# Suicide Hotline Report

# October 2016

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**Director**

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## Executive Summary

The Department of Health Care Services (DHCS) prepared this report in compliance with the Supplemental Report of the Fiscal Year 2015-16 Budget Package. DHCS collaborated with an Advisory Group of participants representing the California Mental Health Services Authority (CalMHSA), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Office of Emergency Services (OES), the County Behavioral Health Directors Association of California (CBHDA), and American Association of Suicidology (AAS) accredited suicide hotlines in California, to gather data and other information to respond to this mandate (Appendix A reflects a list of Advisory Group participants). The Advisory Group participants recommended that DHCS' response to the Supplemental Report focus on the 16 AAS accredited Suicide Prevention Centers because they believed it was important to ensure that Californians have access to services that meet a minimum standard. They recommended that DHCS document the Suicide Prevention Centers' operational hours and call processing procedures (availability), and collect data regarding staffing and call volume, including text and chat (capacity), as well as language accommodation. They also provided guidance regarding how best to collect information related to funding sources and expenditures.

Evaluating California's suicide hotlines involves a comprehensive approach that examines two factors: 1) community access to suicide hotlines (i.e., do potential suicide hotline callers have access to a suicide hotline and, if so, do they utilize the service when needed); and 2) the capacity of suicide hotline Suicide Prevention Centers to provide quality services to actual callers who attempt to utilize the services when needed. The first factor represents a portion of individuals who may not currently utilize suicide hotline Suicide Prevention Center services; however, data are currently not available to assess this population. The second factor, suicide hotline Suicide Prevention Center capacity, is the focus of this report; however, data regarding suicide hotlines are limited, which made it difficult to perform a comprehensive assessment of suicide hotlines, as requested.

Although limited, the data provided to DHCS from the 16 AAS accredited Suicide Prevention Centers provides a snap-shot into the structure, capacity and funding of the current system. Specifically:

- All Californians who call a crisis line for advice and resources have 24 hours a day seven days a week (24/7) access to an AAS accredited Suicide Prevention Center crisis line. All calls continue to roll over until they are answered, and most Suicide Prevention Centers use a translation service to provide advice and resources in the caller's preferred language. Access to web-based crisis services, which may include web-based chat and text messaging, is limited.
- Complete call volume data was only available for two fiscal years (FY), 2013-14 and 2014-15. The following five hotlines accounted for 65 percent of the hotline call volume during this time frame (based on calls averaged over the two years):

| Suicide Prevention Center | Location | Approximate Average Number of Calls Per Year from FYs 2013-14 and 2014-15 |
|---|---|---|
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | San Francisco County | 95,000 |
| Optum, San Diego Access and Crisis Line | San Diego County | 90,000 |
| Crisis Support Services of Alameda | Alameda County | 60,000 |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | Los Angeles County | 60,000 |
| The Trevor Project/Trevor Lifeline | Los Angeles County | 45,000 |

- Of these five Suicide Prevention Centers, three were able to provide longitudinal call volume data dating back to FY 2008-09.
  - Optum, San Diego Access and Crisis Line, had a modest 5.8 percent increase in calls, increasing from 86,558 calls in FY 2008-09 to 91,682 calls in FY 2014-15.
  - Crisis Support Services of Alameda had a 50 percent increase in calls, growing from 40,579 calls in FY 2008-09 to 60,492 calls in FY 2014-15.
  - Didi Hirsch experienced the greatest growth, more than doubling the number of calls from 31,615 in FY 2008-09 to 66,231 in FY 2014-15.
- Each of the remaining 11 hotlines examined in this report that accounted for the remaining 35 percent of FY 2012-13 through 2014-15 call volumes received fewer than 39,000 calls, ranging from about 4,000 to 39,000 calls per year. Some experienced increases and some experienced decreases in calls over the FYs for which data were provided, depending on the Suicide Prevention Center and the amount of longitudinal data provided.
- Complete fiscal data were not provided to DHCS for any FY requested. The most complete fiscal data was provided for FYs 2011-12 through 2013-14, although not all of the same suicide hotline Suicide Prevention Centers provided data for each FY. Despite this limitation, data were averaged for these three FYs in an attempt to understand the overall distribution of funding across the different funding sources. The largest percentage of revenue was provided by County/City (61.5 percent), followed by CalMHSA[1] (14.6 percent), and Grants (12.5 percent). Donations and "Other" comprised about ten percent of the funding. Counties provide approximately $6 million in annual funding to the 16 AAS accredited suicide hotline Suicide Prevention Centers.
- As recent as FY 2014-15, counties provide approximately $5.5 million in annual funding to 11 AAS accredited suicide hotline Suicide Prevention Centers. As of FY 2015-16, this figure grew to $6.1 million, despite the fact that only eight centers reported funding data, so this figure is likely higher.

[1] CalMHSA MHSA funding represents county funding that was provided through a joint powers authority.

- CalMHSA, a county joint powers authority whose Board, comprised of county mental health directors, assigned to the Suicide Prevention Centers the following amounts:

| Fiscal Year | Amount |
|---|---|
| FY 2011-12 | $922,000 |
| FY 2012-13 | $1.2 million |
| FY 2013-14 | $1.3 million |
| FY 2014-15 | $1.2 million |

  During each of these four FYs, up to four Suicide Prevention Centers received Mental Health Services Act (MHSA) funding from CalMHSA. FY 2014-15 was the last FY in which CalMHSA provided funding to the Suicide Prevention Centers.

- The impact of CalMHSA's advertisement of the National Suicide Prevention Lifeline (NSPL) hotline phone number on Suicide Prevention Centers is difficult to determine since some Suicide Prevention Centers' call volume increased and some decreased after this time. So, it is unknown if there is a true correlation between NSPL advertisement and call volume. Any effects may or may not be related.

- According to the NSPL, there is currently no state in the United States with a State-run/operated suicide hotline. In addition, stakeholders who participated in this process strongly advocated to keep the current suicide hotline system in operation because it ensures that calls are handled locally and connects callers with services that are close to their locations.

***Next Steps:***

DHCS is appreciative of the guidance provided by the Advisory Group participants to develop the methodology for this project, as well as the extensive efforts the Suicide Prevention Centers made to provide the data presented in this report. Although these data are helpful for gaining a broad understanding of California's Suicide Prevention Centers, the associated limitations did not allow DHCS to identify strategies to fund suicide hotlines in the future. DHCS notes that $4 million was appropriated in the FY 2016-17 Budget Act to support suicide hotlines throughout the state.

## I. BACKGROUND

The Department of Health Care Services (DHCS) prepared this report in compliance with the Supplemental Report of the FY 2015-16 Budget Package, Health and Human Services Item 4260-001-0001 (hereafter referred to as the Supplemental Report), which directs DHCS to submit a report to the Legislature that addressed the following five items: a) a comprehensive assessment of the accessibility of suicide hotlines throughout the state, b) a cost estimate of ensuring access to suicide hotlines in all parts of the state, c) a description of how suicide hotlines have been funded over the time period beginning January 1, 2005 and ending January 1, 2016; d) an explanation of the role of national suicide hotlines in terms of what value is added, and needed, by having separate, state-based suicide hotlines; and e) an analysis and description of funding strategies to fund suicide hotlines in the future.

## II. ADVISORY GROUP

DHCS collaborated with the California Mental Health Services Authority (CalMHSA), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Office of Emergency Services (OES), and the County Behavioral Health Directors Association of California (CBHDA), as mandated in the Supplemental Report, as well as suicide prevention crisis center providers, researchers, and other stakeholders. DHCS asked each entity to designate up to two representatives to serve on the advisory group. From these recommendations, DHCS created a final advisory group of 29 representatives (Appendix A).

## III. ASSESSMENT OF ACCESS TO SUICIDE HOTLINES

DHCS considered multiple approaches to assess access to California's 16 American Association of Suicidology (AAS) accredited suicide hotlines (hereafter referred to as Suicide Prevention Centers). There are two different populations to consider – those who currently seek assistance from a suicide hotline (actual callers) and those who may need and want the services of a suicide hotline, but have yet to reach out for help (potential callers). This report focuses on actual callers.

With regard to the capacity of suicide hotlines to respond to actual callers, by design, all calls to California's 16 AAS accredited Suicide Prevention Centers are answered. Essentially, any individual who calls these lines will have access. Although all callers have access, it is unknown as to what happens once calls are placed (i.e., the quality of the Suicide Prevention Center services). Data related to call processing are not systematically captured and, thus, are not available to respond to the mandates set forth in the Supplemental Report.

DHCS, with guidance from the Advisory Group, focused on developing a survey to collect data that are currently available in order to provide an overview of California's current suicide hotline system, and it is similar to that which was presented in the former Department of Mental Health's 2011 "California Suicide Prevention Hotline Survey Report."[2] These data provide an insight into the growth that has occurred over the past several years, both in terms of call volume and Suicide Prevention Center capacity.

## A. Suicide Hotline Access Survey Development

DHCS convened an Advisory Group meeting on October 14, 2015, which DHCS presented participants with a plan that included a proposed definition for suicide prevention crisis center (i.e., Suicide Prevention Center), a list of AAS accredited Suicide Prevention Centers and a list of recommended data elements to better understand California's suicide hotline system. After discussing the suggested data elements, the Advisory Group recommended that DHCS document the Suicide Prevention Centers' operational hours and call processing procedures (availability), and collect data regarding staffing and call volume, including text and chat (capacity), as well as language accommodation. They also provided guidance regarding how best to collect information related to funding sources and expenditures. DHCS used the feedback from the Advisory Group to design a survey tool to collect this information, called the 2015 California Suicide Hotline Access Survey (Appendix B).

### 1. Target Population - AAS Accredited Suicide Prevention Crisis Centers

The Advisory Group participants recommended that DHCS' response to the Supplemental Report focus on the 16 AAS accredited Suicide Prevention Centers because they believed it was important to ensure that Californians have access to services that meet a minimum standard.[3] The benefits to Suicide Prevention Centers seeking accreditation by the AAS range from logistical help to the guarantee of more than adequate services at each Suicide Prevention Center.[4] Accordingly, non-AAS accredited hotlines were excluded because it is uncertain as to whether or not the services they provide meet these minimum standards.

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[2] The 2011 "California Suicide Prevention Hotline Survey Report is located online at: http://www.dhcs.ca.gov/services/MH/Documents/HotlineSurveyReport.pdf.

[3] More information regarding AAS Accreditation is documented in the "American Association of Suicidology, *Accreditation Standards Organization Manual,* January 2012," located online at: http://www.suicidology.org/Portals/14/docs/Training/CrisisCenters&Workers/12thEd2014revisionsNov22014.pdf.

[4] The training provides staff with the requisite knowledge, attitudes, and skills to perform an accepted standard level of service on behalf of those in crisis. AAS accreditation also aids in evaluation to enhance overall service delivery. The AAS accreditation standards used to evaluate a Suicide Prevention Center's ability to respond to its clients are comprised of eight components of general service delivery: telephone response, walk-in services, outreach service, mobile crisis outreach teams, follow-up, client record keeping, internet services and online emotional support.

## 2. Data Collection

The Supplemental Report required DHCS to gather data from January 1, 2005, through January 1, 2016; however, DHCS slightly modified the time frame to reflect fiscal years rather than calendar years. DHCS requested that the 16 AAS Suicide Prevention Centers submit staff capacity, call volume and funding data for FY 2005-06 to FY 2014-15.[5] The earliest point in time in which the remaining Suicide Prevention Centers were able to provide these data was in FY 2008-09. Data were collected through a semi-structured interview process. DHCS contacted each of the 16 AAS accredited Suicide Prevention Centers to schedule individual appointments. The 2015 California Suicide Hotline Access Survey was emailed before the scheduled appointments. Phone interviews were conducted with 12 of the accredited Suicide Prevention Centers, and the remaining four centers provided DHCS with written responses. For those who were interviewed, the DHCS facilitator asked the Suicide Prevention Center contact each of the questions, as well as clarifying or follow-up questions, if needed. DHCS team members recorded all of the responses. Data were collected from November 9-16, 2015. In mid-December, a draft report was provided to the Advisory Group and the 16 AAS accredited Suicide Prevention Centers for review and comment. The Suicide Prevention Centers were asked to verify their data to ensure accuracy. Based on their input, DHCS requested additional call volume and staffing capacity data for all required fiscal years, if available. With respect to call volume, the Suicide Prevention Centers recommended that total crisis calls be captured in this report because a majority of Suicide Prevention Centers could not separate out suicide-specific calls and believed that *every call* could potentially be a suicide call.

