

THE PROBLEM WITH 988:

**HOW AMERICA'S
LARGEST HOTLINE
VIOLATES CONSENT,
COMPROMISES SAFETY,
AND FAILS THE PEOPLE**



GLOSSARY

AUTOMATIC DISPATCHABLE LOCATION:

An automatic transmission of the precise location data, including a verifiable address and, for multi-level buildings, the floor, apartment, or office number within three meters of the device used to make the call, text, or chat

CARCERAL: Relating to prisons, policing, and criminalization

CO-RESPONSE: Emergency response from both law enforcement and mental health professionals

CRIMINAL LEGAL SYSTEM / CRIMINAL

PUNISHMENT SYSTEM: Alternative terms used in place of the criminal justice system as a more accurate way to describe the carceral system within the United States that is comprised of state sanctioned policing, punishment, trafficking, incarceration, exploitation, torture, and violence against community members.

CRISIS: Broadly, an experience of heightened distress

CRISIS INTERVENTION TEAM: A 40-hour program that is intended to provide police officers with specialized training in mental health crisis response

DEVICE-BASED HYBRID LOCATION: A tool to locate callers that uses multiple sensors to calculate the exact location of a wireless call. This happens through a mobile provider activating “emergency mode” on a caller’s device which turns on all location-sensing capabilities including GPS, wifi, bluetooth, and any apps that have location services, whether or not the caller already has them turned on

EMERGENCY DISPATCH: A procedure where a PSAP/911 operator sends out an emergency response team, usually police, firefighters, or emergency medical services, to a caller’s location

EMERGENCY INTERVENTION: A procedure where emergency personnel such as police, firefighters, or emergency medical services arrive on site to respond to a reported safety crisis

FORCED HOSPITALIZATION / INVOLUNTARY

HOSPITALIZATION: Also called civil commitment, a non-consensual process where an individual is held in a psychiatric institution against their will to receive treatment for a perceived mental health condition or for posing a danger to themselves or others. These holds are usually at minimum 72 hours, and can be initiated by police, mobile crisis teams, mental health professionals, and/or a judge

GEOLOCATION: A precise location tracking process through GPS or IP addresses that identifies, locates, and tracks the whereabouts of a connected device with x (longitude), y (latitude), and z (vertical) coordinates when possible

GEOROUTING: Also sometimes referred to as location-based routing, georouting is the process of routing an incoming call based on the closest cell tower or wire-center boundary to the caller. Georouting is distinct from geolocation because it does not determine a caller’s precise location with x, y, z coordinates. It is also distinct from general call routing, which instead utilizes the caller ID’s area code or IP address

HELP-SEEKER: One who is seeking support during a distressing moment, such as an emotional or psychological crisis

HOTLINE: A call, text, and/or chat based service that is often intended to provide free and confidential support

HOTLINE USER: One who uses a hotline’s services, which includes callers, texters, and chatters

HOTLINE OPERATOR: One who is the front interfacer with the hotline’s callers, texters, and chatters

GLOSSARY

HOTLINE WORKER: One who works for a hotline, including operators, consultants, and supervisors. Not all hotline workers interact directly with callers

IMMINENT RISK: An assessment used by hotlines such as the 988 network to assess whether a caller poses a risk of causing harm to themselves or others

INFORMED CONSENT: An ongoing relationship between a provider and a help-seeker in which a provider (or operator) fully discloses the impacts, including risks, of a procedure, intervention, or interaction while providing alternative options; and the help-seeker, with full awareness of all the impacts, expresses ongoing consent with the explicit option to opt out at anytime without consequence or coercion

MENTAL HEALTH / MENTAL ILLNESS:

A medicalized interpretation of the root of one's emotional or psychological distress or variance from what is perceived as normative. A mental illness can be self-identified or given a psychiatric diagnosis. Mental health is a Western framework that is often portrayed as the only option for making meaning of one's experiences and relies on a reductive binary of healthy vs unhealthy.

MOBILE CRISIS TEAM (MCT): Mobile crisis teams are typically run by community mental health agencies and are made up of mental health providers such as social workers, nurses, therapists, or psychiatrists. These teams are dispatched to a help-seeker's location and are intended to de-escalate a crisis, provide support resources, and determine whether the intervention requires escalation. MCTs are not always alternatives to emergency responders or police, as they can still be accompanied by police and/or call police and emergency services after arriving.

NON-CONSENSUAL INTERVENTION: The process through which an emergency response occurs without a help-seeker's knowledge or consent. Non-consensual interventions can include both the initial response of emergency responders at a help-seeker's location and any additional interventions that take place from there, such as incarceration or forced hospitalization. Non-consensual intervention also includes instances where a help-seeker may be coerced into consenting to an emergency response

PEER: One with shared lived experience, identity, and values

PEER SUPPORT: Mental health crisis support that is by and for peers

PUBLIC SERVICE ANSWERING POINT (PSAP):

A center for 911 and emergency services

RISK ASSESSMENT: A process used by hotlines to assess a caller's likelihood to harm themselves or others. Assessments typically consist of a series of questions around an individual's desire, intent, and capability to harm, as well as any buffers to deter a caller from enacting harm.

SAFETY ASSESSMENT: 988's has evolved its risk assessment model to safety assessment, where a hotline operator assesses whether a caller will harm themselves or others. Similar to a risk assessment, a safety assessment consists of a series of questions around an individual's current desire, intent, and capability to harm themselves or others.

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APPENDICES

APPENDIX A: SAFE HOTLINES PROJECT RESEARCH DESIGN

In spring of 2022, a group of researchers with various backgrounds in community organizing, crisis response, surviving psychiatric hospitalization, and academia came together to design a mixed methods research project for the Safe Hotlines project. The purpose of the survey was to learn about the experiences of people who have sought support in the U.S. during difficult mental health situations, including a crisis, distress, and/or suicidality. We were interested in learning about help-seeking experiences from any source or resource, including emergency responder interventions. Our expanded focus was on people's experiences and opinions using crisis hotlines or lifelines of any kind.

The survey included an informed consent page, eligibility page, and a demographics section that all respondents were invited to complete. After completing those questions, people who indicated they sought help during a mental health crisis in the past five years were presented with follow-up questions about where they sought help. They could indicate whether they sought help from a crisis hotline, their personal network, community and alternative care, professional care (such as therapists, psychiatrists, or doctors), or 911/emergency responders. This was a "check all that apply" question. For each type of resource they sought help from, they received follow up

questions about the quality and helpfulness of the care along with any harm or negative outcomes that resulted from seeking help.

Respondents who sought help from crisis hotlines were presented with additional questions about their experiences with hotlines. Respondents who opted not to seek help during a mental health crisis were presented with questions to gauge their reasons why they did not seek help. Any respondent who did not seek help from a crisis hotline was presented with questions about their reasons they did not contact a hotline. All respondents, whether they sought help in the past or not, were presented with questions about their opinions of the utility of hotlines and their willingness to seek help from hotlines in the future.

