3C SESSION

SAMHSA’s 988 Crisis Systems Response Training and Technical Assistance Center: Crisis Community Collaboration
March 26, 2024
The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services, technical assistance, and health equity, the Crisis Systems Response Training and Technical Assistance Center (TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.
Agenda

- Welcome
- Introductions
- Updates from the 988 & BHCCO
- Evaluation updates with Michelle Cornette
- Mindful Minute
- Updates from the 988 CSR TTAC
SAMHSA 988 & BHCCO Leads

Monica Johnson, M.A., LPC
Director of the 988 & Behavioral Health Crisis Coordinating Office

John Palmieri, M.D., M.H.A.
Deputy Director of the 988 & Behavioral Health Crisis Coordinating Office

Jill D. Mays, M.S., LPC
Division Director of Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office

Charissa Pallas
Division Director of Communications for the 988 & Behavioral Health Crisis Coordinating Office

James Wright
Division Director of Crisis Operations, Office of the Assistant Secretary

CRISIS SYSTEMS RESPONSE
TRAINING & TECHNICAL ASSISTANCE CENTER
Funded by the Substance Abuse and Mental Health Services Administration
Updates

With the 988 BHCCO Leadership Team
Michelle Cornette, Ph.D. is the Data Analytics Officer in the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA. Her professional history in suicide prevention (28 years) includes roles as administrator, researcher, clinician, educator, and survivor of suicide loss. She was most recently Subject Matter Expert and Lead Public Health Advisor in the Suicide Prevention Branch at SAMHSA and is Past Executive Director of the American Association of Suicidology, the nation’s suicide prevention membership organization. During her tenure with AAS, she introduced a number of new products and programs, and was responsible for dramatically expanding the organization’s operating budget.

At SAMHSA, she was most recently Program Lead for the Zero Suicide grant program, and a program officer for the National Strategy for Suicide Prevention and Community Crisis Response Partnership grant/ cooperative agreement programs. She co-managed the grant for the National Suicide Prevention Lifeline, which has since become 988, and was a contributor to the 988 Reports to Congress. She was also previously a program officer for the Native Connections and National Child Traumatic Stress Initiative grant programs. Dr. Cornette serves on the BHCC Data Subcommittee, and served previously on the Joining Forces IPC, the Suicide Prevention IPC Data and Surveillance Subcommittee, and the BHCC SPCC Implementation Strategy Work Group.

Dr. Cornette previously supported the Research & Program Evaluation and Data & Surveillance Divisions at the Department of Defense Suicide Prevention Office. She was also Military Suicide SME at the Center for Deployment Psychology, where she developed a two-day training for military/ veteran mental health providers on evidence-based approaches to suicide risk assessment, crisis intervention, and treatment, and which she subsequently delivered at military treatment facilities across the country.

She spent 10 years in the VA system, where she was VISN 12 Suicide Prevention Director, responsible for overseeing suicide prevention activities at the 7 VA facilities in VISN 12. She further led the suicide prevention clinical team at her local facility. Dr. Cornette has received Federal and private funding for her program of research on suicide risk, and she has presented and published extensively in addition to providing many television and print interviews on the topics of suicide risk assessment, prevention, and treatment. She earned her PhD in Clinical Psychology at the University of Wisconsin-Madison.
988 and Behavioral Health Crisis Continuum Office Evaluation Portfolio

Michelle Cornette, Ph.D.
Data Analytics & Evaluation Lead
988 & BHCCO, SAMHSA
March 26, 2024
988 Lifeline Evaluation to Date

The 988 Suicide & Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, helps thousands of people overcome crisis situations every day.

