receiving center cannot answer the contact in a timely manner, contacts are rerouted to a network of backup call centers. There are no application or membership fees for help seekers to engage 988 Lifeline services, and centers have latitude in setting their geographic coverage areas and hours of operation in coordination with State and local jurisdictions, SAMHSA, and the Lifeline Administrator. There are minimum requirements to participate in the 988 Lifeline network (as a crisis center or backup call center). This section includes general, operational, technical, data, cybersecurity, and communications requirements for crisis centers and network administration.**

This Plan details the minimum requirements for centers to participate in the 988 Lifeline network. These requirements may be continuously reviewed and modified to align with industry standards and evolving practices to ensure the highest quality care and services of 988 contacts. Any such modifications will be communicated to the relevant parties by SAMHSA and the Lifeline Administrator in writing.

### **Approval Process for External System Components (e.g., SCPs, External Lifeline Technology Vendors)**

If an STTC entity would like to establish its own centralized platform for routing external contacts to the Lifeline Administrator or utilize an external vendor to support any component of the 988 Lifeline, it must submit a request to the Lifeline Administrator and SAMHSA for review and approval.

When an STTC entity or private vendor is planning to amend any of its program policies or operational approaches that impact the 988 Lifeline requirements delineated in this Plan, the relevant STTC entity or private vendor must send its proposed amendments to the Lifeline Administrator and SAMHSA for review and approval. STTC entities also must submit a request for approval when they would like to make corrections or update their previously approved proposal with new information. Such requests must be in writing and include the approval of STTC leadership and the designated entities which are accountable and have decision making authority over local implementation of the 988 Lifeline.

If any program policies or operational activities associated with the external system components would interfere with or jeopardize the timely and effective operations of the 988 Lifeline, SAMHSA reserves the right to suspend or revoke the approval of the external system components.

## **General Goals and Requirements for Crisis Centers and Backup Centers**

**The centers participating in the Lifeline network must be aligned through network standards set by SAMHSA and the Lifeline Administrator and, at the individual organizational level, must demonstrate administrative, staffing, and programmatic resources deemed sufficient by SAMHSA and the Lifeline Administrator to support 988 response as a distinct service.**

- **Certification/Accreditation.** Centers must have independent verification of their qualifications to provide 988 Lifeline services. The crisis center must provide proof of certification/accreditation from one of several professional organizations that provide certification, including but not limited to the American Association of Suicidology (AAS) and the International Council for Helplines (formerly CONTACT USA). If a crisis center does not meet the requirement, they must show demonstrable need for a center in that area and sign a provisional status amendment, agreeing to obtain certification within a set timeframe.
- **Network Participation.** Crisis centers must be willing to engage in a formal agreement with the Lifeline Administrator by signing a Network Agreement. Crisis centers must also demonstrate



compliance with all technical, operational, training, and clinical requirements to be participating members of the 988 Lifeline network.

- **Network Design.** Network design should optimize transparency of performance data while safeguarding privacy of those in crisis. Network design must also balance security and standardization with sufficient flexibility to adapt to evolving evidence and technology.
- **Insurance.** Liability insurance that covers directors, officers, and staff/volunteers who respond to crisis calls in the amount of at least \$1,000,000 per occurrence and \$3,000,000 aggregate, is required.
- **Coverage Capacity.** Coverage over a specific geographic region for specified times must be accomplished. Coverage boundary determinations for local response are made by county, area code, zip code, or State in collaboration with the Lifeline Administrator, centers, and State, Territory, or Tribal authorities.
- **988 Staff Time & Guidelines.** Organizations or entities providing 988 Lifeline services must identify 988 call center operations, procedures, fiscal management, and training protocols and hire staff and administrators responsible for the operation's oversight. The crisis call center operation must maintain its own guidelines and training protocols in addition to any 988 Lifeline training requirements and have 988 staff and/or volunteers and an administration that is responsible for the oversight of the crisis contact center operation.
- **Crisis Center Liaison.** All centers must designate at least one contact to serve as a liaison to the 988 Lifeline Administrator that regularly acts in a managerial or training capacity and who has knowledge of the Center's and the 988 Lifeline's most current policies and procedures to ensure ongoing training and quality improvement.

## **Operational Services Goals and Requirements**

**988 must offer a reliable, timely, and efficient response so that all individuals in crisis across the United States can reach high-quality help as quickly as possible through their preferred method of communication in a manner which respects privacy of the help seeker.**

### ***Operational Requirements:***

*Applicable to the 988 Lifeline Administrator. Approved SCPs and Approved Vendors must align with the Operational Requirements below.*

- The Lifeline Administrator will maintain a sufficiently robust network and subnetwork of Lifeline centers for the system to operate in accordance with the key performance indicator (KPI) standards noted below (or as modified by SAMHSA) and must ensure 24/7 continuous operations and maintain policies and procedures for disruptions.
- The Lifeline Administrator will ensure operational availability and connection through:
  - Nationwide management of 988, 800-273-8255, 800-SUICIDE, and any other designated phone numbers;
  - Nationwide management of chat services through 988lifeline.org;
  - Nationwide management of text services through 988;
  - Nationwide access to the Veterans Crisis Line through the Press 1 option<sup>6</sup>;
  - Nationwide access to LGBTQI+ Youth and Young Adult services;
  - Nationwide access to services in Spanish; and

- Nationwide access to videophone services with American Sign Language for those who are Deaf or Hard of Hearing.
- The Lifeline Administrator and all Lifeline centers will maintain active Network Agreements.
- The Lifeline Administrator will maintain active subcontract agreements with Lifeline centers providing services through the national subnetworks.
- The Lifeline Administrator has the right to modify a center's designated area of geographic coverage for all centers for which they are providing routing support, provided that the modification is reasonable given the center's general catchment area, the needs of the network, and the future addition or removal of other centers from the network.
- The Lifeline Administrator is responsible for coordinating the network by arranging for and optimizing network coverage, maintaining the technical infrastructure of the network (including the routing system), providing center outcome data, technical assistance, and other support to the center, and facilitating communication between centers.
- Through ongoing monitoring, data reporting, and security testing, the Lifeline Administrator, with SAMHSA review and approval, can adjust or suspend routing to centers and States depending upon performance and can initiate corrective action plan processes in cases of non-compliance with service expectations. Corrective action can culminate in removal of a center(s) from the 988 Lifeline network.
- The Lifeline Administrator must, as directed by SAMHSA, pilot and develop novel engagement approaches to increase access to and quality of Lifeline services.
- The Lifeline Administrator must ensure capacity for a surge for all service modalities through the backup network structure.

*Applicable to 988 Crisis Contact Centers*

- Lifeline centers should work to achieve and maintain at least the following monthly target KPIs for all services the center provides for 988:
  - 95% of 988 Lifeline contacts answered are answered within 20 seconds or less;
  - 90% of contacts answered are answered within 15 seconds or less;
  - Less than 5% of contacts abandoned; and
  - Less than 10% of contacts rolling over to the national backup system.
- All Lifeline centers will maintain active Network Agreements with the Lifeline Administrator.
- All centers that receive routing support from the Lifeline Administrator must provide notice to the Lifeline Administrator at least 72 hours in advance of any voluntarily suspended participation in the network, including temporary changes/removals from routing. The Lifeline Administrator must also be notified immediately and receive notification in writing for involuntary or unexpected outages as soon as an outage has been identified.

### **Special Considerations for STTC-run Operational Services**

- If an STTC entity establishes its own centralized platform for routing external contacts to the Lifeline Administrator or utilizes an external vendor, it must:
  - Ensure 24/7 continuous operational connections that are accessible to each of the 988 Lifeline crisis centers participating within that system.
  - Ensure all the same above conditions for the Lifeline Administrator are met, including the provision of required data, for the State's geographic catchment area.
  - Request review and receive approval by SAMHSA and the Lifeline Administrator prior to modifying participating centers (adding or removing centers for 988 coverage) within a State or coverage area, or for any proposed changes to program policies or operational approaches that impact the 988 Lifeline requirements.
  - Communicate any center changes from the agreed upon standards to the Lifeline Administrator within 24 hours. Disruptions or outages of service should be reported as soon as identified.
  - Ensure each respective 988 service is connected to the national backup system or that a plan to establish such connection within an agreed upon timeframe has been approved by the Lifeline Administrator and SAMHSA.

