



441 G St. N.W.
Washington, DC 20548

August 13, 2026

The Honorable Margaret Wood Hassan
Ranking Member
Joint Economic Committee
United States Senate

National Crisis and Support Hotlines: Contact Volume Increased and Operations Remained Relatively Consistent in 2025

Dear Ranking Member Hassan,

This letter formally transmits the attached briefing in response to your request for information on the operations and workforce of three national crisis and support hotlines: the 988 Suicide & Crisis Lifeline, the Veterans Crisis Line, and the National Maternal Mental Health Hotline.

The Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) operate three crisis and support hotlines. Within HHS, the Substance Abuse and Mental Health Services Administration (SAMHSA) oversees the 988 Suicide & Crisis Lifeline, which provides free, confidential 24/7 support for anyone experiencing mental health distress, suicidal thoughts, or substance use crises. The Health Resources and Services Administration (HRSA) oversees the National Maternal Mental Health Hotline (1-833-TLC-MAMA), which provides free, confidential emotional support, resources, and referrals to pregnant and postpartum women experiencing mental health challenges. VA operates the Veterans Crisis Line, which offers specialized, confidential support to veterans, service members, and their families.

In February 2025, the President issued an executive order instructing federal agencies to reduce the size of the federal workforce.¹ HHS and VA, along with other federal agencies, subsequently announced plans to reduce their workforce in response to this order.²

This briefing describes what available monthly data for fiscal year 2025 show for each of the three hotlines, including staffing, contact metrics, and quality metrics. We briefed your staff on the preliminary results of our work on May 13, 2026, and the enclosed briefing slides also include updated information, as available, from SAMHSA, HRSA, and VA.

¹Exec. Order. No. 14,210, *Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative*, 90 Fed. Reg. 9669 (Feb. 14, 2025).

²See, for example, Department of Health and Human Services, "HHS Announces Transformation to Make America Healthy Again" (Washington, D.C.: Mar. 27, 2025); Department of Veterans Affairs, "VA Dismisses More than 1,000 Employees" (Washington, D.C.: Feb. 13, 2025); Department of Veterans Affairs, "VA to Reduce Staff by Nearly 30K by End of FY2025" (Washington, D.C.: July 7, 2025).

In summary, contact volume for the three hotlines generally increased throughout fiscal year 2025, based on available monthly agency data we reviewed. In addition, trends and fluctuations in volume and performance metrics for the 988 Suicide & Crisis Lifeline and Veterans Crisis Line during fiscal year 2025 overall were generally similar to prior years, based on previous GAO reporting on these hotlines.³ Agency data also show that the federal agencies responsible for the three hotlines experienced some reductions of staff who oversee or operate the hotlines during fiscal year 2025. At the same time, selected stakeholders representing users of the hotlines told us that they experienced consistent services during the fiscal year.

To address this request:

- We obtained and reviewed data from SAMHSA, HRSA, and VA showing fiscal year 2025 monthly trends in staffing, contact metrics (e.g., total contacts, answer rates, wait time), and quality metrics for the 988 Suicide & Crisis Lifeline, the National Maternal Mental Health Hotline, and the Veterans Crisis Line. We also compared information for the 988 Suicide & Crisis Lifeline and the Veterans Crisis Line with similar metrics from our previous reporting. We have not previously reported on the National Maternal Mental Health Hotline.
- We interviewed SAMHSA, HRSA, and VA agency officials or received their written responses to understand information about the data and performed electronic testing to identify any missing data and obvious errors, as appropriate. Based on these steps, we determined that the data were sufficiently reliable for reporting information on the three hotlines.
- We interviewed a selection of nine external stakeholders who have experience with the hotlines, such as national organizations that represent users, to obtain their perspectives on any workforce changes at the three hotlines and on whether changes have affected each hotline's ability to achieve its mission.⁴

We conducted this performance audit from August 2025 to June 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Agency Comments

We provided a draft of this report to HHA and VA for review and comment. HHS and VA provided technical comments, which we incorporated as appropriate.

³See GAO, *Suicide Prevention: Capacity and Federal Monitoring of the 988 Lifeline*, GAO-26-108114 (Washington, D.C.: July 1, 2026) and GAO, *Veterans Crisis Line: Actions Needed to Better Ensure Effectiveness of Communications with Veterans*, GAO-25-107182 (Washington, D.C.: June 2, 2025). We have not previously reported on the National Maternal Mental Health Hotline.

⁴We interviewed the American Foundation for Suicide Prevention, American Legion, the Maternal Mental Health Leadership Alliance, Mental Health America, the National Alliance for Mental Illness, National Association of State Mental Health Program Directors, the National Association of County Behavioral Health and Developmental Disability Directors, the Policy Center for Maternal Mental Health, and the Veterans of Foreign Wars. We selected these organizations based on their work with communities that utilize these national crisis and support hotlines.

We are sending copies of this report to the appropriate congressional committee, the Secretary of Health and Human Services, and the Secretary of Veterans Affairs. In addition, the report is available at no charge on our website at <https://www.gao.gov>. If you or your staff have any questions concerning this report, please contact me at hundrupa@gao.gov. Contact points for our Offices of Congressional Relations and Media Relations may be found on the last page of this report. GAO staff who made key contributions to this report were Will Simerl (Assistant Director), Sean Miskell (Analyst in Charge), Barbara Hansen, Ruth Morgan, Andrea Richardson, and Roxanna Sun.

