



CALIFORNIA DEPARTMENT OF
Mental Health

OFFICE OF SUICIDE PREVENTION

CALIFORNIA SUICIDE PREVENTION HOTLINE SURVEY REPORT
January 2011

For more information on this report, please contact the Office of Suicide Prevention at suicideprevention@dmh.ca.gov



Background on the Suicide Prevention Hotline Survey Report

The California Office of Suicide Prevention (OSP) was established at the Department of Mental Health (DMH) to respond to growing concerns about the problem of suicide in California. In 2007 the DMH convened an advisory group of diverse experts to develop a statewide strategic plan. The *California Strategic Plan on Suicide Prevention* was published in 2008, and the Office of Suicide Prevention has taken the lead in coordinating implementation of the Plan at the state and local levels.

The *California Strategic Plan on Suicide Prevention* recognizes the important role that suicide prevention hotlines play in preventing suicide in California, and incorporated state and local recommended actions to improve the number and capacity of accredited suicide prevention hotlines to serve California's diverse population. The Suicide Prevention Hotline Survey Report is a preliminary step to understand the current capacity of accredited crisis centers in California and to explore next steps to enhance and expand the network of accredited crisis centers and suicide prevention hotlines in California.

California Strategic Plan on Suicide Prevention

For a full copy of the plan, please visit
<http://www.dmh.ca.gov/PEIStatewideProjects/SuicidePrevention.asp>

Strategic Direction 1.5:

Expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level, and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines.

Strategic Direction 1.6:

Create a statewide consortium of suicide prevention hotlines. Explore opportunities to expand the reach of accredited suicide prevention hotlines through other communication means or technology such as web-based sites.

The Suicide Prevention Hotline Survey Report has four purposes:

- 1) Educate readers on the structure and accreditation process of Crisis Centers in California and across the country;
- 2) Report on the findings of the Suicide Prevention Hotline Survey;
- 3) Promote a better understanding the services provided by accredited crisis centers to meet the needs of the state's large and diverse population; and
- 4) Discuss next steps for state and local organizations.



Table of Contents

1. Defining terms: Crisis Centers, Hotlines, Warm Lines.....	Page 3
2. What is an “Accredited” Crisis Center? The Accreditation process through the American Association of Suicidology.....	Page 4
3. What is the National Suicide Prevention Lifeline? A National Network of Accredited Crisis Centers.....	Page 7
4. Introduction to the Suicide Prevention Hotline Survey.....	Page 9
a. Background	
b. Methodology for Data Collection & Report Development	
5. Findings from the Suicide Prevention Hotline Survey.....	Page 11
a. Crisis Center Funding Streams & Service Areas	
b. Crisis Center Staffing	
c. Crisis Hotline Call Volume	
d. Crisis Center Support Services	
e. Ongoing needs of the Crisis Centers	
6. Conclusions from the Suicide Prevention Hotline Assessment Survey.....	Page 17
a. Study Limitations	
b. The Impact of Crisis Centers in the Community	
c. Next steps for local and state organizations	
7. Accredited Crisis Center Profiles.....	Page 21
a. Crisis Support Services of Alameda County	
b. Contra Costa Crisis Center	
c. Didi Hirsch Community Mental Health Center (Los Angeles County)	
d. Kern County Mental Health	
e. Suicide Prevention & Community Counseling (Marin County)	
f. The Effort (Sacramento County)	
g. OptumHealth Access & Crisis Line (San Diego County)	
h. San Francisco Suicide Prevention	
i. Suicide Prevention & Crisis Intervention Center (San Mateo County)	
j. Yolo County Suicide Prevention	
8. Appendices.....	Page 42



UNDERSTANDING CRISIS CENTERS: DEFINITIONS, ACCREDITATION & THE NATIONAL SUICIDE PREVENTION LIFELINE

Defining terms: Crisis Centers, Hotlines, and Warm Lines

The terms “crisis centers”, “hotlines”, “crisis lines”, and “warm lines” are often used interchangeably. However, each of these services has a different purpose.

Crisis Centers are organizations that provide a number of different services related to intervening in a crisis. Crisis centers offer services such as suicide prevention hotlines, grief and bereavement counseling, survivor support groups, and training.

Hotlines or crisis lines are a phone-based service provided by a crisis center or other organization. Hotlines may operate for limited hours or be available 24/7. Hotlines provide information or interventions around a specific issue. Examples of hotline topics include suicide prevention, poison control, and domestic violence. Hotlines may also be set up to provide timely information about programs, products, or other community resources.

Suicide Prevention Hotlines provide phone-based services for individuals who are at risk of suicide or concerned about someone at risk of suicide. Suicide prevention hotline services may include a suicide risk assessment, crisis intervention counseling, and referral to community services as needed.

County Mental Health ACCESS lines: In California, every county is required by MediCal to operate a 24/7 crisis line that provides county mental health information and referral services; these are often referred to as ACCESS lines. County ACCESS lines are not required to provide suicide prevention services, though some counties are able to offer this through relationships with local accredited crisis centers.

211 Lines: California’s 211 services are organized under the California Alliance of Information and Referral Services (CAIRS). 211 services offer a single telephone point of access to information about a range of community health and social services. Like county mental health ACCESS lines, 211 lines do not provide suicide prevention services, though some 211 lines are able to offer this service through relationships with accredited crisis centers.

Warm lines are a phone-based service for non-crisis situations. Warm lines are intended to provide a source of support for individuals who are not currently in crisis but who are looking for information or would like to talk with a counselor. In mental health, warm lines are viewed as a crisis prevention service and are often operated by peers in recovery.

The subject of this report is accredited California crisis centers that provide suicide prevention hotline services.



What is an “Accredited” Crisis Center?



Locations of California’s Accredited Crisis Centers

Crisis centers become accredited through a process of evaluation by an external organization. California’s ten accredited crisis centers are accredited through the American Association of Suicidology (AAS)¹.

The American Association of Suicidology was established in 1968 under the sponsorship of the National Institutes of Mental Health. AAS promotes research, public awareness of programs, public education and training for professionals and volunteers, and also offers an accreditation program for crisis centers that operate suicide prevention hotlines. It also serves as the national clearinghouse for information on suicide. AAS has been accrediting crisis centers since 1976 and currently has over 130 crisis centers that meet stringent standards of service and training.

The AAS Crisis Center accreditation standards were developed based on research and evidence-based practices. The standards focus on the organizational capacity to deliver high quality, phone-based suicide

prevention hotline services as well as to serve as a community resource for suicide prevention and mental health crises.

By maintaining AAS accreditation standard requirements, accredited crisis centers ensure that they are providing effective, evidence-based suicide prevention and intervention services. Other advantages of accreditation through AAS include²:

- Validation of service delivery programs that are performing according to nationally recognized standards
- Tailored consultation by the AAS accreditation examiner to meet the needs of an individual program, its staff and its board
- Increased visibility and credibility among other agencies and professionals, as well as funding agencies and insurance companies and the community
- Access to criteria for systematic and ongoing self-evaluation

As the field of suicidology continues to grow, accreditation standards are updated to follow emerging evidence in suicide prevention and intervention. Since the first set of accreditation standards were implemented in 1976, the AAS Organization Accreditation Standards Manual has undergone nine revisions. A recent evaluation on the effectiveness of crisis centers, funded by the federal Substance Abuse

¹ Other accrediting organizations include the Medical State System and the Commission on Accreditation of Rehabilitation Facilities (CARF).

² American Association of Suicidology Organization Accreditation Standards Manual, 8th Edition



Mental Health Services Administration (SAMHSA) has been a key cornerstone document from which AAS Accreditation Standards have been modified and improved³.

Although the AAS accreditation standards are continually evolving, their core areas of evaluation have remained consistent over many revisions. These 7 core areas are:

1. Administration and Organizational Structure

Each center is required to have physical setting in which the majority of crisis center-related work is conducted; an administrative oversight body; be directed by a suicidologist, psychologist, psychiatrist, or a similar professional; and acceptable budget and business records, and budget expenditure reports to ensure accountability.

2. Training Program

Staff and volunteers are required to undergo a minimum of 40 hours of evidence-based training to improve knowledge and understanding of suicide and skills around risk assessment and crisis management. The center must also have a process to monitor and evaluate staff/volunteers to ensure consistent fidelity to the training and to improvement on skills and ability.

3. General Service Delivery System

Crisis centers must provide services 24 hours a day, 7 days a week. Crisis centers must also be equipped to handle possible walk-ins, acute crisis situations, and to provide services when necessary. Client records must be kept in order to conduct follow-up calls with clients.

4. Services in Life-Threatening Crises

The primary goal of an AAS-accredited crisis center is to respond to life-threatening situations. Crisis workers are thoroughly trained to conduct a lethality assessment to better understand and empathize with the caller. Rescue services must also be well defined and executed in the event that the caller is in imminent danger or harming oneself. They are also encouraged to provide support services via community education programs, or by facilitating support groups.

5. Ethical Standards and Practice

Crisis centers are required to follow specific administrative procedures and regulations to ensure that proper ethical procedures are used when crisis workers handle client calls and client information is kept confidential. In addition, crisis centers must advertise their services clearly and appropriately, so as not to mislead the public about the services that it provides.

