Mississippi DMH 988 Suicide & Crisis Lifeline Centers Quality Assurance Plan

Executive Summary and Overview

The Mississippi Department of Mental Health (DMH) provides hope by supporting a continuum of care for individuals with mental illness, alcohol and drug addiction, and intellectual developmental disabilities. DMH works in partnership with the Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) ensuring high quality suicide prevention and crisis counseling services are provided to individuals seeking life-saving services, while adhering to the SAMHSA NOFO requirements under the 988 DMH STIM – 988 State and Territory Improvement Grant, Cohort 2 (H79FG001184).

The Mississippi DMH 988 Suicide & Crisis Lifeline Centers suicide prevention and crisis counseling services advance the mission and vision of DMH.

Mission. The DMH mission is to support a better tomorrow by making a difference in the lives of Mississippians with a mental illness, substance use disorder and/or intellectual and developmental disability.

Vision. We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when . . .
- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and support.

The Mississippi DMH 988 Suicide & Crisis Lifeline Centers Quality Assurance Plan aligns with the following goals, objectives and strategies in the DMH FY 23-FY27 Strategic Plan:
- Goal 3: To improve connections to care and the effectiveness of the crisis services continuum network of services statewide. Objective 3.3: Expand capacity of 988 Lifeline Centers within the crisis continuum.
- Strategy 3.3.1: Meet increased demand in crisis calls, texts, and chats at the state's two Lifeline Centers.
- Strategy 3.3.2: Research and implement technology that provides quality coordination of crisis care in real-time to support the continuum of crisis services.
- Strategy 3.4.2: Initiate MOUs between the 988 Lifeline Centers and Community Mental Health Centers to improve care coordination.

The Mississippi DMH 988 Suicide & Crisis Lifeline Centers Quality Assurance Plan documents a high-level overview of the guiding principles, roles and responsibilities shared between DMH and the Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline). This plan is supplemented by all existing policies and best practices outlined in the Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement). All parties adopt the best practices outlined in the Saving.Lives.in.America¿❺❹❹.Quality.and.Services.Plan (issued April 2024) inclusive of evaluation metrics; call center administration requirements; implementation of evidence-based practices; training, referral, and follow-up best practices; quality assurance; quality improvement; and data collection practices. The following provides a summary of these points enhanced with specific DMH state-level requirements as applicable.

1. Promoting Excellence in Overall 988 Service Quality

Guiding Principles

- Standardized, comprehensive training will ensure that professionals who engage with or support contacts to the 988 Suicide & Lifeline Centers are well-trained and equipped with the necessary skills, knowledge, and awareness to provide appropriate crisis intervention services across diverse scenarios.
- Data management and privacy will be central to the 988 Suicide & Lifeline Centers to ensure sensitive information is safeguarded and that data can be leveraged appropriately to enhance service quality and effectiveness.
- Timely delivery of services will drive quality assurance and improvement approaches such that best efforts are made to achieve 988 Network performance targets.
- Frequent and supportive feedback will support effective communication to and from 988 Suicide & Lifeline Centers staff and state partners to ensure individuals in need are receiving the best information from the most competent staff available.
- 988 Suicide & Lifeline Centers workforce wellness will be prioritized through bi-weekly staff meetings that include a wellness topic, in addition to ongoing support from leadership. The SAMHSA. Staying.in.Balance toolkit will be used to inform workforce wellness components.

Roles and Responsibilities - DMH will:

- Annually review established 988 Suicide & Lifeline Centers policies and procedures to provide constructive feedback in continual quality improvement towards accomplishing the guiding principles noted above.
- Provide constructive feedback and contributions towards any Performance Improvement plans initiated by DMH or Vibrant as per the Network Agreement to the 988 Suicide & Lifeline Centers.
- Establish target impacts for the expansion of crisis services across Mississippi, inclusive of increasing post-988 follow-up services that connect individuals/contacts to community-based resources for continued care post-crisis intervention.

- Ensure timely reporting and documentation of critical incident/sequential events.
- Work with 988 Suicide & Lifeline Centers toward achieving General Provider Certification status, including documenting any Performance Improvement Plans.
- Ensure data privacy and confidentiality regulations adhering to DMH, SAMHSA, ICH, Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement).

Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) will:

- Establish clear definitions and standardized protocols for crisis intervention and referral services.
- Ensure clarity and consistency in its policies and procedures.
- Establish and enforce clear expectations and training around data management and privacy.
- Annually review crisis response resources and add them to its resource database as they become known and available.
- Implement cybersecurity safeguards such that the lifeline system used locally is safeguarded against potential threats and ensure uninterrupted service delivery.
- Provide training to all 988 Suicide & Crisis Lifeline staff before they begin responding to any 988 Lifeline contacts, and on an annual basis thereafter, in alignment with the Network Agreement and consistent with the 988 Lifeline Suicide Safety Policy and Safety Assessment Model.
- Have designated staff that regularly act in a managerial or training capacity with knowledge of the Center's and of the 988 Lifeline Administrator's most current policies and procedures to ensure ongoing training and quality improvement.
- Ensure timely reporting and documentation of critical incident/sequential events to DMH and Vibrant.
- Work with DMH toward achieving General Provider Certification status, including documenting any Performance Improvement Plans.
- Ensure data privacy and confidentiality regulations adhering to DMH, SAMHSA, ICH, Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement).

2. Promoting Service Integrity & Crisis Continuum Improvement Guiding Principles

Guiding Principles

- Key.performance.indicators.will be established and enforced in alignment with the national 988 standards and monitored to drive quality improvement initiatives at a regular frequency. Operational quality will be monitored in alignment with the established KPIs including but not limited to time to answer calls, abandon call rate, and roll over rate to the national backup network. Clinical quality will be monitored
- Cross_agency.support will support quality assurance improvement across the continuum of care.

Roles and Responsibilities - DMH will:

- Support post-988 relationship building across crisis service system stakeholders and service providers {911, regional Community Mental Health Centers, law enforcement, courts, and NAMI}, to unify 988 response across the crisis continuum of care, and ensure those entities are aware of post-988 warm hand-of practices, procedures and utilize 988 Suicide & Crisis Lifeline Center services in Mississippi.
- Develop and maintain formal relationships with Public Safety Access Points (PSAPs) (911 Public Safety Telecommunicators) in support of reciprocal call transfer and evaluate those relationships quarterly to refine and improve based on experiences and lessons learned.
- Convene the state-level 988 Coalition advisory committee as needed to support further development or enhancement of crisis continuum of care services.
- Lead Suicide Prevention team initiatives and collaborate with Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) on those initiatives ensuring both parties are aware of statewide efforts.
- Draft and manage the Mississippi Suicide Prevention Plan, including Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) as a contributing partner to that work, streamline goals.
- Establish target impacts for the expansion of crisis services across Mississippi, connecting individuals to systems and settings that best match their care needs closer to home.
- Provide immediate review of any sentinel events reported by the Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) and work in partnership with the Center and the 988 Lifeline Network as appropriate to review protocols and provide resources to aid the Center in implementing any responsive changes to those events.

Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) will:

- Comply with the Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement) policy related to quality improvement which articulates best efforts to respond promptly to contacts received by the 988 Suicide & Crisis Lifeline Centers and its quality improvement monitoring of those interactions.

- Conduct critical incident/sentinel event reviews on any unusual or particularly challenging contacts within 24 hours of a critical event and/or sentinel event and follow procedures required for reporting critical incidents, as outlined in Mississippi. Department. of. Mental. Health. Operational. Standards. for. Mental. Health? Intellectual Developmental. Disabilities? and. Substance. Use. Community.Service.Providers?November.8680?Part.8¿Chapter.7❶¿Incident.Reporting.

- Implement and follow the most recently adopted 988 Suicide & Crisis Lifeline policy on Sentinel Events as part of the Vibrant Emotional Health / 988 Suicide & Lifeline Network Agreement. In addition, Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) will report all unexpected occurrences in alignment with the DMH critical event policy via a follow-up report to DMH within 24 hours of the discovery of the event, including a written description of what happened using the Vibrant Sentinel Event Form, the client's name, and immediate actions taken by the agency (please see Appendix A).

3. Promoting Quality Assurance Information Flows Between State, 988 Suicide & Crisis Lifeline Centers, SAMHSA, Vibrant and local Community Providers

Guiding Principles

- Effective communication will ensure individuals in need receive the information and resources they need.
- Information will be disseminated about 988 Suicide & Crisis Lifeline Centers' services across multiple and various channels to ensure broad outreach and accessibility.
- Data will be publicly accessible to the extent that it maintains individual privacy to convey utilization and increase awareness of services available among local constituents.