The majority of the Suicide Prevention Centers were able to report a basic minimum level of total revenue earned per fiscal year; however, itemized reporting of funding sources of each Suicide Prevention Center's revenue was incomplete or inconsistent. The incomplete data received ranged broadly from copies of tax returns to no data provided at all. The inconsistent data varied across the Suicide Prevention Centers since no reporting compliance or statewide financial infrastructure oversight is required. Some of the categories of funding sources that could be tracked were inconsistent year-to-year or overlapped funding sources as reported. In an attempt to separate funding sources, data were presented in the following five categories: CalMHSA, Donations and In-Kind contributions, City and County, grants, and other. CalMHSA funds include contract dollars procured through grants managed by CalMHSA. Donations and In-Kind contributions include funds generated through community fundraisers, sponsored events, charitable giving and volunteer hours. City and County funds include contracts, grants and donations at the local government level. Grant funds include funds applied for and awarded to the specific Suicide Prevention Center. The "Other" category includes miscellaneous funding such as interest income, rental income, program fees and special event sales.

[5] Contra Costa Crisis Center and Crisis Support Services of Alameda were able to provide data for all three categories for each fiscal year requested.

DHCS followed up with the Suicide Prevention Centers, as needed, with regard to clarifications and/or missing data.

## B. Suicide Hotline Access Survey Results

DHCS analyzed the data collected from the survey to better understand how the 16 AAS accredited Suicide Prevention Centers operate with regard to their availability, staffing capacity and call volume. Results are as follows:

### 1. Suicide Hotline Availability

Figure 1 depicts how a call to the toll free National Suicide Prevention Lifeline (NSPL) from an individual in California is routed and answered. Upon learning that the call is from California, NSPL staff will connect the caller to his/her closest AAS accredited California NSPL suicide hotline. If the California-based suicide hotline is unable to answer the call, it is automatically forwarded to Didi Hirsch Mental Health Services in Los Angeles County (Didi Hirsch). Similarly, direct calls to the California-based AAS accredited Suicide Prevention Centers that are not answered, and that are part of the NSPL, will be automatically forwarded to Didi Hirsh. If Didi Hirsch is not able to answer a call from the NSPL toll free number, the call is forwarded to California's back-up state, which is Nevada. All calls received are routed through the network until they are answered by a live person.

Figure 1. Flow Chart for Routing NSPL Routing for Suicide Crisis Calls

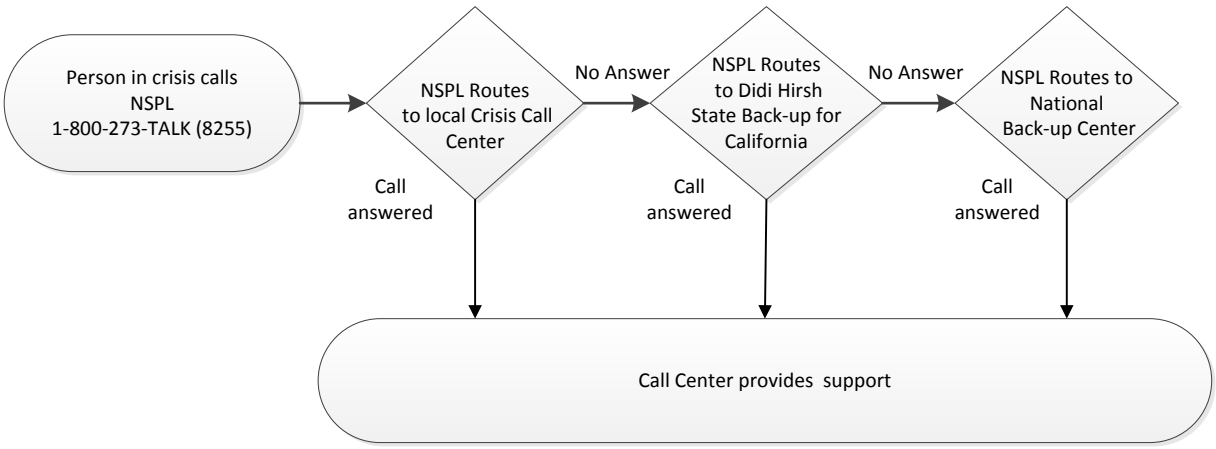


Table 1 displays the availability, including hours of operation, of the 16 California AAS accredited Suicide Prevention Centers, as well as whether each has web-based chat and text services.[6] It also shows the date each center was established, the counties served by each center and whether or not the hotline is a member of the NSPL. Established in 1958, Didi Hirsch is the oldest AAS accredited Suicide Prevention Center. The newest Suicide Prevention Center, established in 2012, is the Central Valley Crisis and Suicide Prevention Hotline. Three of the 16 suicide hotlines primarily serve individuals from counties in the Bay Area and one suicide hotline serves the entire nation (Trevor Project/Trevor Lifeline).[7] Figure 2 shows that the NSPL receives calls from all counties in California, with the highest concentration of calls coming from central and southern regions (i.e., Fresno, Los Angeles, Kern and San Diego).[8]

All but one[9] of the 16 suicide hotlines operate 24 hours a day seven days a week (24/7), and the one that operates for less than 24 hours is forwarded to a 24 hour line during non-operational hours. Eleven of California's 16 AAS accredited Suicide Prevention Centers, including the one that does not offer 24/7 services, are members of the NSPL.

[6] The RAND Corporation found that 46 and 43 percent of people they surveyed would be "likely" or "very likely" to use a web-based crisis chat or text service, respectively, to seek advice in finding resources to help with suicidal thoughts This information was collected in the "Where Would California Adults Prefer To Get Help If They Were Feeling Suicidal" Briefing Paper, and can be found online at: http://www.rand.org/content/dam/rand/pubs/research_reports/RR600/RR681/RAND_RR681.pdf.

[7] The Trevor Project provides crisis intervention and suicide prevention for LGBTQ youth throughout the nation.

[8] California calls to the NSPL from 01/01/2014 through 12/31/2014 as identified by Caller ID, National Suicide Prevention Lifeline Call Data Report (2014); ad hoc report provided to DHCS by the NSPL upon request.

[9] Suicide Prevention of Yolo County

Californians have limited access to web-based chat and text services when in crisis. Five of the 16 AAS accredited Suicide Prevention Centers offer a web-based crisis chat service to individuals, and 4 of the 16 AAS accredited Suicide Prevention Centers offer a text messaging crisis service. None of these Suicide Prevention Centers offers 24/7 web-based chat or text services. In sum, suicide hotline services are always available to callers who contact the national or local centers, but where the caller actually receives support is dependent on each Suicide Prevention Center's capacity.

Figure 2. California Counties Serviced by the NSPL

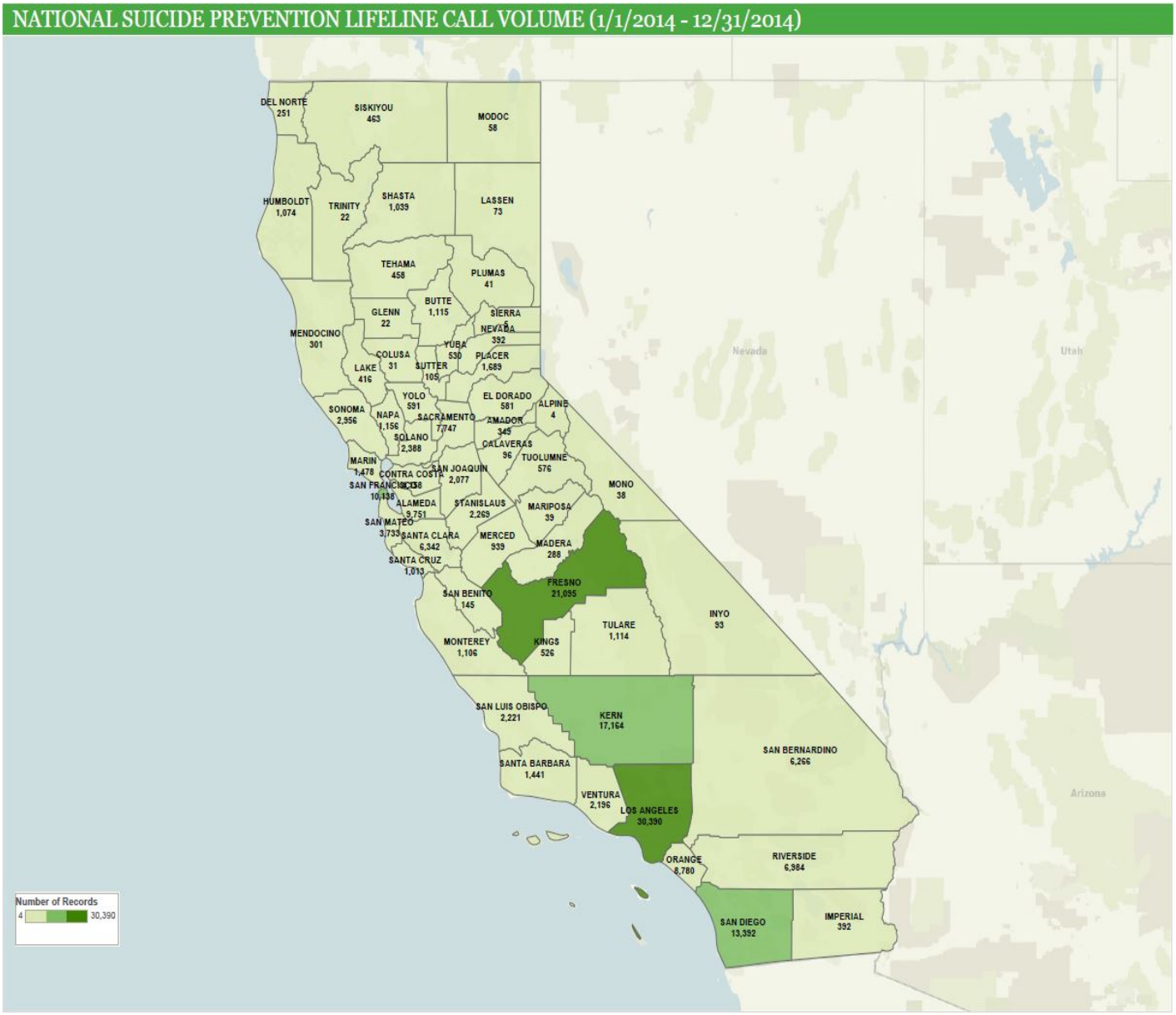


TABLE 1
Date Established, Counties Served, NSPL Membership, and Availability (as of December 2015)
AAS Accredited Suicide Prevention Centers

