

Crisis Center Guidance: Follow-up with 988 Lifeline Contacts and Those Discharged from Emergency Department and Inpatient Settings

The 988 Suicide and Crisis Lifeline is a toll-free suicide prevention hotline network comprised of over 200 local crisis centers. The 988 Lifeline is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health. 988 Lifeline provides free and confidential crisis counseling to anyone in need 24/7 and has answered over 12 million calls since its launch in 2005.

This paper contains information gathered from research, interviews, and previously published 988 Lifeline materials. A review of recent research and content updates were completed in 2023. All of the recommendations and best practices come from information gathered about 988 Lifeline network crisis centers maintaining follow-up programs at their agency, and relevant research pertaining to follow-up services.

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Introduction

Crisis centers are uniquely positioned as a crucial resource for people in need of follow-up care, as they have the resources, professionally trained staff and volunteers, and technological capabilities to provide effective services and appropriate referrals. For over 60 years, crisis centers have provided invaluable services to individuals at risk of suicide and high levels of emotional distress. Since the launch of 988, every month approximately 160,000 calls, 60,000 chats, and 30,000 texts are answered through the 988 Suicide and Crisis Lifeline. Crisis centers play an essential role in providing much needed care 24 hours a day, seven days a week to reduce feelings of hopelessness and suicidal intent (Gould, Kalafat, Munfakh, & Kleinman, 2007). Crisis hotlines also provide referrals to mental health and other appropriate services based on an individual's needs and play a key role in diversion from emergency services through expertise in crisis counseling, de-escalation, and safety planning.

Ample evidence of the recurrence of suicidal ideation, following discharge from an inpatient facility or emergency department, demonstrates the need for services that will target this population for prevention (Appleby et al., 1999; Qin & Nordentoft, 2005). Research indicates that follow-up with hotline callers and people recently discharged from an emergency department (ED) or inpatient setting has positive results for both consumers and providers of mental health services (Fleischmann, 2008; Vaiva et al., 2006; Zanjani et al., 2008). The following document was produced by the 988 Lifeline to provide crisis centers with evidentiary support for follow-up, and to provide a range of resources that could facilitate the development and maintenance of crisis center follow-up programs. After a brief review of the literature, this report offers recommendations for essential elements of a follow-up program that are based on research and anecdotal evidence from crisis centers that already manage comprehensive programs. It also offers general guidance on building relationships and partnerships with local hospitals, basic tips on program sustainability, information on types of donors, fee for service models, and other resources available to centers that are helpful for program development.

The Case for Follow-up Programs

In 2021, 48,183 people died by suicide in the United States, and suicide was among the top 5 leading causes of death for people ages 10-64 (Centers for Disease Control and Prevention: CDC Wonder Database, 2021). In 2021, the Surgeon General of the United States and the Centers for Disease Control and Prevention warned of an accelerating mental health crisis among adolescents (Davis et al., 2022).

Studies have shown that there is an evident gap in services for suicide attempt survivors after a visit to the emergency department. For every suicide death, there are four times as many hospitalizations for suicide attempts and eight times the amount of emergency department visits relating to suicide (Source: [CDC WISQARS](#)). Research indicates people are at high risk of suicide upon discharge from the hospital and studies in Europe found that suicide risk is greatest within one week after discharge (Appleby, et al., 1999; Qin & Nordentoft, 2005). Furthermore, patients previously admitted to the hospital for a suicide-related incident have a higher risk of suicide after discharge than patients admitted to the hospital for other emergencies (Crandall et al., 2006). By providing attempt survivors a resource that reduces the gap in services between emergency and inpatient discharge and outpatient appointments, a critical step in preventing suicide and decreasing the number of visits to an emergency department can be taken (Knesper, 2011). Follow-up services offer a powerful level of care that fills this need. Follow-up programs are cost-effective and crisis centers are uniquely positioned to administer these services.

Follow-up after discharge is an effective and important intervention to reduce suicide. A study based in five countries that differ in size and economic development indicated that follow-up after emergency department discharge significantly reduced suicide (Fleischmann, 2008). The follow-up program included 9 contacts by trained professionals at crisis centers over a maximum period of 18 months. In England, a study found that use of 24-hour crisis teams and 7-day follow-up programs showed a significant reduction in suicide within 3 months of a patient's discharge from inpatient services (While et al., 2012). Furthermore, patients who have received telephonic follow-up, have a lower suicide rate in the five years post-discharge and a significantly lower suicide rate in the first two years after discharge (Motto & Bostrom, 2001).