Roles and Responsibilities - DMH will:

- Establish target impacts for the expansion of crisis services across Mississippi, inclusive of increasing awareness and utilization of 988.
- Support statewide 988 message dissemination through its DMH 988 media awareness campaign [988 Suicide & Crisis Lifeline](#)

988 Billboard Campaign

In an effort to raise awareness about the 988 Suicide & Crisis Lifeline, the Mississippi Department of Mental Health launched a comprehensive advertising campaign featuring eye-catching billboards, mobile truck ads, and gas station signage. This campaign aims to ensure that every Mississippian knows that help is just a phone call, text, or chat away. By placing these messages in high-traffic areas, we've expanded the reach of 988, making it easier for those in crisis to connect with the support they need.

Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) will:

- Support agency-level initiatives towards 988 awareness and promotion in collaboration with state-led messaging so as to provide consistency and clarity in approach.

DMH 988 Bureau of Crisis Services

Administration of Mississippi's 988 Suicide & Crisis Lifeline Centers

Since January 14, 2022, Mississippi's 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) have provided 24/7 primary coverage for all 82 counties in Mississippi. 988, the three-digit dialing code for the Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) launched on July 16, 2022. Mississippi's 988 Suicide & Crisis Lifeline Centers initiated chat and text in April 2023.

In FY24, the Mississippi 988 Suicide & Crisis Lifeline Centers answered 15,467 calls, resulting in an in-state answer rate of 97%, among the highest in the nation. Staff responded to 362 texts and 290 chats during that same timeframe.

During the past five years, Mississippi's 988 Suicide & Crisis Lifeline Centers' in-state answer rates increased from 46% to 98% as of February 28, 2025. This reflects continuous quality improvement to sustain 988 capacity statewide and ensure quality care.

Mississippi 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline)
- Are accredited by the International Council for Helplines (ICH), operating under the highest standards of care aligned with the SAMHSA NOFO requirements, Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement) and DMH Operational Standards.
- SAMHSA guiding principles, 988 toolkits and Saving.Lives.in.America¿988.Quality.and.Services. Plan (issued April 2024) best practices outlined for crisis interventions inform continuous quality improvement strategies promoting excellence in overall 988 service quality.

DMH Crisis Support & Response
- During FY24, there were 7,830 calls to Mobile Crisis Emergency Response Teams (MCeRT); 5,745 calls to the DMH Helpline and 25% (n=1,469) calls were answered by one of Mississippi's two 988 Suicide & Crisis Lifeline Centers, CONTACT The Crisis Line.

Post-988 Crisis Continuum of Care

988.DMH.Evaluation.Goal.9¿Create a robust, coordinated, and comprehensive crisis service system that increases and sustains collaboration among the Mississippi 988 Suicide & Crisis Lifeline Centers, crisis system partners (911), regional Community Mental Health Centers, law enforcement, courts, and NAMI, post-988 contact to unify 988 responses and includes a focus on high-risk/underserved populations.

There are no gaps in coverage within any Mississippi county.

The tables below show the coverage areas for the Mississippi DMH 988 Suicide & Crisis Lifeline Centers as aligned to the DMH 988 Implementation Plan and Vibrant Emotional Health /988 Suicide & Lifeline Network Agreement (Network Agreement), which was approved by SAMHSA.