### **Technical, Data, and Security Goals and Requirements**

**Standard data, technical, and security measures across the 988 Lifeline network are necessary to ensure safety, privacy, and consistency of experience for the help seeker and the reliability of core data to evaluate the performance of the system. Achieving desired operational outcomes requires a level of interoperability and access for SAMHSA and the Lifeline Administrator with respect to Lifeline centers and any partners who are maintaining Lifeline center technology external to the Lifeline platform. These interoperable functions include the ability of the Lifeline Administrator to route contacts to any Lifeline center; to recognize conditions whereby contacts would not be routed to a center; and to be able to retrieve and/or receive contacts to redirect to national subnetwork centers. Data visibility is needed to identify outages, security risks, and other critical system events; to ensure adherence to service standards; and to promote evaluation and improvement of Lifeline services as directed by SAMHSA.**

#### ***Technical Requirements:***

*Applicable to the 988 Lifeline Administrator, Approved SCPs, and Approved Vendors*

- The Lifeline Administrator must offer a platform that manages contact routing and contact record documentation for all Lifeline centers.
- The Lifeline Administrator must ensure efficient routing to reduce wait times and abandonment.
- States or approved vendors overseeing 988 routing external to the Lifeline Administrator must ensure the same conditions are met and ensure each respective 988 service can be connected to the national backup system.

*Applicable to 988 Crisis Contact Centers*

- All centers must adhere to the following requirements pertaining to staff accounts and connections to Lifeline Administrator’s systems (all approved vendors overseeing 988 routing external to the Network Administrator must ensure the same conditions are met for their systems):
  - Connections to the Lifeline Administrator’s systems from center staff shall be initiated over private internet connections (i.e., public networks are prohibited).
  - Named accounts shall be provided for all access to Lifeline Administrator’s systems and account credentials should not be shared between center staff.
  - Email addresses associated with accounts shall be associated with domains owned and managed by the center.
- All centers must maintain a dedicated line/unique termination line for receiving 988 calls.
- To ensure compatibility with Lifeline’s routing system, centers must pass Lifeline tests of their telephony system.
- Centers using automatic call distribution queuing technologies must have dual tone multifrequency (DTMF) functionality and must use Active Answer functionality. In such arrangements, the 988 Lifeline releases the 988 Lifeline call to the center only after a crisis counselor at the center presses a button to receive the call.
- Centers’ phone systems shall maintain and provide caller ID information so that crisis counselors have access to identifying the caller’s phone number during the contact in the event of service disruption, need for follow-up in cases of imminent risk, or to link to an individualized service plan.
- Centers must enable near real time quality assurance by the Lifeline Administrator and agree to network performance targets. If the center is not meeting performance expectations, the Lifeline Administrator reserves the right to alter center routing and titrate volume to the backup network.
- Centers must utilize the 988 Lifeline platform for call routing unless an alternative platform has been reviewed and approved as compatible with 988 Lifeline system by SAMHSA and the Lifeline Administrator.
  - Technical and interoperability requirements for call routing platforms are further detailed in this document.
- Centers must utilize the 988 Lifeline platform for chats/texts unless an alternative platform has been reviewed and approved as compatible with 988 Lifeline systems by the Lifeline Administrator and SAMHSA.
  - In such instances where alternative platforms are utilized, the center’s chat/text platform must be able to interface with the 988 Lifeline chat/text routing system to provide a bridge where chats and texts could, as necessary, be pulled back into 988 Lifeline’s main routing structure (example: through a dedicated application programming interface (API) between both systems).

- Centers must use trained, live crisis counselors to answer 988 contacts.
- Centers shall not:
  - Utilize an answering service to answer incoming 988 Lifeline calls.
  - Utilize cellular telephones to answer incoming 988 Lifeline calls.
  - Utilize an automated attendant or any other system that requires a caller to press a telephone key to be connected with center staff.
  - Forward incoming Lifeline calls, chats, or texts to a third party unless authorized by the Lifeline Administrator and SAMHSA.
  - Allow 988 Lifeline calls/chats/texts to be answered by a receptionist or any center staff who has not been trained to assist the individual in crisis in accordance with 988 Lifeline training standards.
  - Utilize a secondary interactive voice response (IVR) message for the incoming 988 Lifeline calls that they receive from the Lifeline Administrator.
  - Utilize a voicemail service affiliated with the line or any other mechanism by which a caller would be asked to leave a message.

***Special Considerations for Technical Requirements***

- If an STTC entity establishes its own centralized platform for routing phone contacts or utilizes an external vendor, it must adhere to the following requirements pertaining to termination lines:
  - Have a unique termination number into which the Lifeline Administrator routes the 988 contacts.
  - Be able to determine the termination number of the center that answered the contacts.
  - Have its own individual termination number and queue to identify each center individually. For reporting purposes, the centralized platform may use a unique identifier for each center; however, that identifier must correspond to that centers' termination number on record with the Lifeline Administrator.
  - Pass test calls with the Lifeline Administrator's system.

Additionally:

- An STTC entity with its own centralized routing platform must adhere to all the same requirements listed above for 988 crisis contact centers
- Termination lines for the centralized platform and the 988 member centers must be local numbers. Toll-free numbers are not allowed.
- Termination lines cannot have any voicemail service affiliated with the line or any other mechanism by which a caller would be asked to leave a message.
- Termination lines must not have any automatic call forwarding features or utilize an IVR process.
- Termination lines must not have system initiated/automated call transfers.
- Termination lines must not have call prioritization processes.

- The centralized platform must not reroute a 988 contact from a State 988 Lifeline center to a different center outside of the approved 988 Lifeline center system, or back into the main 988 Lifeline routing system. However, the centralized platform or external platform vendor may transfer a 988 contact to a 911 public safety answering point during an emergency situation or facilitate, with documented informed consent from a contact, a warm transfer/referral during or after the assessment and service.
- State centralized technology platforms cannot use call triage systems (i.e., mechanisms that ask callers to rate their level of distress or urgency).
- Vendor’s platform must be able to pass dual tone multi frequency signaling (DTMF) tones in order to accept the call from Lifeline Administrator’s routing platform.
- If an STTC entity establishes its own centralized platform for routing phone contacts or uses an external vendor, it must adhere to the following requirements pertaining to routing:
  - If a 988 center on the SCP is unable to answer the 988 contact within a time period that SAMHSA, the Lifeline Administrator, and the STTC entity agrees upon, the platform must allow the Lifeline Administrator to be able to pull back the contact for each respective 988 service and connect to the national backup system.
  - If a 988 member center on the SCP or vendor platform anticipates a planned outage (for example, in the case of technical upgrades requiring the center to go offline) and the STTC entity is not able to absorb that center’s volume in-jurisdiction while maintaining the agreed upon average speed to answer, the platform must allow the Lifeline Administrator to route contacts for that center to the national backup system for the duration of the outage.
  - If a 988 member center on the SCP or external vendor platform experiences an unanticipated outage, the platform must allow the Lifeline Administrator to route contacts for that center to the national backup system for the duration of the outage.
- If an STTC entity creates its own centralized platform for routing text contacts or uses an external vendor, it must:
  - Mirror existing 988 Lifeline user experience including initial terms of service, greeting, triage process including pre-chat survey questions and queue structure, and post-interaction survey. The system must support specialized services through key-word transfers.
  - Include an on/off API integration for managing interaction flow. The Lifeline Administrator will provide guidelines for the technical process and produce documentation. Additionally, platforms must have SMS aggregatory/carrier platform integration and interaction flows; API guides and additional requirements will be shared during onboarding.
  - Allow the Lifeline Administrator to pull back text volume and reroute to the national backup system if the SCP/vendor text platform is unable to answer the 988 text contacts within an agreed upon time period by SAMHSA, the Lifeline Administrator, and the STTC entity.

- If an STTC entity creates its own centralized platform for routing chat contacts or uses an external vendor, it must:
  - Interact with Lifeline Administrator APIs using the RESTful protocol, and be able to perform necessary actions like GET, POST, PUT to retrieve or update survey responses. The Lifeline Administrator will provide API keys, tokens, and other security measures for authorization, detailed documentation on the request/response structure, and an explanation of potential error codes and their meanings.
  - Maintain a unique and reliable URL for each center’s chat redirection from the Lifeline Administrator’s URL. The center’s chat URL should be a secure HTTPS URL (meaning it uses TLS), ensuring that all data transmitted to and from the center are encrypted and secure.
  - Allow the Lifeline Administrator to pull back chat volume and reroute to the national backup system if the SCP/vendor chat platform is unable to answer the 988 chat contacts within an agreed upon time period by SAMHSA, the Lifeline Administrator, and the STTC entity.

Additionally:

- The platform must be able to identify specific error codes or signals that indicate a center’s URL is unavailable or invalid, and coordinate with the Lifeline Administrator’s system to implement a fallback mechanism to reroute the chat to an alternative center when the original one is unavailable.
- Any center on a SCP/vendor technology system that has access to 988 contacts must have completed the Lifeline Administrator’s onboarding process, have an executed Network Agreement with the Lifeline Administrator, and be an active center in good standing.
- Any entity overseeing an external centralized system must work in good faith with the Lifeline Administrator to build and implement system enhancements into the platforms (including building APIs), consistent with the Lifeline Administrator data and telephony standards, so that the external and Lifeline Administrator’s 988 platforms can interface as efficiently as is reasonably possible.

