2021 National Warmline Survey

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Executive Summary

This survey sought to evaluate the various aspects of Mental Health Peer Warmlines from across the country. A peer run “warm line” is designed as an alternative to traditional ‘hot line” crisis services, used by callers who are not actually in crisis but are still seeking support. Generally, warm lines are operated by trained peer specialists who can offer hope, strength, and knowledge gained from their own personal experience of the recovery process. Peer specialists are often trained in empathic listening, disclosure, providing possible ideas for coping strategies, and how to bridge to crisis services (Dalgin et al. 2011). These warmline services are now available in most U.S. states and in a number of countries. Some are toll-free statewide lines, while others are only available locally depending on funding sources (for a complete list see http://www.warmline.org). There are several different models of operation. Many lines have paid peer employees while others run on an all volunteer basis. There are other variations such as size, call volume, call management technology, etc. Due to the huge increase in Warmlines in the past few years, this survey was designed to better understand current practices and procedures of the existing lines across the country.

This survey captured information about a wide range of Peer Warm Lines including length of operation (from 1 year to 36 years old), geographic location in the U.S. (18 different states, many regions of the country), geographic location served (county-national), as well as call volume (less then 100 calls a week to great than 1500 calls per week). The majority are open 7 days a week with varied hours, but only about a third were open on holidays. More than 70% reported a significant/monumental increase in calls during the past year.

About half the lines reported using some sort of phone tracking software (icarol was most common). This allowed for callers to be put in a queue and helps to prevent missed calls. Some lines are not tracking calls formally, but use a simple excel sheet tracking system. Most lines limit calls to 20 minutes and have a procedure for handling frequent callers (most limit the number of calls by a specific caller per 24 hour period).

Regarding caller safety, most lines reported working closely with their regional crisis services. Many noted they can do bridged/3-way calls if necessary. And most reported preferring to use regional crisis services versus calling emergency 911 or ER/ED. Most

reported the need for accessing higher levels of care to be rare (less than 1% of calls) and a few lines have a policy against calling 911.

Most lines call the peers who answer the calls 'operators' although there were many variations on terms. Peer operators were most often paid, although some lines use both paid and volunteers. Most peer operators work part-time, although about 40% of lines reported having at least 1 full-time peer operator. Supervision is occurring at least once a month, but most often weekly and most supervisors are also peers. Training length had a wide range, but all lines provided training of some sort and topics varied but are listed in detail in the report.

The greatest need reported by the responding Peer Warm Lines was FUNDING. They reported needing increased funding to hire more staff, to increase hours, to pay staff higher salaries, for outreach, and for call management software systems.

When asked what are the most common reasons people call the Peer Warm Lines, the majority responded with isolation, loneliness, and to be listened to by someone who understood the lived experience of mental illness.

When asked about the impact of Peer Warm Lines on Crisis Services many responded that they believed the Peer Warm Line assist people before they get to the point of needing crisis services, although this is primarily anecdotal.

Procedures

A snowball sampling method was used to find participants. A core group of 70 Warmlines (found on the warmline.org directory) were contacted with a request to participate and to share the link with other lines. Additionally, a request to participate with the survey link was shared on a listserv of Warmlines. Although there were 61 logons to the survey, a total of 26 completed surveys were received, although not all participants responded to every question. Question response totals are noted for each question in the findings below.

The participants were sent a link to an online survey distributed through SurveyMonkey. The survey had a total of 60 questions and typically took participants 20-40 minutes to complete.

Results

Line Demographics

Age of Survey Participating Warmlines – (n = 23)

There is a wide range of old and new lines. The oldest lines were started in the 1980's, the majority of responding lines were established after 2014 (less then 7 years old), while 2 lines were just started in spring of 2020.

[2006, 1980?, 2020, 2007, 2020, 1985, 1995, 2007, 2015, 2008, 2016, 2005, 2018, 2014, 2010, 2018, 2008, 2019, 2016, 2013, 2008, 2016, 1999]

Geolocation Covered by Participating Warmlines- (n = 27)

Warmlines from 17 different states participated in the survey, representing many different regions. A number of lines reported specific counties, and some reported where they were based but that they take calls from anywhere in the country. Two lines reported national coverage.

