

# Core Areas Instructions for 988 Implementation Plan Template

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### **About & Navigation**

This document provides guidance for completing the eight core area sections of the 988 Implementation Plan Template (see separate Word document). It accompanies the **988 Implementation Plan Template User Guide** (User Guide, see separate PDF).

To navigate throughout the Core Areas Instructions document, refer to the above table of contents or, on a PC, hold the CTRL button plus the letter “F” to open a menu on the left. Click on **Headings** (under the search bar) to display a list of the eight core areas. Click on any heading to go to that core area.

## **Eight Core 988 Planning and Implementation Considerations**

As outlined in the 988 Planning Grant RFA, the work of your 988 stakeholder coalition has focused on eight core planning and implementation considerations for 988. You will structure most of your draft and final implementation plans around these eight core areas.

Each of the core areas has a section below. Each section includes:

- An overview of the aim of that core area.
- Specific recommendations and milestones.
  - In general, these represent aspirational goals (what Vibrant hopes states will have achieved, and by when). In some cases that are clearly labeled, the benchmarks are required to be met for participation in the Lifeline network.
- Key information about the core area, along with key resources at the end of the section.

### **Plan Due Dates**

<b>9/30/21</b>	<b>Draft plan due.</b> Submit to your assigned Grant Manager.
<b>1/21/22</b>	<b>Final plan due.</b> Submission instructions TBD.

## Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

### **Aim of Core Area 1:**

Grantees must ensure that there is a schedule of coverage within their state/territory that provides 24/7 coverage for 988 calls, chats, and texts by Lifeline crisis centers.

- The schedule must ensure that all geographic parts of the State or Territory have primary coverage 24/7. If some areas or hours do not have primary coverage, those calls are sent directly to Lifeline's National Backup Network, which negatively impacts your in-state answer rate.
- The schedule you provide will also detail which centers will provide backup coverage for in-state calls, i.e., calls that are not answered by one center in your state will be directed to another center within your state/territory. (If in-state backup centers do not answer, the call is sent to the National Backup Network.)

### **Recommendations/Milestones:**

#### **Core Area 1, Part 1: 988 Calls**

- Phase 1 Recommendation: By 6/30/22, states/territories will have ensured there is statewide/territory wide 24/7 **primary coverage** by in-state Lifeline crisis centers for Lifeline/988 calls. (Also see Core Area 3: Your state/territory should also have achieved the target in-state answer rate for Phase 1.)
- Phase 2 Recommendation: By 6/30/23, state/territories will have ensured there is *both* statewide/territory-wide 24/7 **primary and backup coverage** for every county by in-state Lifeline member crisis contact centers for 988 calls. (Also see Core Area 3: Your state/territory should also have achieved the target in-state answer rate for Phase 2 calls.)

Note: Ensuring each county has **backup coverage** for calls **sooner than July 2023 is strongly preferred**, if possible, and optimally by July 2022.

#### **Core Area 1, Part 2: 988 Chat/Text**

- Phase 1 Recommendation: By 6/30/22, states/territories will have ensured **some level of coverage for Lifeline/988 chat/text** provided by in-state/territory Lifeline center(s), even if it is not 24/7 (capacity sufficient to handle at least 50% of Y1 988 chat/text projections).
- Phase 2 Recommendation: By 6/30/23, state/territories will have ensured there is **24/7 coverage for 988 crisis chat/text** provided by **in-state** Lifeline center(s) (capacity sufficient to handle at least 80% of Y1 988 chat/text projections).

**There are two parts to Core Area 1:** 988 Calls and 988 Chats/Texts. Record the background information separately for each part. Summarize data and other background information that briefly describes your current situation, gaps, progress, and proposed approach for that part of Core Area 1. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

### **Related Core Areas**

- Core Area 3: Capacity to Achieve Target In-State/In-Territory Answer Rates

## Core Area 1, Part 1: 988 Calls

### Required Background Information for Core Area 1, Part 1

#### About Primary and Backup Coverage

##### What is Coverage?

"Coverage" refers to the geographic area served (which for calls can currently be designated by county, area code, and/or zip code) and the hours of operation during which a crisis center answers contacts. A center providing "primary coverage" to a certain geographic area for calls will be the first center to which calls from that area are routed. If the center providing primary coverage does not answer the call within the Lifeline's specified time threshold, the call is then routed to a center within the state providing "backup coverage" for that area. Through Lifeline's platform chats/texts are currently routed nationally, but in the future will be routed by state/territory.

##### How Will States/Territories Recommend Coverage Areas to the Lifeline?

As the Lifeline administrator, Vibrant handles the technological aspects of routing. You provide them with a recommended schedule. Specifically, you will work with your Lifeline crisis centers and other partners to propose which Lifeline centers should cover which types of contacts in which geographic areas at which times. You will also work to ensure these centers have sufficient capacity for the types of contacts and volume they will handle. You will communicate your proposed plan to Vibrant by providing them with a county-by-county desired coverage schedule that designates which Lifeline crisis centers in your state/territory will provide primary and backup coverage for 988 calls along with the geographic area and hours they will cover. You will also provide a proposed plan for the Lifeline center(s) that will provide statewide/territory-wide coverage of chat/text and hours for each. Note that financial support for proposed routing schedules increases viability and support from both Vibrant and SAMHSA.

##### How Will Coverage Areas Be Updated?

Once you make your recommendations to Vibrant about the call, chat and text routing options you would prefer (i.e., which centers cover each area, which are primary or backup, days and hours), **the final determination of the routing structure will be determined by Vibrant in collaboration with centers, states/territories, and SAMHSA.** You should **NOT** initiate routing changes at the present time. Vibrant will do their best to work with states so that as many as possible of your recommendations are implemented, however there may be resource, routing, expertise, and performance considerations that Vibrant will factor into such decisions.

##### What Options Do States/Territories Have?

As noted in the original [988 Planning Grant RFP](#), ensuring statewide primary coverage for all contacts can be achieved multiple ways including:

- One Lifeline center in their state provides primary, statewide coverage for all Lifeline calls, chats, and texts.
- One Lifeline center provides primary, 24/7 statewide coverage for 988 *calls* and one or two other centers provide primary, statewide coverage for 988 *chats and texts*.
- A cohort of regional (meaning area within a state) Lifeline member contact centers who ensure primary, 24/7 coverage in their regions for 988 calls, chats, and texts so that their efforts collectively ensure no geographic area or time of day gaps exist in the state.
- The combined, localized coverage areas of all Lifeline member contact centers in the state ensures there is 24/7 coverage for the entire state for 988 calls, chats, and texts.

## In the Draft Plan for Calls:

- **Describe the current situation, gaps, opportunities, and challenges.**
  - To describe **current Lifeline primary and backup coverage for calls and identify gaps**, complete the **Coverage Area Worksheet** you were provided (separate excel file) and **summarize the results**.
    - Complete the worksheet based on information from the Landscape Analysis (LA) and consultation with your Lifeline crisis centers. Indicate which Lifeline member center(s) provide **primary coverage** and **backup coverage** for each county in your state/territory.
    - If centers described their coverage area(s) by area code or zip code in the LA, translate this information to coverage by county.
    - When multiple centers provide primary or backup coverage to a county (due to area code routing or other reasons), include a text description of the areas within the county covered by each center. These areas should not overlap (if more than one center is able to cover a particular area/time, one center should be designated as primary and the others as backups).
  - Also note **call volume and center capacity** for expanded volume, which may affect capacity to provide statewide 24/7 primary and backup coverage, including:
    - Current call/text/chat volume (see monthly data reports); and
    - Center capacity for increased Lifeline/988 volume (LA Q35).
  - Summarize **current coverage and gaps for calls**: Referring to the completed coverage area worksheet for calls, provide a brief summary of current **primary** and **backup** coverage **patterns and gaps**. Include the following:
    - **Primary coverage gaps**: List counties/geographic areas and hours for which there is no primary coverage.
    - **Backup coverage gaps**: List counties/geographic areas and hours for which there is no backup coverage.
      - \* **Note**: In a few instances, a state/territory has only one Lifeline center. These states/territories may not presently have backup coverage for Lifeline calls (other than overflow contacts being routed into Lifeline’s national backup network). Just as states and territories plan for backup services for 911 calls so there is not a disruption in critical safety services in the event that the primary 911 is offline, state/territory-level planning for backup 988 services must occur. Such backup planning is critical to ensure sufficient in-state coverage during volume spikes, natural disasters, and situations where a primary center may have a disruption of service or leave the 988 network. **If your state/territory has only one Lifeline center, note that here and discuss whether you have a current plan for other Lifeline centers to provide backup coverage for calls.**
    - **Challenges**
      - \* What challenges do you anticipate achieving statewide/territory-wide 24/7 primary coverage for 988 calls by the end of Phase 1?
      - \* What challenges do you anticipate achieving statewide/territory-wide 24/7 primary AND backup coverage for 988 calls by the end of Phase 2?
  - **Opportunities**: Are there assets you can leverage?
  - **Submit with draft plan**:
    - Submit the completed Coverage Area Schedule Worksheet (excel file) along with your plan.

### Important Note About Adding Crisis Centers to the Lifeline Network

- New centers are required to meet Lifeline membership standards and complete the Lifeline new center application, align with Lifeline policies, and complete the onboarding process.
- The onboarding process for new member centers typically takes 5-7 months.
- If states/territories are recruiting additional crisis centers to be part of the Lifeline network, **each center must apply to the Lifeline by January 1, 2022** in order to have a realistic chance of being ready to handle 988 contacts by July 2022/end of Phase 1.
- Application information is found at: <https://suicidepreventionlifeline.org/our-network/>
- Before new centers apply, please be sure you have sought input from the current Lifeline centers in your state/territory and talked through the potential pros and cons of adding one or more Lifeline center(s). As current members of the Lifeline network, they will have unique insights about how changes in the network may affect existing centers and Lifeline services statewide/territory-wide. New centers will also need identified funding to sustain their involvement in the network.