Provider Demographics

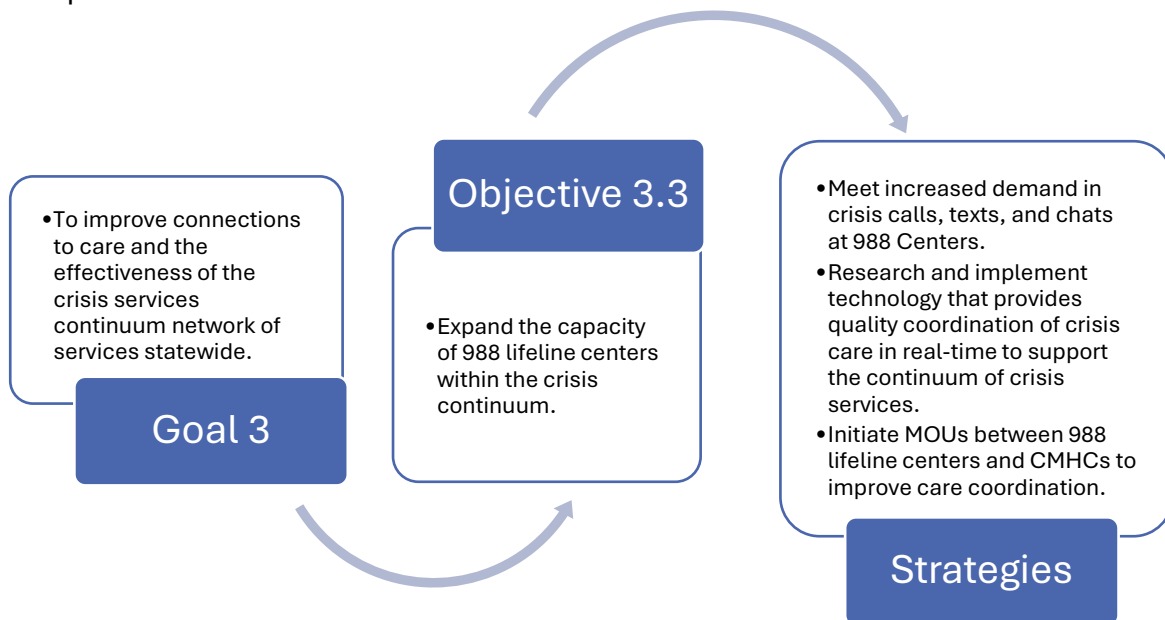|	
Provider Name	CONTACT The Crisis Line
Provider Address	4419 Broad Meadow St, Jackson, MS 39206
Target Area	Primary. 74 of 82 counties. Rankin, Franklin, Lafayette, Hinds, Pontotoc, Claiborne, Jasper, Lawrence, Walthall, Stone, Harrison, Union, Scott, Covington, Panola, Tishomingo, Tippah, Coahoma, Bolivar, Lee, Newton, Alcorn, Pearl River, Adams, Hancock, Clarke, Neshoba, Copiah, Yazoo, Tunica, Attala, Holmes, Perry, George, Lauderdale, Chickasaw, Prentiss, Jackson, Yalobusha, Leflore, Desoto, Smith, Forrest, Amite, Marion, Washington, Greene, Grenada, Sharkey, Simpson, Leake, Pike, Jones, Kemper, Warren, Jefferson, Benton, Lamar, Calhoun, Marshall, Tate, Quitman, Sunflower, Tallahatchie, Wayne, Carroll, Lincoln, Madison, Itawamba, Humphreys, and Wilkinson.
	Backup. Oktibbeha, Lowndes, Webster, Winston, Clay, Noxubee, Choctaw, Monroe.
Service History	A not-for-profit 501(c) (3) Mississippi Corporation. 55 years of service history. Website: https://www.contactthecrisisline.org/
Lead Contact	Brenda Patterson, Executive Director
Accreditation	International Council for HELPLINES (July 2024-July 2027)

Provider Demographics

Provider Name	CONTACT Helpline
Provider Address	Address: P.O. Box 1304, Columbus, MS 39703
Target Area	Primary. 8 of 72 counties. Oktibbeha, Lowndes, Webster, Winston, Clay, Noxubee, Choctaw, Monroe.
	Backup. Rankin, Franklin, Lafayette, Hinds, Pontotoc, Claiborne, Jasper, Lawrence, Walthall, Stone, Harrison, Union, Scott, Covington, Panola, Tishomingo, Tippah, Coahoma, Bolivar, Lee, Newton, Alcorn, Pearl River, Adams, Hancock, Clarke, Neshoba, Copiah, Yazoo, Tunica, Attala, Holmes, Perry, George, Lauderdale, Chickasaw, Prentiss, Jackson, Yalobusha, Leflore, Desoto, Smith, Forrest, Amite, Marion, Washington, Greene, Grenada, Sharkey, Simpson, Leake, Pike, Jones, Kemper, Warren, Jefferson, Benton, Lamar, Calhoun, Marshall, Tate, Quitman, Sunflower, Tallahatchie, Wayne, Carroll, Lincoln, Madison, Itawamba, Humphreys, Wilkinson.
Service History	A not-for-profit 501(c) (3) Mississippi Corporation. 55 years of service history. Website: http://www.contacthelplinegtrms.org/
Lead Contact	Katrina Sunivelle, Executive Director
Accreditation	International Council for HELPLINES (June 2022-June 2025)