### **Cybersecurity Requirements**

*All external systems and platforms also must ensure the following conditions are met as applicable:*

- Centers should adopt essential practices consistent with [HHS Cybersecurity Performance Goals](#).
- Centers must have formal information security and privacy policies, refreshed annually and/or when there is a change, and be able to provide a copy of their policies upon request, including a security assessment plan. These policies should cover all business geographies and functions including subcontractors.
- Staff must complete annual cybersecurity and privacy awareness training and maintain records of staff and contractors completing such training.

- Centers must ensure each product or workstream will have a tested incident response plan updated annually and a crisis communications plan for real time communication flow and incident reporting procedures.
- Centers must ensure continuous monitoring and annual penetration testing to determine security and privacy controls are operating as intended.
- Centers must ensure the protection of all data and information through standards for encryption and the use of multi-factor authentication.
- Centers must have a plan to implement and test backup solutions regularly by channel, which minimizes the amount of cutover time.
- Centers must have a web application firewall to protect web applications from a variety of application layer attacks.
- Centers using any external technology must ensure consistent experience and privacy for the person in crisis per Lifeline standards and not introduce features that introduce preventable variability in response.
- Centers must ensure that any cloud service provider has an established service-level agreement that defines performance metrics, how they will be monitored, and penalties for failure to meet them, as well as data lifecycle management, and roles, responsibilities, and reporting requirements.
- Centers must ensure user information is protected commensurate with determined risk levels and protect records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.
- Centers must conduct an annual business continuity analysis that can identify and address other opportunities to improve incident management and communications plans.
- Centers must maintain an inventory of information system assets, refreshed annually, that document the identification, ownership, usage, location, and configuration for each asset.
- Given the critical importance of the privacy of people who are reaching out for crisis support, the center must ensure that the personal information collected is not disclosed or shared with tracking technologies without the individual's documented informed consent.
- Centers should have a third party risk management program that reviews third party software products and services purchased and deployed in the call centers network. Centers should conduct risk assessments prior to deploying new software in their network and set expectations for clear cyber incident reporting from third party vendors from which they purchase and deploy products.
- Centers must ensure appropriate staff or sub awardees who can implement best infrastructure and site reliability practices.
- Centers must use automated tools where possible to manage system vulnerabilities (could include automatically downloading and installing operating system patches).
- Centers must manage security risk for which centers are responsible in accordance with specific timeframes.
- Centers must maintain records management schedules.



**Data Collection and Reporting Requirements:**

*Applicable to the 988 Lifeline Administrator, SCPs, and Approved Vendors*

- For any 988 contact, the Lifeline Administrator must have the ability to ensure transmittal, flow, and connection point data for each service to 988 via an API or other integration pattern with an expected delivery of system telephony records within 15 minutes of completion. Integration of APIs that provide information concerning active contacts will be a future aspiration. If an STTC entity creates its own centralized platform or uses an approved vendor, it must be able to share this data with the Lifeline Administrator within 15 minutes of completion of the contact while working toward tracking of active contacts.
- The Lifeline Administrator shall provide the centers with monthly information summarizing the number of contacts being forwarded to the center through the network and other standardized reports. This information will also be available to the States/Territories based on the network routing protocol. If a State creates its own centralized platform, it shall provide this information to centers.
- The Lifeline Administrator (or a State if it creates its own platform) must provide to SAMHSA aggregated, de-identified monthly report data as well as row level data with zip code (as requested) for Federal evaluation. When requested, the Lifeline Administrator and external vendors should include a common identifier to replace phone number in all data transmittals, to facilitate linkage of rows from the same contact.
- The Lifeline Administrator must, if requested and technically feasible, share aggregated de-identified data to State, local, Territory, Tribal, and county authorities, for the purpose of local evaluation of crisis services. Such de-identified data must be restricted to centers providing localized response within those respective jurisdictions. An STTC entity with its own platform or utilizing an external vendor must also share such local response data with other State or local government entities, Territories, Tribal, and county authorities for local evaluation purposes.
- The Lifeline Administrator must, if requested and technically feasible, share row level de-identified data to State, local, Territory, Tribal, and county authorities, for the purpose of local evaluation of crisis services. Such data must be restricted to centers providing localized response within those respective jurisdictions. An STTC entity with its own platform or utilizing an external vendor may also share such de-identified local data with other State or local government entities, Territories, Tribal, and county authorities for evaluation purposes. Sharing of row level de-identified data will be executed through Data Use Agreements between the Lifeline Administrator, SCPs, external vendors, and STTC entities, which must include conditions prohibiting efforts to re-identify individuals using 988 Lifeline services.
- The Lifeline Administrator, as well as any STTC entity with its own platform or utilizing an external vendor, must develop a framework and process to review requests for any data that includes Personally Identifiable Information (PII), and submit that framework and process to SAMHSA for approval. The framework must be based on affirmative, documented, and informed consent for the release of PII, with limited exceptions for emergency circumstances or as required by law. The framework must also include provisions for review of requests for PII that fall outside of this framework and must create a process to operationalize documentation of informed consent from the individual contact for a particular action.

*Applicable to 988 Crisis Contact Centers*

- All Contact Confidential Information will be maintained by Lifeline centers on a confidential basis, and will not be used, communicated, disclosed, or disseminated in any manner other than the furtherance of the Network Agreement, in cases of imminent risk or with the prior documented informed consent of the contact.
- If required by applicable law or judicial mandate, the center may disclose Contact Confidential Information and will notify the Lifeline Administrator of such disclosure within 72 hours.
- Centers seeking to share contact PII for the purpose of case management or referral to services must obtain informed consent from the contact prior to sharing the PII and document such consent in the platform.
- Centers must document specific information for all 988 Lifeline calls/chats/texts or any other contact type. Collection of this information shall not be a requirement for individuals seeking support to receive services via the 988 Suicide and Crisis Lifeline. However, any information the individual is willing to provide during normal service delivery should be documented by the center. The center shall document each unique 988 Lifeline call/chat/text using the provided 988 Lifeline Clinical Contact Record and centers must update their contact fields to align with this new standard within 60 days of signing the Network Agreement. The center's use of the platform offered by the Lifeline Administrator will fulfill the reporting requirement.
- Lifeline centers may share aggregated de-identified data to STTC authorities within their coverage jurisdiction for the purpose of local evaluation of crisis services.
- Centers must participate in efforts by SAMHSA and the Lifeline Administrator to collect data to improve system performance and inform population health. This may include, but is not limited to, demographic data, reasons for the contact, crisis encounter outcomes, and satisfaction of the help seeker and the crisis counselor.

***Special Considerations for Data Collection and Reporting***

- Centers using an approved SCP or vendor platform will be provided with a row level 988 Data Standard specification. This standard will include formats for telephony data, the 988 Lifeline Clinical Contact Record and other standardized data points that may be required as the program evolves. The center shall, on a scheduled basis, report to Lifeline Administrator detailed data following this standard.
- Centers must maintain all contact records for a minimum period of three years. It is the responsibility of the center to create policies and procedures for the safe storage and access of contact records, along with appropriate destruction of records following the required maintenance period. Centers must ensure compliance with all applicable state and federal laws.
- As applicable, centers must create policies and procedures for the safe storage and access of recordings and transcripts, along with appropriate destruction of such recordings and transcripts following the required maintenance period. Centers must ensure compliance with all applicable state and federal laws.

- Centers must submit other reports as required by the Lifeline Administrator at regular intervals, including call logs and interaction data, workforce management data, and quality evaluation and call recording data.
- Centers shall provide SAMHSA and any other delegate or duly authorized agent access to any books or records related to its center's activities under the Network Agreement.

## **Communications and Marketing Goals and Requirements**

**The 988 Lifeline must have consistent messaging and branding to ensure that the public is aware of the scope of the service and how to access help. Messaging approaches must also address inequities in access and be responsive to the needs of diverse populations.**

### ***Requirements:***

#### *Applicable to States and Territories*

- States and Territories must develop and implement a comprehensive 988 communication strategy that is consistent with the SAMHSA 988 partner toolkit and resource library.

#### *Applicable to the 988 Lifeline Administrator*

- If a media opportunity arises through the Lifeline Administrator, the Lifeline Administrator will connect a center with the media outlet and provide media training, optional talking points, and support, if needed or requested.
- The Lifeline Administrator, in coordination with SAMHSA, shall approve any media material that centers create concerning the 988 Lifeline, its operations, or its policies, including press releases and statements.