Proven to work – Our research has shown that after speaking with a trained 988 Lifeline crisis counselor, most callers are significantly more likely to feel:

• less depressed
• less suicidal
• less overwhelmed
• more hopeful
SAMHSA 988 & BHCCO Data & Evaluation Activities

• 988 & BHCCO Evaluation
• Center for Financing Reform Innovations (CFRI) Evaluation
• Clinical Training Evaluation
• Pre and Post Chat & Text Surveys
• Standardized Clinical Contact Form
• Post-Call Survey Evaluation
• Post-Call Survey Implementation Pilot
• Standardizing 988 Grantee Data Collection
• National Survey on Drug Use and Health (pending)
988 Suicide & Crisis Line and Crisis Services Program Evaluation
Project Purpose

- To gather detailed information about the implementation and utilization of the 988 Suicide & Crisis Lifeline, as well as clinical/functional, service, and outcomes across the crisis services continuum.

- The evaluation is centered on the behavioral health crisis services continuum:
  - Crisis Contact Centers
  - Mobile Crisis Services
  - Crisis Stabilization Services

Evaluation Aims

- Capture changes experienced at the systems- and client- levels, along with overarching impact.
- Provide SAMHSA with data needed to understand the implementation of the 988 Lifeline and strengthen the full continuum of crisis care services
Evaluation Design Overview

988 Crisis Services Program Evaluation

- System-Level Evaluation
- Client-Level Evaluation
- Impact Evaluation
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<thead>
<tr>
<th>Study Name</th>
<th>Key Evaluation Questions</th>
<th>Participants</th>
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| 1. System Composition & Collaboration Study   | • How have states/territories structured their crisis service continuums following the implementation of 988 Lifeline?  
• How have crisis services providers integrated services since the implementation of the 988 Lifeline?  
• How are crisis continuum partners communicating and coordinating in their implementation of the 988 Lifeline?  
• What is the national profile of crisis workers by demographics, credentials, language, and years of service? | All          |
| 2. System-Level Service Utilization and Resolution Study | • How and to what extent are crisis contacts resolved as they move through the crisis care continuum?  
• What is the demographic profile and are there disparities in individuals who engage with 988?  
• What is the impact of 988 on the utilization of other crisis continuum services?  
• Does use of 988 result in overall cost savings considering impact on emergency department utilization and criminal justice system involvement? | ⏫     🛠   🏡   🏠
## System-Level Evaluation – Data Sources

<table>
<thead>
<tr>
<th>Study Name</th>
<th>Data Sources</th>
<th>Participants</th>
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</table>
| System Composition & Collaboration Study | • System Implementation Survey  
• Crisis Continuum Provider Survey  
• 988 Implementation Case Studies  
• Grantee Reports and Performance Data  
  o Includes: SPARS IPP data | • 988 State/Territory grantees  
• 988 Tribal nations grantees  
• Crisis Contact Centers  
• Mobile Crisis Services  
• Crisis Stabilization Services |
| System-Level Service Utilization and Resolution Study | • Grantee Document and Data Review Form  
  o Includes: SPARS IPP, grantee performance indicators  
• System Outcome Summary Inventory  
• Crisis Continuum Provider Survey  
• Extant service utilization data  
  o Vibrant’s Clinical Contact Form | • 988 State/Territory grantees  
• 988 Tribal nations grantees  
• Crisis Contact Centers  
• Mobile Crisis Services  
• Crisis Stabilization Services |
### Client-Level Evaluation Design Overview, Questions

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| **1. Client-Level Service Utilization and Outcome Study** | • What are the needs of help-seekers who engage with 988?  
• Through which pathways do individuals access and engage with 988?  
• How does engagement with 988 impact clinical outcomes among help-seekers? | ![Icons]     |
| **2. Client-Level Risk Reduction Study**       | • What are the immediate outcomes of 988 contacts on suicide, homicide, and substance use risk?  
• How do help-seekers experience their contact with the 988 Lifeline? | ![Icons]     |

*Dates may change based on timing of OMB approval*
## Client-Level Evaluation Design Overview, Sources

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| **Client-Level Service Utilization and Outcome Study** | • Client Contact Disposition Form  
• Client Experience Survey  
• Extant Lifeline Post-Contact Survey Data  
• Grantee Document and Data Review Form  
  - aggregate suicide attempt and death data (i.e., IPP indicators T7 & T8) | Help-seekers - recruited through:  
• Crisis Contact Centers  
• Mobile Crisis Services  
• Crisis Stabilization Services |
| **Client-Level Risk Reduction Study** | • Recorded crisis contacts  
• Client key informant interviews  
• Extant Lifeline Post-Contact Survey Data | • Help-seekers |