988 Quality Assurance and Continuous Quality Improvement (CQI) Process

DMH Division Director of 988, Bureau of Crisis Services, Ja'Quila Newsome facilitates quality assurance monitoring of the Mississippi DMH 988 Suicide & Crisis Lifeline Centers Quality Assurance Plan working in tandem with DMH staff across Bureaus and Divisions, during monthly performance reviews working with the 988 Project Director, 988 Project Evaluator and Operations Coordinator and the Executive Directors of the 988 Suicide & Crisis Lifeline Centers, ensuring full compliance with the SAMHSA NOFO, DMH STIM – 988 State and Territory Improvement Grant, Cohort 2 (H79FG001184) and associated subawards, DMH Operational Standards, Vibrant Emotional Health/988 Suicide & Lifeline Network Agreement (Network Agreement), and International Council for Helplines (ICH) accreditation standards.

The quality assurance monitoring process coincides with the review of the DMH FY23-FY27 Strategic Plan performance and quality improvement strategies used for addressing best practices and emerging needs in Mississippi. During the quality assurance monthly review, all reporting, results, and/or any performance Improvement plans are discussed.

Goal 3
- To improve connections to care and the effectiveness of the crisis services continuum network of services statewide.

Objective 3.3
- Expand the capacity of 988 lifeline centers within the crisis continuum.

Strategies
- Meet increased demand in crisis calls, texts, and chats at 988 Centers.
- Research and implement technology that provides quality coordination of crisis care in real-time to support the continuum of crisis services.
- Initiate MOUs between 988 lifeline centers and CMHCs to improve care coordination.

The quality assurance review process uses a strengths-based, positive reinforcement approach coupled with identified CQI strategies that center on:
- Saving lives and addressing emerging needs for all Mississippians
- Sustaining quality care for individuals using 988 services
- Increasing and sustaining 988 statewide capacity (calls, texts, chats)
- Strengthening collaborations among DMH, the 988 Suicide & Crisis Lifeline Centers, regional Community Mental Health Centers, law enforcement, 911 Public Safety Telecommunicators, courts, NAMI and other crisis continuum of care partners.
- Providing timely 988 post-follow-up procedures establishing warm hand-offs among the crisis continuum of care.

988 Quality Assurance & CQI Review Documentation and Reporting

The Mississippi DMH 988 Suicide & Crisis Lifeline Centers Quality Assurance Plan is reviewed monthly to monitor Key Performance Indicators (KPI) aligned with the Vibrant Emotional Health/988 Suicide & Lifeline Network Agreement (Network Agreement) performance and best practices.

The Executive Directors of the Mississippi 988 Suicide & Crisis Lifeline Centers monitor clinical quality using CQI strategies for the monthly call monitoring and evaluation of crisis counselors competencies through role-playing scenarios and observed calls/chat/text/interactions to include the following area: crisis counselor interactions with callers/contacts, adherence to protocols, active listening skills, de-escalation techniques, accurate information provision, proper documentation, staff training compliance, and timely follow-up procedures, post-988 contact, among the crisis continuum of care. Steps include:

- The Executive Directors of the 988 Suicide & Crisis Lifeline Centers participate in an annual self-assessment process ensuring compliance with the Vibrant Emotional Health/988 Suicide & Lifeline Network Agreement (Network Agreement) and performance indicators.
- DMH, the Executive Directors of the 988 Suicide & Crisis Lifeline Centers and Vibrant randomly select calls for reviewing; .5-3% of regular calls, texts, and chats and document results using the Vibrant Quality Improvement tool that includes a standardized rubric to score different aspects of a call/text/chat based on the established assessment criteria.
- The Executive Directors of the 988 Suicide & Crisis Lifeline Centers monitor, track and complete a monthly quality assurance review of training completion data, answer rates, interactions, successful de-escalation rates and completed critical incident/sequential reporting requirements to ensure the 988 Suicide & Crisis Lifeline Centers are meeting KPI measures and {CQI targets.