- **Steps Taken/Progress to Date** on planning for 24/7 statewide primary and backup coverage and **Proposed Approach**
  - Provide brief highlights of Steps Taken/Progress to Date to address Core Area 1, Part 1 (24/7 full geographic coverage for calls), followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the of the next planning steps that will form the basis of your Goals and Action Steps.
  - Progress/Proposed approach for **Primary Coverage for 988 Calls**
  - **If you have a tentative or final proposed plan** about **which centers will fill gaps in primary coverage for calls**, specify the centers and why they were selected. Specifically, for **each** county/area with a gap in primary coverage for calls, identify which in-state Lifeline member center(s) your agency will work with to expand their coverage area so that the full county has primary coverage by 6/30/22. Or, if you plan to add centers to the Lifeline network to fill these needs, please describe those plans, keeping in mind the time needed to onboard new centers (see box in this section). Ensure your Proposed Approach and Goals/Action Steps include the steps needed to achieve full primary coverage and to increase the readiness/capacity of the center(s) to provide this coverage.
  - Note: While the 988 Planning Grant RFA outlines multiple ways a state/territory can achieve 24/7 primary coverage, your plan only needs to describe the strategy it will actually take.
  - **If you do not yet have a proposed plan** about which centers will provide primary coverage, briefly describe any progress to date on achieving statewide 24/7 primary coverage for 988 calls. Your proposed approach and goals/action steps should outline **how you will decide which centers will provide expanded coverage** (ideally by the time you submit your final plan on 1/21/22) as well as your plans for **increasing these centers' capacity**.
- Progress/Proposed approach for **Backup Coverage for 988 Calls**
  - Address the same points outlined above under progress/proposed approach for primary coverage.
  - **For state/territories with one Lifeline center:** Your draft and final plans must outline steps your state/territory will take to **ensure backup coverage that is separate from solely relying on Lifeline's national backup network**. The state/territory agency should outline their proposed strategy to recruit additional call centers or subcontract with Lifeline member centers from other states to ensure backup coverage is provided that meets Lifeline's policies and standards.

### In the Final Plan for Calls:

- **Update the current situation, gaps, opportunities, and challenges.**

- Update the relevant background information in the draft plan (see above for details), including updating the Coverage Area Schedule Worksheet and briefly summarizing changes in the Background/Progress section.
- **Steps Taken/Progress to Date** on planning for 24/7 statewide primary and backup coverage and **Proposed Approach**
  - Briefly describe your **planning progress** since the draft plan.
  - **Provide tentative or final decisions** about which centers will provide coverage for 988 calls that meets the milestones listed above, specifying these centers in the Background/Progress section along with next steps needed.
- **Include Goals/Action Steps needed** to finalize the schedule and increase the readiness/capacity of the center(s) to provide these services at the targeted levels for each Phase.
- **Submit with final plan:**
  - Submit the updated Coverage Area Schedule Worksheet with your revised plan.

### About Lifeline/988 Chat and Text Coverage

- To answer Lifeline chats/texts, crisis centers must be Lifeline member centers AND members of the Crisis Chat/Text subnetwork, a subset of Lifeline centers across the U.S. that answer chat/text.
- Currently, Lifeline chats and texts are routed nationally, to the first available center in the Lifeline Crisis Chat/Text subnetwork. **Additional centers joining the Crisis Chat/Text Network will enable Lifeline to change to location-based routing for chats and texts** so that these contacts are routed to Lifeline chat/text centers in the state/territory where they originate. The national-level chat/text network will serve as backup.
- Lifeline/988 text services:
  - **Status of text-to-988:** The Lifeline has not promoted texting as a service, but still receives a small number of crisis texts from individuals who directly text 1-800-273-8255. Enabling text-to-988 was left as an open question in the original FCC order, and as of the time of writing this guide (July 2021) the FCC [currently is studying the possibility of allowing nationwide text-to-988 functionality](#). Initial documents released by the FCC indicate they are generally supportive of the concept, indicating the need for states/territories to plan and prepare to provide this service.
  - **Distinction between Lifeline/988 texting and Crisis Text Line (CTL).** Vibrant recognizes that many states widely promote usage of Crisis Text Line (741-741) and may continue to do so. CTL is a different organization/service that operates independently of the Lifeline/988/Vibrant. Whether or not state/territories promote CTL, they can expect that residents of their state/territory will text the Lifeline number and (if enabled by the FCC) 988. (A parallel situation exists with calls: even when states have their own crisis numbers, large numbers of residents also contact the Lifeline.) Therefore, building Lifeline center capacity to handle crisis texts that come in via the Lifeline/988 is an important aspect of preparing for 988.
- **Base planning on projected volume.** Because texting has not been a promoted service, current chat/text volume is likely to be an underestimate of future volume. Therefore, plans to build chat/text capacity should consider current volume but rely heavily on projected volume in your state/territory-specific 988 State Volume and Workload Estimates provided by Vibrant.
- **Options states/territories can explore for adding chat/text capacity:**
  - Within the state/territory Lifeline network: Exploring (1) whether current Lifeline centers have the capacity to provide chat/text because they provide these services for other lines; and/or (2) whether current Lifeline centers are willing to develop this capacity.
  - Outside the Lifeline network: Exploring whether there are *non-Lifeline* crisis centers in the state/territory that offer crisis chat/text services and are willing to join the Lifeline network; Out of state/territory: Exploring whether it would be possible to subcontract with Lifeline member centers from adjacent states to provide chat/text in the case of low volume Y1 988 projections for chat + text (<10,000 chat + text contacts, full year).



## Core Area 1, Part 2: 988 Chats and Texts

### *Required Background Information for Core Area 1, Part 2*

Based on information from the 988 Planning Grant Landscape Analysis (LA) your agency and Lifeline member crisis contact centers completed in Spring 2021, indicate which Lifeline member center, if any, is part of the Lifeline Crisis Chat network.

### In the Draft Plan for Chat/Text:

- **Describe the current situation, gaps, opportunities, and challenges.**
  - From the LA, cut and paste the table from Section 7 that indicates
    - Which Lifeline center(s) in your state/territory offer Lifeline Chat services (Q30)
    - The days/hours they offer Lifeline chat (Qs31-32)
    - Which Lifeline centers offer NON-Lifeline chat (Q33)
    - Which Lifeline centers offer NON-Lifeline text (Q34)
    - Note: the LA did not ask whether centers offer Lifeline text services. Currently Lifeline centers who offer chat also offer text. See the note about the status of text-to-988 services in the box “Lifeline/988 Chat and Text Coverage.”
    - Also note any key points from the “State/Territory Discussion and Implications for Planning” section at the end of the LA, Section 7.
  - Describe the number of chats and texts initiated from your state/territory over the past year (from the most recent the State Report provided by Vibrant).
  - Provide your total state/territory-specific volume and cost projections for chat/text for Year 1 of 988 Implementation.
    - Calculate 50% of the projected Y1 volume. Your Phase 1 target for Core Area 1 is having **some coverage of chat/text by in-state/territory centers, even if it is not statewide and 24/7**. You are aiming for capacity sufficient to cover 50% of the projected Y1 volume.
    - Calculate 80% of the projected Y1 volume. Your Phase 2 target is **chat/text coverage that is statewide/territory-wide AND 24/7**. You are aiming for capacity sufficient to cover 80% of the projected Y1 volume.
  - Note strengths and gaps of current Lifeline chat/text services in your state/territory.
  - Discuss potential opportunities for expanding Lifeline chat/text services:
    - To Lifeline member center(s) who will be members of Lifeline Crisis Chat/Text network and with staffing loads ready to receive and handle at least some chat/text by 6/30/22, (capacity sufficient to handle at least 50% of the 988 Y1 projected chat/text volume).
    - To Lifeline member center(s) who you predict will be a member of Lifeline Crisis Chat/Text network and with staffing loads ready to provide statewide/territory-wide AND 24/7 coverage by 7/1/23 (capacity sufficient to handle at least 80% of Y1 988 chat/text projections).
  - Discuss challenges related to providing 988 chat/text services.
- **Steps Taken/Progress to Date** on planning for chat/text services and **Proposed Approach**
  - Briefly describe any **progress** in increasing capacity to provide statewide/territory-wide 24/7 coverage for chat/text during the grant period (1-2 sentences preferred, no more than a paragraph).
    - **If you have a tentative or final proposed plan** about how you will increase your state’s ability to provide chat/text services, specify the centers and why they were selected as part of your background information. Note the special options in the text box in this section, Lifeline/988 Chat and Text Coverage, if you currently do not have a Lifeline member center that is part of the Lifeline Chat Network.



- If you plan to recruit centers to the Lifeline network to provide chat/text, please describe those plans, keeping in mind the time needed to onboard new centers (see two informational boxes in this section).
- **If you do not yet have a proposed plan about which centers will provide text/chat services,** your proposed approach and goals/action steps should outline how you will determine which centers you will recommend to provide text/chat services (ideally by the time you submit your final plan on 1/21/22) as well as your plans for increasing these centers' capacity to provide these services.
- Ensure your Proposed Approach and Goals/Action Steps include the steps needed to provide chat/text that meets the milestones listed above and to increase the readiness/capacity of the center(s) to provide this coverage. If funding is needed for chat/text services, note that here and discuss your approach to securing funding for chat/text under Core Area 2.