#### *Applicable to 988 Crisis Contact Centers*

- Centers shall not communicate on behalf of the national 988 Lifeline network without direct approval and involvement from the Lifeline Administrator and SAMHSA.
- Centers shall alert the Lifeline Administrator if a staff member or a volunteer engages with the media on an issue or topic concerning the 988 Lifeline.
- Centers are responsible for their own social media accounts and management; however, the Lifeline Administrator, in coordination with SAMHSA, shall approve any social media material that centers create concerning the 988 Lifeline, its operations, or its policies. A center shall only speak on behalf of itself and its staff and volunteers when posting and commenting on social media.
- Centers will transition all references to "1-800-273-TALK (8255)" to the new three-digit dialing code for the 988 Lifeline, "988," on center properties as well as update all necessary branding according to SAMHSA/Lifeline Administrator branding guidelines.
- Given the critical importance of the privacy of people who are reaching out for crisis support, the center must ensure that any PII collected is not disclosed or shared with tracking technologies without the individual's documented informed consent.

## **Implementing Evidence-Based Practices: Goals and Requirements for Training, Referral, and Follow-Up**

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**Requirements in this section serve to set core knowledge and practice standards for crisis workers, particularly in areas of risk assessment and safety planning; ensure that there is ongoing monitoring of worker performance; ensure that training reflects the current evidence base and evolves as necessary to improve the quality of care; facilitate coordination of care so that people in distress are not faced with the burdens of navigating complex systems; and optimize follow-up service availability for all people following a crisis contact.**

### **Training Requirements**

*Applicable to the 988 Lifeline Network Administrator and Approved Vendors*

- The Lifeline Administrator, with SAMHSA review, must develop and maintain a network resource center of training materials, best practice guidelines, and referral information for all 988 Lifeline centers, as well as access to a learning management system with online self-paced courses and simulated crisis encounters. Training and service expectations must be informed by evidence.
- Training materials must evolve to reflect the evidence base for crisis care and suicide prevention.
- The Lifeline Administrator will provide key resources in both English and Spanish. Training will be provided to all centers upon joining the 988 Lifeline network on how to access the network resource center, and technical support will be provided by the Lifeline Administrator for centers needing assistance to access resources.
- The Lifeline Administrator must develop a mechanism for customized data collection for each training course and for each crisis counselor by center that includes course enrollment and completion status, pretest/posttest scores, as well as qualitative feedback. These data can be used by centers and the Lifeline to track center/crisis counselor compliance with the 988 Lifeline training requirements.
- The Lifeline Administrator must make available to all centers resources to assess and support crisis worker wellbeing.

*Applicable to 988 Crisis Contact Centers and Approved Vendors*

- Centers must provide training for all center staff consistent with 988 Lifeline Suicide Safety Policy and 988 Lifeline Safety Assessment Model, including specific training of safety assessment procedures, working with third party contacts, and protocols for working with contacts at imminent risk of harm for self or others. Training and service expectations must be informed by evidence. The center's training for all crisis counselors, center management, supervisors, trainers, and quality assurance staff who are authorized to answer or provide support regarding 988 must include, at a minimum:
  - Completion of all 988 Lifeline Core Clinical Training Courses;
  - Minimum of eight live roleplays with a qualified trainer or supervisor addressing different types of conversations and individual needs;

- Minimum of two completed simulated conversations to include both direct and third party contact; and
  - Completion of 10–20 hours of live observation of an experienced crisis counselor providing services to callers/chatters/texters.
- Centers are responsible to provide role-specific training locally to anyone in a supervisory, training, quality improvement, or management position. To assist centers in these efforts, the Lifeline Administrator must provide guidance documents and training materials for supervisors and managers.
  - The center will provide center staff with paid time and free access to training materials for a minimum of eight hours of ongoing training annually. This can include 988 Lifeline online self-paced training courses, 988 Lifeline webinars, or center in-service training.
  - Centers must have all crisis counselors, center management, supervisors, trainers, and quality assurance staff who are authorized to answer or provide support regarding 988 Lifeline chat or texts complete a specialized self-paced training module on crisis conversations through text and chat annually in addition to the 988 Lifeline Core Clinical Training Modules.
  - Centers must ensure that all center staff that will use the chat/text platform have completed technical trainings.
  - All new incoming crisis counselors that join a center need to complete all required courses before beginning to take conversations.
  - For future required courses that are released, centers must have all current crisis counselors complete and pass the course within three months from release.
  - Centers will maintain policy and procedures for assessing and addressing contacts regarding potential violence that is consistent with 988 guidelines.
  - Centers shall maintain policies and procedures in line with 988 triaging guidance.
  - Centers shall maintain policies and procedures for addressing familiar contacts in line with 988 guidance from the Lifeline Administrator.
  - Centers shall not ban, block, or refuse to answer any 988 Lifeline callers/chatters or texters. Centers also cannot place time limits for the length of contact unless clinically appropriate. Centers should have policies and procedures in place to address abusive contacts, and those policies as applied to 988 Lifeline contacts must be in alignment with the Lifeline’s Guidelines for Working with Abusive Contacts.
  - Centers are responsible for having a Code of Conduct to address issues of hate, bias, and oppression among crisis counselors and managerial staff.
  - Centers will ensure all crisis counselors, center management, supervisors, trainers, and quality assurance staff who are authorized to answer or provide support regarding 988 Lifeline calls/chats/texts are provided the log-in information to access the 988 Lifeline’s Network Resource Center and be provided orientation and instruction on how to use the resources available on the site before they begin answering and/or providing support to crisis counselors answering contacts. Orientation and instruction to be provided to all center staff must include how to utilize the public answering safety point lookup tool, warm transfer procedures, and

interpreter services, as well as how to locate and use training information and resources providing clinical guidance. Centers must assign a representative(s) to receive and respond to Lifeline communications and attend 988 Lifeline webinars and meetings to stay up to date on clinical and operational guidance from the 988 Lifeline.

### **Required Courses for All 988 Centers as of 2024**

- **Fundamentals of Crisis Counseling**
  - What is crisis counseling
  - What are the core competencies of effective crisis counselors
  - How crisis counselors' motivations and beliefs impact crisis counseling
  - Why self-care and stress management are essential for crisis counselors  
*(Available in English and Spanish)*
- **Essential Skills in Crisis Counseling**
  - Why it is important to connect with and actively engage people in crisis
  - How to actively listen to someone in crisis
  - How to ask clarifying questions effectively
  - How to collaboratively develop a plan for moving forward  
*(Available in English and Spanish)*
- **Assessing Safety and Suicide Risk**
  - Why attitudes and feelings about suicide impact crisis conversations
  - How to ask about suicide
  - How to assess safety during crisis conversations using the Lifeline's model
  - How to develop a safety plan  
*(Available in English and Spanish)*
- **Imminent Risk of Suicide**
  - What is imminent risk and how to respond according to the Lifeline's Suicide Safety Policy
  - What are the most effective ways of supporting individuals who may be at imminent risk
  - How to determine whether emergency service intervention is warranted and steps to take when necessary

### **Tailored Services for Populations at Higher Risk of Suicide and Overdose**

- Centers should create a plan of action to engage with emergency response units and other support entities regarding the intersectional needs and barriers for groups who experience disproportional harm when engaging with law enforcement and other emergency response entities.
- Centers should develop plans to meet, improve, or expand Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Centers are responsible for identifying and offering training that addresses cultural humility, anti-racism, xenophobia, sexism, ableism, homophobia, biphobia, transphobia, and ageism.

- Centers are also responsible for training that addresses the complex needs of individuals with intersectional needs.
- Centers should have and share a Diversity, Equity, Inclusion, and Belonging hiring plan to recruit, hire, and train an affirming workforce that culturally and linguistically reflects the communities they serve, including representation from people with lived/living experience related to mental health, substance use, and/or suicide.

## **Learning Management System**

- A Lifeline learning management system (LMS) must be created and maintained by the Lifeline Administrator and available 24/7 to centers with a single sign-on feature to easily access all the online courses and simulation trainings.
- Online training modules, along with the simulations, must provide opportunities for crisis counselors to apply key concepts and skills in crisis counseling. These trainings can help build core competencies in areas that include establishing and maintaining a connection to someone in crisis, active listening and clarifying, assessing safety and suicide risk, safety planning, as well as other fundamental core competencies (e.g., empathy and respect), and the importance of crisis counselor self-care.

## ***Special Considerations for Training Requirements***

- Centers working within States/Territories and/or with external training vendors to provide training beyond the core expectations as outlined by the Lifeline Administrator must submit an annual training plan for approval by the Lifeline Administrator for any additional training that is provided to people responding to 988 contacts.

## **Requirements for Referral, Linkage, and Follow-Up**

The 988 Lifeline must offer follow-up services and linkage to a localized response so individuals in crisis can connect with local support and resources where documented informed consent is obtained and/or such connections are required by law. Follow-up contacts are an evidence-based approach to decreasing suicide risk. Connecting people in crisis with local supports can help address treatment and recovery needs in a manner which can more effectively stabilize the crisis situation and prevent future crises from occurring. In addition, the 988 Lifeline must offer connections to local public health and safety services when additional local community services are needed.