988 Quality Assurance Measures for Clinical Care

- Assessment and documentation criteria including:
  - Initial greeting and introduction (assessing if counselors effectively establish rapport with callers/contacts)
  - Active listening and empathy demonstrated
  - Appropriate crisis intervention techniques used
  - Accurate information provided
  - De-escalation strategies employed when necessary
  - Proper documentation of call details
  - Evaluating if crisis assessment is thorough and accurate.
  - Ensuring appropriate use of safety planning strategies and referrals are made.
  - Ensuring caller information is accurately documented.
  - Checking for completeness of referrals and follow-up actions
  - Effective use of Triaging based on Vibrant guidance (see Appendix B)

Clinical Care Continuous Quality Improvement & Targets. 90% of 988 Suicide & Crisis Lifeline Centers crisis counselors will achieve quality improvement scores of 70% or higher (monthly); 70% or higher overall 988 Suicide & Crisis Lifeline Centers (quarterly). The 988 Suicide & Crisis Lifeline Centers have established policies, practices and procedures outlining the use of, and the monitoring of the 988 Lifeline quality care standards. CQI performance improvement strategies used by DMH, the 988 Suicide & Crisis Lifeline Centers, and Vibrant include peer review, established feedback loops that positive reinforcement and areas for development, implementing coaching and training for identified areas of concern and documentation in and written CQI performance improvement plans.

988 Key Performance Indicators (KPI) and CQI Targets

KPI Measure	How the level of performance is being measured	KPI/CQI Target	Data Source
Operational Quality			
Calls received Chats received Texts received	Total number of contacts (calls, chats, texts) received at both 988 Suicide & Crisis Lifeline Centers.	At least 90%	Vibrant 988 Broad State Metrics for MS Report
Call average speed to answer Chat average speed to answer Texts average speed to answer	Speed to answer contact at both 988 Suicide & Crisis Lifeline Centers.	Of contacts answered, 95% answered within 20 seconds or less, 90% answered within 15 seconds or less.	
Call abandonment rate Chat abandonment rate Texts abandonment rate	% of contacts received vs. disconnected prior to answer at both 988 Suicide & Crisis Lifeline Centers	Less than 5% of contacts abandoning their contacts	
Direct/rollover calls to backup centers	Total number of phone contacts sent to backup centers at both 988 Suicide & Crisis Lifeline Centers.	Less than 10% of calls rolling over into the 988 Lifeline National Backup Network	
Clinical Quality			
KPI Measure	How the level of performance is being measured	KPI/CQI Target	Data Source
Monitor between .5% - 3% of 988 Suicide & Crisis Lifeline Centers call, texts and chats interactions per month.	CQI Monitoring of Interactions. The 988 Suicide & Crisis Lifeline Centers will complete interaction monitoring monthly for calls, texts and chats to ensure the highest levels of service for all contacts. The 988 Suicide & Crisis Lifeline Centers will document its performance on the 988 Lifeline's Quality Improvement (QI) Monitoring Forms, for interactions assigned to them by the Network Administrator via the Unified Platform. The 988 Suicide & Crisis Lifeline Centers may choose to monitor additional aspects of an interaction but must at a minimum monitor the aspects of an interaction outlined in the QI Monitoring Forms, which are available to view on the Network Resource Center. The 988 Suicide & Crisis Lifeline Centers are required to monitor between .5% - 3% of 988 Lifeline Network interactions per month. The 988 Suicide & Crisis Lifeline Centers will submit their reviews through Vibrant Exchange. The 988 Suicide & Crisis Lifeline Centers are required to provide timely responses to the Network Administrator on any interactions identified by the 988 Lifeline Quality Improvement team as not meeting 988 Lifeline standards. The 988 Suicide & Crisis Lifeline Centers will adhere to the 988 Lifeline Administrator's clinical standards for calls/chats/texts. The Vibrant Network Administrator will assign a random sample of a Center's chats/texts or calls to be monitored.	90% of all crisis counselors taking interactions should achieve QI scores of 70% or higher (monthly) and 70% or higher overall center score (quarterly)	Network Resource Center, Unified Platform. Live Observation and results documented on QI Monitoring Form.

Quality Improvement Plan Sample Used for Performance Improvement Plan

Identified Root Causes

Quality Improvement Plan				
Root Cause Addressed				
Action Steps	**Lead Person**	**Timelines**	**Evidence**	**Resources Needed**

Appendix A: 988 Vibrant Sentinel Event Form

Sentinel Event REPORT FORM

Lifeline staff should complete this form and send it to SAMHSA any time a death has occurred after a contact with the 988 Lifeline.

