WHITE PAPER

What Happens When People are Actively Suicidal? An in-depth Analysis of 988 Suicide & Crisis Lifeline Imminent Risk Data

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EXECUTIVE SUMMARY

Introduction

The shift from the National Suicide Prevention Lifeline 1-800 number to the 988 Suicide & Crisis Lifeline (988 Lifeline) on July 16, 2022, marked an important moment in the United States's efforts to improve support for people experiencing a mental health crisis. The 988 Lifeline includes a network of more than 200 independently-operated local crisis centers which offer emotional support through call, text, and chat, connecting individuals in distress with trained crisis counselors. This transition reflects a focused effort to improve accessibility and responsiveness in times of crisis.

The Situation

Crisis counselors operating within the 988 Lifeline network prioritize supporting individuals in crisis with the least invasive methods possible. Collaborating with help-seekers, they aim to develop safety plans tailored to the unique needs of each individual. Despite this focus, there are times when invasive approaches like contacting emergency services may be used as a last resort, representing less than 2% of 988 calls historically. Despite how rare emergency service interventions appear to be when contacting 988, concerns persist among American adults about potential law enforcement involvement and involuntary hospitalization. Addressing these concerns is critical in order to increase transparency and public trust in the Lifeline's standards and practices.

The Problem

Studies looking at calls to crisis centers, especially those in the United States, have discovered important insights about how crisis counselors help people who are thinking about attempting suicide. However, these studies show different rates of contacting emergency services, which makes it challenging to provide clear interpretations from the data. Also, when looking at all the calls made to the 988 Lifeline network from those centers reporting imminent risk data, only a small percentage of calls result in emergency service contacts, demonstrating variability in crisis counselors' response to imminent risk contacts. These findings highlight the need for more research to better understand how crisis counselors help people in crisis through the 988 Lifeline and especially during moments when crisis counselors deem the risk of suicide to be high.

Another area that needs further attention is the potential differences in how data are collected and reported across the 988 Lifeline network. These differences reduce the ability to make accurate conclusions from the imminent risk data, presenting a challenge in understanding the true prevalence of emergency service dispatches and the ultimate effectiveness of crisis intervention services. When each center has a different way of keeping track of information, it can be difficult to understand what the information is telling us when collected from centers across the network. This reality also makes it difficult to compare one study to another, which complicates efforts to find the most effective ways to help people in crisis.

The Solution

To address the challenges with imminent risk data collection and reporting, it is important to standardize data collection practices across all 988 Lifeline centers. Such standardization is essential as it ensures consistency in data reporting among crisis counselors and crisis centers

within the 988 Lifeline network. By establishing consistent approaches, we can enhance the trustworthiness of imminent risk data and the insights generated from them. Additionally, continuously testing and refining the 988 Lifeline's definition of imminent risk is crucial for improving the crisis intervention experience. Through fine-tuning this definition, a clearer framework can be created, potentially increasing the consistency with which crisis counselors identify and respond to imminent risk situations. This could make contacting 988 a more predictable experience, reducing ambiguity for individuals in crisis and the crisis counselors supporting them. By implementing more focused definitions and data collection and reporting, we may achieve a more consistent and effective response to imminent risk situations within the Lifeline network.

Conclusion

In conclusion, while there are challenges to overcome, there exists a significant opportunity to enhance the imminent risk data of the 988 Lifeline. The clear definition, and ongoing refinement, of the concept of imminent risk is critical for ensuring consistency in the safety assessments and interventions provided by crisis counselors. The Lifeline's continuous commitment to evaluating the effectiveness of the 988 Lifeline network will contribute to the fine-tuning of clinical guidelines and best practices, laying the groundwork for crisis intervention characterized by collaboration and empathy. In this white paper, a thorough examination of imminent risk data related to the 988 Lifeline network is provided, highlighting its complexities, limitations, and outlining necessary steps for future enhancement. In doing so, the aim is to provide a solid foundation for the continued enhancement of crisis intervention services nationwide.

Introduction

On July 16, 2022, the Lifeline transitioned away from the National Suicide Prevention Lifeline 1-800 number to the 988 Suicide & Crisis Lifeline (988 Lifeline). When people reach out to 988 via call, text, or chat, they are connected to trained counselors that are part of the 988 Lifeline network, which is comprised of more than 200 independently-operated local crisis centers across the United States. The 988 Lifeline plays a critical role in a responsive and comprehensive continuum of crisis care across the country, providing emotional support for people in distress and providing a pathway to well-being for all.

Vibrant Emotional Health (Vibrant), the administrator of the 988 Lifeline network and the Substance Abuse and Mental Health Services Administration (SAMHSA; the federal funder of the 988 Lifeline) see the 988 Lifeline as a first step towards a transformed crisis care system. Crisis counselors working within the 988 Lifeline network collaborate with callers, texters, and chatters to create the least invasive safety plans possible while also utilizing existing local mental health resources when relevant. For select scenarios, this includes contacting emergency services.

Per the most recent version of the 988 Suicide & Crisis Lifeline Suicide Safety Policy, crisis counselors are required to contact emergency services for assistance "as a last resort and only if, despite attempts to de-escalate and collaborate on less invasive alternatives, the individual at imminent risk remains unwilling and/or unable to take action to secure their own safety or there is already an attempt in progress." Historically, Vibrant has reported that outreaches to emergency services have accounted for less than 2% of 988 calls. This proportion implies that the vast majority of 988 Lifeline calls will not involve contact with emergency services. Despite the seemingly low likelihood suggested by the *less than 2%* figure, apprehensions about contact with emergency services exist among American adults considering usage of 988. As an example, the results of a Pew Charitable Trusts/Ipsos Poll of 5,052 adults (conducted between April 14-23 of 2023) revealed that 41% of this sample were concerned that law enforcement would be sent if they used 988. Additionally, the poll revealed concerns about being forced to go to the hospital (40%) and/or ending up in jail (23%). In addressing these concerns, it becomes imperative to enhance transparency regarding how the *less than 2%* figure has been calculated for 988 Lifeline calls, which includes both voluntary and involuntary interventions, as well as suicide attempts in progress. This ensures the general public is well-informed about the Lifeline and its standards and practices and the detailed approaches taken during crisis intervention. Additionally, this white paper serves the purpose of furnishing a comprehensive overview of the imminent risk data associated with the 988 Lifeline, elucidating its limitations, and outlining the necessary steps for future data quality improvement and research needs.

National Suicide Prevention Lifeline Imminent Risk Data in the Scientific Literature

To this point, there have only been a couple of studies examining imminent risk within the pre-988 National Suicide Prevention Lifeline network. Between February and September of 2012, Gould and colleagues (2016) conducted an evaluation of eight Lifeline centers, with 132 crisis counselors handling 491 imminent risk calls. Each crisis counselor utilized an imminent risk form developed by the researchers for every imminent risk contact, allowing them to report specific call details and select applicable interventions from two lists. Crisis counselors were encouraged by the researchers to follow their Lifeline center's established protocols and use clinical judgment in determining which calls constituted an imminent risk situation (see

Appendix A to review the Lifeline's definition of imminent risk). Results showed that emergency services (defined in the study as "police, sheriff, EMS" — which is distinct from the Lifeline's definition of Emergency Rescue services outlined in Appendix A) were sent collaboratively on 19.1% of imminent risk calls and non-collaboratively on 24.6% of imminent risk calls. Additionally, of the 299 calls where imminent risk was not judged to sufficiently diminish enough to obviate the need for active rescue, emergency services were sent on 71.2% of these cases, with 44.1% being collaboratively engaged and 56.8% being non-collaborative. The remaining 28.8% of the 299 imminent risk calls included a mix of collaborative and non-collaborative interventions that were considered less invasive by the researchers and did not involve emergency services. An example of a collaborative intervention endorsed was the help seeker agreement to self-transport to a hospital (or be transported by a third party) while examples of non-collaborative interventions endorsed by the crisis counselor included the involvement of a third party, the Veterans Health Administration, or a mobile crisis team without the help seekers consent. Of note, there were a small number of instances where none of the interventions listed on the imminent risk form were endorsed by the crisis counselor (3.7% of the 299 imminent risk calls where risk was not sufficiently reduced).

In cases of suicide attempts in progress, 47.5% had emergency services sent without collaboration, while 30.3% involved successful engagement by crisis counselors leading the callers to agree to emergency services. Overall, 76.8% of attempts in progress resulted in any emergency service being sent, and in 10.1% of cases, imminent risk was sufficiently reduced without the need for emergency services. For the remaining 13.1% of calls with an attempt in progress (n=13), 11 of them involved "at least one type of less invasive intervention, not involving emergency services" (Gould et al., 2016, pg. 184). None of the interventions listed on the imminent risk form were endorsed for the remaining two calls.