Sincerely,

//SIGNED//

Alyssa M. Hundrup
Director, Health Care

Enclosure



National Crisis and Support Hotlines: Contact Volume Increased and Operations Remained Relatively Consistent in 2025

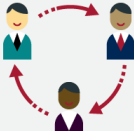
Briefing - May 13, 2026

Topics

- 988 Suicide & Crisis Lifeline (988 Lifeline) contact metrics and available staffing data
- Veterans Crisis Line (VCL) contact metrics and staffing data
- National Maternal Mental Health Hotline (NMMHH) contact metrics and staffing data

Contact metrics and staffing data may not be directly comparable due to differences among the three hotlines.

Overview of Three Federal Hotlines

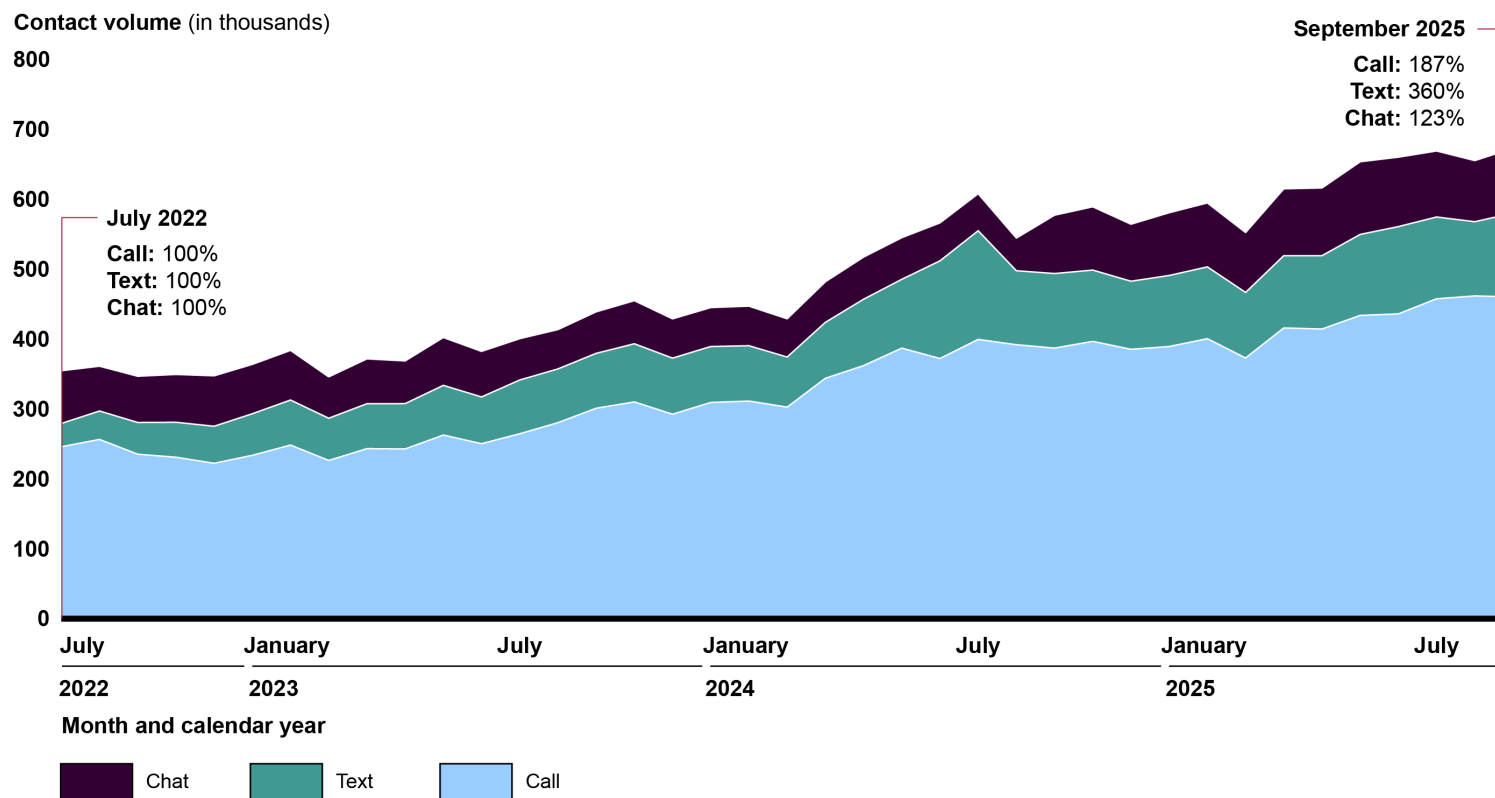
			
	988 Suicide & Crisis Lifeline	Veterans Crisis Line	National Maternal Mental Health Hotline
 Year launched	2005 as National Suicide Prevention Line; redesignated as 988 in July 2022	July 2007; renamed in 2011 and activated the “988+press 1” option in July 2022	2022
 Federal administrator	Substance Abuse and Mental Health Services Administration (SAMHSA)	Department of Veterans Affairs (VA)	Health Resources and Services Administration (HRSA)
 Purpose/ Primary population	Suicide, mental health, or substance use crises among general public	Suicide and crisis intervention for veterans, service members, National Guard & Reserve members, and those who support them	Perinatal mental health support among pregnant and postpartum mothers and their families or household members
 Access methods	• Call 988 • Text 988 • Chat: chat.988lifeline.org • Videophone 988	• Call 988, press 1 • Text 838255 • Chat: veteranscrisisline.net	Call/text: 833-852-6262 or web chat (https://mchb.hrsa.gov/net/mchb-web-chat/chat.html)