SURVEY PHASE 1 (FALL 2022)

After receiving Institutional Review Board approval from American University (IRB-2023-23), the Safe Hotlines research team launched the online survey using Qualtrics survey software in November of 2022.

Anyone was eligible to take Phase 1 of the survey as long as they were at least 18 years old; experienced a difficult mental health situation, significant distress, suicidality, or crisis in the last five (5) years; were in the U.S. during this experience or these experiences; and felt they might be unable to cope with their feelings or circumstances without outside help. Our goal for our sample size was 210.

To distribute the survey, the team shared the link via email, text, and social media, relying on word-of-mouth to gather participants. Embedded in the survey requirements were two quotas: ensure at least half of the sample identify as a person of color and ensure at least half of the sample have sought help from a crisis hotline in the past five years.

People who completed the survey (and consented to receive the gift card) were eligible to receive a \$40 Target gift card via email. As survey responses came in, research team members followed a “quality assurance protocol” to verify the validity of responses before sending a list of verified survey IDs to another team member who manually emailed gift cards for survey completion. Survey responses were not linked to respondent contact information during the quality assurance or data analysis processes.

Survey respondents who sought help from a crisis hotline were eligible for a follow-up interview (see Interview Phase section below for more information). If they indicated they were willing to participate in the Interview Phase, they entered their contact information. This information was saved separately from the survey responses, linked only by an automatically generated Qualtrics ID number.

Shortly after launch the team paused data collection due to the realization that the survey was receiving spam or fraudulent responses.

QUALITY ASSURANCE PROTOCOL &

DATA COLLECTION PAUSE

Prior to launching the survey in November of 2022, the research team took the following steps to prevent spam or fraudulent responses:

- Added CAPTCHA verification
- Added six “attention check” questions
- Added manual inspection quality assurance (QA) protocol
- At least twice daily, team members were to manually inspect surveys (with a focus on attention check questions and open-ended question content)
- Made sure informed consent had language that indicated there was a quality assurance protocol and not all who complete survey will receive compensation (but did not add specifics about what we were looking for to prevent spam responses being made valid)
- Created Google Form to track QA process
- Compensation was only to be provided once marked as valid

After identifying spam and fraudulent responses in the sample in Survey Phase 1, the team paused data collection and implemented a new quality assurance points system. The QA team added the following indicators to inspect including time stamp, IP addresses (to check for duplicates), demographic consistency, email address (many of the fraudulent responses

had the same email format), contradictory responses, and open-ended responses. Prior to relaunching the survey for Survey Phase 2, the team added additional attention check questions, changed the URL for the survey, and did not post on social media. Instead, researchers used a targeted snowball sampling process through sharing the survey only to known networks and asking these networks not to share the survey publicly but only with their known networks.

After implementing the new quality assurance protocol on Phase 1 responses, the team removed 171 fraudulent responses (58%). There were 124 valid survey responses.

SURVEY PHASE 2 (SPRING 2023)

In Phase 2 of the survey, the eligibility criteria was modified due to the quota sampling strategy of ensuring at least half of the sample identify as a person of color and at least half of the sample have sought help from a crisis hotline in the past five years. People could take the survey as long as they were at least 18 years old; identified as a person of color; experienced a difficult mental health situation, significant distress, suicidality, or crisis in the last five (5) years; were in the U.S. during this experience or these experiences; and felt they they might be unable to cope with your feelings or circumstances without outside help. Our goal for our sample size was 210.

As mentioned in the QA protocol, the survey was not distributed publicly or via social media, but to known networks via email and text. After implementing quality assurance

protocol on Phase 2 responses, the research team removed 27 fraudulent responses (24%). There were 86 valid surveys in Phase 2.

The final sample from both survey phases includes 210 valid surveys. Reasons for removal (n=198) were: ineligible; did not finish the survey; contradictory/inconsistent responses; duplicate IP addresses; or did not pass the attention check questions.

INTERVIEW PHASE (SUMMER 2023)

Interview respondents were purposefully selected to ensure a diverse sample of crisis hotline help-seekers. Mental health and crisis support resources were provided. Selected respondents received an email invitation to participate with a Calendly scheduling link to select a time and interviewer. The interview took place via Zoom. Interviews were recorded to the Zoom cloud for transcription purposes. Recordings were deleted after verifying the accuracy of the transcriptions.

At the start of each interview, participants were informed that they could take a break or stop at any time and did not need to answer any questions they did not want to. Interviewers checked-in with participants throughout the interview on how they were doing. Participants were offered optional and free peer support resources, including a peer support session after the interview. The offered peer support resources and sessions were disclosed as not part of the research study and that no data would be collected in these sessions.

Interview participants were asked questions about their experiences calling crisis hotlines including how they were treated, what information or resources they received, and how they chose to call the hotline they called. They were also asked to share what an “ideal” hotline experience might look like and anything else they would like to share about their experiences contacting hotlines.

Participants were also asked whether they experienced “an intervention” when they contacted a hotline. An intervention is any hotline experience that involves police or emergency medical responder involvement, regardless of whether they wanted these services. Some hotlines may also refer to an intervention as a “wellness check” by local authorities. Participants were asked follow-up questions about the utility, helpfulness, or any resulting harms they experienced if they indicated they received an intervention. If they had not received an intervention, they were still asked their opinions about the types of interventions that may result from a hotline call.

Lastly, participants were asked about their experiences with seeking help from other resources (such as their personal network, professional care, community and alternative care, or 911). They were invited to discuss what was most helpful to them, what resources they wished existed, and where they might advise a friend to seek help after their experiences.

Interview participants received a \$100 Target gift card after the interview.

QUANTITATIVE DATA ANALYSIS

Full demographics for the final analytic sample of $N = 210$ are provided in Appendix B. Most participants were between the ages of 25-35 ($n = 124$ or 60.78% of the sample), followed by 18-24 (42 or 20.59%), 36-45 (26 or 12.75%), 46-55 (9 or 4.41%), and 56+ (< 5 or < 2.38%). A total of 106 participants (52.74%) were trans and 117 participants (55.71%) were people of color; presented in alphabetical order, racial diversity in the sample was as follows: Asian (15 or 7.14%), Biracial or Multiracial (34 or 16.19%), Black (40 or 19.05%), Black-Indigenous (< 5 or < 2.38%), Black-Latine (< 5 or < 2.38%), Indigenous (< 5 or < 2.38%), Indigenous-Latine (< 5 or < 2.38%), Latine (16 or 7.62%), Middle Eastern or North African (< 5 or < 2.38%), white (87 or 41.43%). 6 participants (2.86%) chose not to share their race. In terms of lived experience with disability, 152 (72.38%) had lived experience with a non-physical disability and/or neurodiversity and 50 (29.06%) had lived experience with physical disability.