³ Contact the American Association of Suicidology for this research document



6. Community Integration

Suicide and mental health issues continue to be shrouded in stigma. Crisis centers can help to “open up” the community by making its services known to the public. Community integration helps promote acceptance and awareness of the crisis center and can help establish and improve relationships with other local mental health services to provide a total system of care. There are particular “high risk” groups that should be targeted by the crisis center, including the elderly, survivor of suicide, those suffering depression and those who are substance dependent, among others.

7. Program Evaluation

Finally, programs must have protocols in place to evaluate the capacity, reach and effectiveness of the services provided at their crisis center. At minimum, quality assurance must be addressed, although crisis centers are encouraged to review and evaluate all 6 areas (outlined above).



What is the National Suicide Prevention Lifeline?



Locations of California's National Suicide Prevention Lifeline members

The National Suicide Prevention Lifeline (Lifeline) was established in January 2005 through a grant funded by the Substance Abuse and Mental Health Services (SAMHSA). Administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of New York City, the Lifeline is a national network of crisis centers that are connected through the 1-800-273-TALK (8255) hotline. The network is currently comprised of 150 crisis hotlines across the country, nine of which are located in California. The Lifeline is the only 24/7 national suicide prevention hotline network currently in operation.⁴

The Lifeline network was designed to connect callers with local crisis centers by using a telephone system that routes calls based on the caller's location (as indicated by the telephone number from which the call originates). Each center must choose a primary coverage area and, if desired, a backup coverage area (both of which can be designated by county, area code, or zip code).

The Lifeline utilizes a location-based routing system that includes a regional back-up system, a national back-up center, and a surge system.

The services provide by the crisis centers in the Lifeline network are a critical component of the nation's suicide prevention efforts. The Lifeline reported answering over 90,000 calls from California alone in 2010⁵.

National Suicide Prevention Lifeline Member Requirements

Crisis centers seeking to join the Lifeline must be accredited, certified or licensed by an external body as well as provide proof of insurance, be willing to participate in Lifeline evaluation activities, and have written policies or guidelines addressing referral, training and suicide risk assessment. Participating centers must sign the Lifeline's network agreement and thereby comply with the Lifeline's Network Policies, which are periodically modified based on the Lifeline's hotline evaluation studies and other pertinent research.

⁴ As of March, 2007 all calls to 1-800-SUICIDE are also routed through the Lifeline network. Callers to 1-800-SUICIDE who press 1 are also routed to the Veterans Suicide Prevention Hotline.

⁵ National Suicide Prevention Lifeline Data Report, 2010



California Coverage through the National Suicide Prevention Lifeline

Each crisis hotline defines its own service capabilities and geographic coverage areas. Of the nine California crisis centers participating in the Lifeline network as of February 2011, two have agreed to provide primary coverage to Lifeline callers from their home county, as well as from neighboring counties⁶. The other seven crisis centers provide primary coverage only to their home county. Currently, all the California crisis centers provide backup coverage⁷ to multiple counties outside of their home county, with Didi Hirsch Community Mental Health Center in Los Angeles ultimately providing back-up to the entire state of California. Calls originating from California that cannot be answered within California are routed to the Lifeline's Regional Backup Center for Public Health Region 9.

National Suicide Prevention Lifeline: Veterans Hotline and Chat

In July 2007, the Veterans Administration (VA) partnered with the SAMHSA and the Lifeline to launch the Veterans Suicide Prevention Hotline. Veterans can call 1-800-273-TALK (8255) and press '1' to reach the Veterans Suicide Prevention Hotline, which is staffed by mental health professionals in Canandaigua, NY who work closely with local VA mental health providers to help veteran callers from across the country. In July 2009, the VA launched a Veterans Chat Service, which is accessible 24/7 through the Lifeline's website at <http://suicidepreventionlifeline.org/Veterans/Default.aspx>.

National Suicide Prevention Lifeline Spanish Sub-network

Callers who dial 1-800-273-TALK and press '2' or dial 1-888-628-9454 are routed to the Lifeline's Spanish sub-network, which provides 24/7 crisis intervention services to Spanish language callers. There are currently 11 crisis centers that participate in the Lifeline's Spanish sub-network, three of which are located in California: Didi Hirsch Community Mental Health, San Francisco Suicide Prevention and the Contra Costa Crisis Center. To address other languages, the Lifeline provides free tele-interpreter services to its participating crisis centers.

⁶ The primary coverage area is the *main* geographic region (as chosen by the center and defined by area code, zip code, county or state) from which it agrees to receive Lifeline calls.

⁷ The back-up coverage area is the geographic region (as chosen by the center and defined by area code, zip code, county or state) from which it agrees to receive Lifeline calls not answered by the center providing primary coverage for that area or from regions for which there is no center providing primary coverage.



THE SUICIDE PREVENTION HOTLINE SURVEY & REPORT

Background

In 2008, an estimated 3,717 Californians died by suicide. *On average, nine Californians die by suicide every day*⁸. The actual numbers of suicide deaths may be higher; the circumstances surrounding a suicide death are complex and *many suicides may be incorrectly classified as death by another means*⁹. In addition to completed suicides, suicide attempts need to be discussed when considering the need for suicide prevention efforts in California. Studies show that *previous suicide attempts are a primary risk factor for completing suicide*^{10,11,12}. In 2008, over 16,000 individuals were hospitalized due to self-inflicted injuries in California; 26,970 were treated in emergency departments for self-inflicted injuries¹³.

Suicide prevention hotlines are a critically important part of the system of suicide prevention in California, and are often the first point of contact for an individual in crisis. Accredited crisis centers operate 24/7 suicide prevention hotline services, and are often the only mental health-related services that are available around the clock. The Accredited Crisis Center and Suicide Prevention Hotline Survey is a first attempt to summarize these services and provide evidence of the impact that accredited crisis centers have on suicide prevention and intervention efforts in California.

Survey Methodology

In early 2010, the California Office of Suicide Prevention conducted one hour semi-structured telephone interviews with lead representatives of each accredited California Crisis Center. These Crisis Centers include:

- Contra Costa Crisis Center*^
- Crisis Support Services of Alameda County*^
- Suicide Prevention and Community Counseling (Marin County) *^
- The Effort (Sacramento County)*^
- San Francisco Suicide Prevention*^
- Suicide Prevention and Crisis Intervention Center (San Mateo County) *^
- Didi Hirsch Community Mental Health (Los Angeles County) *^
- Kern County Mental Health*^
- OptumHealth Access and Crisis Line (San Diego County)*^

* = Accredited Crisis Center

^ = Member of the National Suicide Prevention Lifeline
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⁸ California Strategic Plan on Suicide Prevention (2008)

⁹ Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WEE: *Reducing Suicide: A National Imperative*. Washington, DC: National Academies Press; 2002.

¹⁰ Nock MK, Kessler RC (2006). Prevalence of and Risk Factors for Suicide Attempts Versus Suicide Gestures: Analysis of the National Comorbidity Survey. *Journal of Abnormal Psychology* 115(3): 616-623

¹¹ Blumenthal S, Bell V, Neumann NU, Schuttler R & Vogel R (1989). Mortality and rate of suicide of first admission psychiatric patients: A 5 year follow-up of a prospective longitudinal study. *Psychopathology* 22: 50-56

¹² Goldstein RB, Black DW, Nasrallah A & Winokur G (1991): The predication of suicide. Sensitivity, specificity, and predictive value of a multivariate model applied to suicide among 1906 patients with affective disorder. *Archives of General Psychiatry* 48: 418-422

¹³ California Department of Public Health <http://epicenter.cdph.ca.gov/> Retrieved January 3, 2011



- Suicide Prevention and Crisis Services of Yolo County*

Supplemental surveys were completed electronically by the same individual in October 2010 to gather additional information and to clarify details from the first interviews. The Crisis Centers were continually informed about the report as it was being written, and provided ongoing feedback regarding the content and purpose of the report.



Findings from the Suicide Prevention Hotline Survey

The results of the surveys demonstrate that California's accredited crisis centers provide a broad range of services ranging from trainings and survivor support groups to phone-based suicide intervention counseling for a large and diverse population. The analysis will focus on the following five components to describe California's accredited crisis centers:

- 1) Funding & Service Areas
- 2) Staffing & Volunteers
- 3) Suicide Prevention Hotline Call Volume
- 4) Other Crisis Center Services
- 5) Crisis Center Needs to Increase Capacity

Funding & Service Areas

Overall, the majority of crisis centers depend on multiple streams of funding to support their daily activities. The majority (7/10) of crisis centers report that their primary source of funding is through the mental health or behavioral health department in the county in which the crisis center is situated. Other significant sources of funding include foundation grants and donations, with a small portion coming from client fees from other non-suicide prevention hotline services. The annual budget to operate California's suicide prevention hotlines at these 10 crisis centers is estimated to be \$4.6 million per year¹⁴.

Although the primary source of funding for most crisis centers is from a single county mental health or behavioral health department, crisis centers serve areas that extend beyond their county's boundaries. Lifeline member crisis centers are able to designate areas of coverage for individuals calling through the Lifeline's toll-free number. Two out of nine Lifeline-member crisis centers have opted to expand their primary coverage area to include anywhere between 2 to 33 surrounding counties, and the remaining seven crisis centers have opted to keep their primary coverage area to their home county. The decision to limit service coverage area is based on fiscal necessity and hotline capacity – expanding coverage without compensation from surrounding service areas may strain the crisis center's capacity to answer all calls in a timely manner.