### In the Final Plan for Chat/Text:

- **Update the current situation, gaps, opportunities, and challenges.**
  - Update the relevant background information and data in the draft plan (see above for details).
- **Steps Taken/Progress to Date** on increasing your state's capacity to answer texts/chats and your **Proposed Approach**
  - Provide tentative or final proposed plans about which centers will provide coverage for 988 text/chat that meets the milestones listed above, specifying these centers in the Background/Progress section along with next steps needed.
- **Update/revise** the Goals/Action Steps you created in your draft plan to reflect the actions needed from 1/1/22 through 6/30/23.

### Resources

- [988 State and Territory Volume and Cost Projections](#)
- [Session 2: 988 Demand Projections & Core Tenets](#)
  - Video and Slides: Answer Rates in the Lifeline/988 Network | Matt Taylor

## **Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers**

### **Aim of Core Area 2:**

- Secure funding for Lifeline centers answering 988 calls, texts, and chats, and providing follow-up calls.
- Ensure funding strategies are diversified (i.e., not exclusively from a single funding source) and sustained (i.e., one-time funding should be complemented by ongoing sources of funding).

### **Recommendations/Milestones:**

- By the end of Phase 1 (6/30/22), state/territories will have dedicated funding in place to support your Lifeline centers in handling 988 crisis contacts and follow-up calls that is sufficient to support them in meeting the increased volume/costs in the early months of 988. States/territories also will have plans underway to support the full projected costs to your Lifeline centers of handling 988/Lifeline contacts and providing follow-up.
- By the end of Phase 2 (6/30/23), states/territories will have secured sustained funding from diversified sources sufficient to support your Lifeline centers for the dedicated handling of 988 crisis contacts and follow-up calls, including expected annual volume increases.

### **Related Core Areas**

- Funding is relevant to many of the other Core Areas.
- Please discuss your overall efforts to secure additional funding here, in Core Area 2.
- If the plans discussed in other Core Areas have fiscal implications, list and describe those needs here and discuss all funding needs as part of your plans to secure funding sufficient to support 988 implementation. Also make a note under the other core area that funding needs are discussed here.

### **Focus on *Dedicated* Funding**

For the purposes of the 988 Planning Grants, please ensure you include and prioritize plans for securing **fiscal support for the dedicated purpose of answering 988 calls, chats, and texts** and for **follow-up calls** (see Core Area 7). States and territories should not simply add the expectation of answering 988 crisis contacts onto an existing contract for other crisis services without providing the centers with increased funding to handle the increased workload of 988. If some funding sources being pursued include support for a broader array of crisis services, please specify what portion will be dedicated to answering 988 contacts.

### **Possible Funding Strategies**

Per the RFA, funding strategies to consider include:

1. Raising 988 related fees from telecommunication users (similar to how many States fund 911 calls)
2. Medicaid reimbursements
3. Mental health block grant funds
4. Direct engagement with State legislative budget committees for 988-specific funding
5. Partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/211, private insurers, hospitals, philanthropic organizations)
6. Other sources you have identified

## Required Background Information for Core Area 2

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 2. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

### In the Draft Plan:

- **Describe the current situation, gaps, opportunities, and challenges.**
  - List **current funding specifically designated for Lifeline contacts** (calls, chats, and texts) **and/or Lifeline follow-up calls** and **which services** were supported.
    - Using the Landscape Analysis (LA) data:
    - Indicate the **total amount of funding** (Q40) each of your Lifeline member centers indicated was **specifically designated for Lifeline calls, chats and texts** in the time period 7/1/20 – 6/30/21. Please also provide a **breakdown of this funding by source** (Q41).
      - \* Next to the total dedicated funding amount for each center (Q40), list **which services were supported** by that funding.
        - **Contacts supported:** Indicate whether each center answered (1) only calls; (2) only chats/texts; or (3) both calls and chats/texts.
        - **Follow-up supported:** Indicate whether the “total funding” from Q40 included any support for follow-up calls (yes/no).
    - If any centers received additional funding for follow-up calls that is NOT included in the “total funding for Lifeline contacts” provided in Q40/41, please also list that funding amount and source.

*Note:* Centers may have had differing interpretations of funding that is “designated for” Lifeline contacts when they answered the LA. Qs 40-41 should represent dollars specifically allocated to Lifeline calls, texts/chats, and/or follow-up. Centers should have *excluded* funding that is not specifically for Lifeline contacts, e.g., staff time that includes answering the Lifeline but is supported by funding that is *not* specific to Lifeline contacts/follow-up.
  - **Provide the estimated Total Projected Costs of Year 1** of 988 implementation from the final page of your state/territory 988 Cost Projection Report released by Vibrant in April 2021.<sup>1</sup>
  - Briefly describe any **new funding** identified since the beginning of the grant that will support crisis services in your state/territory, in particular, sources that include dedicated funds to support crisis centers in answering Lifeline/988 contacts and/or providing follow-up. Include **only confirmed funding sources**. Please include: the funding amount, the source; what services are funded; the amount dedicated to supporting Lifeline/988 contacts specifically (if applicable); when the funding became/will become available; who is eligible to receive the funding (only Lifeline crisis centers? any crisis centers? other entities?); how the funding will be distributed; whether the funding will be sustained over time (if time-limited, note when it will end); and any other information needed to clarify the purpose, amount, and timing of the funding.
  - **Indicate the expected funding gap.**
    - Using the total of all funding sources combined, indicate the gap between the total amount of Lifeline dedicated funding centers reported compared to the estimated Total Projected Costs of Year 1 of 988 implementation.

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<sup>1</sup> If, in the course of the 988 Planning Grant, your agency and 988 coalition have estimated significantly different costs than those provided by Vibrant, please summarize the differences and the methodology used to create the figures. Please explicitly note if Lifeline member centers were consulted with AND contributed to the methodology. You may use this figure when determining the estimated 988 Year 1 gap in Lifeline dedicated funding within your state/territory.

- **Steps Taken/Progress to Date** on exploring possible funding strategies and **Proposed Approach**
  - Provide highlights of Steps Taken/Progress to Date in exploring possible funding strategies, followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the of the next planning steps for this Core Area that will form the basis of your Goals and Action Steps.
    - Please note which of the six suggested funding strategies you have explored (see Focus on Dedicated Funding box above) and progress to date.
    - If you have identified likely sources of funding that are not yet confirmed, please describe them here. Provide as much information is available regarding the funding amount, the source; what services are funded; the amount dedicated to supporting Lifeline/988 contacts specifically (if applicable); when the funding became/will become available; who is eligible to receive the funding (only Lifeline crisis centers? any crisis centers? other entities?); how the funding will be distributed; whether the funding will be sustained over time (if time-limited, note when it will end); and any other information needed to clarify the purpose, amount, and timing of the funding.

### In the Final Plan:

- **Update the current situation, gaps, opportunities, and challenges.**
  - Update data in draft plan: **Current dedicated funding** for Lifeline calls, chats, and texts, and follow-up and which contacts/services are supported. Restate dedicated funding at the time of the draft plan, provide the amount of any new funding you have secured *that is available to centers in the current year*, and the new revised total of dedicated funding.
  - Carry over from draft plan: **Estimated projected costs** of Lifeline/988 calls, chats, and texts for Year 1.
  - **Describe new funding** identified: Describe any new confirmed funding for crisis services, especially those with dedicated support for Lifeline contacts/follow-up, that you have identified since the draft plan was submitted (see requested details in draft plan). This description may include new sources of funding added to the total “current funding” in the first bullet as well as funding that is confirmed but not part of the current year’s budget.
  - Update: Expected **funding gap** between projected costs and secured funding
    - For the remainder of Phase 1 (1/1/22 – 6/30/22)
    - For Phase 2 (7/1/22 – 6/30/23)
- **Steps Taken/Progress to Date** on exploring possible funding strategies and **Proposed Approach**
  - Discuss all six possible strategies identified in the RFA (see box in this section), noting steps you have taken to explore each funding source and the feasibility of securing dedicated support from this source for answering crisis center contacts and providing follow-up. Include any additional funding strategies your state or territory has identified.
  - Note specifically the current status and feasibility of your state/territory agency providing fiscal support to crisis contact centers answering Lifeline/988 crisis calls, chats and texts in order to address identified funding gaps.
- Update the **Proposed Approach and Goals/Action Steps** in the Final Plan. These should include at least one goal and related action steps between 1/1/22 and 7/1/23 for each of the funding sources described above that may be feasible. These milestones and action steps should aim to ensure significant, diversified, and sustained funding will be secured from city/county, state, private/other (nonfederal) sources by 7/1/23 in order to support Lifeline/988 member centers for the dedicated handling of 988 crisis contacts.

