SAMHSA 988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation
Supporting Statement Part B

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

Exhibit 1 displays the expected number of respondents for each data collection activity across the three-year OMB period. The number of participating organizations/respondents was calculated based on the reported number of crisis service agencies serving both children and adults presented in the NRI (2023) State Mental Health Agency Profiles, including crisis contact centers (n = 544), mobile crisis teams (n = 1,287), and crisis stabilization facilities (n = 237). Estimates represent the number of these respondents who will be asked to participate based on the sampling criteria for each data collection activity (i.e., the use of a recruited sample of agencies for client-level components).

Exhibit 1. Total Annualized Number of Respondents by Data Collection Activity (Estimated)

Instrument	Estimated Participating Organizations	Estimated Respondents per Organization	Total Respondents
SIS	73	1	73
CCPS	1,034	1	1,034
KII-CS	4	8.75	35
KII-CS-CSS	1.25	10.40	13
CCDF	517	11.61	6,000
CCDF Parent Supplement	517	3.02	1,560
CES – Baseline	517	11.61	6,000
CES – 3-month	517	2.90	1,500
CES – 6-month	517	0.73	375
CES – 12-month	517	0.18	94
C-KII-DC	30	1	30
C-KII-TPC	10	1	10

Due to the novelty of the *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation*, using these estimated numbers of respondents will capture variation across types of grantees and other participating organizations to help establish benchmarks for progress. The respondent universe and sampling methods for all data collection activities are described in Exhibit 2.

Exhibit 2. Universe and Sampling Methods for Instruments

Instrument	Universe and Sampling Method
System Implementation Survey (SIS)	The SIS will collect data on crisis system structures, partnerships supporting 988 Lifeline and Crisis Services, collaboration levels between partners, funding sources, Tribal community engagement efforts, and implementation barriers and facilitators. The evaluation team will designate a representative from each state, territory, or Tribal

Instrument	Universe and Sampling Method
	community receiving funding through SAMHSA-funded 988 State/Territory, 988 Tribal nation, or other relevant grants to complete the SIS on an annual basis.
Crisis Continuum Provider Survey (CCPS)	Behavioral health providers from BHCSC organizations (crisis centers, mobile crisis teams, or crisis stabilization facilities) and those serving Tribal communities will be invited to participate in the CCPS on a biennial basis. Respondents will be identified through the SIS, SAMHSA Treatment Locator, and mobile crisis system reports required of 988 state/territory grantees. One representative from each participating organization will respond to the CCPS and receive a financial incentive to reduce the burden.
Key Informant Interviews: Case Study (KII-CS)	KIIs will provide an in-depth picture of 988 successes, barriers, funding, and collaboration efforts at the national, state/territory, and provider levels. The team will employ stratified purposive sampling upon selecting case study locations. Specifically, we will categorize potential case study sites based on key criteria, such as geographic location (urban, rural, tribal) and client demographics . From this stratification, we will select a maximum of 10 interviews, either virtual or in-person, with incentives provided for each participant to reduce the burden. Annually, the team will recruit up to 5 staff members from the 988 Lifeline Administrator, totaling 20 participants over 4 years. This group will comprise 1-2 members from various teams, including organizational leadership, the 988 data analytics team, the standards, training, and practices team, and the partnership and other relevant program teams. Also, the team will recruit up to 10 988 State/Tribal grantees from 10 distinct states annually, amounting to over 120 participants over four years. These participants will include 1-2 representatives from the state or territory agency overseeing crisis services, 1-2 from the 911 system, 2 from crisis contact centers, 2 from the mobile crisis system, 1-2 from crisis stabilization or similar providers, and 1-2 from outpatient behavioral health or similar providers. At least 2 Tribal locations will be included to gather sufficient data providing insights into the integration of local resources, and federal support in crisis care by Tribal communities.
Key Informant Interviews: Case Study-Cost Case sub-Study (KII-CS-CSS)	A subset of case studies will focus on the costs of 988 implementation, which will support nuanced understanding of costs incurred beyond the scope of SAMHSA grant activities or funding. Up to 5 states, territories, or Tribal nations, selected from the initial case studies, will undergo additional interviews. This selection will ensure the inclusion of at least one urban and one rural setting, facilitating a comprehensive understanding of the challenges and successes experienced by organizations in varying geographical and demographic contexts.
Client Contact Disposition Form (CCDF)	Crisis staff will complete a CCDF for clients who agree to participate at the close of contact or during a follow-up contact with the same crisis services provider. The CCDF will capture information about the crisis contact and contact information that will be used to facilitate CES distribution. Those under 18 will also be asked to provide contact information for their parent or guardian, who will receive the Client Contact Disposition Form: Parent Supplement.
Client Contact Disposition Form: Parent Supplement (CCDF-PS)	Parents and guardians of all potential CES participants who 1) complete the CCDF indicating their (the youth's) interest in CES participation and 2) are under the age of 18 will complete the CCDF-PS. This supplement will be emailed to parents/caregivers and contain the CES consent form for youth and a small subset of CCDF contact information questions.