Didi Hirsch Community Mental Health Center, the largest crisis center in California, is the state's ultimate back-up for overflow Lifeline calls that cannot be answered by other California crisis centers. While all callers to the Lifeline are answered regardless of their location, the lack of financial support to expand other crisis center coverage areas continues to limit California's capacity to answer all calls locally - roughly 10% of Lifeline calls originating from California are answered at regional back-up Lifeline crisis centers in Nevada (Crisis Call Center in Reno) and Nebraska (Boys Town).

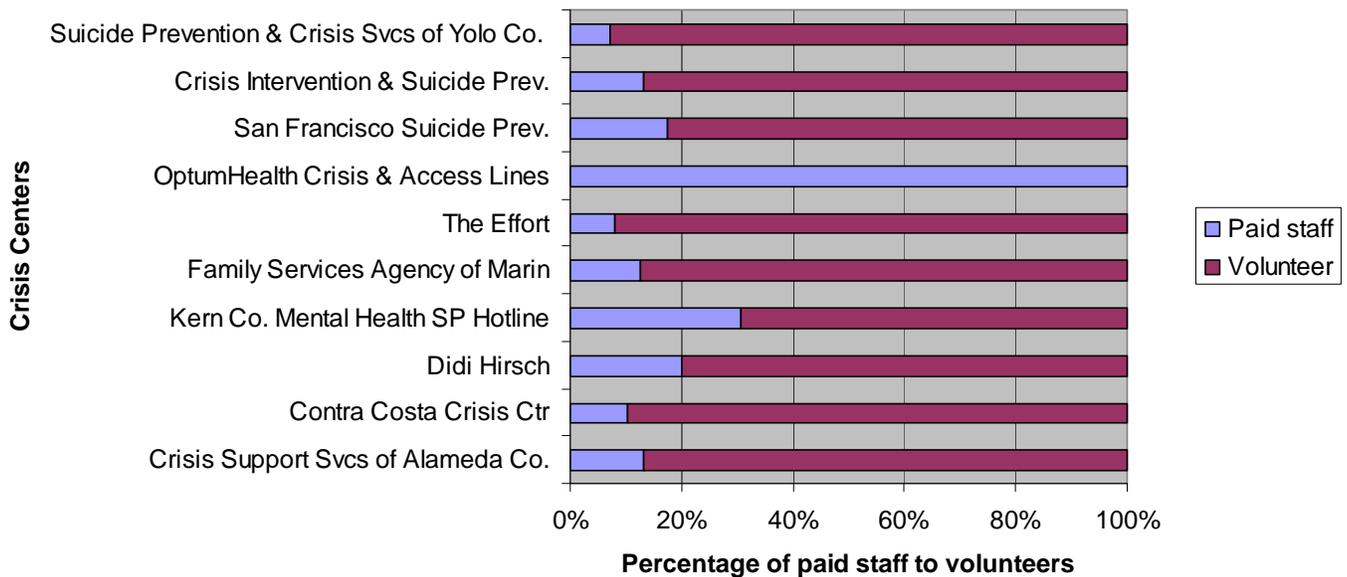
¹⁴ Kern County and San Diego County could not provide budget estimates for the hotline alone. The average crisis hotline budget as reported by the other crisis centers was \$500,000. This amount was used as an approximation for the crisis hotline budgets of Kern County & San Diego County



Staffing & Volunteers

Nine out of 10 crisis centers depend on a large volunteer base to operate their hotlines¹⁵. On average, crisis centers maintain a roster of 60 volunteers, ranging from 18 to 120 volunteers at each center. Volunteers are overseen by a smaller group of paid, highly experienced clinical staff. On average, the 10 crisis centers have 12 full-time and part-time paid staff, ranging from 4 to 30 at each center. The number of volunteers and staff depends on funding availability and call volume received at the crisis center.

Table 1: Distribution of staffing at each Crisis Center



Volunteers come from a variety of different backgrounds and experiences with counseling and with handling crisis situations. Due to the rigorous training regimen volunteers undergo as required by accreditation and Lifeline standards, they are well-equipped to handle crisis calls. At minimum, all volunteers, regardless of their background in crisis counseling, must undergo 40 hours worth of training which can include:

- Applied Suicide Intervention Skills Training (ASIST)
- Lethality assessments
- Basics of Dialectical Behavior Therapy (DBT)
- Basic counseling skills
- Community resources
- Call protocol, data entry and call documentation
- Mandated reporting protocols
- Topics on mental health issues, substance abuse, child abuse, sexual abuse, domestic violence, LGBTQ issues and cultural diversity

¹⁵ OptumHealth Crisis & Access Line in San Diego County uses only paid staff due to their agency’s internal regulations.



- Shadowing experienced crisis counselors on crisis calls
- Independently answering crisis calls under supervision

After initial trainings are complete, experienced staff workers continue to oversee newer volunteers and provide appropriate feedback as part of their ongoing training.

In general, recruiting volunteers and staff is not a difficult undertaking for the crisis centers. Four out of 10 crisis centers report having more interested volunteers than they can train, given the limited number of paid staff to provide training and one-on-one oversight for new volunteers. The crisis center volunteers tend to be highly dedicated, and it is not uncommon for crisis centers to have individuals that volunteer for many years. For volunteers, this work often stems from deep personal commitment. Many volunteers are survivors of suicide loss or attempts that are interested in helping others in need; others are students seeking meaningful experience on the path to professional health or mental health work.

Crisis centers make concerted efforts to recruit and train bilingual volunteers so they can better serve their diverse communities, and most crisis centers have several bilingual volunteers and staff on board. Contra Costa Crisis Center and Didi Hirsch Community Mental Health Center in Los Angeles County have succeeded in recruiting a sufficient number of Spanish-language crisis counselors to join the Lifeline's Spanish subnetwork. Callers through the Lifeline who require a Spanish-speaker can depend on the Lifeline's Spanish subnetwork to connect them to a Spanish-speaking crisis worker 24/7.

Suicide Prevention Hotline Call Volume

California's accredited crisis centers have a wide range of call volumes, due to their differing sizes and locations. For the purposes of this survey, calls were categorized into three categories:

- Local Crisis Calls: When callers dial a local number directly to a specific crisis center
- Lifeline Crisis Calls: When callers dial the National Suicide Prevention Lifeline number (1-800-273-TALK) and are routed to the nearest Lifeline crisis center
- Calls from Other Sources: Calls to other hotlines or warm lines that are operated through the crisis center, or hotlines or warm lines that are operated after-hours at a crisis center through a contract with a parent organization

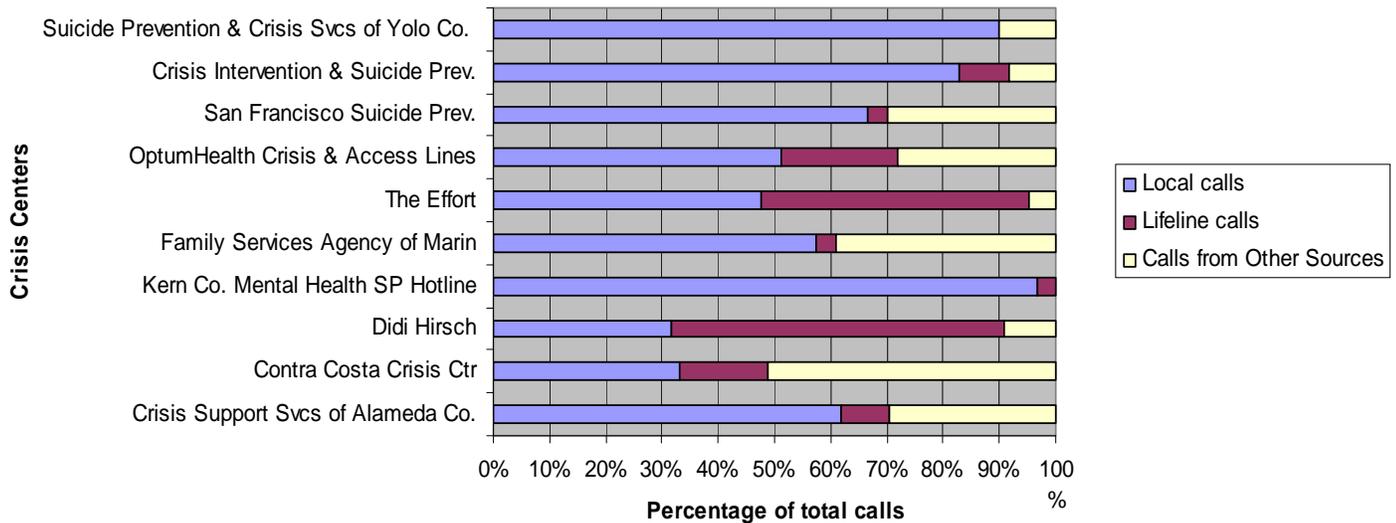
On average, each of the 10 accredited crisis centers report receiving *1300 local calls per month*. In addition, the nine Lifeline-member crisis centers each report an average of *550 Lifeline calls per month*. Nine accredited crisis centers also each report receiving an average of *1500 calls per month from other sources*, such as teen lines, county mental health access lines, and other services the crisis centers provide.