Expanding the focus to third-party callers, Gould and colleagues (2022) completed an evaluation of eight Lifeline centers between December 2016 and October 2018, with 30 crisis counselors completing 172 third-party calls. Following a study procedure similar to their 2016 study, the crisis counselors completed imminent risk forms for each third-party call involving imminent risk. The results revealed that emergency services were contacted in 58.1% of third-party imminent risk calls. Notably, third-party callers initiated contact in approximately one-third of cases, while crisis counselors initiated contact in about one-quarter, with no significant difference between the two. In two instances, both the counselor and the third party independently reached out to emergency services. Further analysis of calls with emergency service intervention showed that 53% involved solely contacting emergency services, while 47% included additional non-emergency interventions. These additional interventions ranged from having the third party wait with the person at risk to involving a mobile crisis team. The study also revealed that the likelihood of contacting emergency services increased under specific circumstances, such as when the person at risk was in the midst of a suicide attempt, had plans to act within a few hours, or when uncertainty existed about whether a suicide attempt was in progress or might occur within a few hours.

Earlier studies of crisis centers that were a part of the 1-800-SUICIDE network revealed different proportions of contacting emergency services during imminent risk calls. In 2007, Gould and colleagues conducted a study with a sample of 1,085 help-seekers who presented with suicide risk. The researchers found that crisis counselors contacted emergency services on 136 of the 1,085 calls (12.6%). Additionally, the researchers found a significantly higher likelihood of utilizing emergency services among those who had engaged in preparatory behavior or self-harm

compared to those who hadn't. Furthermore, rescues were more likely for callers with a current plan to hurt/kill themselves and those with a history of previous suicide attempts compared to those without such factors (Gould et al., 2007). In a study conducted by Mishara and colleagues (2007), calls were remotely monitored at eight crisis centers from August 19 to December 31, 2003, and at five additional centers from January 1 to May 31, 2004. The findings revealed that emergency services were dispatched in only 6 out of 33 suicide attempts (18.2%), with three instances where the crisis counselor remained on the line until help arrived. In 24.2% of cases (8/33), callers changed their minds about the attempt, while in ten instances, crisis counselors refrained from initiating any emergency rescue actions. This under response to suicide attempts in progress led to the development of the Lifeline's guidelines for callers at imminent risk.

In conclusion, published studies focused on imminent risk calls within crisis centers, particularly those within national networks in the United States, have provided valuable insights into the varying approaches taken by crisis counselors in handling such situations. The Gould et al. (2016) study showed that collaborative emergency service dispatches occurred in 19.1% of imminent risk calls, while non-collaborative dispatches took place in 24.6%. It's unclear at the moment why this discrepancy exists though future research could explore for existing challenges in achieving collaborative emergency service interventions and any variations in the approaches employed by crisis counselors in proposing and coordinating such interventions. The subsequent study by Gould and colleagues (2022) expanded the focus to third-party callers, revealing higher percentages of contacting emergency services in these instances, with specific circumstances influencing the likelihood of intervention. However, when comparing these Lifeline network studies with earlier investigations of national crisis line networks in the United States by Gould et al. (2007) and Mishara et al. (2007), additional discrepancies emerge in the proportions of emergency service contacts. These variations may be attributed to differences in study periods, protocols, or the evolving nature of crisis intervention practices. One particular variation that readers may wonder about is regarding the *less than 2%* figure noted in the introduction of this paper. Why weren't any of the percentages reported in the cited literature remotely close to 2%? This is because the cited studies focused on calls labeled as imminent risk within their respective samples whereas the 2% figure was calculated from the total 988 Lifeline call volume. As readers proceed through this paper, it will become apparent that imminent risk calls typically represent a small fraction of the overall 988 Lifeline call volume. In the next section, we will delve into the historical aspects of imminent risk data collection within the 988 Lifeline network, exploring the evolving policies and ongoing methodologies employed in the collection of these data.

988 Lifeline Imminent Risk Data Collection and Sources

Perhaps the earliest record of the Lifeline's "outreaches to emergency services have accounted for around 2% of calls" figure can be found in the Lifeline's December 2010 *Policy for Helping Callers at Imminent Risk of Suicide*.

> *… in a data sample of 42,242 Lifeline calls in 2007 offered to Lifeline by four network centers, one measure of assistance to callers at imminent risk of suicide—deployment of emergency rescue services—revealed notable differences of practice across these four agencies. While 2.4% of calls in this sample prompted center staff to send emergency rescue services to the caller, the variance between the four centers ranged from 0.5% of calls at one center (44 of 9,707 calls) to 8.5% at another center (280 of 3,283 calls).*

> *Although this is a small sample of centers and the relative number of callers in acute suicidal crisis may vary between the centers, these data suggest that there are substantial differences between centers in their approaches to defining and/or assisting callers at imminent risk.* (pg. 1-2)

And similar to the Gould et al. (2022) study, there was a higher proportion of emergency service contacts during third-party calls compared to direct calls with people in crisis. The above block quote noted that 2.4% of the 42,242 Lifeline calls involved contacting emergency services. The percentage was 3.4% when considering third-party calls and the policy document noted that the variance showed "greater extremes … (from no cases at one center to 20.1% of third-party callers at another center)" (National Suicide Prevention Lifeline, 2010, pg. 22).

2018 National Suicide Prevention Lifeline Network Survey

In 2018, a survey approved by SAMHSA was distributed to the National Suicide Prevention Lifeline network in the fall, covering the reporting period from July 1, 2017, to June 30, 2018, and including select questions from fiscal years 2016 and 2017. Out of 159 Lifeline network centers, 110 (69%) responded. These responding centers accounted for about 81% of the call volume received by the Lifeline network for fiscal year (FY) 2018 (October 1, 2017 - September 30, 2018). Results from this survey revealed that, among the 85 centers responding to the survey item about emergency service rescues, about 2.1% of Lifeline calls required the dispatch of emergency services during FY 2018. The results were further broken down by funding level with the lowest ($0 to $245k) and highest ($1.7M to $25M) funding levels showing the highest dispatch percentages (3%; see the reproduced table below for more details; National Suicide Prevention Lifeline, 2018, pg. 10).

Table 11: Rescues as % of Lifeline calls by funding level.

Funding Level	N	Lifeline Answered Calls	Total Rescues	% Rescues
$1.7M to $25M	21	338,316	9,165	3%
$650K to $1.7M	21	320,346	5,279	2%
$245K to $650K	20	198,453	1,370	1%
$0 to $245K	23	163,027	5,241	3%
Overall	85	1,020,142	21,055	2%

Imminent Risk Amendment

A new opportunity for Lifeline centers to receive an increased stipend for reporting imminent risk data to Vibrant on a quarterly basis began during FY 2020 (9/30/2019 to 9/29/2020) and was continued during FY 2021. This opportunity was available for Lifeline centers responding to calls, chats, or both modalities. Vibrant collected the imminent risk data from participating centers via an online survey (see Appendix B to review the Imminent Risk Data Reporting Form).

Data collection began in June 2019 for the National Back-up Centers and October 2019 for all others ("imminent risk centers"). To see a quarterly breakdown of imminent risk data, see Table C1 in Appendix C for the imminent risk centers and Table C2 for the National Back-up Centers. The number of National Back-up Centers reporting imminent risk data ranged from six (Quarter 3 of FY 2019) to 15 (Quarter 4 of FY 2023). During the period of the imminent risk

data stipend, the number of imminent risk centers reporting data ranged from 84 (Quarter 4 of FY 2021) to 92 (Quarter 1 of FY 2020). A number of these centers continued reporting imminent risk data even though the imminent risk data stipend was not continued beyond FY 2021. The number of centers continuing to report data ranged from 20 (Quarter 4 of FY 2023) to 56 (Quarter 1 of FY 2022). To calculate the percentage of emergency service contacts, the three dispatch categories were summed and divided by the total Lifeline calls answered. The three dispatch categories include "Voluntary emergency rescue was dispatched," "Involuntary emergency rescue was dispatched," and "Emergency rescue was dispatched but individual could not be located."

The percentage of emergency service dispatches was 2.0% for imminent risk centers when aggregating data across FY 2020, FY 2021, FY 2022, and FY 2023 (38,759 of 1,968,317 calls). The percentage of emergency service dispatches was 1.7% for the National Back-up Centers when aggregating data across parts of FY 2019 (June 2019 to September 2019), FY 2020, FY 2021, FY 2022, and FY 2023 (19,457 of 1,155,584 calls). When focusing on imminent risk calls reported by imminent risk centers, voluntary dispatches constituted 25.3% (16,779 out of 66,209), while involuntary dispatches accounted for 24.8% (16,402 out of 66,209). Moreover, 8.4% of calls indicated the person being unable to be located, with ambiguity about whether dispatch was voluntary or involuntary based on how data were recorded. For the National Back-up Centers, voluntary dispatches for imminent risk calls were at 26.7% (10,125 out of 37,924), involuntary dispatches at 19.2% (7,281 out of 37,924), and 5.4% of calls reported the person as unable to be located.