### *Applicable to the Lifeline Administrator*

- The Lifeline Administrator, with SAMHSA review, must develop, maintain and continually update a national resource directory of behavioral health and social services to facilitate connections to care and to address social determinants needs.

### *Applicable to 988 Crisis Contact Centers and Approved Vendors*

- **Follow-up contacts:** centers shall maintain policies and procedures for offering follow-up services in line with Lifeline Administrator guidance.

- **Warm transfers:** any warm transfer must follow the 988 Lifeline’s warm transfer guidelines and take place after crisis counseling has been provided and the immediate risk is de-escalated. All centers are expected to respond to contacts to de-escalate crises and provide referrals to community resources within the area where the individual needing resources is located.
- Every crisis center must be able to offer referrals to service providers within its designated coverage area or outside of the area as identified by the contact.
- Centers shall maintain an updated listing of the primary referral sources they may direct 988 Lifeline callers/chatters/texters to depending on the needs identified during their conversation with the individual. The Lifeline Administrator will issue guidelines to centers for minimum required referral services and organizations. Centers shall update this list at least annually in a format mutually agreed on by the Lifeline Administrator.
- Centers shall maintain policies and procedures for their crisis counselors on how to provide referrals that adhere to the 988 Lifeline’s Providing Referrals guidance document and the Referrals and Warm Transfer to External Organizations guidance document.
- Center policy must provide that, as applicable, 988 Lifeline contacts be given an array of options for affirming care and/or follow-up, which options shall not be limited in any manner to organizations, facilities, or providers affiliated with or related to a center. Centers shall maintain written agreements with such referral community organizations, faith based institutions, healing centers, and health care providers, etc., as may be necessary.
- Centers will report to the Lifeline Administrator the number of organizations that entered into formal written/intra-organizational agreements to improve mental health and substance use related practices/activities.
- Prior to making a referral or warm handoff, centers must obtain informed contact consent to share PII and document that consent in the platform.

### ***Special Considerations for Referral and Follow-Up Requirements***

- Centers working with external vendors to develop independent resource and referral tools within their jurisdictions must submit a plan to the Lifeline Administrator and SAMHSA for approval and annual review.

### ***Applicable to States and Territories***

- States and Territories must partner with local substance use policy experts and 988 crisis centers to develop appropriate protocols and referral resources for 988 contacts requiring substance use disorder care (e.g., withdrawal management, harm reduction).
- State and Territory 988 programs must engage with the 911 administrator to create a process improvement plan for enhancing 911-988 interactions.
- States and Territories must report to SAMHSA on the status of their local 988 crisis center integration with mobile crisis teams and make recommendations for improving connections for teams that are not currently linked with 988 centers.



## **Lifeline Administrator and Crisis Center Requirements Related to Quality Assurance (QA) and Quality Improvement (QI)**

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The Lifeline Administrator shall maintain several policies that serve to continuously evaluate and improve the quality of interactions between crisis counselors, centers, and the greater populations served. In some instances, policies align with KPIs, allowing ongoing quality monitoring of 988 Lifeline operations. In total, they provide a framework that sets standards for high levels of efficiency, clinical care, and help seeker satisfaction across various crisis contact centers. The following sections include select performance measures, covering operational and clinical quality, and improvement processes that serve as a framework for quality improvement. These methods and tools are meant to be deliberately applied and monitored to generate 988 Lifeline improvement. When applicable, targets/goals/minimum requirements are specified, and are intended to serve as standards as monitoring of 988 Lifeline progress and performance occurs.

### **QA/QI Requirements**

*Applicable to the 988 Lifeline Administrator and Approved Vendors*

- **Training Completion.** As noted in the training section above, the Lifeline Administrator must also develop a mechanism for customized data collection for each training course and for each crisis counselor by center that includes course enrollment and completion status, pretest/posttest scores, and qualitative feedback. These data can be used by centers and the Lifeline to track center/crisis counselor compliance with the 988 Lifeline training requirements.
- If a center's answer rate for 988 Lifeline calls is below 80% for two or more consecutive quarters, the Lifeline Administrator shall work with the center (and in collaboration with the State Mental Health Agency (SMHA) if the center receives 988 Lifeline designated funds from the SMHA, or from a similar State agency, a 988 State trust, or a Territory, Tribal, or county agency) in order to implement a Performance Improvement Plan (discussed below) including potentially reducing coverage area or hours until sufficient performance gains have been achieved sufficient to reinstate prior coverage areas/hours.
- **Clinical Quality: QI Monitoring of Interactions.** The 988 Lifeline Administrator will conduct its own quality monitoring of the network via monitoring of interaction recordings/transcripts/records. As such, the 988 Lifeline reserves the right to request recordings/transcripts and or other documents as needed to be provided by the center for quality improvement purposes.
- **Improvement Process of Crisis Counselors.** If a crisis counselor's clinical performance score falls below established expectations for two or more consecutive quarters or is identified as part of a help seeker complaint or found to be engaging in any unprofessional conduct while interacting with help seekers, the Lifeline Administrator shall work with the center to fully address the identified concern(s). This may include, but is not limited to, potentially removing the crisis counselor from having interactions with help seekers until sufficient performance gains have been achieved to reinstate the crisis counselor.
- **Improvement Process for Centers.** If a 988 Lifeline center is not meeting QI requirements as noted below, for two or more consecutive quarters, the Lifeline Administrator shall work with

the center (and in collaboration with the SMHA if the center receives 988 Lifeline/988 designated funds from the SMHA, or from a similar State agency, a 988 State trust, or a Territory, Tribal, or county agency) in order to implement a Performance Improvement Plan to address and provide support around identified areas of concern. These may include, but are not limited to, required training or other related activities to improve their score.

- The Lifeline Administrator reserves the right to suspend or remove a center from the network for reasons such as, but not limited to, violations of best practices, contract requirements, or security protocols.
- **Improvement Process for the Lifeline Administrator.** The Lifeline Administrator is required to have a complaints/grievance policy in place and must report to SAMHSA on a quarterly basis a summary of any complaints received regarding activities of the Lifeline Administrator. The Lifeline Administrator must also comply with terms as outlined in the cooperative agreement with SAMHSA and is subject to corrective action for failing to meet funding requirements.

*Applicable to 988 Crisis Contact Centers and Approved Vendors*

- **Compliance Attestation.** Centers must participate in an annual self assessment process as a means of determining compliance with the Network Agreement and performance indicators.
- **Operational Quality.** Centers are to engage in best efforts to respond promptly to 988 Lifeline contacts in accordance with KPI benchmarks noted earlier in the document.
- **Clinical Quality: QI Monitoring of Interactions.** The 988 Lifeline is committed to providing the highest quality service to help seekers. All centers must adhere to the 988 Lifeline clinical standards.
- Centers are expected to proactively monitor and coach to the 988 Lifeline’s operational and clinical standards. All centers are required to complete interaction monitoring, either live or using recordings, on a regular basis for calls, texts, and chats to ensure the highest levels of service for all contacts. It is mandatory that centers handling interactions complete the 988 Lifeline’s quality improvement monitoring forms for interactions assigned to them. A center may choose to monitor additional aspects of an interaction but must at a minimum monitor the aspects of an interaction outlined in the quality improvement monitoring forms. Centers will be required to monitor between 0.5%–3% of regular network 988 Lifeline interactions per month, which are submitted to and reviewed by the Lifeline Administrator’s 988 QI team.
- 988 Lifeline Crisis Chat and Text providers must adhere to the chat and text clinical standards as outlined by the Lifeline Administrator. The 988 Lifeline will assign a random sample of a center’s chats/texts or calls to be monitored by the center. The center must complete the appropriate 988 Lifeline quality improvement monitoring form for the chat, text, or call.
- Chat and text centers must ensure that supervisors have live monitoring capabilities on the platform and a system by which to communicate with crisis counselors.
- 988 centers are expected to meet the following requirement: 90% of all crisis counselors taking interactions should achieve QI scores of 70% or higher (monthly) and 70% or higher overall center score (quarterly).

- **Complaints/Grievances.** The Lifeline Administrator strives to ensure that all callers/chatters/texters are treated in a professional and respectful manner. To this end, centers are required to have a grievance or complaint policy in place. The center shall submit its grievance and complaint policy, including procedures for addressing verbal and written complaints (about their center or a different one) and notification procedures, to the Lifeline Administrator upon its application to the network or upon request.
- On a quarterly basis, 988 Lifeline centers must submit a report to the Lifeline Administrator summarizing volume and type of grievances and complaints, along with resolution and recommended future actions.