Nearly all the crisis centers, with the exception of Didi Hirsch Community Mental Health Center in Los Angeles, report receiving *more local calls than Lifeline calls*. This suggests that crisis centers are serving a primarily local population rather than callers from distant parts of the state or from out-of-state. In general, crisis centers are able to meet the current demand and report no missed calls due to unavailability of responders.



The crisis centers report receiving more crisis calls with each passing year. Although this evidence is anecdotal, the call volume trends reported through the National Suicide Prevention Lifeline can serve as a proxy to demonstrate the increased number of calls to California’s crisis centers. The National Suicide Prevention Lifeline reports that call volume into the Lifeline network nearly doubled between 2008 and 2010. In 2008, the Lifeline received 51,378 calls originating from California; in 2010, over 90,000 calls originated from California. Reasons for this increase in calls to the Lifeline may be due to a combination of factors, including increased marketing and awareness about the Lifeline number, and increased need for crisis intervention because of the current economic situation or other factors.

Table 2: Call distribution at each Crisis Center



Other Crisis Center Services

Accredited Crisis Centers do much more than operate suicide prevention hotlines – they provide an extensive array of other support services that benefit the community. These include:

- Warm lines;
- Online chat interventions;
- Survivor support groups;
- Grief counseling;
- Mental health information and referral services;
- Community outreach;
- Follow-up services for high-risk callers;
- Phone lines for special populations (i.e. target populations such as teens and the LGBTQ community)
- Community training
- Research; and
- Outreach, training, and coordination with mobile crisis units, first responders, law enforcement, and others.

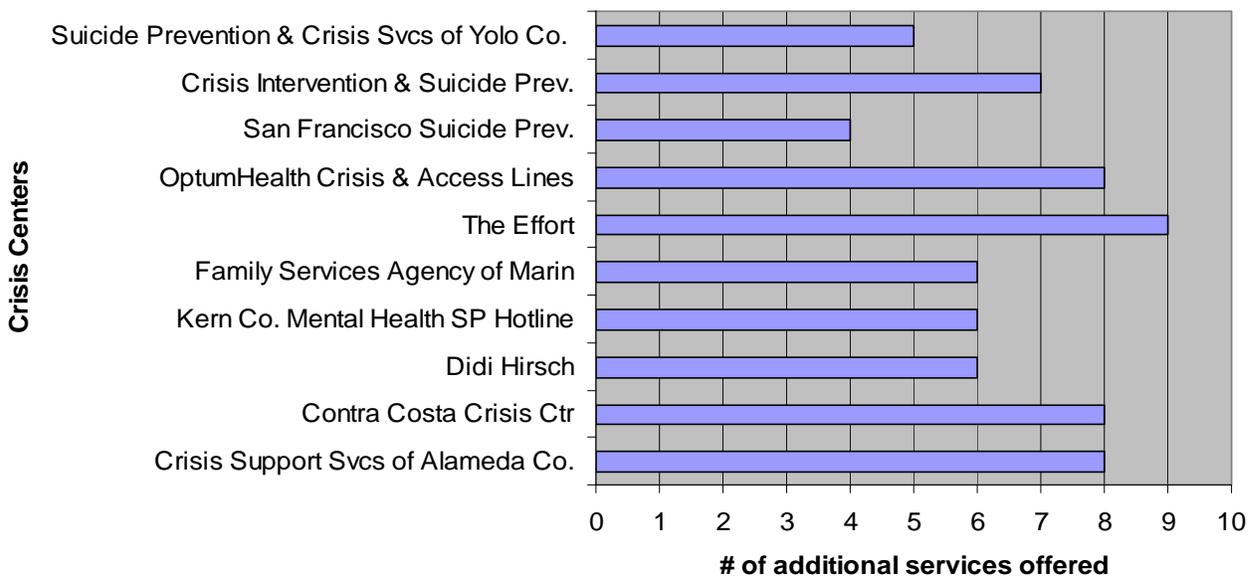


All crisis centers provide community training, ranging from suicide prevention training for gatekeepers to education regarding suicide and suicide prevention schools and colleges. Eight out of ten of crisis centers offer survivor support services and grief counseling to individuals who have lost someone to suicide. In addition, Didi Hirsch Community Mental health Center in Los Angeles County recently began a support group for survivors of suicide attempts.

Seven out of ten crisis centers also conduct follow-up services to individuals who call into their crisis hotlines. Follow-up services allow crisis centers to “check in” with callers to see if they’ve used the referral services that were given to them and to determine their suicide risk after a crisis intervention was completed. Given their limited capacity to conduct follow-up calls for all crisis callers, crisis centers must prioritize follow-up services for those who are most in need. For example, Crisis Support Services of Alameda County conducts follow-ups with high risk suicide calls and all 5150 calls (for example, after attempts, crisis calls, or calls from the emergency room).

In addition to providing direct community service and trainings, some crisis centers support other issue-specific or population-specific hotlines, including County ACCESS lines and hotlines for the homeless population, teens, substance users, HIV+ community and LGBTQ groups.

Table 3: Number of additional services provided by each Crisis Center (not including crisis hotline)



Needs of Crisis Centers

The main obstacles crisis centers experience is in securing resources and funding. In recent years, many crisis centers have seen a sharp decrease in public and foundation funding, with some losing significant portions of their funding entirely. Despite these cuts, crisis centers are working hard to continue to provide suicide prevention services to the communities with increasingly limited resources.



Six out of 10 crisis centers report a need for *more bilingual staff and volunteers* to better serve non-English speaking populations. The most common language needs identified were Spanish and Chinese.

Four out of 10 crisis centers require *more outreach and marketing efforts* to better inform the community of their services, particularly the LGBTQ community, diverse racial and ethnic groups, survivors of suicide, and teens. Each of these populations are best reached through unique strategies that are specific to the population – for example, reaching out to the Asian American population requires a different outreach method compared to the homeless teen population.

Four out of ten crisis centers require more volunteers for coverage. Recruiting volunteers for overnight coverage can be particularly difficult. Most crisis centers report that the main limitation to increasing the number of volunteers is having enough paid staff to train and oversee them.

Three out of ten crisis centers require more staffing to assist in the training and oversight of volunteers. As stated previously (Staffing section), volunteers are given a rigorous 40 hour initial training, with continual mentorship and guidance as they begin to answer calls. Although interest in becoming a volunteer is high, the crisis center staffing capability to train and oversee all potential volunteers is limited.

Three out of ten crisis centers require more tools to enhance their data collection and analysis of their call volume. Crisis center data collection methods vary, given available resources. Improving their capacity collect and analyze data will provide crisis centers with a greater understanding of the population they serve, and will also help them prioritize services that are most needed by their community.

Other crisis center needs include more culturally-specific services and increased capacity to provide follow-up services to higher risk callers.



Conclusions from the Suicide Prevention Hotline Survey

Study Limitations

This report focused only on the existing accrediting crisis centers in California, and it does not include a variety of other crisis intervention and hotline services that may be used by those in crisis.

Non-accredited local hotlines are not included in this report. Although not guaranteed to be providing “gold standard” intervention, these hotlines do provide a vital service to local communities. These grassroots organizations provide a range of crisis services but are not continually evaluated for adherence to evidence-based practices. The website www.suicidehotlines.com lists roughly thirty-five other non-accredited suicide prevention crisis hotlines that are not included in this report. These hotlines are a mix of county-based hotline services and hotlines operated by local organizations. Future assessments should include these hotlines to better understand their structure, the number of people served, and services provided.

This report does not include the Trevor Project Suicide Prevention Hotline, which is a national suicide prevention web and hotline service focused on the LGBTQ youth population. However, the Trevor Project is accredited by the American Association of Suicidology and is known to provide crucial support for thousands of Californians every year.

Finally, this report excludes hotlines, both local and national, which provide services that are not specific to suicide prevention. This may include teen hotlines, homeless hotlines, parent support hotlines, domestic violence hotlines, and rape crisis lines. These services are a line of support for those seeking assistance, and may have backup protocol to provide intervention services for suicidal callers.

Future evaluations to assess California’s capacity to handle crisis calls should include these above organizations.

The Impact and Benefits of Crisis Centers in the Community

Crisis centers have long been recognized as a vital community resource. Since the first crisis center was established in 1958, they have proliferated across the country. Over 150 crisis center hotlines have been organized under the National Suicide Prevention Lifeline, creating a 24/7 network that ensures that:

- 1) All crisis calls to the Lifeline are answered in a timely manner;
- 2) Every caller to the Lifeline is given an evidence-based risk assessment;
- 3) Every caller is supported by a trained counselor; and
- 4) Every caller is provided with local resources and oftentimes follow-up services to ensure that the caller is well supported after their call has ended.



This report has attempted to provide a comprehensive understanding of the infrastructure and services provided by the California accredited crisis centers as well as their ongoing needs that will help increase their local and statewide capacity. The report addressed the following findings:

- Crisis Centers are funded by a mix of public and private sources including county mental health or behavioral health departments, foundation funds, and donations.
- The majority of crisis centers serve multiple counties outside of the home county in which they are situated; most of these services are not compensated by all counties served.
- Crisis centers generally rely on volunteers to provide their suicide prevention hotlines services. Volunteers undergo intensive training and are provided with continual monitoring and support.
- Suicide prevention hotlines in California support high call volumes, and call volume is climbing each year.
- Crisis centers provide a broad range of services to the community in addition to hotlines, including survivor support services and grief counseling to community outreach and training.
- Crisis center capacity is limited by funding, language capacity, and the ability to collect and analyze more data to better understand community needs, and prioritize resources.