Crisis centers are a crucial resource in linking patients to services and providing emotional support. Crisis centers help reduce emotional distress and suicidal ideation in callers (Gould, et al., 2007). In addition, crisis centers already have the resources, professionally trained staff and volunteers, and telephone service capabilities to provide services and connect with patients recently discharged. Given that suicide risk is highest one week after discharge from an inpatient setting, the 24/7 availability of crisis centers' services are invaluable. For medium to high risk callers, studies show that centers help to minimize ideation, hopelessness, and psychological pain (Gould, et al., 2007; Kalafat, Gould, Munfakh, & Kleinman, 2007). Further, crisis center follow-up before a service appointment is associated with improved motivation, a reduction in barriers to accessing services, improved adherence to medication, reduced symptoms of depression, and higher attendance rates (Simon, VonKorff, Rutter, & Wagner, 2000; Zanjani, et al., 2008).

Follow-up by crisis centers is also cost effective; it reduces utilization of emergency services and offers diversion to more appropriate services for individuals who do not require admission to the hospital (Andrews & Sunderland, 2009; Vaiva, et al., 2006). In one year, a Lifeline crisis center in St. Louis, Missouri reduced psychiatric hospitalization state-wide by 7% by referring some follow up contacts to more appropriate mobile outreach services and outpatient facilities based on the callers' needs (National Suicide Prevention Lifeline, 2011).

Follow-up calls to suicidal individuals can reduce the perceived risk of future suicidal behavior. In a 2017 study, data was obtained from 550 callers followed by 41 crisis counselors from 6 centers. The majority of follow-up clients that were interviewed reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%) (Gould et al., 2017). Counselor activities, such as discussing distractors, social contacts to call for help, and reasons for dying as well as individual factors such as baseline suicide risk were associated with callers' perceptions of the impact of the intervention on suicide risk (Gould et al., 2018).

More research needs to be done on the efficacy of specific models for follow-up service delivery, cost benefit analyses of follow-up programs, utilization of emergency services after follow-up program enrollment, and its ability to divert overuse of EDs and inpatient hospitalizations.

Requirements for Follow-up for 988 Lifeline Network Centers

While follow-up has been a recommended best practice for network centers since 2012, the advent of 988 highlighted the importance of increasing the overall continuum of care for individuals. Follow-up is an essential service that crisis centers can provide to increase safety between the initial call to 988 Lifeline and resolution of the crisis or linkage to external resources. In addition, increased funding for 988 presented 988 Lifeline Centers with an opportunity to move follow-up from a recommended best practice to a required best practice. The 988 Lifeline now requires that network centers provide follow-up services for those experiencing current suicidal thoughts (within the past 24 hours).

<i>Eligibility Requirements</i>	<ul style="list-style-type: none"> ● All callers/chat visitors/texters who confirm current suicidal or homicidal ideation (at the time of the call or within the past 24 hours) during their interaction with the 988 Lifeline will be asked for consent to follow-up services. ● It is not mandatory for individuals to enroll but follow-up must be offered
<i>Consent Criteria</i>	<ul style="list-style-type: none"> ● Callers/chat visitors/texters must consent to follow-up services if they want to participate. ● The 988 Lifeline has a recommended consent form, centers can adapt their own, but it should include all elements on the recommended form. (See Appendix B)
<i>Modality for Follow-up</i>	<ul style="list-style-type: none"> ● Telephone follow-up is the only current modality that can be offered through the 988 Lifeline, but other options such as outbound texting or messaging are being explored. ● Chat or text visitors should be offered participation in follow-up via telephone with request for their consent to participate in that way. ● This may not be as appealing to some who prefer text-based modes of communication, but it is a way to enroll them if they are willing. If your center does have the capability to provide follow-up via text you can include that option in your consent process.

<p><i>Who will conduct Follow Up calls</i></p>	<ul style="list-style-type: none"> ● The individual must have gone through crisis counselor training from your center as well as training in follow-up requirements in order to conduct a clinically appropriate call.
<p><i>Timeline for Completing Follow-up Contacts</i></p>	<ul style="list-style-type: none"> ● First contact should occur within 24 - 72 hours after the original contact with the Lifeline. ● Contacts needed sooner than 24 hours are often done as part of a safety support call and are particularly helpful for those who need additional support and do not want/need to go to an ER. People who receive safety support 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.
<p><i>Required number of Outreach attempts</i></p>	<ul style="list-style-type: none"> ● Individuals who have consented to follow-up should receive a minimum of 2 follow-up contacts. ● At least three attempts should be made to make contact with the individual if the individual is not reached for a scheduled conversation. ● The guideline for making three attempts when reaching out for a planned follow-up call is so that the center demonstrates a concerted effort to get in contact with a follow-up participant. ● The consent process should include obtaining the best times to reach the individual and can be used as a guide for outreach. ● At least one of the three attempts should be tried on a different day in case the follow-up participant is away on that day unexpectedly.
<p><i>Required Structure of a follow-up call (At minimum)</i></p>	<ul style="list-style-type: none"> ● Assess the individual's current well-being and suicide risk ● Collaboratively review and update safety plan as needed ● Offer care coordination with other providers ● Increase connection to needed services or offer additional resources