| | | | | Telephone | | Chat | | Text | |
|---|---|---|---|---|---|---|---|---|---|
| **Call Center** | **Date Established** | **Counties Served** | **NSPL Member** | **Service Available** | **Days/Hours Available** | **Service Available** | **Days and Hours Available** | **Service Available** | **Days/Hours Available** |
| Optum San Diego Access and Crisis Line | 1997 | ALL | YES | YES | 24/7 | YES | M-F 4-10 PM | NO | N/A |
| Crisis Support Services of Alameda | 1966 | ALL | YES | YES | 24/7 | NO | N/A | YES | 7 DAYS/WEEK 4-11 PM |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | 1958 | ALL | YES | YES | 24/7 | YES | 7 DAYS/WEEK 1-930 PM | YES (FOR DEAF OR HARD OF HEARING) | 24/7 |
| StarVista, First Chance & Crisis Center | 1966 | ALL | YES | YES | 24/7 | YES | M-TH 430-930 PM | NO | N/A |
| Contra Costa Crisis Center | 1963 | ALL | YES | YES | 24/7 | NO | N/A | NO | N/A |
| Kern County Mental Health | 2006 | San Bernardino, Madera, Fresno, Los Angeles, Tulare, Merced, Riverside | YES | YES | 24/7 | NO | N/A | NO | N/A |
| WellSpace Health Sacramento | 1968 | ALL | YES | YES | 24/7 | YES | AS STAFFING IS AVAILABLE | YES | AS STAFFING IS AVAILABLE |
| San Francisco Suicide Prevention Crisis Line | 1962 | ALL | YES | YES | 24/7 | NO | N/A | NO | N/A |
| Family Services Agency of the Central Coast | 1969 | Monterey, Santa Cruz, San Benito | NO | YES | 24/7 | NO | N/A | NO | N/A |
| Suicide Prevention & Community Counseling San Rafael | 1971 | Marin, Sonoma, Lake, Mendocino | YES | YES | 24/7 | NO | N/A | NO | N/A |
| Transitions - Mental Health Association | 1970 | San Luis Obispo, Santa Barbara | NO | YES | 24/7 | NO | N/A | NO | N/A |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | 1974 | ALL | NO | YES | 24/7 | NO | N/A | NO | N/A |
| Santa Clara County Suicide & Crisis Services | 1976 | Santa Clara | NO | YES | 24/7 | NO | N/A | NO | N/A |
| The Trevor Project/Trevor Lifeline | 1998 | ALL (National) | NO | YES | 24/7 | YES | 7 DAYS/WEEK 12-6 PM | YES | Th-Fri 1-5 PM |
| Central Valley Crisis & Suicide Prevention Hotline | 2012 | ALL | YES | YES | 24/7 | NO | N/A | NO | N/A |
| Suicide Prevention of Yolo County | 1966 | ALL | YES | YES | M-F 10-4 PM | NO | N/A | NO | N/A |

## 2. Suicide Hotline Capacity

A suicide hotline must have an adequate number of trained staff to appropriately respond to individuals seeking assistance. Paid staff are measured as full time equivalents (FTEs), as determined by dividing the total number of paid hours worked in a period by the number of working hours in a period. Volunteers are counted as whole numbers, but data are not captured to document how many hours each volunteer is scheduled to work.

### *Full Time Equivalents (FTEs)*

Table 2 and Figure 3 display the number of FTEs by Suicide Prevention Center. The only FY for which all centers were able to provide FTE data is FY 2014-15. In this FY, the top five Suicide Prevention Centers with the most FTEs were as follows:

- Didi Hirsch Mental Health Services, Suicide Prevention Center (39.9 FTEs)
- The Trevor Project/Trevor Lifeline (25.0 FTEs)
- Optum, San Diego Access and Crisis Line (22.4 FTEs)
- San Francisco Suicide Prevention Crisis Line (14.8 FTEs)
- Kern County Mental Health (12.9 FTEs).

The remaining centers range from 3.3 to 11.0 FTEs. Most Suicide Prevention Centers that provided longitudinal FTE data showed a moderate growth over time. The most pronounced growth occurred for Didi Hirsch, which doubled its FTE staffing from about 20 staff in FY 2009-10 to almost 40 staff in FY 2014-15.

### *Volunteers*

Table 3 displays the number of volunteers by Suicide Prevention Center. Similar to the FTE data, the only FY for which all centers were able to provide volunteer data is FY 2014-15. In this FY, the top five Suicide Prevention Centers with the most volunteers were as follows:

- Didi Hirsch Mental Health Services, Suicide Prevention Center (200 volunteers)
- The Trevor Project/Trevor Lifeline (175 volunteers)
- San Francisco Suicide Prevention Crisis Line (150 volunteers)
- Crisis Support Services of Alameda (108 volunteers)
- Institute on Aging, Center for the Elderly, Suicide Prevention Hotline (96 volunteers)

The remaining centers range from zero to 85 volunteers. At the point of the first FY reported, some Suicide Prevention Centers showed growth over time while others showed consistency (i.e., no change) over time.

TABLE 2
FTE Staff Capacity from FY 2008-09 to FY 2014-15
AAS Accredited Suicide Prevention Centers

*(Highlighted cells represent the top five centers with the highest FTE staff capacity for FY 2014-15, as it reflects the FY with the most complete data.)*

| Call Center | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 | FY 14-15 |
|---|---|---|---|---|---|---|---|
| Optum, San Diego Access and Crisis Line | 21.2 | 21.2 | 21.2 | 21.2 | 24.2 | 24.2 | 22.4 |
| Crisis Support Services of Alameda | 6.7 | 6.7 | 7.4 | 9.5 | 9.5 | 11.0 | 13.0 |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | | 20.5 | 24.7 | 31.9 | 34.3 | 41.2 | 39.9 |
| StarVista, First Chance & Crisis Center | 4.4 | 4.4 | 4.4 | 4.4 | 4.4 | 4.4 | 3.4 |
| Contra Costa Crisis Center | 6.6 | 10.6 | 8.5 | 9.3 | 11.8 | 7.8 | 7.3 |
| Kern County Mental Health | 8.8 | 7.0 | 9.3 | 12.0 | 15.8 | 16.1 | 12.9 |
| WellSpace Health Sacramento | 3.0 | 8.0 | 6.0 | 12.0 | 7.0 | 9.0 | 9.0 |
| San Francisco Suicide Prevention Crisis Line | 13.0 | 13.0 | 14.5 | 14.5 | 14.5 | 15.3 | 14.8 |
| Family Services Agency of the Central Coast | | | 5.3 | 5.3 | 5.3 | 5.3 | 6.0 |
| Suicide Prevention and Community Counseling San Rafael | | | | | | | 9.0 |
| Transitions – Mental Health Association | | 1.0 | 1.0 | 1.0 | 2.0 | 3.0 | 3.3 |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | 3.0 | 3.0 | 3.0 | 5.0 | 5.0 | 5.0 | 7.5 |
| Santa Clara County Suicide & Crisis Services | | | | | | 2.0 | 6.0 |
| The Trevor Project/Trevor Lifeline | | | | | | | 25.0 |
| Central Valley Crisis & Suicide Prevention Hotline | | | | | | 6.8 | 6.8 |
| Suicide Prevention of Yolo County | 3.5 | 3.5 | 3.5 | 3.5 | 4.0 | 4.0 | 4.0 |
| TOTAL | 70.1 | 98.9 | 108.7 | 129.5 | 137.7 | 154.9 | 190.2 |

Blank cells represent unavailable data.

FIGURE 3
FTE Staff Capacity from FY 2008-09 to FY 2014-15
AAS Accredited Suicide Prevention Centers

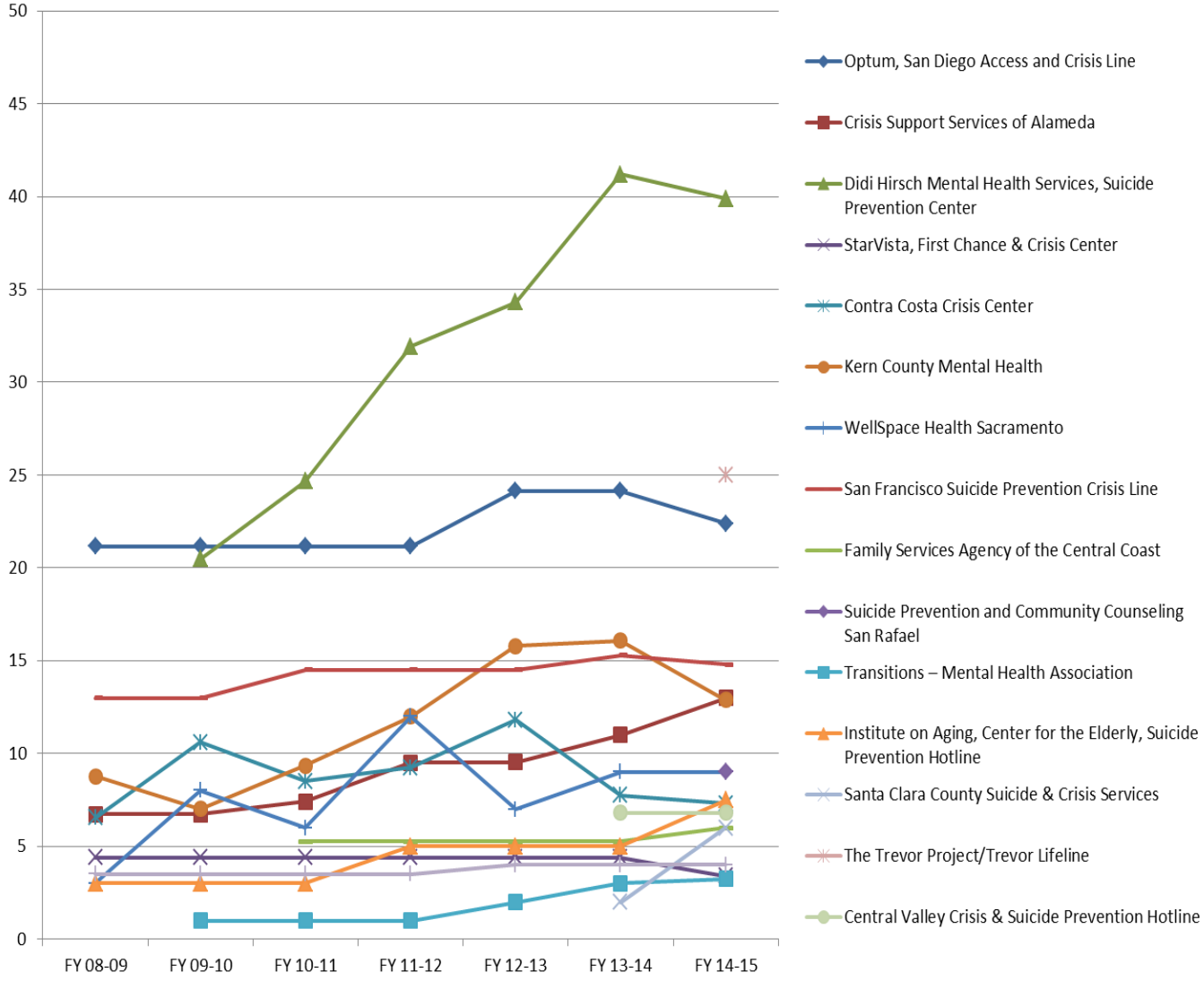


TABLE 3
Volunteer Capacity from FY 2008-09 to FY 2014-15
AAS Accredited Suicide Prevention Centers
*(Highlighted cells represent the top five centers with the highest FTE staff capacity for FY 2014-15, as it reflects the FY with the most complete data.)*

| Call Center | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 | FY 14-15 |
|---|---|---|---|---|---|---|---|
| Optum, San Diego Access and Crisis Line | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crisis Support Services of Alameda | | | | | 108 | 108 | 108 |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | 150 | 150 | 165 | 175 | 175 | 200 | 200 |
| StarVista, First Chance & Crisis Center | 52 | 52 | 52 | 52 | 52 | 52 | 52 |
| Contra Costa Crisis Center | 42 | 42 | 42 | 42 | 42 | 42 | 42 |
| Kern County Mental Health | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| WellSpace Health Sacramento | | | | | | | 0 |
| San Francisco Suicide Prevention Crisis Line | 55 | 75 | 70 | 65 | 95 | 110 | 150 |
| Family Services Agency of the Central Coast | | | 70 | 70 | 70 | 70 | 70 |
| Suicide Prevention and Community Counseling San Rafael | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| Transitions – Mental Health Association | | | 24 | 24 | 24 | 24 | 24 |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | | | | | | | 96 |
| Santa Clara County Suicide & Crisis Services | 0 | 0 | 0 | 85 | 85 | 85 | 85 |
| The Trevor Project/Trevor Lifeline | | | | | | | 175 |
| Central Valley Crisis & Suicide Prevention Hotline | | | | | | 7 | 7 |
| Suicide Prevention of Yolo County | 38 | 38 | 38 | 38 | 38 | 38 | 38 |
| TOTAL | 407.0 | 427.0 | 531.0 | 621.0 | 759.0 | 806.0 | 1,117.0 |

Blank cells represent unavailable data.