The results from this survey, as well as anecdotal evidence from crisis center staff and research on the effectiveness of hotlines support the following three statements that summarize the impact of crisis center services in the community:

Suicide Prevention Hotlines Save Lives

Data from the National Suicide Prevention Lifeline shows that crisis calls from California are trending upwards. California's accredited crisis centers and their hotlines are experiencing greater demand for crisis intervention services from their community. Round-the-clock service, highly trained crisis counselors, proven risk assessment techniques and the crisis center's in-house support services make crisis centers and their hotlines a necessary component in suicide prevention and intervention for the community. Without these services, individuals in crisis may not be able to access a crisis counselor in their time of need, and more extreme intervention methods may be needed further down the crisis continuum.

The clearest measure of crisis hotline intervention effectiveness would be a follow-up study of all crisis callers to determine whether they continued to have suicidal thoughts after calling the crisis hotlines, or in the worst case scenario, died by suicide. These studies, however, are difficult to conduct given the sheer volume of individuals who call the crisis hotlines, privacy concerns, and the difficulty in extracting follow-up contact information when an individual is in crisis. The best proxy of crisis hotline effectiveness in saving lives can be found in a 2007 study by Gould and Kalafat, et al.¹⁶ – this study found that seriously suicidal individuals reached out to telephone crisis services and that significant decreases in suicidality were found during the course of the telephone sessions, with continuing decreases in hopelessness and psychological pain in the following weeks. In addition, anecdotal evidence by crisis center staff who were interviewed for the survey showed that callers responded positively to the counseling and the resources provided to them for after-care.

¹⁶ Gould MS, Kalafat J, et al. (2007). An Evaluation of Crisis Hotline Outcomes Part 2: Suicidal Callers. *Suicidal and Life-Threatening Behavior*, 37(3): 338-352



Crisis Centers Provide Effective, Low-Cost Crisis Intervention Services

Suicide attempts resulting in hospitalizations and other medical costs, as well as the individual's loss of productivity, are estimated to cost California \$4.2 billion per year¹⁷. These strains to California's health care system and economy demonstrate that suicide prevention efforts are required in the community, in order to connect people to services and counseling before an individual succumbs to a suicide attempt. Crisis centers provide these crisis prevention and intervention services at a low cost. In fact, the current combined budgets of all accredited crisis hotlines in California amount to an estimated \$4.6 million per year. They are able to keep the crisis hotline cost low in part because they rely on volunteers. Using highly trained unpaid volunteers significantly decreases the cost of providing crisis intervention services. Access to a toll-free 24/7 crisis hotline may deter many individuals from attempting suicide and therefore, save the cost of treating a suicide attempt in the emergency room.

Crisis Centers offer more than just suicide prevention hotline services

Crisis centers also serve as important community fixtures that not only provide crisis and support services, but also community trainings, awareness and outreach. Crisis centers are a positive influence in the community, at the community forefront helping to dispel misconceptions about suicide, promote the message that help is available, and prepare communities to better recognize and respond to individuals in need of help.

¹⁷ California Strategic Plan on Suicide Prevention, 2008



Next Steps for State and Local Organizations

California's accredited crisis centers are an invaluable resource for all Californians. Here's what you can do to ensure that these systems are supported and broadly used.

- Increase or establish funding to the crisis center that is providing hotline services in your geographic area.
- If your organization operates a suicide prevention hotline or is interested in developing hotline capacity, consider becoming accredited by the American Association of Suicidology (<http://www.suicidology.org/web/guest/certification-programs/crisis-centers>) and membership in the National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/CrisisCenters/Default.aspx>).
- Advertise the National Suicide Prevention Lifeline (1-800-273-TALK) in your community. Free promotional materials can be ordered here: <http://www.suicidepreventionlifeline.org/Materials/Default.aspx>
- Promote your local accredited crisis center using this report or the individual accredited crisis center profiles listed below.
- Volunteer to become a trained crisis counselor at your local accredited crisis center. Contact information for each crisis center can be found in Appendix 1.



Accredited Crisis Center Profiles

The following section describes the each of the 10 California Accredited Crisis Centers:

- Contra Costa Crisis Center*^
- Crisis Support Services of Alameda County*^
- Suicide Prevention and Community Counseling (Marin County) *^
- The Effort (Sacramento County)*^
- San Francisco Suicide Prevention*^
- Suicide Prevention and Crisis Intervention Center (San Mateo County) *^
- Didi Hirsch Community Mental Health (Los Angeles County) *^
- Kern County Mental Health*^
- OptumHealth Access and Crisis Line (San Diego County)*^
- Suicide Prevention and Crisis Services of Yolo County*

* = Accredited Crisis Center
 ^ = Member of the National Suicide Prevention Lifeline

Each crisis center profile includes a narrative as well as summary table of the key characteristics of each crisis center. A map is included in the narrative to demonstrate the crisis center hotline’s coverage area, as specified by the National Suicide Prevention Lifeline¹⁸.

Please refer to the following key when interpreting the hotline coverage maps for members of the National Suicide Prevention Lifeline¹⁹:

- **BLUE:** Crisis Center’s home county
- **GREEN:** Crisis Center’s primary coverage area (excluding home county)
- **PURPLE:** Crisis Center’s backup coverage area

Please refer to the following key when interpreting the hotline coverage maps for Suicide Prevention & Crisis Services of Yolo County (not a Lifeline member)²⁰:

- **YELLOW:** Crisis Center’s home county
- **GREEN:** Crisis Center’s coverage area (excluding home county)

¹⁸ Excluding Suicide Prevention & Crisis Services of Yolo County, which is not part of the National Suicide Prevention Lifeline

¹⁹ As specified by the National Suicide Prevention Lifeline

²⁰ As specified by the Suicide Prevention & Crisis Services of Yolo County



CRISIS CENTER DATA PROFILES - NARRATIVE
CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY



The Alameda Crisis Hotline is a non-profit organization that opened in 1966. It is currently part of the Lifeline network with AAS accreditation. Primary funding comes from Alameda county Behavioral Health and contributions from in-kind donations from their volunteers.

On average, the Alameda Crisis Hotline receives about 4,000 calls per month and most calls average 7 minutes in length, where crisis calls can last up to 45 minutes. On an average day, 16 staff and volunteers are required to operate the hotline, and they have a total of 12 full time staff with a roster of 80 volunteers. Recruiting and retaining staff and volunteers is not difficult – the agency promotes from within and many staff once served as volunteers. Many volunteers continue to provide services to the hotline even after they exceed their 1 year contract agreement. Although some staff are able to speak other languages, the hotline relies on the Tele-interpreting service to assist with non-English calls. The bulk of non-English languages served at the hotline are Spanish,

Mandarin, Cantonese and Tagalog. The hotline has applied for additional funding to hire bilingual staff.

In addition to the suicide prevention hotline, Alameda Crisis Hotline also provides survivor support services, grief/bereavement counseling, mental health information and referral, follow-up services for callers and community training. Their community training includes stress counseling classes for the Teen for Life programs which target students in middle school and high school, and also provides suicide prevention gatekeeper training for teachers.



CRISIS CENTER DATA PROFILES - SUMMARY
CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY

Funding & Services Areas	
Year established	1966
Primary funding sources	County Behavioral Health Funds
Secondary funding sources	Donations
Staffing	
Total number of paid staff	12
Total number of volunteers	80
Staff/Volunteers require for hotline operation during peak hours	4-6
Peak hours (highest call volume)	6pm – 12am
Crisis Center Hotline Information	
Average number of local calls in 1 month	4000
Average number of Lifeline calls in 1 month	350
Average number of calls from other sources in 1 month	1,180 (via contracts with other counties)
Risk assessment administered	Customized, using elements of Lifeline risk assessment and AAS risk assessment
Primary non-English languages served	Spanish, Mandarin, Cantonese, Tagalog
Average number of non-English callers in 1 month	12-20
Method(s) used to serve non-English callers	Tele-Interpreters
Other Crisis Center Services	
8 other services provided (excluding hotline)	Survivor support; Grief counseling; Mental health information & referral; Community outreach; Follow-up services; Specialty lines; Community training; Research, Consultation & Community Collaborations
7 specified target groups	Older adults; Teens; Transitional Age Youth; Ethnic communities; Survivors of suicide; Law enforcement; Parents



CONTRA COSTA CRISIS CENTER



The Contra Costa Crisis Center hotline opened in 1963 and is currently an AAS-accredited non profit organization with LIFELINE membership. It operates on a 24/7 basis. It operates on an annual budget of \$590,000 with funding coming from private and public sources.

