2026 Edition

CALIFORNIA

988 RESOURCE FOR MIDDLE AND HIGH SCHOOLS



Need Help? Call, Text, or Chat 988

988 SUICIDE & CRISIS LIFELINE

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

988 Suicide & Crisis Lifeline

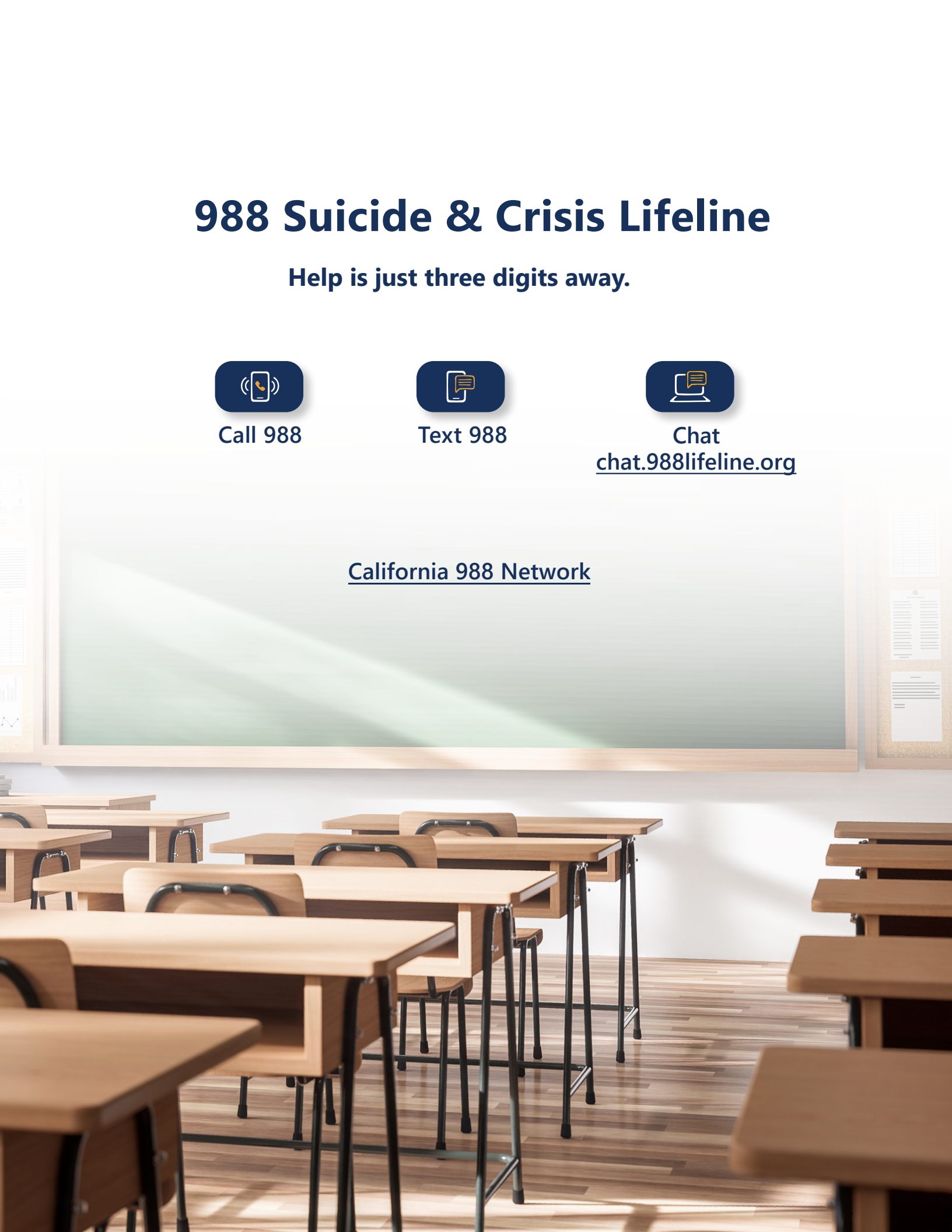
Help is just three digits away.