*Dates may change based on timing of OMB approval*
### Study Name: Impact Study

#### Key Evaluation Questions:

- What is the impact of 988 on suicidal ideation over time?
- What is the impact of 988 on suicide attempts over time?
- What is the impact of 988 on non-fatal overdoses over time?
- What is the impact of 988 on suicide and overdose deaths over time?

#### Participants:

[Icon]
Utilizing Medicaid, Medicare, and Private Insurance Data to Understand Behavioral Health Crisis Continuum Service Trajectories, Clinical Outcomes, and Risk for Suicide or Other Violent Death

Available Datasets:
- Medicaid
- Medicare
- Marketplace
- National Death Index (NDI)

Analyses:
1. Prospective analysis of the subsequent crisis, emergency department, inpatient, residential and outpatient services received by individuals following an index crisis contact.
   *Subanalyses examining differences in outcomes by race/ethnicity, and SOGI (For analyses 1 through 10)
2. Retrospective analysis of behavioral health services received leading up to a crisis contact.
3. Cross-sectional analysis of behavioral health diagnoses at the time of crisis visits.
4. Prospective analysis of diagnostic outcomes following an index crisis contact.
   - 4a. Examining differences in diagnostics outcomes among crisis service users covered by Medicaid/Medicare, versus among those covered by private insurance.
5. Comparing crisis service utilization pre vs. post-COVID.
Analyses Continued:

6. Among those with a billing code for suicide attempt or ED visit with self-injury, compare risk of death by suicide among those with differing crisis and behavioral health service histories.

7. Among those with a billing code for suicide attempt or ED visit with self-injury, compare risk of death by suicide among those covered by Medicaid/Medicare, versus by private insurance.

8. Among those with crisis service utilization histories, comparing risk of death by suicide to 1) risk for other forms of violent death as well as to 2) risk for all other causes of death.


10. Examining difference in risk of death by suicide among crisis service users covered by Medicaid/Medicare, versus among those covered by private insurance.
• **Aim 1**: To assess the immediate, short-, and long-term effect of training on crisis counselors’ self-efficacy, knowledge, and skills.

• **Aim 2**: To evaluate the extent to which changes in self-efficacy, knowledge, and skills differ based on comfort working with various presenting concerns, including those related to minority stress and cultural fluency.

• **Aim 3**: To examine the extent to which crisis counselors effectively transfer knowledge from training to behavior, including the investigation of discrepancies between self-efficacy, knowledge, skills, and behavior.

• **Aim 4**: To understand the training experiences and types of support (e.g., training gaps, post-training supervisory and peer support) required to best meet the training needs of crisis counselors.
Vibrant Clinical Training Evaluation, 4 Areas

1. **REACTION**
   The degree to which participants find the training favorable, engaging, and relevant to their jobs.
   - **Aim 4**

2. **LEARNING**
   The degree to which participants acquire the intended knowledge, skills, confidence, and commitment to apply training principles.
   - **Aims 1, 2**

3. **BEHAVIOR**
   The degree to which participants apply what they learned during training when they are back on the job.
   - **Aims 1, 2, 3**

4. **RESULTS**
   The degree to which targeted outcomes occur as a result of the training and on-the-job support and accountability.
   - **Aims 1, 3**
Evaluation Design

Flowchart: All Lifeline Call Centers, n = ~200, leads to:
Organizational Catalyst & Capacity Inventory (newly proposed). This leads to 2 flowcharts for Study 1 and Study 2. Each of them have 6 content boxes.