On average, the CCCC receives 2100 to 2200 calls per month. Each call lasts about 8-11 minutes, but it is not uncommon for calls to last 30-90 minutes depending on needs and risks at hand. Follow-up calls usually last 30-60 minutes. CCCC relies on a large volunteer base, with a roster of 70 volunteers and 8 paid staff. Roughly 2-4 individuals required to operate the hotline during regular business and evening hours and 1 individual during midnight to early-morning hours. Recruiting staff is somewhat difficult, as it is difficult to find an individual who has the correct skill set. In addition, some applicants are uneasy with the overnight and weekend hours.

However, once staff is hired, it is not difficult to retain

them for long periods of time. The opposite situation occurs for the volunteer group, where recruitment is not difficult but volunteer retention is. In general, volunteers have a higher rate of turnover than staff; however, many volunteers have been with CCCC for many years. CCCC is one of 11 centers in the country that are part of the Lifeline’s Spanish Network – many Spanish calls from across the country are directed to their center. Some staff members are bilingual, which helps the hotline directly answer roughly the 8% of their calls which are in Spanish. When a bilingual staff is not available to answer a call, the hotline relies on a tele-interpreter system.

In addition to the suicide prevention Lifeline, the CCCC also acts as Contra Costa County’s 211 service, with which they have dedicated staff during normal business hours. Crisis line staff and volunteers oversee the 211 line during weekends and after hours. CCCC also provides grief/bereavement counseling, mental health information and referral, community education and training and follow-up services. They also participate in other population-specific lines, such as a homeless and youth line, and provide backup/after-hours service for Child and Adult Protective Services. In addition to these services, CCCC participated in a research program in conjunction with SAMHSA, the Lifeline and Columbia University to conduct follow-up calls with medium to high risk suicidal callers and assess their risk of suicide.

As a member of the Lifeline, CCCC is required to take back-up calls from across the country when necessary. They are concerned about the financial toll that this carries, since they are providing these services without reimbursement from the county that the caller is originating from. Their data serves to support this fact: According to their June 2010 Crisis Line Statistics analysis, 34% of the calls that came in that month were not from Contra Costa county or had unknown origination.



CRISIS CENTER DATA PROFILES - SUMMARY
CONTRA COSTA CRISIS CENTER

Funding & Services Areas	
Year established	1963
Primary funding sources	Foundation funds
Secondary funding sources	County behavioral health funds
Staffing	
Total number of paid staff	8
Total number of volunteers	70
Staff/Volunteers require for hotline operation during peak hours	4-6
Peak hours (highest call volume)	Evenings & weekends
Crisis Center Hotline Information	
Average number of local calls in 1 month	1150
Average number of Lifeline calls in 1 month	550
Average number of calls from other sources in 1 month	1780
Risk assessment administered	Customized for crisis hotline based on Lifeline & ASIST standards
Primary non-English languages served	Spanish & Chinese
Average number of non-English callers in 1 month	278 (roughly 8% of all calls received in 1 month)
Method(s) used to serve non-English callers	Crisis Center member of the Lifeline's Spanish subnetwork; otherwise use Tele-interpreting system
Other Crisis Center Services	
8 other services provided (excluding crisis hotline)	Survivor Support; Grief counseling; Mental health information & referral; Community outreach; Follow-up services; Specialty lines (Homeless & Teen); Community training; Research, consultation & community collaborations
7 specified target groups	Older adults; Teens; TAY; Ethnic communities; LGBTQ; Survivors of suicide; Law enforcement; Parents



CRISIS CENTER DATA PROFILES - NARRATIVE

DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, LOS ANGELES COUNTY



Didi Hirsch Mental Health Services is one of the largest and oldest crisis centers in the country. It is a non-profit organization that operates on a 24/7 basis, and is part of the LIFELINE network with AAS accreditation. Primary funding sources come from Didi Hirsch Agency, with other contributions by the local county mental health departments as well as private fundraising and donations. Its annual budget to operate the suicide prevention Lifeline is \$1.3 million.

On average, Didi Hirsch receives around 3650 calls per month, which each last between 12-25 minutes depending on severity of the call. The center uses a sophisticated integrated software system, iCarol and a Mitel phoneware set-up, which captures length of call and client information. Not including management and administrative staff, roughly 30 individuals (19 volunteers and 11 part-time staff) are required to operate the phone lines on a daily basis. Overall, Didi Hirsch’s Suicide

Prevention Center Crisis Line has a roster of 30 staff and 100-130 volunteers. In the last few years, the hotline is consistently receiving more volunteer interest than they handle (constrained by training class size and crisis room space). Volunteers are asked for a 1 year commitment, and roughly 80% of volunteers comply with this agreement. The majority of volunteers and staff stay with the hotline for a long period of time and there is generally low turnover. Some of their staff and volunteers are proficient in other languages – they are able to provide Spanish language services 24/7 and a few volunteers who can speak Chinese, Korean and Farsi. Didi Hirsch is currently part of the LIFELINE’s 24/7 Spanish Lifeline network, providing 24/7 Spanish access for callers across the country. For other non-English and non-Spanish callers, Didi Hirsch transfers them to other language specific organizations. They also have interpreters available when necessary.

Aside from the hotline, Didi Hirsch also provides survivor support services, community training, mental health outreach, client follow-up services and collaborates with other community organizations to promote the suicide prevention and intervention message. The community collaborations include an emergency room program that links suicidal individuals to the crisis center for follow-up, as well as research contracts with Los Angeles-based universities. They also participate in the entertainment industry, providing information about suicide and suicide prevention. As the primary crisis hotline in the Los Angeles area, Didi Hirsch is responsible for receiving calls from other surrounding counties – much of their work is unsupported by outside counties and presents a strain on their resources.



CRISIS CENTER DATA PROFILES - SUMMARY

DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, LOS ANGELES COUNTY

Funding & Services Areas	
Year established	1958
Primary funding sources	Didi Hirsch Community Mental Health
Secondary funding sources	County Behavioral Health Departments, Fundraising & Donations
Staffing	
Total number of paid staff	30
Total number of volunteers	100-130
Staff/Volunteers require for hotline operation during peak hours	30
Peak hours (highest call volume)	6pm – 12am
Crisis Center Hotline Information	
Average number of local calls in 1 month	1160
Average number of Lifeline calls in 1 month	2180
Average number of calls from other sources in 1 month	340
Risk assessment administered	Customized for crisis hotline based on Lifeline standards.
Primary non-English languages served	Spanish, Chinese & Korean
Average number of non-English callers in 1 month	Unknown
Method(s) used to serve non-English callers	Crisis Center is a member of the Lifeline Spanish sub-network; otherwise transfer to other language-appropriate hotline or use tele-intepreter
Other Crisis Center Services	
6 other services provided (excluding crisis hotline)	Survivor Support; Grief Counseling; Mental health & community outreach; Follow-up services; Community training; Research, Consultation & Community Collaboration
7 specified target groups	Teens; TAY; LGBTQ; ethnic communities; Survivors of suicide; Law enforcement; Parents



CRISIS CENTER DATA PROFILES - NARRATIVE
KERN COUNTY MENTAL HEALTH SUICIDE PREVENTION HOTLINE



The Kern County Mental Health Hotline is the newest and most recent member of all California-based NPSL call centers. This county-based hotline was created in 2005. Since it is a county program, it cannot operate independently on a 24/7 basis. Instead, Kern County’s after-hours NSPL calls are answered by Didi Hirsch Community Mental Health Center and all other after hours calls are answered by the county’s Behavioral Health Psychiatric Emergency Center. Its primary funding sources are through Kern County. It is accredited by the AAS and the Commission on Accreditation of Rehabilitation Facilities.

Kern County reports receiving 900-1000 calls per month and each call lasts between 5-20 minutes. There are 18 volunteers with 7 paid staff and at least 4 staff and several volunteers are required to operate the hotline during an average day. Staff and volunteers are somewhat difficult to recruit, due to the amount of time it takes for identification and training. Retaining staff is

also somewhat difficult, as staff are required to work in high-pressure situations and the hotline operates outside of traditional M-F 8-5 business hours. Volunteer retention was difficult to gauge at the time of the interview. Some staff are Spanish-speaking and they are responsible for answering the roughly 60-80 Spanish speaking calls that the center receives in a year. When bilingual staff is not available AT&T Language Line Interpreter Services are utilized.

Aside from the hotline, Kern County also provides survivor support services, community training on suicide prevention, mental health information and referral, mental health outreach and follow-up services.