There are a couple limitations to note when considering the above figures. First, the way emergency rescue data are reported by crisis centers may lead to confusion about whether all types of emergency rescues are counted within the 'imminent risk' statistics. This is because crisis centers report data on emergency rescues and imminent risk situations separately. Specifically, centers are not instructed to classify emergency rescues as a subset of imminent risk calls. Instead, they report the overall number of calls received for each type of emergency rescue, without specifying whether these were considered cases of imminent risk. This distinction in reporting could affect the interpretation of the data, as it is not clear how these two categories overlap or diverge. Second, it is unclear whether imminent risk frequencies encompass instances where imminent risk was initially deemed present during the call but was ultimately assessed to be sufficiently reduced by the end of the contact, thereby avoiding the dispatch of emergency services. The frequencies noted within the "Emergency rescue not needed - suicide risk was reduced" column in Tables C1 and C2 are always larger than the frequencies noted in the "Caller at imminent risk for suicide" column so it seems likely that the bulk of data are not duplicated across these two categories. However, it remains unclear how many cases are unique to each category and whether any are counted in both, since the data for each are reported separately.

During the same time period as the imminent risk data reporting incentive opportunity, two grant opportunities were extended to states, territories, and Lifeline centers.

State Capacity Building Grant

The first grant opportunity, the State Capacity Building Grant, was offered to states and territories with low in-state answer rates (defined as less than 70% in quarter 2 of FY19; National Suicide Prevention Lifeline, 2019) during FY 2020 and FY 2021. The states and territories eligible for the grant opportunity included: Alabama, Alaska, Georgia, Illinois, Indiana, Kansas,

Kentucky, Massachusetts, Michigan, Minnesota, Nevada, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Vermont, Wisconsin, Wyoming, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands.

Vibrant used one-time private funds to support the two year grant opportunity which was focused on "enhanc[ing] long-term state support for Lifeline affiliated call centers and boost[ing] in-state answer rates" (pg. 3). As part of the grant, Lifeline centers were expected to provide state/territory grantee with monthly Lifeline call data which included the following:

- Call volume and answer rates
- Average speed to answer
- Percentages of caller disposition categories
- Percentages of caller gender
- Percentages of caller age categories
- Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation etc.)
- Number of callers who identify as a veteran or in active military service
- Number of calls that resulted in emergency dispatch
- Percent of calls that required emergency dispatch and the percent of these which were collaborative or involuntary
- Percent by category of how callers learned about the Lifeline
- Percent of callers from outside of the center's primary coverage area

Tables 1 and 2 outline a selection of State Capacity Building Grant data (aggregated by FY) that participating Lifeline centers reported to Vibrant via an online form each month. Of note, not all centers consistently reported data every month. It is unknown why this occurred though it is possible that some centers may have discontinued membership in the 988 Lifeline network or onboarded to the network later during the grant period. Additionally, data from two states were not found in FY 2020 data but were found in FY 2021 data. The absence of two states plus at least two centers no longer answering Lifeline calls during FY 2021 may explain the discrepancy in the number of centers across the two fiscal years of the grant. It's also important to note that the data were reported monthly across different categories, and as a result, the totals from these categories may not add up to the overall number of calls received during that time period. This is because the categories are separate and not mutually exclusive, meaning a single call could be relevant to multiple categories, or some calls might not fit neatly into any single category. Since all data are self-reported by the centers, the possibility of human error during data entry into the online form should be considered as a potential factor influencing the final outcomes.

Table 1. *State Capacity Building Grant Data, FY 2020-2021, Imminent Risk and Emergency Rescue Categories*

	Number of Centers Reporting Data	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced
FY 2020 12/2019-09/2020	33	175,387	5,017 (2.9%)	95,832 (54.6%)	1,577 (0.9%)	1,235 (0.7%)	379 (0.2%)	22,206 (12.7%)
					31.4% of Imminent Risk Calls	24.6% of Imminent Risk Calls	7.6% of Imminent Risk Calls	
FY 2021 10/2020-09/2021	38	336,894	10,665 (3.2%)	201,250 (59.7%)	2,705 (0.8%)	2,258 (0.7%)	607 (0.2%)	46,090 (13.7%)
					25.4% of Imminent Risk Calls	21.2% of Imminent Risk Calls	5.7% of Imminent Risk Calls	

Note. Unless otherwise noted, percentages were calculated from the number of Lifeline Calls Answered. When summing the three dispatch categories and dividing by the total Lifeline calls answered, the percentage of emergency service dispatches was 1.8% for FY 2020 and 1.7% for FY 2021. The three dispatch categories include "Voluntary emergency rescue was dispatched," "Involuntary emergency rescue was dispatched," and "Emergency rescue was dispatched but individual could not be located." Of the imminent risk calls for FY 2020, 31.4% were dispatched voluntarily, 24.6% involuntarily, and the person could not be located for 7.6% of the imminent risk calls. For FY 2021, 25.4% were dispatched voluntarily, 21.2% involuntarily, and the person could not be located for 5.7% of the imminent risk calls.

Table 2. *State Capacity Building Grant Data, FY 2021, Third-Party Imminent Risk and Emergency Rescue Categories*

	Number of Centers Reporting Data	Lifeline Calls Answered	Caller at imminent risk for suicide – Third-Party Call	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced
FY 2021 10/2020-09/2021	38	336,894	2,407 (0.7%)	30,439 (9.0%)	334	493	116	3,921 (1.2%)
					13.9% of Third-Party Imminent Risk Calls	20.5% of Third-Party Imminent Risk Calls	4.8% of Third-Party Imminent Risk Calls	

Note. Unless otherwise noted, percentages were calculated from the number of Lifeline Calls Answered. Third-Party Imminent Risk and Emergency Rescue Categories were not in the online reporting form during FY 2020. For FY 2021, 39.2% of third-party imminent risk calls involved contacting emergency services. The percentage of Lifeline Calls Answered for the three emergency rescue categories (voluntary emergency rescue, involuntary emergency rescue, and individual could not be located) could not be determined because the proportion of calls received from third parties in relation to the total number of Lifeline Calls Answered is unknown. This is why percentages for the three emergency rescue categories are only reported for third-party imminent risk calls given this number is known (2,407).

9-8-8 State Planning Grant

The second grant opportunity, 9-8-8 State Planning Grant, was offered to state mental health, behavioral health and public health agencies in all 50 U.S. States, the District of Columbia, and U.S. Territories during a 7-8 month portion of FY 2021 (February 1, 2021 – September 30, 2021). Vibrant used funding from private donations to support this grant opportunity which was focused on supporting grantees in developing "clear roadmaps for how they will address key coordination, capacity, funding and communication strategies that are foundational to the launching of 9-8-8" and planning "for the long-term improvement of in-state answer rates for 9-8-8 calls" (National Suicide Prevention Lifeline, 2020, pg. 2). The grant project required monthly reporting from centers to states/territories and states/territories to the Lifeline administrator (Vibrant Emotional Health) from April 2021 to September 2021. The minimum data reporting requirements included the following metrics:

- Call volume, answer rates, average handle time and average answer speed
- Percentages of caller gender
- Percentages of caller age categories
- Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation etc.)
- Number of callers who identify as a veteran or in active military service
- Number of calls that resulted in emergency dispatch
- Percent of calls that required emergency dispatch and the percent of these which were collaborative or involuntary

By the end of the grant period, 163 centers from 44 states and three territories reported data from April to September 2021 (see Tables 3 and 4). Of note, it was observed that some of the participating centers did not have reported data for every month and there were occasional discrepancies noted in the data. For example, there were two instances of a center reporting the total number of Lifeline calls received as zero for a given month but then listing a number higher than zero for the total number of Lifeline calls answered. Missing data also appears to be significant and likely not at random. Upon aggregating all age range categories, including those labeled as 'age unknown '— which represents a significant portion of the reported cases (49.5%) — the cumulative count does not align with the total number of Lifeline calls answered (see Figure 1). This discrepancy suggests a potential absence of 52,539 cases when evaluating the overall tally of Lifeline calls answered with reports of age range.

