988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation System Implementation Survey

Consent

Description of Participation: The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is conducting an evaluation to learn more about the implementation of crisis services, including the 988 Suicide & Crisis Lifeline, across the United States. SAMHSA is conducting this evaluation with help from Team Aptive. Team Aptive includes two research and evaluation companies, Aptive Resources and ICF, who are contracted by SAMHSA for the evaluation. As part of this evaluation, you are being asked to complete a 30–45-minute survey about the structure and collaboration within the crisis system in your state, territory, or Tribal nation. As someone who represents a state, territory or Tribal agency that receives SAMHSA funding to support oversight of the crisis system (or a component of the crisis system), your perspective is vital and will be used to improve crisis services across the nation.

Rights Regarding Participation: Your participation in this survey is completely voluntary.

- There are no penalties or consequences to you if you do not participate.
- You may stop the survey or skip a question at any time for any reason.
- You may contact the evaluation's Principal Investigator with any questions you have before, during, or after completion.

Privacy: We take every precaution to protect your identity and ensure your privacy. Your name and other contact information, which was used to send you this survey, will be stored separately from your responses to help make sure that your responses remain confidential and private. Your survey answers will not be shared with anyone other than the research team responsible for analyzing responses.

Benefits: Your participation in this survey will not result in any direct benefits to you. However, your input, along with input from others, will help SAMHSA improve the support that they offer to crisis service agencies.

Risks: There are no known risks associated with participating in this survey.

Contact Information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at (646) 695-8154 or christine.walrath@icf.com.

For any questions related to your rights as they related to this research, please contact the ICF IRB at IRB@icf.com.

Do you consent (agree) to participate in this study? Yes ☐ No ☐

_____ _____

Name of Participant (Print) *Electronic Signature of Participant*

_____

Month/Day/Year

Introduction

Hello! Thank you for agreeing to participate in the System Implementation Survey (SIS), which is designed to help SAMHSA learn more about the structure and functioning of the 988 Suicide & Crisis Lifeline and the Behavioral Health Crisis Services Continuum.

Please answer all questions as accurately and completely as possible. Your participation is critical in shaping the future of crisis services and ensuring that all individuals in crisis receive the help they need when they need it most.

Section 1: Organizational Context and Activities

This section seeks to understand your state or territory's organization's structure, including advisory boards, and the areas you serve, including detailed geographical coverage.

1. Please select the name of your agency/organization:

[pre-populated with the names of all State, Territory, and Tribal Grantees]

[If Tribal Grantee is selected, skip to Section 1a]

2. Is your agency/organization the designated State Mental Health Authority (SMHA) in your state?
   - Yes
   - No
   - Don't know

3. Does your agency/organization have oversight of behavioral health crisis services (including the 988 Suicide and Crisis Lifeline) in your state or territory?
   - Yes **[Go to Q4]**
   - No **[Continue to Q3a]**
   - Don't know **[Go to Q4]**

3.a. Which agency/organization provides oversight of behavioral health crisis services in your state or territory? *(Select one)*

- State Mental Health Agency
- State Substance Use Agency
- State Medicaid Agency
- State Health/Public Health Department
- State Substance Use and Mental Health Department
- Other (please specify): **[Open ended response]**

This set of questions asks about your state or territory's work to support the 988 Suicide & Crisis Lifeline.

4. Does your state, territory, or Tribal Nation have an Advisory Board/Group for the 988 Suicide & Crisis Lifeline?

   Advisory Board/Groups are formal groups that meet regularly to monitor service implementation, make decisions, provide recommendations, advocate for service consumers, or otherwise act to improve the 988 Suicide & Crisis Lifeline.

