SAMHSA 988 Crisis Centers Follow Up

Monthly meeting agenda

|  |  |
| --- | --- |
| **Grant information** | |
| **Award Number** | Add award number here |
| **Crisis Center** | Add project title here |
| **Project Director** | Add name |
| **Evaluator** | Add name |
| **GPO** | Add name |
| **Project Period** | MM-DD-YY to MM-DD-YY |
| **Budget Year** | MM-DD-YY to MM-DD-YY |
| **Award Amount** | Add current budget award amount here |

* **Major updates on your plan for the grant?**
* **Any changes in scope, implementation, or personnel?**
* **Activities on developing and implementing follow up protocol?**
* **Progress on obtaining MOUs**
* **Progress on training on culturally responsive care and intersections of service access and crisis encounters with social determinants of health**
* **Activities on developing and implementing a system to track and report required data:**
* Number of individuals enrolled in follow-up services
* Follow-up attempts for each individual
* Follow-up connections for each individual
* Referrals and disposition for each individual
* Attempt to collect demographic data on individuals who enroll in and those who decline to enroll in the follow-up program (race, ethnicity, age, gender identity, sexual orientation, military service status\*) \*Provision of demographic information is not a requirement for eligibility or receipt of 988 services.
* Risk assessment and outcome for each contact with an enrolled individual.
* **Additional updates for the month (challenges, successes, support needs)**
* **Fiscal/Budget Updates (Award Amount, YTD, Remaining)**
* **Questions for your GPO?**

|  |  |  |
| --- | --- | --- |
| **Monthly Reporting Updates** | | |
| Reporting area | Notes | Your report |
| When did delivery of services begin? | Must begin by |  |
| Any events or circumstances that may adversely affect the ability of call centers to respond to incoming calls, chats, and texts from the Lifeline in crisis centers? This includes centers being removed from routing. | You do not need to wait to report this until monthly meeting – please feel free to email your GPO. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Updates** | | | |
| **Goal** | **Description** | **To be completed by** | **Progress** |
| **1** |  |  |  |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| **2** |  |  |  |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please propose additions or modifications to this agenda as needed.*