[North Carolina, Virginia (2), Massachusetts, California (4), Montana (2), Vermont, Pennsylvania (2), Nevada, Wisconsin (2), Illinois, Oregon, Arizona, Nebraska, Minnesota, Missouri, National (2), Connecticut (2), Michigan

Days (n = 27) and Hours (n = 28) Open by Participating Warmlines

The majority of responding lines (74%) are open 7 days a week, 19% are open M-F, and 7% are open only select days during the week. Only 30% reported being open on holidays.

ANSWER CHOICES	RESPONSES	
Monday through Friday	18.52%	5
Saturday and Sunday	11.11%	3
Seven days a week	74.07%	20
Select days	7.41%	2
Holidays	29.63%	8
Other	7.41%	2
Total Respondents: 27		

From the participating Warmlines, 25% are open 24 hours a day, 36% reported being only open in the evenings, 4% reported only being open during the day, while 36% were open daytime and evening hours.

ANSWER CHOICES	RESPONSES	
Daytime only	3.57%	1
Evenings only	35.71%	10
Day and evenings	35.71%	10
24 hours a day	25.00%	7
TOTAL		28

Languages available by Participating Warmlines- (n = 28)

From the participating Warmlines, 39% reported offering languages other than English. These included Spanish (6 lines), 1 line noted Spanish, Vietnamese, and Farsi being available plus they also can use a language translation line, and 2 lines reported using a 3rd party language translation service that offers 200+ languages.

When asked if they specifically use a translation service 9 out of 28 (32%) responding lines said yes.

Utilization of a call tracking system (icarol, salesforce, other crm, etc.) - (n = 27)

Just more than half of participating lines (52%) noted using a call tracking system. The products noted included *icarol* (6 lines) , *8x8, Salesforce, Five9, Avaya, Zendesk, JivetoConnect,* and manual tracking with *Excel.*

Utilization of a call record keeping system - (n = 27)

When asked about a call record keeping system, 70% of lines responded that they record information about calls. Systems noted included Telizio, icarol, Five9, RingCentral, NICE, Zendesk and 3 lines said they keep track manual with excel, while another 3 lines said they manually keep records with google forms/sheets.

Busy Call Times – (n = 28)

When asked how they handle busy call times, 32% said the software system puts them on hold and in a queue, 36% are relying on a message/callback system, while others noted that they rely on the callers to call back if the line is busy, or they have a message/callback system.

ANSWER CHOICES		RESPONSES	
Phone software system puts them in a que		32.14%	9
Take message via call service or machine for call back		35.71%	10
Utilize a triage system		0.00%	0
Other (please specify)	Responses	32.14%	9
TOTAL			28

Only 54% of lines (n = 28) reported the ability to keep track of missed calls, so they may not have much of an idea of how many callers are not getting through.

When asked where missed calls are routed, the majority 71% said they have a system that takes message and they would call back, while 14% said the calls were just dropped.

Limiting Call Length - (n = 28)

When asked if they limit the length of calls, the most common response was 20 minutes (39%).

ANSWER CHOICES	RESPONSES	
10-15 minutes	17.86%	5
20 minutes	39.29%	11
30 minutes	7.14%	2
45 minutes	3.57%	1
1 hour	3.57%	1
No	28.57%	8
TOTAL		28

Criteria or screening questions (including caller location) for callers to use the line - (n = 28)

When asked if they have any criteria or screening questions, 54% said no. A number of lines commented on this question. Responses were primarily stating that they ask about location as some lines are designated for specific regions. A few lines mentioned gathering basic demographic information including age.

Tracking Referrals - (n = 27)

This question not worded clearly. It was meant to ask about what other resources they suggest and refer callers to, however, it may have been misunderstood to mean where are callers being referred from (how did they find the line). About half 48% of responding lines stated they keep track of referrals. Responses included other peer run organizations, mental health providers, designated MH agencies, and crisis services.

Frequent callers (people who call once a day or more) - (n = 28)

When asked how they handle frequent callers, the majority, 61% responded that they limit the number of calls per day/night, while 7% stated they limit the length of the call, and 11% stated they have no policy. 5 lines responded other and commented on limiting the length of call or number of calls. One line stated they allow an individual caller to call in 5 times a day (most likely this is one of the 24 hour lines).

