

WEBINAR SESSION

Evidence-Based Practices in Crisis Care

January 29, 2026



Funded by the Substance Abuse and Mental Health Services Administration



Disclaimer

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services or SAMHSA, nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. government.



Funded by the Substance Abuse and Mental Health Services Administration

Crisis Systems Response TTAC

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



SAMHSA Team



Jill D. Mays, MS, LPC

Division Director of Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office (BHCCO)

Jill D. Mays is the Division Director for Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA. She currently leads the evolutionary and collaborative work of pillars two (someone to respond) and three (a safe place for help) of the 988 Behavioral Health Crisis Continuum. Before coming to SAMHSA, Mrs. Mays served as Director of the Office of Behavioral Health Prevention and Federal Grants at the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), where she most recently oversaw all substance misuse prevention, suicide prevention, and mental health promotion, and served as principal investigator for the agency's multimillion dollar portfolio of federal grants, including 988 and CCBHC grants and as planner for the mental health block grant. Additionally, as Assistant Director of the Office of Adult Mental Health at DBHDD, she was the Project Officer for Crisis Services. Mrs. Mays previously coordinated operation of SAMHSA's Disaster Distress Helpline (DDH) Core Regional Call Center in Atlanta, serving FEMA Regions III & IV. Mrs. Mays is a Licensed Professional Counselor, with over 30 years of experience in the behavioral health field and is a person with mental health lived experience.

988 TTAC Workstream Team



Bre Carr
Behavioral Health Project
Manager



Meagan MacGregor
Senior Training and
Technical Assistance
Specialist



Jennifer Sedivy
Senior Consultant/
Senior Data Analyst

Objectives

1

Define the role of follow-up care in the suicide prevention continuum

2

Identify the core components of safety planning for clients at risk of suicide

3

Understand the concept and application of postvention as prevention

4

Assess challenges to effective follow-up care and identify strategies to overcome them

National Guidelines

Someone to Contact

National Suicide Hotline Designation Act (2020) requires all staff to be trained to provide follow-up services

Someone to Respond

Mobile crisis team models should identify available community resources and supports to provide for individualized follow-up care

A Safe Place for Help

Coordination of follow-up care during transition from crisis stabilization

Far-Reaching Impact of Suicide

Suicide is a significant public health issue with impact on individuals, families, communities, and systems

- Between 2000 and 2022, suicide rates increased by approximately 36%
- In 2022, suicide was the second leading cause of death for individuals aged 10–34

In 2023, 49,266 individuals aged 12 and older died by suicide. For every one suicide death, there are about:

- 10 Emergency department visits for self-harm
- 48 Self-reported suicide attempts (within the past 12 months)
- 325 People who seriously considered suicide (within the past 12 months)



Follow-Up Care for Suicide Prevention

Many individuals face challenges after discharge from crisis stabilization

Up to 70% of individuals who attempt suicide did not attend their first appointment or maintain treatment after discharge

A June 2024 study revealed that of 1,148 hospitals surveyed, only 4% met the full criteria for implementing recommended suicide prevention activities at time of discharge based on the Joint Commission's National Patient Safety Goals for suicide prevention

Chitavi, S., et al. (2024). [Evaluating the Prevalence of Four Recommended Practices for Suicide Prevention Following Hospital Discharge](#). *The Joint Commission Journal on Quality and Patient Safety*, 50 (6), 393-403.



PRESENTATION

Crisis Follow-Up: Collaborative, Self-Directed Care

Amy Molloy



Guest Speaker



Amy Molloy
Senior Project Associate
Education Development
Center (EDC)

Amy Molloy is a behavioral health expert with 15 years of leadership experience in suicide prevention, mental health promotion, veterans' services, and education. Currently, Amy is a Senior Project Associate at the Education Development Center (EDC), where she advances the use of innovative training practices and continuous quality improvement to sustain systemwide safer suicide care. Amy primarily works on two projects: Zero Suicide and Multi-Tiered Suicide Prevention for Schools.

Prior to EDC, Amy was the director of a state-wide technical assistance center for mental health education in schools, and a county-based peer support program for Veterans. She also served on the New York State (NYS) Suicide Prevention Council, the NYS 988 Implementation Planning Coalition, and as a member of state-wide workgroups for trauma-informed care and maternal mental health.

To rest and recharge, Amy enjoys hiking, gardening, reading, travel, and “game nights” with family and friends.

Today's Session

In today's session we will...

- Identify opportunities for follow-up care
- Review collaborative safety planning
- Explore common challenges and strategies to address them
- Apply follow-up care to postvention



Suicide Prevention in Follow-up Care

ZERO Suicide

OUR TEAM WHAT'S NEW CONTACT US LOG IN ZERO SUICIDE INSTITUTE

Home About Evidence Movement Toolkit Resources

Home > Toolkit > Zero Suicide Toolkit

Toolkit: Transition

Save for Later

TRANSITION

Transition individuals through care with warm hand-offs and supportive contacts.