 Languages	English (interpretation support for 240+ languages) and Spanish	English, additional support for 270+ languages including Spanish via interpreters	English, Spanish, 60+ via interpreter, relay service for deaf/hard-of-hearing
 Staffing model	Network of 200+ local, independent crisis centers; national crisis contact centers for backup and specialized services	VA crisis staff at primary center; backup via SAMHSA Lifeline network; many responders are veterans	Licensed mental health clinicians; health care providers; certified peer support specialists; certified doulas, lactation consultants, and perinatal specialists

Source: GAO analysis of information from SAMHSA, VA, and HRSA (information); toonsteb/stock.adobe.com (icons). | GAO-26-109046

988 Lifeline Contact Metrics - Volume

- For fiscal year (FY) 2025, from October 2024 through September 2025, about 7.4 million contacts were routed to 988 Lifeline crisis contact centers.
 - 68 percent were calls
 - 17 percent were texts
 - 15 percent were chats
- Volume increased for each contact method in FY 2025, with an overall increase of 23 percent compared to FY 2024.
- FY 2025 continued the upward trend in contact volume since the 988 Lifeline was established in July 2022, as shown on next slide.

Contact Volume by Contact Method for the 988 Lifeline Overall, July 2022 Through September 2025



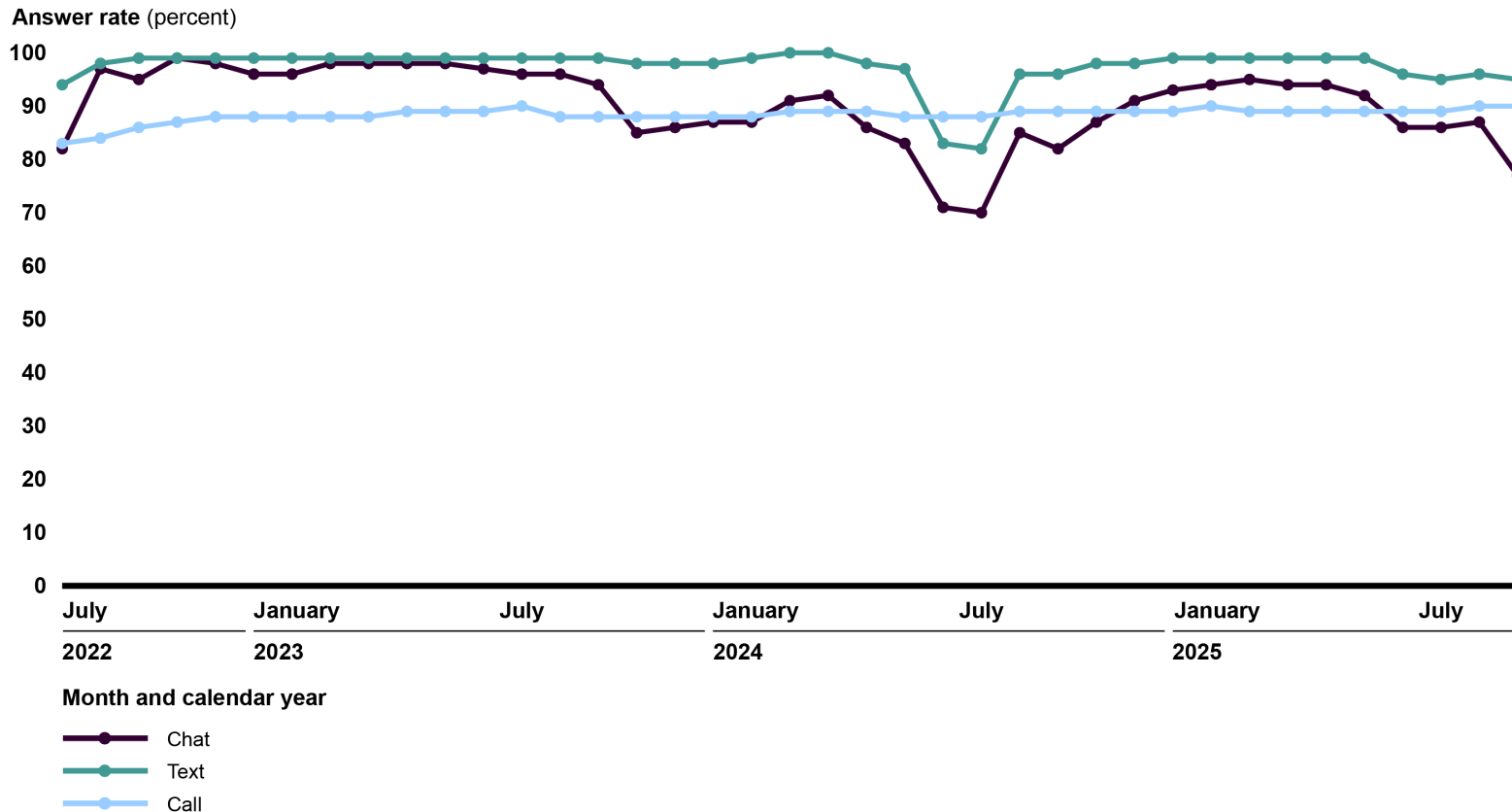
GAO analysis of 988 Lifeline performance data reported by the Substance Abuse and Mental Health Services Administration (SAMHSA). | GAO-26-109046