Table 3. *9-8-8 State Planning Grant Data, April-September 2021, Imminent Risk and Emergency Rescue Categories*

Number of Centers Reporting Data	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced
163	557,567	15,697 (2.8%)	258,875 (46.4%)	4,150 (0.7%)	4,043 (0.7%)	952 (0.2%)	46,116 (8.3%)
				26.4% of Imminent Risk Calls	25.8% of Imminent Risk Calls	6.1% of Imminent Risk Calls	

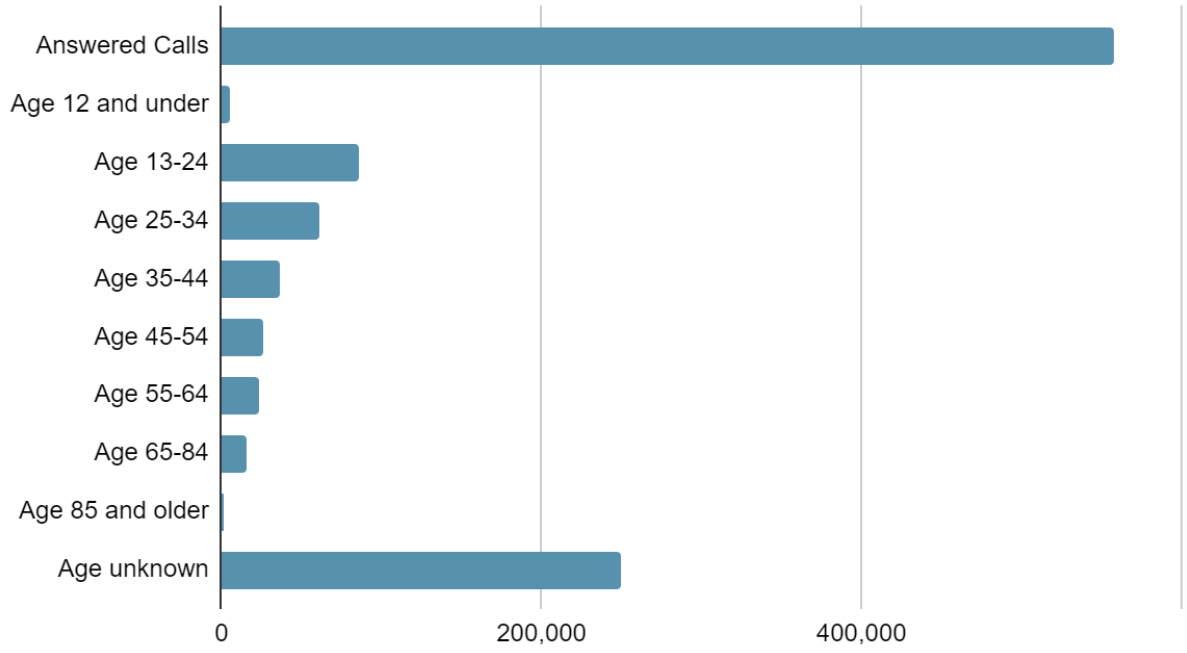
Note. Unless otherwise noted, percentages were calculated from the number of Lifeline Calls Answered. When summing the three dispatch categories and dividing by the total Lifeline calls answered, the percentage of emergency service dispatches during the duration of the grant was 1.6%. The three dispatch categories include “Voluntary emergency rescue was dispatched,” “Involuntary emergency rescue was dispatched,” and “Emergency rescue was dispatched but individual could not be located.” Of the imminent risk calls for this same time period, 26.4% were dispatched voluntarily, 25.8% involuntarily, and the person could not be located for 6.1% of imminent risk calls.

Table 4. *9-8-8 State Planning Grant Data, April-September 2021, Third-Party Imminent Risk and Emergency Rescue Categories*

Number of Centers Reporting Data	Lifeline Calls Answered	Caller at imminent risk for suicide - Third Party Call	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced
163	557,567	4,649 (0.8%)	46,957 (8.4%)	744 16% of Third-Party Imminent Risk Calls	1,316 28.3% of Third-Party Imminent Risk Calls	182 3.9% of Third-Party Imminent Risk Calls	5,452 (1.0%)

Note. Unless otherwise noted, percentages were calculated from the number of Lifeline Calls Answered. During the time period of this grant, 48.2% of third-party imminent risk calls involved contacting emergency services.

Figure 1. 9-8-8 State Planning Grant Data, April-September 2021, Age Categories



Note. There were 1,057 cases for Age 85 and older (0.2% of Lifeline Calls Answered)

In conclusion, the data presented in this section highlight the variability in the deployment of emergency services by Lifeline centers. A variability that may be influenced not only by the number of centers sampled and the nature of the contact (first versus third person) but also by a mix of other contributing factors (e.g., mobile crisis team availability, varying definitions of imminent risk, etc.). When examining total Lifeline calls across the various data collection efforts reviewed in this paper, the range of emergency service dispatch engagement ranged from 1.0% to 3.0%. Notably, third-party contacts exhibited a higher proportion of dispatches, aligning with findings from Gould et al. (2022). Delving into imminent risk calls, voluntary dispatch percentages ranged from 25.3% to 31.4%, while involuntary dispatch percentages ranged from 19.2% to 25.8%. The percentage of voluntary dispatches was consistently higher than involuntary dispatches with the lone exception being third-party calls where the percentage of involuntary dispatches was higher than voluntary dispatches. This result is inconsistent with the results from Gould et al. 2016 who found (based on a sample of 491 imminent risk calls) that the percentage of involuntary dispatches for first person calls were higher than voluntary (24.6% and 19.1% respectively). This nuanced pattern across studies underscores the complexity of response strategies, underscoring the imperative for continuous research to comprehensively understand and refine the multifaceted approaches employed by crisis counselors at crisis centers in the 988 Lifeline network. Nevertheless, it is important to consider that the results may have been influenced by data quality limitations, a topic that will be explored in the next section of this paper.

Limitations of 988 Lifeline Imminent Risk Data

Thus far in this paper, several limitations in the collected imminent risk data have been raised which have implications for its reliability and interpretation. To review, the inclusion of all emergency rescue categories in imminent risk counts introduces uncertainty, particularly because it is possible that there may be inconsistent coding practices across the 988 Lifeline network. As alluded to earlier, it is unclear what crisis counselors do when imminent risk is initially identified but, later in the contact, is considered sufficiently reduced. Do any crisis counselors in the 988 Lifeline network count these interactions as “caller at imminent risk” or are they predominantly coded as no imminent risk being present? Such ambiguities make it difficult to distinguish whether reported data across specific categories represent unique counts or duplicates, impacting the accuracy of any percentages that are calculated and reported. One example is the category “Emergency rescue not needed - suicide risk was reduced” where the counts often exceeded, and sometimes exceedingly so, the number of imminent risk calls.

Across all of the data collection sources reviewed in this paper, there were inconsistencies in data reporting. Notably, not all participating centers consistently reported monthly data over the specified time frame and some centers occasionally submitted duplicate entries for the same month. Although some duplicates were true replicas with identical counts, others exhibited significant discrepancies, posing a challenge in determining the more accurate submission. In this analysis, duplicate entries were excluded by either retaining the earlier submission in cases of true replication or selecting the submission with higher counts for imminent risk categories to mitigate the risk of undercounting.

Moreover, certain data categories exhibit a significant amount of missing data. This is likely attributed to the non-mandatory nature of collecting such information from both first and third-party contacts (e.g., age). Incorporating a discussion on the limitations of the imminent risk data reviewed is recommended when citing or referencing this white paper in presentations or

publications. This practice serves to reduce the risk of drawing unwarranted conclusions, and develop a more nuanced understanding of existing data constraints. By providing transparency in this regard, the intention is to facilitate a careful interpretation of the findings and stimulate ideas for improving imminent risk data quality, which can increase confidence in the ultimate conclusions drawn from such data.

Addressing the aforementioned concerns and challenges could be achieved through the implementation of a more standardized data collection process, which Vibrant aims to achieve through a standardized clinical contact from It is conceivable that discrepancies in data quality may arise among centers within the 988 Lifeline network, as each center might employ distinct methods for interpreting imminent risk categories and documenting and reporting data. Additionally, there is potential for selection bias to impact any analyses focused on imminent risk data, as centers opting to provide monthly data may differ systematically from those that do not, impacting the overall representativeness of the dataset.

Moreover, the challenges in comparing data across centers further complicate data analyses, given the likelihood of diverse data collection practices and reporting standards. The presence of such variations, if widespread, poses a risk of introducing errors into any data analyses conducted and subsequently reported on the 988 Lifeline network. Thus, the establishment of uniform protocols for data collection across all centers is essential to enhance the reliability and accuracy of analyses related to the 988 Lifeline network while diminishing issues related to selection bias and data comparability. As we standardize data collection processes across the diverse centers within the 988 Lifeline network, it will be important to evaluate how existing training and network practices impact imminent risk and emergency rescue data. Additionally, more research is needed to examine the definitional issues surrounding imminent risk, which will be briefly addressed in the subsequent section.

Enhancing 988 Lifeline Imminent Risk Data

As noted in Appendix A, the term *imminent risk* refers to a situation where there is a "close temporal connection between an individual's current risk status and actions that could potentially lead to … suicide" (National Suicide Prevention Lifeline, 2010, pg. ix). This means that, based on the information gathered during a contact, the crisis counselor believes that there is an urgent and immediate pressure to take actions in order to reduce the individual's risk. The risk is considered imminent if the crisis counselor concludes that, without intervention, the individual is likely to seriously harm or kill themselves. The definition emphasizes three key elements: 1. *a desire and intent to die*, 2. *the capability to enact this intent*, and 3. *an obligation for urgent action by the crisis counselor*.