- **Study 1: Core Training Outcomes Study (All Crisis Call Centers)**
  --Trained Staff
  -Existing Pre/Post Data
  -Newly Trained Staff
  -Enhanced Pre/Post Data
  -Training Feedback
  -6- or 12-month Workforce Follow-Up Survey
  -Crisis Center Sample:
    -Ability to Record Contacts
    -Willingness to Participate
    -Contact Volume
    -Geographic Distribution
    -Post-Contact Survey Participation

- **Study 2: Training Transfer Sub-Study (Subset of 24 Crisis Call Centers)**
  -National Backup Centers
  -QI Data
  -Crisis Contact Recordings
  -Focus Groups

+= Newly proposed data collection.
The **Core Training Outcomes Study** assess the extent to which Vibrant’s training courses are effective in improving the self-efficacy, knowledge, and skill of crisis counselors in implementing the Lifeline Safety Assessment Model (LSAM) across all Lifeline crisis contact centers.

**Evaluation Questions:**

- To what extent do crisis counselors’ self-efficacy, knowledge, and skill change in the immediate, short-, and long-term as a result of training? (Aim 1)
- How do self-efficacy, knowledge, and skill vary based on comfort working with various presenting concerns, including those related to minority stress and cultural fluency? (Aim 2)
- How do these outcomes vary based on crisis counselor characteristics (e.g., prior training exposure, professional experience, education) and center-level training supports?
- How do crisis counselors describe their training experiences and needs? (Aim 4)
- What do crisis counselors perceive as the utility and outcomes of training participation? What barriers or facilitators influence the implementation of training material?

**Proposed Data Sources:**

- **Organizational Catalyst and Capacity Inventory** (one-time survey, one crisis contact center director/administrator).
- **Enhanced Pre/Post Tests & Workforce Follow-Up Survey** (longitudinal follow-up surveys either 6-months or 12-months following training; newly trained counselors also complete enhanced pre- and post-training surveys)
- **Extant Data** (existing pre/post test data, knowledge assessment scores, registration data, training feedback)
The Training Transfer Sub-Study explores the extent to which crisis counselors effectively apply training principles in their work within a **subset of 24 recruited crisis centers**. This sub-study also gathers feedback from crisis counselors implementing training principles in varying contexts (e.g., call, chat, text), along with suggestions to strengthen training resources.

**Evaluation Questions:**

- To what extent do crisis counselors effectively transfer knowledge from training to behavior? (Aim 3)
- How do crisis counselors describe their training experiences and needs? (Aim 4)
  - What do crisis counselors perceive as the utility and outcomes of training participation? What barriers or facilitators influence the implementation of training material?
  - What types of support (e.g., training gaps, post-training supervisory and peer support) would enhance training experience or application for crisis counselors?

**Proposed Data Sources:**

- **Extant QI Data** (3 months prior to and after each center reaches 90% training completion)
- **Crisis Contact Recordings** (34 per participating center)
- **Extant Post-Contact Survey Data**
- **Focus Groups**
Thank you!

You can email questions to michelle.cornette@samhsa.hhs.gov
Upcoming

Webinar Series: Connecting to Serve: Promising Practices for 988 & 911 Collaboration, Session 4
   April 18, 2024, at 1:00 pm EST

“3C” Session:   April 16, 2024, at 2:00–3:00 pm EST
This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.

Contact Information

SAMHSA’s 988 CSR TTAC

• support@988crisisttac.org
• 844-464-8338 (toll free)

Subscribe to the CSR-TTAC contact list to get the latest 988 news and invitations to our events, or use the QR code to the left.
The System Composition and Collaboration Study seeks to understand the structure of each state or territory 988 Lifeline and crisis services continuum, as well as the extent to which crisis continuum agencies work together to support 988 implementation.

- The annual System Implementation Survey will gather information from funded states and territories about the structure of their crisis system, partnerships and collaboration efforts in place to support 988, funding sources, and barriers/facilitators to implementation.

- All agencies providing crisis continuum services within each state and territory will complete the bi-annual Crisis Continuum Provider Survey, which examines workforce composition, partnership engagement and collaboration, and policies and procedures that guide crisis work.

