National Suicide Prevention Lifeline—Crisis Center Survey

SUPPORTING STATEMENT

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) is requesting Office of Management and Budget (OMB) approval for a new data collection, Crisis Center Survey (see attachment A). SAMHSA has funded a National Suicide Prevention Lifeline ("Lifeline"), consisting of a single toll-free telephone number that routes calls from anywhere in the United States to a network of 147 local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources. Two major goals of the Lifeline are to promote efficient access to this service so it will reach more people at risk of suicide and to ensure high quality of services to callers to more effectively prevent suicide.

This new data collection effort will inform the Lifeline's planning around (1) crisis center recruitment strategies and (2) network resource development activities including technology, training, and marketing. The goal of these efforts is to enhance services provided by networked crisis centers, increase accessibility to people at risk for suicidal behavior, and optimize public health efforts to prevent suicide and suicidal behavior.

Telephone crisis services have been in existence for over forty years and are based on the concepts that (1) crises are time limited and present an opportunity for positive or negative outcomes, based on the application of effective or maladaptive coping, respectively; (2) many maladaptive behaviors such as alcohol use, interpersonal violence, or suicidal behavior involve maladaptive responses to crises; (3) crises are characterized by increases in anxiety, which produce cognitive constriction and attenuate problem-solving ability; and (4) due to the failure of the usual coping mechanisms and heightened vigilance, individuals are more open to intervention.[1,2] The implications of these concepts suggest that interventions must be readily accessible to provide adaptive responses to crises in order to attenuate maladaptive outcomes.

A model of crisis services has evolved that consists of 24-hour telephone services staffed by trained professionals and/or trained paraprofessional volunteers who provide interventions to clients at no charge. The goal of telephone crisis interventions is to reduce maladaptive cognitive and affective components of the crisis state, to attenuate maladaptive coping, and to help the caller find a plan for coping with the situation that precipitated the crisis or another helping agency that can provide further assistance.[2]

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1 Rapoport, L. (1965). *The State of Crisis: Some Theoretical Considerations*, Crisis intervention: Selected Readings. 2-31.

2 Kalafat, J, Gould, MS, Munfakh, JLH, & Kleinman, M. (2007). *An Evaluation of Crisis Hotline Outcomes Part 1: Nonsuicidal Crisis Calls*, Suicide and Life-Threatening Behavior, 322-337.

The program is operated under authorization of Section 520A of the Public Health Service Act (42USC290bb-32). Each year, beginning with the 2001 appropriations bill, Congress directed that funding be provided for the Suicide Prevention Hotline program (see Attachment A). In 2007 SAMHSA awarded a 5 year grant to Link2Health Solutions, a subsidiary of the Mental Health Association of New York City.

2. Purpose and Use of Information

The Web-based **Crisis Center Survey** will request information about the infrastructure and services of crisis centers. The Survey includes questions about organizational structure, scope of services, telephone technology and equipment, marketing, staffing, training, and quality assurance. SAMHSA grantees will use this information to optimize Lifeline's technological capacity, enhance its marketing and crisis center counselor and management training, and promote professional networking among the centers.

Data from the crisis center survey will be provided to Lifeline staff (the administrators of the National Suicide Prevention Lifeline) and shared with SAMHSA project officers. This survey will give SAMHSA important information about the centers in the Lifeline network (e.g., how they are funded, how big they are, what others services they offer) and their needs. This will help SAMHSA ensure that the needs and challenges of the centers are being adequately addressed and enable the development of resources, tools and materials that meet those needs. Individualized analysis will also allow SAMHSA to have more detailed information about exceptional centers.

3. Use of Information Technology

Informal polling of crisis centers revealed a strong preference for the **Crisis Center Survey** to be Web-based http://survey.shs.net/NSPL/TakeSurvey.asp?SurveyID=3KK4p3KLmo75G. The survey will be programmed to include simplified screens and intuitive navigational controls (e.g., previous and next page buttons, progress bar) that have been designed to achieve greater accuracy in response entry and greater participant usability. Administering the **Crisis Center Survey** as a web-based instrument allows for the use of sophisticated branching so that respondents will only be presented with questions relevant to them, masking irrelevant questions through skip logic.

4. Efforts to Identify Duplication

The information will be collected only for the purposes of this program and is not available elsewhere.

5. Involvement of Small Entities

The crisis centers have expressed their willingness to provide any information that will facilitate its development. The brief amount of time needed to complete the forms will not

have a significant impact on the small entities. In fact, SAMHSA believes that translating the data into practical results will be a significant benefit to the crisis centers.

Nearly all of the 147 networked crisis centers are small not-for-profit organizations that are not dominant in the field and would be considered to be "small entities" by OMB. Based on its knowledge of the field and solid relationships with many potential respondents, crisis centers perceive the Lifeline to be a crucial component of their service mandate. They recognize the fact that their own organizations and clients will benefit as SAMHSA enhances crisis counselor and management training, optimizes Lifeline technological capacity, and increases public awareness of and accessibility to Lifeline's services.

6. Consequences If Information Is Collected Less Frequently

The **Crisis Center Survey** will be administered once.

7. Consistency With the Guidelines in 5 CFR 1320.5 (d) (2)

This information collection fully complies with 5 CFR 1320.5 (d) (2).

8. Consultation Outside the Agency

The contents of the **Crisis Center Survey** were discussed with representatives from the Lifeline's Steering Committee, several of whom are crisis center directors. The directors listed below also completed a hard copy of the survey in their offices and agreed that the information requested is reasonable and straightforward, written in plain, unambiguous language. The directors would be responsible for completing the **Crisis Center Survey** themselves.