Call 988

Text 988

Chat
chat.988lifeline.org

California 988 Network



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How to Use This 988 Resource

California 988 Resource for Middle and High Schools

The California 988 Resource for Middle Schools and High Schools (988 Resource) offers an introduction to the 988 Suicide & Crisis Lifeline (988), offering essential background information and practical details to school-based professionals.

Target Audience

This 988 Resource is primarily for middle school and high school staff and faculty in California, as well as relevant educational partners. It may be used by teachers, counselors, administrators, nurses, and other school-based professionals. It can also serve as a resource for schools to share with students, parents, and caregivers.

Structure

The 988 Resource provides general information about 988, including what to expect when contacting 988.

User Experience

This 988 Resource can be read in full for a comprehensive understanding, used as a quick reference in times of crisis, or consulted when a student raises a particular concern or question about 988.

Introduction

California Suicide Rates

The suicide rate in California is a growing issue—particularly in certain demographic groups. The California Department of Public Health (CDPH) reported that there were 4,277 deaths of Californians in 2022 due to suicide. Half of those who died by suicide had a current diagnosed mental health condition. For those deaths by suicide under the age of 18, 27 percent were reported to have had a recent or imminent crisis.[1]

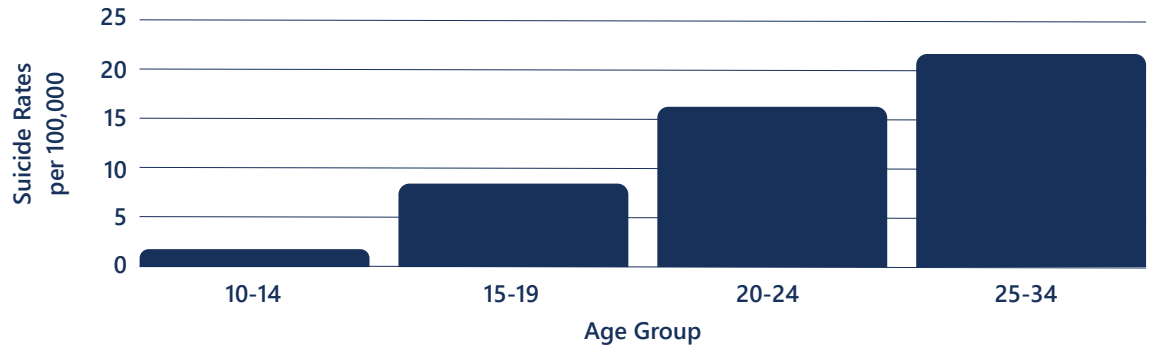
Youth Suicide Deaths

Suicide among youth in California is an urgent public health issue. According to the California Department of Public Health Youth Suicide and Homicide Deaths Dashboard, between 2022 and 2024, suicide was the third-leading cause of death among young people aged 10 to 24. Although the overall youth suicide rate saw a slight decline during this period, rates increased for one group, Multiracial youth, from 5.3 to 5.8 per 100,000. Additionally, the data also show that American Indian/Alaska Native (AI/AN) youth experienced the highest suicide rate among racial/ethnic groups in between 2022 and 2024 (16.6 per 100,000), followed by Pacific Islander youth (12.4 per 100,000).[2]

Boys and Young Men Suicide Deaths

In 2025, Governor Gavin Newsom issued Executive Order N-31-25 to address the mental health crisis among boys and young men.[3] The Suicide in California, 2022 fact sheet noted that more than three-quarters of those who died by suicide were male (78 percent). Firearms were the most common method, accounting for 45 percent of male deaths by suicide, underscoring both the lethality of means and the urgent need to implement prevention strategies, such as promoting safe firearm storage and limiting firearm access (e.g., gun locks, gun safes, gun violence restraining orders).[4]

Figure A. Suicide Rates Among Male California Residents, 2022



Suicide in California, 2022

Purpose of the California 988 Resource for Middle and High Schools

The California 988 Resource for Middle Schools and High Schools aims to enhance educators' understanding of 988 as a resource for students and families. It provides resources tailored for middle and high school staff as well as other key education partners. The 988 Resource focuses on the following objectives:

01

Support educators' capacity for suicide prevention and 988 crisis response.