Additional Recommendations and Best Practices

The 988 Lifeline views follow-up programs as an integral part of crisis centers' service delivery. While there are a variety of models in operation across the network, a review of center practice has highlighted certain elements as essential to a successful follow-up program. Historically, the Lifeline has strongly recommended that centers initiate and maintain follow-up programs in the service of persons in crisis and their communities. Since the rollout of 988, it is now required that centers offer follow-up to all callers, texters, and chatters experiencing current suicidal ideation or homicidal ideation. However, follow-up criteria can be expanded to any individuals who consent to follow-up and meet the eligibility criteria set by the center for their follow-up program; this can include individuals with any level or concern for safety or distress.

Recommendation 1: Create Clear Program Enrollment Criteria

Crisis counselors must have clear guidelines when speaking with individuals in crisis in order to assess whether enrollment in the follow-up program would be appropriate. Center practices in this area vary often based on that center's capacity for conducting additional follow-up contacts. Some centers ask individuals with any degree of safety concerns present to consent to participate in their follow-up program while others limit this program to those that present with current suicidal thoughts.

- Some centers may also offer follow-up to individuals with issues including domestic violence, homicidal ideation, substance use, those experiencing high mental distress or psychotic symptoms, and those needing mobile crisis intervention.
- Many centers also offer follow-up to those who have recently had encounters with other behavioral health or emergency service providers in their community but have not yet had contact with the 988 Lifeline. These could include follow-up with individuals discharged from an emergency department, inpatient setting, or referrals from other community partners such as 911 or law enforcement.
- Third parties should also be offered participation in the follow-up program when the situation is relevant. If the person of concern they are calling about has active suicidal ideation or homicidal ideation but the crisis counselor cannot speak directly with that individual, a follow-up should be offered to the third party. It is understood that sometimes the third party may have limited information about the individual which sometimes leads to declining follow-up participation.

Your center may have procedures for more than one type of follow-up, and enrollment criteria should be clearly defined for each program. Whatever criteria you choose in establishing your own center guidelines, it is important to ensure that at a minimum, follow-up is offered to all 988 contacts experiencing current suicidal or homicidal ideation or within the past 24 hours. Additional follow-up can be provided to individuals depending on your center's resources, staff time, and capacity to properly follow up with individuals.

Recommendation 2: Create Clear Program Protocols

Establish a clear program protocol that can be used by staff doing follow-up. While your center's protocol does not have to be rigid (i.e., individualized call schedules can be developed based on an individual's needs) it does need structure in order to ensure consistent and effective service provision. So while details of an individual's follow-up plan may vary depending on level of safety and the goal of follow-up (i.e., follow-up until relinked to treatment – or follow-up until a specific stressor has passed) the overall approach should remain the same. Guidance should be given to crisis counselors on when and how it is

appropriate to close follow-up. Be clear on the goals of your follow-up program. For some centers a goal might consist of providing short-term support to increase or maintain safety; and for other centers, it might include connection to a referral source. Crisis counselors should ensure that the individual understands when their participation in the follow-up program will end. Lastly, as in all Lifeline contacts, crisis counselors should invite the individual to contact the 988 Lifeline whenever support is needed. Centers should have a policy around how to handle a participant who calls in before their next scheduled follow up conversation. Some centers may have all crisis counselors trained in conducting follow-up calls, and therefore could choose to enter into a follow-up conversation while other centers might proceed as a regular inbound contact and have specific staff that would complete the follow-up as scheduled.

Recommendation 3: Openly Describe the Program to Participants and Gain Consent

Ensure that the individual clearly understands how the follow-up program operates. This should include what services will be provided and what will not be provided. For example, the individual should be made aware that follow-up is designed to be time limited and is not designed to replace short-term treatment. The sample consent form provided in Appendix B highlights much of the information for review with the person in crisis when obtaining consent to call them back. Written documentation of verbal consent is sufficient to conduct follow-up calls. In order to be transparent about the follow up and to ensure safety, crisis counselors can say, “Before we end the call, I want you to know that I am concerned about you and that we want to help you stay safe. Is it OK if we call you back to see how you are doing?”. To ensure privacy it is also recommended to ask if there is permission to leave a voicemail and what is to be done if another household member answers. Consent requirements for youth vary depending on the location of the crisis center and its configuration. (See more in Recommendation 11)