Suicide Prevention Continuum

Prevention

- Promote 988
- Educate communities
- Screen for suicide risk
- Build protective factors
- Reduce risk factors

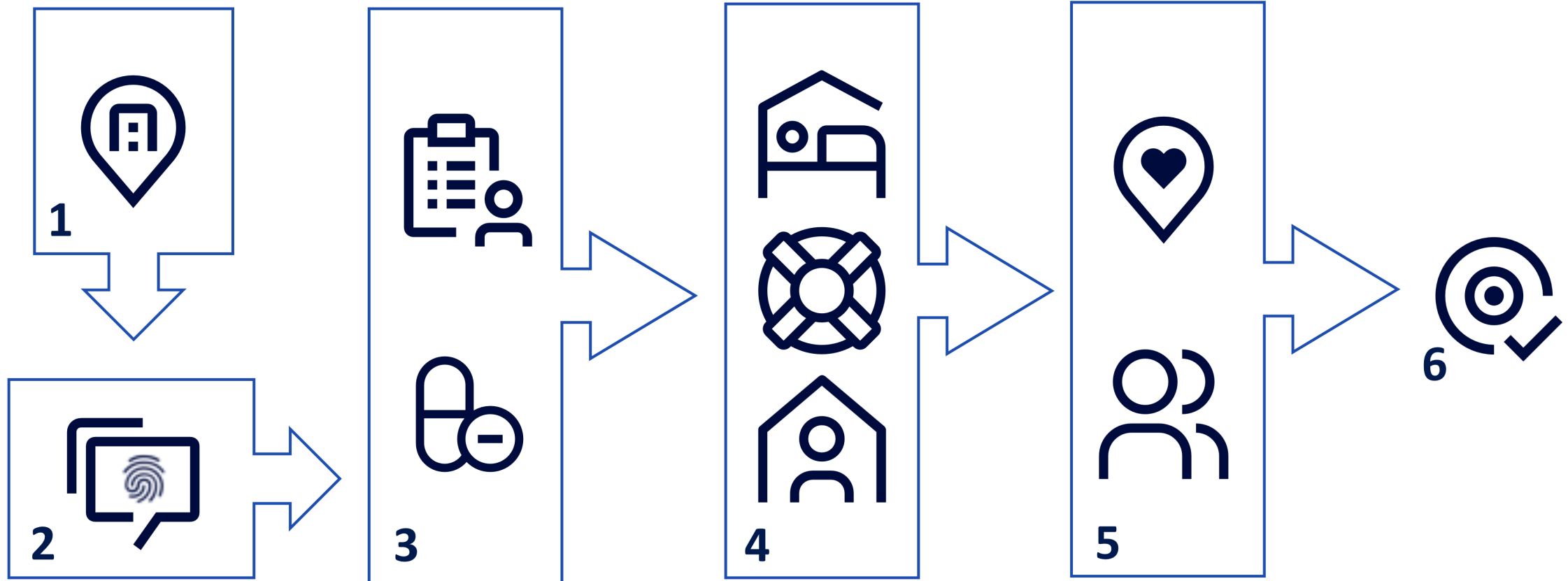
Intervention

- Assess for suicide risk
- Provide collaborative safety planning and lethal means safety
- Treat suicide directly
- Provide follow-up care

Postvention

- Promote healing
- Monitor for increased risk and support impacted individuals
- Activate community prevention efforts

Suicide Care Case Example



Examples of Follow-up Care

- Caring Contacts
- Care Coordination
- Peer Support



Individual Challenges

- Crisis has been de-escalated
- Lack of social support
- Transportation and/or financial issues
- Time commitment, other responsibilities
- Providers can't relate to my experiences, concerns
- Lack of motivation



Systems Challenges

- Providers not trained in crisis response/suicide care
- Workforce shortage
- Lack of resources/funding
- Lack of care coordination
- Beyond organizational capacity
- Competing priorities



Strategies for Effective Follow-Up Care

- Develop clear policies and protocols, train staff
- Include first-hand experience in meaningful ways
- Engage individuals with suicide risk in decision-making about care options and identification of supports
- Consider ways to support caregivers
- Train staff interventions, monitor for fidelity
- Collect and monitor data, and use to inform improvements

Elements of Collaborative Safety Plan

- Warning signs
- Self-management strategies (e.g., coping skills, distractions)
- Reasons for living (Crisis Response Plan)
- Supports – social and professional
- Lethal means safety



Strategies for Effective Collaborative Safety Planning

- Provide education – purpose and process
- Engage in collaborative conversation
- Do not judge responses but encourage problem-solving
- Engage support system involvement
- Review and revise regularly
- Create plan for lethal means safety

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ Address: _____
4. Place: _____ Address: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____
Emergency Contact: _____
2. Professional/Services Name: _____ Phone: _____
Emergency Contact: _____
3. Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Crisis Line Phone (e.g. 988): _____