Online Chat Option - (n = 28)

86% of lines responding said they do not have an online chat option. For those who responded yes, they commented that they used icarol or Zendesk for this.

Text Line Option - (n = 28)

71% of lines responding said they do not have a text line option. For those who responded yes, 29%, they commented that they used Telzio, Vonage/Avochart, icarol, and Zendesk.

Video Telehealth Option - (n = 28)

82% of lines responding said they do not use a video telehealth option. For those who responded yes, 18%, they commented that they used Zoom or Facetime.

Social Media Use - (n = 28) Check all that apply.

More than half the lines 54% use Facebook to market their line, 18% responded not using any social media for marketing/outreach, and 21% responded they use all listed.

ANSWER CHOICES		RESPONSES	
Instagram		3.57%	1
Facebook		53.57%	15
Twitter		3.57%	1
YouTube		0.00%	0
No		17.86%	5
Other (please specify)	Responses	21.43%	6
TOTAL			28

Warmline Website- (n = 28)

The vast majority, 89% of lines have a website listing, although the information shared is very diverse and some are very limited in content, mostly listing the number and hours available.

Outreach and Marketing - (n = 28) Check all that apply

Most lines use a wide variety of outreach including online, networking with mental health providers (via trainings and email), and word of mouth and one mentioned radio advertising.

ANSWER CHOICES		RESPONSES	
Website		85.71%	24
Share with local providers		92.86%	26
Direct outreach		71.43%	20
Flyers		89.29%	25
Social media		85.71%	24
Word of mouth		92.86%	26
Other (please specify)	Responses	14.29%	4
Total Respondents: 28			

Mission Statements- (n = 26)

The majority 73% of lines reported having a mission statement, while 27% stated not having a mission statement. Some lines (13) provided their mission statements.

Common language included mental health, mental illness, recovery, emotional distress, peer, and advocacy.

Call Volume – Line Size

This section had more irregular response sizes, most likely this is due to not having concrete data easily available, which may be related to lines having a lack of call tracking systems.

Weekly Calls - (n = 25)

The weekly call volume was very diverse among responding lines with most being smaller lines handling less then 100 calls per month.

32%	8	Less than 100 calls per week
32%	8	Between 100-350 calls per week
12%	3	Between 350-600 calls per week
12%	3	Between 600-900 calls per week
12%	3	Over 1500 calls per week

Monthly Calls - (n = 27)

The monthly call volume was again very diverse among responding lines with most being smaller lines handling less than 1,000 calls per month and some very small volume lines handling less than 200 calls per month.

26%	7	Between 50-200 calls per month
30%	8	Between 300-1000 calls per month
26%	7	Between 1,200-3,000 calls per month
15%	4	Over 4,000 calls per month

Annual Calls - (n = 24)

The yearly call volume was again very diverse among responding lines with most being smaller lines handling less than 6,000 calls per year and some very large volume lines handling over 90,000 calls annually.

46%	11	Between 350-6000 calls per year
33%	8	Between 10,000-30,000 calls per year
13%	3	Between 45,000-75,000 calls per year
8%	2	Over 90,000 calls per year

Unique Callers Annually - (n = 14)

This question would require call data software that is tracking numbers coming in and can identify if a number is a duplicate. A number of respondents commented not collecting this data as the line is anonymous. Some 5 lines gave an exact number which ranged from 250-13,000. Matching this to the data above it appears that when this information is collected, the majority of calls received are from repeat callers.

Call Volume Increase during the last year (due to the COVID pandemic, Black Lives Matter protests, political unrest, natural disasters, etc.) - (n = 28)

The majority of lines reported a significant to monumental increase 68% in call volume this year with only 14% reporting no noticeable difference.

ANSWER CHOICES	RESPONSES	
No noticeable difference	14.29%	4
Some increase	17.86%	5
Significant increase	50.00%	14
Monumental increase	17.86%	5
TOTAL		28

Staffing, Supervision, & Training

Name of Warmline Peer Listener - (n = 27)

The name of the person answering the call is different for each line, but the most common response was Operator.