Recommendation 4: Establish a Safety Plan and Use it to Structure Follow-up Calls

A safety plan is a document that identifies ways in which an individual can keep themselves safe. The safety plan intervention is a collaborative problem-solving approach for suicidal and homicidal individuals that can be developed during a crisis contact once it is established that immediate emergency intervention is not required. The plan is meant to be flexible and can change as an individual's level of distress changes. Structure your follow-up calls around the plan by collaboratively reviewing and modifying it as needed during follow-up contacts. Assess with the individual how useful the safety plan has been. If the individual has not used the plan despite feeling suicidal, the counselor can review barriers to implementation and alternative strategies. A sample safety plan has been provided in Appendix A to guide you in this process.

Recommendation 5: Fully Integrate the Follow-up Program into your Center’s Objectives

Ensure that the follow-up program is folded into all staff and volunteer training to promote full integration of the service and enhance sustainability of the program. In addition, train as many staff and volunteers as possible to be able to provide follow-up. Even if your center decides to have dedicated staff provide the majority of the follow-up contacts, having all staff trained will allow you to easily adjust enrollment numbers and staff time as the inbound contact volume fluctuates. Please note, at this time each crisis center in the 988 Lifeline network develops their own training curriculum that meets their center and community’s specific needs as well as the requirements of the 988 Lifeline. The 988 Lifeline currently has some online, self-paced clinical trainings available that provide foundational information and crisis counseling skills with more training in development. These trainings will be supplemented and enhanced by other training that the centers provide their staff and volunteers.

Recommendation 6: Understand who can conduct Follow Up Contacts

The 988 Lifeline does not require a specific educational level or license needed for provision of follow-up services. Some centers may utilize volunteers, while others have paid staff to provide these contacts. Those trained in peer support may also provide follow-up contact as long as they meet 988 training requirements and are trained in the crisis intervention model. If the center has a high volume of individuals coming through the follow-up program, then the center may choose to have dedicated staff who provide the follow-up services. However, it may not be possible based on funding, capacity, and scheduling to have individuals dedicated solely to follow-up, in which case any crisis counselors who have had appropriate crisis intervention training and follow-up can make the outbound contacts. Follow-up may be provided by the individual who took the initial call, but often this will not be possible due to availability and scheduling of shifts. Whether there is a dedicated follow-up team or crisis counselors rotating these duties, it is good practice to let individuals consenting to follow-up know that they may receive contact from a different person than they spoke with on their initial contact and to be transparent about what information that person will have access to in order to address any concerns about privacy or having to re-tell their story.

Recommendation 7: Consider a Range of Follow-Up Methods

Use of text and chat services can help engage more individuals in the follow-up program, especially if the person first contacted your center by these means. While there is a scarcity of research on the topic, crisis centers have found that in using alternative methods of communication they can engage a wider demographic, particularly youth. While telephone follow-up is the only current modality that can be offered through 988 Lifeline platforms, some centers may have means to offer follow-up via text through other platforms. It is not advisable to use e-mail due to privacy concerns, inability to assess thoroughly, and follow the structure of a follow-up conversation. As with all follow-up conversations, the crisis counselor will check in regarding the individual's well-being and safety. Some centers may ask the individual if they can switch to a phone call if their safety has lowered since the previous chat or text.

Recommendation 8: Track and Evaluate Key Outcomes

A system to track and evaluate your center's follow-up program is essential. Clean data and easy reporting tools allow staff to closely examine program effectiveness and refine approaches to address specific needs. Additionally, data can make the difference in whether or not you can apply for funding opportunities. Suggestions for data elements to gather include:

- Number of people screened for follow-up
- Number enrolled
- Demographic information
- Average number of contacts made per individual
- Total number of contacts for the follow-up program including number of follow-up contacts attempted and number of follow-up contacts completed

- During the time the individual was a participant in the program (a) were they admitted to the hospital or an inpatient setting, and/or (b) did they attempt suicide?
- Self-reporting on whether the individual accessed referral services or other services
- Self-reporting on the challenges or barriers that arose in accessing services
- Self-reporting on satisfaction of the program on a 1-5 scale
- The proportion of individuals who felt the Lifeline call played a role in keeping them safe and not killing themselves during initial contact.

These metrics and indicators help funders, major donors, and government agencies see the impact your programs have on your community. Indicators that show cost savings to an overburdened mental and behavioral health system are of particular importance. Track ED diversion rates or referrals to outpatient services in your community to show these impacts.