Although the provided definition of imminent risk introduces a few criteria for determining its presence (i.e., desire to die, intent to die, and capability to carry out intent), it may still lack sufficient precision due to the subjective nature of assessing an individual's thoughts, intentions, and capabilities. The interpretation of the information gathered during the exchange relies on the crisis counselor's judgment, and different counselors may assess the same situation differently. Additionally, the reliability of the informant reporting the individual's statements during third-party contacts is a factor that may introduce uncertainty. Indeed, the subjectivity inherent in the term *imminent* may be why Simon (2006) argued that the "use of *imminence* in clinical and legal settings casts a spell of certitude where none exists" (pg. 299). Simon (2006) postulated, and more recent research supports (e.g., Coppersmith et al., 2023), that

suicide risk “likely varies from minute to minute, hour to hour, day to day … [and] this makes any prediction about imminent suicide illusory” (pg. 299).

Despite the subjective nature of imminence, Draper and colleagues (2015) described the Lifeline’s definition of imminent risk as *novel* given the inclusion of the constructs suicidal desire, capability, and intent. Assessing these constructs may distinguish "if the presence/absence of these factors affects predictions of short-term suicide risk" (Draper et al., 2015, pg. 263), potentially refining definitions of short-term suicide risk in the context of a 988 Lifeline contact. However, no research to this point has specifically explored this possibility.

Emerging evidence on the temporal dynamics of suicide risk (e.g., Bryan et al., 2023) provides opportunities to further refine and evaluate 988 Lifeline clinical guidelines and best practices. Additionally, by addressing any identified shortcomings through research and program evaluations of the 988 Lifeline network, efforts can be directed toward improving the crisis contact experience for individuals reaching out. This includes enhancing the training and support provided to crisis counselors and the larger 988 Lifeline network. The aim is to develop a collaborative and empathetic approach to clinical decision-making that prioritizes the well-being of those seeking help and supports the continuous improvement of the overall crisis intervention process.

To address this challenge effectively, ongoing efforts are essential to further enhance definitional precision regarding what qualifies as an imminent risk situation. This includes clarifying the meaning of “close” or a “very short time frame” when considering the “temporal connection between the person’s current risk status and actions that could lead to … suicide” (see 988 Suicide & Crisis Lifeline, 2022, Appendix A; National Suicide Prevention Lifeline, 2010, pg. ix). Additionally, it is important to establish a clear threshold for those moments when an in-person intervention is warranted, prioritizing a specialized mobile crisis response over emergency services. Such efforts may ensure greater clarity for individuals in crisis, or those contacting 988 on their behalf, and improve consistency in addressing imminent risk situations by crisis counselors across the 988 Lifeline network. The pursuit of greater precision in defining imminent risk situations, and defining when in-person interventions are warranted, may also lead to more predictable and less uncertain outcomes when reaching out to 988 for those seeking help and for the crisis counselors supporting them.

Conclusion

In summary, the transition from the National Suicide Prevention Lifeline to the 988 Suicide & Crisis Lifeline on July 16, 2022, marked a significant shift in the landscape of crisis care in the United States. The 988 Lifeline, administered by Vibrant and funded by SAMHSA, has established itself as a crucial component of the crisis care continuum, connecting individuals to trained counselors across more than 200 independently-operated local crisis centers. As the 988 Lifeline plays a pivotal role in providing emotional support and facilitating pathways to wellbeing, it is crucial to address public concerns about emergency service involvement, particularly given recent poll findings revealing apprehensions among potential users.

The existing scientific literature examining imminent risk within the 988 Lifeline network, evaluations that were all primarily funded by SAMHSA, provides valuable insights into the approaches taken by crisis counselors. Notably, these studies reveal variations in the deployment of emergency services, with collaborative and non-collaborative dispatches occurring in different proportions. However, a comprehensive understanding of imminent risk data is hindered by limitations in data collection and reporting. Standardizing data collection

processes across all 988 Lifeline centers is crucial to improve data quality, enhance reliability, and facilitate meaningful analyses, and steps are underway to provide this standardization across the network.

Despite the existing challenges, there is an opportunity to improve the quality of imminent risk data within the 988 Lifeline network. The clear definition and continuous refinement of the concept of imminent risk are crucial for ensuring consistency in the assessments completed by crisis counselors and subsequent interventions identified thereafter. The path forward involves a commitment to ongoing research and program evaluations of the 988 Lifeline network, contributing to the fine tuning of clinical guidelines and best practices. This collective effort aims to establish a foundation for crisis intervention that is not only effective but also characterized by collaboration and empathy. This white paper serves as a comprehensive overview of imminent risk data associated with the 988 Lifeline network, highlighting its current complexities, limitations, and the necessary steps for future improvement. The commitment to transparency, standardization, and ethical practices is essential for earning public trust, encouraging utilization, and ultimately, ensuring the 988 Lifeline fulfills its vital role in supporting those in crisis across the nation.

References

988 Suicide & Crisis Lifeline. (2022). *988 Suicide & Crisis Lifeline suicide safety policy*. Retrieved from https://988lifeline.org/best-practices/

Bryan, C. J., Allen, M. H., Wastler, H. M., Bryan, A. O., Baker, J. C., May, A. M., & Thomsen, C. J. (2023). Rapid intensification of suicide risk preceding suicidal behavior among primary care patients. Suicide & life-threatening behavior, 53, 352-361. https://doi.org/10.1111/sltb.12948

Coppersmith, D. D. L., Ryan, O., Fortgang, R. G., Millner, A. J., Kleiman, E. M., & Nock, M. K. (2023). Mapping the timescale of suicidal thinking. *Proceedings of the National Academy of Sciences of the United States of America, 120*(17), e2215434120. https://doi.org/10.1073/pnas.2215434120

Draper, J., Murphy, G., Vega, E., Covington, D. W., & McKeon, R. (2015). Helping callers to the National Suicide Prevention Lifeline who are at imminent risk of suicide: The importance of active engagement, active rescue, and collaboration between crisis and emergency services. *Suicide & Life-Threatening Behavior, 45*, 261-270. https://doi.org/10.1111/sltb.12128

Gould, M. S., Kalafat, J., Harrismunfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide & Life-Threatening Behavior, 37*, 338-352. https://doi.org/10.1521/suli.2007.37.3.338

Gould, M. S., Lake, A. M., Kleinman, M., Galfalvy, H., & McKeon, R. (2022). Third-party callers to the national suicide prevention lifeline: Seeking assistance on behalf of people at imminent risk of suicide. *Suicide & Life-Threatening Behavior, 52*, 37-48. https://doi.org/10.1111/sltb.12769

Gould, M. S., Lake, A. M., Munfakh, J. L., Galfalvy, H., Kleinman, M., Williams, C., Glass, A., & McKeon, R. (2016). Helping callers to the National Suicide Prevention Lifeline who are at imminent risk of suicide: Evaluation of caller risk profiles and interventions implemented. *Suicide & Life-Threatening Behavior, 46*, 172-190. https://doi.org/10.1111/sltb.12182

Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., Bardon, C., Campbell, J. K., & Berman, A. (2007). Comparing models of helper behavior to actual practice in telephone crisis intervention: a Silent Monitoring Study of Calls to the U.S. 1-800-SUICIDE Network. *Suicide & Life-Threatening Behavior, 37*, 291-307. https://doi.org/10.1521/suli.2007.37.3.291

National Suicide Prevention Lifeline. (n.d.). *Imminent risk and veterans amendment structure memo, FY20*. Vibrant Emotional Health.

National Suicide Prevention Lifeline. (n.d.). *Imminent risk and veterans amendment structure memo, FY21*. Vibrant Emotional Health.

National Suicide Prevention Lifeline. (2010). *Policy for helping callers at imminent risk of suicide*. Retrieved from https://988lifeline.org

National Suicide Prevention Lifeline. (2018). *Crisis center survey 2018*. Vibrant Emotional Health.

National Suicide Prevention Lifeline. (2019). *Request for proposals: FY20-21 state capacity building grants* (version 2). Retrieved from https://988lifeline.org/state-capacity-building-initiative

National Suicide Prevention Lifeline. (2020). *Request for applications: 9-8-8 state planning grants* [updated 12/11/20]. Retrieved from https://988lifeline.org/988-planning-grants/

Pew Charitable Trusts/Ipsos (2023). *Topline & methodology: A survey of the American general population (ages 18+)*. Retrieved from https://www.pewtrusts.org

Simon, R. I. (2006). Imminent suicide: The illusion of short-term prediction. *Suicide and Life-Threatening Behavior, 36*, 296-301. https://doi.org/10.1521/suli.2006.36.3.296

Appendix A
Definitions from the Imminent Risk Data Reporting Form

Imminent Risk: An individual is determined to be at imminent risk of suicide if the crisis counselor responding to the call believe, based on information gathered during the exchange, that there is a close temporal connection between the individual's current risk status and actions that could lead to suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on the crisis counselor to take urgent actions to reduce the individual's risk; that is, if no actions are taken, the crisis counselor believes that the individual is likely to seriously harm or kill him/herself. Imminent Risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through his/her intent.