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

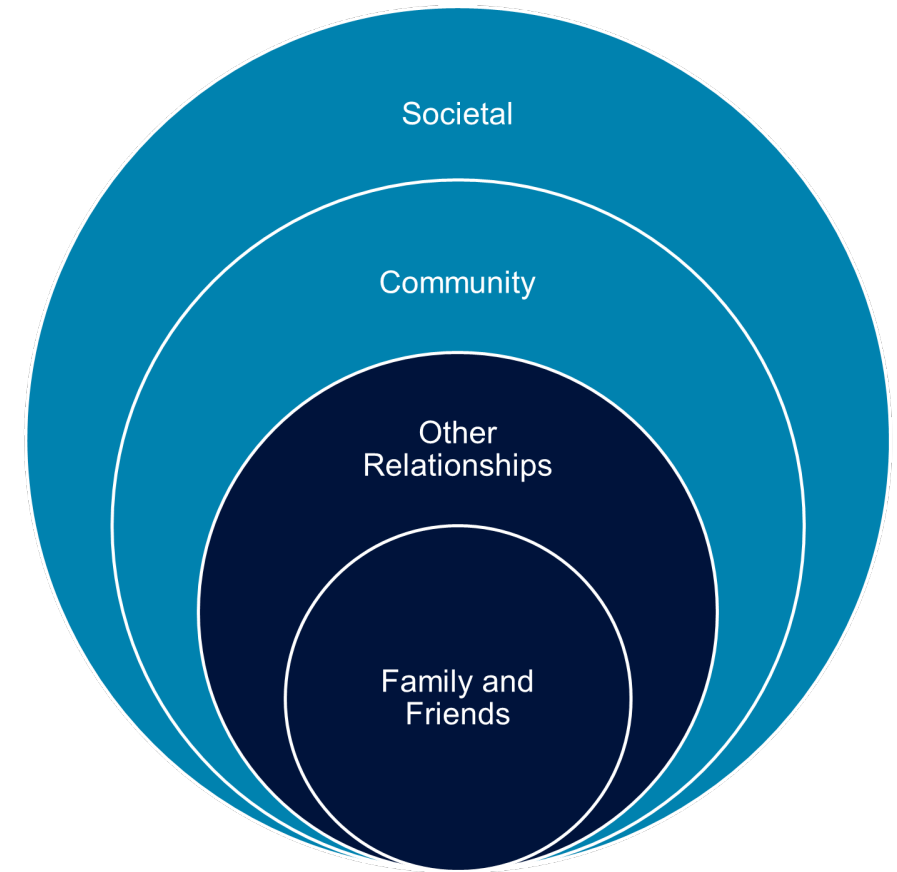
1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicide-safetyplan.com.

Stanley-Brown
Safety Planning Intervention

Postvention is Prevention

- Promote healing and reduce risk
- Socio-ecological response
- Support for those directly impacted
- Support for those at risk/vulnerable
- Promotion of safe messaging
- Provide guidance for memorial activities
- Provide community education (in time)



135 individuals are directly impacted by each suicide death

Your Role in Postvention

- Be mindful of community grief
- Be part of a community response
- Increase suicide risk screening
- Revisit safety plans
- Connect with caregivers
- Be attentive to social media
- Consider activating follow-up care strategies



Suicide Prevention Continuum (revisited)

Prevention

- Promote 988
- Educate communities
- Screen for suicide risk
- Build protective factors
- Reduce risk factors

Intervention

- Assess for suicide risk
- Provide collaborative safety planning and lethal means safety
- Treat suicide directly
- Provide follow-up care

Postvention

- Promote healing
- Monitor for increased risk and support impacted individuals
- Activate community prevention efforts

Thank You

Thank you

Merci

Gracias

شكرا



Questions



Upcoming Workstream Events

Partnering with Emergency and First Responders: Collaborative Models of Crisis Response

February 12, 2026
2:00–3:30pm ET

Crisis Is Not the Start: Prevention, Partnership, and Protection in CYF Crisis Care

February 19, 2026
2:00–4:00pm ET

The Work After the Work: Embedding Long-Term Recovery in CYF Crisis Systems

March 19, 2026
2:00–4:00pm ET

Ethical Decision-Making in Crisis Response

April 2, 2026
1:30–3:00pm ET



[988 CSR-TTAC Upcoming Events](#)

We Value Your Feedback!

Please take a minute to complete the evaluation poll on your screen.



Certificate of Attendance

[Available by Request](#)



988 CRISIS SYSTEMS RESPONSE

TRAINING &
TECHNICAL
ASSISTANCE
CENTER

SAMHSA
Substance Abuse and Mental Health
Services Administration

Funded by the Substance Abuse and Mental Health Services Administration

Thank You for Attending!

Office hours for the Evidence-Based Practices workstream will begin momentarily.

This project is supported by SAMHSA, the agency within HHS that leads public health efforts to advance the behavioral health of the nation. The CSR-TTAC works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.



Image Description for Suicide Care Case Example (slide 15)

Suicide Care Case diagram with 6 numbered icons. First 5 icons are enclosed in a shape with an arrow pointing to the next one.

1. Person and situation described.
2. 988 Call Center staff conduct an assessment with the person.
3. Staff provides counseling.
4. Person referred to a center. Partner receives education on how to support through treatment and crisis. Person is discharged.
5. Person has first appointment with a therapist.
6. Using a safety plan and partner's support, person meets goals and stops weekly treatment. Person and partner are confident in recovery and ability to manage crisis.