## Resources: Funding and Legislation

### Funding

- [988 State and Territory Volume and Cost Projections](#)
- [Vibrant Center Level Cost Estimates](#)
- [CoP Session 8: Cost Models](#)
  - Recording and slides
  - Webinar notes and presenters' answers to questions.
- [CoP Session 1: 988 Introduction, History & Grant Activities](#)
  - Video and slides: 411 on 988: Legislative History and Future Steps (Laura Evans)  
*Includes a brief summary of the guidance **about state fees for 988** and how 911 fees are collected nationally.*

### Legislation

- [CoP Session 3: 988 Legislation & Implementation Coalitions](#)
  - Recording and slides: Understanding 9-8-8 Legislation and Implementing 9-8-8 Coalitions
  - Resource: Model Bill for a Core State Behavioral Health Crisis Services System
  - Resource: Crisis Services Set Aside Guideline
  - Links mentioned in presentation, including
    - [SAMHSA: Crisis Services: Meeting Needs, Saving Lives](#)
    - [SAMHSA: National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary](#)
  - Notes from the 988 Legislation Peer-Sharing Brown Bag on May 25, 2021
- [Legislative Tracking Map](#)

## **Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume**

### **Aim of Core Area 3:**

- States/territories currently answering less than 90% of their Lifeline calls in-state will develop a plan to expand and sustain contact center capacity to achieve and maintain a 90% in-state/in-territory answer rate for calls by 6/30/22.
- States/territories will develop a plan to receive and handle at least 80% of their projected Lifeline/988 chat/text volume by 6/30/23.
- All states/territories should factor into their plans the projected increases in call, chat, and text volume increases once 988 is rolled out nationwide.

### **Recommendations/Milestones (minimum standard):**

#### **Calls**

- **Phase 1:** By 6/30/22, states/territories will have achieved and maintained an 80% or higher in-state answer rate for Lifeline calls.
- **Phase 2:** By 6/30/23, states/territories will have achieved and maintained a 90% or higher in-state answer rate for Lifeline/988 calls.

#### **Chats/Texts**

These chat/text answer rate targets are provided here for reference, but because these milestones form part of your statewide/territory-wide coverage plan for chat/text in Core Area 1, **you do not need to provide a separate plan to increase chat/text answer rates in Core Area 3.**

- **Phase 1:** By 6/30/22, states/territories will have sufficient capacity to receive and handle **at least 50%** of the 988 Year 1 projected chat/text volume.
- **Phase 2:** By 6/30/23, states/territories will have sufficient capacity to receive and handle **at least 80%** of the 988 Year 1 projected chat/text volume.

## **Related Core Areas**

- Core Area 1: Statewide 24/7 coverage
- Core Area 2: Funding
- Core Area 4: Operational standards and performance metrics
- Core Area 5: Follow-up services

### Focus on Increasing In-State Answering Capacity

Answering calls, texts, and chats in-state helps to provide people in crisis with the most appropriate supports and services. One of the conditions of the grant was that states or territories currently answering less than 80% of their Lifeline calls locally would work to significantly improve these rates by 12/31/21. Many grantees have been taking steps to improve their capacity and make systems changes.

The focus of Core Area 3 is how state/territory agencies will continue to work in collaboration with and support your Lifeline centers to **expand** (if needed) and **sustain** center capacity to maintain a 90% call in-state answer rate, and 80% text/chat in-state answer rate for 988 contacts by July 1, 2023 (Phase 2 milestones listed above). Phase 1 milestones are suggested as interim target for in-state answer rates. Your plans for high in-state answer rates (Core Area 3) should be developed in conjunction with your plans for Core Area 1, which outlines how you will achieve statewide/territory-wide 24/7 coverage for calls, chats, and texts.

### Boosting in-state Lifeline answer rates may be achieved by a combination of any or all of the following:

1. Existing Lifeline center coverage expansion
2. Increased funding/support resources to targeted centers
3. New center recruitment

### *Required Background Information for Core Area 3: Calls*

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 3. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

### In the Draft Plan – Calls

**Describe the current situation, gaps, opportunities, and challenges.**

- **Phase 1 (10/1/21 – 6/30/22):**
  - Provide the following data on your **current situation**:
    - Your **in-state answer rates for Lifeline calls** in the **January-March 2021** quarter
    - Statewide/territory-wide **call volume** during the **January-March 2021** quarter
      - \* These data are posted on the Grantee CoP site, under [Grantee Reporting Resources](#))
  - Briefly describe **capacity challenges and opportunities** related to increasing your overall in-state answer rate to **80% prior to 6/30/22** or maintaining an in-state answer rate of at least 80% **prior to 6/30/22**.
  - Name the **five counties** with highest out-of-state answer rates (county-specific report available via your grant manager) and note any challenges/opportunities specific to increasing those in-state answer rates to at least 80%.
- **Phase 2 (7/1/22 - 6/30/23):**
  - Provide your projected call volume for Year 1 of 988 implementation.
  - **Capacity challenges and opportunities:**
    - Considering current answer rates listed in the background above and how your call volume will increase in Y1 of 988, briefly describe challenges and opportunities related to increasing your in-state answer rates to at least 90% by **6/30/23** and maintaining that level of capacity.
    - Name the **five counties** with highest out-of-state answer rates and note challenges/opportunities specific to increasing those in-state answer rates to at least 90%.



- **Steps Taken/Progress to Date** on increasing center capacity for in-state answer rates and **Proposed Approach**
  - Provide highlights of Steps Taken/Progress to Date in increasing in-state capacity, followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the next planning steps for this Core Area that will form the basis of your Goals and Action Steps.
  - Ensure your Proposed Approach and Goals/Action Steps include the steps needed to provide in-state answering that meets the milestones listed above and to increase the readiness/capacity of the center(s) to provide this coverage. If funding is needed for this, note that here and discuss your approach to securing funding for increasing in-state answer rates in Core Area 2.

### [In the Final Plan - Calls](#)

- **Update the current situation, gaps, opportunities, and challenges.**
  - Update the relevant background information and data in the draft plan.
- **Steps Taken/Progress to Date** on increasing center capacity for in-state answer rates and **Proposed Approach**
  - Briefly describe your **planning progress** since the draft plan. Include your tentative or final proposed plan for how you will reach in-state/territory milestones listed above.
- **Update/revise** the Goals/Action Steps you created in your draft plan to reflect the actions needed from 1/1/22 through 6/30/23 to increase the capacity of center(s) in your state to meet the targeted in-state/territory answer rates for Phase 1 and Phase 2.

### [Chat/Text – See Core Area 1](#)

Because benchmarks for in-state/territory answer rates for chat/text form part of your Core Area 1 plan for achieving statewide/territory-wide 24/7 coverage, you do not need to provide a separate plan to increase chat/text answer rates here in Core Area 3.

### [Resources: Call Volume and Cost Projections](#)

- [988 State and Territory Volume and Cost Projections](#)
- [Session 2: 988 Demand Projections & Core Tenets](#)
  - Video and Slides: Answer Rates in the Lifeline/988 Network
- [Grantee Reporting Resources](#)
  - In-State Answer Rate by Originating State January-March 2021

## **Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics**

### **Aim of Core Area 4:**

- Create a plan for supporting Lifeline centers in meeting and maintaining Lifeline’s operational standards, minimum membership requirements, and minimum performance metrics for 9-8-8 contacts are met by Lifeline member centers in the state/territory.
- Support alignment with Lifeline’s key clinical standards at all Lifeline member centers in the state/territory.
- Create a plan to explore the process and timeline for adopting the unified contact management and call routing platform (unified platform) that Vibrant will roll out in the future.
  - Note: Vibrant strongly advises that, states and centers do not purchase and implement any new tech platform until Vibrant has unveiled its unified platform parameters, which is scheduled to occur around November 2022.
- Note: In the Planning Grant RFA, Core Area 4 included initial considerations about the potential for expanded center services including centers being able to dispatch mobile crisis teams, warm transfer/diversion to and from 911 dispatch, and a real-time bed registry. These issues have been moved to Core Area 6 because they relate to linkages.

### **Recommendations/Milestones:**

Vibrant recommends that the states play a supportive role in assisting the centers to adhere to required standards and metrics.

- By October 2022, states/territories will have created a team to explore the process to adopt the unified platform that Vibrant will roll out in the future and to map out transition steps.
- By January 2023, states/territories will have analyzed the following factors related to adopting the unified platform: 1) barriers, 2) state/territory-specific needs, and 3) adoption timeline.
- While the Lifeline will monitor and address quality concerns directly with centers, the plan should indicate how states/territories will monitor quality statewide/territory-wide, provide support for maintaining high standards, and increase quality for specific populations. Lifeline’s expectations for monitoring quality under 988 will include:
  - Your state/territory maintains an in-state answer rate of 80% or higher (interim minimal target) and 90% or higher (long-term) according to the plan specified in Core Area 3
  - Centers answer 90% of calls in 30 seconds
  - 18% or less of calls routed to centers roll to the National Backup
  - If centers have an answer rate of less than 80% for two consecutive quarters, Lifeline will work with the center to explore quality improvement plans, including identifying resource needs and strategies for addressing those needs. Strategies include potential reduction of coverage areas and coverage areas until volume is closer in line with staffing capacity. States/territories should play a supportive role in this process.
  - States/territories collaborate with centers to engage members of specific populations served by crisis centers to identify ways to improve services to better meet their needs.

