| Crisis Center Follow-Up Semi-Annual Reporting Updates | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Semi-Annual Total |
|--|---------------|----------------|---------------|--------------|---------|---------|-------------------|
| Follow-Up Contacts and Modality | | | | | | | |
| Instructions: Please list the number of contacts that fall into each category below. | | | | | | | |
| Total number of new follow-up connections or contacts | | | | | | | |
| Total number of follow-up attempts | | | | | | | |
| Contacts made by phone call | | | | | | | |
| Contacts made by text message | | | | | | | |
| Contacts made by chat message | | | | | | | |
| Contacts made by email | | | | | | | |
| Contact made by another mechanism (e.g. social media) | | | | | | | |
| Average number of follow-up attempts per individual ¹ | | | | | | | |
| Average number of follow-up connections or contacts per individual ¹ | | | | | | | |
| Follow-Up Dispositions | | | | | | | |
| Instructions: Please list the number of contacts that fall into each category below b | ased on the f | inal dispositi | ion or result | of the conta | act. | | |
| Resulted in emergency rescue – with law enforcement | | | | | | | |
| Resulted in emergency rescue – without law enforcement ² | | | | | | | |
| Included suicide attempts in progress | | | | | | | |
| Resulted in mobile crisis outreach referrals | | | | | | | |
| If "yes" to mobile crisis outreach referrals | | | | | | | |
| Instructions: Please list the number of contacts that fall into each category below. | | | | | | | |
| "Traditional" Mobile Crisis – crisis response by behavioral health staff (can | | | | | | | |
| include peers) | | | | | | | |
| Co-Response – pairing of behavioral health staff with law-enforcement or | | | | | | | |
| EMS | | | | | | | |
| Resulted in referrals to services other than mobile crisis | | | | | | | |
| Average number of referrals to services other than mobile crisis per individual ¹ | | | | | | | |
| Follow-Up Enrollment | | | | | | | |
| Instructions: Please list the number of unique individuals that fall into each catego | ry below. | | | | | | |
| Enrolled in follow-up services | | | | | | | |
| Declined follow-up services | | | | | | | |
| Could not be contacted about follow-up services | | | | | | | |
| Follow-Up Risk Assessment and Outcomes | , | | | | | ' | |
| Instructions: Please list the total number of risk assessments that fall into each cate | egory below. | | | | | | |
| New Risk assessments completed | | | | | | | |
| Total number of contacts that included a risk assessment ³ | | | | | | | |
| Total number of contacts that did not include a risk assessment ³ | | | | | | | |
| Total number of contacts that resulted in individual being classified as 'imminent | | | | | | | |
| risk' ³ | | | | | | | |
| Individuals Served by Age- Declined Offer of Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that fall into e | ach category | below. | | | | | |
| 0-12 | | | | | | | |
| | | | | | | | |

¹ This indicator was added to better characterize the distribution of contacts and referrals among individuals. This is not directly referenced in grantee NOFOs.

² This indicator was added to ensure consistency with 988 State/Territory Reporting, which distinguishes emergency rescues that include law enforcement and those that do not include law enforcement. While this is not directly referenced in grantee NOFOs, it is in alignment with language requiring grantees to report the number of contacts resulting in emergency rescues.

³ This indicator was added to capture the consistency with which risk assessments are completed during each contact or the outcomes of this risk assessment. While this is not directly referenced in grantee NOFOs, it is in alignment with language requiring grantees to report "risk assessment and outcome for each contact with an enrolled individual."

