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988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation Crisis Continuum Provider 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 60-90-minute survey about the crisis services that your agency provides. As someone who represents a crisis services agency, 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 taking the time to complete the Crisis Continuum Provider Survey (CCPS), which is designed to gather essential data about the behavioral health care crisis services continuum in {insert state/territory name}. You will be asked questions about your organization, including what services you offer, the workforce that supports these services, funding supports, and how you work with similar agencies.

Before beginning the survey, please ensure you have the necessary information about your organization's services, staff, and operational details. The survey is estimated to take approximately *60-90 minutes to complete*. We recommend reviewing all sections first to gather the required data before submission.

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 I: Organizational Profile

This section asks for essential information about your organization, like what services you offer and the service area you cover.

Before we begin, please review the information below.

1. Name of Organization: _____ **[pre-populated with the name of organizations collected from the SIS]**
2. Job Title of Individual Completing Survey for Organization: _____ **[pre-populated with the titles of representatives collected from the SIS]**
3. Is the information listed above correct?
 - o Yes [Go to 4]
 - o No [Continue to 3.a.]

Please provide the correct information below.

- 3.a. Name of Organization: _____ **[Open ended response]**
- 3.b. Job Title of Individual Completing Survey for Organization: _____ **[Open ended response]**
4. Is your organization a non-profit, for-profit, or government agency?
 - Non-profit agency
 - For-profit agency
 - Government agency
 - Other (please specify): **[Open ended response]**
5. What services does your organization provide, beyond crisis services? *Select all that apply.*
 - Outpatient Mental Health Treatment
 - Outpatient Substance Use Treatment
 - Inpatient Mental Health Treatment
 - Inpatient Substance Use Treatment
 - Other (please specify): **[Open ended response]**
 - We only provide crisis services (none of the above)
6. How many staff are employed by, volunteer, or otherwise work for, your organization across all services? Please enter a number. _____
7. What is the service area of your organization, including all services provided by your organization?
 - Local Service Area (one or a small number of cities or localities)
 - Regional coverage (multiple counties, parishes, or localities)
 - Statewide coverage (all counties, parishes, or localities)
 - Other (please specify) **[Open ended response]**

8. Below are the types of crisis services which we believe your organization provides. Please confirm that your organization provides these services by checking the appropriate box below and provide information about how long your organization has provided these services.

[Pre-populated list of crisis service types from SIS, text only]

Please select <u>all</u> crisis services that your organization provides.	How long has your organization provided this crisis service?
<ul style="list-style-type: none"> Crisis Contact Services (if selected, display section II) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____
<ul style="list-style-type: none"> Mobile Crisis Services (if selected, display section III) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____
<ul style="list-style-type: none"> Crisis Receiving Services (if selected, display section IV) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____
<ul style="list-style-type: none"> Crisis Stabilization Services (if selected, display section V) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____
<ul style="list-style-type: none"> Crisis Peer Respite Services (if selected, display section VI) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____
<ul style="list-style-type: none"> Other (please specify): _____ (if selected, display section VII) 	<ul style="list-style-type: none"> Less than 1 year (please specify number of months): _____ More than 1 year (please specify number of years): _____

[If a service is included on SIS list but NOT selected above, repeat for each applicable service]

9. The records we received from your state or territory indicate that you may provide {*piped text, service type*}, which you did not select on the previous page. Does your organization currently provide {*service type*}?

- Yes [Go to 10]
- No [Continue to 9.a.]

9.a. Did your organization recently stop providing this service?

- Yes
- No

10. Please rate the extent to which the following statements about your organization's crisis services are accurate. As you respond, please consider your organization's crisis contact centers, mobile crisis, crisis receiving, crisis stabilization, crisis peer respite, and any other crisis services that you may provide.

	Not at all accurate	Slightly accurate	Somewhat accurate	Mostly accurate	Completely accurate
Champions who strongly support crisis services within the organization exist.					
Our crisis services are funded through a variety of sources.					
Our crisis services have sustained funding.					
Our organization communicates about crisis services with community leaders.					
Our crisis services are well-integrated into the operations of the organization.					
Our organization has adequate staff to provide crisis services.					
Our organization plans for future crisis service resource needs.					
Our					

organization has a sustainability plan for crisis services.					
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Section II: Crisis Contact Centers and Services

The next few questions will ask you about the **crisis contact services** your agency provides. Please answer the questions below based only on the practices and staff that support crisis contact centers or services at your organization.