This report contains only descriptive statistics from the dataset, with each variable captured by a single item on the survey. All analyses were conducted in Statistical Package for the Social Sciences (SPSS) Version 28. Analyses were first run for the full sample, followed by separate analyses for four subsamples: trans people, people of color, people with lived experience with non-physical disability and/or neurodiversity, and people with lived experience with physical disability. Unless otherwise specified, percentages

refer to the number of participants who endorsed an item divided by the total number of participants in the sample/ subsample. However, for some variables, percentages reflect the number of people who endorsed an item divided by the number of participants for whom the item was applicable (e.g., items about experiences calling hotlines use the number of participants who have used hotlines as the denominator). Any additional variations in denominators reflect participants missing data (e.g., participants choosing to skip that particular item). Within the text of the report, subsamples for reported statistics are specified explicitly. Within tables, the denominator used for each calculation can be found in bold at the top of each set of reported percentages.

QUALITATIVE DATA ANALYSIS

Reflexive thematic analysis was used in order to explore and co-construct meaning from the individual interviews (N = 26). Zoom interview recordings were transcribed using an external transcription company. Transcripts were then finalized by research team members and checked for accuracy through a process of listening to the recording while reading through the transcripts to fix any errors. The research team followed the six phases of reflexive thematic analysis: (1) familiarization with data, (2) generating initial codes, (3) searching for themes among codes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the final report.

Data analysis began with finalizing transcripts as the coders read through the transcripts and familiarized themselves with the data. Then, the coders moved on to generating initial codes going line-by-line and using gerund/action coding for 18 of the transcripts. Initial codes that were significant or coming up across multiple interviews were then pulled out by the coders to form preliminary themes. Preliminary themes were formed by grouping together and breaking down these initial codes and phrases by meaning and ideas. Next, the auditor met with the coders to provide feedback and discuss the preliminary themes. The coders and auditor revisited that data and the research question together to discuss what participants intended to convey and what questions were being focused on. The new agreed upon thematic structure consisted of a total of five themes and nine subthemes. Coders then independently coded the remaining transcripts (n = 8) into the thematic structure to check for saliency; this revealed no new themes or subthemes and the thematic structure was finalized. Coders consistently met throughout the entire process to reflect and discuss their reactions, possible themes, and the way their positionality may be impacting the way they make meaning of participants' stories. The research team then began pulling quotes and producing the final report.