### *Required Background Information for Core Area 4*

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 4. Please supplement the requested background with

any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

### In the Draft Plan:

- **Describe the current situation, gaps, opportunities, and challenges for two areas: (1) compliance with operational standards, requirements, and metrics; and (2) adoption of the forthcoming unified platform.**
  - **Standards/Requirements/Metrics**
    - Describe the current status of compliance by your Lifeline center(s) with operational standards, requirements, and performance metrics (see Resources at the end of this section).
    - Describe current strengths and gaps related to center compliance with standards. What challenges do centers face in achieving compliance requirements and what opportunities exist for the state/territory agency to support centers in meeting standards?
    - Identify any differences in standards, requirements, and metrics between the Lifeline and other mental health crisis lines operated by the centers in your state/territory. Do these differences create barriers or challenges in meeting standards? What approaches do your centers already use to address different standards/requirements/metrics?
  - **Unified Platform** Under 988, the development of a unified technology platform for use by the Lifeline network will improve services for people who contact the Lifeline by:
    1. Promoting effective and efficient routing to in-state centers and specialized services;
    2. Enabling real-time monitoring that will help the network rapidly respond to changes in demand, forecast contact volume, and share predicted volume with centers for staffing and scheduling purposes;
    3. Helping counselors refer users to local resources and deploy local emergency services;
    4. Standardizing data collection and reporting from the network; and
    5. Enabling the identification and tracking of local, state, and national trends.(see [CoP Session 15: Unified Platform](#) for more information)
    - Describe the current technology/platforms used for call management by your Lifeline centers (see Section 2 of the LA), and if applicable, the technology/platforms used by other crisis services in your state/territory.
      - \* Please be as specific as possible with any hardware (e.g. PC vs. Mac, laptop vs. desktop, server vs. cloud), software (e.g. contact center system, CRM, routing) and data (e.g. database, reporting, analytics).
      - \* Were these products purchased or built by the state/territory or center?
    - Describe strengths/challenges related to technology/call management in your Lifeline centers and in statewide/territory-wide crisis services. (e.g. How user-friendly is your technology? Does it need to be upgraded? Any user or data limits? Any performance issues? How do you integrate to other systems? Any data extraction, feed, or reporting issues?)
    - Highlight any specific data collection requirements for your state (outside of Lifeline requirements) when taking Lifeline contacts.
    - Given that Vibrant hopes to begin transition centers to the new system in 2023, describe any other factors that might impact the process of transitioning to the unified platform.
    - Describe the technological features that would be useful in a unified platform to best serve 988 callers in your state/territory (e.g., more seamless ways to connect callers with bed registries, mobile crisis dispatch, appointment scheduling, missing functionality features today or with 988 coming, missing data about contacts or interactions as forwarded from the Lifeline today, missing standard or customized reports).
- **Steps Taken/Progress to Date** on planning for Core Area 4 and **Proposed Approach**

- Provide highlights of Steps Taken/Progress to Date in planning for this Core Area, followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the of the next planning steps that will form the basis of your Goals and Action Steps.
  - **Standards/Requirements/Metrics:** Provide highlights of steps taken/progress to date in working with centers to ensure they are meeting all requirements, including steps towards aligning policies and expectations for all crisis centers. Include recommendations by centers to address differences in standards, requirements, and metrics between Lifeline and other crisis centers that would allow them to better respond to Lifeline/988 contacts (or include soliciting Center recommendations in the plan). Also note policy, standards, requirements, or performance changes you have identified that would better align services and implementation within the state/territory (or build identifying possible changes into the plan). Briefly outline your proposed approach to support centers in meeting standards, requirements, and system alignment and reflect this approach in your Goals and Action Steps.
  - **Unified Platform:**
    - \* Provide highlights of steps taken/progress to date in learning about and preparing for the unified platform.
    - \* Describe your proposed approach to adopting the unified platform and reflect this overall approach in your Goals and Action Steps.

### In the Final Plan:

**Update the current situation, gaps, progress, and proposed approach** for both areas (requirements/standards and unified platform) that you outlined in the draft plan (see bullets above). Revise your Goals and Action Steps accordingly.

#### **Lifeline’s Operational Standards, Requirements, and Performance Metrics**

The Lifeline administrator (Vibrant), in collaboration with SAMHSA, is the agency with primary responsibility for setting and monitoring compliance with clinical and training standards for its member centers.

#### **Potential role of state/territory agencies**

- State/territory agencies play an important role in ensuring that crisis centers are well-supported and residents receive high-quality crisis services.
- Any requirements a state may wish to institute for crisis centers should align with 988/Lifeline standards.
- The state/territory will be responsible for monitoring any standards or performance metrics that are above and beyond those established by the Lifeline Administrator; however, it is important that these additions do not contradict Lifeline guidance and standards.

**If your plan for supporting crisis centers includes adding new Lifeline centers,** please see the box in Core Area 1 entitled “Important Note About Adding Crisis Centers to the Lifeline network.”

### Resources: Lifeline Standards

- [CoP Session 4: Crisis Center Operations & Quality Assurance](#)
  - 2 videos and slides:
    - Operations and Service Levels in the Lifeline/988 Network
    - Quality Assurance and Improvement

- Resource Crisis Call Center Metrics - Part 1: Service and Efficiency
- [CoP Session 5: Crisis Center Operations & Quality Assurance](#)
  - 4 videos and slides:
    - Lifeline Clinical Standards (Part 1)
    - Introduction to the Lifeline Safety Assessment Model
    - Lifeline Clinical Training Supports and Future Directions (Part 2)
    - Lifeline Clinical Review
  - Resource: Lifeline Best Practices and Clinical Resources
- Lifeline [Best Practices](#) page
  - Information and documents on imminent risk, assessment, and follow up
- [CoP Session 15: Unified Platform](#)
  - 3 videos and slides:
    - Overview of Lifeline Network and the Universal Platform
    - Unified Platform: Benefits, Implementation and Schedule
    - Technical Details of the Unified Platform

## **Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation**

### **Aim of Core Area 5:**

- Outline how your state/territory will continue to collaborate with and actively solicit input from key 988 stakeholders beyond the grant period.
- Reflect potential changes that you may make to the coalition membership, structure, or tasks based on the priorities and activities in each Phase of your plan.
- To engage and center lived experience, racial equity, and other social justice considerations in crisis planning.

### **Recommendations/Milestones:**

- By the end of Phase 1 (10/1/21 – 6/30/22):
  - The 988 Planning Grant coalition will have continued to meet at least monthly through June 2022 (strongly encouraged by Vibrant) AND will have accomplished priority planning and preparation tasks for your state/territory in Phase 1.
  - If you have smaller workgroups meeting frequently to work on specific areas, you will want your goals and action steps to reflect their work and expected accomplishments as well (e.g., how often they will have met, what work they will complete and by when, and how their input will be fed back to the larger group).
- By the end of Phase 2 (7/1/22 – 6/30/23):
  - The state/territory will have sustained and formalized the 988 Planning Grant Coalition OR formally incorporated each of the current coalition members into another planning/implementation group or set of work groups that are able to maintain a significant focus on 988 readiness through the end of Phase 2.

### **Key 988 Stakeholders**

During the grant period, states/territories created a 988 implementation coalition of key stakeholders who are essential to 988 rollout in order to obtain input and collaborate on key decisions about 988 and related crisis services.

- The group was required to meet monthly from April through September 2021.
- Your coalition was required to include these specific members, at a minimum:
  - Individuals with lived experience of suicide thoughts, attempts and/or loss
  - A representative from one or more Lifeline crisis centers receiving stipends through the 988 grant
  - State suicide prevention coordinators
  - County or regional mobile crisis service providers and oversight bodies
  - Providers of crisis respite/stabilization services
  - Law enforcement leaders
  - 9-1-1/Public Safety Answering Point (PSAP) leaders
  - Peer support service providers
  - Major State and local mental health and suicide prevention advocacy groups (e.g. MHA, NAMI, AFSP chapters, others)

### Planning for Future 988 Coalition Work

- Be intentional about how you engage partners. For example, as part of your state agency role, review your list of key partners regularly against your current 988 planning and implementation activities and make sure the right players are still at the table to ensure good decision-making.
- Your goals and action steps should be explicit about how your coalition structure and processes will ensure that participation and input from individuals with lived experience and other historically marginalized groups (e.g., communities of color, LGBTQ individuals, people with disabilities) will be sought and centered in your agency's ongoing 988 planning.
  - It strongly recommended that you allocate budget resources so that individuals from these groups who are not paid by an organization to participate receive compensation for engaging in coalition work.
  - If not already participating in 988 planning, your plan should include steps to engage:
    - Representation from Tribal health and/or urban American Indian/Alaska Native health center suicide prevention coordinators.
    - Indian Health Service suicide prevention specialists and, if such positions exist in your state, state public health agency Tribal Liaisons.
- In Phase 2, continue to actively engage key stakeholders in post-implementation decision-making and ongoing feedback. Examples might include (but are not limited to) these ideas:
  - Ensure coalition members are informed about 988 call, text, and chat volume, answer rates, and other key contact metrics. Review the data together and discuss the implications for state/territory planning.
  - Confer regularly about how 988 is impacting your state/territory crisis system as a whole.
  - Create mechanisms to share information about public messaging initiatives. Meet periodically to coordinate communications efforts to ensure they are complementary and key messages are aligned.
  - Meet to share updates about funding supports and needs for Lifeline/988 crisis contact centers and other parts of the crisis continuum.

### Required Background Information for Core Area 5

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 5. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

#### In the Draft Plan:

- **Describe the current situation, gaps, opportunities, and challenges.**
  - **Membership:** Provide a list of the members of your 988 grant coalition and their affiliations. If it is not clear from the affiliations, please note which individuals meet the minimum requirements for membership outlined in the 988 Planning Grant RFA (see Key 988 Stakeholder box in this section).
- **Steps Taken/Progress to Date**
  - Briefly describe your coalition's **structure, activities, and progress** during the grant period so far. For example, did you have workgroups in addition to the large coalition, how often did the group(s) meet (some coalitions met more often than once per month or had workgroups that met in addition to the large group), did you prioritize certain issues for rapid action based on your state/territory situation, what would you say were your top accomplishments or areas of progress?
  - What were some of the **key concerns, recommendations, or issues** that coalition members raised during the 988 grant period that are important to keep in mind going forward? (These



might be structural or contextual issues in your state that are important to keep in mind when planning, key aspects of the core areas that coalition members raised as priorities for the coalition to discuss, challenges or concerns that stakeholders raised, key strengths or assets that your state/territory can leverage, or any other feedback.)