### *Call Volume*

Table 4 and Figure 4 display the total call volume for AAS accredited Suicide Prevention Centers from FY 2008-09 through FY 2014-15. Given the limited amount of call volume data reported to DHCS, two approaches were taken to interpret the data. The first examines all Suicide Prevention Centers, but is limited to FYs 2013-14 and 2014-15, as these are the only two years for which complete data were reported (i.e., all Suicide Prevention Centers provided data). Similarly, to examine trends, the second examination focuses only on the nine Suicide Prevention Centers that provided longitudinal data from FY 2008-09 through FY 2014-15.

### *Suicide Prevention Center Call Volume for Fiscal Years 2013-14 and 2014-15*

The following five centers accounted for 65 percent of the call volume in FYs 2013-14 and 2014-15 (ranked from highest to lowest, based on calls averaged over the two years):

- ✓ Institute on Aging, Center for the Elderly, Suicide Prevention Hotline
- ✓ Optum, San Diego Access and Crisis Line
- ✓ Didi Hirsch Mental Health Services, Suicide Prevention Center
- ✓ Crisis Support Services of Alameda
- ✓ The Trevor Project/Trevor Lifeline

Of these five Suicide Prevention Centers, the Institute on Aging, Center for the Elderly, Suicide Prevention Hotline, which had the highest call volume, averaging almost 95,000 calls over these two FYs, also had one of the lowest average staff capacities (average of 6.3 FTEs), and reported receiving support from 96 volunteers in FY 2014-15.[10] Optum, San Diego Access and Crisis Line, had the second highest call volume, averaging nearly 90,000 calls per year, which had the second highest staff capacity (average of 23.3 FTEs) and had no volunteers. Both Crisis Support Services of Alameda and Didi Hirsch Mental Health Services had similar call volumes, each averaging about 60,000 calls. Of these two Suicide Prevention Centers, Didi Hirsch had the highest average staffing capacity (40.5 FTEs), which is triple that of Crisis Support Services of Alameda (12 FTEs) and nearly double the amount of volunteers (200 vs. 108, respectively). The Trevor Project, the only nationally operated hotline of the AAS accredited Suicide Prevention Centers examined here, maintained an average of 45,000 calls during FYs 2013-14 and 2014-15, had 25 FTEs and 175 volunteers, respectively.

[10] The Institute on Aging, Center for the Elderly, Suicide Prevention Hotline, did not provide volunteer data for FY 2013-14.

TABLE 4
Total Call Volume from FY 2008-09 to FY 2014-15
AAS Accredited Suicide Prevention Centers
*(Highlighted cells represent the top five centers with the highest call volume for FYs 2012-13 to 2014-15)*

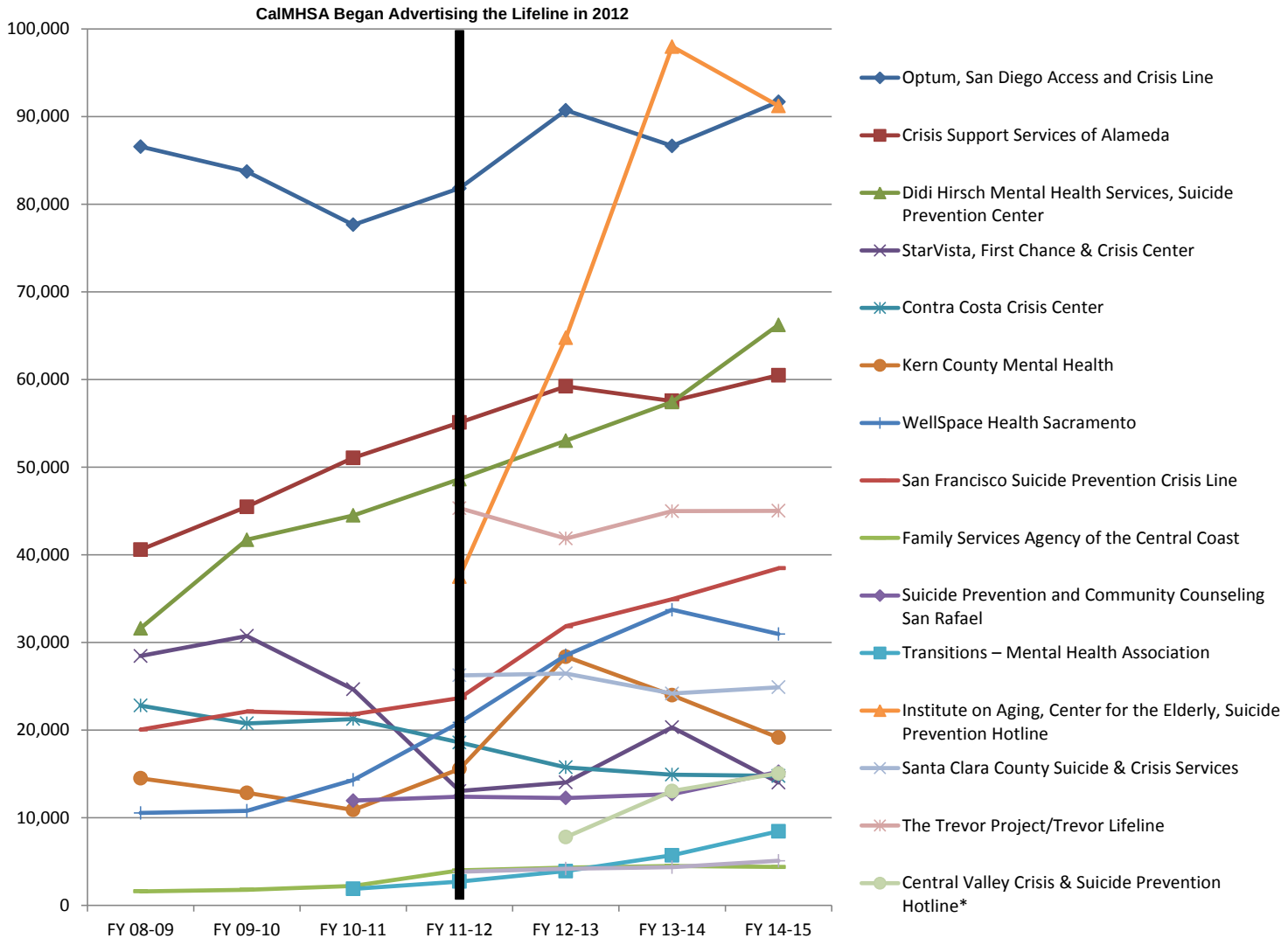
| Call Center | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 | FY 14-15 | % Change Between FYs 13-14 and 14-15 | Avg. # of Calls Between FYs 13-14 and 14-15 | % Change Between FYs 08-09 and 14-15 |
|---|---|---|---|---|---|---|---|---|---|---|
| Optum, San Diego Access and Crisis Line | 86,558 | 83,717 | 77,644 | 81,814 | 90,717 | 86,640 | 91,682 | 5.8% | 89,161 | 5.9% |
| Crisis Support Services of Alameda | 40,579 | 45,473 | 51,069 | 55,096 | 59,227 | 57,550 | 60,490 | 5.1% | 59,020 | 49.1% |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | 31,615 | 41,724 | 44,493 | 48,631 | 53,027 | 57,439 | 66,231 | 15.3% | 61,835 | 109.5% |
| StarVista, First Chance & Crisis Center | 28,461 | 30,737 | 24,659 | 13,061 | 14,037 | 20,325 | 14,024 | -31.0% | 17,175 | -50.7% |
| Contra Costa Crisis Center | 22,809 | 20,771 | 21,262 | 18,594 | 15,765 | 14,919 | 14,774 | -1.0% | 14,847 | -35.2% |
| Kern County Mental Health | 14,504 | 12,844 | 10,901 | 15,581 | 28,385 | 23,977 | 19,149 | -20.1% | 21,563 | 32.0% |
| WellSpace Health Sacramento | 10,550 | 10,803 | 14,317 | 20,872 | 28,530 | 33,737 | 30,965 | -8.2% | 32,351 | 193.5% |
| San Francisco Suicide Prevention Crisis Line | 20,069 | 22,127 | 21,814 | 23,663 | 31,849 | 34,937 | 38,463 | 10.1% | 36,700 | 91.7% |
| Family Services Agency of the Central Coast | 1,615 | 1,796 | 2,229 | 4,000 | 4,308 | 4,515 | 4,387 | -2.8% | 4,451 | 171.6% |
| Suicide Prevention and Community Counseling San Rafael | | | 11,964 | 12,405 | 12,256 | 12,702 | 15,246 | 20.0% | 13,974 | |
| Transitions – Mental Health Association | | | 1,904 | 2,728 | 3,923 | 5,725 | 8,468 | 47.9% | 7,097 | |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | | | | 37,518 | 64,757 | 97,969 | 91,209 | -6.9% | 94,589 | |
| Santa Clara County Suicide & Crisis Services | | | | 26,256 | 26,457 | 24,176 | 24,890 | 3.0% | 24,533 | |
| The Trevor Project/Trevor Lifeline | | | | 45,319 | 41,868 | 44,985 | 45,024 | 0.1% | 45,005 | |
| Central Valley Crisis & Suicide Prevention Hotline* | | | | | 7,799 | 13,054 | 15,068 | 15.4% | 14,061 | |
| Suicide Prevention of Yolo County | | | | 3,850 | 4,200 | 4,368 | 5,099 | 16.7% | 4,734 | |
| **TOTAL** | **256,760** | **269,992** | **282,256** | **409,388** | **487,105** | **537,018** | **545,169** | **1.5%** | | |

Blank cells represent unavailable data.

Call volume may include communication through text/chat.

*Data reflected from 1/17/2013 – 6/30/2013, when Central Valley Crisis & Suicide Prevention Hotline operated part time. 24-hour coverage began on 7/1/2013. Central Valley Crisis & Suicide Prevention Hotline provided data for calendar years, not fiscal years.

FIGURE 4
AAS Accredited Suicide Prevention Centers
Total Call Volume
FY 2008-09 to FY 2014-15



With respect to changes in call volume for the top five largest Suicide Prevention Centers that occurred between FYs 2013-14 and 2014-15, Didi Hirsch had a 15.3 percent increase, followed by Optum, San Diego Access and Crisis Line (+5.8 percent); and Crisis Support Services of Alameda (+5.1 percent). The Institute on Aging, Center for the Elderly, Suicide Prevention, experienced a decrease in call volume (-6.9 percent). The Trevor Project/Trevor Lifeline maintained a steady average over the two fiscal years.

For the remaining hotlines, six had an increase in call volume, ranging from an increase of 3.0 percent (Santa Clara County Suicide & Crisis Services) to 47.9 percent (Transitions – Mental Health Association), and five hotlines had a decrease in call volume ranging from -1.0 (Contra Costa Crisis Center) to -31.0 percent (StarVista, First Chance & Crisis Center).

Overall examination of all 16 hotlines showed a 1.5 percent statewide increase in call volume between FYs 2013-14 and 2014-15.