02

Enhance educators' awareness and understanding of available 988 resources in school systems and how to connect with local and state-level crisis intervention services.

03

Identify strategies that can strengthen or develop school-community crisis partnership.

What Is 988?

In October of 2020, the National Suicide Hotline Designation Act of 2020 was signed into law, establishing 988 as the new nationwide three-digit dialing code for suicide prevention and mental health crisis. This law required the activation of the 988 Suicide & Crisis Lifeline across the United States by July 16, 2022.

The 988 Suicide & Crisis Lifeline is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health.

In September 2022, California enacted AB 988, also known as the Miles Hall Lifeline and Suicide Prevention Act. This law expanded behavioral health crisis services in California and provided a framework for the California 988 Suicide & Crisis Lifeline.

The 988 Suicide & Crisis Lifeline is a nationwide network of more than 200 local Crisis Centers that blend local support with national guidelines and best practices. People can contact 988 if they are struggling themselves or if they are concerned about a loved one who may need crisis support. The 988 Suicide & Crisis Lifeline serves as a universal entry point, ensuring that no matter where someone lives in the United States, they can connect with a compassionate, trained crisis counselor who is ready to help.

The 988 Suicide & Crisis Lifeline offers 24/7/365 access to trained crisis counselors who can help individuals experiencing mental health–related distress. This can include suicidal thoughts, substance use (drugs or alcohol), emotional distress, anxiety, depression, mental illness, loneliness, trauma, bullying, stress, relationship troubles, or simply the need for someone to talk to.

The 988 Suicide & Crisis Lifeline is a free, confidential service available 24/7/365. It connects individuals experiencing a mental health crisis, substance use issues, or suicidal thoughts with trained crisis counselors.



Structure of the California 988 Network

The California 988 Network is made up of Crisis Centers that work together to respond to calls, texts, and chats from anywhere in the state. Each Crisis Center serves a particular geographic area. No matter where a person in crisis is located in California, they will receive personal support. California receives the largest amount of 988 calls in the nation.[5]

When to Call 988 and When to Call 911

Both 988 and 911 provide essential support, but they serve different types of crises. 988 focuses on behavioral health crises, such as emotional distress, suicidal ideation, or problematic substance use, connecting people to trained crisis counselors who provide emotional support, crisis de-escalation, and linkages to local community resources. In contrast, 911 is the primary contact for medical emergencies and situations involving immediate danger that require response from police, fire, or emergency medical services (EMS).



When to Call Law Enforcement or Emergency Services, Rather than 988

If a student is in immediate physical danger or experiencing a medical emergency, 911 should be called instead of 988. Below are examples of situations where it is more appropriate to contact 911 for emergency support:

- A suicide attempt is in progress.
- A student has a specific suicide or self-harm plan that they are carrying out or intend to immediately carry out, and they have the means to carry it out.
- A student is suspected of experiencing an overdose.
- A student has physical symptoms, such as chest pain or shortness of breath, that could be either a panic attack or an acute medical emergency.

988 FAQ, SAMHSA



What Happens When a Call Is Placed to 988

Who will answer the call?

When calling 988, the caller will first hear a greeting message followed by a menu of options. These options are designed to connect callers with specialized crisis counselors based on their needs. If no option is selected, the call is automatically routed to a local Crisis Center (based on the call's approximate location), where a trained counselor will respond. Call services with interpreters are available in more than 240 languages.

What questions are asked?

Once the call is connected, the counselor will introduce themselves and begin by assessing the caller's immediate safety. They will listen attentively and seek to understand the nature of the concern or crisis. The counselor will provide compassionate, nonjudgmental support and offer helpful resources or referrals as appropriate.

What happens when texting 988?

The student or staff person will first see prompts with instructions on how to connect with veteran and service-member support or Spanish-speaking counselors. If not trying to connect with one of these services, reply NEXT to move through the prompts. The individual will be asked questions to assess what they need. Then they will receive a "Wait" message with a survey link to optional questions while they wait to be connected with a crisis counselor.