11. Is your crisis contact center part of the 988 Suicide & Crisis Lifeline Network, administered by Vibrant Emotional Health?

- Yes
- No
- Don't know

12. What type of crisis contact service do you provide? *Select all that apply.*

- Call-Based Crisis Contacts
- Text-Based Crisis Contacts
- Chat-Based Crisis Contacts

13. Please select the counties or localities served by your crisis contact center.

[drop down list of all counties or parishes in respondent's state/territory, including an 'All Counties or Localities' option]

14. How many unique service providers, crisis counselors, or front-line staff directly provided crisis contact services at your organization **within the past 3 months**? Please enter a number. **[Open ended response]**

15. Does your organization experience challenges with retaining staff who provide crisis contact services?

- Yes
- No
- Don't Know

16. **[If center is a National Back-Up Center, based on embedded data]** How do you assign staff to answer contacts routed through the national back-up network?

*If your center provides support to multiple back-up networks (call & text, text & chat, etc.), please describe processes for each network. **[Open ended response]***

17. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided crisis contact services at your organization within the past 3 months**.

Because people may identify in complex ways, some categories may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	
	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	
	Female	
Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
	Unknown/Prefer not to share	

Education	Less than High School	
	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

18. How many direct crisis contact service providers at your organization, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

19. Do you require peer specialists to hold a certification in order to provide crisis contact services?

- Yes
- No
- Don't know

20. Please review the list of funding sources below and select those that support crisis contact services at your organization. Then, list what percent of the annual budget comes from each selected funding source.

Which of the following funding sources support crisis contact services at your organization?	Approximately what percent of your annual budget for crisis contact services comes from this source?
• Federal- or State-Mandated Fees (e.g., telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	

• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section III: Mobile Crisis Services

The next few questions will ask you about the **mobile crisis services** your agency provides. Please answer the questions below based only on the practices and staff that support mobile crisis teams or services at your organization.

21. Please select the counties or localities served by your mobile crisis services.

[drop down list of all counties or parishes in respondent’s state/territory, including an ‘All Counties or Localities’ option]

22. How many unique service providers, crisis counselors, or front-line staff directly provided mobile crisis services at your organization **within the past 3 months?** Please enter a number. **[Open ended response]**

23. Does your organization experience challenges with retaining staff who provide mobile crisis services?

- Yes
- No
- Don’t Know

24. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided mobile crisis services at your organization within the past 3 months.**

Because people may identify in complex ways, these numbers may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter ‘0’ as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	
	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	

	Female	
Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
	Unknown/Prefer not to share	
Education	Less than High School	
	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

25. How many direct mobile crisis service providers at your organization, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans,	

disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

26. Do you require peer specialists to hold a certification in order to provide mobile crisis services?

- Yes
- No
- Don't know

27. Please review the list of funding sources below and select those that support mobile crisis services at your organization. Then, list what percent of the annual budget that comes from each selected funding source.

Which of the following funding sources support mobile crisis services at your organization?	Approximately what percent of your annual budget for mobile crisis services comes from this source?
• Federal- or State-Mandated Fees (e.g., telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	
• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section IV: Crisis Receiving Services

The next few questions will ask you about the **crisis receiving services** your agency provides. Please answer the questions below based only on the practices and staff that support crisis receiving facilities or services at your organization.