***Longitudinal Suicide Hotline Call Volume***

As shown in Table 4, nine of the 16 Suicide Prevention Centers submitted longitudinal data dating back to FY 2008-09 (note: these nine Suicide Prevention Centers represented about 62 percent of the call volumes in FYs 2013-14 and 2014-15). When comparing between FYs 2008-09 and 2014-15, seven of these Suicide Prevention Centers experienced an increase in call volume and two had a decrease. Of those that increased, Didi Hirsch experienced the greatest volume and growth, more than doubling the number of calls from 31,615 in FY 2008-09 to 66,231 in FY 2014-15. Crisis Support Services of Alameda had a 50 percent increase in calls, growing from 40,579 calls in FY 2008-09 to 60,490 calls in FY 2014-15 and Optum, San Diego Access and Crisis Line, had a modest 5.9 percent increase in calls. WellSpace Health Sacramento tripled the number of calls from 10,550 in FY 2008-09 to 30,965 in FY 2014-15. Though smaller in call volume overall, Kern County Mental Health, San Francisco Suicide Prevention Crisis Line and Family Services Agency of the Central Coast also had increases in call volume over the years examined. The two Suicide Prevention Centers that experienced a decrease in calls were Contra Costa Crisis Center (-35.2 percent) and StarVista, First Chance & Crisis Center (-50.7 percent). Overall, examination of these nine centers shows that there was a 32.5 percent increase in call volume between FY 2008-09 (256,760 calls) and FY 2014-15 (340,165 calls).

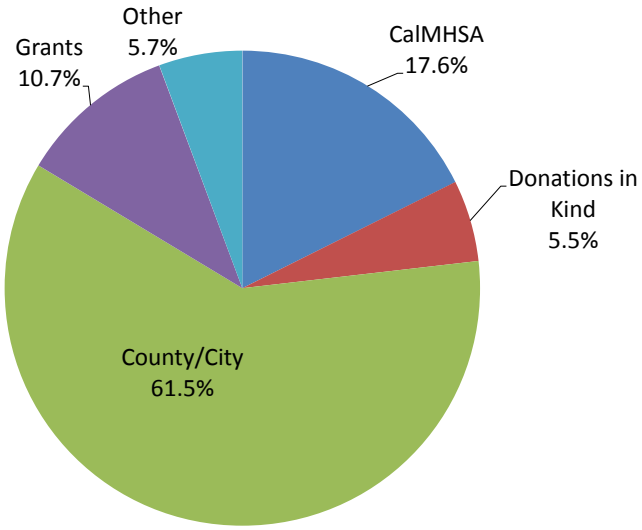
## 3. Suicide Hotline Language Capacity

DHCS asked each of the 16 Suicide Prevention Centers to report information about their capacity to respond to phone calls in different languages (Appendix C). The Centers have very few staff members who are able to communicate directly in a caller's preferred language; however, all suicide hotlines have access to a language line that allows for communication with the caller in his or her preferred language. All but one of the 16 AAS accredited Suicide Prevention Centers utilize a translation service that allows it to respond to callers in a variety of languages and has paid or volunteer staff

who speak different languages. The one Suicide Prevention Center[11] that does not have language capacity forward calls to another center that is able to assist. As such, it does not appear that language is a barrier to accessing an AAS accredited Suicide Prevention Center by phone.

## IV. DESCRIPTION OF HOW SUICIDE HOTLINES HAVE BEEN FUNDED OVER TIME

Figure 5. Distribution of Suicide Prevention Center Funding by Revenue Source (13 Suicide Prevention Centers Averaged for FYs 2011-12 through 2013-14)




The 16 AAS accredited Suicide Prevention Centers receive a variety of funding to sustain their operations. Table 5 displays the sources of revenue for the AAS accredited Suicide Prevention Centers that reported data, and Table 6 shows the Suicide Prevention Centers that are reflected for each FY in Table 5. Fewer than ten Suicide Prevention Centers submitted fiscal data for FYs 2004-05 through FY 2010-11; 13 submitted for FYs 2011-12 through 2013-14; 13 submitted for FY 2014-15; and eight reported for FY 2015-16. The data are grouped into five categories that include CalMHSA, Donations and in-Kind, County/City, Grants, and Other. Given the incomplete reporting of these data, it is difficult to confidently identify trends; however, as shown in Table 5, it appears that counties/cities have historically provided the greatest portion of funding to the Suicide Prevention Centers.

In an attempt to examine the overall distribution of funding, data were averaged within each category for the three FYs for which the greatest number of Suicide Prevention Centers submitted data (i.e., the 13 Suicide Prevention Centers that reported data for FYs 2011-12 through 2013-14). Figure 5 shows that during this period of time, the largest percentage of revenue was provided by County/City (61.5 percent), followed by CalMHSA (17.6 percent), and Grants (10.7 percent). Donations and “Other” comprised about 10 percent of the funding. Furthermore, Table 5 shows that, with the exception of “Other,” each funding source increased from FY 2011-12 to FY 2013-14, with the greatest increases coming from County/City and CalMHSA. The overall average annual

[11] The Trevor Project

TABLE 5
Funding by Revenue Source
FYs 2004-05 to FY 2015-16
AAS Accredited Suicide Prevention Centers
*(Highlighted cells represent the FYs for which the greatest number of Suicide Prevention Centers reported fiscal data.)*

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **2004-05** | 2 | $ - | 0.0% | $ 48,964 | 7.8% | $ 196,987 | 31.2% | $ 175,108 | 27.8% | $ 209,866 | 33.3% |
| **2005-06** | 4 | $ - | 0.0% | $ 281,465 | 21.5% | $ 575,184 | 44.0% | $ 174,027 | 13.3% | $ 277,711 | 21.2% |
| **2006-07** | 5 | $ - | 0.0% | $ 281,578 | 20.1% | $ 695,010 | 49.6% | $ 182,255 | 13.0% | $ 243,059 | 17.3% |
| **2007-08** | 6 | $ - | 0.0% | $ 229,978 | 14.2% | $ 748,784 | 46.2% | $ 336,657 | 20.8% | $ 306,079 | 18.9% |
| **2008-09** | 6 | $ - | 0.0% | $ 275,409 | 15.7% | $ 779,654 | 44.3% | $ 384,617 | 21.9% | $ 318,961 | 18.1% |
| **2009-10** | 7 | $ - | 0.0% | $ 215,928 | 6.3% | $ 2,147,481 | 62.7% | $ 725,541 | 21.2% | $ 336,341 | 9.8% |
| **2010-11** | 9 | $ - | 0.0% | $ 393,322 | 7.5% | $ 3,520,635 | 66.8% | $ 840,846 | 15.9% | $ 518,118 | 9.8% |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| **2014-15** | 13 | $ 2,261,144 | 13.4% | $ 1,825,604 | 10.9% | $ 5,512,461 | 32.8% | $ 1,508,599 | 9.0% | $ 5,711,568 | 34.0% |
| **2015-16** | 8 | $ 574,123 | 7.6% | $ 334,824 | 4.4% | $ 6,140,260 | 80.8% | $ 402,299 | 5.3% | $ 144,280 | 1.9% |

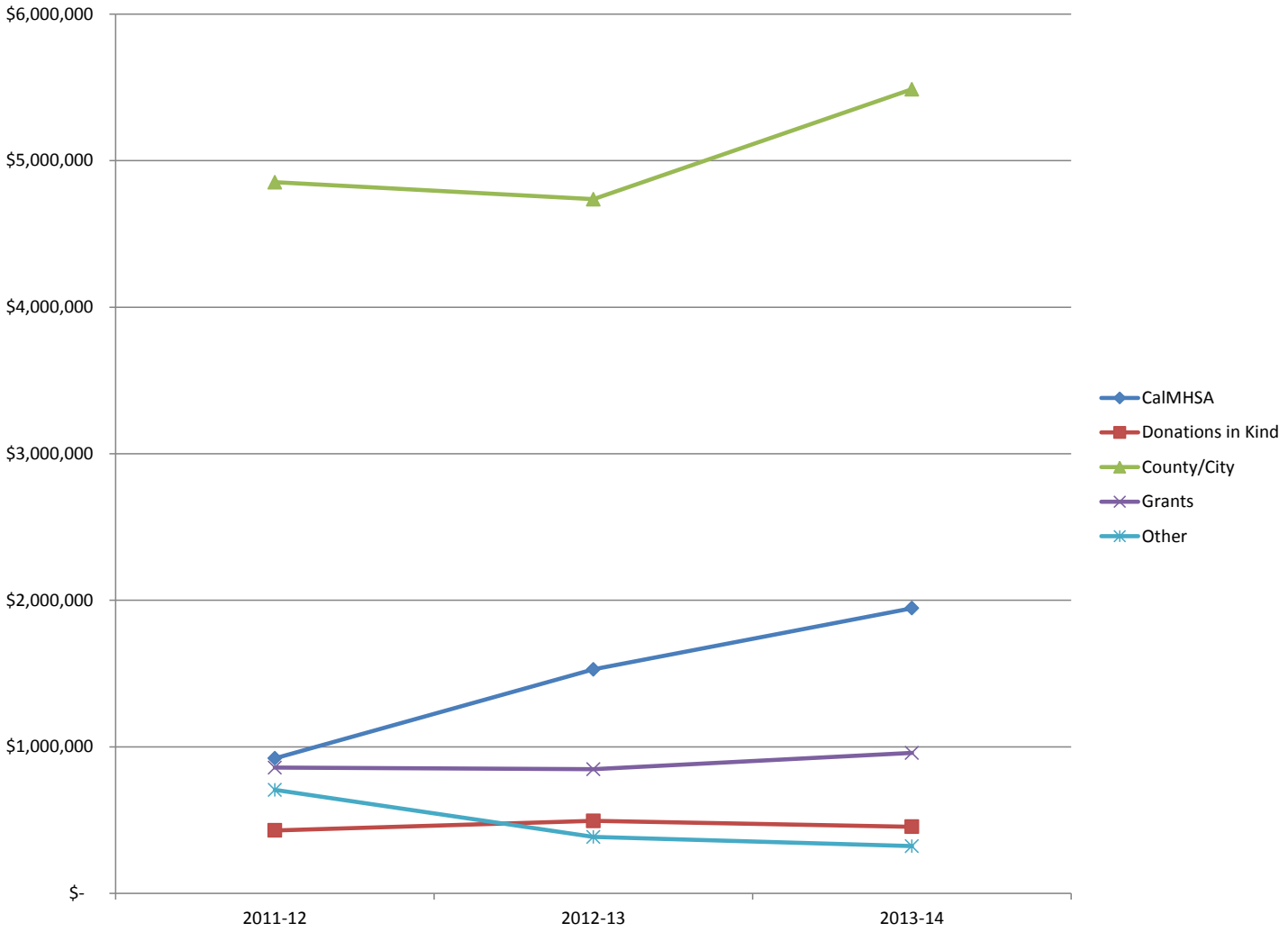
*Note: The Trevor Project accounted for a majority of the "Other" category for FY 2014-15 as they received a total of $4,354,000 ($1,415,000.00 in Major Gifts, $705,000 from Corporate Funding, and $2,234,000 from Events).*

TABLE 6
Funding Data Reporting
AAS Accredited Suicide Prevention Center
FYs 2004-05 to FY 2014-15

| Call Center | FY 04-05 | FY 05-06 | FY06-07 | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 | FY 14-15 | FY 15-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Optum, San Diego Access and Crisis Line | | | | | | | | | | | | |
| Crisis Support Services of Alameda | | X | X | X | X | X | X | X | X | X | X | X |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | | | | | | X | X | X | X | X | X | X |
| StarVista, First Chance & Crisis Center | | | | | | | X | X | X | X | | |
| Contra Costa Crisis Center | | X | X | X | X | X | X | X | X | X | X | |
| Kern County Mental Health | | | | | | | | | | | | |
| WellSpace Health Sacramento | | | X | X | X | X | X | X | X | X | X | X |
| San Francisco Suicide Prevention Crisis Line | | | | X | X | X | X | X | X | X | X | |
| Family Services Agency of the Central Coast | X | X | X | X | X | X | X | X | X | X | | |
| Suicide Prevention and Community Counseling San Rafael | X | X | X | X | X | X | X | X | X | X | X | |
| Transitions – Mental Health Association | | | | | | | X | X | X | X | X | X |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | | | | | | | X | X | X | X | X | X |
| Santa Clara County Suicide & Crisis Services | | | | | | | | X | X | X | X | X |
| The Trevor Project/Trevor Lifeline | | | | | | | | | | | X | |
| Central Valley Crisis & Suicide Prevention Hotline | | | | | | | | X | X | X | X | X |
| Suicide Prevention of Yolo County | | | | | | | | X | X | X | X | X |

Blank cells represent fiscal years for which funding data were not provided to DHCS.