CRISIS CENTER DATA PROFILES - SUMMARY
KERN COUNTY MENTAL HEALTH SUICIDE PREVENTION HOTLINE

Funding & Services Areas	
Year established	2005
Primary funding sources	County Behavioral Health
Secondary funding sources	N/A
Staffing	
Total number of paid staff	8
Total number of volunteers	18
Staff/Volunteers require for hotline operation during peak hours	10
Peak hours (highest call volume)	8-10am & 3-7pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	1000
Average number of Lifeline calls in 1 month	30-35
Average number of calls from other sources in 1 month	N/A
Risk assessment administered	ASIST
Primary non-English languages served	Spanish
Average number of non-English callers in 1 month	60-80
Method(s) used to serve non-English callers	Use in-house bilingual staff when available, otherwise use teleinterpreters
Other Crisis Center Services	
6 other services provided (excluding crisis hotline)	Survivor support; Mental health information & referral; Community outreach; Follow-up services; Community training; Mobile crisis outreach
5 specified target groups	Older adults; Teens; TAY; Ethnic communities; Survivors of suicide; Parents



CRISIS CENTER DATA PROFILES - SUMMARY
SUICIDE PREVENTION & COMMUNITY COUNSELING, MARIN COUNTY

Funding & Services Areas	
Year established	1971
Primary funding sources	Donations
Secondary funding sources	Client fees; County Behavioral Health Department; Fundraising
Staffing	
Total number of paid staff	2 full-time; 3 part-time (overnight staff)
Total number of volunteers	35
Staff/Volunteers require for hotline operation during peak hours	7
Peak hours (highest call volume)	Weekdays 3-11pm; Saturday 7am-11pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	530
Average number of Lifeline calls in 1 month	32
Average number of calls from other sources in 1 month	360
Risk assessment administered	Customized for crisis hotline based on Lifeline standards.
Primary non-English languages served	Spanish
Average number of non-English callers in 1 month	2
Method(s) used to serve non-English callers	Refer to Lifeline Spanish sub-network
Other Crisis Center Services	
6 other services provided (excluding crisis hotline)	Survivor support; Grief counseling; Mental health information & referral; Community outreach; Follow-up services; Community training
0 specified target groups	N/A



CRISIS CENTER DATA PROFILES - NARRATIVE
THE EFFORT, SACRAMENTO COUNTY



The Effort, located in Sacramento County, is a non-profit organization that provides general medical services, mental health, psychiatry, and alcohol and drug treatment in addition to operating the suicide crisis line. The hotline was created in 1968 and currently operating on a 24/7 basis, in collaboration with the county’s suicide prevention line. It is AAS accredited and is a member of the Lifeline network. Its primary funding sources are Placer County and Sacramento County, with Sacramento County providing the majority of county-based funding. In addition, they receive support from the Tracy Bunnell Memorial Fund. The hotline operates on an annual budget of roughly \$350,000 per year.

The Effort receives roughly 2000-2200 calls per month and each call lasts about 10-12 minutes. It has 4 paid staff and 45 volunteers who run the hotline. The Effort utilizes translation services through the Language Line to assist non-English speaking callers. The Effort currently

provides services to Sacramento and Placer Counties, and to counties in the 530, 707, 209, 559 area codes though the Lifeline.

In addition to providing services over the suicide crisis line, the Effort also provides mental health information and referral, a parent support “warm line”, follow-up services for clients who were in crisis or anyone who staff feels needs a follow-up call, clinical intervention for persons at risk of suicide, acute bereavement counseling, and community trainings. Community trainings cover topics about basic suicide awareness as well as suicide risk factors. Their audiences are generally service organizations, domestic violence hotline employees, school staff and students, and mental health clinic staff.

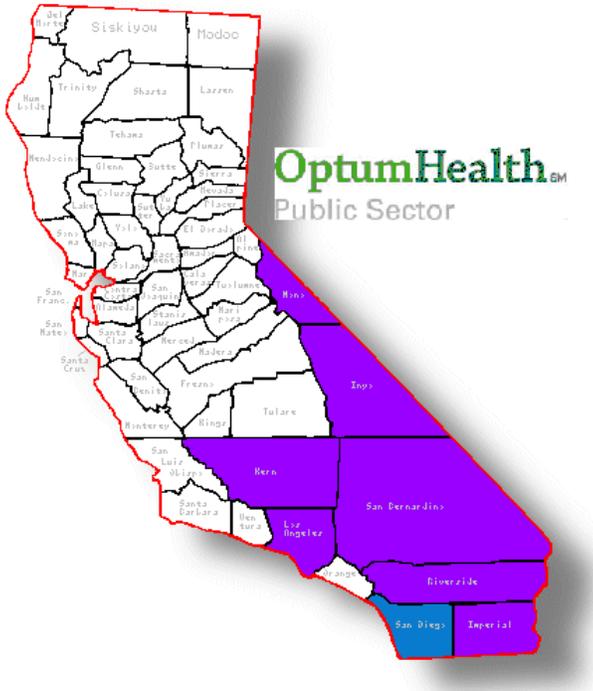


CRISIS CENTER DATA PROFILES - SUMMARY
THE EFFORT, SACRAMENTO COUNTY

Funding & Services Areas	
Year established	1968
Primary funding sources	County Behavioral Health Funds
Secondary funding sources	Foundation funding
Staffing	
Total number of paid staff	4
Total number of volunteers	45
Staff/Volunteers require for hotline operation during peak hours	3
Peak hours (highest call volume)	5pm-11pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	1000
Average number of Lifeline calls in 1 month	1000
Average number of calls from other sources in 1 month	100, from Parent Support Line
Risk assessment administered	ASIST
Primary non-English languages served	Spanish & Chinese
Average number of non-English callers in 1 month	5-10
Method(s) used to serve non-English callers	The Language Line
Other Crisis Center Services	
9 other services provided (excluding crisis hotline)	Warm lines; Survivor Support groups; Grief counseling; Mental health information and referral; Community outreach; Follow-up services; Specialty lines; Community training; Research, Consultation & Community Collaborations
1 specified target groups	Parents



CRISIS CENTER DATA PROFILES - NARRATIVE
OPTUMHEALTH ACCESS & CRISIS LINE, SAN DIEGO COUNTY



San Diego’s crisis line is run through a joint effort between the county of San Diego and the California OptumHealth Access and Crisis Line. The hotline was created in 1972 and currently operates on a 24/7 basis. It is accredited by the State and County of San Diego and is routinely audited for compliance. OptumHealth is anticipating AAS accreditation in 2011 and is already part of the Lifeline network. The majority of its funding comes from San Diego County.

The hotline receives roughly 1500 crisis calls per month, with each call lasting 7-10 minutes, depending on the severity of the call. The hotline does not use any volunteers and relies on 21 paid staff to respond to calls. On an average day, about 15 staff are required to respond to the call volume. Due to job hours and requirements of licensing, it is somewhat difficult to recruit staff; however, once they are trained, it is not difficult to retain staff. Many of the staff have been with the agency for 12 to 13 years and are committed to their job and to the

organization. Five to six staff are bilingual and can handle the Spanish can take the Spanish calls that come through the hotline. If bilingual staff is unavailable or if another non-English caller calls in, then they rely on the AT&T Language Line for translational services.

In addition to the crisis hotline, the center also provides survivor support services, grief/bereavement counseling, mental health information and referral, mental health outreach, and follow-up calls. They have resources and services for specific populations, including adults, older adults, teens, transition age youth and LGBTQ. The ACL works closely with several outside agencies to assist warm line callers who may be in crisis and need immediate assistance. Since the ACL is part of San Diego’s system of care for those in need of mental health services, they also assist in authorizing services and evaluating patient service requests for all MediCal beneficiaries.



CRISIS CENTER DATA PROFILES - SUMMARY
OPTUMHEALTH ACCESS & CRISIS LINE, SAN DIEGO COUNTY

Funding & Services Areas	
Year established	1972
Primary funding sources	County Behavioral Health Department
Secondary funding sources	None
Staffing	
Total number of paid staff	21
Total number of volunteers	0
Staff/Volunteers require for hotline operation during peak hours	16
Peak hours (highest call volume)	Weekdays 9am-3pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	1000
Average number of Lifeline calls in 1 month	400
Average number of calls from other sources in 1 month	5500 (through ACCESS line)
Risk assessment administered	San Diego Systems of Care risk assessment
Primary non-English languages served	Spanish
Average number of non-English callers in 1 month	400
Method(s) used to serve non-English callers	Use in-house bilingual staff for Spanish and AT&T Language line for other languages
Other Crisis Center Services	
8 other services provided (excluding crisis hotline)	Survivor Support; Grief Counseling; Mental health information & referral; Community outreach; Follow-up services; Specialty lines; Community training; Research, consultation & community collaborations
7 specified target groups	Older adults; Teens; TAY; LGBTQ; Ethnic communities; Survivors of suicide; Law enforcement



CRISIS CENTER DATA PROFILES - NARRATIVE SAN FRANCISCO SUICIDE PREVENTION



The San Francisco Suicide Prevention center opened in 1963 and is the oldest volunteer-based suicide prevention hotline in the country. It is accredited by AAS and currently part of the Lifeline network, independently operating on a 24/7 basis. The center has many sources of funding, with the majority coming from San Francisco city and county mental health departments. They also receive funding from foundations, donations from individuals and corporations and fund raising events.

The hotline receives roughly 6000 calls per month, and each call lasts about 15 minutes. Roughly 25 staff and volunteers are required to answer all the calls that come in on an average day. The hotline has a roster of 85 volunteers, with 18 paid staff. It is not difficult to recruit staff and volunteers, as there is high interest in these positions. However, the limiting factor to volunteer recruitment is staff availability for training. At present, they are able to train about 60 new volunteers per year.

Retention of staff and volunteers is somewhat difficult. While staff are able to train 60 new volunteers every year, roughly 60 prior volunteers leave. One third of the volunteers are bilingual and are responsible for handling the roughly 50 non-English calls that are received through the hotline. These non-English languages include Spanish, Chinese, Russian and Mongolian. When bilingual staff are not available to take the call, the hotline relies on tele-interpreters on a 24/7 basis, and also transfers many of their Spanish callers to the Spanish Lifeline network. Outside of the Lifeline network, it currently serves San Francisco county as well as other surrounding Bay Area counties.