28. Which of the following patient intake options does your organization offer? *Select all that apply.*

- Walk-in or Self-Referral
- First Responder Drop Off
- Other (please specify): **[Open ended response]**

29. Is medical clearance required prior to admission into the crisis receiving facility?
- Yes
 - No
 - In select circumstances (please specify): **[Open ended response]**

30. What is the maximum length of stay for your crisis receiving facility?
- Less than 1 day (up to 23 hours)
 - 1-3 days
 - 3-5 days
 - Other (please specify): **[Open ended response]**

31. Please describe any additional criteria that patients must meet to receive crisis receiving services at your organization. **[Open ended response]**

32. What is the maximum number of crisis receiving patients that your organization can serve at any one time (i.e., number of beds)? Please enter a number. **[Open ended response]**

- Don't Know/Unsure

33. Please select the counties or localities served by your crisis receiving services.

[drop down list of all counties or parishes in respondent's state/territory, including an 'All Counties or Localities' option]

34. How many unique service providers, crisis counselors, or front-line staff directly provided crisis receiving services at your organization **within the past 3 months**? Please enter a number. **[Open ended response]**

35. Does your organization experience challenges with retaining staff who provide crisis receiving services?

- Yes
- No
- Don't Know

36. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided crisis receiving services at your organization within the past 3 months**.

Because people may identify in complex ways, these numbers may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	

	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	
	Female	
Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
	Unknown/Prefer not to share	
Education	Less than High School	
	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

37. How many direct crisis receiving service providers at your organization, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

38. Do you require peer specialists to hold a certification in order to provide crisis receiving services?

- Yes
- No
- Don't know

39. Please review the list of funding sources below and select those that support crisis receiving services at your organization. Then, list what percent of the annual budget comes from each selected funding source.

Which of the following funding sources support crisis receiving services at your organization?	Approximately what percent of your annual budget for crisis receiving services comes from this source?
• Federal- or State-Mandated Fees (e.g., telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	
• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section V: Crisis Stabilization Services

The next few questions will ask you about the **crisis stabilization services** your agency provides. Please answer the questions below based only on the practices and staff that support crisis stabilization services at your organization.

40. Which of the following patient intake options does your organization offer? *Select all that apply.*

- Walk-in or Self-Referral
- First Responder Drop Off
- Other (please specify): **[Open ended response]**

41. Is medical clearance required prior to admission into the crisis stabilization facility?

- Yes
- No
- In select circumstances (please specify): **[Open ended response]**

42. What is the maximum length of stay for your crisis stabilization facility?

- Less than 1 day (up to 23 hours)
- 1-3 days
- 3-5 days
- Other (please specify): **[Open ended response]**

43. Please describe any additional criteria that patients must meet to receive crisis stabilization services at your organization. **[Open ended response]**

44. What is the maximum number of crisis stabilization patients that your organization can serve at any one time (i.e., number of beds)? Please enter a number. **[Open ended response]**

- Don't Know

45. Please select the counties or localities served by your crisis stabilization services.

[drop down list of all counties or parishes in respondent's state/territory, including an 'All Counties or Localities' option]

46. How many unique service providers, crisis counselors, or front-line staff directly provided crisis stabilization services at your organization **within the past 3 months**? Please enter a number. **[Open ended response]**

47. Does your organization experience challenges with retaining staff who provide crisis stabilization services?

- Yes

- No
- Don't Know

48. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided crisis stabilization services at your organization within the past 3 months**.

Because people may identify in complex ways, these numbers may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	
	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	
	Female	
Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
Unknown/Prefer not to share		

Education	Less than High School	
	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

49. How many direct crisis stabilization service providers at your organization, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

50. Do you require peer specialists to hold a certification in order to provide crisis stabilization services?

- Yes
- No
- Don't know

51. Please review the list of funding sources below and select those that support crisis stabilization services at your organization. Then, list what percent of the annual budget comes from each selected funding source.

Which of the following funding sources support crisis stabilization services at your organization?	Approximately what percent of your annual budget for crisis stabilization services comes from this source?
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• Federal- or State-Mandated Fees (e.g., telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	
• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section VI: Crisis Peer Respite Services

The next few questions will ask you about the **crisis peer respite services** your agency provides. Please answer the questions below based only on the practices and staff that support crisis peer respite services at your organization.