Crisis Center Director Contact Information:

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Director
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Director
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(269) 381-1510

A Federal Register notice was published on XXXX XX, 2010 (Volume XX, Page XXXX) to solicit comments on the proposed Crisis Center Survey. No comments were received.

9. Payment to Respondents

Respondents will not be paid.

10. Assurance of Confidentiality

The information to be collected through the **Crisis Center Survey** is administrative and does not pose privacy issues.

Survey software with data encryption will be used to distribute the survey to the crisis centers. The site to access the survey will be password-protected and accessible only to users with administrator rights. After completion, the survey results will be exported to a database and stored on password-protected servers.

11. Questions of a Sensitive Nature

No sensitive information will be collected. Respondents will be asked questions that are limited to the overall structure and types of services provided by their crisis center.

12. Estimates of Annualized Hour Burden

The response burden estimate for the **Crisis Center Survey** is based on the average amount of time it took for the three Crisis Center directors (see #8, above) to complete the survey.

Instrument	Number of respondents	Responses/ respondent	Total Number of Responses	Burden/ response (hours)	Total burden (hours)	Hourly Wage	Total Hour Cost
Crisis Center Survey	147	1	147	.75	111	$25	$2775

13. Estimates of Annualized Cost Burden to Respondents

This information is routinely maintained as a part of customary and usual business practices. There are no costs associated with its collection.

14. Estimates of the Annualized Cost to the Government

The cost to the Government will include approximately $1675 for grantee staff time (data manager and coordinator) and will also include approximately 20 hours for the Government Project Officer (GS-14, Step 2; $755) to coordinate with the grantee. The total cost is estimated to be $2,430.

15. Changes in Burden

This is a new project.

16. Time Schedule, Publication, and Analysis Plans

Time Schedule

Activity	***Date***
OMB approves submission	
Data collection begins	1 month after OMB approval
Analysis of **Crisis Center Survey** data	4 months after OMB approval
Report of **Crisis Center Survey** completed	6 months after OMB approval

Publication

There are no plans to publish the data.

Analysis Plans

This survey is being conducted in an effort to learn more about the capacities, skills, and unmet needs of the crisis centers involved in the National Suicide Prevention Lifeline Network. The surveys will inform the planning around network recruitment strategies, technology, training and other network resource development activities.

Descriptive analyses will provide information on individual centers as well as provide aggregate information. Data from the **Crisis Center Survey** will be provided to Lifeline staff (the administrators of the National Suicide Prevention Lifeline) and shared with SAMHSA project officers. The aggregate analyses will utilize frequency distributions and counts from survey items to address such questions as:

1. What services are provided by the crisis centers?
2. What proportion of crisis centers provide 24/7 services?
3. What are the populations served by the crisis centers?
4. What is the language capacity of the crisis centers?
5. What agencies are certifying the crisis centers?
6. What are the quality assurance procedures at crisis centers?
7. To what extent do the crisis centers engage in various training procedures?
8. What methods of marketing are employed by crisis centers?

9. What technology and equipment are available to the centers with regard to data management, information, and referral?
10. What is the geographic representation of the crisis centers?

17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.

B. Collections of Information Employing Statistical Methods

1. Response Universe and Sampling Methods

Because each of the 147 crisis centers is unique (size, location, funding, technological infrastructure, longevity, staff training), it is essential to survey the entire universe if we are to effectively monitor and address the changing needs of the networked crisis centers and their staff.

2. Information Collection Procedures

Through regular Lifeline Network communications (conference calls and e-mails) crisis center directors are already aware that they will be completing the **Crisis Center Surveys** after OMB approval. After OMB approval, crisis center directors will receive an e-mail informing them that the survey has been approved and posted on the Web at (http://survey.shs.net/NSPL/TakeSurvey.asp?SurveyID=3KK4p3KLmo75G). They will have six weeks to complete it.

3. Methods to Maximize Response Rates

Each networked crisis center receives a small stipend ($2,500) for participating in the Lifeline network. In addition to agreeing to a number of policies and procedures to ensure the provision of quality services, participating centers also agree to complete the annual **Crisis Center Survey**. From the time they agreed to participate in the Lifeline, the crisis center directors have been amenable to completing the **Crisis Center Surveys** because they know that their centers would receive enhanced crisis counselor and management training and benefit from targeted efforts to market the Lifeline services.

Crisis Center Survey: Directors who have not completed the survey after 3 weeks will receive e-mail reminders and, if needed, 2 weeks later, reminder telephone calls. CMHS anticipates a 90% response rate.

4. Tests of Procedures

Three crisis center directors pilot-tested a hard copy of the **Crisis Center Survey (see #8, above)**. As a result of their feedback, some ambiguous questions were clarified (e.g., "during past 12 months was added to clarify the meaning of "Scope of Services" [page 4]); items were added to three lists (e.g., "gambling" was added to Technical Assistance #3, a [page 12]), and simple questions (# 4 and #5 on page 8) replaced lengthy tables in which crisis centers were initially asked to differentiate between the kind of training provided to different categories of workers.

5. Statistical Consultants

The Mental Health Association of New York City (the SAMHSA Lifeline grantee) subcontracted with the following researcher to help develop the research design and analyze the results:

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Psychiatry and Public Health (Epidemiology)
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The SAMHSA project officer responsible for receiving and approving deliverables is:

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List of Attachments

A. Crisis Center Survey