## Sentinel Events

The purpose of the Sentinel Event policy is to establish guidelines and procedures for identifying, reporting, reviewing, and preventing Sentinel Events at 988 Lifeline centers. A Sentinel Event is defined as an unforeseen incident, involving an individual who has contacted the 988 Lifeline, leading to outcomes such as death (suicide or homicide), severe temporary harm, permanent harm, or events that result in significant media coverage related to the 988 Lifeline. Guidance on examples and reporting thresholds for such events are provided by the Lifeline Administrator. These incidents may extend beyond 988 Lifeline interactions, such as violence or other threats that can impact 988 Lifeline efficacy and help seeker wellbeing. This policy is a critical aspect of the 988 QI framework, as it triggers immediate investigation and systematic response to enhance operational performance and safety. Immediate review is initiated by the Lifeline Administrator upon receipt of a Sentinel Event report. Throughout the process, the Lifeline Administrator maintains ongoing, open, and transparent communication with the 988 Lifeline centers, while keeping the review's objective in mind: to identify contributing factors at all levels.

### *Applicable to the Lifeline Administrator and Crisis Contact Centers*

The following information outlines the current reporting process of Sentinel Events by crisis contact centers:

- All Sentinel Event disclosures should be made to the Lifeline Administrator within 24 hours of discovery by 988 Lifeline center(s) or relevant party and should include as much accurate information about the Sentinel Event that is available. This must include at a minimum the 988 Lifeline center(s) and contact information for the individuals involved, and any other relevant circumstances surrounding the incident, any contributors to the incident as understood at this stage, and any pre-identified steps being taken to prevent future occurrences. Any 988 Lifeline center that becomes aware of a Sentinel Event has a responsibility to report the event to the Lifeline Administrator promptly and accurately to the 988 QI Team.
- The Lifeline Administrator may also become aware of a Sentinel Event via an alternate source such as the media, via a complaint/grievance, or by other methods. In these situations, the Lifeline Administrator will notify the appropriate center and review the Sentinel Event as outlined below.
- Once the Lifeline Administrator is notified of the incident, SAMHSA will be notified within 24 business hours of the Lifeline Administrator learning of the incident along with the center's

State (if applicable) and the Center Engagement Manager. The center will then be provided with the Sentinel Event Report form for completion.

- The Sentinel Event Report form should be completed by the center and returned to the Lifeline Administrator for review within five business days of receipt. If certain events require an urgent or expedited response due to the nature of the concerns or ongoing concern for safety, the center may be required to return the completed form within 24–48 hours (about two business days).
- Further follow-up or request for documentation and other materials may be required from the center once the Lifeline Administrator has reviewed the Sentinel Event response.
- Once all requested documents are received and reviewed, the Lifeline Administrator will develop a summary report of the Sentinel Event, along with any conclusions regarding root causes and need for follow-up or corrective action. Any feedback or recommendations will be provided to the center within five business days of the completion of the Review, as well as updates provided to SAMHSA and to the State when indicated. Feedback must include guidance on support of the crisis counselor where applicable.
- The Lifeline Administrator will also connect the center to ongoing support from other 988 Lifeline teams where indicated (not limited to the 988 Lifeline Cares Team; Standards, Training, and Practices; etc.).
- Reporting of Sentinel Events to the Lifeline Administrator should be done in accordance with applicable (State/Territory/Tribal and Federal) regulations and requirements and should be aligned with State, Territory or Tribal Sentinel Event policies. States and Territories must also develop protocols for identifying and reviewing 988 Lifeline Sentinel Events that will be part of a comprehensive quality assurance plan.
  - If a center conducts its own root cause analysis, it is required that the center provide this report to the Lifeline Administrator.

Sentinel Events may occur even when center and Lifeline Administrator training and practice protocols have been followed. As such, corrective actions and measures taken after Sentinel Event review may vary. If there is value in the provision of supportive feedback to a center, which might also include a Performance Improvement Plan, areas for improvement and recommendations for decreasing the likelihood of similar Sentinel Events will be provided to centers. Corrective actions and recommendations aim to minimize harm to individuals contacting the Lifeline, improve systems and processes, and enhance public safety. In all cases, the Lifeline Administrator and center leadership must offer support to crisis workers connected to any Sentinel Event. A comprehensive record of the Sentinel Event, the review, corrective actions, and preventive measures will be maintained by the Lifeline Administrator and shared with the center and SAMHSA. The Lifeline Administrator will provide to SAMHSA a quarterly report of all Sentinel Events reviewed in the network along with any completed or pending actions.

### **Performance Improvement Plans**

The Lifeline Administrator reserves the right to suspend or remove a center from the 988 Lifeline network if the center's activities compromise the safety or security of help seekers or otherwise interfere with or jeopardize the timely and effective operations of the 988 Lifeline. Similarly, the Lifeline Administrator reserves the right to suspend or remove from routing an STTC entity or external vendor if

their activities compromise the safety or security of help seekers or otherwise interfere with or jeopardize the timely and effective operations of the 988 Lifeline. Centers, STTC entities, or external vendors that fall short on meeting expectations are subject to a Performance Improvement Plan. A Performance Improvement Plan may be implemented through a multi-step process that will involve the center, the Lifeline Administrator, SAMHSA, and/or the STTC to address issues in areas including but not limited to:

- **Operational.** Ongoing technical issues that prevent contacts being routed efficiently to a center.
- **Standards, Training, and Practices (STP).** Policies/practices not in compliance with the Lifeline's required clinical policies and standards.
- **Security.** Failure to record, store and disseminate data in accordance with existing agreements.
- **Quality.** Crisis counselor or center performance falling below the required threshold.
- **Communication.** Failure to identify a contact person at the center, respond to correspondence or meeting requests from the Lifeline Administrator, or provide requested information.
- **Contractual.** Non-compliance with a criterion outlined in the Network Agreement or another agreed upon contract or agreement with the Lifeline Administrator.
- **Never Event.** A serious and preventable error in the delivery of services that should never occur and that could result in serious injury, harm, or death to a help seeker.

A Performance Improvement Plan will be set by the Lifeline Administrator in consultation with SAMHSA and may depend on the severity and number of concerns identified. The Performance Improvement Plan will be documented and will provide an overview of:

- The concerns that prompted the implementation of the Performance Improvement Plan.
- Required activities that must be carried out by the center, STTC and/or external vendor to address the concerns, along with timeline for resolution.
- The support and technical assistance that will be provided by the Lifeline Administrator and the frequency with which this support will occur (e.g., monthly technical assistance meetings with Operations).
- Any routing changes that may occur as part of the Performance Improvement Plan.

Upon completion of the activities outlined in the Performance Improvement Plan and evidence of satisfactory performance or resolution of the issue, the Performance Improvement Plan document will be updated to reflect the progress made and conclusion of the plan. If a center, STTC or external vendor has been unable to demonstrate satisfactory improvement during the period of the Performance Improvement Plan, the Lifeline Administrator may consider an extension to the Performance Improvement Plan or removal of the center, STTC or external vendor from the 988 Lifeline network.

### **Lifeline Periodic Testing**

- The Lifeline Administrator is required to set up dashboards to continuously monitor network activity 24/7 to check if anticipated volume for any of the networks is performing below the expected thresholds from an operations perspective.
- From a security perspective, the Lifeline Administrator must engage a third party to monitor the 988 Lifeline and endpoints 24/7 to check for cybersecurity threats and to provide response

capacity in the event of an incident. Any major outages or other incidents would appear in these dashboards and result in real time alerts. Third party vulnerability scans must also be conducted on an ongoing basis on all external endpoints to check for any new threats to the network.

- States, through both 988 funding awards and through the SCP MOU agreement, are encouraged to include enhanced security protections for their contracted 988 centers such as technology expansion cybersecurity consultations and services at the center level. The recommendations including the following testing locally:
  - Ensure each product or workstream will have a tested disaster recovery strategy and plan updated annually and a crisis communications plan for real time communication flow and incident reporting procedures.
  - Ensure continuous monitoring and annual penetration testing to determine security and privacy controls are operating as intended.
  - Plan to implement and test backup solutions regularly by channel, that minimize the amount of cutover time.

Center maturity mapping and verification is expected by September 30, 2024 to assess the networks' overall gaps against these goals and others listed in the [FY23 Cooperative Agreements for States and Territories to Improve Local 988 Capacity](#). Similar but more expansive work was undertaken to bring all national service providers for 988 under enumerated security requirements that included network testing for disaster recovery, incident response and recovery, and testing system back-ups.