52. Which of the following patient intake options does your organization offer? *Select all that apply.*

- Walk-in or Self-Referral
- First Responder Drop Off
- Other (please specify): **[Open ended response]**

53. Is medical clearance required prior to admission into the crisis peer respite facility?

- Yes
- No
- In select circumstances (please specify): **[Open ended response]**

54. What is the maximum length of stay for your crisis peer respite facility?

- Less than 1 day (up to 23 hours)
- 1-3 days
- 3-5 days
- Other (please specify): **[Open ended response]**

55. Please describe any additional criteria that patients must meet to receive crisis peer respite services at your organization. **[Open ended response]**

56. What is the maximum number of crisis peer respite patients that your organization can serve at any one time (i.e., number of beds)? Please enter a number. **[Open ended response]**

57. Please select the counties or localities served by your crisis peer respite services.

[drop down list of all counties or parishes in respondent’s state/territory, including an ‘All Counties or Localities’ option]

58. How many unique service providers, crisis counselors, or front-line staff directly provided crisis peer respite services at your organization **within the past 3 months**? Please enter a number. **[Open ended response]**

59. Does your organization experience challenges with retaining staff who provide crisis peer respite services?

- Yes
- No
- Don’t Know

60. Do you require peer specialists to hold a certification in order to provide crisis peer respite services?

- Yes
- No
- Don’t know

61. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided crisis peer respite services at your organization within the past 3 months**.

Because people may identify in complex ways, these numbers may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter ‘0’ as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	
	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	
	Female	

Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
	Unknown/Prefer not to share	
Education	Less than High School	
	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

62. How many direct crisis peer respite service providers at your organization, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use	

services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

63. Please review the list of funding sources below and select those that support crisis peer respite services at your organization. Then, list what percent of the annual budget comes from each selected funding source.

Which of the following funding sources support crisis peer respite services at your organization?	Approximately what percent of your annual budget for crisis peer respite services comes from this source?
• Federal- or State-Mandated Fees (e.g., telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	
• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section VII: Other Crisis Services

The next few questions will ask you about the **{piped text from 'other' response in section 1} services** your agency provides. Please answer the questions below based only on the practices and staff that support these services at your organization.

64. Please select the counties or localities served by **{piped text from 'other' response in section 1}**.

[drop down list of all counties or parishes in respondent's state/territory, including an 'All Counties or Localities' option]

65. How many unique service providers, crisis counselors, or front-line staff directly provided **{piped text from 'other' response in section 1}** service at your organization **within the past 3 months**? Please enter a number. **[Open ended response]**

66. Does your organization experience challenges with retaining staff who provide this type of crisis service?

- Yes
- No
- Don't Know

67. Please identify the number of staff that fall into each category below, based on the number of unique service providers that have **directly provided {piped text from 'other' response in section 1}** at your organization within the past 3 months.

Because people may identify in complex ways, these numbers may add up to more than the total number you listed in the previous question. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response. Fill this section in to the best of your ability.

Category		Number of Staff
Work Status	Paid Staff	
	Volunteer/Unpaid Staff	
	Full-Time Staff (at least 30 hours per week)	
	Part-Time Staff (less than 30 hours per week)	
	Unknown/Prefer not to share	
Work Location	On-Site (e.g., work in an office)	
	Hybrid (e.g., work from office some days and home some days)	
	Remote (e.g., work from home)	
	Unknown/Prefer not to share	
Sex	Male	
	Female	
Age	12-17	
	18-25	
	26-49	
	50-64	
	65 or older	
	Unknown/Prefer not to share	
Race and/or Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Pacific Islander	
	White	
Unknown/Prefer not to share		
Education	Less than High School	

	High School	
	Associate's Degree	
	Bachelor's Degree	
	Master's Degree	
	Doctorate	
	Unknown/Prefer not to share	
Years of Experience in behavioral health or crisis services	Less than 1 year	
	1-3 years	
	More than 3 years	
	Unknown/Prefer not to share	

68. How many direct providers of {piped text from 'other' response in section 1}, included in the table above, identify themselves as part of the following categories? Please enter a number for each category. If your crisis workforce does not include individuals who match these descriptions, please enter '0' as your response.

Category	Number of Staff
Protected veterans (i.e., active-duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans, and recently separated veterans)	
Licensed to provide mental health services	
Licensed to provide substance use services	
Certified to provide crisis services (but are unlicensed)	
Peer Specialists	

69. Do you require peer specialists to hold a certification in order to provide **{piped text from 'other' response in section 1}**?