APPENDIX B: SAFE HOTLINES SURVEY DATA CHART

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Age	204		106		117		152		59	
18-24	42	20.59%	24	22.64%	22	18.80%	30	19.74%	14	23.73%
25-35	124	60.78%	66	62.26%	72	61.54%	92	60.53%	29	49.15%
36-45	26	12.75%	13	12.26%	14	11.97%	19	12.50%	11	18.64%
46-55	9	4.41%	3	2.83%	7	5.98%	8	5.26%	3	5.08%
56-65	3	1.47%	0	0.00%	2	1.71%	3	1.97%	2	3.39%
Race	210		106		117		152		59	
Asian	15	7.14%	11	10.38%	15	12.82%	10	6.58%	4	6.78%
Biracial or Multiracial	34	16.19%	24	22.64%	34	29.06%	31	20.39%	13	22.03%
Black	40	19.05%	23	21.70%	40	34.19%	30	19.74%	14	23.73%
Black-Indigenous	2	0.95%	1	0.94%	2	1.71%	2	1.32%	1	1.69%
Black-Latine	3	1.43%	2	1.89%	3	2.56%	3	1.97%	0	0.00%
Indigenous	2	0.95%	2	1.89%	2	1.71%	0	0.00%	0	0.00%
Indigenous-Latine	1	0.48%	1	0.94%	1	0.85%	1	0.66%	0	0.00%
Latine	16	7.62%	10	9.43%	16	13.68%	13	8.55%	8	13.56%
Middle Eastern or North African (MENA)	4	1.90%	2	1.89%	4	3.42%	3	1.97%	1	1.69%
white	87	41.43%	30	28.30%	0	0.00%	59	38.82%	18	30.51%
Choose not to answer	6	2.86%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Cisgender	203		106		117		151		58	
Yes	89	43.84%	5	4.72%	37	31.62%	53	35.10%	16	27.59%
No	114	56.16%	100	94.34%	80	68.38%	98	64.90%	42	72.41%
Trans	201		106		117		149		59	
Yes	106	52.74%	106	100%	76	64.96%	92	61.74%	41	69.49%
No	95	47.26%	0	0%	41	35.04%	57	38.26%	18	30.51%
Gender nonconforming	201		106		117		149		59	
Yes	95	47.26%	77	72.64%	66	56.41%	81	54.36%	37	62.71%
No	106	52.74%	29	27.36%	51	43.59%	68	45.64%	22	37.29%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Sexual Orientation	210		106		117		152		59	
Asexual	15	7.14%	7	6.60%	10	8.55%	11	7.24%	5	8.47%
Bisexual	39	18.57%	23	21.70%	22	18.80%	33	21.71%	15	25.42%
Gay	21	10.00%	18	16.98%	12	10.26%	18	11.84%	10	16.95%
Lesbian	22	10.48%	9	8.49%	9	7.69%	20	13.16%	4	6.78%
Pansexual	27	12.86%	20	18.87%	17	14.53%	25	16.45%	11	18.64%
Queer	79	37.62%	61	57.55%	50	42.74%	68	44.74%	28	47.46%
Questioning	4	1.90%	1	0.94%	4	3.42%	4	2.63%	1	1.69%
Straight	62	29.52%	11	10.38%	29	24.79%	32	21.05%	10	16.95%
Please specify (optional):	2	0.95%	1	0.94%	0	0.00%	2	1.32%	1	1.69%
Choose not to answer	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical Disability	203		106		117		151		59	
Yes	50	24.63%	34	32.08%	37	31.62%	46	30.46%	50	84.75%
No	144	70.94%	65	61.32%	76	64.96%	96	63.58%	0	0.00%
Chronic pain/illness	9	4.43%	7	6.60%	4	3.42%	9	5.96%	9	15.25%
Non-Physical Disability	204		106		117		152		59	
None	52	25.49%	14	13.21%	24	20.51%	0	0.00%	4	6.78%
Neurodivergence	29	14.22%	15	14.15%	16	13.68%	29	19.08%	6	10.17%
Mental Illness	56	27.45%	27	25.47%	37	31.62%	56	36.84%	16	27.12%
Mental Illness and Neurodivergence	67	32.84%	50	47.17%	40	34.19%	67	44.08%	33	55.93%
Types of support in last 5 years	193		100	(As- sumed)	112	(As- sumed)	145	(As- sumed)	56	(As- sumed)
911/Emergency Responders	28	14.51%	17	17.00%	15	13.39%	22	15.17%	15	26.79%
Professional Care	142	73.58%	84	84.00%	91	81.25%	113	77.93%	45	80.36%
Community & Alternative Care	88	45.60%	55	55.00%	53	47.32%	71	48.97%	30	53.57%
Personal Network	149	77.20%	83	83.00%	86	76.79%	113	77.93%	46	82.14%
Crisis Hotline	97	50.26%	60	60.00%	55	49.11%	80	55.17%	33	58.93%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Participant talked to someone/ received help via crisis hotline	97		60		55		80		33	
Yes	86	88.66%	54	90.00%	51	92.73%	73	91.25%	31	93.94%
No	11	11.34%	6	10.00%	4	7.27%	7	8.75%	2	6.06%
How helpful participants found the hotline	86		54		51		73		31	
Very helpful	22	25.58%	10	18.52%	11	21.57%	19	26.03%	8	25.81%
Somewhat helpful	33	38.37%	22	40.74%	22	43.14%	28	38.36%	11	35.48%
Not helpful or unhelpful	13	15.12%	9	16.67%	8	15.69%	10	13.70%	5	16.13%
Somewhat unhelpful	11	12.79%	9	16.67%	5	9.80%	10	13.70%	5	16.13%
Very unhelpful	7	8.14%	4	7.41%	5	9.80%	6	8.22%	2	6.45%
Emergency response during hotline call	86		54		51		73		31	
Yes	17	19.77%	7	12.96%	6	11.76%	15	20.55%	6	19.35%
No	69	80.23%	47	87.04%	45	88.24%	58	79.45%	25	80.65%
Emergency response was police	17		7		6		15		6	
Yes	9	52.94%	5	71.43%	3	50.00%	8	53.33%	5	83.33%
No	8	47.06%	2	28.57%	3	50.00%	7	46.67%	1	16.67%
Emergency response was EMS	17		7		6		15		6	
Yes	9	52.94%	3	42.86%	2	33.33%	8	53.33%	3	50.00%
No	8	47.06%	4	57.14%	4	66.67%	7	46.67%	3	50.00%
Emergency response was fire department	17		7		6		15		6	
Yes	3	17.65%	2	28.57%	4	66.67%	3	20.00%	2	33.33%
No	14	82.35%	5	71.43%	2	33.33%	12	80.00%	4	66.67%
Emergency response was mobile crisis unit	17		7		6		15		6	
Yes	2	11.76%	1	14.29%	1	16.67%	2	13.33%	0	0.00%
No	15	88.24%	6	85.71%	5	83.33%	13	86.67%	6	100.00%
Emergency response was consensual	17		7		6		15		6	
Yes	11	64.71%	3	42.86%	4	66.67%	9	60.00%	2	33.33%
No	5	29.41%	4	57.14%	2	33.33%	5	33.33%	4	66.67%
Unsure	1	5.88%	0	0.00%	0	0.00%	1	6.67%	0	0.00%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Hotline operator informed caller about emergency services involvement	17		7		6		15		6	
Yes, they informed me before I shared personal information about myself and my current situation	11	64.71%	3	42.86%	4	66.67%	10	66.67%	2	33.33%
Yes, but they informed me after I had already shared personal information about myself and my current situation	2	11.76%	1	14.29%	0	0.00%	1	6.67%	1	16.67%
No, they did not inform me	4	23.53%	3	42.86%	2	33.33%	4	26.67%	3	50.00%
How helpful was the emergency response after seeking help from the hotline	17		7		6		15		6	
Very helpful	2	11.76%	1	14.29%	2	33.33%	2	13.33%	0	0.00%
Somewhat helpful	9	52.94%	2	28.57%	2	33.33%	8	53.33%	2	33.33%
Not helpful or unhelpful	0	0%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Somewhat unhelpful	1	5.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Very unhelpful	5	29.41%	4	57.14%	2	33.33%	5	33.33%	4	66.67%
How harmful was the emergency response after seeking help from the hotline	17		7		6		15		6	
Very harmless	1	5.88%	1	14.29%	1	16.67%	1	6.67%	0	0.00%
Somewhat harmless	1	5.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Neither harmful or harmless	3	17.65%	1	14.29%	2	33.33%	3	20.00%	1	16.67%
Somewhat harmful	6	35.29%	0	0.00%	0	0.00%	5	33.33%	0	0.00%
Very harmful	6	35.29%	5	71.43%	3	50.00%	6	40.00%	5	83.33%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Results from crisis hotline help (check all that apply)	85		54		51		72		30	
The help I received was sufficient without engaging other resources	14	16.47%	9	16.67%	10	19.61%	11	15.28%	4	13.33%
The help I received made me feel more safe and/or calm	39	45.88%	27	50.00%	24	47.06%	33	45.83%	15	50.00%
I was connected to helpful resources for mental health support in my area	21	24.71%	14	25.93%	17	33.33%	18	25.00%	11	36.67%
I felt heard and supported by the person I saw, spoke, or texted with	51	60.00%	30	55.56%	27	52.94%	42	58.33%	17	56.67%
None of the above	22	25.88%	16	29.63%	14	27.45%	19	26.39%	8	26.67%
Results from crisis hotline help (check all that apply)	17		7		6		15		6	
Involuntary outpatient mental health provider and/or assessment	1	5.88%	1	14.29%	1	16.67%	1	6.67%	1	16.67%
Voluntary outpatient mental health provider care and/or assessment	5	29.41%	4	57.14%	3	50.00%	5	33.33%	3	50.00%
Involuntary emergency room visit	2	11.76%	2	28.57%	2	33.33%	2	13.33%	2	33.33%
Voluntary emergency room visit	6	35.29%	5	71.43%	4	66.67%	6	40.00%	4	66.67%
Voluntary emergency responder support (police, EMS/paramedics, fire, or mobile crisis unit)	11	64.71%	3	42.86%	4	66.67%	9	60.00%	2	33.33%