Recommendation 9: Establish a Policy to Work with Familiar Individuals

Create a policy to address the needs of familiar individuals while keeping the scope of services within the short-term nature of the follow-up program. A familiar individual may be defined as anyone who has contacted your crisis center more than once in any given period or as defined by your center. Ensure that you have a consistent approach and plan for familiar individuals during inbound contacts and also for the follow-up program. Maintain a confidential list or database with names, presentation, and care plan or protocol for each individual so crisis counselors can access the information any time. This information should be protected in accordance with your center's data governance policies or in accordance with HIPAA compliance. Remember to reiterate the purpose of the follow-up program, which is to provide short-term, limited check-in calls based on a prepared safety plan. While the nature of follow-up is short-term and thus it may not be beneficial to offer regularly to familiar individuals leading to ongoing follow-up services, there are instances where offering follow-up to familiar individuals would be appropriate. Examples might include a change in the individual's level of safety, experiencing a traumatic event leading to an increase in distress levels, or significant loss. Crisis counselors should be trained in providing appropriate support to familiar individuals and consult with a supervisor if unsure whether or not offering follow-up to a familiar individual would be beneficial.

Recommendation 10: Establish a Policy Regarding Sharing Information with Local Law Enforcement

Having a working relationship with your local law enforcement and 911 centers helps promote proper care for follow-up participants at imminent risk. Given that your staff will have more contact with follow-up program participants, it is possible that you will be asked to provide information to local law enforcement or other government agencies about particular participants. To deal with these information requests, your agency should develop an internal policy. Within that policy, the 988 Lifeline recommends that your center ensures that law enforcement obtain a court ordered subpoena before accessing any requested information about specific individuals who use your services. For additional guidance more information can be found in the members only Network Resource Center.

Recommendation 11: Insurance Reimbursement Guidance

Some 988 Lifeline crisis centers and/or states may consider utilizing insurance reimbursement as a funding source for follow-up activities. The following are clinical considerations when developing policies regarding insurance reimbursement.

- 988 Lifeline services must be free and confidential
- Billing practices must include consent and transparency
- The crisis intervention and the Safety Assessment Model must remain the primary focus
- Centers should ensure that the funding strategy does not limit service provision.

The expectation of the public, based on the published tenets of the 988 Lifeline, is for the service to be free and confidential. Individuals may not feel comfortable participating in a follow-up program if they know their information will be shared for billing purposes or attached to their medical record.

Centers may choose to pursue insurance reimbursement strategies to the extent that they can be transparent with individuals in crisis and assure individuals who do not wish to participate that they will not be treated differently. Consider working with providers to create strategies such as funding based on average penetration rates or percentage of population based on successful follow-up contact volume rather than billing at the individual user level.

Centers must be careful about assuming that callers/chatters/texters will endorse the understanding that the service is “free” if only their insurance is charged. Centers must offer a clear understanding of their center policies and practices to contacts so that they may make an informed choice about using the service.

Further information regarding billing and insurance reimbursement practices can be found on the Network Resource Center by all centers in the 988 Lifeline network.

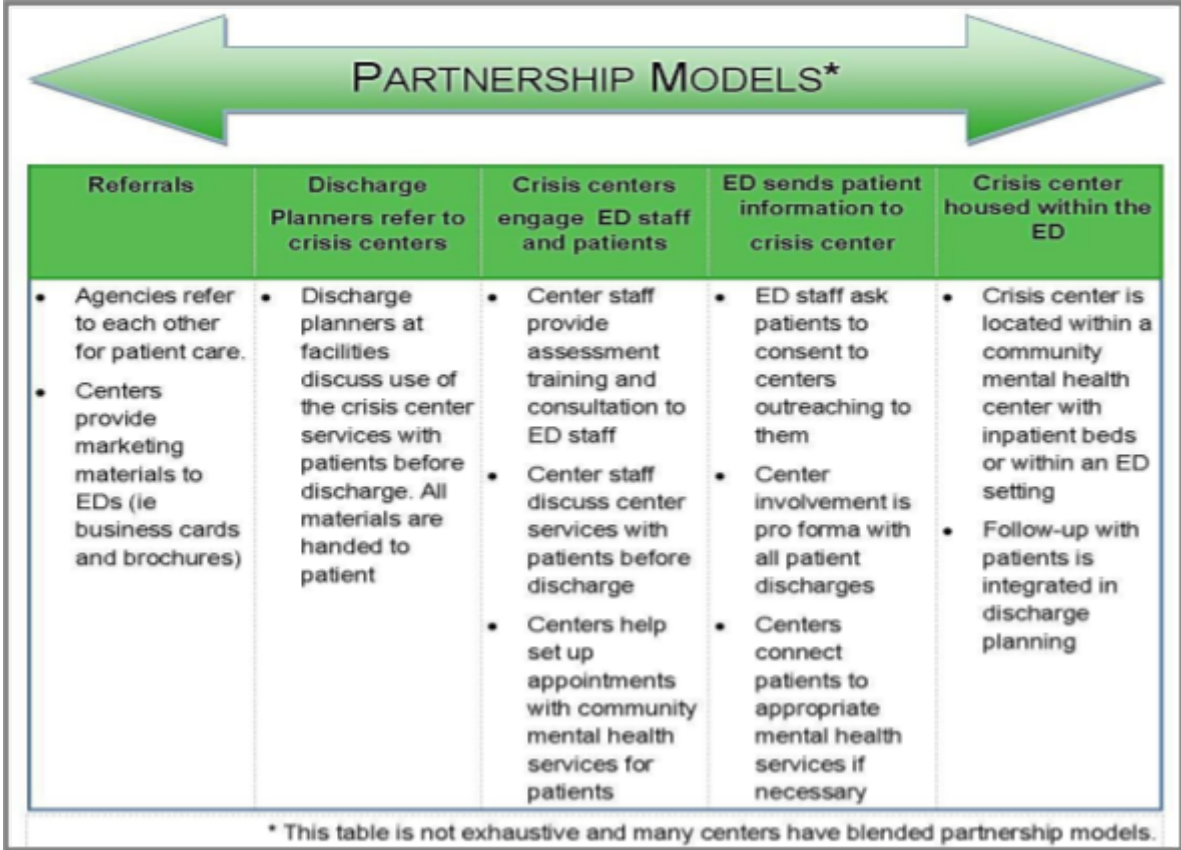
Recommendation 12: Establish a policy for working with minors