- Yes
- No
- Don't know

70. Please review the list of funding sources below and select those that support **{piped text from 'other' response in section 1}** at your organization. Then, list what percent of the annual budget comes from each selected funding source.

Which of the following funding sources support this type of services at your organization?	Approximately what percent of your annual budget for this type of services comes from this source?
<ul style="list-style-type: none"> • Federal- or State-Mandated Fees (e.g., 	

telecommunications fees for 988)	
• Federal Grants	
• State Grants	
• Local Grants	
• Private Foundations	
• Private Insurance	
• Public Insurance	
• Fundraising	
• Other, please specify: [Open ended response]	
• Unknown	

Section IX: Crisis Service Provision

This section asks you about practices and procedures across **all types of crisis services provided by your organization**. It will cover topics like technology use, behavioral health equity, and training policies for crisis service providers.

The first set of questions within this section asks about training available to direct crisis service providers.

71. Please rate the extent to which you agree with each of the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Crisis staff in our organization are trained to provide crisis services related to suicide.					
Crisis staff in our organization are trained to provide crisis services related to substance use.					
Crisis staff in our organization are trained to provide crisis services related to violence toward others.					

72. Crisis intervention requires a variety of skills. For each of the following **suicide prevention and intervention skills**, please indicate the level(s) of training that staff in your organization have received. *Select all that apply.*

	<i>No training in this topic or skill</i>	<i>Initial or basic training in this topic or skill</i>	<i>Booster or follow-up training in this topic or skill</i>	<i>This topic is routinely covered in structured supervision</i>
Screening for suicidal thoughts				

Assessing suicide risk				
Identifying buffers or protective factors for suicide risk				
Reducing access to means for suicide				
Safety planning for suicide risk				
Suicidal crisis de-escalation techniques				
Procedures for collaborating with other crisis response agencies related to individuals at risk for suicide				
Determining appropriate levels of care for individuals at risk for suicide				
Creating a safe physical environment for individuals at risk for suicide				

73. For each of the following **substance use crisis and intervention skills**, please indicate the level(s) of training that staff in your organization have received. *Select all that apply.*

	<i>No training in this topic or skill</i>	<i>Initial or basic training in this topic or skill</i>	<i>Booster or follow-up training in this topic or skill</i>	<i>This topic is routinely covered in structured supervision</i>
Screening for substance use				
Assessing substance use crisis risk				
Identifying buffers or protective factors for substance use				
Reducing access to means for substance use				
Safety planning for substance use crisis risk				
Substance use crisis de-escalation techniques				
Procedures for collaborating with other crisis response agencies related to individuals at risk for substance use crisis				
Determining appropriate levels of care for individuals at risk for substance use crisis				
Creating a safe physical environment for individuals at risk for substance use crisis				

The next several questions ask about practices you use to support populations that are at higher risk for suicidal or substance use crisis, including efforts to reduce behavioral health disparities.

74. Do you have special initiatives to engage and/or provide services to any of the following high-risk populations? *Select all that apply*

- Children and Adolescents
- Older Adults
- Black or African American Individuals
- Hispanic or Latino Individuals
- Veterans
- Individuals with Disabilities
- American Indian/Alaska Native or Tribal populations
- Rural communities
- Other (please specify): **[Open ended response]**
- None of the above **[Continue to 74]**

[73.a. repeats for each population selected in the previous questions]

73.a. Which of the following strategies are employed to reach and provide crisis care to **{insert piped text based on previous answer choice}**? *Select all that apply.*

- Using technology to provide services (e.g., telehealth)
- Engaging with trusted community partners (e.g. faith-based leaders) to support individuals with behavioral health conditions
- Providing training and education to other organizations that need additional resources
- Engaging persons with lived experience
- Raising community awareness of crisis services
- Other (please specify): **[Open ended response]**

[Display if 'AI/AN or Tribal populations' selected above]

73.b. What specific crisis intervention services does your organization provide for American Indian/Alaska Native or Tribal populations? **[Open ended response]**