What happens when chatting 988?

After clicking on the link (https://chat.988lifeline.org), a brief survey will open. It helps crisis counselors understand how best to support the student and takes less than five minutes to complete. Once “Start a chat” is clicked at the bottom of the survey screen, they will see a screen that indicates 988 is connecting them to a live crisis counselor.

Is 988 confidential?

Yes, 988 is a confidential service. Individuals who call, text, or chat 988 are not required to share any personal information to receive support. Information shared during the conversation remains private and is not disclosed outside the call—except in situations where there is an imminent risk to the safety of the caller or others.

Will the caller need to disclose their immigration status?

Callers are not required to disclose their immigration status when contacting 988. Crisis counselors will not inquire about it, and a caller’s status, if disclosed, is never reported.

Is 988 a free service?

Individuals accessing 988 services are not required to provide any payment or insurance information to receive support. However, standard messaging or data rates may apply for those who choose to text 988, depending on their mobile carrier plan.

Who will respond?

In certain situations, the crisis counselor may determine that additional support is necessary, particularly if the individual is in immediate danger, experiencing a severe crisis, or unable to remain safe without in-person support. The type of response provided will vary depending on state, county, or local protocols, laws, and available resources. In these cases, responders may include mobile crisis teams, EMS, or law enforcement (police).



988 Bumper Sticker, SAMHSA

How will responders be engaged?

Once the connection has been established through 988, trained crisis counselors will immediately engage with the student in crisis to provide de-escalation, support, and access to appropriate resources. In the event of imminent danger, 911 may still be activated. However, the primary goal of 988 is to deliver a person-centered response that prioritizes connection to care over law enforcement intervention. While most 988 contacts are resolved with the 988 trained crisis counselor, if in-person support is needed, the type of responder dispatched may vary based on the structure of the local 988 system. Mobile crisis responders are trained and supportive professionals who offer compassionate, specialized support. These responders are usually not in uniform, which helps foster a calming and non-threatening presence. It is essential for schools to understand how their local Crisis Center operates, including how crisis teams are dispatched and integrated into their school protocols. This knowledge ensures a coordinated and effective response when students experience behavioral health crises.

What actions might the responders take?

When a person contacts 988, trained crisis counselors prioritize support through conversation and de-escalation techniques, utilizing the least invasive interventions when possible. If additional assistance is needed, the crisis counselor may refer the individual to local treatment providers or crisis stabilization services, or they may dispatch a mobile crisis team for in-person support. In rare instances when safety cannot be maintained otherwise, emergency services may be engaged. This could include arranging for voluntary or involuntary hospitalization to ensure the individual's well-being.





Supporting California Populations

The 988 Suicide & Crisis Lifeline is a critical component in supporting populations that may be more vulnerable to suicide because of stigma or marginalization of their identity, culture, and/or intersections of identity. These individuals may need targeted outreach, specialized services, and improved response protocols.

The goal of prioritizing these populations is to ensure that everyone in crisis receives a humane, appropriate, and timely response tailored to their unique circumstances.

Understanding Cultural Factors in Suicide Risk

Several risk factors increase the likelihood of suicide across diverse racial and ethnic groups, including:

- Prior suicide attempt(s)
- Family history of suicide
- Alcohol and other substance use or misuse
- Mood and anxiety disorders
- Access to lethal means
- Major life or relationship issues/changes
- Loss (including death, job, and financial)
- Financial/legal issues
- Declining physical or mental health
- Lack of social support and connection
- Sense of isolation
- Stigma associated with seeking help
- Limited access to health care
- Exposure to suicide within their community

Understanding these factors is crucial for offering meaningful and culturally informed support.

Cross-Population Suicide Rates

Data shows certain student populations in California face significantly higher suicide risk. It is imperative for school personnel to be aware of these trends and provide students with culturally appropriate support and services.