FIGURE 6
Average Funding by Revenue Source
FYs 2011-12 to FY 2013-14
AAS Accredited Suicide Prevention Centers
*(Represents the three FYs for which the greatest number of Suicide Prevention Centers reported fiscal data.)*



funding for the 13 hotlines that reported during this time frame was approximately $8 million. Caution must be taken when seeking to generalize any of these findings as the three Suicide Prevention Centers that are not represented during these three FYs are Optum, San Diego Access and Crisis Line[12]; Trevor Project/Trevor Lifeline; and Kern County Mental Health. Optum San Diego Access and Crisis Line had the second highest call volume in the state during this period.

A detailed breakdown of the sources of funding for each Suicide Prevention Center by fiscal year is provided in Appendix D. Each of the top five Suicide Prevention Centers identified in Section III.B.2, above, primarily received County/City funding, with some additional funding from Donations, Grants and/or "Other," depending on the Suicide Prevention Center. The exception is WellSpace since they have been solely funded with County/City funds. Funding information is not reflected for Optum San Diego Access and Crisis Line since they were unable to provide sources of income that were specific to only their suicide hotline.

### *A Focus on the Impact of CalMHSA MHSA Funding*

CalMHSA is a county joint powers authority whose Board, comprised of county mental health directors, assigned to the Suicide Prevention Centers $922,000 in FY 2011-12, $1.5 million in FY 2012-13, $1.9 million in FY 2013-14 and $2.2 million in FY 2014-15 (Table 5). During each of these four FYs, up to four Suicide Prevention Centers received MHSA funding from CalMHSA (Appendix D):

- ***Didi Hirsch***, the State's central back-up center for rollover calls from the other 15 AAS-accredited Suicide Prevention Centers, received the greatest portion of the CalMHSA MHSA funding, ranging from about $553,000 in FY 2011-12 to about $1 million in FY 2014-15. While Didi Hirsch received 71 percent of the CalMHSA MHSA funding provided over the four years it was available, the funding levels indicate that when CalMHSA MHSA funding ended in FY 14/15, the following year they received a 12 percent increase in funding that can be attributed to an increase in County/City and grant funds.
- ***Central Valley Crisis & Suicide Prevention Hotline***, launched in 2012, received $340,000 per FY from CalMHSA for three FYs (2011-12 to 2013-14). When CalMHSA MHSA funding ended, this Suicide Prevention Center received additional City/County funds in FY 2014-15 (about $495,000) and FY 2015-16 (about $628,000). Specifically, for the past two FYs, City/County funds were provided and appear to replace CalMHSA MHSA funding.
- ***Transitions – Mental Health Association*** received CalMHSA MHSA funding ranging from approximately $24,000 in FY 2011-12 to about $134,000 in

[12]Optum was not able to provide sources of income that were specific to only the suicide hotline as they use an Administrative Service Organization (ASO) contract. In addition to the Access and Crisis Line, their ASO contract provides for numerous other services such as Utilization Management, Provider Services, Claims, Help Desk, Training Team, etc. All sources of income are included in a single contract and are not able to be parceled out.

FY 2014-15. Despite the fact that their "general" County/City funding grew from $0 in FY 2010-11 to about $118,000 in FY 2015-16, the loss in CalMHSA MHSA funding represented a
44 percent decrease to their FY 2015-16 budget.

- ***Suicide Prevention of Yolo County*** received CalMHSA MHSA funding from FYs 2011-12 to 2013-14, ranging from $5,000-$7,000 each year. The loss of this funding represents an approximate four percent decrease in their overall budget, which appears to have been replaced by other various funding sources.

In sum, it appears that Didi Hirsch, Central Valley Crisis & Suicide Prevention Hotline and Suicide Prevention of Yolo County were able to identify additional funding sources to compensate for the loss in CalMHSA funds. This analysis of CalMHSA MHSA funding was limited to only those Suicide Prevention Centers that reported CalMHSA MHSA funding as a source of income. CalMHSA was not able to determine how much funding was provided to each Suicide Prevention Center due to subcontracting. Additionally, only a portion of the total amount of CalMHSA funds was used to support the Suicide Prevention Centers. Many of the Suicide Prevention Centers used the funding for subcontracts, support of warm lines and chat lines, marketing efforts, training, and general community outreach. Note: Didi Hirsch experienced an increase in call volume after CalMHSA began advertising the NSPL phone number; however, it is difficult to determine if these two factors are correlated, particularly since Didi Hirsch had been experiencing an increase in call volume prior to 2012. Transitions – Mental Health Association experienced a slight increase in call volume which, again, may or may not correlate to the NSPL advertisements.

## V. A COLLECTIVE EXAMINATION OF THE SUICIDE PREVENTION CENTER STAFF CAPACITY, CALL VOLUME AND FUNDING SOURCE DATA

When examining the relationship between staff capacity, call volume and funding source data, no pattern emerged for California's Suicide Prevention Centers. There is great variability in the call-to-FTE staff ratio and funding, which makes it difficult to determine average staffing patterns and associated costs. As shown in Table 7, for the top five Suicide Prevention Centers, the ratio ranged from a low of 1,661 calls-per-FTE staff with 200 volunteers at a cost of $3.4 million for Didi Hirsch to a high of 12,161 calls-per-FTE staff with 96 volunteers at a cost of $1.3 million for the Institute on Aging. However, caution must be taken when interpreting these results as the limited data reported to DHCS may only be used to provide a general idea of call-to-staff ratio as it is unknown how much staff and/or volunteer time was actually expended to answer the calls (e.g., not all FTE positions may have been filled during the entire FY, it is unknown how many volunteer hours were donated since the data is not quantified in terms of FTE).

DHCS was unable to identify any established standards for an optimal call-to-staff ratio. AAS standards address the administrative aspects of "telephone response" (e.g., well-developed procedures, 24/7 availability, ensuring more than one worker during peak hours), but do not provide guidance for an optimal call-to-staff ratio. Such a ratio is also

not found in the research literature DHCS examined. As a result, there is no suggested benchmark to which these California Suicide Prevention Centers may be compared.

TABLE 7
Examination of the Top 5 (Call Volume) AAS Accredited Suicide Prevention Centers
Calls-Per-FTE Staff Ratio
FY 2014-15

| Call Center | FY 2014-15 | | | | Number of Calls per FTE Staff |
|---|---|---|---|---|---|
| | FTE Staff Capacity | Volunteers | Call Volume | Funding | |
| Optum, San Diego Access and Crisis Line | 22.4 | 0 | 91,682 | NA | 4,093 |
| Crisis Support Services of Alameda | 13.0 | 108 | 60,490 | $666,868 | 4,653 |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | 39.9 | 200 | 66,231 | $3,412,692 | 1,661 |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | 7.5 | 96 | 91,209 | $1,309,706 | 12,161 |
| The Trevor Project/Trevor Lifeline | 25.0 | 175 | 45,024 | $6,243,100 | 1,801 |

## VI. COST ESTIMATE TO ENSURE ACCESS TO SUICIDE HOTLINES IN ALL PARTS OF THE STATE

As mentioned in Section III, all calls made directly or routed to California's 16 AAS accredited Suicide Prevention Centers calls are answered, although calls may not be answered by the Suicide Prevention Center that initially received the call as they may be routed to Didi Hirsch (California's back-up center for Lifeline calls) or to Nevada's Suicide Prevention Center. Since data are not available to quantify the number of calls that Suicide Prevention Centers are unable to answer (i.e., the number of calls that are forwarded from center to center until they are answered), DHCS was not able to develop a cost estimate to ensure that callers are able to access crisis support from a local Suicide Prevention Center. Current data only show answered calls.

## VII. LIMITATIONS OF THE SUICIDE PREVENTION CENTER DATA

As evidenced by the notable amount of missing information in the staff capacity, call volume and funding source tables presented in this report, there are limited data available to evaluate the accessibility and stability of California's suicide hotline Suicide Prevention Centers.

Because volunteers are counted as whole units and paid staff are counted as FTEs, staff capacity cannot be summed to reflect each Suicide Prevention Center's total staff capacity. Therefore, although call-to-FTE staff ratios were calculated and presented in this report, it is difficult to determine the impact volunteers have on expanding the Suicide Prevention Centers' capacity to answer calls.

With regard to call volume, since a large portion of Suicide Prevention Center data are missing for FYs 2008-09 through 2010-11, and a handful are missing for FYs 2011-12 and 2012-13, it is difficult to have confidence in any trends that might appear to be evident. In addition, call volume data are not collected uniformly across all Suicide Prevention Centers.[13] Furthermore, because many Suicide Prevention Centers provide other services in addition to suicide crisis services, and most do not categorize their call volume data by type of call (e.g., active crisis, follow-up call, information request), it is difficult to determine how many of the calls are attributable to the suicide hotline. Most Suicide Prevention Centers are also not able to determine whether a call coming into the center is being routed from the NSPL or received as a direct dial.

Finally, the funding source tables are missing data for a significant number of Suicide Prevention Centers. In addition, funding source data were not collected by Suicide Prevention Centers in a standardized format, making comparisons difficult, if not impossible. Suicide Prevention Centers were able to use CalMHSA MHSA funding for various expenditures, making it difficult to determine impact due to loss of funding.

Although the system design allows for all calls to be answered, its quality is unknown. Specifically, it is indeterminate as to how this structure performs in terms of retaining those who do call. For example, at what point(s) in the call transfer process are hotlines most likely to lose callers who are in search of their help? Once callers reach Suicide Prevention Center staff, what resources are needed in order to retain the caller (e.g., training resources, connections to available crisis services)? What is an ideal caller-to-staff ratio? Do the phone lines function as intended, or are there technical issues that result in lost calls? These are only a few questions that could be asked to assess the quality of access to suicide hotline Suicide Prevention Centers.[14]

[13] A common metrics reporting system was developed by the NSPL-member Suicide Prevention Centers for which call data was collected and reported for FYs 2013-14 and 2014-15; however, this reporting effort was discontinued due to a decrease in funding.

[14] A recently released United States Department of Veteran's Affairs, Office of the Inspector General, report discussed similar issues that were the focus of an investigation of an AAS accredited Veteran's NSPL crisis line call center in New York (http://www.va.gov/oig/pubs/VAOIG-14-03540-123.pdf).

## VIII. ROLE OF NATIONAL SUICIDE HOTLINES AND VALUE ADDED BY HAVING A SEPARATE, STATE-BASED SUICIDE HOTLINE

The NSPL is a network of Suicide Prevention Centers that provide advice and resources to individuals in crisis. More than 150 Suicide Prevention Centers across the nation are currently connected to the NSPL network. Eleven of those 150 Suicide Prevention Centers (7.3 percent) are located in California. This section of the report discusses the role of this network of Suicide Prevention Centers in California and the value a separate state-based suicide hotline might add to the existing network.

### A. Role of the National Suicide Prevention Lifeline Network

The role of the NSPL network is to serve as a single access point for any person needing suicide crisis support. Regardless of where they are located throughout the nation, their call will be answered and support will be provided. The NSPL also provides leadership at the national level by setting minimum service standards of quality to ensure that people who call the network receive appropriate support. The NSPL requires all Suicide Prevention Centers to be accredited by an outside accrediting body, like the AAS, and have written policies or guidelines addressing referral, training, and suicide risk assessment.

### B. Value Added by Having a Separate, State Based Suicide Hotline

Given the fact that, by design, all calls to California's 16 AAS Suicide Prevention Centers are answered, either locally within California or outside of the state, coupled with the limitations of the Suicide Prevention Center data, DHCS is unable to determine whether or not there is a need for a separate state-based hotline. Furthermore, according to the NSPL, there is currently no state in the United States with a state-run/operated suicide hotline.