Note: Contact volume reflects the number of calls, texts, and chats that were routed to crisis contact centers after individuals selected a service. Data shown include contacts that were routed to local, Spanish language, lesbian, gay, bisexual, transgender, queer or questioning youth and young adult, and national backup crisis contact centers. Call volume increased from 245,905 in July 2022 to 460,264 in September 2025 (87 percent increase); text volume increased from 33,279 in July 2022 to 119,747 in September 2025 (260 percent increase); and chat volume increased from 75,441 in July 2022 to 92,936 in September 2025 (23 percent increase).

988 Lifeline Contact Metrics – Answer Rate

- Substance Abuse and Mental Health Services Administration (SAMHSA) tracks answer rates as a measure of 988 Lifeline capacity.
 - **Answer rate** is the percentage of contacts that were routed to crisis contact centers and were answered by crisis counselors.
 - **Abandoned** contacts were routed to a service but disconnected before being answered by a crisis counselor.
- Answer rates during FY 2025 were steady for calls (89-90 percent) and texts (95-99 percent), but they fluctuated for chats (77-95 percent).
- Fluctuations also occurred prior to FY 2025, as shown on next slide.

Answer Rate by Contact Method for the 988 Lifeline Overall, July 2022 Through September 2025



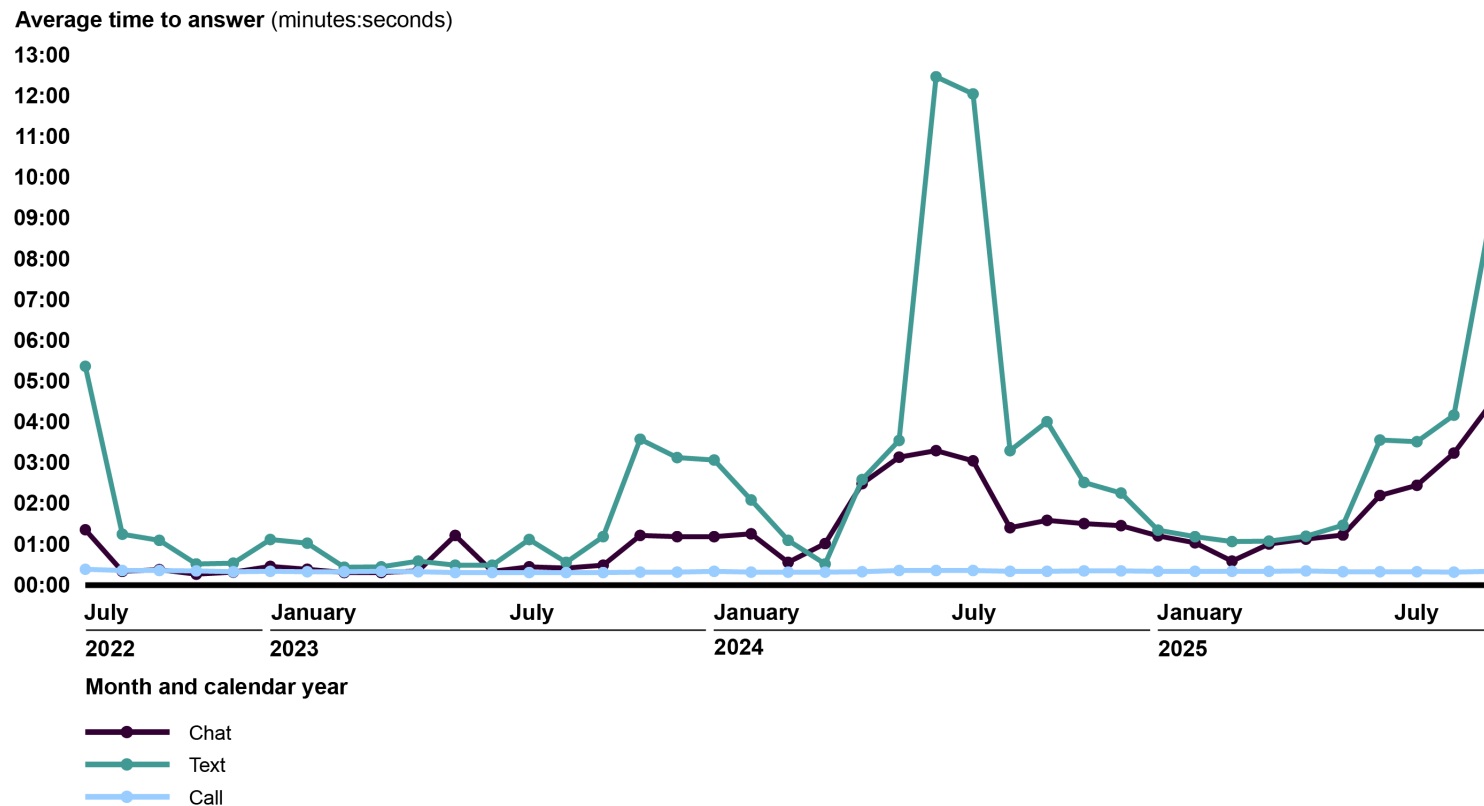
Source: GAO analysis of 988 Lifeline performance data reported by the Substance Abuse and Mental Health Services Administration (SAMHSA). | GAO-26-109046