Instrument	Universe and Sampling Method
Client Experience Survey (CES)	The CES will be administered to individuals engaging with 988 Lifeline and the BHCSC when they enroll in services and 3, 6, and 12 months after they enroll in services. The CES will be used to assess behavioral health outcomes, services engagement, perceptions of care, and pathways through care. To reduce the burden, the survey will be administered through the CSPDC. Power calculations for the CES indicate a comparison of 3 groups (crisis contact support, mobile crisis service participants, and crisis stabilization services participants) over four waves of data collection (enrollment, 3, 6, and 12-months) using a mixed factorial analysis of variance assuming a medium effect size (Cohen's f = 0.25), a non-sphericity correction of 0.75, alpha = 0.05, and power = 0.80 would require a total sample size of 267 (89 per group) after attrition. As crisis contact centers typically serve a higher volume of clients than mobile crisis or crisis stabilization services, we will aim to recruit enough participants to yield an additional 89 responses from crisis contact centers at 12-month follow-up. Assuming 75% attrition between waves based on previous studies in similar populations (Gould et al., 2017; Witte, et al., 2010), that would require an enrolled sample baseline sample of 24,000, or 12,000 each from 988 Lifeline contact centers and community crisis response providers (24,000 * 0.75 = 18,000, 24,000-18,000 = 6,000; 6,000 * 0.75 = 4,500, 6,000-4,500 = 1,500; 1,500 * 0.75 = 1,125, 1,500-1,125 = 375). Thus, our proposed sampling approach will aim to ensure at least 356 responses at the 12-month follow-up to fully address evaluation questions, after accounting for up to 75% attrition between waves based on previous studies in similar populations. Incentives will be distributed to clients participating in individual-level data collection.
Client-Key Informant Interviews: Direct Contacts (C-KII-DC)	A series of C-KII-DCs will be carried out to gather insights on client experiences with navigating the 988 Lifeline and BHCSC, satisfaction with services and providers (such as addressing concerns), and factors influencing service engagement. Participants for C-KII-DCs will be recruited via the CCDF. Interview participants will be stratified by presenting concern (e.g., risks of suicide, violence toward others, and/or overdose) and point of entry into the BHCSC (e.g., 988 chat, text, or call, or other BHCSC service) and then randomly selected from the pool of those indicating interest in participation.
Client Key Informant Interviews: Third Party Contacts (C-KII-TPC)	A series of C-KII-TPCs will be carried out with third-party contacts to gather insights on experiences navigating the 988 Lifeline and BHCSC, satisfaction with services and providers, and any known information about outcomes for the individual at-risk. Participants for C-KII-TPCs will be recruited via the CCDF. Interview participants will be stratified by presenting concern (e.g., risks of suicide, violence toward others, and/or overdose) and point of entry into the BHCSC (e.g., 988 chat, text, or call, or other BHCSC service) and then randomly selected from the pool of those indicating interest in participation.

2. Information Collection Procedures

Information collection procedures for the *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation* instruments are described in Exhibit 3.