[Display if 'AI/AN or Tribal populations' selected above]

73.c. How does your organization ensure accessibility of crisis services to American Indian/Alaska Native individuals in rural or Tribal communities? **[Open ended response]**

75. Which of the following strategies/tools are employed by your organization to collect demographic data or characteristics about high-risk populations? *Select all that apply.*

- Community health needs assessment
- Behavioral health provider screening tools
- Electronic health records from behavioral health providers/hospitals
- Patient satisfaction and feedback forms
- There are currently no strategies or tools, but our organization is working on them.
- Unsure
- Other (please specify): **[Open ended response]**

76. What challenges have you experienced with implementing strategies to reduce behavioral health disparities at your organization? **[Open ended response]**

The next questions will ask you about the technology you use to support crisis services.

77. What types of technology-based crisis care service are being used in your organization? *Select all that apply.*

- Text and/or chat
- Social media
- Telehealth
- Digital Apps
- Caller ID technology
- GPS
- Mobile apps to help providers communicate with clients before they experience a crisis
- Bed registry referral systems
- Other (please specify): **[Open ended response]**
- Don't know

78. Are you using Artificial Intelligence for any of the following purposes? *Select all that apply.*

- Quality Improvement (QI)
- Call Monitoring
- Training
- Other (please specify): **[Open ended response]**
- No, we do not use Artificial Intelligence within crisis services
- Don't know

79. Which of the following are barriers that your organization has experienced with implementing technology-based crisis care services? *Select all that apply.*

- Complexities of crises
- Resources or costs
- Safety and efficacy
- Staffing
- Organizational policy
- Regulatory constraints
- Privacy concerns

- Infrastructure
- Other (Please specify): **[Open ended response]**
- Don't know

80. Beyond technology, are there other innovative practices that you are employing for crisis services in your organization? **[Open ended response]**

(Survey continues on next page)

Section X: Collaboration

The final section of this survey asks questions about how your organization works with other crisis service organizations, including emergency services.

Below is a list of behavioral health service providers that your state/territory has identified as part of the behavioral health crisis continuum. Please review this list and indicate which organizations you collaborate with as part of the crisis services that your organization provides. For each selected partner, please answer the remaining questions in each row about how you work together.

You can also add more partners to this table by **(insert instructions based on final programming)**.

79.

Provider agencies in your state	Do you directly collaborate or partner with this agency?	What is the purpose of your direct collaboration or partnership with this agency? <i>Select all that apply.</i>	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?
<p>[List all agencies from SIS, adding a new row for each agency]</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> We do not directly partner with this agency. <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Extremely Coordinated <input type="radio"/> Moderately Coordinated <input type="radio"/> Minimally Coordinated <input type="radio"/> Not Coordinated at all <input type="radio"/> We do not directly partner with this agency. <input type="radio"/> Don't know

		specify): [Open ended response] <ul style="list-style-type: none">• We do not directly partner with this agency.		
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80. When working with these agencies, does your organization send and receive patient records electronically?

- Yes [Go to 80.2.a.]
- No [Continue to 80.1.a.]
- Don't know [Go to 81]

80.1.a. Which of the following reasons apply when deciding not to share patient information electronically? *Select all that apply.*

- Privacy concerns
- Legal and regulatory compliance concerns (e.g., HIPAA regulations)
- Data security concerns (e.g., risk of data breaches or cyber-attacks)
- Technological limitations (i.e., lacking infrastructure or resources to implement secure electronic data sharing systems)
- Interoperability challenges (e.g., incompatibility between different electronic health record systems used by various healthcare providers)
- Institutional policies
- Workflow disruptions (i.e., introduction of electronic data sharing processes may disrupt existing workflow and require additional training or infrastructure)
- Other (please specify): **[Open ended response]**

[SKIP TO 81 FOR THOSE WHO RESPONDED "NO" IN 80]

80.2.a. Does your organization use basic electronic records, such as electronic health records (EHRs) or electronic medical records (EMRs)?

- Yes [Continue to 80.2.b.]
- No [Continue to 81]
- Don't Know [Go to 81]

80.2.b. Does your organization send and receive patient records electronically using standardized formats and protocols such as Health Level Seven (HL7) and Fast Healthcare Interoperability Resources (FHIR)?