Responses also included Peer Supporters, Peer Specialists, Peer Listeners, Peer Volunteer, Peer Responders, Peer Companions, Telephone Support Specialist, Peer Wellness Operator, Peer Counselors, Warmline Mentors, Peer Mentors, Warmline Operators, Wellness Support Specialist, and Family Support Specialist.

Number of Peer Warm Line Operators Part-time/Full-time – (n=25)

Only about half the responding lines (60%) reported having Full-Time Peer Warm line operators with the majority having between 1-4, although one line reported having 15 Full-Time Peer Warm Line Operators.

Most of the responding lines reported having Part-Time Peer Warmline Operators with the majority reporting having 1-13 Part-Time Peer Warm Line Operators, although 4 lines reported having 30-57 Part-Time Peer Warm Line Operators.

Employed or Volunteer Peer Warm Line Operators – (n=28)

About half the lines reported having paid Peer Warm Line Operators, and about half of the lines reported having both paid and volunteer Peer Warm Line Operators, while 7%, only noted 2 lines having only volunteer Peer Warm Line Operators.

ANSWER CHOICES	RESPONSES	
Employed	53.57%	15
Volunteer	7.14%	2
Both	39.29%	11
TOTAL		28

Wages for Peer Warm Line Operators – (n=27)

Wages for Peer Warm Line Operators had a wide range. It is important to think about the Cost of Living in different regions and more importantly the wide range of state minimum wage (for example, CA-$13, OR-$12, CT-$12, NY-$12.50 while others are at the federal level PA-$7.25, TX -$7.25, VA -$7.25). These are important factors when setting a wage for a specific position.

The wide range of salaries is consistent with the wide geolocation of the lines across 16 different states from coast to coast.

Regardless, it is notable that nearly 41% of responding lines are paying over $15.00per hour- well over the federal minimum wage ($7.25) as well as over the highest state minimum wages (WA-$13.69 and MA-$13.50).

ANSWER CHOICES	RESPONSES	
$7.25-$12.00	25.93%	7
$12.01-$15.00	29.63%	8
$15.01-$20.00	40.74%	11
$20.01 or more	3.70%	1
Salaried annually	0.00%	0
TOTAL		27

Certified Peer Specialists –(N=28)

As there are different requirements from state to state, there are a range of responses about 'certified peer specialist' status. A few lines require their peer warmline operators to be 'certified peer specialist', while the majority have some who are certified, but it is not required, and a few responded that none of their peer warmline operators are 'certified peer specialists'.

ANSWER CHOICES	RESPONSES	
All are certified peer specialists - it's required	17.86%	5
Some are certified peer specialists	67.86%	19
None are certified peer specialists	14.29%	4
TOTAL		28

Where do Peer Warm Line Operators receive the calls? (n=28)

Only 32% of the lines reported having a central office call space. The other lines reported peer warm line operators worked remotely on cell phones with Apps, or on laptops with call management software. One stated they work out of a Peer Run Respite House.

ANSWER CHOICES		RESPONSES	
At a central location in an office/agency		32.14%	9
Work remotely with forwarded calls		50.00%	14
Work remotely with agency cell phone		3.57%	1
Other (please specify)	Responses	28.57%	8
Total Respondents: 28			

Number of Supervisors/Managers/Coordinators –(n=26)

Nearly all the lines reported having 1-4 Full-Time Supervisor/Managers, with a few lines reporting having 7-9 Full-Time Supervisors/Managers

50% of the lines reported having Part-Time Supervisors/Managers and they reported having 1-5 Part-Time Supervisors.

Supervisor Availability -(n=28)

The vast majority of lines 96% (all but 1) responded that there is a supervisor/shift leader/coordinator available when peer warm line operators are answering calls.

Individual Supervision for Peer Warm Line Operators – (n=28)

When asked about the frequency of individual supervision for Peer Warm Line Operators, most lines are offering it to their staff, 40% weekly, 32% monthly, and 25% biweekly.

ANSWER CHOICES	RESPONSES	
Weekly	35.71%	10
Bi-weekly	25.00%	7
Monthly	32.14%	9
Individual supervision does not occur	7.14%	2
TOTAL		28

Supervisors also Peers –(n=28)

The majority of lines, 82%, responded that yes, the supervisor(s) are also peers.