- **Gaps or Challenges:** Briefly note any challenges you encountered with your 988 stakeholder coalition or gaps in membership that you would like to fill going forward.
- **Proposed Approach:** Provide a very brief overview of the next planning steps for this Core Area that will form the basis of your Goals and Action Steps.
  - Briefly discuss your overall strategy for engaging people with lived experience and other key populations essential to planning equitable services (see possible examples above and note populations that are especially critical to engage given your state/territory demographics and other local factors). Ensure that your proposed approach and goals/action steps reflect this active engagement.

### In the Final Plan:

**Update/revise the information submitted in the draft plan** (see above for details).

- Update the coalition membership list, noting whether membership changes relate to a change in planning/implementation focus or some other reason).
- Revise/add to the bullets under Steps Taken/Progress to Date to reflect changes since submitting the draft plan.
- Revise/add Gaps or Challenges you have encountered in sustaining the coalition.
- Update the Proposed Approach and your goals/action steps for this core area.

### Resources: Coalitions

- [CoP Session 3: 988 Legislation & Implementation Coalitions](#)
  - Recording and Slides: Understanding 9-8-8 Legislation and Implementing 9-8-8 Coalitions; also Webinar notes and Presenters' Answers to Questions
  - Resource: "Model Bill for a Core State Behavioral Health Crisis Services System"
  - Notes from 988 Legislation Peer-Sharing Brown on May 25, 2021
- Links mentioned in the CoP Session 3 presentation
  - [State Suicide Prevention Coordinators](#)
  - [American Foundation for Suicide Prevention: Find a Local Chapter](#)
  - [Mental Health America Affiliate Resource Center: Find an Affiliate](#)
  - [National Alliance on Mental Illness: Find Your Local NAMI](#)
  - [National Association of State 911 Administrators \(NASNA\): State 911 Contacts](#)

## **Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services**

### **Aim of Core Area 6:**

- Vibrant will work with Centers to develop a tool to enable Centers to share referral resources.
- States/territories should support crisis centers in putting systems in place to ensure that Lifeline member centers develop and maintain a comprehensive listing of resources, referrals, and linkages to crisis services for people in crisis.
  - Ensure resource listings include the minimum resources listed below, including linkages to local community crisis services and a range of support services for diverse needs.
  - Have processes in place to maintain these listings, updating them at least annually.
- Outline initial considerations about the potential for expanded crisis services and linkages such as centers being able to dispatch mobile crisis teams, warm transfer/diversion to and from 911 dispatch, and a real-time bed registry, or other possible collaborations and services across the crisis continuum. (*Note: Originally listed in Core Area 4 of the RFA.*)

### **Recommendations/Milestones:**

- By the end of Phase 1 (6/30/22): Each Lifeline crisis center in the state/territory will have up-to-date referral resources for people in crisis that include the minimum required resources, referrals and linkages listed below.
- By the end of Phase 2 (6/30/23): All Lifeline centers in the state/territory will have access to a shared, comprehensive statewide/territory-wide list of resources, referrals, and linkages. The

## **Comprehensive Resource Listings**

Having and maintaining resource and referral information is an operating requirement for all Lifeline centers. The Lifeline center network agreement specifies that “Callers be given an appropriate array of options with respect to treatment, care and/or follow-up, which options shall not be limited in any manner to organizations, facilities or providers affiliated with or related to the Center.” Although Lifeline’s unified platform for 988 is still under development, it is anticipated that the platform will enable centers to access local and national resources that are informed in part by state- and center-level referral listings. As specified in the 988 Planning Grant RFA, state/territory agencies should lay out a roadmap for ensuring that their Lifeline member centers have comprehensive and up-to-date resources and linkages for people in crisis.

- States and territories will want to work collaboratively with all of your Lifeline crisis centers on a process for ensuring that there is a comprehensive statewide/territory-wide listing of all available resources, referrals, and linkages, that this list is updated at least annually, and that access can be shared across Lifeline centers in the state/territory through the uniformed platform as well as state processes.
- Most Lifeline centers will already have a detailed list of these referral sources; however, they may not have all the items listed in the minimum required resources, referrals, and linkages (see the list at the end of this section). In addition, centers may not have access to other centers’ resource lists, which may limit their effectiveness in serving as backup centers or assisting individuals who wish to access services in other areas of the state/territory. (If a center does not already have a list, the state/territory should encourage them to prioritize assembling a resource listing ASAP.)
- In addition to current center lists, the information gathered in the Landscape Analysis (LA) can serve as a key source for detailed resource listings and linkages. However, the LA was not intended to

provide an exhaustive list of all resources, so centers/grantee agencies will likely need to supplement the LA with other information-gathering activities.

- For example, Q12 asked centers about a number of different dedicated lines, but there may be others in your state/territory. Other questions in the LA also asked about resources local to each crisis center and the resulting list may be incomplete.
- Also, most centers refer callers/chatters/texters to regional and national resources as well as local resources, so a comprehensive listing will include those options.
- Note that some LA questions asked centers about resources “available in your Lifeline coverage area.” Because crisis centers have highly variable coverage areas, some centers may have answered based on a relatively local geographic area while others may have answered for larger geographic areas.
- In short, states/territories should support centers in building a comprehensive list using each center’s current list and the LA data as a starting point. The centers should jointly determine how to specify the service area of each resource as well as a description and other key information about the resource that is relevant to making referrals.
- The state/territory agency should consider what role it and other organizations in the state who specialize in referrals can take in compiling and updating the comprehensive list and ensuring all centers have access. For example, the state/territory may ask centers to check all local and regional listings annually and submit listings to the state/territory agency. It would be efficient for the state/territory agency to check and update statewide/territory-wide. Once all of the updated listings are compiled, the state/territory can disseminate the full listing to all Lifeline centers in the state. They can also provide it to the Lifeline/Vibrant, who can make it available to all crisis counselors at any Lifeline member centers.

### **Definition of Linkages**

“Providing linkages to services” describes a continuum in terms of the formality of the relationship between the crisis center and the service. At the informal end of the spectrum, providing linkages means understanding a service or resource well enough to know if it is appropriate to suggest to the person in crisis when helping them create a safety plan, offering referrals, or assisting them in accessing services. More formal relationships may include an MOU or contract between the crisis center and service or other formal connections such as shared dispatch or real-time access to data such as the availability of beds.

### Potential for expanded crisis linkages and services

- In the Planning Grant RFA, Core Area 4 included initial considerations about the potential for expanded center services including centers being able to dispatch mobile crisis teams, warm transfer/diversion to and from 911 dispatch, and access real-time bed registry. These issues have been moved to Core Area 6 because they relate to linkages.
- Specifically, the RFA states: “At the conclusion of the grant, states shall include in their final implementation plan *initial considerations* about the potential for expanded center services which involve **each of the following**:
  - Crisis center(s) dispatch mobile crisis outreach teams (including capabilities for real-time coordination of mobile response)
  - Reciprocal warm transfer (and/or diversion) capabilities and relationships with 9-1-1 dispatch centers (i.e., 911 dispatch center directly diverting or transferring non-emergent behavioral health /suicidal crisis calls to Lifeline member centers)
  - The ability to have real-time information about the availability of crisis beds in crisis stabilization units and other receiving facilities, including psychiatric inpatient units.

Note: states are not required or expected to implement these expanded services during the grant period, however they must explore these considerations and included them in their plan.

### *Required Background Information for Core Area 6*

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 6. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

#### In the Draft Plan:

- **Describe the current situation, gaps, opportunities, and challenges for two areas: (1) comprehensive resource listings and (2) potential for expanded crisis linkages and services.**
  - **Comprehensive Resource Listings:**
    - Please describe the current status of resource listings as well as gaps and additional steps needed to meet the recommendations/milestones outlined above. Include any key partners in addition to Lifeline centers.
  - **Potential for Expanded Crisis Linkages and Services** (e.g., centers being able to dispatch mobile crisis teams, warm transfer/divert to and from 911, access a real-time bed registry):
    - Provide a brief, high-level overview of the current status of linkages between the crisis centers and other services in the crisis continuum.
    - If the coalition discussed these issues, provide key highlights and recommendations about priority gaps.
- **Steps Taken/Progress to Date** on planning for Core Area 5 and **Proposed Approach:** Provide highlights of Steps Taken/Progress to Date in planning for this Core Area, followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the of the next planning steps that will form the basis of your Goals and Action Steps.
  - **Comprehensive Resource Listings:**
    - Provide highlights of steps taken/progress to date in planning for comprehensive resource listings.
    - Briefly outline your proposed approach for comprehensive resource listings that will form the basis of your Goals and Action Steps.
  - **Expanded Crisis Linkages and Services:**
    - Briefly outline your proposed approach and timing for next steps. It is recommended that your draft plan include Goals and Action steps related to expanded linkages to services in the crisis continuum. However, if your planning between October 2021 and January 2022 will not focus on these issues, you may defer adding Goals and Action Steps until the final plan.

#### In the Final Plan:

- **Update the current situation, gaps, opportunities, and challenges** for both areas
- **Steps Taken/Progress to Date and Proposed Approach**
  - **Comprehensive Resource Listings:** Update what you outlined in the draft plan (see bullets above). Revise your Goals and Action Steps accordingly.
  - **Potential for Expanded Crisis Linkages and Services:** Update what you outlined in the draft plan (see bullets above).
    - If you included Goals and Action Steps in the draft plan, update them.
    - If you did not include Goals and Action Steps, add them now.