None of the above	2	11.76%	1	14.29%	0	0.00%	2	13.33%	1	16.67%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Results from crisis hotline help (check all that apply)	17		7		6		15		6	
Forced medication	2	11.76%	2	28.57%	2	33.33%	2	13.33%	2	33.33%
Involuntary hospitalization, including psychiatric hospitalization or 72 hour psychiatric hold	3	17.65%	2	28.57%	2	33.33%	2	13.33%	2	33.33%
Voluntary hospitalization, including psychiatric hospitalization	7	41.18%	4	57.14%	3	50.00%	7	46.67%	3	50.00%
None of the above	7	41.18%	1	14.29%	1	16.67%	6	40.00%	1	16.67%
Results from crisis hotline help (check all that apply)	17		7		6		15		6	
Identity-based discrimination in a hospital, clinic, or treatment center	3	17.65%	3	42.86%	2	33.33%	3	20.00%	3	50.00%
Emotional or verbal abuse from hospital, clinic, or treatment center staff	2	11.76%	2	28.57%	1	16.67%	2	13.33%	2	33.33%
Physical or sexual violence from hospital, clinic, or treatment center staff	2	11.76%	2	28.57%	2	33.33%	2	13.33%	2	33.33%
Threats of violence from hospital, clinic, or treatment center staff	2	11.76%	1	14.29%	1	16.67%	1	6.67%	1	16.67%
None of the above	12	70.59%	3	42.86%	3	50.00%	11	73.33%	2	33.33%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Results from crisis hotline help (check all that apply)	16		7		6		14		6	
Identity-based discrimination from police or other emergency responder	4	25.00%	4	57.14%	2	33.33%	4	28.57%	4	66.67%
Emotional or verbal abuse from police or other emergency responder	3	18.75%	3	42.86%	1	16.67%	3	21.43%	3	50.00%
Physical or sexual violence from police or other emergency responder	1	6.25%	1	14.29%	1	16.67%	1	7.14%	1	16.67%
Threats of violence from police or other emergency responder	4	25.00%	4	57.14%	3	50.00%	4	28.57%	4	66.67%
Arrest	1	6.25%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
None of the above	10	62.50%	2	28.57%	3	50.00%	9	64.29%	1	16.67%
Results from crisis hotline help (check all that apply)	17		7		6		15		6	
Trauma reaction due to seeking this help (such as becoming more fearful of others, disruption in sleep, feeling hypervigilant, flashbacks or memories to the event)	5	29.41%	4	57.14%	2	33.33%	5	33.33%	4	66.67%
Temporary or permanent loss of guardianship of children	1	5.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Threats to have children removed from care	1	5.88%	1	14.29%	1	16.67%	1	6.67%	1	16.67%
Immigration detention and/or deportation	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
None of the above	10	58.82%	2	28.57%	3	50.00%	9	60.00%	1	16.67%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Results from crisis hotline help (check all that apply)	15		6		6		13		5	
School interruption due to seeking this help	2	13.33%	2	33.33%	2	33.33%	2	15.38%	2	40.00%
Loss of employment due to seeking this help	3	20.00%	2	33.33%	3	50.00%	3	23.08%	2	40.00%
Financial stress due to seeking this help	4	26.67%	2	33.33%	2	33.33%	3	23.08%	2	40.00%
None of the above	9	60.00%	3	50.00%	2	33.33%	8	61.54%	2	40.00%
Other	1	6.67%	1	16.67%	1	16.67%	1	7.69%	1	20.00%
Times contacted hotline last 5 years (since 2017)	86		54		51		73		31	
5 or more times	18	20.93%	12	22.22%	10	19.61%	16	21.92%	10	32.26%
2-4 times	45	52.33%	31	57.41%	32	62.75%	40	54.79%	16	51.61%
1 time	22	25.58%	11	20.37%	9	17.65%	16	21.92%	5	16.13%
Have not contacted a hotline in the past five years	1	1.16%	0	0.00%	0	0.00%	1	1.37%	0	0.00%
Participant received non-judgmental help during hotline support	86		54		51		73		31	
Always	18	20.93%	9	16.67%	13	25.49%	13	17.81%	5	16.13%
Usually	38	44.19%	29	53.70%	24	47.06%	35	47.95%	14	45.16%
About half the time	20	23.26%	10	18.52%	9	17.65%	17	23.29%	9	29.03%
Seldom	7	8.14%	5	9.26%	4	7.84%	6	8.22%	3	9.68%
Never	3	3.49%	1	1.85%	1	1.96%	2	2.74%	0	0.00%
Participant received supportive help during hotline support	86		54		51		73		31	
Always	17	19.77%	9	16.67%	12	23.53%	14	19.18%	5	16.13%
Usually	36	41.86%	22	40.74%	19	37.25%	31	42.47%	12	38.71%
About half the time	15	17.44%	10	18.52%	9	17.65%	14	19.18%	8	25.81%
Seldom	15	17.44%	11	20.37%	8	15.69%	13	17.81%	6	19.35%
Never	3	3.49%	2	3.70%	3	5.88%	1	1.37%	0	0.00%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Participant received harmful help during hotline support	86		54		51		73		31	
Always	2	2.33%	2	3.70%	2	3.92%	1	1.37%	0	0.00%
Usually	10	11.63%	8	14.81%	6	11.76%	9	12.33%	5	16.13%
About half the time	15	17.44%	11	20.37%	9	17.65%	14	19.18%	8	25.81%
Seldom	26	30.23%	15	27.78%	11	21.57%	21	28.77%	9	29.03%
Never	33	38.37%	18	33.33%	23	45.10%	28	38.36%	9	29.03%
Participant received free of judgment help during hotline support	86		54		51		73		31	
Always	4	4.65%	1	1.85%	1	1.96%	2	2.74%	0	0.00%
Usually	6	6.98%	5	9.26%	3	5.88%	5	6.85%	4	12.90%
About half the time	13	15.12%	6	11.11%	6	11.76%	12	16.44%	5	16.13%
Seldom	29	33.72%	22	40.74%	15	29.41%	26	35.62%	13	41.94%
Never	34	39.53%	20	37.04%	26	50.98%	28	38.36%	9	29.03%
Participant received non-discriminatory help during hotline support	86		54		51		73		31	
Always	26	30.23%	12	22.22%	15	29.41%	21	28.77%	8	25.81%
Usually	23	26.74%	18	33.33%	13	25.49%	20	27.40%	9	29.03%
About half the time	15	17.44%	13	24.07%	11	21.57%	13	17.81%	7	22.58%
Seldom	17	19.77%	6	11.11%	8	15.69%	15	20.55%	7	22.58%
Never	5	5.81%	5	9.26%	4	7.84%	4	5.48%	0	0.00%
Participant received help that was helpful during hotline support	86		54		51		73		31	
Always	13	15.12%	7	12.96%	10	19.61%	11	15.07%	5	16.13%
Usually	25	29.07%	16	29.63%	14	27.45%	20	27.40%	7	22.58%
About half the time	19	22.09%	12	22.22%	10	19.61%	17	23.29%	7	22.58%
Seldom	23	26.74%	14	25.93%	11	21.57%	21	28.77%	10	32.26%
Never	6	6.98%	5	9.26%	6	11.76%	4	5.48%	2	6.45%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
If you knew your location could be traced by 911 by calling a crisis hotline in order to send emergency responders (police, EMS, fire, mobile crisis team), would you feel comfortable sharing your degree of suicidality, distress or crisis with a crisis hotline?	86		54		51		73		31	
Unsure	8	9.30%	6	11.11%	6	11.76%	6	8.22%	2	6.45%
Yes	24	27.91%	7	12.96%	11	21.57%	19	26.03%	7	22.58%
No	54	62.79%	41	75.93%	34	66.67%	48	65.75%	22	70.97%
Participant could choose type of services from hotline	86		54		51		73		31	
Unsure	14	16.28%	11	20.37%	10	19.61%	13	17.81%	5	16.13%
Yes	39	45.35%	20	37.04%	22	43.14%	32	43.84%	9	29.03%
No	33	38.37%	23	42.59%	19	37.25%	28	38.36%	17	54.84%
Participant could refuse services offered by the hotline	86		54		51		73		31	
Not sure	17	19.77%	11	20.37%	11	21.57%	15	20.55%	7	22.58%
Yes	21	24.42%	10	18.52%	11	21.57%	17	23.29%	6	19.35%
No	20	23.26%	13	24.07%	10	19.61%	18	24.66%	7	22.58%
Hotline use in future	86		54		51		73		31	
Yes, definitely	26	30.23%	11	20.37%	15	29.41%	19	26.03%	8	25.81%
Probably	21	24.42%	15	27.78%	12	23.53%	19	26.03%	9	29.03%
Maybe/I'm not sure	20	23.26%	14	25.93%	13	25.49%	17	23.29%	5	16.13%
Probably not	15	17.44%	12	22.22%	8	15.69%	15	20.55%	8	25.81%
No, definitely not	4	4.65%	2	3.70%	3	5.88%	3	4.11%	1	3.23%
Help-seeker participant belief in transparency about hotline emergency response use	86		54		51		73		31	
Always	69	80.23%	49	90.74%	43	84.31%	62	84.93%	28	90.32%
Most of the time	11	12.79%	2	3.70%	5	9.80%	8	10.96%	2	6.45%
Sometimes	6	6.98%	3	5.56%	3	5.88%	3	4.11%	1	3.23%
