

Supporting Statement for the 988 Cooperative Agreements Monitoring Program

Check off which applies:

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking Office of Management and Budget (OMB) approval for additional information collection activities for monitoring all of SAMHSA's 988 Cooperative Agreements. The collection of this information is critical to successfully oversee operational response and quality of service through the 988 Suicide and Crisis Lifeline. It will ensure individuals in suicidal crises or emotional distress, who contact 988 phone, chat and text support, are connected to care, it will measure local, state/territory and national outcomes and will monitor contractual obligations for current and future 988 grant programs. Much of this information is already embedded in the current 988 Suicide and Crisis Lifeline network administrator grants, the 988 state and territory grant program, or the 988 Tribal Response grant program.

Congress designated 988 in 2020 and the Lifeline transitioned to the 3-digit number in July 2022. As a part of the federal government's commitment to addressing the mental health crisis in America, unprecedented federal resources have been invested to scale up crisis centers in support of 988. In Section 1103(a)(2)(B) of the Consolidated Appropriations Act, 2023, Congress called for enhanced program evaluation, including performance measures to assess program response and improve readiness and performance of the service, including review of each contact to ensure timely connection of service and quality provision in line with evidence-based care. In order to help meet the standards and requirements set forth in statute, ongoing communication of key outcomes within this OMB request must be received and reviewed to ensure connection and quality of care through 988.

2. Purpose and Use of Information

The [988 Suicide & Crisis Lifeline](#) (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

People are experiencing suicidal crisis or mental health-related distress without the support and care they need, and the pandemic compounded mental health and wellness distress in America.

There are urgent realities driving the need for crisis service transformation across our country.

In 2020, the U.S. had one death by suicide approximately every 11 minutes. In 2021:

- For people aged 10–14 and 25–34, suicide was the second-leading cause of death
- Suicide rates significantly increased among non-Hispanic Black & American Indian and Alaska Native people
- More than 105,000 people died from drug overdoses
- Nearly 900,000 youth aged 12-17, and 1.7 million adults attempted suicide

The information being collected will be used by SAMHSA to ensure individuals in suicidal crisis can contact 988 Suicide and Crisis Lifeline and are connected to crisis centers providing evidence-based care. It will also ensure these individuals will be able to receive critical resource referral and linkage, including opportunities for mobile crisis support, crisis receiving and stabilizing facilities, peer respite centers and withdrawal management services. The four programs to be monitored and evaluated include the Tribal Cooperative Agreements, State and Territory Cooperative Agreements, 988 Crisis Center Follow-up Cooperative Agreements, and the 988 Lifeline Administrator.

Description of Information Collection and Purposes

Tribal Cooperative Agreements

The purpose of these cooperative agreements is to provide resources to improve response to 988 contacts (including calls, chats, and texts) originating in Tribal communities and/or activated by American Indians/Alaska Natives. This program aims to: (1) ensure American Indians/Alaska Natives have access to culturally competent, trained 988 crisis center support; (2) improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations to ensure there is navigation and follow-up care; and (3) facilitate collaborations with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, and other first responders in a manner which respects Tribal sovereignty. The information collection instruments include:

- Tribal Government: Semi Annual Progress Report
- Tribal Government: Monthly Meeting Agenda
- Tribal Government: Quality Improvement Plan

State and Territory Cooperative Agreements

The purpose of these cooperative agreements is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory for cohort 1 and improve local 988 communication, data collection, and capacity response to 988 contacts (including calls, chats, and texts) for cohort 2 by: (1) recruiting, hiring and training behavioral health workforce to operate local 988 Lifeline centers in order to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis; (2) engaging Lifeline crisis centers to unify 988 response across states/territories; and (3) expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will: (1) ensure all calls originating in

a state/territory first route to a local, regional and/or statewide Lifeline crisis call center; (2) improve state/territory response rates to meet minimum key performance indicators; and (3) increase state/territory support capacity to meet 988 crisis contact demand. Cohort 1 information will be collected FY22 and Cohort 2 information will be collected FY23. The information collection instruments include:

- State/Territory: Monthly Key Metrics
- State/Territory: Quarterly Report Template (Cohort 1)
- State/Territory: Quarterly Report Template (Cohort 2)
- State/Territory: Required Data (Cohort 2)
- State/Territory: Programmatic QI Plan (Annual Collection)
- State/Territory: Monthly Meeting Call Agenda
- State/Territory: Monthly Meeting Call Agenda (Cohort 2)
- State/Territory: Chat and Text Report (Annual Collection)
- State/Territory: Communications Plan (Annual Collection)
- State/Territory: Sustainability Plan (Annual Collection)
- State/Territory: Mobile Crisis and 988-911 reports (Annual Collection)