## Minimum Required Resources, Referrals and Linkages

As outlined in the RFA, state/territory agencies should ensure that Lifeline member centers have up-to-date resources and linkages that include at least the following, as well as any other relevant state/territory resources that can support people in crisis.

### **Referral resources should include, at a minimum, any available resources related to:**

- Substance use disorder treatment and support groups
- Alcohol recovery programs and support groups
- Suicide loss survivor support groups
- Suicide attempt survivor support groups
- LGBTQ specialized services, including dedicated lines for LGBTQ in your State or Territory
- Culturally relevant support services including services that support racial justice for Black, Indigenous, and People of Color (BIPOC) individuals
- Compulsive gambling support services
- Social service information and referral
- Crisis receiving and stabilization units
- Inpatient psychiatric unit services
- Domestic violence support services
- Sexual assault prevention and survivor services

### **Availability of dedicated lines such as those asked about in Q12 of the Landscape Analysis:**

- LGBTQ+
- American Indian/Alaska Native
- Military/Veterans (separate from Veterans Crisis Line)
- Fire/Police or Other First Responders Support Line
- Farmer Assistance Emotional Support Line
- Suicide Loss Survivors
- Teens and/or College-aged (13–24)
- Older Adults (55+)
- Substance Misuse
- Gambling
- Sexual Assault Hotline
- Domestic Violence
- 2–1–1
- Disaster Response
- Employee Assistance Program Hotline
- Warm Line or Peer Support
- Deaf and Hard of Hearing (TTY)
- Second Language Services
- Other Dedicated Line (fill-in)

### **Information regarding referrals and linkages to crisis care continuum resources, including the availability of and each Lifeline crisis center’s relationship with:**

- 911 PSAPs
- Mobile crisis teams/other mobile crisis response
- Alternatives to law enforcement/EMS crisis response
- Crisis respite or drop-in centers / Crisis stabilization units
- Crisis residential facilities
- Peer support services (in addition to peer support lines, which are listed above)
- Linkages to follow-up services for individuals after utilization of crisis stabilization services
- Or discharge from an emergency department or in-patient psychiatric unit after a suicide threat/attempt
- Outpatient and community mental health services
- Child maltreatment services
- Child welfare services
- Other key resources available in your state/territory

## **Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters**

### **Aim of Core Area 7:**

- Ensure all Lifeline centers in your state or territory are able to provide follow-up calls to 9-8-8 callers, texters, and chatters, based on Lifeline best practices and guidelines.
- In this context, “follow-up” refers to crisis centers reaching out to contact callers/chat visitors/texters and check in within the few days after they have contacted the Lifeline (see box outlining best practices below). Telephone follow-up is currently the only modality available through the Lifeline, but outbound texting and messaging options are being explored.
- Please discuss plans for referrals and linkages to other services in the crisis care continuum (mobile crisis, crisis receiving, etc.) under Core Area 6.

### **Recommendations/Milestones (minimum standard):**

- By the end of Phase 1 (6/30/22): States/territories will have specified which center(s) will collectively be ready to handle a minimum of 50% or higher follow-up / outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.
- By the end of Phase 2 (6/30/23): States/territories will have specified which center(s) will collectively be ready to handle a minimum of 100% or higher follow-up / outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.

Follow-up care reduces suicide risk, supports people in crisis, and is a cost-effective intervention, especially when contrasted with law enforcement, EMS, and hospital utilization. As part of supporting the nationwide rollout of 988, states/territories play an important role in ensuring resources and supports are available for follow-up services. For example, states/territories can identify funding for follow-up services, help to coordinate efforts across centers, support training and resources to help centers adhere to best practices, and monitor and help meet demand.

### **Related Core Areas:**

- Core Area 2: Funding
- Core Area 3: Capacity to Achieve Target In-State/In-Territory Answer Rates
- Core Area 4: Operational, Clinical, and Performance Standards

## Follow-Up Services: Lifeline Best Practices and Guidelines

(For details, see the materials in [CoP Session 6: Best Practices in Follow-Up Care](#))

- As noted above, **“follow-up”** in the context of your implementation plan refers to crisis centers **reaching out to contact callers/chat visitors/texters to check in** within the few days after the person contacted the Lifeline.
  - Telephone follow-up is currently the only modality available through the Lifeline, but outbound texting and messaging options are being explored. Centers with the capability to offer text follow-up may do so.
  - In follow-up contacts, a crisis counselor actively engages with the follow-up participant in real time. (“Caring contacts” are a different service, which centers may offer, but are not a requirement.)
- Centers should have clear **eligibility criteria**. At a minimum, follow-up calls will be required for **all 988 contacts who confirm current suicide risk** (at the time of the contact or within the past 24 hours) **AND who consent** to receive follow-up calls from the Lifeline center.
- Centers should have **consent protocols** in place. Vibrant has a recommended consent form but states/territories and their centers are permitted to have their own consent process/form as long as it contains all of the elements in Vibrant’s form. **The state/territory should submit follow-up consent protocols as part of their final plan.**
- The **first follow-up call should occur in the 24-72 hours** after the initial 988 contact. (Note: Follow-up calls can occur sooner than 24 hours after the original call/chat/text if the individual consents to a safety check outreach. Safety check calls are particularly helpful for those who need additional support and do not want/need to go to an emergency room. People who receive safety check calls can also be asked for consent to participate in a follow-up program once the period of immediate safety is no longer a concern).
- **At least three attempts** shall be made for the first follow-up contact.
- At a minimum, **each follow-up contact must:**
  - Assess the individuals’ current well-being and suicide risk,
  - Review and update a safety plan as needed,
  - Coordinate care with other providers, and
  - Increase connection to needed services.
- Any staff or volunteers with a role in conducting follow-up calls must receive **counselor training** that includes the center’s **follow-up requirements and processes**.
- States/territories, if contracting with centers for their 988 services, may institute contractual requirements for follow-up care. Any requirements must align with Lifeline standards. State/territories are encouraged to **avoid creating unnecessary oversight**, but rather focus on creating systems that enable states/territories to **monitor service delivery**, identify challenges, and **work collaboratively to provide support and assistance** to enable high-quality services.

### *Required Background Information for Core Area 7*

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 7. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

### In the Draft Plan:

- **Describe the current situation, gaps, opportunities, and challenges.** Please include



- Findings from the Landscape Analysis (LA), Section 10, including
  - Description of current follow-up contacts provided by state/territory Lifeline centers (LA Q46-Q49, Q50-Q54).
  - State/territory reflections on the follow-up data in Section 10.
- Data on the proportion of Lifeline contacts across the state/territory where current thoughts of suicide are present to assist in planning and preparing for capacity.
- An overview of centers' current practices for follow-up calls including whether they meet best practices (see the box in this section and CoP information) OR note the need for conducting this analysis.
  - Description of strengths and gaps of the follow-up services currently provided
  - Crisis center/other stakeholder input on opportunities for improving and expanding follow-up services offered
  - Crisis center/other stakeholder input on challenges for providing follow-up services to 988 callers, texters, and chatters
- **Steps Taken/Progress to Date on planning for follow-up services and Proposed Approach**
  - Provide highlights of Steps Taken/Progress to Date in planning for follow-up services, followed by your Proposed Approach consisting of a very brief overview (1-2 sentences preferred, no more than a paragraph) of the of the next planning steps for this Core Area that will form the basis of your Goals and Action Steps.
    - **If you have a tentative or final proposed plan** about which centers will provide the follow-up calls that meet the milestones listed above, specify which centers have been selected and why as part of your background information, along with an analysis of the current follow-up activities and key capacity gaps of these specific centers. If needed, your proposed approach and goals/action steps should increase the readiness/capacity of these center(s) to provide these services at the targeted levels for each phase of the plan.
    - **If you do not yet have a proposed plan about which centers will provide follow-up services,** your proposed approach and goals/action steps should outline how you will decide which centers will provide follow-up services (ideally by the time you submit your final plan on 12/21/22) as well as your plans for increasing these centers' capacity.

### In the Final Plan:

- **Update the current situation, gaps, opportunities, and challenges.**
  - Update the relevant background information and data in the draft plan (see above for details).
  - Update (or add) information describing centers' current practices for follow-up services and discuss whether they meet best practices (see the box in this section and CoP information).
  - Update the analysis of strengths and gaps of current services; opportunities for expansion and improvement; and challenges.
- **Steps Taken/Progress to Date on planning for follow-up services and Proposed Approach**
  - Provide tentative or final decisions about which centers will provide the follow-up services that meet the milestones listed above, specifying these centers in the Background/Progress section along with an analysis of their current capacity, and key capacity gaps.
  - If needed, your proposed approach and goals/action steps should increase the readiness/capacity of the selected center(s) to provide these services at the targeted levels for each Phase of the plan.
  - **Submit with final plan:**
    - Submit follow-up consent protocols as an attachment to the final plan.

## Resources: Follow-Up Calls

- [CoP Session 6: Best Practices in Follow-Up Care](#)
  - Webinar recording and slides
  - Session 6 Notes and Presenters' Answers to Questions
  - Resource: Lifeline Best Practices and Clinical Resources
- [Lifeline Best Practices page](#): click on Follow-Up tab
- [Follow-Up Matters microsite](#): Resources for providing follow-up after discharge from an inpatient or ED setting.