Never	0	0%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Help-seeker participant belief in transparency about geolocation	86		54		51		73		31	
Always	72	83.72%	45	83.33%	44	86.27%	63	86.30%	28	90.32%
Most of the time	10	11.63%	5	9.26%	5	9.80%	7	9.59%	3	9.68%
Sometimes	4	4.65%	3	5.56%	2	3.92%	3	4.11%	0	0.00%
Never	0	0%	1	1.85%	0	0.00%	0	0.00%	0	0.00%
Help-seeker participant belief in transparency about dispatch of emergency responders	86		54		51		73		31	
Always	70	81.40%	49	90.74%	44	86.27%	60	82.19%	27	87.10%
Most of the time	10	11.63%	4	7.41%	6	11.76%	8	10.96%	4	12.90%
Sometimes	6	6.98%	1	1.85%	1	1.96%	5	6.85%	0	0.00%
Never	0	0%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Help-seeker participant belief in ability for opt-out of geolocation	86		54		51		73		31	
Always	61	70.93%	45	83.33%	40	78.43%	54	73.97%	25	80.65%
Most of the time	10	11.63%	5	9.26%	5	9.80%	9	12.33%	4	12.90%
Sometimes	11	12.79%	3	5.56%	4	7.84%	6	8.22%	1	3.23%
Never	4	4.65%	1	1.85%	2	3.92%	4	5.48%	1	3.23%
Future help-seeker contact of crisis line likelihood	86		54		51		73		31	
Very likely	14	16.28%	7	12.96%	9	17.65%	11	15.07%	8	25.81%
Likely	22	25.58%	12	22.22%	10	19.61%	18	24.66%	6	19.35%
Neutral	24	27.91%	14	25.93%	15	29.41%	21	28.77%	7	22.58%
Unlikely	16	18.60%	13	24.07%	8	15.69%	14	19.18%	7	22.58%
Very Unlikely	10	11.63%	8	14.81%	9	17.65%	9	12.33%	3	9.68%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Why help-seeking participants would not contact hotline in the future	26		21		17		23		10	
Do not want to be psychiatrically hospitalized	20	76.92%	18	85.71%	14	82.35%	18	78.26%	10	100.00%
Do not want to share my personal difficulties with a stranger	6	23.08%	5	23.81%	4	23.53%	6	26.09%	3	30.00%
Do not want to interact with emergency responders, including police	23	88.46%	19	90.48%	15	88.24%	21	91.30%	10	100.00%
Do not want my geographic location to be identified without my permission (e.g., being geolocated)	17	65.38%	14	66.67%	9	52.94%	16	69.57%	10	100.00%
Other	8	30.77%	5	23.81%	4	23.53%	6	26.09%	2	20.00%
Why help-seeking participants would contact hotline in the future	35		19		19		28		14	
Support before, during, or after harming myself	9	25.71%	4	21.05%	2	10.53%	9	32.14%	4	28.57%
Support finding resources in my area	5	14.29%	2	10.53%	1	5.26%	3	10.71%	1	7.14%
Someone anonymous to talk to without judgment	18	51.43%	11	57.89%	8	42.11%	15	53.57%	8	57.14%
Free support during a difficult mental health situation	17	48.57%	11	57.89%	8	42.11%	14	50.00%	7	50.00%
Immediate/time sensitive support during a difficult mental health situation	25	71.43%	13	68.42%	9	47.37%	19	67.86%	9	64.29%
Other	1	2.86%	0	0.00%	0	0.00%	1	3.57%	1	7.14%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Non-help-seeker participant belief in transparency about hotline emergency response use	124		52		66		79		28	
Always	79	63.71%	44	84.62%	50	75.76%	59	74.68%	21	75.00%
Most of the time	17	13.71%	3	5.77%	7	10.61%	9	11.39%	3	10.71%
Sometimes	24	19.35%	4	7.69%	7	10.61%	8	10.13%	3	10.71%
Never	4	3.23%	1	1.92%	2	3.03%	3	3.80%	1	3.57%
Non-help-seeker participant belief in transparency about geolocation	123		52		66		79		28	
Always	78	63.41%	42	80.77%	46	69.70%	59	74.68%	21	75.00%
Most of the time	19	15.45%	3	5.77%	7	10.61%	7	8.86%	3	10.71%
Sometimes	23	18.70%	5	9.62%	10	15.15%	10	12.66%	4	14.29%
Never	3	2.44%	2	3.85%	2	3.03%	2	2.53%	0	0.00%
Non-help-seeker participant belief in transparency about dispatch of emergency responders	124		52		66		79		28	
Always	76	61.29%	39	75.00%	45	68.18%	54	68.35%	20	71.43%
Most of the time	28	22.58%	8	15.38%	12	18.18%	11	13.92%	4	14.29%
Sometimes	15	12.10%	4	7.69%	8	12.12%	10	12.66%	4	14.29%
Never	5	4.03%	1	1.92%	1	1.52%	4	5.06%	0	0.00%
Non-help-seeker participant belief in ability for opt-out of geolocation	124		52		66		79		28	
Always	69	55.65%	38	73.08%	40	60.61%	53	67.09%	18	64.29%
Most of the time	18	14.52%	7	13.46%	11	16.67%	9	11.39%	2	7.14%
Sometimes	28	22.58%	5	9.62%	13	19.70%	13	16.46%	6	21.43%
Never	9	7.26%	2	3.85%	2	3.03%	4	5.06%	2	7.14%
Future non-help-seeker contact of crisis line likelihood	124		52		66		79		28	
Very likely	11	8.87%	2	3.85%	3	4.55%	5	6.33%	3	10.71%
Likely	27	21.77%	8	15.38%	14	21.21%	12	15.19%	3	10.71%
Neutral	37	29.84%	16	30.77%	20	30.30%	24	30.38%	11	39.29%
Unlikely	26	20.97%	14	26.92%	15	22.73%	16	20.25%	3	10.71%
Very Unlikely	23	18.55%	12	23.08%	14	21.21%	22	27.85%	8	28.57%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Why non-help-seeking participants would not contact hotline in the future	49		26		29		38		11	
Do not want to be psychiatrically hospitalized	40	81.63%	21	80.77%	24	82.76%	35	92.11%	10	90.91%
Do not want to share my personal difficulties with a stranger	20	40.82%	13	50.00%	10	34.48%	15	39.47%	5	45.45%
Do not want to interact with emergency responders, including police	43	87.76%	24	92.31%	25	86.21%	37	97.37%	10	90.91%
Do not want my geographic location to be identified without my permission (e.g., being geolocated)	29	59.18%	16	61.54%	15	51.72%	26	68.42%	6	54.55%
Other	11	22.45%	8	30.77%	8	27.59%	10	26.32%	3	27.27%
Why help-seeking participants would contact hotline in the future	38		10		17		17		6	
Support before, during, or after harming myself	6	15.79%	3	30.00%	4	23.53%	4	23.53%	1	16.67%
Support finding resources in my area	17	44.74%	7	70.00%	9	52.94%	6	35.29%	3	50.00%
Someone anonymous to talk to without judgment	20	52.63%	7	70.00%	8	47.06%	9	52.94%	2	33.33%
Free support during a difficult mental health situation	27	71.05%	7	70.00%	13	76.47%	11	64.71%	2	33.33%
Immediate/time sensitive support during a difficult mental health situation	23	60.53%	6	60.00%	11	64.71%	11	64.71%	2	33.33%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
All participant belief in transparency about hotline emergency response use	210		106		117		152		59	
Always	148	70.48%	93	87.74%	93	79.49%	121	79.61%	49	83.05%
Most of the time	28	13.33%	5	4.72%	12	10.26%	17	11.18%	5	8.47%
Sometimes	30	14.29%	7	6.60%	10	8.55%	11	7.24%	4	6.78%
Never	4	1.90%	1	0.94%	2	1.71%	3	1.97%	1	1.69%
All participant belief in transparency about geolocation	209		106		117		152		59	
Always	150	71.77%	87	82.08%	90	76.92%	122	80.26%	49	83.05%
Most of the time	29	13.88%	8	7.55%	12	10.26%	14	9.21%	6	10.17%
Sometimes	27	12.92%	8	7.55%	12	10.26%	13	8.55%	4	6.78%
Never	3	1.44%	3	2.83%	2	1.71%	2	1.32%	0	0.00%
All participant belief in transparency about dispatch of emergency responders	210		106		117		152		59	
Always	146	69.52%	88	83.02%	89	76.07%	114	75.00%	47	79.66%
Most of the time	38	18.10%	12	11.32%	18	15.38%	19	12.50%	8	13.56%
Sometimes	21	10.00%	5	4.72%	9	7.69%	15	9.87%	4	6.78%
Never	5	2.38%	1	0.94%	1	0.85%	4	2.63%	0	0.00%
All participant belief in ability for opt-out of geolocation	210		106		117		152		59	
Always	130	61.90%	83	78.30%	80	68.38%	107	70.39%	43	72.88%
Most of the time	28	13.33%	12	11.32%	16	13.68%	18	11.84%	6	10.17%
Sometimes	39	18.57%	8	7.55%	17	14.53%	19	12.50%	7	11.86%
Never	13	6.19%	3	2.83%	4	3.42%	8	5.26%	3	5.08%
All participant future contact of crisis line likelihood	210		106		117		152		59	
Very likely	25	11.90%	9	8.49%	12	10.26%	16	10.53%	11	18.64%
Likely	49	23.33%	20	18.87%	24	20.51%	30	19.74%	9	15.25%
Neutral	61	29.05%	30	28.30%	35	29.91%	45	29.61%	18	30.51%
Unlikely	42	20.00%	27	25.47%	23	19.66%	30	19.74%	10	16.95%
Very Unlikely	33	15.71%	20	18.87%	23	19.66%	31	20.39%	11	18.64%