American Indian/Alaska Native Youth

The suicide rate among AI/AN youth in 2022-2024 was about **16.6 per 100,000**, far **higher than any other racial/ethnic group.**[6]

Hispanic/Latino/a/x Youth

The suicide rate among Hispanic youth of any race in 2022-2024 was about **5.2 per 100,000**, accounting for **the largest number of youth suicide deaths** (616).[7]

Pacific Islander Youth

The suicide rate among Pacific Islander youth in 2022-2024 was about **12.4 per 100,000.**[8]

Asian Youth

The suicide rate among Asian youth in 2022-2024 was about **6.4 per 100,000**.[9]

Black Youth

The suicide rate among Black youth in 2022-2024 was about **7.9 per 100,000.**[10]

Cultural Norms and Stigma Around Mental Health

Cultural norms strongly influence how students and families understand and respond to mental health support. In some cultures, emotional distress may be viewed as a private family matter, a spiritual concern, or a sign of weakness. These norms can overlap with stigma, which may include fears about being judged, misunderstood, or ashamed of receiving services.

Cultural norms can also influence the way students and families experience distress, their responses to the school and referrals, and their commitment to follow-up care. Schools must understand the communities they serve and work to support students and families in a culturally responsive way. This process includes offering information in multiple languages, involving trusted community leaders and agencies, and engaging parents in the development of these resources.



Immigration and Documentation Status

The 988 Suicide & Crisis Lifeline is available to all regardless of immigration status.

- Information is not shared with or reported to immigration authorities.
- Providing confidential support, 988 does not require staff, students, or families to disclose their immigration status to use the service.
- Anyone in the United States or its territories can call, text, or chat 988 to be connected with a trained crisis counselor.



Language and Communication Considerations

What language or translation services does 988 offer?

- Specialized support services are available for Spanish-language speakers and people who are deaf or hard of hearing.
- Voice calling is available in English, Spanish, and many other languages. For those who speak a language other than English or Spanish, 988 provides interpretation to callers in more than 240 additional languages through LanguageLine Solutions.
- Text and chat services are available in English and Spanish only.



What can callers expect when language or translation services are needed?

- When calling 988, press 2 to connect to a trained Spanish-speaking crisis counselor. When texting or chatting 988 in Spanish, type “Ayuda” to connect with a Spanish-speaking counselor.
- 988 American Sign Language videophone services are offered for people who are deaf or hard of hearing. For teletypewriter (TTY) users, use a preferred relay service or dial 711, then 988.
- When calling 988, students, their friends, or families can ask for an interpreter in English and then will be connected with an interpreter. The connection to an interpreter typically takes about 20 seconds. These interpreters are professionally trained to provide accurate, confidential, and impartial support over the phone. There is no cost to the caller for language interpretation.

Recognizing Warning Signals: Signs to Share with 988 Dispatch

The signs of suicide differ from person to person and are not always obvious. School staff should be aware of both the common signs and the cultural nuances in how distress is expressed (e.g., anxiety may not be verbalized and may instead be experienced as headaches). Stay curious, ask questions, and avoid making assumptions. Avoid stereotyping, focus on sharing observations, and highlight when risk factors align with cultural expressions of distress.

Below are considerations for a few specific populations:

LGBTQ+ Students

According to the National LGBT Health Education Center, multiple factors may increase the risk of suicide among LGBTQ+ individuals.[11] These include isolation from family and peers, minority stress (the chronic stress faced by marginalized groups due to discrimination), and a history of or ongoing experiences with the following:

- Mental health issues (e.g., depression, anxiety).
- Substance use challenges.
- Victimization (e.g., being the target of bullying, being abused).
- Harassment, discrimination, and bias enacted by peers, family, colleagues, workplaces, houses of worship, schools, places of public accommodation, and health care settings.
- Previous suicide attempt(s).

Students with Disabilities

Suicidal thoughts and behaviors are alarmingly common among youth with autism—about one in three youth with autism report suicidal ideations. According to a brief from the American Foundation for Suicide Prevention, their overall risk of suicide is nearly three times higher than that of the general population.[12]

Professionals, caregivers, and loved ones should recognize the risk factors linked with thoughts of suicide for individuals with intellectual and developmental disorders. These factors include family instability, overall lack of social support, diagnoses of depression or anxiety, co-occurring physical disabilities, a history of trauma, and low self-esteem.