INFORMATION TO BE COMPLETED BY LIFELINE STAFF		

Caller/Chatter/Text Visitor initials:		Veteran (Y/N or Unknown):
Age of the Caller/Chatter/Text Visitor (if known):		
Location of the Incident:		
Correspondent's Name:	Correspondent's affiliated Organization:	
Email:	Phone Number:	Zip Code:
Date Received:	Time Received:	

Data about call(s), text(s) or chat visit(s): date, time, crisis center, length of interaction, ID information
Crisis center:
Date:
Time:
Length of interaction:
Interaction ID or phone number used:

LIFELINE STAFF CONTACT INFORMATION

Name: Juliana K. Wichers, MSW	Title: 988 Quality Improvement Manager
Email: jellis@vibrant.org	Phone:

CRISIS CENTER CONTACT INFORMATION

Center Name:	
Contact Name:	Title:
Email:	Phone:
Date of Contact with Crisis Center:	Time:

LIFELINE NOTIFICATION

How did the Lifeline learn of the incident, if known?

INFORMATION TO BE COMPLETED BY CRISIS CENTER STAFF	
Name of Individual Submitting Report with Title and Credentials:	Submission Date:

Interaction summary to include safety assessment, a timeline, and safety plan details

Summary with a Timeline:

Safety Assessment:
Desire-
Capability-
Intent-
Buffers-

Violence and Threat Assessment
Desire-
Capability-
Intent-
Buffers-

Safety Plan:
Warning Signs/Triggers-
Coping skills-
People and Social Settings-
People who can ask for help from-
Professionals or Agencies-
Plan for making environment safer-

Any Action Taken by Crisis Center to Support Staff

Please report if the center shared the incident with the crisis counselor, and if so, what support has been provided by leadership:

Please explain the rationale if leadership chose not to share the incident with the crisis counselor:

Action Taken by Crisis Center

Please report steps taken to review and the findings from this interaction:

What 988 Lifeline and crisis center policies were involved in this interaction?

Were 988 Lifeline and crisis center policies followed? Explain.

Crisis center next implementation steps

Emergency Intervention

Was a Crisis Center Supervisor consulted:

Was Emergency Intervention Initiated for this Contact (Yes/No):

If Yes, Name of Law Enforcement Agency:

Emergency Intervention

If Emergency Intervention was initiated, at Follow Up with Law Enforcement, Please Provide a Description of their Actions:

Emergency Intervention

If No Emergency Intervention was Initiated, describe the rationale, including the Safety Plan Details:

988 LIFELINE QUALITY IMPROVEMENT REVIEW AND ACTIONS

Names and Titles of Lifeline staff involved:
Lifeline Actions with the crisis center after reviewing original report including dates
Lifeline's Recommendations to crisis center, if any
Lifeline's recommendations for 988 Lifeline improvement, if any

988 SUICIDE & CRISIS **LIFELINE**

Published 4/2019, Updated 5/2023

Triaging Guidance

Triaging is the process of sorting calls, chats, and texts based on urgency and/or specialized need, often in response to capacity needs. In an ideal world, triaging would not be necessary for any Lifeline conversations, and all callers, chatters and texters would be able to be helped by the crisis counselor that answers the conversation without any disruption.

Centers should review the information in this document regarding the Lifeline Back-Up Subnetwork and suggestions for staffing levels that may eliminate the need to triage in many cases. If there are still circumstances where managing incoming Lifeline volume with other local hotlines is causing a need to triage, please refer to the list of acceptable, conditional, and unacceptable triaging practices below.

Whenever a center considers employs triaging strategies of any kind, it's of critical importance that Lifeline callers/chatters/texters are not made to feel like they should not have reached out or that the Lifeline does not have time for them or value the concerns that made them contact the Lifeline in the first place. Crisis counselors must spend time listening to and exploring the individual's presenting issues and providing warm, empathetic responses before making any decisions about triaging.