Supervisor Credentials – (n=28)

When asked if the supervisor(s) had any clinical mental health licenses/credentials, the majority, 79% said no, they do not hold clinical mental health credentials.

Supervisor also a Peer Warm Line Operator –(n=28)

The majority of responding lines, 68% reported that the supervisor(s) also work as operators answering calls on the lines.

Training of Peer Warm Line Operators – (n=28)

All lines reported having an onboarding training for Peer Warm Line Operators. These ranged from a 2 hour training to a 40 hour training – many lines noted that it was dependent on the skills/training/experience of the new hire. Some noted that it may be over the course of 2 days to 3 weeks, with one saying it could be 30-90 days.

Peer Warm Line Operator Training Topics (N=27; Check all that apply)

The most common topics covered in operator training were basic listening skills, resource identification, crisis assessment/management, trauma informed care, suicide risk assessment and protocol, harm reduction, and mandated reporting.

Additionally, topics listed were confidentiality, HIPPA, de-escalation, hearing voices, mental health first aid, effective self-disclosure, recovery education 101, ethics, motivational interviewing, resilience, self-injury, recovery model vs. medical model, phone protocols, documentation, and emotional CPR,

ANSWER CHOICES	RESPONSES	
basic listening skills	85.19%	23
symptom management	25.93%	7
resource identification	66.67%	18
stigma management	44.44%	12
crisis assessment/management	70.37%	19
multicultural/marginalized group competency	55.56%	15
Intentional peer support	44.44%	12
Information on the Mental Health Recovery Movement	51.85%	14
Trauma Informed Care	66.67%	18
Harm Reduction	62.96%	17
Suicide Risk Assessment and Protocol	66.67%	18
Alternatives to suicide	44.44%	12
Mandated Reporting	70.37%	19
LGBTQ+ Competency	48.15%	13
WRAP Training (Wellness Recovery Action Plan)	33.33%	9
WHAM Training (Whole Health Action Management)	0.00%	0
Other	14.81%	4
Total Respondents: 27		

Safety Protocols

Procedures/Protocol for callers at high/imminent risk of harm –(n=28)

Most lines 71% reported talking it through with the caller and supervision to be a critical part of their response to callers who are at high/imminent risk of harm. 61% of lines responding said they may call crisis services, 39% of responding lines said they may call 911/safety check. One line mentioned doing a 3 way call with crisis services.

ANSWER CHOICES		RESPONSES	
Handle internally, talk though it		71.43%	20
Contact supervisor during call		67.86%	19
Call supervisor after the call		60.71%	17
Call crisis services		60.71%	17
Call 911		39.29%	11
No Policy		0.00%	0
Other (please specify)	Responses	28.57%	8
Total Respondents: 28			

Where do you refer a call when concerned for caller? (n=26;check all that apply)

Although the community mental health system is very diverse across the country, especially in rural/urban areas, crisis lines are the most common referral for a caller who raises concern, 81% of lines make that referral. The least common referral was for ER/ED services. One line commented that they may call Adult Protective Services.

ANSWER CHOICES		RESPONSES	
911		46.15%	12
Crisis Hotline		80.77%	21
Crisis Service Team (mobile services)		65.38%	17
Emergency room		15.38%	4
Other (please specify)	Responses	23.08%	6
Total Respondents: 26			

Policy on Calling 911 – (n = 28)

When asked if they had a policy against calling 911, 18% of the responding lines said they did have a policy to not call 911. Comments included preference to first call crisis center, the need to have a better protocol then the call law enforcement, keep call transparent and keep caller at the helm of decision making, and another strongly encourage callers in crisis to the ER, call 911 or call crisis line.

Percentage of calls referred to crisis services (n = 21)

Many lines (74%) reported the percentage of calls being less than or = to 1% of calls. The other lines reported 2-10% of calls being referred to crisis.

Ability to Bridge/Warm Transfer/3-way calling with crisis services (N=28)

Many lines 64% have the ability to bridge/warm transfer/3 way calling with crisis services. Of those, 95% said they could do this with a Crisis Hotline, 68% said they could do this with 911, and 47% said they could do this with a Crisis Service Team.