The 988 Lifeline encourages the offer of follow-up for all individuals with current concerns regarding their safety and does not prohibit offering follow-up to minors, while acknowledging that state laws regarding minor consent vary widely. Crisis center configurations also vary with some operating independently and some housed within a larger system such as a university, mental health center, or medical center. Crisis centers should be familiar with state and local laws regarding minor consent as well as guidelines within larger systems of which they may be a part, and talk to their own centers' legal counsel about the appropriate practices for working with youth for follow-up.

Partnering with Local Emergency and Inpatient Facilities

Research indicates that emergency departments (ED) face significant overcrowding. In the United States, from 1992 – 2001, 52.8 million visits to the emergency department were mental health related (5.4% of total visits). Suicide attempts accounted for 7% of all mental health related visits and increased by 47% over the course of the decade. (Larkin, Smith, & Beautrais, 2008). In an effort to address the high risk for suicide following discharge from an inpatient or ED setting, crisis centers have taken the lead on creating new partnerships to provide follow-up services with patients recently discharged. Centers across the network have varying levels of engagement with EDs and inpatient facilities. These partnerships can be informal or formalized by memoranda of understanding (MOU). Some centers are making the partnership into a development opportunity by contracting with the hospitals, charging a fee for their service.

The recent pandemic had a significant effect on the mental well-being of the population, especially youth. A cross-sectional study was conducted in the Chicago area regarding mental health ED visits by children ages 5–17 from March 2018 to March 2021 at a 10-hospital academic medical system (1 academic medical hospital and 9 community hospitals), and an independent children's hospital. ED visits for suicide or self-injury increased from 20.4% of all mental health visits in the prepandemic period to 27.1% in the pandemic period. Additionally, more visits resulted in medical admission, 4.7% pre-pandemic versus 9.0% during the pandemic. (Shankar et al., 2022).



Referrals	Discharge Planners refer to crisis centers	Crisis centers engage ED staff and patients	ED sends patient information to crisis center	Crisis center housed within the ED
<ul style="list-style-type: none"> • Agencies refer to each other for patient care. • Centers provide marketing materials to EDs (ie business cards and brochures) 	<ul style="list-style-type: none"> • Discharge planners at facilities discuss use of the crisis center services with patients before discharge. All materials are handed to patient 	<ul style="list-style-type: none"> • Center staff provide assessment training and consultation to ED staff • Center staff discuss center services with patients before discharge • Centers help set up appointments with community mental health services for patients 	<ul style="list-style-type: none"> • ED staff ask patients to consent to centers outreaching to them • Center involvement is pro forma with all patient discharges • Centers connect patients to appropriate mental health services if necessary 	<ul style="list-style-type: none"> • Crisis center is located within a community mental health center with inpatient beds or within an ED setting • Follow-up with patients is integrated in discharge planning

* This table is not exhaustive and many centers have blended partnership models.