Acceptable Triaging Practices
- Closing in-progress calls with Familiar Callers and/or non-crisis/information calls when calls are in queue or lines are ringing, especially on overnights
  - All must be assessed for suicide, with low risk/high safety assessed before ending the conversation
  - Recommendations for offering a call back to complete any needed referrals should be in place
  - See additional notes on page 2 of this tip sheet for more detailed guidance on how to do this type of triage successfully
  - A center's normal policies and procedures for dealing with Familiar Callers or any inappropriate behavior still apply.
- Crisis counselors handling up to two simultaneous chat or text conversations at one time (but not more)

Conditional Triaging Practices
- Potentially putting a Lifeline caller on hold to respond to a local line if absolutely no other crisis counselors are available and/or your local lines have no other back-up procedures
  - Centers should review if other back-up procedures for local lines can be put into place
  - Any caller must be assessed for suicide with low risk/high safety before this could be considered at all (if risk is high/safety low, do not put the caller on hold, the other line cannot be answered)

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o The center must have protocols in place for determining which call (the original, or the second call answered) is most urgent and the center must offer to complete a call back to the other as soon as possible

Unacceptable Triaging Practices

- Putting callers on hold right as calls begin
- Allowing a receptionist, intake personnel, or any other center staff or volunteer to answer calls/chats/texts for the purpose of triaging and passing to other center staff to handle to completion. The crisis counselor who answers the call/chat/text must be trained and ready to handle all phases of a Lifeline conversation using the Safety Assessment model without the need to transfer to another crisis counselor
- Triaging based on level of risk: In some behavioral health services, individuals are first assessed/screened and then transferred to a different worker for higher levels of care. On the Lifeline, crisis counselors must be trained to handle all conversations and centers should not screen callers/chatters/texters and in order to assign them to another worker based on level of risk or presenting issues.
- Screening calls/chats/texts to divert to other lines or other Lifeline centers (referrals and warm transfers can be made in the Safety Planning phase if connections are needed) One crisis counselor juggling their time between two callers at once (switching back and forth, or leaving one to wait while working with the other)
- Crisis counselors taking chat/text and phone conversations simultaneously
- Sending Lifeline callers to voicemail
- Telling Lifeline callers that you can only speak to people who are suicidal or "in crisis" and ending calls that do not identify or "seem" like they are suicidal in initial screening, or are deemed to be "lower risk"

Strategies to Consider Before Triaging Callers/Chatters/Texters

Let the Lifeline Back-Up Network function as planned

The Back-Up Network is designed to help the Lifeline network handle overflow calls. When a center has more calls coming in at a given moment than crisis counselors who are available to respond, calls roll over to this network. Whenever possible it is better to let a Lifeline call rollover to the back-up center than to put a current Lifeline call on hold to answer another call or end a call prematurely. If due to your center's telephony system and/or additional simultaneous call volume from local lines, the backup network is not an option, triaging may be necessary.

Make Adjustments to Staffing Levels

Some capacity issues can be resolved without triaging calls/chats/texts. Review your center's call volume by each hour of the day, for each day of the week and use an Erlang C calculator to determine if you have enough staff at the right hours of the day/night, and right days of the week. Adjust your schedules accordingly and some capacity issues can be resolved. See the Lifeline Crisis Call Center Metrics paper for more information on how to do this analysis.

Important Notes About Triaging Callers Based on Suicidality/Crisis Level

- Helping people with emotional distress IS a critical part of suicide prevention, even if the person is not specifically suicidal at that moment. The Lifeline's expectation is for all

Lifeline callers, chatters, and texters to feel welcomed and supported regardless of the severity of their suicidal thoughts or emotional distress
- o Crisis counselors should utilize active listening and communicate that we do want to hear their story and support them
- Not all callers will disclose suicidality right at the beginning of the call, as they need to develop some trust and rapport with the counselor first
  - o Crisis counselors need to be aware of and explore any warning signs and risk factors the individual discloses so they can reassess later in the conversation
- Simply asking callers if they are "in crisis" before allowing them to continue their conversation doesn't yield good results
  - o The phrase "in crisis" means different things to different people. Individuals may answer based on a different definition of crisis than the counselor intended
  - o Individuals may also answer "no" or "I guess not" based on not feeling welcomed or able to trust someone who sounds like they are trying to hurry them along
- Telling a caller that you need to "free the line up" to talk to people who are thinking about suicide sends the message to the caller that their distress is not worth your while, and also sends the message that if they say they are thinking of suicide when they are not they will get more/better attention from the crisis counselor
  - o For more appropriate ways to close calls please see the tip sheet Closing Conversations Tip Sheet on the NRC

If your center's practices do not currently align with these guidelines or you have other questions about triaging practices, please reach out to the Lifeline at AskSTP@vibrant.org to set up a discussion with our Standards, Training and Best Practices (STP) team members.