   - Yes, an Advisory Board/Group currently exists **[Continue to Q4a]**
   - No, but there are plans to create an Advisory Board/Group **[Go to Q5]**
   - No, and there are no plans to create an Advisory Board/Group **[Go to Q5]**
   - Don't Know **[Go to Q5]**

   4.a. What best describes the function of your state's or territory's Advisory Board/Group for the 988 Suicide & Crisis Lifeline? *Select all that apply.*

   - Planning and implementing the 988 Suicide & Crisis Lifeline
   - Improving the quality of 988 Suicide & Crisis Lifeline services
   - Advocating for funding sustainability
   - Reviewing adverse events (e.g., Mortality Board Review)
   - Other (please specify all other functions): **[Open ended response]**

   4.b. Which groups are represented on your state's or territory's Advisory Board/Group for the 988 Suicide & Crisis Lifeline? *Select all that apply.*

   - 988 Suicide & Lifeline Contact Centers
   - Mobile Crisis Agencies
   - Crisis Stabilization/Receiving Agencies
   - Public Safety & Emergency Service Agencies
   - Mental Health Treatment Agencies
   - Substance Use Treatment Agencies
   - Education Agencies
   - Criminal Justice Agencies
   - Housing Agencies
   - Tribal communities
   - Individuals with lived experience of suicide or behavioral health crisis
   - Family members of individuals with lived experience of suicide
   - Family members of individuals with lived experience of a behavioral health crisis
   - Religious Organizations
   - Other (please specify all other groups): **[Open ended response]**

5. Have you implemented a comprehensive state or territory-wide 988 communication strategy (or awareness campaign) to promote the 988 Suicide & Crisis Lifeline?
   - Yes **[Continue to Q5a]**
   - No **[Go to Q6]**
   - Don't know **[Go to Q6]**

5.a. When did your communications strategy or awareness campaign launch publicly? **[Month, Year]**

5.b. Which best describes the reach of your communications strategy or awareness campaign?

- Local
- Regional
- State/Territory-wide

5.c. Which priority populations are a focus of your communication strategy or awareness campaigns? *Select all that apply.*

- Children and Adolescents
- Older Adults
- Black or African American Individuals
- Hispanic or Latino Individuals
- Veterans
- Individuals with Disabilities
- Tribal communities
- Other (please specify all other priority populations): **[Open ended response]**
- We have not identified priority populations.

6. How have you engaged and supported Tribes and Tribal Organizations within your state or territory in the planning and implementation of the 988 Suicide & Crisis Lifeline?
Select all that apply.
   - Dedicated outreach or communication campaign
   - Translation of 988 Suicide & Crisis Lifeline materials into Tribal languages
   - Engaged individuals representing Tribes or Tribal Organizations in advisory boards
   - Developed local referral resources
   - Provided integrated training
   - Provided workforce support to 988 Suicide & Crisis Lifeline contact centers through direct Tribal staffing or Tribal liaison
   - Created or maintained dedicated 988 Suicide & Crisis Lifeline response services for American Indians/Alaska Natives.
   - There are no Federally recognized Tribes or Tribal organizations in my state or territory that I am aware of. **[Continue to Q 9]**
   - Other (please specify): **[Open ended response]**

7. Describe any barriers that your state or territory has encountered in developing partnerships with Tribes and Tribal Organizations. **[Open ended response]**

8. Describe any success strategies or facilitators that have helped your state or territory develop partnerships with Tribes and Tribal Organizations. **[Open ended response]**

This set of questions asks about your state or territory's work to support the larger Behavioral Health Crisis Services Continuum.

9. Which of the following are part of the Behavioral Health Crisis Services Continuum in your state or territory? *Select all that apply.*
    - Crisis Contact Centers
    - Mobile Crisis Teams
    - Crisis Receiving Facilities
    - Crisis Stabilization Facilities
    - Crisis Peer Respite Facilities
    - None of the above

10. Which of the following best describes the structure of the Behavioral Health Crisis Services Continuum in your state or territory?
    - State-wide hub & spoke model
    - Regional hub & spoke model
    - Decentralized (non-hub & spoke model)
    - Other model (please specify): **[Open ended response]**
    - Don't Know

11. Please select the sources of funding that **currently** support each component of the Behavioral Health Crisis Services Continuum in your state or territory. *Select all that apply.*

Crisis Service	**Funding Source** ***Select all that apply***
Crisis Contact Centers	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Mobile Crisis Teams	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees

	• Private/commercial insurance • Local government funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Crisis Receiving Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Crisis Stabilization Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Crisis Peer Respite Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Private/Individual donations • Other (please specify): **[Open ended response]**

12. Describe any innovative practices that your state or territory has implemented to support the Behavioral Health Crisis Services Continuum. **[Open ended response]**