| 13-17 | | | | | | | | | | |
|---|---|---|---|--|--|----|--|--|--|--|
| 18-25 | | | | | | | | | | |
| 26-29 | | | | | | | | | | |
| 30-39 | | | | | | | | | | |
| 40-49 | | | | | | | | | | |
| 50-59 | | | | | | | | | | |
| 60-65 | | | | | | | | | | |
| 66 and older | | | | | | | | | | |
| Information Missing or Unknown | | | | | | | | | | |
| Individuals Served by Age- Enrolled in Follow-Up Services | | | | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that fall into | | | | | | | | | | |
| each category below. | | | | | | | | | | |
| 0-12 | | | | | | | | | | |
| 13-17 | 1 | | 1 | | | I. | | | | |
| 18-25 | | | | | | | | | | |
| 26-29 | | | | | | | | | | |
| 30-39 | | | | | | | | | | |
| 40-49 | | | | | | | | | | |
| 50-59 | | | | | | | | | | |
| 60-65 | | | | | | | | | | |
| 66 and older | 1 | | | | | | | | | |
| Information Missing or Unknown | | | | | | | | | | |
| Individuals Served by Military Status- Declined Offer of Follow-Up Services | | | | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that | | | | | | | | | | |
| Ever been in the United States Armed Forces? | | | | | | | | | | |
| Never been in the United States Armed Forces | | | | | | | | | | |
| Information Missing or Unknown | | | | | | | | | | |
| If yes to "Ever been in the United States Armed Forces?" | | | | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that | | | | | | | | | | |
| Currently on active duty in the United States Armed Forces | | | | | | | | | | |
| In a Reserve component | | | | | | | | | | |
| Now separated or retired from the military | | | | | | | | | | |
| Individuals Served by Military Status- Enrolled in Follow-Up Services | | | | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that | | | | | | | | | | |
| Ever been in the United States Armed Forces? | | | | | | | | | | |
| Never been in the United States Armed Forces | | | | | | | | | | |
| Information Missing or Unknown | | | | | | | | | | |
| If yes to "Ever been in the United States Armed Forces?" | ' | | ' | | | • | | | | |
| Instructions: Please list the number of unique individuals contacted that | | | | | | | | | | |
| Currently on active duty in the United States Armed Forces | | | | | | | | | | |
| In a Reserve component | | | | | | | | | | |
| Now separated or retired from the military | | | | | | | | | | |
| Individuals Served by Ethnicity- Declined Offer of Follow-Up Services | | | | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | | | | | | | |
| their ethnicity as | | | | | | | | | | |
| Hispanic, Latino, or Spanish origin or descent | | | | | | | | | | |
| Not Hispanic, Latino, or Spanish origin or descent | | • | | | | | | | | |
| Information Missing or Unknown | | | | | | | | | | |
| Individuals Served by Ethnicity- Enrolled in Follow-Up Services | | | | | | | | | | |
| | | | | | | | | | | |

| The second secon | | | | | | | |
|--|-------------|------------|---------------|-------------|---------------|------------------|------------------------|
| Instructions: Please list the number of unique individuals contacted that identify their ethnicity as | | | | | | | |
| Hispanic, Latino, or Spanish origin or descent | | | | | | | |
| Not Hispanic, Latino, or Spanish origin or descent | | | | | | | |
| Information Missing or Unknown | | | | | | | |
| Individuals Served by Race- Declined Offer of Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify the | eir race as | (Mixed rac | e individual: | s should be | captured by s | selecting all ca | ategories that apply.) |
| American Indian or Alaska Native, including North American, Central American, and | | (| | 1 | | | |
| South American Indians | | | | | | | |
| Asian, including Asian Indian, Chinese, Filipino, Japanese, Korean, and | | | | | | | |
| Vietnamese | | | | | | | |
| Black or African American | | | | | | | |
| Native Hawaiian or Other Pacific Islander, including Guamanian, Chamorro, and | | | | | | | |
| Samoan | | | | | | | |
| White | | | | | | | |
| Other | - | | | | | | |
| Information Missing or Unknown | | | | | | | |
| Individuals Served by Race- Enrolled in Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | | | | |
| their race as(Mixed race individuals should be captured by selecting all | | | | | | | |
| categories that apply.) | | | | | | | |
| American Indian or Alaska Native, including North American, Central American, and | | | | | | | |
| South American Indians | | | | | | | |
| Asian, including Asian Indian, Chinese, Filipino, Japanese, Korean, and | | | | | | | |
| Vietnamese | | | | | | | |
| Black or African American | | | | | | | |
| Native Hawaiian or Other Pacific Islander, including Guamanian, Chamorro, and | | | | | | | |
| Samoan | | | | | | | |
| White | | | | | | | |
| Other | | | | | | | |
| Information Missing or Unknown | | | | | | | |
| Individuals Served by Gender- Declined Offer of Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | | | | |
| their gender as | | | | | | | |
| Male | | | | | | | |
| Female | | | | | | | |
| Transgender | | | | | | | |
| Uses a different term | | | | | | | |
| Information Missing or Unknown | | | | | | | |
| Individuals Served by Gender- Enrolled in Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | | | | |
| their gender as | | | | | | | |
| Male | | | | | | | |
| Female | | | | | | | |
| Transgender | | | | | | | |
| Uses a different term | | | | | | | |
| Information Missing or Unknown | | | | | | | |
| Individuals Served by Sexual Orientation- Declined Offer of Follow-Up Services | | | | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | | | | |
| their sexual orientation as | | | | | | | |

| Heterosexual, that is straight | | | | |
|--|--|--|--|--|
| Gay or Lesbian | | | | |
| Bisexual | | | | |
| Uses a Different Term | | | | |
| Not sure about sexual orientation | | | | |
| Caller/ chatter/ texter doesn't know what this question is asking | | | | |
| Information Missing or Unknown | | | | |
| Individuals Served by Sexual Orientation- Enrolled in Follow-Up Services | | | | |
| Instructions: Please list the number of unique individuals contacted that identify | | | | |
| their sexual orientation as | | | | |
| Heterosexual, that is straight | | | | |
| Gay or Lesbian | | | | |
| Bisexual | | | | |
| Uses a Different Term | | | | |
| Not sure about sexual orientation | | | | |
| Caller/chatter/texter doesn't know what this question is asking | | | | |
| Information Missing or Unknown | | | | |