Exhibit 3. Information Collection Procedures

Instrument	Procedures
SIS	Beginning in 2025, the SIS will be administered annually through the CSPDC to states, territories, and Tribal nations receiving funding through SAMHSA-funded 988 State/Territory or 988 Tribal grants. Respondents will receive an invitation to complete the SIS via CSPDC notification. Respondents will create their own username and password on the CSPDC to access and submit the SIS. Additionally, the SIS will gather contact details (such as name, contact number, and email) of crisis organizations constituting the BHCSC within the state, territory, or Tribe. These details will facilitate the distribution of the CCPS.
CCPS	Providers identified through the SIS will be invited to complete the CCPS in the 2nd (2026) and 4th (2028) years of the evaluation. TTA will conduct outreach to the identified CCPS participants to verify information and invite respondents to complete the instruments. After obtaining consent to participate, respondents will create an account on the CSPDC to securely access and submit the CCPS.
KII-CS	Potential interviewees will be invited to participate in the KIIs via notification through the CSPDC. Following agreement, technical assistance liaisons will contact prospective participants via email and phone to arrange interviews. Interviews will be conducted via web conferencing or in-person. Before the interview starts, participants will verbally consent to participate. The expected duration of the interview will be 30-45 minutes.
KII-CS-CSS	The procedures for the cost sub-studies are similar to the case study procedures. In total, the qualitative interviews for the evaluation will involve many participants across various groups and settings, which will ensure a thorough data collection process
CCDF	Crisis staff from participating agencies will recruit clients aged 13 and older to participate in this study during their index contact with a 988 Lifeline crisis contact center (via call, chat, or text), mobile crisis service, or crisis stabilization service. Clients will be asked about their interest in participating at the contact's close to ensure that counselors can establish rapport and effectively intervene in crisis events. If a client agrees to participate, crisis staff will complete a CCDF for that client, which will be used to distribute the CES. The CCDF will ask crisis counselors (or other providers from a participating organization) to provide contact information for clients interested in study participation and information about the crisis services provided to the client. The questions will include the client's presenting concerns, contact disposition, characteristics of the contact (e.g., risk assessment, suicide attempt in progress, emergency rescue, mobile crisis intervention, referrals received), along with contact information that the client has agreed to let the study team use for recruitment efforts. Those under 18 will be asked to provide contact information for their parent or guardian, who will receive the Client Contact Disposition Form: Parent Supplement. These forms will be submitted through the CSPDC. Data will only be submitted for clients who have provided consent to share this information as part of their interest in study participation.
CCDF-PS	Parents and guardians of all potential CES participants who 1) complete the CCDF indicating their (the youth's) interest in CES participation and 2) are under the age of 18 will complete the CCDF-PS. This supplement will be emailed to parents/caregivers and contain the CES consent form for youth and a small subset of CCDF contact information questions. Like the CCDF, these forms will be submitted to the CSPDC. The CCDF-PS must be completed, and parental consent obtained, before potential participants under the age of 18 receive the CES.
CES	This survey will be administered to individuals aged 13 years and older who engage with 988 Lifeline and the BHCSC and have completed the CCDF. Participants will provide consent/assent immediately prior to completing the survey.

Instrument	Procedures
	One week after their index contact with a participating 988 Lifeline center and/or the BHCSC, clients will receive a survey invitation via email (or text message, in alignment with contact preference indicated on the CCDF) to complete a baseline CES through the CSPDC. Participants will receive similar survey invitations 3, 6, and 12 months after completing their baseline CES. Participants will receive up to 4 reminders to complete each survey over a 4-week period.
C-KII-DC	C-KII-DC participants will include those that indicate interest in the CCDF. Technical assistance liaisons will contact prospective participants via their preferred contact method to arrange interviews. Interviews will be conducted through online tele-video conference software (e.g., Microsoft Teams, Zoom), which allows participants to join through phone or web application. Before the interview begins, participants will verbally consent to participate. The expected duration of the interview will be 45-60 minutes.
C-KII-TPC	The procedures for the third-party contact KIIs are similar to the direct contact KII procedures. In total, the qualitative interviews for the evaluation will involve many participants across various groups and settings, which will ensure a thorough data collection process. C-KIIs will further provide a holistic picture of client outcomes during and following crisis contacts, including client and third-party experiences navigating the crisis care continuum.

3. Methods to Maximize Response Rates

988 Suicide & Crisis Lifeline Contact Centers and BHCSC providers will be expected and encouraged to participate in *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation* activities, regardless of their SAMHSA funding status. Participation will include completing required instruments and assisting with respondent identification and recruitment. The team will implement measures to minimize the burden on grantees and client contacts to ensure the efficiency of grantee participation, including a web-based system for data collection and submission, as well as provide training and technical assistance for instrument completion and participant recruitment.

The evaluation team will provide training and technical assistance to maximize response rates for the other data collection activities by hosting web trainings, distributing procedural manuals, and conducting onsite training visits as appropriate. Specific methods to increase the response rates are provided in Exhibit 4.

Exhibit 4. Methods to Maximize Response Rates

Instrument	Methods to Maximize Response Rates
SIS	Participating organization staff will serve as respondents to the SIS. To minimize the burden on local programs and to ensure timely completion of the SIS, staff will complete this instrument on the CSPDC, a web-based data collection system, and will have training and technical assistance (TTA) to complete the activity.
CCPS	BHCSC providers and those serving Tribal communities will serve as respondents to the CCPS. Efforts to maximize response rates to the CCPS will include using a web-based data collection system for administration, providing TTA for completing the survey, and offering incentives. The evaluation team has earmarked $20 gift cards distributed to up to 1,000 participants total, or 500