13. For which parts of the Behavioral Health Crisis Services Continuum does your state or territory routinely collect or review data? *Select all that apply.*
    - 988 Suicide & Crisis Lifeline Services/Crisis contact centers
    - Mobile Crisis Services

- Crisis Receiving Services
- Crisis Stabilization Services
- Crisis Peer Respite Facilities
- Other (please specify): **[Open ended response]**
- My state/territory does not routinely review or collect data about the Behavioral Health Crisis Services Continuum **[Go to Q16]**

14. Which of the following types of Behavioral Health Crisis Services Continuum data are available within your state or territory? *Select all that apply.*

- Crisis Contact or Service Enrollment Data/KPIs (e.g., mobile crisis contacts, contact volume, patients served)
- Crisis Contact or Service Recipient Demographic Data
- Crisis Contact or Service Recipient Outcome/Disposition Data (e.g., suicide attempt in progress, mobile crisis or emergency service dispatch)
- Crisis Contact or Service Recipient Follow-Up Data (e.g., referral engagement)
- Client Satisfaction and Feedback Data
- Staff Satisfaction and Feedback Data
- Crisis Services Staffing Data
- Suicide Attempt Data
- Death or Mortality Data
- Data from non-behavioral health crisis services (e.g., 911, emergency departments)
- Other (please specify): **[Open ended response]**

15. Which of the following tools are used to understand the data available in your state or territory related to the Behavioral Health Crisis Services Continuum? *Select all that apply.*

- Data Dashboard related to Crisis Services **[Continue to Q15a]**
- Health Information Exchange **[Go to Q16]**
- Electronic Health Record **[Go to Q16]**
- Internal Databases (such as Excel) **[Go to Q16]**
- Geospatial Mapping **[Go to Q16]**
- Syndromic Surveillance Alerts (e.g., ESSENCE, BioSense) **[Go to Q16]**
- Other (please specify): **[Open ended response] [Go to Q16]**
- None of the above **[Go to Q16]**

15.a. Is this data dashboard of 988 Suicide & Crisis Lifeline and Behavioral Health Crisis Services Data available publicly?

- Yes
- No
- It varies by data tool/source (please specify): **[Open ended response]**

16. Rate the extent to which you agree with each of the statements below.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Our state/territory has access to sufficient data about the Behavioral Health Crisis Services Continuum.				
Data about the Behavioral Health Crisis Services Continuum are available at the right frequency in my state/territory.				
Data about the Behavioral Health Crisis Services Continuum are available at the right quality level in my state/territory.				
Our state/territory uses data to make informed decisions about the Behavioral Health Crisis Services Continuum.				

17. Describe any barriers you have encountered to using data to guide decisions about the Behavioral Health Crisis Services Continuum in your state/territory, including any additional data that would be helpful. **[Open ended response]**

[If respondent is a State or Territory Grantee, skip to Section 2]

Section 1a Tribal: Organizational Context and Activities

This section seeks to understand your Tribal or Tribal Organization's structure and the areas you serve, including advisory boards and detailed geographical coverage.

This set of questions asks about your Tribe or Tribal Organization's work to support the 988 Suicide & Crisis Lifeline.

18. Does your Tribe or Tribal Organization have an Advisory Board/Group within your Tribe that advises on your 988 Tribal Response grant activities?
    - Yes, an Advisory Board/Group currently exists within our Tribe **[Continue to Q18a]**
    - No, but there are plans to create an Advisory Board/Group **[Go to Q19]**
    - No, and there are no plans to create an Advisory Board/Group **[Go to Q19]**
    - Don't Know **[Go to Q19]**

    18.a. What best describes the function of your Advisory Board/Group for the 988 Suicide & Crisis Lifeline? *Select all that apply.*

    - Planning and implementing the 988 Suicide & Crisis Lifeline
    - Improving the quality of 988 Suicide & Crisis Lifeline services

- Advocating for funding sustainability
- Reviewing adverse events (e.g., Mortality Board Review)
- Other (please specify): **[Open ended response]**

18.b. Which groups are represented on your Advisory Board/Group for the 988 Suicide & Crisis Lifeline? *Select all that apply.*