Emergency Rescue: refers to the need to provide potentially life-saving services. These immediate services include but are not limited to police departments, fire departments, county sheriff offices, mobile crisis/psychiatric outreach teams, hospital emergency departments, public safety answering points or 911 centers, and emergency medical services (e.g., ambulance/transport services).

Voluntary Emergency Rescue: when a crisis counselor and the caller together or the caller gives permission for the crisis counselor to contact emergency services.

Involuntary Emergency Rescue: when a crisis counselor contacts emergency services to be dispatched without the consent of the person at risk.

Third Party Imminent Risk: When during a third-party call the crisis counselor is able to determine that the person at risk (the person the caller is calling on behalf of) is at Imminent Risk (see Imminent Risk definition above).

Appendix B
Imminent Risk Data Reporting Form

Data should be submitted on a quarterly basis with each month reported separately.

Section 1: Imminent Risk Tracking **(* = required to answer)**

1. **Email Address*** – Email address for the person completing the form. A copy of the information entered into the submitted form will be sent to this email address. 2. **Month for this Report*** – Choose the month you are reporting on.
3. **Total number of answered 988 Lifeline calls classified as inappropriate use of services*** – The total number of calls received during the month that were wrong numbers, prank calls, sex calls, hang ups, or other call that are not regarding assisting individuals in emotional distress.
4. **Total number of 988 Lifeline calls answered this month*** – All calls that the 988 Lifeline sent to the crisis call center that were answered by a counselor.
5. **Crisis Center Name*** – Full Name of the crisis center that data is being reported on.

Section 2: CALLERS BY SUICIDE EXPERIENCE **(* = required to answer)**
Suicidal Ideation - An individual is thinking about or creating plans to attempt suicide.

1. Number of callers this month who meet the following criteria:
    - **a. Current thoughts of suicide* –** Total number of callers who experienced thoughts of killing themselves within the last 24 hours. This includes at the time of the call.
    - b. **Suicidal ideation in recent past* -** The total number of callers who did not have suicidal ideation within 24 hours of the call but did have suicidal ideation within two months prior to the call.
    - **c. Prior suicide attempt survivors*** – Total number of callers this month who disclose that they have attempted to end their lives in the past.
    - **d. Suicide loss survivors*** – Total number of callers who disclose that they have lost someone to suicide.
    - **e. Third-party callers concerned about another individual with suicidal ideation*** – The total number of callers who called the 988 Lifeline because they are concerned about a person at risk of killing themselves.
    - f. **Assessment of suicidal ideation was not applicable*** – Total number of calls where suicidal ideation information was not gathered because the call was a wrong number, hang up, or inappropriate call.
    - g. **No experience with suicide or Unknown* –** Total number of calls where the caller had no experience with suicide.
    - h. **The presence of suicidal ideation could NOT be assessed*** – Total number of calls where no information was gathered regarding the caller or person at risk's suicidal ideation history or current state. This includes third party callers who do not know if the person at risk current state or suicidal ideation history.

SECTION 3: IMMINENT RISK AND EMERGENCY DISPATCH FOR SUICIDE DEFINITIONS **(* = required to answer)**

- **Imminent Risk** – An individual is determined to be at imminent risk of suicide if the crisis counselor responding to the call believe, based on information gathered during the exchange, that there is a close temporal connection between the individual's current risk status and actions that could lead to his/her suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on the crisis counselor to take urgent actions to reduce the individual's risk, that is, if no actions are taken, the crisis counselor believes that the individual is likely to seriously harm or kill him/herself. Imminent Risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through his/her intent.
- **Emergency Rescue** - refers to the need to provide potentially life-saving services. These immediate services include but are not limited to police departments, fire departments, county sheriff offices, mobile crisis/psychiatric outreach teams, hospital emergency departments, public safety answering points or 911 centers, and emergency medical services (e.g., ambulance/transport services).
- **Voluntary Emergency Rescue** – when a crisis counselor and the caller together or the caller gives permission for the crisis counselor to contact emergency services.
- **Involuntary Emergency Rescue** – when a crisis counselor contacts emergency services to be dispatched without the consent of the person at risk.
- **Third-Party Imminent Risk** - When during a third-party call the crisis counselor is able to determine that the person at risk (the person the caller is calling on behalf of) is at imminent risk. See Imminent Risk definition above.

2. Total number of 988 Lifeline calls this month where:

a. **Caller was at imminent risk for suicide*** – Total number of calls this month where the caller was at imminent risk. See definitions above.

b. A suicide attempt in progress* – The total number of callers who is harming themselves with the intent to end their life**.**

c. **Emergency rescue was not needed because caller was NOT at imminent risk/ in progress for suicide*** – Total number of calls this month where the caller was not at imminent risk. See definitions above.

d. **Voluntary emergency rescue was dispatched*** – Total number of calls this month where the crisis counselor and/or caller contacted emergency services with the caller's permission.

e. **Involuntary emergency rescue was dispatched ***– Total number of calls where the crisis counselor dispatched emergency services without the caller's permission. See definitions above.

f. **Emergency rescue was dispatched but the individual could not be located for suicide*** – Total number of calls where either voluntary or involuntary emergency rescue was implemented but the caller could not be found. Calls

counted in both "Voluntary emergency rescue was dispatched" and "Involuntary emergency rescue was dispatched" are included in this number.

g. **Emergency rescue was NOT needed because risk for suicide was reduced*** – Total number of calls in which the crisis counselor was able to deescalate the situation and emergency rescue was not necessary.

3. Total number of Lifeline calls this month where:

a. **Imminent risk for suicide for third party call*** – Total number of calls this month where the person at risk was at imminent risk. See definitions above.

b. **Emergency rescue was not needed because person at risk was NOT at imminent risk for suicide*** – Total number of calls this month where the person at risk was not at imminent risk. See definitions above.

c. **Voluntary emergency rescue was dispatched*** – Total number of calls this month where the crisis counselor and/or caller contacted emergency services with the person at risk's permission.

d. **Involuntary emergency rescue was dispatched*** – Total number of calls where the crisis counselor dispatched emergency services without the person at risk's permission. See definitions above.

e. **Emergency rescue was dispatched but the individual could not be located for suicide*** – Total number of calls where either voluntary or involuntary emergency rescue was implemented but the caller could not be found. Calls counted in both "Voluntary emergency rescue was dispatched" and "Involuntary emergency rescue was dispatched" are included in this number.

f. **Emergency rescue was NOT needed because risk for suicide was reduced*** – Total number of calls in which the crisis counselor was able to deescalate the situation and emergency rescue was not necessary.

SECTION 4: Callers by Homicide Experience **(* = required to answer)**

Homicidal Ideation – any desire or threat of violence to others on the part of the caller

1. **Homicidal ideation was present within 24 hours of the time of the call*** – the number of 988 Lifeline calls this month where homicidal ideation was present for the caller within 24 hours of the call. See definition above.
2. **Homicidal ideation was present within the past two months, but not within 24 hours*** – the number of 988 Lifeline calls this month where homicidal ideation was present for the caller within the past 2 months, but not within 24 hours of the call.
3. **No homicidal ideation was present*** – the number of 988 Lifeline calls this month where the caller did not disclose homicidal ideation.
4. **The presence of homicidal ideation could not be assessed*** – the number of 988 Lifeline calls this month where it was not possible to assess if the caller had homicidal ideations.
5. **Third-party caller concerned about homicidal ideation in another person*** – The

total number of callers who called the 988 Lifeline because they are concerned about another person at risk of killing someone else.

6. **Assessment of homicidal ideation was not applicable*** – The number of 988 Lifeline calls this month where assessment of homicidal ideation was not applicable due to the nature of the call. The call may have been a wrong number, hang up, or did not give the crisis counselor reason to assess homicidal ideation.

Section 5: When homicidal ideation was present

Total number of answered 988 Lifeline calls where the homicidal ideation concerned:

1. Child (desire or threat to kill their child or children)
2. Gang
3. Hate Crime
4. Random
5. Relationship (spouse, significant other, ex)
6. School
7. Workplace
8. Other

Section 6: Imminent Risk and Emergency Dispatch for Homicide **(* = <u>required to answer)</u>**

1.**Caller was at imminent risk for homicide*** - The total number of callers who called the 988 Lifeline whose primary concern was homicide.

2. **Voluntary emergency rescue was dispatched for homicide*** - Total number of calls this month where the counselor and/or caller contacted emergency services with the person at risk's permission.

3. **Involuntary emergency rescue was dispatched homicide*** - Total number of calls where the counselor dispatched emergency services without the person at risk's permission.

4. **Emergency rescue was dispatched but the individual could not be located for homicide*** - Total number of calls where either voluntary or involuntary emergency rescue was implemented but the person at risk could not be found. Call counted in both "Voluntary emergency rescue was dispatched" and "Involuntary emergency rescue was dispatched" are counted in this number if the person at risk was unable to be found.