VARIABLE	FULL SAMPLE (N=210)		TRANS (N=106)		POC (N=117)		NONPHYS DISABILITY (N=152)		PHYS DISABILITY (N=59)	
	#	%	#	%	#	%	#	%	#	%
Why all participants would not contact hotline in the future	75		47		46		61		21	
Do not want to be psychiatrically hospitalized	60	80.00%	39	82.98%	38	82.61%	53	86.89%	20	95.24%
Do not want to share my personal difficulties with a stranger	26	34.67%	18	38.30%	14	30.43%	21	34.43%	8	38.10%
Do not want to interact with emergency responders, including police	66	88.00%	43	91.49%	40	86.96%	58	95.08%	20	95.24%
Do not want my geographic location to be identified without my permission (e.g., being geolocated)	46	61.33%	30	63.83%	24	52.17%	42	68.85%	16	76.19%
Other	19	25.33%	13	27.66%	12	26.09%	16	26.23%	5	23.81%
Why all participants would contact hotline in the future	73		29		36		45		20	
Support before, during, or after harming myself	15	20.55%	7	24.14%	6	16.67%	13	28.89%	5	25.00%
Support finding resources in my area	22	30.14%	9	31.03%	10	27.78%	9	20.00%	4	20.00%
Someone anonymous to talk to without judgment	38	52.05%	18	62.07%	16	44.44%	24	53.33%	10	50.00%
Free support during a difficult mental health situation	44	60.27%	18	62.07%	21	58.33%	25	55.56%	9	45.00%
Immediate/time sensitive support during a difficult mental health situation	48	65.75%	19	65.52%	20	55.56%	30	66.67%	11	55.00%
Other	1	1.37%	0	0.00%	0	0.00%	1	2.22%	1	5.00%