## **Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory**

### **Aim of Core Area 8:**

SAMHSA and Vibrant Emotional Health, the administrator of the Lifeline and 988, are responsible for creating and managing the national messaging and branding for 988. States will be provided with messaging and branding guidelines, assets, and tools to support the development of strategies for promoting 988 in their states, within the parameters defined by SAMHSA and Vibrant. Grantees must:

- Lay out a framework for identifying key audiences, resources, dissemination channels, and other key elements of how your state will utilize and (when necessary) customize, national level public messaging/marketing materials provided by Lifeline and SAMHSA.
  - Create a message development process to ensure that 988 messages adhere to the guidance outlined in the [RFA \(pp.12-13, #8\)](#).
  - Develop a budget in accordance with the proposed strategy.
  - Develop a marketing plan for implementing messages starting in Phase 2.
- The process and plan should engage key 988 stakeholders in your state/territory in message development, leverage the capacity and resources of partners, and promote coordination and alignment of key messages across organizations and other messengers.

Note: States/territories **should NOT publicize 988 availability until after the nationwide rollout on July 16, 2022** – Phase 1 should only involve marketing preparations and strategic proposals. Marketing of 988 during Phase 2 should be minimal to allow 988 centers to further build capacity for anticipated volume increases and for states to secure additional funding to support further 988 capacity building at those centers.

### **Recommendations/Milestones:**

- By the end of Phase 1 (6/30/22) states/territories will have identified the following:
  - Key goals of a statewide 988 messaging campaign
  - Key messaging audiences within their state
  - Key public messaging channels for 988 messaging dissemination AND a proposed budget for each channel (examples include: Print, Video, Radio, Social Media, Television, Stakeholder Groups, Events, etc.)
  - A state agency 988 public relations point of contact to work with Vibrant Communications Team
- By the end of Phase 1 (6/30/22) states/territories will have developed a plan to transition all uses of the 1-800-273-8255 phone number in existing promotional materials to 988 by the end of December 2022
- By the end of Phase 2 (6/30/23) states/territories will have:
  - Engaged target audience focus groups within state or embarked on other strategies for securing feedback and input on message effectiveness for target audiences
  - Finalized customization of national level messaging materials
  - Secured state level funding for public messaging asset creation, asset update, and dissemination for each of the dissemination channels identified in Phase 1
  - Finalized messaging for how 988 aligns/embeds with their own state resources (e.g. state crisis lines not affiliated with 988)
  - Developed a plan for tracking metrics and public messaging campaign impacts

## Tips for 988 Communications and Marketing

- Your Goals and Action Steps for Core Area 8 should take into account how planning, funding, message customization/refinement, piloting, stakeholder/coalition feedback and dissemination timeline will unfold across the two phases of the plan. Message dissemination should begin after the completion of Phase 2 (July 2023). Any initial message customization process should be fully completed by then to ensure basic alignment with national level messaging guidance from SAMHSA and Lifeline.
- The scale and budget of your state/territory 988 public messaging efforts are not dictated by Vibrant or the Lifeline, however, updating existing materials to the new 988 dialing code, creation of new materials promoting 988's availability and services in the state, and alignment of all state materials regarding 988 with national and federal guidelines and best practices regarding safe and effective messaging for suicide prevention and mental health is required.
- Key areas to discuss include who will plan and refine messages, priority audiences and goals for messaging about 988 and crisis services, identified metrics and tools to measure impact, and strategies for how to leverage the capacity of multiple partners to achieve broad dissemination of messages.
- A key task of Phase 1 is identifying sources of any necessary funding and/or in-kind support for message development and implementation. If funding for messaging is part of your overall fundraising plan, please note the resources needed in this section (Core Area 8) and in Core Area 2, describe how you will pursue this funding. Securing this funding is a key component of Phase 2.
- It is critical that your message development strategies and plans ensure that:
  - Messaging to the public about 988 is aligned with current and forthcoming Vibrant and SAMHSA guidance about 988's scope, operations, and role in the crisis services continuum, including timing, key messages, and branding.<sup>2</sup>
  - Messaging about 988 is consistent across diverse stakeholders in your state/territory
  - Particular consideration is given to the inclusion of voices of lived experience, peers, communities of color and other groups that have been historically marginalized or excluded.
  - Messages adhere to standards for safe and effective suicide prevention messaging and convey messages of help, hope and healing as appropriate (see Resources at the end of the section and in particular, the *Framework for Successful Messaging*).
  - Messaging fits the unique needs and context of your state/territory. For example, if you have a well-publicized state crisis line, you will likely want to determine key messaging points regarding the relationship between your state line and 988.
    - Your message development process should include clearly defining the target audience(s) and purpose of each message or set of messages. For example, materials created for policymakers will have different goals than messages for adults who may face a crisis. It is key to test messages with your audience during the message development process.
- Ensure that you have identified **strategies for developing and disseminating audience-specific messages that reach various audiences, including groups at high risk of suicide, including LGBTQ+ youth, Tribal communities**, and other key audiences in your state/territory.
  - This includes messages tailored to specific target audiences and purposes, as well as recommendations for utilization and/or development of materials specifically for channels, mediums, and experts with access to the identified audiences.

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<sup>2</sup> Please refer to the videos, slides, and handouts posted under [CoP Session 7: Public Messaging](#) for broad guidance about how to frame messaging about 988. More details will be forthcoming from Vibrant/SAMHSA about how to discuss 988.

### **Coalition Input is Key**

Vibrant recommends that the state/territory solicit from the coalition recommendations regarding:

- Organizations/agencies/stakeholders to educate about 988 prior to launch.
- Organizations/agencies/stakeholders that can aid the state in messaging to the public about 988 services and as well as these partners' capacity/resources for messaging.
- Potential partners for developing and implementing messaging for population groups with racial equity concerns, who have been historically marginalized, and/or who may require tailored messages.
- Methods and strategies to educate the public about the distinction between 911 and 988 services, in keeping with SAMHSA/Vibrant guidelines regarding scope of service.
- Other input or feedback about important issues in the state/territory that should be considered in messaging about 988.

Messaging **strategies** define all of the tools, audiences, goals, resources, and assets for your messaging outreach. Messaging **campaigns** unite the components of the strategy under a single consistent banner, using consistent calls to action, consistent branding and style, and consistent tone and messaging.

### *Required Background Information for Core Area 8*

Summarize data and other background information briefly describing your current situation, gaps, progress, and proposed approach for Core Area 8. Please supplement the requested background with any other information that helps to explain your state/territory situation and provides context for your goals and action steps.

#### In the Draft Plan:

- **Describe the current situation, gaps, progress, and proposed approach**
  - Briefly describe current strengths and gaps related to capacity for messaging and aligning messages across stakeholders. What challenges do you face in developing a messaging strategy, updating existing materials, and developing 988 promotional and educational materials?
  - Provide highlights of steps taken/progress to date in working towards a common messaging strategy to promote 988 in your state/territory. Also note additional steps needed to gather a baseline understanding of collective messaging capacity, goals, available tools, possible collaborators, and opportunities for messaging.
  - Briefly outline your proposed approach for developing a messaging strategy, updating existing materials, and developing new 988 promotional and educational materials that will form the basis of your Goals and Action Steps.

#### In the Final Plan:

**Update the current situation, gaps, progress, and proposed approach** that you outlined in the draft plan (see bullets above). Revise your Goals and Action Steps accordingly.

### Learn about Past and Current Messaging Efforts

Gathering background information and lessons learned about past and current messaging efforts will help to assess statewide/territory wide capacity for messaging, successful strategies, and new strategies. Examples might include:

- Current or past efforts to promote the Lifeline or other crisis services by state/territory partners.
- Current or past messaging about suicide or mental health. Information on the reach or impact of these efforts, if available.
- Past efforts to identify key demographic, cultural, linguistic, or other groups in the state/territory that would benefit from tailored messaging.
- Assessments or metrics regarding ability and history of outreach to LGBTQ+ youth, other populations at high risk of suicide, or other key audiences for 988 messaging.
- Assessments or metrics regarding impact or usage of existing campaigns, educational materials, or tools. If these metrics of impact are unavailable, identify the gaps in data-gathering and what tools and resources would be needed to bridge those gaps.
- Reports or summaries from previous formative research (background research to inform message development) conducted by state/territory partners when developing messaging about suicide, mental health, or crisis services (e.g., focus groups, interviews, literature reviews, pre-testing of messages).

### Resources: Messaging

- [CoP Session 7: Public Messaging](#)
  - Brief video and slides
  - Four downloadable handouts:
    - Mental Health and Suicide Prevention Talking Points
    - Tips for Interviews
    - 988 Behavioral Health Crisis Care Continuum
    - 988 Planning Grant Talking Points.
- Two-page Fact Sheet: 988 and the National Suicide Prevention Lifeline Fact Sheet (first item under [General Tools and Additional Resources](#))
- [Vibrant.org/988](#)
  - 988 FAQ/factsheet
  - Vibrant statements and press releases about 988
  - Links to other key 988 documents
  - Bullet points about (1) Why we need 988; (2) What 988 will be; and (3) A policy history of 988.
- [CoP Session 1: 988 Introduction, History & Grant Activities](#)  
*(While CoP 1 is not specifically about messaging, Vibrant staff introduce 988 and provide historical information that may be helpful in framing messaging.)*
  - Video and slides: The National Suicide Prevention Lifeline: A National Safety Net and 988 (Dr. John Draper)
  - Video and slides: 411 on 988: Legislative History and Future Steps (Laura Evans)
  - Video and slides: 988 Planning Grant Core Activities and a background on Lifeline membership (Katie Stubblefield)
- Action Alliance [Framework for Successful Messaging](#)
- Action Alliance [Media Messaging Resources](#)
- Lifeline [Media Resources](#) page