Building a partnership

Building a partnership with EDs and inpatient facilities can be a time consuming process. It is important to build relationships with key stakeholders and be prepared. The [Follow-up Matters](#) microsite of the 988 Lifeline provides support for crisis centers, emergency departments, and other stakeholders interested in creating follow-up partnerships. The microsite provides resources such as information on starting a follow-up partnership, access to research and statistics that support follow-up initiatives, tools for use in assessment and follow-up, sample materials, as well as examples and profiles of follow-up partnerships under the SAMHSA Follow-Up Grants.

In addition, the 988 Lifeline's Crisis Center – Emergency Department Partnership Tool Kit has information that may be very useful including planning exercises, sample letters and presentations. All of the materials can be customized to fit your agency's needs and the Tool Kit can be found on the Network Resource Center by all centers in the 988 Lifeline network.

In particular, take the time to review the partnership planning exercises. This set of exercises will be useful as you plan your approach to engage with hospitals in your area. The following exercises and topics are covered in the section:

1. **Examine the Situation:** This is an exercise to create a simple analysis of your crisis center's strengths, weaknesses, opportunities and threats. It will help you determine your center's capacity to partner with a hospital or inpatient facility.
2. **Assess the Attitudes:** This exercise helps you find out what attitudes different stakeholders may have about the services your center is offering. If you have time, it may be worthwhile to actually survey these stakeholders to obtain a more accurate understanding of their attitudes and perceptions. Free online tools like Survey Monkey <https://www.surveymonkey.com/> or Google Forms <https://www.google.com/forms/about/> can be accessed to develop your survey.
3. **List Your Assets and Capabilities:** This exercise helps you define what services may be attractive to an ED or inpatient facility. Be realistic about the services you are able to provide. Think of the opportunities in phases – develop ideas for what you can provide today versus what you will be able to provide once a partnership is established and new infrastructure needs are met.
4. **Identify Your Communications Channels:** This exercise will help you determine other resources your center can provide in partnership with an ED. Although the exercise asks for communications resources, think about all of the community resources your center has that may be helpful in a partnership such as outreach, access to walk-in outpatient crisis appointments, detailed referral listings, or partnership with other community resources such as housing shelters or food banks.
5. **Create Your Partnership- Building Strategy:** Once you have analyzed your center's capabilities, resources and strengths, this exercise will help you build a strategy for establishing a relationship with an ED. Take the time to clearly establish goals, identify your target audience, find out who in the ED has the power to decide on a partnership, and get a sense of the attitudes of the ED

personnel. After these steps, you will be ready to create messaging, talking points, and communications materials directed at the different identified audiences.

6. **Brainstorm Activity Ideas:** This exercise will help you in brainstorm the different partnership models that you can establish with an ED. For example, think about smaller programs that you can offer to pilot with the ED before you establish a more robust partnership with more services.
7. **Make an Action Plan:** Building from your strategy, create an action plan with deadlines and responsible parties listed so you are organized and ready to begin outreach efforts to your local ED or inpatient facility.

In addition to the planning exercises, the talking points document can assist you in highlighting your agency's credibility and years of experience in suicide prevention and crisis service delivery. The Tool Kit is accessible through the Lifeline's members-only Network Resource Center website.

Keep in mind that once a relationship with a facility is developed, implementation of the program may take time as well. Continue to develop your partnership by regularly meeting with ED staff to ensure that they are honoring the established agreements and promoting crisis center services.

Additional ways to establish potential partnerships

In order to build a working relationship with external partners it can benefit centers to have a policy around outreach efforts and tracking these attempts. Centers may delegate staff with specialized knowledge around follow-up to take the lead in establishing these potential partnerships. When initially approaching facilities either through a phone call, email, or in-person, the goal is to frame the follow-up program as a helpful resource to them during their discharge process. Centers can relay the positive research done around follow-up and the benefits it can provide in enhancing safety for individuals recently discharged and lowering the return rate to these facilities. Finding the correct internal staff member to broach this subject with is key. Complex and busy hospital facilities often lack time for what they may perceive as extra endeavors, so persistence can go a long way when explaining the program and how 988 Lifeline centers can help support them.

- Once working with a facility, marketing materials such as business cards and brochures can be placed in the ED or inpatient facility. Staff social workers and discharge planners at the partner facility can also include these materials in their discharge packets. The materials will build community awareness about the programs and services the center offers.
- Centers can provide suicide safety assessment training and consultation for ED staff.
- Assessments can be done in person (at the hospital or via video telehealth conference) or by phone.
- Centers can establish contracts with the ED, inpatient facility or with the State to provide mental health assessments for all patients in the ED at admission and/or before discharge.
- Aftercare and after hours services are highly effective to help link patients to outpatient care and divert individuals to more appropriate services.