Note: Answer rate reflects the percentage of calls, texts, and chats routed to crisis contact centers that were answered by crisis counselors. Data shown include contacts that were routed to local, Spanish language, lesbian, gay, bisexual, transgender, queer or questioning youth and young adult, and national backup crisis contact centers.

988 Lifeline Contact Metrics – Average Time to Answer

- SAMHSA also tracks average time to answer calls, texts, and chats.
- Average times to answer during FY 2025:
 - Steady for calls (about 30 seconds each month)
 - Fluctuated for texts (ranged from about 1 to 9 minutes)
 - Fluctuated for chats (ranged from about 1 to 5 minutes)
- Fluctuations for texts and chats also occurred prior to FY 2025, as shown by figure on next slide.

Average Time to Answer by Contact Method for the 988 Lifeline Overall, July 2022 Through September 2025



Source: GAO analysis of 988 Lifeline performance data reported by the Substance Abuse and Mental Health Services Administration (SAMHSA). | GAO-26-109046

Note: Average time to answer reflects the average length of time it took for calls, texts, or chats to be answered after they were initially routed to crisis contact centers. Data shown include contacts that were routed to local, Spanish language, lesbian, gay, bisexual, transgender, queer or questioning youth and young adult, and national backup crisis contact centers. For any contacts that were rerouted, such as to the backup crisis contact centers, the average time to answer includes any time spent waiting prior to being rerouted.

988 Lifeline – Local and National Structure

- When individuals contact 988, calls are routed as follows:
 - **Local in-state service** provided by over 200 independent crisis contact centers. If not answered in about 2 minutes, contact generally is to be transferred to a national backup crisis contact center.
 - **Spanish-language service** provided by a national contact center with crisis counselors who speak Spanish.
- A network administrator is responsible for day-to-day operations, including national contact centers.
- SAMHSA oversees 988 Lifeline through its 988 & Behavioral Health Crisis Coordinating Office.

988 Lifeline – Local Contacts

- Local independent crisis contact centers connect individuals with resources in their communities.
- The percentage of all routed contacts that were answered by local crisis contact centers in September 2025:
 - 83 percent of calls
 - 43 percent of texts
 - 39 percent of chats
- Remaining contacts were answered by the national backup centers, Spanish language crisis contact centers, LGBTQ+ youth and young adult crisis contact centers (discontinued in July 2025), or were abandoned. The share of contacts answered locally has generally increased over time as more states support local services.

Workforce Changes – 988 Lifeline

- Crisis responders employed by local crisis contact centers or contractors, rather than by federal government.
- Overall workforce changes unknown due to independent nature of 200+ local crisis contact centers.
- As shown on next slide, SAMHSA's 988 Lifeline coordinating office reduced staff and experienced staff attrition going from 24 to 18 during fiscal year 2025.
- SAMHSA officials stated that reductions in force were determined by Department of Health & Human Services, and SAMHSA has not backfilled vacant positions due to hiring freeze, as of February 2026.



Workforce Changes – 988 Lifeline SAMHSA 988 and Behavioral Health Crisis Coordinating Office

	October 2024	September 2025
Director	1	0
Deputy Director	1	1
Executive Assistant	1	0
Analytics Officer	1	1
Chief Digital Officer	1	1
Director of Crisis System Transformation	1	1
Program Manager	3	2
Program Support Assistant	1	0
Supervisory Public Health Advisor	1	0
Public Health Advisor	9	9
Supervisory Public Health Analyst	1	1
Public Health Analyst	3	2
Total	24	18