Instrument	Methods to Maximize Response Rates
	per survey administration.
KII-CS & KII-CS-CSS	The evaluation team will provide grantees with TTA, preparing them with the tools needed to identify potential interview respondents. Additionally, TTA will help to coordinate and arrange interviews with the participants and communicate any necessary logistical information.
CCDF	The CCDF is a study recruitment tool that will be completed by crisis counselors and potential participants during a crisis contact. Crisis agency staff will briefly describe the CES and C-KII to potential participants and collect preferred contact information contact (text, email) from those who express interest. Those under 18 will be asked to provide contact information for their parent or guardian, who will receive the Client Contact Disposition Form: Parent Supplement. The team will provide grantees with evaluation TTA, preparing them with the tools needed to recruit participants through the CCDF.
CCDF-PS	This supplement contains the CES consent form for youth and a small subset of CCDF contact information questions that will be completed via email. Reminder emails will be sent to parents to prompt their completion of this form, which is necessary before those under age 18 receive the CES.
CES	To offset any costs associated with their support of data collection (e.g., staff time), a selection of crisis contact centers, mobile crisis, and crisis stabilization providers will receive a stipend of $3,000 as an incentive/cost offset for participation. The evaluation team will work with crisis service agencies to recruit clients for the CES via the CCDF. This support will include providing grantees with TTA around patient recruitment. Respondents will complete the CES online through the CSPDC at the time of their choosing. In appreciation of their time and participation, CES respondents will receive up to $80 total for completing all 4 surveys (i.e., baseline, 3-month, 6-month, and 12-month), or $20 for each survey. This will be electronically transmitted to the respondents as a card after completion of each survey.
C-KII-DC & C-KII-TPC	TTA will help to coordinate and arrange interviews with the participants and communicate any necessary logistical information. Participants will receive a $50 gift card after completion of the interview in appreciation of their time and participation.

4. Tests of Procedures

As new measures were developed, standard instrument development procedures include a review of the literature, item development, and content review by individuals from SAMHSA and other experts. Drafts of the instruments were developed and reviewed by evaluation team members, survey methodologists, representatives from SAMHSA, and content experts in suicide prevention. More specifically, we conducted the following tests of procedures:

- In 2024, the *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation* Expert Advisory Panel reviewed all proposed instruments and provided feedback. Team Aptive incorporated proposed administration protocol and instrument content improvements prior to submitting the materials for OMB approval.
- In 2024, Team Aptive held multiple *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation* Local Evaluator meetings with providers and staff along the BHCSC and received feedback on the evaluation studies.

- To develop the CES, the team conducted a literature review to pinpoint existing surveys and pertinent elements evaluating consumer perspectives on community mental health systems and behavioral health outcomes. The CES comprises items identified from this review, encompassing measures evaluating satisfaction with care, suicide risk, readiness to change, and recovery from suicide, all of which have established reliability and validity among mental health consumers.
- To enhance question accuracy and determine administration time, instruments underwent pilot testing. Team Aptive used a convenience sampling approach to recruit participants directly through community-based organizations and other partnerships to ensure that pilot participants reflected the intended respondent pool for each instrument. 9 individuals were invited to participate in pilot testing for each instrument. A total of 5 people participated in pilot testing for the SIS, while a further 4 completed the CCPS; 4 individuals with lived experience of behavioral health crisis completed pilot testing for the CES. Pilot-tested surveys were administered electronically via web-based survey software. Participants were asked to review the instrument that best fit their role in the crisis system and provide feedback on the clarity and conciseness of instructions/survey items, as well as the time required to respond. Participants were also asked to identify any spelling or grammar errors, confusing items, or contradictory response choices. Estimates of time to complete the SIS ranged from 10 to 60 minutes, likely reflecting differences in time needed to gather relevant data before beginning the survey. Estimates for the CCPS, which has a variable length depending on how many crisis services an agency provides, were similarly different and ranged from 35 to 60 minutes. Completion time estimates for the CES ranged between 20 and 60 minutes, with an average of approximately 40 minutes. Changes were made to the instruments in response to feedback about instructions, questions, response options, and time to complete, including reductions that shortened the CES by approximately 40 items. Burden estimates included in this OMB package reflect the final, post-pilot instruments that are available for review in attachments B-J.

5. Statistical Consultants

Team Aptive has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis. Training, technical assistance, and monitoring of data collection will be provided by the *988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation* team. The individuals responsible for overseeing data collection and analysis are:

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Attachments

A. Public Health Services Act Section 520 L

B. System Implementation Survey (SIS)

C. Crisis Continuum Provider Survey (CCPS)

D. Key Informant Interviews: Case Study (KII-CS)

E. Key Informant Interviews: Cost Case Sub-Study (KII-CS-CSS)

F. Client Contact Disposition Form (CCDF)

G. Client Contact Disposition Form: Parent Supplement (CCDF-PS)

H. Client Experience Survey (CES)

I. Client Key Informant Interviews - Direct Contact (C-KII- DC)

J. Client-Key Informant Interviews: Third Party Contact (C-KII-TPC)

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