It is important to note that the stakeholders who participated in this process strongly advocated to keep the current suicide hotline system in operation because it ensures that calls are handled locally and connects callers with services that are close to their locations.

## IX. ANALYSIS OF STRATEGIES TO FUND SUICIDE HOTLINES IN THE FUTURE

DHCS is appreciative of the guidance provided by the Advisory Group participants as well as the extensive efforts the Suicide Prevention Centers made to provide the data presented in this report. Although these data are helpful for gaining an understanding of the California's Suicide Prevention Centers, the associated limitations did not allow DHCS to identify strategies to fund suicide hotlines in the future. DHCS notes that $4 million[15] was appropriated in the FY 2016-17 Budget Act to support suicide hotlines throughout the state, subject to verification from the Department of Finance that State Administrative Mental Health Services Act Funds are available.

[15] Funds are available for encumbrance or expenditure until June 30, 2019.

# Appendix A
## List of Invitees for the October 14, 2015 Suicide Hotline Report Advisory Group Conference Call*

| Organization | Representative | Participated |
|---|---|---|
| CalMHSA | Theresa Ly | Yes |
| Didi Hirsch | Lyn Morris<br>Dr. Kita Curry | Yes |
| CalOES | Reggie Salvador | No |
| CalOES | Lori Nezhura | No |
| CalOES | Gina Buccieri-Harrington | No |
| CalOES | Sonia Banales | Yes |
| CalOES | Rachel Churchill | Yes |
| CBHDA | Patricia Ryan | Yes |
| Los Angeles Co | Carlotta Childs-Seagle | No |
| Los Angeles Co | William Arroyo, MD | No |
| Marin Co | Suzanne Tavano | No |
| Santa Clara Co | Evelyn Tirumalai, MPH | No |
| Santa Clara Co | Lan Nguyen | Yes |
| Tuolumne Co | Rita Austin | No |
| Tuolumne Co | Kristy Contort | Yes |
| Orange Co | Mark Lawrenz | Yes |
| San Diego | Heather Aston, MFT | Yes |
| MHSOAC | Norma Pate | No |
| MHSOAC | Pete Best | Yes |
| MHSOAC | Angela Brand | No |
| RAND | Rajeev Ramchand | Yes |
| Each Mind Matters | Sandra Black | Yes |
| San Francisco Crisis Line | Eve R. Meyer | Yes |
| StarVista | Stephanie Weisner, LCSW | Yes |
| Contra Costs Crisis Center | Rhonda James | No |
| Alameda Crisis | Nancy Salamy | Yes |
| WellSpace, Inc. | Liseanne Wick | Yes |
| California Council of Community Mental Health Agencies | Michele Peterson | No |

*Some invitees who were not available to participate in the conference call subsequently submitted feedback on drafts of the report.

# Appendix B
# 2015 California Suicide Hotline Access Survey
# Suicide Hotline Report
# November 2015

1. Hotline Operational Requirements

    a. How long has your hotline been in operation?
    b. When was your hotline accredited?
        (1) Does your accreditation have to be renewed? If so, how often?
    c. Walk us through your process for when a call comes into the center and is answered.
    d. Walk us through your process for when a call comes into the center and is not answered.
    e. Do you have the capacity for email, text, chat? How do you handle each type?
    f. What are your suicide hotline's hours of operation?

2. Staffing Capacity

    a. How many staff are assigned to your suicide hotline?
        (1) Is there a minimum and maximum staffing requirement for your suicide hotline? If so, what is it?
    b. Of your staff, how many are paid? How many are volunteers?
    c. What is your staffing capacity over a 24-hour period?
        (1) How many staff are on duty from 8:00 a.m. to 4:00 p.m.?
        (2) How many staff are on duty from 4:00 p.m. to Midnight?
        (3) How many staff are on duty from Midnight to 8:00 a.m.?
        (4) If you divide your 24-hour day into different time blocks please name the hours for each time block, and then provide the number of staff on duty for each of those time blocks.

3. Language Capacity

    a. In what way do you handle calls from non-English speakers?
        (1) Do you have staff that speak other languages?
        (2) If so, what languages are spoken by your staff?
        (3) How many staff do you have that can speak each language you have named?
    b. Does your hotline have a separate language line?
        (1) If so, which language does that line support?

c. What is the current procedure for accommodating language/translation requests from callers?
   (1) Do you work with a translation service? If so, what is the name of that service?
   (2) How many languages can that service translate for your suicide hotline?
   (3) Is that service available 24 hours a day, 7 days a week?
d. How is a call handled that is received in a language that you cannot address?

4. Monthly Call Volume & Statistics

For all questions in this section, please provide call data and categorize the data according to type of communication (phone, text, chat, email) and language for each category.

a. How many suicide prevention contacts does your staff directly address?

| Phone | Text | Chat | Email |
|---|---|---|---|
| | | | |

b. How many suicide prevention contacts are forwarded? Where to?

| Phone | Text | Chat | Email |
|---|---|---|---|
| | | | |

c. How many suicide prevention contacts are abandoned?

| Phone | Text | Chat | Email |
|---|---|---|---|
| | | | |

d. How many suicide prevention contacts are referred to your staff? Where from?

| Phone | Text | Chat | Email |
|---|---|---|---|
| | | | |

e. How many suicide prevention contacts are addressed by your staff per hour per day?

| Phone | Text | Chat | Email |
|---|---|---|---|
| | | | |

5. Cost Estimate and Funding Sources – Expenditure and funding source information should be provided from July 1, 2005 through June 30, 2015.

a. Provide all funding sources and the amount of funding from each source for the suicide hotline.
b. Are expenses tracked according to a State fiscal year or a calendar year?
c. Provide actual costs/expenditures attributed to the suicide hotline. If you are a 'crisis' line that handles more than just suicide prevention, just give the expenditures for the suicide hotline portion only.
d. If you are offering chat and/or text, provide a separate expenditure breakout for those services.

# Appendix C

## AAS ACCREDITED SUICIDE PREVENTION CENTERS LANGUAGE CAPACITY

| SUICIDE PREVENTION CENTER | LANGUAGE SPOKEN[16] | LANGUAGE SERVICE |
|---|---|---|
| Contra Costa Crisis Center | Spanish<br>Hindi<br>Hebrew<br>Russian<br>Farsi<br>Ukranian | Language Line Solutions (NSPL) |
| StarVista, First Chance & Crisis Center | None | Language Line Solutions (NSPL) |
| Didi Hirsch Mental Health Services, Suicide Prevention Center | Spanish<br>Korean<br>Vietnamese | Language Line Solutions (NSPL) |
| Family Services Agency of Central Coast | Spanish | Language Line Solutions |
| WellSpace Health Sacramento | Spanish<br>Punjabi<br>Hmong<br>Tagalog<br>Cantonese | Telelanguage Translation Services, and Language Line Solutions (NSPL) |
| Central Valley Crisis & Suicide Prevention Hotline | Spanish | Language Line Solutions (NSPL) |
| Optum, San Diego Access and Crisis Line | Spanish<br>Italian | AT&T Language Line |
| San Francisco Suicide Prevention Crisis Line | Spanish | Optima Translation |
| Suicide Prevention and Community Counseling San Rafael | Spanish<br>Mandarin | Optimal Phone Interpreters Inc. |
| Suicide Prevention of Yolo County | Spanish<br>Japanese<br>Mandarin<br>Hebrew<br>German | Language Line Solutions (NSPL) |
| Santa Clara County Suicide & Crisis Services | Vietnamese<br>Chinese<br>Japanese<br>Spanish<br>Tagalog<br>Hindi | AT&T Language Line |
| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | Spanish<br>Tagalog<br>Cantonese<br>Farsi | Department of Aging IOA Connect |
| Crisis Support Services of Alameda | Japanese<br>Korean<br>Mandarin<br>French<br>Vietnamese<br>Cambodian<br>Cantonese<br>Spanish<br>Tagalong | Language Line Solutions |
| The Trevor Project/Trevor Lifeline | None | None |
| Transitions – Mental Health Association | Spanish | Language Line Solutions (NSPL) |
| Kern County Mental Health | Spanish<br>Punjabi<br>Thai<br>French<br>Urdu<br>Laotian | AT&T Language Line |

[16] Staffing able to speak in these languages may not be available 24/7. Translation services are available 24/7.

# Appendix D
## Funding by Revenue Source for each AAS Accredited Suicide Prevention Center FYs 2004-05 to FY 2014-15

*No funding information specific to suicide hotline services is available for Optum San Diego Access and Crisis Line and Kern County Mental Health since both provide multiple crisis services and do not track suicide hotline funding separately.*

| Crisis Support Services of Alameda | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ 27,913.00 | $ 217,328.00 | $ - | $ 15,234.00 | $ 260,475.00 |
| 2006-07 | $ - | $ 27,720.00 | $ 225,917.00 | $ - | $ 2,500.00 | $ 256,137.00 |
| 2007-08 | $ - | $ 28,219.00 | $ 231,437.00 | $ - | $ 2,500.00 | $ 262,156.00 |
| 2008-09 | $ - | $ 27,720.00 | $ 238,387.00 | $ - | $ 2,500.00 | $ 268,607.00 |
| 2009-10 | $ - | $ 27,720.00 | $ 419,010.00 | $ - | $ 30,000.00 | $ 476,730.00 |
| 2010-11 | $ - | $ 28,996.00 | $ 419,010.00 | $ - | $ 56,113.00 | $ 504,119.00 |
| 2011-12 | $ - | $ 34,901.00 | $ 439,970.00 | $ - | $ 45,587.00 | $ 520,458.00 |
| 2012-13 | $ - | $ 34,848.00 | $ 462,591.00 | $ - | $ 43,500.00 | $ 540,939.00 |
| 2013-14 | $ - | $ 41,961.00 | $ 471,443.00 | $ - | $ 43,200.00 | $ 556,604.00 |
| 2014-15 | $ - | $ 47,124.00 | $ 590,844.00 | $ - | $ 28,900.00 | $ 666,868.00 |
| 2015-16 | $ - | $ - | $ 558,639.00 | $ - | $ 39,000.00 | $ 597,639.00 |

| Didi Hirsch Mental Health Services, Suicide Prevention Center | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ 74,646.00 | $ 992,393.00 | $ 4,779.00 | $ - | $ 1,071,818.00 |
| 2010-11 | $ - | $ 46,241.00 | $ 1,869,932.00 | $ 78,775.00 | $ - | $ 1,994,948.00 |
| 2011-12 | $ 553,049.00 | $ 61,835.00 | $ 2,208,473.00 | $ 94,486.00 | $ - | $ 2,917,843.00 |
| 2012-13 | $ 768,971.00 | $ 69,132.00 | $ 1,711,167.00 | $ 64,218.00 | $ - | $ 2,613,488.00 |
| 2013-14 | $ 984,045.00 | $ 88,430.00 | $ 2,150,117.00 | $ 82,292.00 | $ - | $ 3,304,884.00 |
| 2014-15 | $ 1,030,212.00 | $ 120,812.00 | $ 2,171,066.00 | $ 90,602.00 | $ - | $ 3,412,692.00 |
| 2015-16 | $ - | $ 120,000.00 | $ 3,519,225.00 | $ 185,000.00 | $ - | $ 3,824,225.00 |

| StarVista, First Chance & Crisis Center | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ 35,135.00 | $ 256,746.00 | $ 17,500.00 | $ 62,500.00 | $ 371,881.00 |
| 2011-12 | $ - | $ 41,220.00 | $ 349,748.00 | $ 28,000.00 | $ 12,500.00 | $ 431,468.00 |
| 2012-13 | $ - | $ 47,108.00 | $ 345,978.00 | $ 12,500.00 | $ 29,185.00 | $ 434,771.00 |
| 2013-14 | $ - | $ 35,584.00 | $ 311,046.00 | $ 38,000.00 | $ 16,250.00 | $ 400,880.00 |
| 2014-15 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