988 Crisis Center Follow Up Cooperative Agreements

The purpose of this program is to provide a crisis center response that: (1) ensures the systematic follow-up of suicidal persons who contact a 988 Suicide and Crisis Lifeline (988 Lifeline) Crisis Center; (2) provides enhanced coordination of crisis stabilization, crisis respite, mobile crisis outreach (MCO) response services and other services on the crisis continuum of care; (3) reduces unnecessary police engagement and; (4) improves connections for high-risk populations. It is expected that this program will significantly enhance continuity of care with engagement of hospitals, behavioral health organizations and services, as well as 911 Public Safety Answering Points (PSAPS), MCO and police, to safeguard and ultimately improve the well-being of individuals who are at risk of suicide. The information collection instruments include:

- Crisis Center Monthly Agenda Template
- Crisis Center Semi-Annual Data Indicator Table Template

988 Lifeline Administrator

The purpose of this program is to manage, enhance, and strengthen the 988 Lifeline network that routes individuals in the United States to a network of certified crisis centers that link to local emergency, mental health, and social services resources. The 988 Lifeline is a 24/7 confidential suicide and crisis hotline providing phone, chat, and text services for anyone in the United States experiencing a suicidal crisis or in emotional distress. This funding will support the continuation of all active services, expand access for high-risk populations, improve services to ensure equity of access, and support infrastructure to ensure stability, safety, privacy, and connection of service. The information collection instruments include:

- Instrument 1: Lifeline Key Metrics (Monthly)
- Instrument 2: Monthly Progress Reports

3. Use of Information Technology

All performance monitoring reports for all 988 Cooperative Agreements will be administered online. This includes all annual or one-time collection reports and plans, along with monthly and quarterly program outcome reports that will be distributed to consenting participants via electronic mail. All GPRA required data will be collected via SAMHSA's SPARS system, and other data elements will be submitted through ERA or via email to the grantee's Government Project Officer.

All data collected will be managed in electronic databases or submitted via email. The 988 Cooperative Agreements are responsible for data collection and entry for their events. Data collected on all the instruments are entered/transferred into the online database maintained by SAMHSA's contractor. Once data are entered into the system, they are available to SAMHSA for review. These data can also be downloaded by the 988 Cooperative Agreements for their use.

4. Efforts to Identify Duplication

The data to be collected are unique and are not otherwise available.

5. Involvement of Small Entities

Participation in the 988 Cooperative Agreements program monitoring will not be a significant burden on small businesses or small entities or on their workforces.

6. Consequences If Information Collected Less Frequently

All report items requested from 988 cooperative agreement grantees have been identified as critical to ensuring suicide prevention and crisis care services are provided through all 988 lines of services (phone, chat, and text) and that individuals in crisis are aware and access 988. The items collected are necessary not only to assess grantee performance, but due to national backup services for 988 and to form individual outcome pieces for a national system as a whole. A delay in information communication may lead to inability for individuals in crisis to reach 988 services, including potential linkage in emergency intervention through 911 PSAPs. SAMHSA is also promoting the use of consistent performance and outcomes measures across all programs; this effort will result in less overlap and duplication, will result in similar comparisons of impact and service, and will substantially reduce the burden on grantees that results from data demands associated with individual programs.

A program-level review of current measures and methods of data collection was conducted to identify duplication of these data collection efforts. With the goal of creating standardized indicators and methods for monitoring grantee performance across the Center, existing measures were considered for use where appropriate. Data collection elements were chosen by SAMHSA approved SPARS indicators, 988 Suicide and Crisis Lifeline outcome measures, and information needed for effectiveness evaluation of 988 and referral services.

SAMHSA will work closely with grantees to identify whether other data are being collected by the grantee, which may be redundant to the GPRA instrument. When duplication is identified, SAMHSA and the grantees will identify a priority action plan to leverage the duplicative efforts and streamline the data items to reduce client burden.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on September 28, 2023 (88 FR 66864). No comments were received in response to this notice.

9. Payment to Respondents

Respondents will not receive any type of payment for completing the annual report forms.

10. Assurance of Confidentiality

Data will be kept private to the extent allowed by law. Client level data will not be collected. The information from grantees and all other potential respondents will be kept private through all points in the data collection and reporting processes. All data will be closely safeguarded, and no institutional or individual identifiers will be used in reports. Only aggregated data will be reported. SAMHSA and its contractors will not receive identifiable client records. Provider-level information will be aggregated to, at least, the level of the grant funding announcement.

11. Questions of a Sensitive Nature

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society. In carrying out this mission, it is necessary for service providers to collect sensitive items such as criminal justice involvement as well as issues of mental health. The data that will be submitted by each 988 grantee will be based in large part on data that most of the programs are already routinely collecting and reporting. This primarily includes data on consumer demographics, services requested, mental health condition/illness, reasons for contact and service history, services received, and consumer outcomes and referrals. These issues are essential to the 988 service context.

Grant projects use informed consent forms as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval. If collected for services beyond initial 988 contact, client data is subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Alcohol and drug abuse client records in federally supported programs are also protected by 42 CFR Part 2.