- 988 Suicide & Crisis Lifeline/Crisis Contact Centers
- Mobile Crisis Agencies
- Crisis Stabilization Agencies
- Crisis Receiving Agencies
- Internal departments from your Tribal health organization
- Public Safety & Emergency Service Agencies
- Mental Health Treatment Agencies
- Substance Use Treatment Agencies
- Education Agencies
- Criminal Justice Agencies
- Housing Agencies
- Individuals with lived experience of suicide or behavioral health crisis
- Family members of individuals with lived experience of suicide or behavioral health crisis
- Elders
- Religious Organizations
- Other (please specify): **[Open ended response]**

19. Have you implemented a comprehensive Tribal jurisdiction wide 988 communication strategy (or awareness campaign) to promote the 988 Suicide & Crisis Lifeline?
    - Yes **[Continue to Q19a]**
    - No **[Go to Q20]**
    - Don't know **[Go to Q20]**

19.a. When did your communications strategy or awareness campaign launch publicly? **[Date]**

19.b. Which best describes the reach of your communications strategy or awareness campaign?

- Local
- Regional
- State/Territory-wide

19.c. Which priority populations are a focus of your communication strategy or awareness campaigns? *Select all that apply.*

- Children and Adolescents
- Older Adults
- Black or African American Individuals
- Hispanic or Latino Individuals
- Veterans
- Individuals with Disabilities
- Population not listed (please specify): **[Open ended response]**

- We have not identified target populations.

20. How have you engaged and supported 988 crisis centers in the planning and implementation of the 988 Suicide & Crisis Lifeline within your Tribe or Tribal Organization? *Select all that apply.*
    - Dedicated outreach or communication campaign
    - Translation of 988 Suicide & Crisis Lifeline materials into Tribal languages
    - Engaged individuals representing Tribes or Tribal Organizations in advisory boards
    - Developed local referral resources
    - Developed new referral resources locally
    - Provided workforce support to 988 Suicide & Crisis Lifeline contact centers through direct Tribal staffing or Tribal liaison
    - Created or maintained dedicated 988 Suicide & Crisis Lifeline response services for American Indians/Alaska Natives.
    - Other (please specify): **[Open ended response]**

21. Describe any barriers that your Tribe or Tribal Organization has encountered in developing partnerships with state-wide or local 988 crisis contact centers. **[Open ended response]**

22. Describe any success strategies or facilitators that have helped your Tribes or Tribal Organizations develop partnerships with 988 crisis centers. **[Open ended response]**

This set of questions asks about your Tribe or Tribal Organizations work to support <u>the larger Behavioral Health Crisis Services Continuum.</u>

23. Which of the following are part of the Behavioral Health Crisis Services Continuum that serves your Tribal community? *Select all that apply.*
    - 988 Suicide & Crisis Lifeline Contact Centers
    - Non-988 Crisis Contact Centers
    - Mobile Crisis Teams
    - Crisis Receiving Facilities
    - Crisis Stabilization Facilities
    - Crisis Peer Respite Facilities
    - Other (please specify): **[Open ended response]**

24. Which of the following best describes the structure of the Behavioral Health Crisis Services Continuum serving your Tribal community?
    - State-wide Hub & Spoke model
    - Regional hub & spoke model
    - Decentralized (non-hub & spoke model)

- Other model (please specify): **[Open ended response]**
- Don't Know

25. Please select the sources of funding that **currently** support each component of the Behavioral Health Crisis Services Continuum in your Tribe or Tribal Organization. *Select all that apply.*

Crisis Service	**Funding Source** ***Select all that apply***
Crisis Contact Centers	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Non-988 Crisis Contact Centers	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Mobile Crisis Teams	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donation • Other (please specify): **[Open ended response]**
Crisis Receiving Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC)

	• Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Crisis Stabilization Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donations • Other (please specify): **[Open ended response]**
Crisis Peer Respite Facilities	• State Appropriations • Medicare • Medicaid • Federal competitive grant (e.g., SAMHSA, CDC) • Federal block grants • State telecommunications fees • Private/commercial insurance • Local government funding • Tribal funding • Private/Individual donations • Other (please specify): **[Open ended response]**