5. **Emergency rescue was not needed because risk was reduced for homicide*** - Total number of calls in which the counselor was able to deescalate the situation and emergency rescue was not necessary.

6. **Emergency rescue was not needed because caller was not at imminent risk for homicide*** - Total number of calls this month where the person at risk was not at imminent risk.

Section 7: Primary Presenting Concern

Total number of answered Lifeline calls where the primary concern was:

1. Abuse / Victimization

2. Bullying
3. Family / Other Relationship
4. Financial / Basic Needs
5. Job Loss
6. Legal
7. Medical
8. Mental Health
9. Recent Psychiatric Hospitalization
10. Self-harm
11. Sexuality / LGBTQ
12. Substance Abuse / Addiction
13. Suicide
14. Veteran / Active Duty Military
15. Other

Section 8: Demographics
Total number of answered Lifeline calls from callers who are:

1. 12 years old or younger
2. Age 13 to 24
3. Age 25 to 34
4. Age 35 to 44
5. Age 45 to 54
6. Age 55 to 64
7. Age 65 to 84
8. Age 85 or older
9. Age Unknown
10. Known to be Veteran / Active Duty

Gender Identity -

11. Male
12. Female
13. Transgender female
14. Transgender male
15. Non-binary
16. Genderqueer
17. Gender unknown
18. Not sure what their gender identity is (Questioning)
19. Declined to answer
20. A gender not listed here

Section 9: Quality Assurance

1. Total number of answered 988 Lifeline calls where silent monitoring was conducted.
2. Total number of counselors staffed to answer988 Lifeline calls this month.

3. Total number of counselors who were monitored this month.
4. Please describe any training needs/quality issues noted over the past month and how they were addressed.
5. Do you have any additional comments or questions?

Appendix C
Quarterly Imminent Risk Data Tables

Table C1. *Imminent Risk Data by Quarter, FY 2020-FY 2023, Imminent Risk and Emergency Rescue Categories*

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed – no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed – suicide risk was reduced	A Suicide Attempt in Progress
FY 2020 Q1 10/2019-12/2019 (n = 92 centers)	153,835	7,238 (4.7%)	50,426 (32.8%)	1,912 (1.2%)	1,427 (0.9%)	357 (0.2%)	16,291 (10.6%)	1,443 (0.9%)
Total Months Reported by Centers: 264/276				26.4% of Imminent Risk Calls	19.7% of Imminent Risk Calls	4.9% of Imminent Risk Calls		
FY 2020 Q2 01/2020-03/2020 (n = 89 centers)	158,896	8,086 (5.1%)	56,883 (35.8%)	1,676 (1.1%)	1,431 (0.9%)	364 (0.2%)	16,577 (10.4%)	1,375 (0.9%)
Total Months Reported by Centers: 263/267				20.7% of Imminent Risk Calls	17.7% of Imminent Risk Calls	4.5% of Imminent Risk Calls		
FY 2020 Q3 04/2020-06/2020 (n = 89 centers)	160,634	6,735 (4.2%)	61,021 (38.0%)	1,411 (0.9%)	1,308 (0.8%)	394 (0.2%)	18,710 (11.6%)	1,717 (1.1%)
Total Months Reported by Centers: 261/267				21.0% of Imminent Risk Calls	19.4% of Imminent Risk Calls	5.9% of Imminent Risk Calls		
FY 2020 Q4 07/2020-09/2020 (n = 88 centers)	173,712	5,901 (3.4%)	72,333 (41.6%)	2,004 (1.2%)	1,586 (0.9%)	572 (0.3%)	22,777 (13.1%)	1,429 (0.8%)
Total Months Reported by Centers: 259/264				34.0% of Imminent Risk Calls	26.9% of Imminent Risk Calls	9.7% of Imminent Risk Calls		
FY 2021 Q1 10/2020-12/2020 (n = 85 centers)	159,124	5,942 (3.7%)	81,298 (51.1%)	1,238 (0.8%)	1,941 (1.2%)	314 (0.2%)	21,075 (13.2%)	1,090 (0.7%)
Total Months Reported by Centers: 252/255				20.8% of Imminent Risk Calls	32.7% of Imminent Risk Calls	5.3% of Imminent Risk Calls		

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
FY 2021 Q2 01/2021-03/2021 (n = 86 centers)	182,162	6,037 (3.3%)	105,954 (58.2%)	1,598 (0.9%)	1,722 (0.9%)	373 (0.2%)	18,891 (10.4%)	1,334 (0.7%)
Total Months Reported by Centers: 257/258				26.5% of Imminent Risk Calls	28.5% of Imminent Risk Calls	6.2% of Imminent Risk Calls		
FY 2021 Q3 04/2021-06/2021 (n = 85 centers)	200,873	6,172 (3.1%)	111,772 (55.6%)	1,464 (0.7%)	1,648 (0.8%)	308 (0.2%)	17,122 (8.5%)	1,236 (0.6%)
Total Months Reported by Centers: 253/255				23.7% of Imminent Risk Calls	26.7% of Imminent Risk Calls	5.0% of Imminent Risk Calls		
FY 2021 Q4 07/2021-09/2021 (n = 84 centers)	197,650	5,299 (2.7%)	106,098 (53.7%)	1,387 (0.7%)	1,598 (0.8%)	321 (0.2%)	20,500 (10.4%)	1,114 (0.6%)
Total Months Reported by Centers: 251/252				26.2% of Imminent Risk Calls	30.2% of Imminent Risk Calls	6.1% of Imminent Risk Calls		
FY 2022 Q1 10/2021-12/2021 (n = 56 centers)	104,360	3,054 (2.9%)	55,464 (53.1%)	765 (0.7%)	946 (0.9%)	134 (0.1%)	11,282 (10.8%)	657 (0.6%)
Total Months Reported by Centers: 148/168				25.0% of Imminent Risk Calls	31.0% of Imminent Risk Calls	4.4% of Imminent Risk Calls		
FY 2022 Q2 01/2022-03/2022 (n = 44 centers)	79,458	2,195 (2.8%)	41,089 (51.7%)	713 (0.9%)	499 (0.6%)	142 (0.2%)	9,695 (12.2%)	769 (1.0%)
Total Months Reported by Centers: 126/132				32.5% of Imminent Risk Calls	22.7% of Imminent Risk Calls	6.5% of Imminent Risk Calls		
FY 2022 Q3 04/2022-06/2022 (n = 36 centers)	72,954	1,527 (2.1%)	35,542 (48.7%)	468 (0.6%)	402 (0.6%)	73 (0.1%)	7,586 (10.4%)	482 (0.7%)
Total Months Reported by Centers: 99/108				30.6% of Imminent Risk Calls	26.3% of Imminent Risk Calls	4.8% of Imminent Risk Calls		

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
FY 2022 Q4 07/2022-09/2022 (n = 34 centers)	73,208	1,827 (2.5%)	39,775 (54.3%)	513 (0.7%)	525 (0.7%)	94 (0.1%)	11,744 (16.0%)	903 (1.2%)
Total Months Reported by Centers: 89/102				28.1% of Imminent Risk Calls	28.7% of Imminent Risk Calls	5.1% of Imminent Risk Calls		
FY 2023 Q1 10/2022-12/2022 (n = 25 centers)	70,287	2,186 (3.1%)	36,718 (52.2%)	468 (0.7%)	442 (0.6%)	82 (0.1%)	10,884 (15.5%)	943 (1.3%)
Total Months Reported by Centers: 71/75				21.4% of Imminent Risk Calls	20.2% of Imminent Risk Calls	3.8% of Imminent Risk Calls		
FY 2023 Q2 01/2023-03/2023 (n = 23 centers)	65,556	1,586 (2.4%)	31,449 (48.0%)	526 (0.8%)	363 (0.6%)	65 (0.1%)	11,613 (17.7%)	1,096 (1.7%)
Total Months Reported by Centers: 64/69				33.2% of Imminent Risk Calls	22.9% of Imminent Risk Calls	4.1% of Imminent Risk Calls		
FY 2023 Q3 04/2023-06/2023 (n = 23 centers)	64,421	1,561 (2.4%)	30,541 (47.4%)	393 (0.6%)	335 (0.5%)	66 (0.1%)	11,683 (18.1%)	813 (1.3%)
Total Months Reported by Centers: 65/69				25.2% of Imminent Risk Calls	21.5% of Imminent Risk Calls	4.2% of Imminent Risk Calls		
FY 2023 Q4 07/2023-09/2023 (n = 20 centers)	51,187	863 (1.7%)	19,376 (37.9%)	243 (0.5%)	229 (0.4%)	1,919* (3.7%)	12,238 (23.9%)	727 (1.4%)
Total Months Reported by Centers: 53/60				28.2% of Imminent Risk Calls	26.5% of Imminent Risk Calls	--		
Total	1,968,317	66,209 (3.4%)	935,739 (47.5%)	16,779 (0.9%)	16,402 (0.8%)	5,578 (0.3%)	238,668 (12.1%)	17,128 (0.9%)

Note. Unless otherwise indicated, percentages were calculated from the number of Lifeline Calls Answered. "Total Months Reported by Centers" is the sum of months for which centers provided data. For example, if six centers reported data for a quarter (three months), the maximum possible reports would be 18 (6 centers x 3 months). However, if two centers reported data for only two months, then the total would be 16 out of 18 months for that quarter.