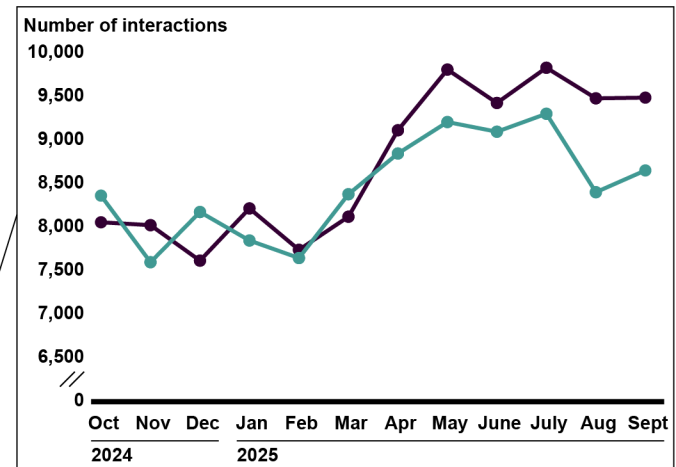
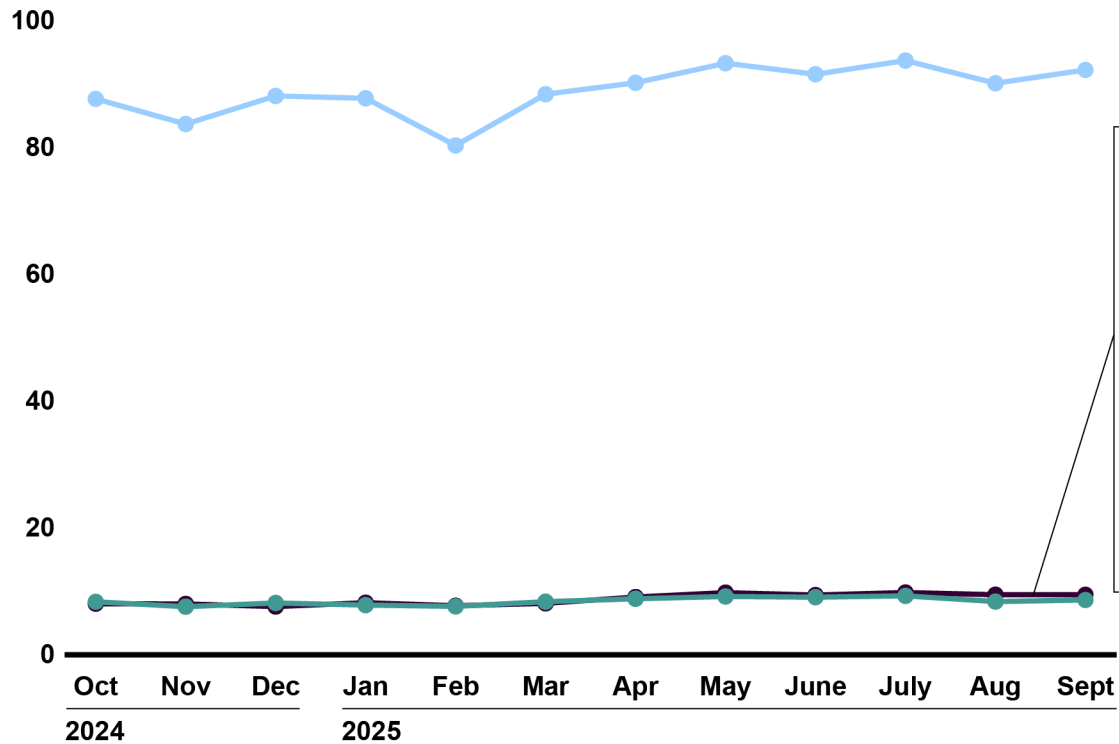
Source: GAO analysis of workforce data reported by the Substance Abuse and Mental Health Services Administration (SAMHSA) | GAO-26-109046

Veterans Crisis Line – Overall Findings

- Total call, text, and chat volumes increased in FY 2025, similar to increases from FY 2021 through FY 2024.
- Answer rates for calls, texts, and chats were high throughout FY 2025 (98-99 percent), and consistent with previous years.
- “Not successful” rates for quality assurance reviews either improved or were comparable to previous years.
- The Veterans Crisis Line employed 1,149 total responders in April 2026, compared to 1,162 in October 2024.

Veterans Crisis Line – Customer Interactions

Number of interactions (in thousands)



Month and calendar year

- Call
- Text
- Chat

Source: GAO analysis of Veterans Crisis Line data reported by the Department of Veterans Affairs. | GAO-26-109046

Veterans Crisis Line – Answer Rates, FY 2025

- Answer rates by interaction method:
 - 99 percent of about 1,067,420 calls answered
 - 98 percent of about 101,528 texts answered
 - 89 percent of about 104,932 chats answered
- 5 percent of texts and 7 percent of chats handled by responder who was concurrently handling at least one other text or chat.
- Monthly answer rates for calls, texts, and chats were high throughout FY 2025 (89-99 percent), and consistent with previous years.

Veterans Crisis Line – Call Answer Time and Chat/Text Response Times, FY 2025

- Call answer time and text/chat response time
 - 99 percent of calls answered within 20 seconds (goal is 95 percent)
 - 85 percent of texts answered within 45 seconds
- Average answer time for answered calls in FY 2025 was 8.6 seconds
 - Similar to an average answer time of 9.3 seconds for FY 2021 through FY 2024
- Average response time for answered texts in FY 2025 was 27.1 seconds
 - Similar to an average response time of 30.5 seconds for FY 2021 through FY 2024
- Chat response time data were unavailable for FY 2025 due to a change in the chat platform used by the Veterans Crisis Line.