- Yes [Continue to 80.2.b.1.]
- No [Go to 80.2.d.]
- Don't know [Go to 80.2.d.]

80.2.b.1. Please list data interoperability formats, protocols, or standards used by your organization. **[Open ended response]**

80.2.c. To what extent does your organization comply with interoperability standards for patient records (e.g., FHIR, DICOM)? *This does not include compliance with regulatory requirements such as HIPAA.*

- Fully compliant (i.e., the system fully adheres to all interoperability standards with no exceptions) [Go to 80.2.d.]
- Mostly compliant (e.g., occasional reliance on proprietary formats for specific types of specialized data that are not yet fully integrated, or a few older imaging devices still use outdated formats and require manual conversion to DICOM) [Go to 80.2.d.]

- Somewhat compliant (e.g., only specific types of patient data such as appointments are shared using FHIR standards while other data such as treatment plans are not yet standardized) [Continue to 80.2.c.1]
- Not compliant [Continue to 80.2.c.1]
- Don't Know [Continue to 80.2.c.1]

80.2.c.1. Is your organization actively working towards compliance with interoperability standards?

- Yes
- No
- Don't know

80.2.d. To what extent does your organization ensure semantic interoperability (i.e., ensure consistent interpretation of patient record data is possible across providers and organizations), for example, through the use of coding systems?

- Very much - the system ensures strong semantic interoperability
- Somewhat- there may be inconsistencies or gaps in ensuring semantic interoperability
- Minimally - there are significant barriers with consistent interpretation of patient record data between providers and organizations
- None - there are no efforts to ensure semantic interoperability
- Don't Know

80.2.e. Which types of providers does your organization exchange interoperable data with? *Select all that apply.*

- Local Crisis Contact Center
- Regional Crisis Contact Center
- Mobile Crisis Team
- Crisis Receiving facility
- Crisis Stabilization facility
- Peer respite facility
- Primary care physicians
- Healthcare Specialists
- Hospitals/Emergency Departments
- Public safety response providers (e.g., 911, police, fire, medical)
- Outpatient clinics
- Community mental health center
- Correctional facility
- Diagnostic laboratories and imaging centers
- Pharmacies
- Other [Open ended response]

80.2.f. In the **last 3 months**, how many patient record exchanges occurred between your organization and external entities, such as other healthcare providers, laboratories, and health information exchanges (HIEs)? [Open ended response.]

80.2.e. To what extent does your organization monitor and assess data transmission errors such as missing information or discrepancies in patient records from different sources?

- Very much - there are rigorous processes in place to monitor and assess data transmission errors
- Somewhat - there are some processes in place to monitor and assess data transmission errors
- Minimally- there is very little monitoring and assessing of data transmission errors
- None - there is no monitoring and assessment of data transmission errors
- Don't Know

80.2.g. Please describe any challenges or barriers when exchanging patient records between your organization and other providers? **[Open ended response]**

80.2.h. Please describe any successes or facilitators when exchanging patient records between your organization and other providers? **[Open ended response]**

81. Does your organization directly collaborate with Tribal health providers, Urban Indian Organizations, or other Tribal entities that **do not** directly provide crisis services?

- Yes **[Continue to 81.a.]**
- No **[Go to 82]**
- Don't know **[Go to 82]**

81.a. How does your organization collaborate with these Tribal health providers, Urban Indian Organizations, and other Tribal entities? **[Open ended response]**

82. What are some challenges that affect your organization's ability to collaborate with other crisis service organizations? *Select all that apply.*

- Staff turnover
- Hierarchy and power distance
- Workforce shortages
- Lack of communication
- Lack of funding

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

83. What are some facilitators to maintaining collaborations with other crisis service organizations? *Select all that apply.*

- Regular check in communication
- Monitoring and evaluation
- Shared data
- Shared funding
- Other (please specify): **[Open ended response]**
- Don't know

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

- **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 serve as a primary point of contact for individuals seeking immediate assistance. These centers may or may not be 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. 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.