

Monitoring of the National Suicide Prevention Lifeline Supporting Statement

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

There are 165 crisis centers in the National Suicide Prevention Lifeline (NSPL or Lifeline) network. In FY 2016, SAMHSA is funding six crisis centers (Cohort V) through the NSPL Crisis Center Follow-Up program to follow-up with suicidal callers to the Lifeline and suicidal individuals referred to Lifeline after discharge from partnering emergency departments and inpatient hospitals. These six centers will participate in this data collection.

Client Follow-up Interview: The Client Follow-up Interview will be conducted with individuals referred to the six Lifeline crisis centers for clinical follow-up from participating emergency departments and inpatient hospitalizations. Eligible clients will include those who (1) are successfully contacted for clinical follow-up by the Lifeline, (2) consent to be contacted about the interview by an evaluation team member, and (3) provide consent to participate in the interview. Due to budgeting and time constraints, the evaluation does not include interviews with all follow-up clients. Rather, the evaluation team will attempt to interview a subset of clients—specifically a stratified, random sample of clients who give initial permission will to be contacted. Based on previous data collections, approximately 60% of clients who give initial permission to be contacted by an evaluation team member will be interviewed.

Counselor Follow-up Questionnaire: Crisis counselors from each of the six centers will complete the Counselor Follow-up Questionnaire for each client with whom they follow-up or attempt to contact for follow-up after discharge from a participating emergency department or inpatient hospitalization.

2. Information Collection Procedures

Client Follow-up Interview: At the end of the first or second follow-up call, crisis counselors will read the Client Initial Consent Script. The initial script requests permission for the evaluation team to recontact the client six weeks after referral. Between six weeks and six months after the initial referral to the Lifeline, an evaluation interviewer (who is a trained counselor) will contact a sample of follow-up clients who consented to be contacted. The counselor read the Client Follow-up Consent Script to obtain verbal consent for the interview. Consenting individuals will participate in the Client Follow-up Interview. The evaluation interviewer will conduct the interview via computer assisted telephone interviewing (CATI) technology. Interviewers are required to have previous experience in telephone crisis counseling and will be trained on the interview via role-play. Any follow-up clients meeting criteria for continuing suicide risk at the time of the interview will be conferenced back to the center from which they received follow-up.

Counselor Follow-up Questionnaire: Prior to participating in any data collection, crisis counselors from each of the six centers will sign a Counselor Consent form. The consent form will be completed once by each participating crisis counselor across the data collection period.

Counselors will complete one Counselor Follow-up Questionnaire for each client with whom they follow-up or attempt to contact.

3. Methods to Maximize Response Rates

The directors of participating crisis centers will be asked to describe the study to their supervisory staff, noting its private/anonymous nature and encouraging counselors to participate. Since the data collected will not identify the crisis center or consenting counselor, it is anticipated that counselors will feel “safe” and be willing to participate. An 80% response rate is anticipated. Further, clients are being offered a \$50 remuneration to increase their participation in the Client Follow-up Interview.

4. Tests of Procedures

The Client Follow-up Interview, Counselor Follow-up Questionnaire, and all associated consents were piloted during a previous evaluation conducted by the evaluator. At that point, the scripts and data collection tools were refined to make them as clear as possible. All monitoring components have been reviewed by experts in the field of mental health and piloted to determine burden levels.

5. Statistical Consultants

The evaluator has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis for the evaluation. Training and monitoring of data collection will be provided by the evaluator. The following individuals are primarily responsible for overseeing data collection and analysis:

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Attachments

- A. Client Follow-up Interview
- B. Client Initial Script
- C. Client Follow-up Consent Script
- D. Counselor Follow-up Questionnaire
- E. Counselor Consent