- A series of annual 988 Implementation Case Studies (including Cost Case Sub-Studies) will provide in-depth picture of 988 successes, barriers, funding, and collaboration efforts at the national, state/territory, and provider levels.

- Grantee Reports and Performance Data will be used to gather additional insight into partnerships, crisis services providers within each state/territory, and 988/911 collaboration.
The **System-Level Service Utilization Study** examines the relationship between 988 implementation and system-wide changes in crisis continuum service utilization as well as the impact of 988 on other systems of care to determine success in directing behavioral health crisis response to appropriate resources and decreasing costs.

- An Excel-based **Grantee Document and Data Review Form** will be used to abstract information from grantee reports related to service utilization, including contact volume, contact dispositions, follow-up program enrollment, ED or justice system diversions, relevant IPP indicators, and (where applicable) KPIs.

- Extant data from the Grantee Document and Data Review Form will be summarized and used to populate the **System Outcome Summary Inventory** each quarter. Grantees will be asked to review, confirm, and if needed, revise data.

- Data from the **System Implementation Survey** and the **System Outcome Summary Inventory**, will be used to understand the relationship between contact resolutions, crisis service engagement, crisis system characteristics, and system-level functional outcomes.

- Data from the **Crisis Continuum Provider Survey**, described previously, will be used to understand characteristics of the crisis workforce and other center-level factors that may impact system-level service utilization.

- **Extant emergency services and behavioral health service utilization data** will be used to assess the relationship between 988 and related systems of care, including considerations of cost savings.
The **Client-Level Service Utilization and Outcome Study** explores the effectiveness of the 988 Lifeline in linking help-seekers to services and supports after the initial crisis contact, as well as the relationship between 988 continuum contact and behavioral health outcomes and client perceptions of care.

- The **Client Contact Disposition Form** will be completed by crisis counselors for each client interested in evaluation participation, and will document the presenting concern, contact disposition, and response.

- The **Client Experience Survey** (conducted 1 week after initial contact, 3 months, 6 months, and 12 months) will be used to assess behavioral health outcomes, service engagement, perceptions of care, and pathways through care.

- **Extant Lifeline Post-Contact Survey Data**, where available, will be used to understand the relationship between immediate, short-term, and long-term behavioral health outcomes and provide additional information about initial counselor-help seeker rapport.

- Data from the **Grantee Document and Data Review Form**, where available, will be used to triangulate client-provided information about risk assessment and follow-up information, as well as aggregate suicide attempt and death data (i.e., IPP indicators).
The **Client-Level Risk Reduction Study** assesses the extent to which the 988 Lifeline effectively reduces immediate suicidal, homicidal, and overdose risk. This study also provides in-depth understanding of client experiences with 988.

- A sample of **recorded crisis contacts** will be coded to assess the efficacy of 988 in reducing immediate suicidal, homicidal, and substance use risk throughout the course of the initial crisis contact, along with the counselor behaviors and contact characteristics most closely associated with risk reduction.

- A series of **client key informant interviews** will be conducted to better understand client experience navigating the 988 crisis continuum, satisfaction with services and providers, and barriers and facilitators to service engagement.

- **Extant Lifeline Post-Contact Survey Data**, where available, will be used to understand the relationship between observed and self-assessed risk status changes.
The Impact Study examines the impact of the 988 Lifeline and Crisis Services Continuum in decreasing suicide and overdose morbidity and mortality.

- Extant behavioral health service utilization data (i.e., HCUP, NSDUH, and Medicaid claims data) will be used to understand links between 988 implementation, behavioral health service utilization, and morbidity and mortality data.

- Extant suicide and overdose morbidity data (i.e., CDC Wonder and data) will be used to examine changes in suicide and overdose morbidity related to 988 implementation.

- Extant suicide and overdose mortality data (i.e., CDC Wonder and Medicaid claims data) will be used to examine changes in suicide and overdose mortality related to 988 implementation.

- Extant Lifeline metrics and grantee KPIs, along with data from the System Implementation Survey, will be used to assess system-level characteristics that influence service utilization, morbidity, and mortality data.