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**National Suicide Prevention Lifeline:  
Survey Questions for Crisis Centers**

This survey is an effort to learn more about the capacities, skills, and unmet needs of the call centers/crisis hotlines involved in the National Suicide Prevention Lifeline Network (“the Lifeline”). These completed questionnaires will inform our planning around network recruitment strategies, technology, training, and other network resource development activities. We appreciate your taking the time to review and complete all portions of this survey.

**Contact Information**

1. Name of Crisis Center: \_\_\_\_\_
  
2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_
  
3. Physical address (if different): \_\_\_\_\_  
\_\_\_\_\_
  
4. Name of person completing form: \_\_\_\_\_
  
5. Title of person completing form: \_\_\_\_\_
  
6. E-mail address of person completing form: \_\_\_\_\_
  
7. Administrative telephone number: \_\_\_\_\_
  
8. Crisis/Hotline director: \_\_\_\_\_



4. a. What is the approximate total funding devoted specifically to support your crisis hotline operations?  
\$ \_\_\_\_\_
- b. Currently, what are the primary funding sources for your crisis hotline operations? (Check all that apply and provide its approximate percentage of your total funding.)
- Private (non-government) grants/donations \_\_\_\_\_%
  - Public (government) \_\_\_\_\_%
- c. Have you experienced changes in funding levels during the past 12 months?
- Increase
  - Decrease
  - No change

5. Does your call center have policies and procedures developed specifically to address crisis hotline operations?
- Yes
  - No

16. Which of the following describes your call center/crisis hotline's liability insurance? (Check all that apply.)
- It covers directors and officers (D & O)
  - It covers staff who responds to crisis calls
  - It covers volunteers who respond to crisis calls
  - It covers a maximum of \$1,000,000 worth of damages for each occurrence
  - It covers a maximum of \$2,000,000 worth of damages in aggregate
  - Other (please describe):

7. For which geographic area(s) does your center primarily provide crisis hotline services (excluding Lifeline calls)? (e.g., an entire state, county A, county B, county C)

8. What is the approximate total population of the area(s) identified in question 7 above?
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### **Crisis Center Staffing**

1. Please check if your crisis hotline service has:
  - Dedicated staff and/or volunteers (i.e., staff and/or volunteers whose sole responsibility is to answer phones on your crisis hotline)
  - Supervisory staff
2. How many individuals work/volunteer as telephone workers or supervisors on your crisis hotline(s)?  
\_\_\_\_\_
- a. Please indicate the approximate percentage of each:
  - \_\_\_% paid staff
  - \_\_\_% volunteers
- b. Please indicate the approximate percentage of each:
  - \_\_\_% professional mental health counselor (a counselor with an advanced degree in a mental health or related field (e.g., M.A., M.S.W., Ph.D., etc.)
  - \_\_\_% non-professional counselor

### **Scope of Services (during previous 12 months)**

1. On average, how many total calls per month does your call center receive on your crisis hotline(s), including the Lifeline?  
\_\_\_\_\_
2. Have you experienced a change in call volume to all your crisis hotlines (including the Lifeline) during the past 12 months?
  - We have experienced an increase in call volume.
  - Our call volume has remained relatively constant.
  - We have experienced a decrease in call volume.
3. Approximately what percentage of calls on your crisis hotline(s) (including the Lifeline) are from individuals calling because they or someone they care about is contemplating suicide?  
\_\_\_\_\_%
4. Please indicate your best estimate as to the percentage of callers to your crisis hotline(s) that are frequent or regular callers (including from the Lifeline)?  
\_\_\_\_\_%
5. Is your center a 2-1-1 center?
  - Yes
  - No

*Note that in the online version, the following question will only appear if the respondent has checked "No" in Question #5:*

6. Do you have a cooperative agreement or cross-referral relationship with a local 2-1-1 center?

- Yes
- No

Note that in the online version, the following question will only appear if the respondent has checked "No" in Question #5:

7. Please check the item that best describes your situation.
- We are/may be interested in becoming a 2-1-1 center.
  - We are/may be interested in forging a relationship with a local 2-1-1 center.
  - Neither of the above.
  - Other. Please specify:

8. a. Does your center have staff and/or volunteers who provide services in languages other than English? (This does not include interpreter services.)
- Yes
  - No
- b. If "Yes," please indicate the language(s) and whether you have a **dedicated line** for that/those language(s).