In addition to the hotline, the center also provides chat services, survivor support, grief/bereavement counseling, HIV/AIDS help line and community training. They provide community training to students, and other community agencies. The center is also contracted by outside agencies to provide after hours coverage for United Way, San Francisco city and county mental health and other organizations. They are paid for these after hours services and abide by the “no pay, no coverage” rule.



CRISIS CENTER DATA PROFILES - SUMMARY
SAN FRANCISCO SUICIDE PREVENTION

Funding & Services Areas	
Year established	1963
Primary funding sources	County Behavioral Health Department
Secondary funding sources	Foundation; Donations; Fundraising
Staffing	
Total number of paid staff	18
Total number of volunteers	85
Staff/Volunteers require for hotline operation during peak hours	25
Peak hours (highest call volume)	7pm-11pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	4000
Average number of Lifeline calls in 1 month	200
Average number of calls from other sources in 1 month	1800
Risk assessment administered	Customized for crisis hotline based on Lifeline standards.
Primary non-English languages served	Spanish; Cantonese; Mandarin; Russian; Mongolian
Average number of non-English callers in 1 month	50
Method(s) used to serve non-English callers	Use in-house bilingual staff when available, otherwise use teleinterpreters
Other Crisis Center Services	
4 other services provided (excluding crisis hotline)	Warm line; Online chat; Survivor Support; Community training
3 specified target groups	Teens; LGBTQ; Ethnic communities



CRISIS CENTER DATA PROFILES - NARRATIVE

CRISIS INTERVENTION & SUICIDE PREVENTION CENTER, SAN MATEO COUNTY



The San Crisis Intervention and Suicide Prevention Center is housed within Youth and Family Enrichment Services (YFES). This non-profit organization opened its hotline in 1966 and is currently an AAS-accredited Lifeline member, providing 24/7 service to San Mateo County and surrounding counties. It is primarily funded through San Mateo County contracts with support from foundations and some small city grants.

On average, the YFES hotline receives 1200-1500 calls per month, each lasting about 10 minutes. It is supported by 6 paid staff and 50 volunteers. The hotline requires 5 staff and volunteers as well as administrative and backup staff to operate on a daily basis. Staff are considered to be more difficult to recruit than volunteers, as it is hard to find the right qualifications within their pool of applicants. However, once staff are recruited, it is not difficult to retain them. The hotline has always had a large group of

interested volunteers, and once they are trained, they are asked for a one year commitment. It is not difficult to retain volunteers. Some of the volunteers are bilingual in Spanish and English, but this is not sufficient to answer the 4-5% non-English calls that come through the hotline. The hotline hopes to increase the number of Spanish-speaking staff to meet the Spanish-language need. In addition to Spanish, the hotline also receives callers who speak Mandarin, Tagalog or another Asian language. Currently, the YFES hotline refers non-English callers to other hotlines that provide services in their language

In addition to the suicide hotline, YFES also provides warm line services, online chat support, mental health information and referral, school-based mental health outreach and follow-up services for callers. They provide community training on suicide prevention to school staff to look for warning signs in their student population and conduct over 100 classroom based suicide prevention trainings in San Mateo County each year. They also conduct community groups to talk about suicide prevention, and issues such as stress and the economy as well as bullying. The YFES suicide prevention Lifeline serves beyond San Mateo County, providing backup to Santa Clara County after hours. This backup system is informal and there is no reimbursement for their services from Santa Clara County.



CRISIS CENTER DATA PROFILES - SUMMARY
CRISIS INTERVENTION & SUICIDE PREVENTION CENTER, SAN MATEO COUNTY

Funding & Services Areas	
Year established	1966
Primary funding sources	County Behavioral Health
Secondary funding sources	Foundation; City grants
Staffing	
Total number of paid staff	6
Total number of volunteers	30-50
Staff/Volunteers require for hotline operation during peak hours	3
Peak hours (highest call volume)	Weekdays 5pm-10pm
Crisis Center Hotline Information	
Average number of local calls in 1 month	930-1260
Average number of Lifeline calls in 1 month	120-150
Average number of calls from other sources in 1 month	120
Risk assessment administered	Customized for crisis hotline based on Lifeline standards.
Primary non-English languages served	Spanish
Average number of non-English callers in 1 month	60 (4-5% of total call volume)
Method(s) used to serve non-English callers	Use in-house bilingual staff when available, otherwise refer to other hotlines that services in callers language
Other Crisis Center Services	
7 other services provided (excluding crisis hotline)	Warm line; Online chat; Mental health information & referral; Community outreach; Follow-up services; Community training; Research, consultation & community collaborations
3 specified target groups	Teens; TAY; Parents



CRISIS CENTER DATA PROFILES - NARRATIVE
SUICIDE PREVENTION & CRISIS SERVICES OF YOLO COUNTY



Yolo County Suicide Prevention (SPYC) hotline opened in 1966 and is currently a non-profit organization with AAS accreditation. It independently operates on a 24/7 basis and does not contract with any outside organization for backup services. The suicide prevention lifeline receives most of its funding from Yolo County, United Way foundations and donations.

The hotline receives about 450 calls per month, and each call lasts between 20-30 minutes. The overwhelming majority of their calls come from teens, and roughly 10% of these calls are considered critical. On an average day, the hotline is operated through 8 shifts, with one paid staff and one volunteer overseeing each shift. Recruiting and retaining staff and volunteers is not difficult – the hotline has close ties to the UC Davis Psychology Department and 50-60% of their volunteers are students who receive credit for volunteering. Many of these volunteers are also fluent in other languages, including Chinese, Japanese, Korean, Serbian,

Hmong, Tagalog, Hindi and Spanish. Due to their diverse volunteer base, they rarely have to use external translational services, even though 6% of their calls are from non-English speakers. If a non-English client calls and a volunteer is not available to speak with them, the caller’s information is recorded and a volunteer who can speak the caller’s language will call the client back.

In addition to offering services through the suicide crisis hotline, Yolo County Suicide Prevention also offers mobile crisis and community training and education. Much of their training focuses on suicide prevention and is targeted to schools especially teens, retirees, low income housing staff and churches. Their main population of focus is teens.



CRISIS CENTER DATA PROFILES - SUMMARY
SUICIDE PREVENTION & CRISIS SERVICES OF YOLO COUNTY

Funding & Services Areas	
Year established	1966
Primary funding sources	County Behavioral Health Department
Secondary funding sources	Foundations and Donations
Staffing	
Total number of paid staff	3.5
Total number of volunteers	45
Staff/Volunteers require for hotline operation during peak hours	10
Peak hours (highest call volume)	Late afternoon & weekends
Crisis Center Hotline Information	
Average number of local calls in 1 month	450
Average number of Lifeline calls in 1 month	N/A – Crisis Center not part of Lifeline
Average number of calls from other sources in 1 month	50
Risk assessment administered	Customized for crisis hotline based on AAS standards.
Primary non-English languages served	Spanish
Average number of non-English callers in 1 month	10
Method(s) used to serve non-English callers	Use in-house bilingual staff when available, otherwise use Language Line
Other Crisis Center Services	
5 other services provided (excluding crisis hotline)	Survivor support; Follow-up services; Specialty lines; Community Training; Mobile crisis outreach
4 specified target groups	Teens; Survivors of suicide; Law enforcement; Parents



Appendix 1: Contact Information

<p>Kern County Mental Health Bakersfield, CA <i>Business Phone: (800) 991-5272</i> http://www.co.kern.ca.us/KCMH/</p>	<p>Suicide Prevention Center, Didi Hirsch Community Mental Health Center Los Angeles, CA <i>Business Phone: 310-390-6612</i> http://www.suicidepreventioncenter.org</p>
<p>Crisis Support Services of Alameda County Oakland, CA <i>Business Phone: 510-420-2460</i> http://crisissupport.org/</p>	<p>The Effort Sacramento, CA <i>Business Phone: 916-368-3118</i> http://www.theeffort.org</p>
<p>Youth and Family Enrichment Services, Suicide Prevention and Crisis Intervention Center San Carlos, CA <i>Business Phone: 650-579-0359</i> http://www.crisiscenter.cc/</p>	<p>County of San Diego, OptumHealth Access and Crisis Line San Diego, CA <i>Business Phone: 619- 641-6800</i> http://www.ubhpublicsector.com/sandiego/sd</p>
<p>San Francisco Suicide Prevention San Francisco, CA <i>Business Phone: 415-984-1900</i> http://www.sfsuicide.org</p>	<p>Suicide Prevention and Community Counseling San Rafael, CA <i>Business Phone: 415-491-5700</i> http://www.fsamarin.org</p>
<p>Contra Costa Crisis Center Walnut Creek, CA <i>Business Phone: 925-939-1916</i> http://www.crisis-center.org/</p>	<p>Suicide Prevention and Crisis Services of Yolo County Davis, Woodland and West Sacramento, CA <i>Business Phone: 530-756-7542</i> http://groups.dcn.org/spyc</p>
<p>Office of Suicide Prevention, California Department of Mental Health suicideprevention@dmh.ca.gov Web Site: State of California Office of Suicide Prevention (http://www.dmh.ca.gov/PEIStatewideProjects/SuicidePrevention.asp)</p>	