*= For one month in this quarter, a Lifeline network center reported receiving 1,886 calls in this category. Given this amount is larger than the number of imminent risk calls for the entire quarter, the percentage of imminent risk calls was not calculated.

Table C2. *Imminent Risk Data by Quarter, FY 2019-FY 2023, Sub-Network Centers*

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
FY 2019 Q3-4* 06/2019–09/2019 (n = 6 centers)	125,097	5,315 (4.2%)	20,492 (16.4%)	1,165 (0.9%)	737 (0.6%)	209 (0.2%)	15,535 (12.4%)	818 (0.7%)
Total Months Reported by Centers: 24/24				21.9% of Imminent Risk Calls	13.9% of Imminent Risk Calls	3.9% of Imminent Risk Calls		
FY 2020 Q1 10/2019-12/2019 (n = 6 centers)	94,687	1,601 (1.7%)	18,053 (19.1%)	796 (0.8%)	391 (0.4%)	123 (0.1%)	11,517 (12.2%)	659 (0.7%)
Total Months Reported by Centers: 18/18				49.7% of Imminent Risk Calls	24.4% of Imminent Risk Calls	7.7% of Imminent Risk Calls		
FY 2020 Q2 01/2020-03/2020 (n = 6 centers)	80,217	1,921 (2.4%)	12,409 (15.5%)	736 (0.9%)	434 (0.5%)	165 (0.2%)	13,279 (16.6%)	745 (0.9%)
Total Months Reported by Centers: 18/18				38.3% of Imminent Risk Calls	22.6% of Imminent Risk Calls	8.6% of Imminent Risk Calls		
FY 2020 Q3 04/2020-06/2020 (n = 9 centers)	77,582	2,572 (3.3%)	11,562 (14.9%)	679 (0.9%)	624 (0.8%)	183 (0.2%)	11,133 (14.3%)	876 (1.1%)
Total Months Reported by Centers: 25/27				26.4% of Imminent Risk Calls	24.3% of Imminent Risk Calls	7.1% of Imminent Risk Calls		
FY 2020 Q4 07/2020-09/2020 (n = 9 centers)	73,831	2,483 (3.4%)	18,850 (25.5%)	794 (1.1%)	623 (0.8%)	160 (0.2%)	10,432 (14.1%)	726 (1.0%)
Total Months Reported by Centers: 26/27				32.0% of Imminent Risk Calls	25.1% of Imminent Risk Calls	6.4% of Imminent Risk Calls		

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
FY 2021 Q1 10/2020-12/2020 (n = 9 centers)	68,003	2,061 (3.0%)	17,209 (25.3%)	774 (1.1%)	502 (0.7%)	172 (0.3%)	8,908 (13.1%)	691 (1.0%)
Total Months Reported by Centers: 27/27				37.6% of Imminent Risk Calls	24.4% of Imminent Risk Calls	8.3% of Imminent Risk Calls		
FY 2021 Q2 01/2021-03/2021 (n = 9 centers)	67,917	1,677 (2.5%)	24,407 (35.9%)	580 (0.9%)	468 (0.7%)	120 (0.2%)	9,207 (13.6%)	605 (0.9%)
Total Months Reported by Centers: 27/27				34.6% of Imminent Risk Calls	27.9% of Imminent Risk Calls	7.2% of Imminent Risk Calls		
FY 2021 Q3 04/2021-06/2021 (n = 9 centers)	71,281	1,834 (2.6%)	25,814 (36.2%)	489 (0.7%)	440 (0.6%)	122 (0.2%)	8,090 (11.3%)	564 (0.8%)
Total Months Reported by Centers: 27/27				26.7% of Imminent Risk Calls	24.0% of Imminent Risk Calls	6.7% of Imminent Risk Calls		
FY 2021 Q4 07/2021-09/2021 (n = 9 centers)	72,071	1,709 (2.4%)	38,330 (53.2%)	540 (0.7%)	451 (0.6%)	133 (0.2%)	9,136 (12.7%)	572 (0.8%)
Total Months Reported by Centers: 27/27				31.6% of Imminent Risk Calls	26.4% of Imminent Risk Calls	7.8% of Imminent Risk Calls		
FY 2022 Q1 10/2021-12/2021 (n = 9 centers)	69,659	2,253 (3.2%)	30,626 (44.0%)	565 (0.8%)	467 (0.7%)	142 (0.2%)	10,061 (14.4%)	635 (0.9%)
Total Months Reported by Centers: 27/27				25.1% of Imminent Risk Calls	20.7% of Imminent Risk Calls	6.3% of Imminent Risk Calls		
FY 2022 Q2 01/2022-03/2022 (n = 11 centers)	61,079	1,780 (2.9%)	28,382 (46.5%)	470 (0.8%)	313 (0.5%)	114 (0.2%)	8,620 (14.1%)	525 (0.9%)
Total Months Reported by Centers: 27/33				26.4% of Imminent Risk Calls	17.6% of Imminent Risk Calls	6.4% of Imminent Risk Calls		

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
FY 2022 Q3 04/2022-06/2022 (n = 12 centers)	60,595	1,580 (2.6%)	32,777 (54.1%)	460 (0.8%)	314 (0.5%)	96 (0.2%)	8,390 (13.8%)	418 (0.7%)
Total Months Reported by Centers: 31/36				29.1% of Imminent Risk Calls	19.9% of Imminent Risk Calls	6.1% of Imminent Risk Calls		
FY 2022 Q4 07/2022-09/2022 (n = 15 centers)	48,446	2,301 (4.7%)	25,722 (53.1%)	452 (0.9%)	385 (0.8%)	71 (0.1%)	6,849 (14.1%)	360 (0.7%)
Total Months Reported by Centers: 40/45				19.6% of Imminent Risk Calls	16.7% of Imminent Risk Calls	3.1% of Imminent Risk Calls		
FY 2023 Q1 10/2022-12/2022 (n = 14 centers)	55,764	2,748 (4.9%)	30,288 (54.3%)	509 (0.9%)	408 (0.7%)	76 (0.1%)	7,341 (13.2%)	414 (0.7%)
Total Months Reported by Centers: 38/42				18.5% of Imminent Risk Calls	14.8% of Imminent Risk Calls	2.8% of Imminent Risk Calls		
FY 2023 Q2 01/2023-03/2023 (n = 14 centers)	43,671	1,968 (4.5%)	24,927 (57.1%)	376 (0.9%)	259 (0.6%)	68 (0.2%)	6,498 (14.9%)	327 (0.7%)
Total Months Reported by Centers: 39/42				19.1% of Imminent Risk Calls	13.2% of Imminent Risk Calls	3.5% of Imminent Risk Calls		
FY 2023 Q3 04/2023-06/2023 (n = 15 centers)	44,449	2,221 (5.0%)	27,470 (61.8%)	390 (0.9%)	240 (0.5%)	54 (0.1%)	6,436 (14.5%)	357 (0.8%)
Total Months Reported by Centers: 44/45				17.6% of Imminent Risk Calls	10.8% of Imminent Risk Calls	2.4% of Imminent Risk Calls		
FY 2023 Q4 07/2023-09/2023 (n = 15 centers)	41,235	1,900 (4.6%)	23,789 (57.7%)	350 (0.8%)	225 (0.5%)	43 (0.1%)	5,256 (12.7%)	318 (0.8%)
Total Months Reported by Centers: 44/45				18.4% of Imminent Risk Calls	11.8% of Imminent Risk Calls	2.3% of Imminent Risk Calls		

	Lifeline Calls Answered	Caller at imminent risk for suicide	Emergency rescue not needed - no imminent suicide risk	Voluntary emergency rescue was dispatched	Involuntary emergency rescue was dispatched	Emergency rescue was dispatched but individual could not be located	Emergency rescue not needed - suicide risk was reduced	A Suicide Attempt in Progress
Total	1,155,584	37,924 (3.3%)	411,107 (35.6%)	10,125 (0.9%)	7,281 (0.6%)	2,051 (0.2%)	156,688 (13.6%)	9,610 (0.8%)

Note. Percentages were calculated from the number of Lifeline Calls Answered. "Total Months Reported by Centers" is the sum of months for which centers provided data. For example, if six centers reported data for a quarter (three months), the maximum possible reports would be 18 (6 centers x 3 months). However, if two centers reported data for only two months, then the total would be 16 out of 18 months for that quarter.

* - for one of the months, one center reported total Lifeline calls answered but did not report data for the imminent risk categories.