12. Estimates of Annualized Hour Burden

The total annualized burden to an estimated 701 respondents for the 988 Cooperative Agreements programs combined monitoring is estimated to be 4,064 hours. Burden estimates are based on the data

collection requirements and the amount of respondents. The annualized hourly costs to respondents are estimated to be \$105,674.

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Tribal Govt: Semi Annual Progress Report	25	2	50	2	100	\$26.00	\$2,600.00
Tribal Govt: Monthly Meeting Agenda	25	12	300	1	300	\$26.00	\$7,800.00
Tribal Govt: Quality Improvement Plan	25	1	25	2	50	\$26.00	\$1,300.00
State/ Territory: Monthly Key Metrics	54	12	648	1	648	\$26.00	\$16,848.00
State/ Territory: Quarterly Report Template	54	3	162	2	324	\$26.00	\$8,424.00
State/ Territory: Programmatic QI Plan (Annual Collection)	54	1	54	2	108	\$26.00	\$2,808.00

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
State/ Territory: Monthly Meeting Call Agenda	54	12	648	1	648	\$26.00	\$16,848.00
State/ Territory: Chat and Text Report (Annual Collection)	54	1	54	1	54	\$26.00	\$1,404.00
State/ Territory: Communications Plan (Annual Collection)	54	1	54	1	54	\$26.00	\$1,404.00
State/ Territory: Sustainability Plan (Annual Collection)	54	1	54	2	108	\$26.00	\$2,808.00
State/ Territory: Mobile Crisis and 988-911 reports (Annual Collection)	54	1	54	6	324	\$26.00	\$8,424.00

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
State/ Territory: Monthly Meeting Call Agenda (Cohort 2)	54	12	648	1	648	\$26.00	\$16,848
State/ Territory: Quarterly Report Template (Cohort 2)	54	3	162	2	324	\$26.00	\$8,424
State/ Territory: Required Data (Cohort 2)	54	1	54	2	108	\$26.00	\$2,808
Crisis Center Data Reporting Elements	10	1	10	2	20	\$26.00	\$520.00
Crisis Center Monthly Agenda Template	10	1	10	2	20	\$26.00	\$520.00
Crisis Contact Center Follow-up Program Semi-Annual Data	10	2	20	2	40	\$26.00	\$1040
Instrument 1: Lifeline Key Metrics (Monthly)	1	12	12	11.50	138	\$26.00	\$3,588.00

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Instrument 2: Monthly Progress Reports	1	12	12	4	48	\$26.00 ¹	\$1,248.00
Total	701	110	3031	47.5	4064	\$494.00	\$105,674.00

13. Estimates of Annualized Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs.

14. Estimates of Annualized Cost to the Government

The annual estimated cost to the government for the 988 Cooperative Agreements programs is \$96,421. This includes grants and cooperative agreements for single or multiple years. Each grant was calculated on the average annual salary of the Government Project Officers managing/administering the 988 Cooperative Agreements programs individually (GS-13 for 988 state/Territory, Tribal, and Crisis Center Follow Up, and GS-15 for 988 Lifeline Administrator).

15. Changes in Burden

SAMHSA proposes a new annualized burden hours of 4,064, an increase of 1,120 hours from the prior estimate of 2,944 annualized burden hours. Proposed change in the burden hours is due to the following. This OMB request builds off previously approved 988 data grant data collection efforts and adds new elements due to the addition of new cohort activity expansion requirements for State/Territory (Cohort 2) and Crisis Center Follow-Up. This added 1,080 hours to State/Territory data and 40 burden hours to Crises Center Follow-Up data, totaling 1,120 added annualized burden hours. Some elements, such as demographic data collection, have been added due to required activities in congressional appropriation which were not incorporated into previous cohort activities.

16. Time Schedule. Publication and Analysis Plans

Data collection will occur across the grant award timeframe as individuals participate in 988 Cooperative Agreement grant activities. Because this assessment is used to monitor and improve upon the quality of 988 Cooperative Agreements program services, ongoing examination is critical. Fortunately, SAMHSA's SPARS electronic database in which the data will be entered allows reports to be run on the data in a quick and timely manner. 988 Cooperative Agreements program sites will,

¹ The hourly wage of \$26.00 was calculated based on rounding a \$25.94 hourly wage based on the Occupational Employment and Wages, Mean Hourly Wage rate for Community and Social Service Occupations (<https://www.bls.gov>).

therefore, periodically run such reports to examine their data. Furthermore, each 988 Cooperative Agreements sites must, according to funding requirements, prepare quarterly reports and an annual report each fiscal year. In these reports, each 988 Cooperative Agreements sites are required to include a summary report of its performance monitoring data describing whether the site is meeting its required grant activities and targets as well as maintaining a response rate for 988 contacts. All reports are completed by 988 Cooperative Agreements program staff and Directors, and are sent to SAMHSA electronically.

17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification Statement

There are no exceptions to the certification statement.