26. Please describe any innovative practices, that your Tribe or Tribal Organization has implemented to support the Behavioral Health Crisis Services Continuum. **[Open ended response]**

27. For which parts of the Behavioral Health Crisis Services Continuum does your Tribe or Tribal organization routinely collect or review data? *Select all that apply.*
    - 988 Suicide & Crisis Lifeline Services **[Continue to Q28]**
    - Mobile Crisis Services **[Continue to Q28]**
    - Crisis Receiving/Stabilization Services **[Continue to Q28]**
    - Crisis Peer Respite Facilities **[Continue to Q28]**
    - Other (please specify): **[Open ended response] [Continue to Q28]**
    - My state/territory does not routinely review or collect data about the Behavioral Health Crisis Services Continuum **[Go to Q30]**

28. Which of the following types of data are available within your Tribe or Tribal Organization to support decision-making about the Behavioral Health Crisis Services Continuum? *Select all that apply.*

- 988 Suicide & Crisis Lifeline Contact Dispositions (e.g., suicide attempt in progress, mobile crisis or emergency service dispatch)
- 988 Suicide & Crisis Lifeline KPIs (e.g., contact volume, answer speed, rollover calls)
- Crisis Services Enrollment Data
- Suicide Attempt Data
- Death or Mortality Data
- Contact Center Staffing Data
- Crisis Contact or Service Recipient Demographic Data
- Crisis Contact or Service Recipient Referral Outcome Data
- Client Satisfaction and Feedback Data
- Staff Satisfaction and Feedback Data
- Data from non-behavioral health crisis services (e.g., 911, emergency departments)
- My Tribe or Tribal Organization does not routinely collect or review data about the Behavioral Health Crisis Services Continuum **[Continue to Q30]**
- Other (please specify): **[Open ended response]**

29. Which of the following tools are used to understand and use the data available in your tribal jurisdiction related to the behavioral health crisis services continuum? *Select all that apply.*

- Data Dashboard related to Crisis Services **[Continue to Q29a]**
- Health Information Exchange **[Continue to Q30]**
- Electronic Health Record **[Continue to Q30]**
- Internal Databases (such as Excel) **[Continue to Q30]**
- Geospatial Mapping **[Continue to Q30]**
- Syndromic Surveillance Alerts (e.g., ESSENCE, BioSense) **[Continue to Q30]**
- Other (please specify): **[Open ended response] [Continue to Q30]**
- None of the above **[Continue to Q30]**

29.a. Is this data dashboard of 988 Suicide & Crisis Lifeline and Behavioral Health Crisis Services Data available publicly? *If your tribal jurisdiction uses more than one data tool, please select 'yes' if <u>any</u> are publicly available.*

- Yes
- No
- Don't know

30. Please rate the extent to which you agree with each of the statements below.

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**

	e			
Our Tribe has sufficient data to make informed decisions about the Behavioral Health Crisis Services Continuum.				
The data available to my Tribe is provided at a frequency that allows us to make informed decisions about the Behavioral Health Crisis Services Continuum.				
The data available to my Tribe is provided at a quality level that allows us to make informed decisions about the Behavioral Health Crisis Services Continuum.				

31. Describe any barriers you have encountered to using data to guide decisions about the Behavioral Health Crisis Services Continuum in your tribal jurisdiction, including *any* additional data that would be helpful. **[Open ended response]**

Section 2. Collaboration and Coordination

In this section, you will be asked to provide detailed information about the number and types of services providers that support the Behavioral Health Crisis Services Continuum in your state, tribe or territory, as well as how you work together with those agencies. As you respond to these questions, please consider the following definitions of each service:

- **Public Safety and Emergency Services**: Emergency response agencies, including law enforcement, emergency medical services (EMS), and fire departments, which may work in collaboration with healthcare providers to handle behavioral health crises.
- **Crisis Contact Centers:** Call centers providing behavioral health crisis intervention via telephone, texting, and online chat. They serve as a primary point of contact for individuals seeking immediate assistance. Please include both centers affiliated with the 988 Suicide & Crisis Lifeline Network, and those that are not affiliated with this Network.
- **Mobile Crisis Teams:** Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. These teams consist of at least two individuals, typically a clinician and peer specialist, that deliver on-site intervention directly to people in crisis wherever they are located.
- **Crisis Receiving Facilities**: Crisis receiving facilities providing short-term (under 24 hours) observation and crisis support services in a non-hospital environment. These facilities typically accept referrals only from law enforcement and first responders and have the capacity to accept both voluntary and involuntary admissions.