Students Experiencing Homelessness and Students in Foster Care

Youth who are experiencing homelessness or in foster care may be at greater risk of suicide than other youth. The Los Angeles County Youth Suicide Prevention Project reported that youth experiencing homelessness are four times more likely to have attempted suicide, with more than 70 percent reporting suicidal thoughts. Youth in the foster care system are three times more likely to consider suicide, four times more likely to have made a suicide attempt in the past 12 months, and five times more likely to be hospitalized following a suicide attempt when compared to youth not in foster care.[13]

Students Involved in the Justice System

Youth involved in the justice system experience higher rates of mental illness and substance use/misuse and are at higher risk for suicide. A 2021 report from the Center on Juvenile and Criminal Justice found that between July 2020 and June 2021, there were 7 suicide attempts and 467 total incidents of suicidality among roughly 700 incarcerated youth—about 5 out of every 100 youth per month either attempted suicide or were placed on suicide watch.[14]

Plan for _____

Write the name of your school here.

Action Steps

Use the space below to list action steps to take when a crisis occurs and a student needs to access 988.

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

School and Community Resources

Use the space below to list local school and community resources that can be used when a crisis occurs and a student needs to access 988.

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

Additional Resources

The Trevor Project: A nationwide organization that provides a 24-hour phone hotline (1–866–488–7386), as well as 24/7 chat and text options, for lesbian, gay, bisexual, transgender, and questioning youth.

Never a Bother Campaign: A California-based marketing, education, and outreach campaign that aims to increase knowledge and awareness of suicide warning signs and sources of support for youth.

Directing Change: A California-based program that uses art and film to educate young people about mental health and suicide prevention, empowering them to reduce stigma and foster supportive communities.

National Alliance on Mental Illness: grassroots mental health organization that provides advocacy, education, support, and public awareness for people affected by mental illness and their families.

Suicide Prevention Resource Center: A federally supported resource center that advances suicide prevention infrastructure and capacity building through consultation, training, and resources.

Each Mind Matters: California's Mental Health Movement, including a wealth of initiatives, collections, and resources so that individuals can learn how to improve mental health and equality in their community as well as prevent suicide and promote student mental health.

Endnotes

1. California Department of Public Health. (2026). Suicide in California, 2022. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_Suicide_Fact-Sheet_2022.pdf

2. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-and-Homicide-Deaths.aspx

3. Executive Department, State of California. (2025, July 30). *Executive Order N-31-25.* https://www.gov.ca.gov/wp-content/uploads/2025/07/2025-7-30.Men-and-Boys-Workgroup-EO.ATTESTED.pdf

4. California Department of Public Health. (2026). Suicide in California, 2022. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_Suicide_Fact-Sheet_2022.pdf

5. California Department of Health Care Services. (n.d.). 988 Suicide and Crisis Lifeline. Retrieved September 4, 2026, from https://www.dhcs.ca.gov/988-suicide-and-crisis-lifeline/

6. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-and-Homicide-Deaths.aspx

7. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-Deaths.aspx

8. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-Deaths.aspx

9. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-Deaths.aspx

10. California Department of Public Health. (2026). Youth suicide and homicide deaths dashboard. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Youth-Suicide-Deaths.aspx

11. National LGBT Health Education Center. (2018). Suicide risk and prevention for LGBTQ people. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf

12. American Foundation for Suicide Prevention. (n.d.). Autism and suicide. Retrieved September 4, 2026, from https://afsp.org/autism-and-suicide

13. Los Angeles County Youth Suicide Prevention Project. (n.d.). Homeless/foster youth. Retrieved September 4, 2026, from https://preventsuicide.lacoe.edu/high-risk/homeless/

14. Washburn, M., Menart, R., O'Sullivan, T., Orr, M., & Guettler-James, L. (2021). *On the brink: Conditions in California's Division of Juvenile Justice remain bleak as closure nears.* Center on Juvenile and Criminal Justice. https://www.cjcj.org/media/On-the-brink.pdf