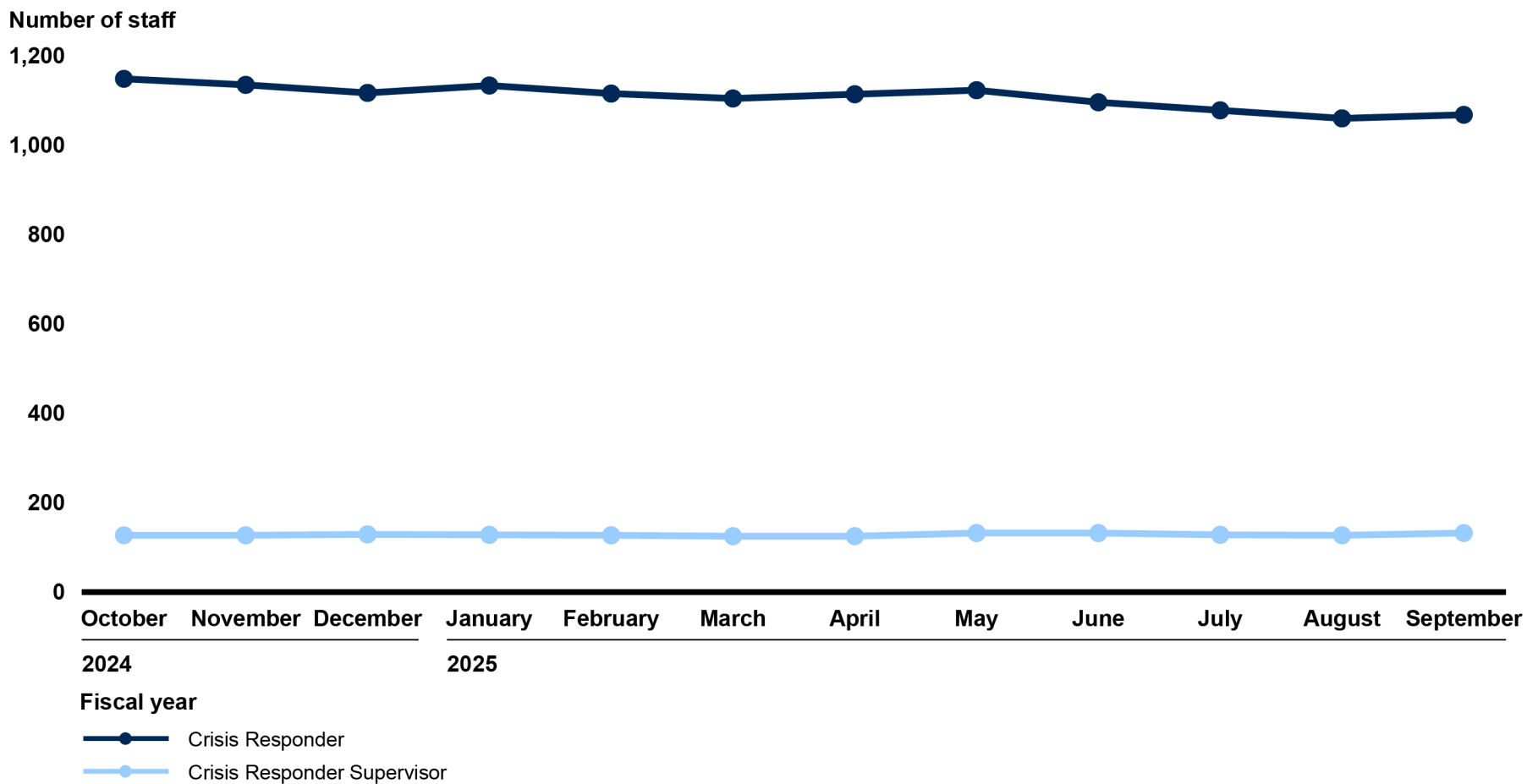
Veterans Crisis Line – Quality Assurance

- VA completed at least 96 percent of Supervisory Performance Monitors during FY 2025.
- Silent monitors evaluate interactions for quality using a set of 48 interaction standards, such as determining if the responder correctly assessed for suicide risk.
- Crisis responders had “not successful” rates below 5 percent for all but three interaction standards.
 - Higher “not successful” rates (5 percent and 9 percent) were for an end-of-contact satisfaction question and related documentation, as well as screening for suicidal plan or intent (5 percent).
- These “not successful” rates were generally lower than rates for previous years.

Veterans Crisis Line – Workforce Changes

- VCL employed 1,149 crisis responders as of April 2026, compared to 1,162 in October 2024.
- VCL employed 132 supervisors as of April 2026, compared to 127 in October 2024.
- 18 percent responder turnover rate in FY 2025, compared to 17 percent in FY 2024 and higher rates in some previous years