## **Quality Improvement and Program Evaluation**

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**Quality improvement and program evaluation are complementary activities that allow for regular and ongoing monitoring and responsive service improvements while also examining larger questions of program fidelity, effectiveness, long term outcomes and impacts, and reasons for success or failure. As discussed in previous sections, they work hand in hand with policies, procedures, and training to ensure overall quality and performance of the 988 Lifeline. For a system such as the 988 Lifeline, both “real time” feedback and longer term program evaluation are equally important and useful, driving improvements in service delivery while fostering an understanding of success and challenges and the reasons for them. These complementary methods can be used in a cycle, with one informing the other in turn, but in this case will be used simultaneously, seeking efficiencies in data collection methods to address both QI and evaluation questions and needs.**

**Although this plan focuses specifically on evaluation and QI of the 988 Lifeline, thoughtful consideration was given to how evaluation and QI complement one another and other systemwide plans. As large scale evaluation efforts of the Crisis Continuum are planned and nearing implementation, it is important that 988 Lifeline evaluation plans are developed in alignment with 988 Lifeline QI standards and broader behavioral health crisis system transformation and improvement targets and goals. In the spirit of program evaluation and QI being complementary efforts, evaluation measures in this plan are intended to answer 988 Lifeline specific evaluation questions while simultaneously aligning with QI key performance measures. Furthermore, efforts**

**were taken to align this 988 Lifeline specific plan with reporting requirements that were identified within more global behavioral health evaluation and/or QI plans.**

Previous evaluations of voice and chat based crisis helplines have found that suicidal ideation decreased significantly from the beginning to the end of the conversation.<sup>7,8</sup> Evaluations also have shown a number of other positive outcomes through utilizing crisis helplines; for example, feeling less upset, overwhelmed, and hopeless, and reductions in psychological pain.<sup>9</sup> These evaluations of crisis helplines, including findings related to which counselor behaviors were most helpful to callers to achieve positive outcomes, have guided the standards, training, and practice of the 988 Lifeline telephone, chat, and text services. These findings have also informed the development of the 988 Lifeline Suicide Safety Assessment (“safety assessment”) policy that is currently utilized by crisis counselors, and current quality improvement outcomes, such as safety assessment policy adoption.

Since its inception, the 988 Lifeline has received ongoing guidance and consultation from researchers and subject matter experts in suicide prevention and crisis response. The Lifeline Administrator has contracted with third parties to independently evaluate their lifeline efforts since 2005; though the focus of most previous efforts were on a former lifeline iteration, the National Suicide Prevention Lifeline. To date, many of the evaluations of these efforts have focused on effectiveness of telephone crisis services, safety planning, imminent risk protocols, and crisis chat evaluations.

## **Overview of Ongoing Evaluation Activities in 2024**

### **Quality Improvement, Evaluation and Clinical KPIs**

There are many available tools and frameworks that address quality improvement. The 988 Lifeline utilizes the [Model for Improvement](#) as the framework to guide the QI process. Through this model, changes can be tested continuously through Plan-Do-Study-Act cycles, guided by three overarching questions:

- What are we trying to accomplish?
- What results were demonstrated from our efforts?
- How can we learn from these results to drive further improvements in line with our desired outcomes?

The Lifeline Administrator is responsible for the maintenance of 988 Quality Improvement and Research and Evaluation Teams (RE). This ensures a comprehensive, data driven approach to enhancing the quality of services provided to 988 network centers and help seekers. The QI and RE teams must on a regular basis formally assess the 988 Lifeline centers to identify readiness to adhere to quality improvement guidance and processes, to support needed data collection to enhance evaluation efforts, and to identify needed technical assistance.

Below are five examples of clinical KPIs the Lifeline Administrator has identified that will help inform continuous quality improvement efforts and clinical and operational decisions, and serve as benchmarks, milestones, and expectations for 988 centers and the Lifeline Administrator:

**KPI # 1: Service Utilization by Suicidal Individuals**

988 Lifeline center reports will be used to capture how many help seekers are experiencing thoughts of suicide when they contact 988, as well as suicide attempts in progress. 988 Suicide and Crisis Lifeline Suicide Safety Policy outlines the required suicide safety questions: “Have you had any thoughts of suicide in the past few days, including today?” and “Have you taken any action to harm yourself today?” This Policy also requires assessment of whether there is a suicide attempt in progress. This measure will demonstrate service utilization by capturing the number of help seekers as a percentage of contacts that endorse active thoughts of suicide, self-harm, preparatory behavior, or attempts in progress. These data can be used to improve the quality of crisis worker decision making in life-threatening situations, and to better focus marketing and communications efforts towards help seekers who may be experiencing thoughts of suicide or emotional distress.

**KPI # 2: Safety Planning**

Safety planning is a critical component to suicide prevention. Quality interaction monitoring process forms will be utilized to determine that a responder’s safety plan aligns with and mitigates against any identified suicide safety risks. These data will demonstrate how well responders are engaging in safety planning across the entire 988 by showing the percentage of centers that score 85% or better.

**KPI # 3: End of Call Satisfaction Question (EOCSQ)**

This KPI provides feedback on the quality of the service provided during a 988 call, will identify areas for improvement, and measure help seeker satisfaction with the services received, by asking a simple question at the end of the call, “If you were in crisis, would you call 988 again?” The data will show the number of responses, and the number and percent of individuals that responded in the affirmative, and the number and percent that responded in the negative. Data will be reported as the percentage of respondents across the Lifeline Administrator platform who would or would not call back, indicating a general level of satisfaction. This information can be provided to other departments to help align service improvement efforts.

**KPI # 4: Clinical Outcome**

Clinical outcome data will help answer questions related to coordination of services and care beyond the 988 clinical interactions. For example: Was the help seeker provided a referral to another organization? Was the help seeker referred to a higher level of care? Was the situation successfully resolved by the responder without need for further intervention? Was a request to dispatch an emergency service intervention needed? Was this dispatch voluntary or involuntary? Did emergency responders make contact with the individual at risk? Was mobile crisis response initiated? This KPI will be reported as a percentage and/or number of categorical outcomes across the network to determine impact of service by measuring how frequently and under what circumstances help seekers are being connected with other types and levels of care.

**KPI # 5: Call Typing**

This KPI will help answer the questions: For what types of situations are help seekers contacting 988? How many consumers are contacting 988 in suicide crisis? How many help seekers are contacting 988 for a non-suicidal crisis? What’s 988 service utilization level, that is, the proportion of the contacts where the individual is the target of the 988 service, and they are utilizing the 988 services as intended? These categories will be collected across the entire 988 network for phone, text and chat.

The above KPI data will be shared monthly with SAMHSA via the development of a performance dashboard, and additional indicators will be considered in future updates to this Plan.



SAMHSA has also expanded data collection and evaluation efforts around reported or identified suicidal behavior through 988 State and Territory programs. 988 State and Territory grantees are required to submit the following data elements quarterly to SAMHSA, in addition to creating State or Territory wide Sentinel Event policies:

- Number of contacts that resulted in emergency rescue with law enforcement (phone, chat, and text)
- Number of contacts that resulted in emergency rescue without law enforcement (phone, chat, and text)
- Number of suicide attempts reported or identified in progress
- Number of suicide deaths reported or identified

These data from the 988 State and Territory programs will be utilized together with that reported to the Lifeline Administrator to support quality improvement on responses to suicidal behavior for the network as a whole.

## **Data Collection**

In the coming year, SAMHSA and the Lifeline Administrator will continue to strengthen data collection from centers to assess outcomes of service. The primary source of QI related data is the Lifeline Administrator Unified Platform, as well as alternative methods of data submission and collection for non-participating centers. We will also investigate the feasibility of expanding post-interaction assessments (e.g., post-call survey, post-chat survey, post-text survey).

## **Upcoming Evaluation Efforts**

The 988 Lifeline Research & Evaluation (RE) team will work collaboratively with the QI and larger Standards, Training and Practices (STP) teams to assess the effectiveness of safety assessment on suicidal behavior, and the effectiveness of new counselor training efforts. Historically, crisis helpline evaluation methodologies have included interviews/questionnaires with contacts and counselors, silent monitoring of calls, recorded calls, and chat transcripts, and some form of these methods may be integrated into future evaluations. However, these evaluation efforts have also required multi year efforts with considerable time and resources required to obtain feedback directly from contacts, and then analyze their data. To obtain an ongoing estimation of effectiveness closer to real time, the Lifeline Administrator will also seek to utilize new technologies and explore alternative methodologies for post-interaction follow-up with contacts to capture certain evaluation measures. This exploratory investment will assist with understanding the likelihood that a person in crisis would respond to a post-interaction assessment and set the stage for evaluation efforts in years to come.

With the launch of 988 and increased emphasis toward safety planning and mitigation of reliance on emergency services, there is a need to re-evaluate – to better understand how the provision of safety assessment impacts suicidal behavior over the continuum of crisis care. It is also important to understand how current training efforts toward safety assessment policy adoption affect service provision, and to assess whether crisis counselors comprehend the key concepts of the policy. To this end, in the upcoming year, the RE team will work collaboratively with the QI and Standards, Training, and Practices team to assess the effectiveness of safety assessment model on suicidal behavior, and the

effectiveness of new counselor training efforts, such as the 988 Lifeline's new, online, self-paced core training and related materials on crisis counselor behaviors. A few of these efforts are described below.