- **Crisis Stabilization Facilities:** Crisis stabilization/stabilizing facilities providing short-term (under 24 hours) observation and crisis stabilization services in a non-hospital environment. These facilities typically accept all referrals, including those from law enforcement/first responders, community-based services, and self-referrals.
- **Crisis Peer Respite Facilities:** Crisis peer respite facilities are community-based, short-term facilities that are staffed by peers with lived experience related to behavioral health. They offer restful, voluntary sanctuary for people in crisis, and may be structured as a supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode. These programs do not typically incorporate licensed staff members on site although some may be involved to support assessments.

32. Do you collaborate with the agency who oversees public safety and emergency services (e.g., 911) in your state or territory?
    - Yes **[Continue to Q32a]**
    - No **[Go to Q33]**
    - Don't know **[Go to Q33]**

32.a. Do you have a formal written agreement in place with this agency to support your direct collaboration or partnership?

- Yes
- No
- Don't know

32.b. How would you describe the quality of your collaboration or partnership with this agency?

- Extremely Coordinated
- Coordinated to a great extent
- Moderately Coordinated
- Minimally Coordinated
- Not Coordinated at all
- Don't know
- We do not directly partner with this agency

32.c. Please describe the typical activities or initiatives that are part of your collaboration with this agency. **[Open ended response]**

Using the table below, please list each agency that participates in the Behavioral Health Crisis Services Continuum in your state, territory, or tribal jurisdiction.

You do not need to include public safety/emergency service agencies or behavioral health treatment agencies in this list, but should include all crisis contact centers (whether or not they are affiliated with the 988 Suicide & Crisis Lifeline), mobile crisis agencies, crisis receiving facilities, crisis stabilization facilities, crisis peer respite facilities, or other agencies that provide crisis services related to behavioral health. In some states or territories, you may have many providers for a specific service type. Please provide information for each crisis service provider in your state or territory, to the best of your ability.

33.

What is the name of the provider agency?	**What is the name and contact information for the best point of contact within the provider agency? Please include name, email, phone number, and job title.**	**What type of service does this agency provide?** *Select all that apply.*	**What type of service area does this provider agency cover?** *Select all that apply.*	**How would you describe this service area?** *Select all that apply.*	**When does this provider agency offer crisis services?** *Select all that apply.*	**Do you directly collaborate or partner with this agency?**	**What is the purpose of your direct collaboration or partnership with this agency?** *Select all that apply.*	**Do you have a formal, written agreement in place with this agency to support your direct collaboration or partnership?**	**How would you describe the quality of your collaboration or partnership with this agency?**
[Open ended response]	**[Open ended response]**	• Crisis Contact Centers • Mobile Crisis Teams • Crisis Receiving Facilities • Crisis Stabilization Facilities • Crisis Peer Respite Facilities • Other (please specify): **[Open ended response]**	• Localized coverage (specific cities or localities) • Regional coverage (specific regions or counties) • Statewide coverage (all counties or localities) • Other (please specify): **[Open ended response]**	• Urban • Suburban • Rural • Tribal • Frontier • Other (please specify): **[Open ended response]**	• Provides 24/7 service • Provides services during weekdays only • Provides services during limited daytime hours (e.g., 8 a.m. - 5 p.m.) • On-call services available outside regular hours • No consistent service hours • Other (please specify): **[Open ended response]**	o Yes o No o Don’t know	• Information Sharing • Sending Referrals • Receiving Referrals • Implementing Joint Programs/Initiatives • Providing Training or other Material Resources • Receiving Training or other Material Resources • Providing Funding • Receiving Funding • Other (please specify): **[Open ended response]** • Don’t know • We do not directly partner with this agency.	o Yes o No o Don’t know o We do not directly partner with this agency.	o Extremely Coordinated o Moderately Coordinated o Minimally Coordinated o Not Coordinated at all o We do not directly partner with this agency.