<u>Language</u>	<u>Dedicated Line</u>	
	<u>Yes</u>	<u>No</u>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

9. a. Aside from the interpreter services offered by the Lifeline, do you have access to language interpreter services for your non-Lifeline calls?
- Yes
  - No
- b. If yes, please provide the name of the language interpreter service:

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10. Do you have **dedicated lines** for any of the following? (Check all that apply):

	<u>Yes</u>	<u>No</u>
2-1-1	<input type="checkbox"/>	<input type="checkbox"/>
Teens and/or college-aged (13-24)	<input type="checkbox"/>	<input type="checkbox"/>
Warm line or peer support	<input type="checkbox"/>	<input type="checkbox"/>
Older adults (55+)	<input type="checkbox"/>	<input type="checkbox"/>
Deaf and Hard of Hearing (TTY)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Lesbian/Bisexual/Transgender	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

11. Do you provide Web, chat, or text-based crisis services?

- No
- Yes. Please describe:

12. Do you provide any of the following suicide prevention services on an ongoing, formal basis?

- Gatekeeper Training (e.g., ASIST, QPR)
- Screening Programs (e.g., SOS Signs of Suicide, TeenScreen)
- Postvention Services
- Community Education
- Other, please specify:

## **Call Center Operations**

1. a. Does your crisis hotline operate 24/7?

- Yes
- No

b. If "No," please indicate hours and days of operation:

c. If "No," do you contract with another organization to answer your crisis hotline (s) after hours?

- Yes
- No

2. What is your relationship with each of the following?

a. Local 911 (Check all that apply.)

- Formal (contract and/or Memorandum of Understanding)
- Informal (knowledge of and ability to refer as a known crisis service)
- None

b. Local hospital emergency rooms

- Formal (contract and/or Memorandum of Understanding)
- Informal (knowledge of and ability to refer as a known crisis service)
- Our agency/organization provides emergency room services.
- None

c. Mobile crisis teams

- Formal (contract and/or Memorandum of Understanding)
- Informal (knowledge of and ability to refer as a known crisis service)
- Our agency/organization provides mobile crisis services.
- There is no mobile crisis team currently serving our area(s)
- None

d. Law enforcement

- Formal (contract and/or Memorandum of Understanding)
- Informal (knowledge of and ability to refer as a known crisis service)
- None

e. Ambulance/EMS

- Formal (contract and/or Memorandum of Understanding)
- Informal (knowledge of and ability to refer as a known crisis service)
- None

3. Do you routinely obtain disposition status information about at-risk crisis hotline callers from any of the following services?

	<u>Yes</u>	<u>No</u>
Community mental health center or outpatient mental health clinic	<input type="checkbox"/>	<input type="checkbox"/>
Local emergency room	<input type="checkbox"/>	<input type="checkbox"/>
Mobile crisis team	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Fire and rescue	<input type="checkbox"/>	<input type="checkbox"/>

Other community service. Please specify: \_\_\_\_\_

**Quality Assurance**

1. Does your call center/crisis hotline use a form (e.g., skill evaluation or quality assurance evaluation form) to rate/document crisis worker performance?

- Yes
- No

2. Does your crisis hotline do any of the following? (Please check all that apply)

- Checking call logs or records
- Checking compliance with policies and procedures
- Silently monitoring calls
- Monitoring staff's interaction with callers
- None of the above

3. If your crisis hotline does not currently silently monitor calls, would you consider implementing silent call monitoring in the future?

- Yes
- No

**Staff Hiring and Training**

1. Do you use a screening questionnaire when interviewing prospective counselors for your crisis hotline?

- Yes
- No

2. If you answered "yes" to Question #1, and you use a standard questionnaire, please provide the name(s) of the questionnaire(s).



3. If you answered "no" to Question #1, please indicate the **major qualities** that you screen or look for.

4. Please specify the
- a. Total number of training hours required before a new person can answer calls on your crisis hotline(s): \_\_\_\_\_
- b. Of the total number of hours (in "a"), how many hours deal specifically with suicide prevention? \_\_\_\_\_

5. After new counselors complete their initial training (see Question #4), are staff/volunteers required to receive in-service training each year?
- Yes
- No

6. Do you have a person on staff dedicated to overseeing the development and implementation of training for your crisis hotline staff and/or volunteers?
- Yes
- No

7. Who delivers training to your crisis hotline staff and/or volunteers?
- A staff person
- A volunteer
- An external contractor
- Other, please specify: \_\_\_\_\_
- \_\_\_\_\_

**Community Outreach/Marketing/Support**

1. Is your call center/crisis hotline involved with a state or county suicide prevention coalition, council, or task force? (Please check only one.)
- Yes
  - No
  - Don't know
  - There is no state or county suicide prevention coalition, council, or task force in my area.