Veterans Crisis Line – Workforce Changes



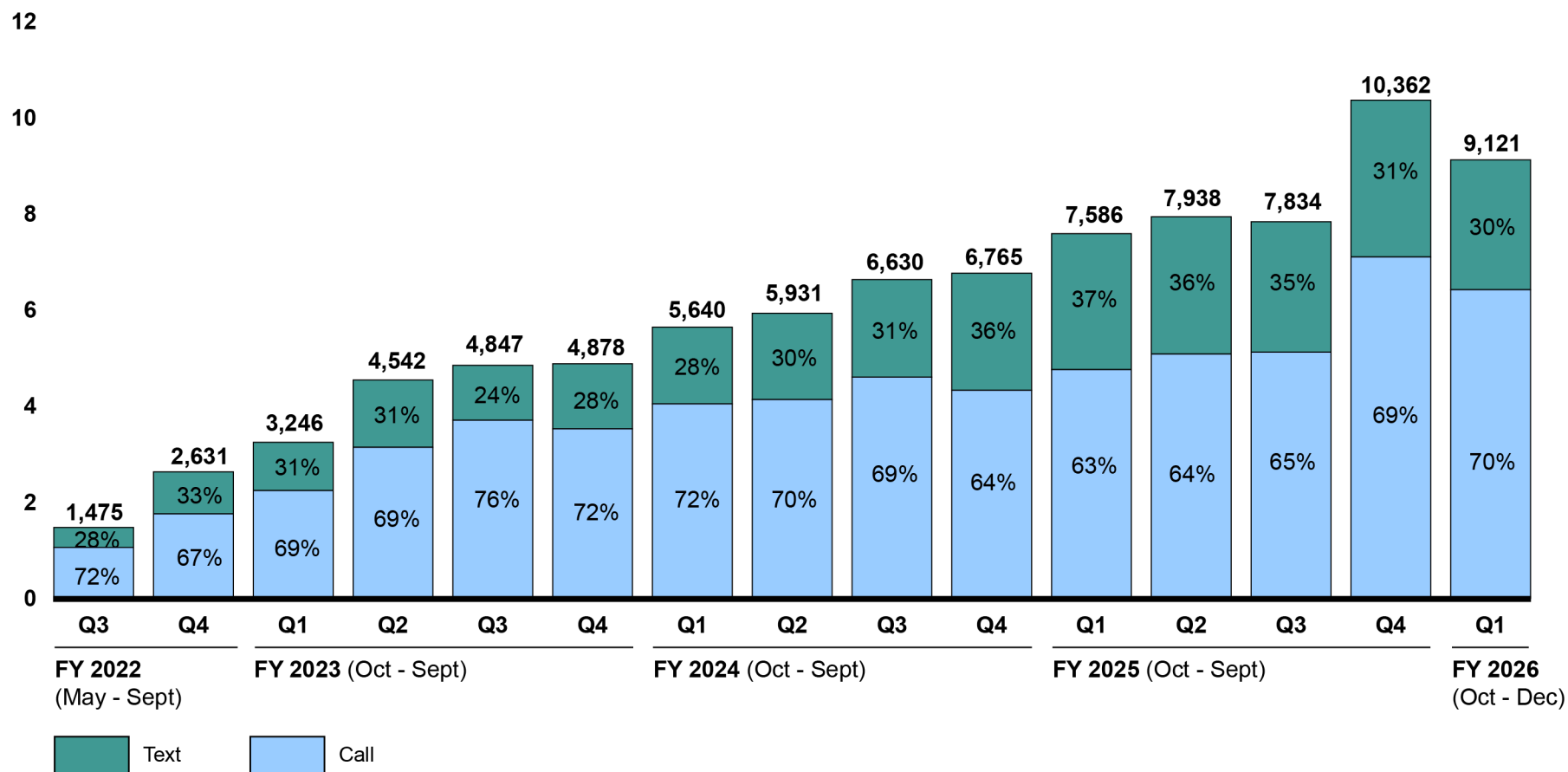
Source: GAO analysis of Veterans Crisis Line data reported by the Department of Veterans Affairs. | GAO-26-109046

National Maternal Mental Health Hotline – Volume, FY 2025

- In FY 2025, the NMMHH received 33,720 calls and texts.
 - 65 percent were calls
 - 35 percent were texts
 - About 73 percent were from people calling for themselves.
 - Of this, most (79 percent) were pregnant or postpartum.
- Contact volume for texts and calls generally increased throughout 2025, with some fluctuations.
- FY 2025 continued the upward trend in contact volume since the National Maternal Mental Health Hotline was established in May 2022, as shown on next slide.

National Maternal Mental Health Hotline – Contact Metrics

Contact volume by fiscal year (FY) quarter (in thousands)



Source: HRSA.gov | GAO-26-109046

National Maternal Mental Health Hotline – Answer Rate and Wait Time, FY 2025

- The Health Resources and Services Administration (HRSA) tracks answer rates as a measure of National Maternal Mental Health Hotline capacity.
 - The monthly answer rates for contacts (calls and texts combined) were high throughout FY 2025 (92-95 percent).
- HRSA also tracks the percent of contacts with wait times of less than 30 seconds.
 - For each month during FY 2025, between 89 and 94 percent of contacts had wait times of less than 30 seconds.

National Maternal Mental Health Hotline – Workforce Changes

- A contractor, Postpartum Support International, operates and staffs the National Maternal Mental Health Hotline.
 - HRSA employees from the Maternal and Child Health Bureau, Division of Women’s Health, provide program management and contractual oversight.
- According to HRSA, at the start of FY 2025, HRSA dedicated six full-time employees to provide oversight of National Maternal Mental Health Hotline operations.
 - In April 2025, four of these six HRSA employees were removed under a reduction in force.
 - According to HRSA, as of March 2026, the agency had not hired new employees dedicated to National Maternal Mental Health Hotline oversight but rather was leveraging other program staff to fulfill those responsibilities.

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