Note to developers. Respondents should have the opportunity to add new rows with these questions/response-options for each provider.

33.a. Do you have additional partners for which you are able to provide information? **[This should repeat until they respond “No.”]**

- *Yes*
- *No*

34. What barriers have you encountered with organizations that are part of the crisis continuum in your state/territory/tribe, but with which you do not directly partner? *Select all that apply.*

- Communication issues
- Different organizational goals
- Resource limitations
- Geographic constraints
- Regulatory or policy restrictions
- Lack of trust or previous collaboration
- Data sharing and privacy concerns
- Incompatible technology systems
- Other (please specify): **[Open ended response]**

- No other partners exist
- Don’t know
- None of the above

35. What improvements would you like to see to enhance effectiveness in the crisis service continuum in your state/territory/tribe across all organizations, including those that you do and do not directly partner with? *Select all that apply*

- Increased funding for technology upgrades.
- Enhanced training programs across agencies.
- Development of unified protocols for crisis response.
- Greater integration of mental health services into primary healthcare.
- Implementation of standardized data sharing agreements.
- Establishment of centralized command centers for crisis coordination.
- Expansion of peer support roles within crisis intervention.
- Strengthening community outreach and engagement.
- Other (please specify): **[Open ended response]**
- Not applicable
- None of the above

Thank you for taking the time to respond!

Appendix: Section definitions

Note for Developers. We suggest incorporating tooltips in the survey interface, where definitions of terms used within the questions would appear when a respondent hovers over specific keywords. This feature would provide immediate clarification and context, helping participants understand the terms without navigating away from the question. It's aimed at enhancing the user experience by making the survey more accessible and easier to complete accurately, as respondents can instantly access definitions and explanations directly within the survey interface.

Section I definitions

Service Type Definitions

- **988 Suicide & Crisis Lifeline Contact Centers:** Crisis contact centers are 24/7, clinically staffed hubs that provide real-time crisis intervention and coordination of crisis care through phone, text, or chat. They serve as a primary point of contact for individuals seeking immediate assistance and are affiliated with the 988 Suicide & Crisis Lifeline, administered by Vibrant Emotional Health.
- **Non-988 Crisis Contact Centers:** Crisis contact centers are 24/7, clinically staffed hubs that provide real-time crisis intervention and coordination of crisis care through phone, text, or chat. They may serve as a primary point of contact for individuals seeking immediate assistance but are **not** affiliated with the 988 Suicide & Crisis Lifeline, administered by Vibrant Emotional Health.
- **Mobile Crisis Teams**: Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis.
- **Crisis Receiving Facilities**: Crisis receiving facilities providing short-term (under 24 hours) observation and crisis support services in a non-hospital environment. These facilities typically accept referrals only from law enforcement and first responders and have the capacity to accept both voluntary and involuntary admissions.
- **Crisis Stabilization Facilities:** Crisis stabilization/stabilizing facilities providing short-term (under 24 hours) observation and crisis stabilization services in a non-hospital environment. These facilities typically accept all referrals, including those from law enforcement/first responders, community-based services, and self-referrals.
- **Crisis Peer Respite Facilities:** Crisis peer respite facilities are short-term facilities that are staffed by peers and offer restful, voluntary sanctuary for people in crisis. These programs do not typically incorporate licensed staff members on site although some may be involved to support assessments. These services may be structured as

a supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode.

Oversight Agency Definitions

- **State Mental Health Authority (SMHA):** The state agency responsible for managing and regulating mental health services. It typically oversees mental health policy, funding, service delivery, and quality assurance across the state's healthcare facilities and programs.
- **Substance Use Agency:** An agency or division focused on regulating and providing substance use disorder treatment and prevention services. It often collaborates with mental health authorities to implement integrated care programs.
- **State Medicaid Agency:** The state government department that administers the Medicaid program, overseeing the funding and regulation of healthcare services for low-income individuals, including behavioral health crisis services.
- **State Health Department:** The department within state government responsible for protecting public health and welfare. It often oversees various healthcare programs, including mental health, substance use treatment, and emergency response systems.
- **Tribal Council:** The governing body of a Native American tribe that manages and regulates healthcare services within its jurisdiction, including behavioral health crisis services on tribal lands.
- **Local/Regional Behavioral Health Authorities**: County or multi-county agencies responsible for providing and regulating behavioral health services within a specific region. They manage local programs, funding, and partnerships to ensure quality and accessibility.
- **Public Safety/First Responders**: Emergency response agencies, including law enforcement, emergency medical services (EMS), and fire departments, which work in collaboration with healthcare providers to handle behavioral health crises.
- **Private Organizations:** Non-governmental entities, such as private healthcare companies or non-profit organizations, which play a role in managing or delivering behavioral health crisis services.
- **Other (please specify):** Any other agency that provides oversight not included in the above categories. Respondents should specify the organization type and role.