2. Please list any innovative partnerships with local organizations or agencies that your call center/crisis hotline has developed (e.g., with local emergency departments, law enforcement agencies, or schools) that you think other centers would benefit from knowing about?

3. Which numbers do you actively market/promote? (Check all that apply)
- Our local hotline(s)
  - 1-800-273-TALK
  - 1-800-SUICIDE
  - Other, please specify: \_\_\_\_\_

4. In the past 12 months, approximately how many times has your crisis hotline received coverage through your local television news, a newspaper, or other media outlets?
- None
  - Once
  - Twice
  - Three to five times
  - Six or more times

5. What are your biggest barriers to effectively marketing your suicide hotline? (Please rank order the following barriers, with 1 = biggest barrier.)
- \_\_\_\_\_ Lack of funds
  - \_\_\_\_\_ Not enough staff
  - \_\_\_\_\_ Lack of marketing knowledge
  - \_\_\_\_\_ Other, please specify.

**Telephone Technology and Equipment**

1. How many simultaneous Lifeline calls could your center potentially respond to?

\_\_\_\_\_

2. Do you have a dedicated line for the National Suicide Prevention Lifeline (1-800-273-TALK)?

- Yes
- No

3. Do you have Caller ID for the phone line on which calls from the National Suicide Prevention Lifeline (1-800-273-TALK) come in?

- Yes
- No

4. Which of the following does your hotline service use to manage incoming calls?

- Automated attendant
- Automatic call distribution
- Answering machine message
- Live answer triage by receptionist/operator (i.e., not a crisis counselor)
- Live answer triage by a crisis counselor
- Answering service
- None of the above
- Other, please specify:

5. Do your staff/volunteers routinely answer crisis hotline calls at home or outside the central office (not including an answering service)?

- Yes
- No

6. Do you have anything else you want to tell us about your telephone system's resources, capabilities, or needs?

## **Computer Technology and Data Collection**

1. Do your crisis hotline staff and/or volunteers have Internet access?  
 Yes  
 No
2. How does your center currently provide referrals to callers? (Please check all that apply)  
 We do not routinely provide referrals  
 We use a computerized, in-house database  
 We use a paper resource/referral directory  
 We use an online database  
 We search the Internet  
 Other (please describe):

3. Do you use a call software program to manage calls or provide referrals?  
 Yes  
 No

If "Yes," please provide the name of the software program:

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4. Do you have anything else you want to tell us about your computer technology, equipment, and/or data collection resources or capabilities?

## **Technical Assistance and Experience**

1. Would you like to receive technical assistance in any of the following areas? (Please check all that apply)  
 Establishing good contact (e.g, establishing rapport with the caller)  
 Collaborative problem solving  
 Suicide risk assessment  
 Intervening with imminent risk callers  
 Not sure  
 None  
 Other (see below)

In which other area(s) would you like to receive technical assistance?

2. What is your greatest challenge/need in intervening with imminent risk callers?

4. Do you have experience and/or expertise in any of the areas outlined below? (Please check all that apply.)
- a. Expanding your crisis hotline service to include any of the following services within the last 5 years?
    - 211
    - Backing up or handling crisis calls for other agencies/organizations
    - Disaster mental health
    - Domestic violence
    - Gambling
    - Information & referral
    - Web, chat, or text-based crisis services
    - Rape crisis
    - Serving special populations (e.g., youth, elderly)
    - Training your staff in when/how to use emergency intervention
    - Training/consultation work
    - Other, please specify: \_\_\_\_\_
  
  - b. Following up with?
    - High risk individuals discharged from local emergency departments?
    - High risk individuals discharged from local inpatient units?
    - High risk callers to your hotline
    - Other, please specify: \_\_\_\_\_
  
  - c. Increasing your agency's visibility?
    - Online (not including social networking sites)
    - Through social networking sites
    - By working with local media
    - Other, please specify: \_\_\_\_\_
  
  - d. Finding funding and saving money?
    - Fundraising & development
    - Innovative ways to save money
  
  - e. Recruiting and retaining volunteers?
    - Recruiting volunteers
    - Retaining volunteers

4. Experience with military veterans

a. How strong is your relationship with your local VA Suicide Prevention Coordinator?

- Nonexistent
- Weak
- Neither weak nor strong
- Strong
- Very strong

b. Do you provide outreach or other services to active duty service members, veterans, and/or their families?

- Yes (Please describe briefly below)
- No

Please briefly describe your outreach activities here:

**Other Comments**

Please feel free to share any comments you have about this survey here:

Thank you for taking the time to complete this survey.