

Requirements for Follow-up for 988 Lifeline Network Centers

While follow-up has been a recommended best practice for network centers since 2012, the advent of 988 highlighted the importance of increasing the overall continuum of care for individuals. Follow-up is an essential service that crisis centers can provide to increase safety between the initial call to 988 Lifeline and resolution of the crisis or linkage to external resources. In addition, increased funding for 988 presented 988 Lifeline Centers with an opportunity to move follow-up from a recommended best practice to a required best practice. The 988 Lifeline now requires that network centers provide follow-up services for those experiencing current suicidal thoughts (within the past 24 hours).

<p><i>Eligibility Requirements</i></p>	<ul style="list-style-type: none"> • All callers/chat visitors/texters who confirm current suicidal ideation (at the time of the call or within the past 24 hours) during their interaction with the 988 Lifeline will be asked for consent to follow-up services. • It is not mandatory for individuals to enroll but follow-up must be offered
<p><i>Consent Criteria</i></p>	<ul style="list-style-type: none"> • Callers/chat visitors/texters must consent to follow-up services if they want to participate. • The 988 Lifeline has a recommended consent form, centers can adapt their own, but it should include all elements on the recommended form.
<p><i>Modality for Follow-up</i></p>	<ul style="list-style-type: none"> • Telephone follow-up is the only current modality that can be offered through the Lifeline, but other options such as outbound texting or messaging are being explored. • Chat or text visitors should be offered participation in follow-up via telephone with request for their consent to participate in that way. • This may not be as appealing to some who prefer text-based modes of communication, but it is a way to enroll them if they are willing. If your center does have the capability to provide follow-up via text you can include that option in your consent process.

<p><i>Who will conduct Follow Up calls</i></p>	<ul style="list-style-type: none"> • The individual must have gone through crisis counselor training from your center as well as training in the provision of follow-up in order to conduct a clinically appropriate call.
<p><i>Timeline for Completing Follow-up Contacts</i></p>	<ul style="list-style-type: none"> • First contact should typically occur within 24 - 72 hours after the original contact with the Lifeline. • Contacts needed sooner than 24 hours are often done as part of a safety support call and are particularly helpful for those who need additional support and do not want/need to go to an ER. People who receive safety support calls can also be asked for consent to participate in a follow-up program once the period of immediate safety is no longer a concern.
<p><i>Required number of Outreach attempts</i></p>	<ul style="list-style-type: none"> • Individuals who have consented to follow-up should receive a minimum of 2 follow-up contacts. • At least three attempts should be made to make contact with the individual if the individual is not reached for a scheduled conversation. • The guideline for making three attempts when reaching out for a planned follow-up call is so that the center demonstrates a concerted effort to get in contact with a follow-up participant. • The consent process should include obtaining the best times to reach the individual and can be used as a guide for outreach. • At least one of the three attempts should be tried on a different day in case the follow-up participant is away on that day unexpectedly.
<p><i>Required Structure of a follow-up call (At minimum)</i></p>	<ul style="list-style-type: none"> • Assess the individual's current well-being and suicide risk • Collaboratively review and update safety plan as needed • Coordinate care with other providers • Increase connection to needed services or offer additional resources