***Evaluation of a Network-wide Training Initiative to Increase Crisis Counselor Self-efficacy in Lifeline Suicide Safety Assessment and Intervention***

The Lifeline Administrator has awarded an evaluation contract focused on understanding the effectiveness of the Lifeline Administrator's training courses, and Lifeline Safety Assessment Model, in improving crisis counselors' self-efficacy, knowledge, and skills.

More specifically, this evaluation endeavors to achieve the following aims:

**Aim 1.** To assess the immediate, short, and long term effects of training on crisis counselors' self-efficacy, knowledge, and skills. Through extant data and newly proposed follow-up surveys, ICF will examine immediate, short, and long term changes (as defined by training completion date).

**Aim 2.** To evaluate the extent to which changes in self-efficacy, knowledge, and skills differ based on comfort working with various presenting concerns, including those related to minority stress and cultural fluency. Incorporating elements of the Cultural Theory and Model of Suicide (Chu et al., 2018), ICF will use extant and newly proposed follow-up surveys, post-contact surveys, and coded crisis contacts (e.g., calls, chat, and text messages) to explore the relationship between training outcomes and caller-presenting concerns.

**Aim 3.** To examine the extent to which crisis counselors effectively transfer knowledge from training to behavior, including the investigation of discrepancies between self-efficacy, knowledge, skills, and behavior. ICF will examine behavioral implementation of training principles by reviewing existing quality improvement data and a sample of recorded crisis contacts (e.g., calls, chat, and text messages).

**Aim 4.** To understand the training experiences and types of support (e.g., training gaps, post-training supervisory support, and peer support) required to best meet the training needs of crisis counselors.

To accomplish these aims, the contractor proposed a Core Training Outcomes Study and Training Transfer Sub-Study, which will be supported by an analysis of extant data and three additional primary data collection activities. The Core Training Outcomes Study will include all centers and counselors and will evaluate the acquisition, growth, and retention of knowledge and skills over time among training participants (Aims 1 and 2) and the counselors' training experience and needed supports (Aim 4). The Training Transfer Sub-Study will utilize a sample of centers and expand insight into the relationship between self-efficacy, knowledge, and skills by utilizing existing and new measures of safety assessment proficiency (Aim 3). The proposed evaluation will provide crucial information about the effectiveness of training and ways to improve and increase support for crisis counselors. Specifically, this evaluation will provide insight into (1) counselors' self-efficacy, knowledge, and skills in conducting safety assessment practices and interventions; (2) conditions under which crisis counselors' skills vary based on comfort working with different groups; and (3) individual, organizational, and role-related characteristics that may explain variations in self-efficacy, knowledge, skills, and behavior.

### ***Evaluation of Help Seeker Experience***

The Lifeline Administrator Technology and Product team, in collaboration with SAMHSA, must engage user experience (UX) research experts to conduct periodic assessment of the 988 Lifeline experience to identify and pilot improvements in a range of service components (e.g., interactive voice response) to improve engagement with 988. Initial phases of UX research will inform baseline knowledge of the service experience while future plans will include UX research as part of the iterative design process that aims to be informed by help seekers at all times. Examples of work to date in this area include assessment of the chat service interface and analysis of preferences with respect to design of the Interactive Voice Response experience.

UX within the 988 ecosystem will mean products and services are designed with the help seekers and not for them. For example, it will mean sitting with 988 crisis counselors as new features are designed for the Unified Platform, testing the pre-chat entry experience with the public before website modifications and changes to the pre-chat survey are implemented, and conducting research with people who have contacted any of the 988 subnetworks. This feedback will ensure the services provided are meeting expectations and suggest how SAMHSA and the Lifeline Administrator can improve their experience.

Overall, SAMHSA is working to ensure the expansion of formative and contextual user research to understand help seekers' goals, needs, journeys, barriers, and challenges with respect to 988 services. By bringing in UX researchers and support contractors, SAMHSA and the Lifeline Administrator will prioritize usability testing to continually improve the experience of the help seeker and to inform content, information architecture, design, functionality, and accessibility.

### **Evaluating the 988 Lifeline's Imminent Risk Definition and Its Application to Suicide, Homicide, and Overdose Risk Situations**

Draper and colleagues (2015) noted almost a decade ago that even though the 988 Lifeline's imminent risk definition is unique given the inclusion of core concepts from the Lifeline's suicide risk assessment standards (i.e., suicidal desire, intent, and capability), no research to date has evaluated whether the presence or absence of these factors influences near term suicide risk. This evaluation aims to address this gap in the literature which may enhance the precision of identifying imminent risk situations across the Lifeline network. This evaluation will also focus on addressing imminent risk situations involving homicide or overdose risk since the existing imminent risk definition does not consider scenarios where suicide, homicide, or overdose risk may diverge or intersect. It also is unclear if and how the suicide theories relevant to the Lifeline's imminent risk definition extend to situations involving homicide or overdose risk. Investigating this further and developing a research agenda for continually assessing the validity and utility of the Lifeline's clinical definitions will establish a comprehensive evaluation agenda for the ongoing validation and refinement of Lifeline practice and quality monitoring.

## **Conclusion**

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This plan outlines a multi-pronged approach to ensuring the continued provision of high-quality services through the 988 Lifeline. SAMHSA, the Lifeline Administrator, and all organizations within the Lifeline system are committed to a systemic approach to identifying, analyzing, and improving the quality of 988 Lifeline services. Through rigorous network requirements, regular communication, provision of training and technical assistance, routine quality monitoring, and program evaluation, all parties must continuously strive to identify potential issues early and proactively provide support to Lifeline centers to address these issues. To this end, quarterly quality improvement meetings with leaders from SAMHSA, the Lifeline Administrator, States, Territories, Tribes, Lifeline centers and service recipients—including representatives from historically excluded, marginalized, and under-resourced communities—are held. This team is responsible for recommendations on rapid cycle approaches for improvement and monitoring of any existing corrective actions. Promotion and adherence to this plan are also required components of evaluation for Lifeline center managers and supervisors, and all staff must receive at least annual training on the QI policies and procedures. As required or as needs and circumstances evolve, this plan will be updated and amended to address emerging issues on an ongoing basis.

## References

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<sup>1</sup> SAMHSA. [Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health](#) (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). (2023). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

<sup>2</sup> CDC. [Provisional Suicide Deaths in the United States, 2022](#). (2023, August 10). CDC Newsroom Releases. [Provisional Suicide Deaths in the United States, 2022 | CDC Online Newsroom | CDC](#)

<sup>3</sup> Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. [Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data \(cdc.gov\)](#)

<sup>4</sup> Ibid (SAMHSA, 2022 NSDUH).

<sup>5</sup> The goals, requirements, and conditions set forth in this Plan do not apply to the Veterans Crisis Line, which is administered by the Department of Veterans Affairs pursuant to 38 U.S.C. § 1720F(h).

<sup>6</sup> Ibid.

<sup>7</sup> Gould, M.S., Kalafat, J., Munfakh, J.L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide and Life Threatening Behavior*, 37(3), 338-352. 2.

<sup>8</sup> Gould M.S., Chowdhury S., Lake A.M., Galfalvy H., Kleinman M., Kuchuk M., McKeon R. (2021). National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness. *Suicide and Life Threatening Behavior*, 51(6), 1126– 1137.

<sup>9</sup> Ibid (Gould et al, 2007).

## Text Description of Graphic (page 2)

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### People who call 988 are given five options to connect to a caring, trained counselor:

- Press 1 to connect with the Veterans Crisis Line
- Press 2 to connect with the national Spanish Subnetwork
- Press 3 to connect with national LGBTQI+ support for youth and young adults
- Remain on the line and be connected to a counselor who can listen and provide local support resources.
- Press 0 to bypass the message and connect directly

### **People who text/chat 988:**

- LGBTQI+ subnetwork, text "PRIDE" to 988, or chat 988lifeline.org
- Spanish-language support national subnetwork, text "AYUDA" to 988, or chat linea988.org/chat
- Remain on the text/chat and be connected to a counselor who can listen and provide support resources

### **Deaf and Hard-of Hearing Service**

- For Videophone services, dial 988 directly on a videophone to connect with crisis counselors who can communicate in ASL
- Select "ASL Now" from 988lifeline.org for service in American Sign Language

### **Flowchart**

An icon of a person with an exclamation mark superimposed on them is labeled "Person who is struggling or loved one concerned about person who is struggling." It is connected by lines to 3 icons spaced out horizontally: a phone with audio labeled "Call;" a computer with speech bubbles labeled "Chat;" and a touch device with a speech bubble superimposed labeled "Text."

The SAMHSA logo is below the flowchart.