- EDs and inpatient facilities can obtain consent from patients to send crisis centers their contact information for follow-up services. These follow-up calls can be scheduled by the discharge planner, or they can simply assure the patient that someone from the crisis center will follow-up with them to check in about how they are doing within 24 to 72 hours.
- Centers can serve as an important bridge between EDs and individuals in need of care. For example, your center can establish a relationship with mobile crisis teams to connect 988 Lifeline callers with the appropriate services.

Sustainability and Development

Fundraising and development are important to maintain sustainability of new programs. The 988 Lifeline has developed a sustainability toolkit with information crisis centers can use to prepare documents and track relevant information for fundraising purposes. These materials are available on the Network Resource Center. In addition to donations and grants available to non-profit centers, crisis centers have developed models to obtain fees for the services they provide.

Conclusion

Although our effort to develop best practices for follow-up protocols continues, these requirements and recommendations provide a framework for crisis centers to use as their programs evolve. Making follow-up an essential part of the crisis center's services will enable crisis centers to continue to play an invaluable role in supporting individuals' safety in the mental health system.

This document could not have been prepared without the crisis centers' participation in the Lifeline network; thank you for your continued support of the network and the amazing work that you do every day.

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Appendix A: Safety Planning Intervention

A safety plan is a list of coping skills and sources of support individuals can use who have been assessed to be at risk of suicide. It is designed so that you can work collaboratively with an individual to create a prioritized plan that is brief and easy for the person to follow. Ask the individual to keep the plan in a place where they can easily access it (in a wallet or cell phone) when they have thoughts of suicide.

The following are essential elements to explore and include in the development of a safety plan. Work with the individual to create a plan based on these steps:

1. **Recognize warning signs:** What sorts of thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words.
2. **Use your own coping strategies – without contacting another person:** What are some things that you can do on your own to help you not act on thoughts/urges to harm yourself?
3. **Socialize with others who may offer support as well as distraction from the crisis:** Make a list of people (with phone numbers) and social settings that may help take your mind off things.
4. **Contact family members of friends who may help to resolve a crisis:** Make a list of people (with phone numbers) who are supportive and who you feel you can talk to when in crisis.
5. **Contact mental health professionals or agencies:** List names, numbers and/or locations of clinicians, local emergency rooms, crisis hotlines – carry the Lifeline number 988).
6. **Ensure your environment is safe:** Have you thought of ways in which you might harm yourself? Work with your crisis counselor to develop a plan to limit your access to these means.

Stanley, B., Brown, G. K. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice*, 19, 256-264.

A safety plan template can be downloaded from the National Suicide Prevention Lifeline website here: <https://suicidepreventionlifeline.org/wp-content/uploads/2017/09/Brown-StanleySafetyPlanTemplate1.pdf>

Appendix B: 988 Lifeline Sample Consent Form

“We are concerned about you and we want to help you stay safe. Would it be okay for someone from our crisis center (Crisis Center Name) to call you and see how you are doing?”

“Making these follow-up calls is an important part of our services. We have found that these follow-up contacts can help keep people safe and feel supported until they are feeling better (and/or linked to treatment services). Would it be okay for us to contact you in (time period to be decided by the crisis worker completing this form)?”

YES NO

1. Name of client: _____

2. Name of crisis counselor completing this form: _____

3. Date of Referral: __/__/__

Safety plan is complete and in the caller’s record. (If not, fill the below information)

4. Telephone #: _____

Phone for? (circle): Home# Cell# Office#

5. Best day(s) and times to call: _____

6. Preferred language for follow-up call: _____

7. Do you have an answering machine or voicemail on this telephone? YES NO

If “Yes:”

If you are not able to answer when we call, is it okay for us to leave a message?

Do NOT leave a message

Leave a limited message with name and contact number only

Leave a detailed message (Details): _____

8. If someone else answers when (Crisis Center Name) calls, is it okay for them to leave a message with the person who answers the phone? YES NO No one else will answer

If “Yes:”

Do NOT leave a message

Leave a limited message with name and contact number only

Leave a detailed message (Details): _____

The information you have provided here and any other information exchanged between you and the (Crisis Center Name) staff is strictly confidential. If the (Crisis Center Name) wishes to share your information with others that can assist in your care, we must obtain your permission to do so. The only exception to this rule is if your life (or the life of others) is in danger. In this case, the (Crisis Center Name) may only share information about you with individuals or agencies that they believe can assure your immediate safety.

When a staff member from the (Crisis Center Name) calls you, they will ask you questions about how you are doing, how safe you are feeling at the time, and what actions you are taking to keep yourself safe. They will see what kind of help you may still need at the time, and do whatever they can do to help you.

You are also free to contact the (Crisis Center Name) directly at any time during or after your involvement in this follow up program to obtain more help.

Signed: _____

Date: _____