Structural Model

- **Hub & Spoke Model:** In this model, a central "hub" location specializes in behavioral healthcare, providing initial assessments and starting treatment. After stabilization at the hub, patients are referred to "spoke" locations—community-based providers that deliver ongoing care tailored to individual

needs. This model centralizes expertise while distributing services through a network.

- **Single Primary Provider:** A structure where one organization or provider offers comprehensive behavioral health crisis services for an entire region, state, or territory. This provider handles all aspects of care, including contact center operations, mobile crisis teams, and receiving/stabilization facilities.
- **Multiple Regional Providers:** This model divides service delivery among different providers based on geographic regions. Each regional provider is responsible for managing crisis services within its designated area while ensuring consistency with statewide guidelines or policies.
- **Decentralized Providers:** An arrangement where various independent providers deliver crisis services across different areas without a central governing hub. The network may collaborate to share resources, best practices, or data, but each provider operates autonomously.
- **Other (please specify**): Any structural model not falling within the predefined categories. The respondent should specify and describe their unique structure.

Available Data:

- **988 Suicide & Crisis Lifeline Contact Dispositions**: Details on how each contact with the center was resolved, such as referral to services, information provided, or crisis resolved.
- **988 Suicide & crisis Lifeline KPIs:** Key Performance Indicators such as contact volume, average contact handling time, response time, abandonment rate, rollover rate, etc.
- **Crisis Services Enrollment Data:** Information about how many people are engaged in mobile crisis, crisis stabilization, or other crisis services, regardless of whether they were referred by a crisis contact center.
- **Suicide Attempt Data:** Data related to crisis situations involving suicide attempts among crisis contacts.
- **Death or Mortality Data:** Data related to crisis situations involving fatalities among crisis contacts.
- **Contact Center Staffing Data:** Information on staffing levels, shift patterns, and possibly turnover rates or staff availability.
- **Crisis Contact or Service Recipient Demographic Data**: Statistical data about the demographics of the crisis contacts such as age, sex, location, and possibly the reason for contacting a crisis contact center.
- **Crisis Contact or Service Recipient Referral Outcome Data**: Information on the follow-up of referrals made during crisis contacts, including uptake of services and outcomes of those referrals.
- **Client Satisfaction and Feedback Data:** Summary data from post-service surveys or other feedback mechanisms measuring client satisfaction and service effectiveness.
- **Other (please specify):** Allows respondents to mention any additional data types their dashboard displays that are not listed.

Section II definitions

Type of Census Area:

- **Urban**: A densely populated area characterized by a concentration of residential, commercial, and institutional buildings. Urban areas often feature a variety of infrastructure, services, and amenities and are classified based on population density and the built environment.
- **Suburban:** A residential area located on the outskirts of an urban city. Suburban areas typically have a lower population density than urban centers and offer a mix of residential housing, commercial developments, and community services.
- **Rural:** A less densely populated area characterized by open spaces, farmlands, and smaller communities. Rural regions often feature fewer services and facilities compared to urban areas and can include small towns and villages.
- **Tribal:** Areas where Native American tribes have jurisdiction and governance, often recognized as reservations or tribal lands. These regions are managed and administered by tribal governments and often follow distinct regulations.
- **Frontier:** Extremely sparsely populated rural areas typically having fewer than six people per square mile. Frontier regions often face challenges due to limited access to services and infrastructure.
- **Other (please specify):** Any census type that does not fit the standard categories above. For instance, regions that are transitioning between suburban and urban classifications.