APPENDIX C: FOIA REQUEST TO SAMHSA

The research team requested information in the public interest of understanding the aggregate data and emergency responder engagement data in suicide prevention among hotlines. This data is critical for the public to be able to make informed decisions with a full sense of agency when contacting a crisis hotline and knowing what to expect for themselves or loved ones.

We requested the following information from SAMHSA:

1. State Lifeline network centers self-reported call data submitted to Vibrant Emotional Health from forty-nine 988 State Planning Grant recipients
2. 13 California Lifeline network centers's daily, monthly, and quarterly self-reported call data to Didi Hirsh and Vibrant since July 16, 2022 to the present via 988 State Planning Grants
3. Lifeline center partner's self-reported call data from the following partners since July 16, 2022 to the present: Crisis Text Line, Veterans Crisis Line, The Trevor Project.
4. Vibrant 988 Network Agreement Contract

Additionally requested was all documentation (e.g. copies of spreadsheets, completed forms, PDFs, etc) related to 988 Lifeline Networks' data from July 16, 2022 (the day of 988's launch) to present, pertaining to:

1. Total number of incoming calls, chats, and texts
2. Total number of answered calls, chats, and texts
3. Total number of abandoned calls, chats and texts
4. Total number of calls, chats, texts that resulted in transfer to 911
5. Total number of calls, chats, texts that resulted in emergency rescue (including 911 dispatch, emergency dispatch, active rescue)

The research hotline data team also requested additional documentation or data pertaining to the number of the above calls, texts, or chats that led to emergency responder/911 interventions for a people classified as "imminent risk." The data team also requested data on involuntary "active rescue," as defined by Lifeline Network Agreement and 988 Lifeline.

APPENDIX D: DATA REQUEST QUESTIONS TO HOTLINES

Selected hotlines were sent a data survey that asked about call and text data, including the number of annual calls that engaged with 911 consensually and non-consensually. The survey also asked about each organization's technical capacity to determine callers' location; policies on disclosing 911 engagement to callers/texters; and policies, protocols, and practices on engaging 911. A sample of the survey is below:

- Organization name
- Who provides your organization with crisis hotline certification or accreditation?
- Is your organization part of the Lifeline Network
- Please describe the relationship/history between your organization and the Lifeline Network (988 or National Suicide Prevention Lifeline).
- Total answered calls during following years:
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered calls that were classified as imminent risk (or highest risk category your organization used) during the following years
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered calls that engaged emergency responders via 911
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered calls that engaged emergency responders via 911 with caller knowledge, request, consent, or collaboration
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)

- Total answered calls that engaged emergency responders via 911 without caller knowledge, request, consent, or collaboration (i.e. active rescue, involuntary rescue, emergency rescue)
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Would you like to offer more information for our research team to better understand and contextualize the provided numbers? Please also include any concerns or requests you have of our team.
- Total answered texts and chats during following years
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered texts and chats that were classified as imminent risk (or the highest risk category your organization used) during the following years
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered texts and chats that engaged emergency responders via 911
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Total answered texts and chats that engaged emergency responders via 911 with caller knowledge, request, consent, or collaboration
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)

- Total answered texts and chats that engaged emergency responders via 911 without caller knowledge, request, consent, or collaboration (i.e., active rescue, involuntary rescue, emergency rescue)
 - » 2017
 - » 2018
 - » 2019
 - » 2020
 - » 2021
 - » 2022 (through 10/31/22)
- Would you like to offer more information for our research team to better understand and contextualize the provided numbers? Please also include any concerns or requests you have for our team.
- Please summarize your organization's guidelines, policies, and/or training, for 911 engagement (You will also have the opportunity to upload copies of these materials at the end of the survey).
- Please share or summarize your organization's guidelines, policies, and/or training for disclosing 911 engagement. (You will also have the opportunity to upload copies of these materials at the end of the survey)

APPENDIX E: THE TREVOR PROJECT'S VOLUNTARY DATA

The Trevor Project was the only 988-affiliated hotline that completed the Safe Hotlines' data request form around call data. The Trevor Project provided a breakdown of the number of calls received in 2020, 2021, and part of 2022, as well as a breakdown of number of calls that were classified as imminent risk, led to emergency responders, and of emergency response calls, how many were conducted consensually vs non-consensually. Below is a table with a breakdown of provided information:

	Total answered calls	Total calls classified as imminent risk	Total calls that engaged emergency responders	% of calls engaging emergency responders	Total calls engaging emergency responders without consent or knowledge	% of calls engaging emergency responders without consent or knowledge
2020	53,292	548	65	0.12%	35	53.85%
2021	84,257	1219	143	0.16%	83	58.04%
2022 (through 10/31/22)	127,599	1427	316	0.24%	152	48.10%

APPENDIX F: REGULATORY CONCERNS AND LEGAL FRAMEWORKS

In 2021, the Wireline Competition Bureau (WCB) of the Federal Communications Commission (FCC) issued its 988 geolocation report to Congress, which recognized concerns over technical challenges, caller privacy, and regulatory uncertainties.¹ One of the biggest outstanding regulatory questions surrounding 988 and geolocation is whether or not the FCC can also require mobile and internet service providers to transmit precise location data to 988 call centers under the existing legal framework or if new legislation would have to be passed in order to do so.

Location information constitutes a form of Customer Network Proprietary Information (CNPI), whose confidentiality is protected by the Telecommunications Act of 1996, which states that telecommunication carriers “shall only use, disclose, or permit access to CNPI as required by law or with the approval of the customer.”² There are statutory exceptions for CNPI confidentiality, which allow the provisions of call location information to the following entities: “a public safety answering point, emergency medical service provider or emergency dispatch provider, public safety, fire service, or law enforcement official, or hospital emergency or trauma care facility, in order to respond to the user’s call for emergency services.”³ 911-related legislation and FCC and National Emergency Number Association (NENA) regulations authorize 911 PSAPs to obtain automatic dispatchable location of a caller and dispatch 911 emergency services.⁴ Once a crisis hotline

has engaged 911, the call is considered an emergency, and therefore falls under the jurisdiction of NENA regulations, which allows for geolocation of the caller. Telecommunication carriers have questioned the FCC about the applicability of CNPI regulations and the Telecommunications Act to 988 precise geolocation, as crisis hotlines do not currently seem to qualify among the eligible providers and entities of emergency services.

The Wireless Communications and Public Safety Act defines emergency services as “9-1-1 emergency services and emergency notification services.”³ Currently, this definition excludes the non-police and non-EMS responses such as mobile crisis teams sometimes dispatched by 988. The question of consent is also unaddressed because the exception rule only applies in the situation of “a user’s call for emergency services,” which presumes active caller request (and thus consent) and disqualifies 988 calls for the exception rule. For one, in calls leading to non-consensual intervention, emergency services are called for not by the user, but by the 988 call-taker either unbeknownst to the help-seeker or against their wishes. In addition, calls where crises are de-escalated and resolved are not deemed as an emergency. The automatic transmission of location data from carriers to hotlines in a non-emergency situation is thus unwarranted without “the approval of the customer.”² As these regulations are written in the context of public safety, the larger question remains whether individual mental health crisis, even when the risk of suicide is present, should be considered as an instance of public safety necessitating police response at all.



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