988 Suicide & Crisis Lifeline

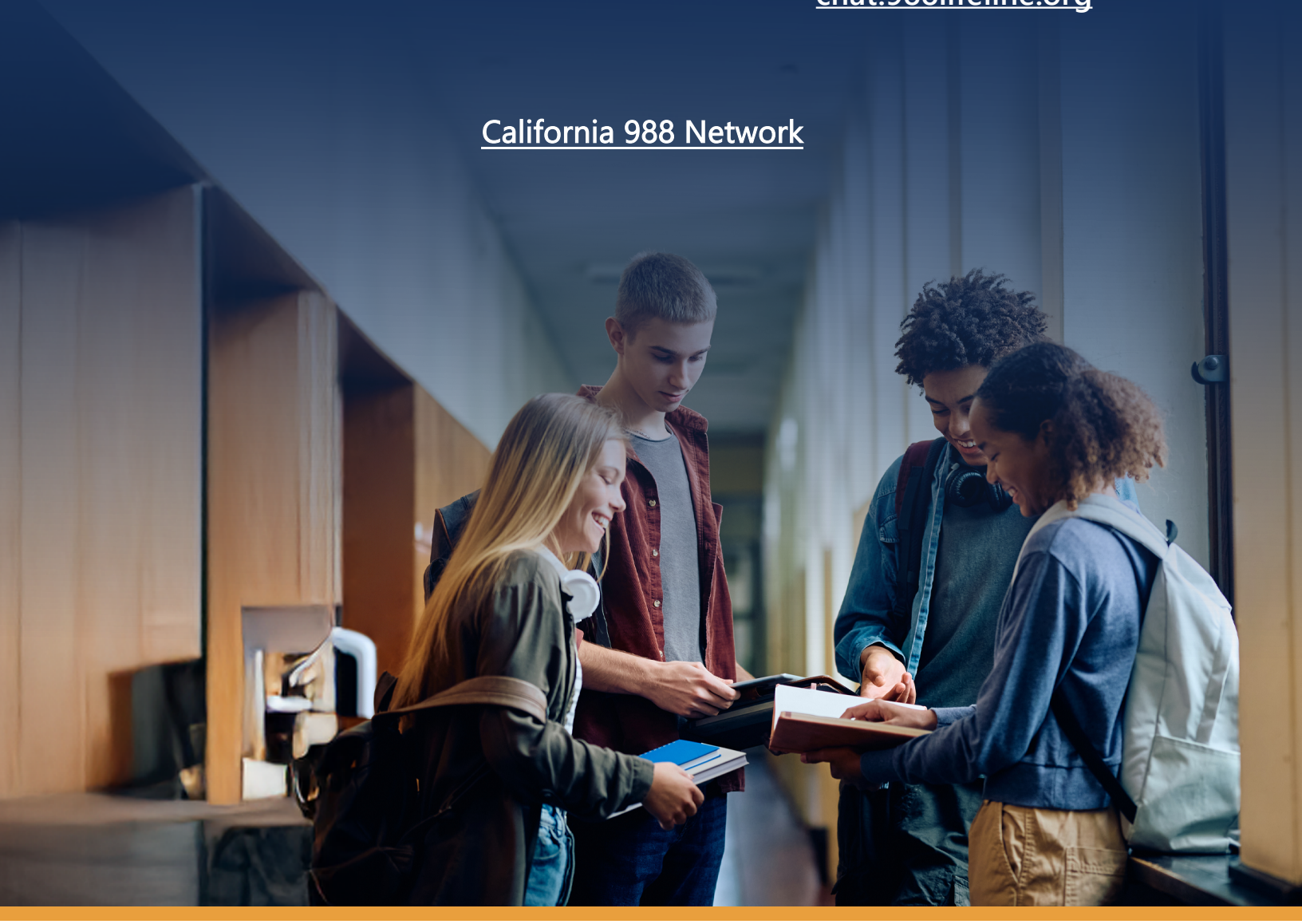
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988 SUICIDE & CRISIS LIFELINE

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