| Contra Costa Crisis Center | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ 202,762.00 | $ 158,598.00 | $ 12,500.00 | $ 58,254.00 | $ 432,114.00 |
| 2006-07 | $ - | $ 206,720.00 | $ 161,096.00 | $ 18,000.00 | $ 38,552.00 | $ 424,368.00 |
| 2007-08 | $ - | $ 83,473.00 | $ 158,598.00 | $ 18,000.00 | $ 83,863.00 | $ 343,934.00 |
| 2008-09 | $ - | $ 93,513.00 | $ 158,598.00 | $ 69,048.00 | $ 132,089.00 | $ 453,248.00 |
| 2009-10 | $ - | $ 12,882.00 | $ 153,738.00 | $ 379,704.00 | $ 141,903.00 | $ 688,227.00 |
| 2010-11 | $ - | $ 35,486.00 | $ 153,738.00 | $ 385,808.00 | $ 47,842.00 | $ 622,874.00 |
| 2011-12 | $ - | $ 42,582.00 | $ 147,740.00 | $ 495,793.00 | $ 47,094.00 | $ 733,209.00 |
| 2012-13 | $ - | $ 92,761.00 | $ 147,740.00 | $ 473,739.00 | $ 564.00 | $ 714,804.00 |
| 2013-14 | $ - | $ 71,044.00 | $ 147,740.00 | $ 623,765.00 | $ - | $ 842,549.00 |
| 2014-15 | $ - | $ 5,843.00 | $ 147,740.00 | $ 460,755.00 | $ 700.00 | $ 615,038.00 |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

| WellSpace Health Sacramento | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ 106,356.00 | $ - | $ - | $ 106,356.00 |
| 2007-08 | $ - | $ - | $ 154,356.00 | $ - | $ - | $ 154,356.00 |
| 2008-09 | $ - | $ - | $ 149,156.00 | $ - | $ - | $ 149,156.00 |
| 2009-10 | $ - | $ - | $ 260,000.00 | $ - | $ - | $ 260,000.00 |
| 2010-11 | $ - | $ - | $ 471,000.00 | $ - | $ - | $ 471,000.00 |
| 2011-12 | $ - | $ - | $ 719,044.00 | $ - | $ - | $ 719,044.00 |
| 2012-13 | $ - | $ - | $ 795,116.00 | $ - | $ - | $ 795,116.00 |
| 2013-14 | $ - | $ - | $ 827,377.00 | $ - | $ - | $ 827,377.00 |
| 2014-15 | $ - | $ - | $ 647,840.00 | $ - | $ - | $ 647,840.00 |
| 2015-16 | $ - | $ - | $ 420,680.00 | $ - | $ - | $ 420,680.00 |

| San Francisco Suicide Prevention Crisis Line | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ 10,598.00 | $ - | $ 194,555.00 | $ 53,871.00 | $ 259,024.00 |
| 2008-09 | $ - | $ 35,650.00 | $ - | $ 184,600.00 | $ 43,530.00 | $ 263,780.00 |
| 2009-10 | $ - | $ 38,000.00 | $ - | $ 178,550.00 | $ 49,546.00 | $ 266,096.00 |
| 2010-11 | $ - | $ 5,000.00 | $ - | $ 178,550.00 | $ 114,424.00 | $ 297,974.00 |
| 2011-12 | $ - | $ 7,500.00 | $ - | $ 178,550.00 | $ 112,140.00 | $ 298,190.00 |
| 2012-13 | $ - | $ 18,690.00 | $ - | $ 181,960.00 | $ 85,855.00 | $ 286,505.00 |
| 2013-14 | $ - | $ 8,000.00 | $ - | $ 184,853.00 | $ 59,105.00 | $ 251,958.00 |
| 2014-15 | $ - | $ 47,400.00 | $ - | $ 187,626.00 | $ 57,667.00 | $ 292,693.00 |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

| Family Services Agency of the Central Coast | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ 4,922.00 | $ 150,987.00 | $ 39,500.00 | $ 132,551.00 | $ 327,960.00 |
| 2005-06 | $ - | $ 3,504.00 | $ 153,258.00 | $ 33,500.00 | $ 123,200.00 | $ 313,462.00 |
| 2006-07 | $ - | $ 4,614.00 | $ 150,641.00 | $ 31,000.00 | $ 122,275.00 | $ 308,530.00 |
| 2007-08 | $ - | $ 5,852.00 | $ 158,393.00 | $ 25,500.00 | $ 109,377.00 | $ 299,122.00 |
| 2008-09 | $ - | $ 5,118.00 | $ 203,513.00 | $ 38,500.00 | $ 117,243.00 | $ 364,374.00 |
| 2009-10 | $ - | $ 6,254.00 | $ 260,340.00 | $ 57,972.00 | $ 93,310.00 | $ 417,876.00 |
| 2010-11 | $ - | $ 5,030.00 | $ 293,209.00 | $ 48,500.00 | $ 85,310.00 | $ 432,049.00 |
| 2011-12 | $ - | $ 1,215.00 | $ 247,119.00 | $ 14,500.00 | $ 123,017.00 | $ 385,851.00 |
| 2012-13 | $ - | $ (79.00) | $ 287,527.00 | $ 33,500.00 | $ 97,799.00 | $ 418,747.00 |
| 2013-14 | $ - | $ 15,703.00 | $ 286,730.00 | $ 19,000.00 | $ 82,765.00 | $ 404,198.00 |
| 2014-15 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

| Suicide Prevention and Community Counseling San Rafael | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ 44,042.00 | $ 46,000.00 | $ 135,608.00 | $ 77,315.00 | $ 302,965.00 |
| 2005-06 | $ - | $ 47,286.00 | $ 46,000.00 | $ 128,027.00 | $ 81,023.00 | $ 302,336.00 |
| 2006-07 | $ - | $ 42,524.00 | $ 51,000.00 | $ 133,255.00 | $ 79,732.00 | $ 306,511.00 |
| 2007-08 | $ - | $ 101,836.00 | $ 46,000.00 | $ 98,602.00 | $ 56,468.00 | $ 302,906.00 |
| 2008-09 | $ - | $ 113,408.00 | $ 30,000.00 | $ 92,469.00 | $ 23,599.00 | $ 259,476.00 |
| 2009-10 | $ - | $ 56,426.00 | $ 62,000.00 | $ 104,536.00 | $ 21,582.00 | $ 244,544.00 |
| 2010-11 | $ - | $ 154,206.00 | $ 57,000.00 | $ 49,666.00 | $ 24,858.00 | $ 285,730.00 |
| 2011-12 | $ - | $ 88,232.00 | $ 256,072.00 | $ - | $ 102,947.00 | $ 447,251.00 |
| 2012-13 | $ - | $ 46,048.00 | $ 376,177.00 | $ - | $ 80,330.00 | $ 502,555.00 |
| 2013-14 | $ - | $ 62,787.00 | $ 649,210.00 | $ - | $ 82,664.00 | $ 794,661.00 |
| 2014-15 | $ - | $ 53,578.00 | $ 555,315.00 | $ - | $ 66,309.00 | $ 675,202.00 |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

| Transitions - Mental Health Association | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ 4,681.00 | $ - | $ 3,500.00 | $ 63,892.00 | $ 72,073.00 |
| 2011-12 | $ 23,983.00 | $ 486.00 | $ 20,000.00 | $ 2,000.00 | $ 45,033.00 | $ 91,502.00 |
| 2012-13 | $ 54,796.00 | $ 1,666.00 | $ 65,000.00 | $ 4,000.00 | $ 21,710.00 | $ 147,172.00 |
| 2013-14 | $ 55,320.00 | $ 1,750.00 | $ 105,000.00 | $ - | $ 7,385.00 | $ 169,455.00 |
| 2014-15 | $ 133,645.00 | $ 1,750.00 | $ 121,000.00 | $ - | $ 17,385.00 | $ 273,780.00 |
| 2015-16 | $ - | $ - | $ 118,285.00 | $ - | $ 35,000.00 | $ 153,285.00 |

| Institute on Aging, Center for the Elderly, Suicide Prevention Hotline | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ 78,546.50 | $ - | $ 78,546.50 | $ 63,179.00 | $ 220,272.00 |
| 2011-12 | $ - | $ 29,072.00 | $ 167,051.00 | $ 29,072.00 | $ 3,020.00 | $ 228,215.00 |
| 2012-13 | $ - | $ 41,074.50 | $ 508,892.00 | $ 41,074.50 | $ 4,150.00 | $ 595,191.00 |
| 2013-14 | $ - | $ (8,812.00) | $ 700,796.00 | $ (8,812.00) | $ 7,384.00 | $ 690,556.00 |
| 2014-15 | $ - | $ 22,896.50 | $ 1,247,488.00 | $ 22,896.50 | $ 16,425.00 | $ 1,309,706.00 |
| 2015-16 | $ - | $ 173,299.00 | $ 846,567.00 | $ 173,299.00 | $ 40,220.00 | $ 1,233,385.00 |

| Santa Clara County Suicide and Crisis Services | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2011-12 | $ - | $ 100,800.00 | $ 296,960.00 | $ - | $ - | $ 397,760.00 |
| 2012-13 | $ - | $ 100,800.00 | $ 296,960.00 | $ - | $ - | $ 397,760.00 |
| 2013-14 | $ - | $ 100,800.00 | $ 296,960.00 | $ - | $ - | $ 397,760.00 |
| 2014-15 | $ - | $ - | $ 523,345.00 | $ - | $ - | $ 523,345.00 |
| 2015-16 | $ - | $ - | $ 523,345.00 | $ - | $ - | $ 523,345.00 |

| The Trevor Project / Trevor Lifeline | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2011-12 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2012-13 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2013-14 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2014-15 | $ - | $ 1,481,600.00 | $ - | $ 407,500.00 | $ 4,354,000.00 | $ 6,243,100.00 |
| 2015-16 | $ - | $ - | $ - | $ - | $ - | $ - |

*Note: For FY 2014-15, the Trevor Project / Trevor Lifeline received $1,415,000.00 in Major Gifts, $705,000.00 from Corporate Funding, and $2,234,000.00 from Events.*

| Central Valley Crisis & Suicide Prevention Hotline | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2011-12 | $ 340,000.00 | $ - | $ - | $ - | $ - | $ 340,000.00 |
| 2012-13 | $ 340,000.00 | $ - | $ - | $ - | $ - | $ 340,000.00 |
| 2013-14 | $ 340,000.00 | $ - | $ - | $ - | $ - | $ 340,000.00 |
| 2014-15 | $ - | $ - | $ 495,110.00 | $ - | $ - | $ 495,110.00 |
| 2015-16 | $ - | $ - | $ 627,642.00 | $ - | $ - | $ 627,642.00 |

| Suicide Prevention of Yolo County | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2011-12 | $ 5,000.00 | $ 22,300.00 | $ - | $ 16,000.00 | $ 215,200.00 | $ 258,500.00 |
| 2012-13 | $ 5,000.00 | $ 42,848.00 | $ 100,000.00 | $ 36,600.00 | $ 22,618.00 | $ 207,066.00 |
| 2013-14 | $ 7,000.00 | $ 38,000.00 | $ 100,000.00 | $ 20,000.00 | $ 24,600.00 | $ 189,600.00 |
| 2014-15 | $ - | $ 44,600.00 | $ 110,000.00 | $ 62,476.00 | $ 28,209.00 | $ 245,285.00 |
| 2015-16 | $ - | $ 41,525.00 | $ 100,000.00 | $ 44,000.00 | $ 30,060.00 | $ 215,585.00 |

| Kern County | | | | | | |
|---|---|---|---|---|---|---|
| | Funding Source | | | | | |
| Fiscal Year | CalMHSA | Donations In Kind | County/City | Grants | Other | Total |
| 2004-05 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2005-06 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2006-07 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2007-08 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2008-09 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2009-10 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2010-11 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2011-12 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2012-13 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2013-14 | $ - | $ - | $ - | $ - | $ - | $ - |
| 2014-15 | $ - | $ - | $ - | $ 276,743.00 | $ 1,141,972.68 | $ 1,418,715.68 |
| 2015-16 | $ - | $ - | $ - | | | $ - |