Follow up with callers referred to Crisis Services (N=26)

Only about half, 58% of lines reported following up with callers who were referred to crisis services.

General Questions

Funding (N=28)

When asked about how the line was funded, most 61% reported contract/grant funding specific for the warmline, Other responses included: unrestricted grants, tax levy, reinvestment dollars and county funding, state legislation (CAMHSA – Prop 63), governing agency stepped in when warmline was defunded during COVID (government grant), State Funding, and no funding (all volunteer!)

NATIONAL WARMLINE SYSTEM (3 digit number, like 211) (n=28)

When asked if they would like to see a National Warm Line system similar to the crisis hotline 3 digit number, the majority 79% said yes.

Yes, Comments included:

- Should operate by principles of intentional peer support, alternatives to suicide, etc.
- Yes, would be a great resource on a national level
- Yes, would be much easier for those in crisis to remember a 3 digit number
- Yes, would love to be part of that development
- Undecided, need more information
- Yes, Warm lines are a preventative service that saves crisis services money and bridges the gap in mental health support. Peer-run lines add an additional aspect and peer support is known to be just as if not more effective than traditional support and counseling.
- Yes, it helps people, but would like to have local providers part of the process.
- Yes, assuming it will not engage any kind of non-consensual active rescue
- Yes, with structure and best practices
- Yes, with National number that can route callers to statewide peer warm line where they can receive more localized support and resources.
- Yes, I think it could result in better services across the board
- Wellness in the Woods wants to serve the MidWest

No, Comments included:

- People should have their own choices on which one to call
- I am not sure what it would look like and how callers would be connected with specific agencies.
- I don't feel it is needed
- It takes away the opportunity for those who work the many individual Warm lines to give back. If a 3 digit number is placed, all warm lines should be funded to continue to operate as is without disruption to current staffing and services

National Warm Line (PARTNERS ACT, HR 8016) How would it impact your Warm Line? (n=18)

- Promise Resource Network hopes to be considered a Center of Excellence for the Southeast Region
- Hopefully, the National Warm Line would connect callers to local Warm Lines. If this system is implemented correctly, I foresee an increase in calls.
- Unknown (6)
- It would likely reduce the volume of calls so we could make our Peer Run Respite our only priority
- Hopefully it would allow for more funding to put together more programs
- We'd be one of the (hopefully many) 100% peer-run warm lines serving the U.S.
- Positively
- I am not sure, We get calls from all over the country already, so maybe it wouldn't be that much different. It could impact our funding if our county decides not to continue this program as it doesn't only serve county clients
- Depends on IF WE GET the CONTRACT
- Have not read it yet, Unsure
- More callers could be served

Title of person responding to this survey (N=24)

Most (76%) of the people responding to this survey also had additional responsibilities beyond the Warm Line.

- Executive Director (8)
- Program Manager (3)
- Operations Manager
- Manager, Wellness & Recovery Operations
- Community and Volunteer Engagement Manager
- Director
- Director of Peer Led Initiatives

- Warm Line Coordinator
- Supervisor
- Director of Peer Run Respite
- 2nd Shift Team Lead
- Director of Peer and Employment Svs
- Manager of Recovery Services and Supports

Greatest Needs for their Warm Line (N=26)

- Specialists willing to work weekend afternoons
- Funding (8)
- Funding to move to 24 hours
- Funding for outreach
- Permanent funding that will support our goal in keeping our peer counselors paid (a decent wage) as peers are professionals and should be paid for their work. Also permanent funding means not having to worry about finding money every couple of years.
- Recognition and better pay for peers. CA peers are better off than most as our minimum wage is $15 in 2022, but cost of living is high and this is stressful work
- Phone system and managing call volumes
- Additional Hours
- Adequate staffing and fair compensation
- Community By-In
- Training
- Information on other warm line policies and procedures
- More national based warm lines that take calls from anywhere
- More community resources to offer to those in need, more crisis mobile units
- More support and collaboration with other partners
- Qualified staffing

Most Common Reason People Call the Warm Line (N=26)

- Loneliness (8)
- Isolation (4)
- Struggling with non crisis needs, can't relate to anyone other than warm line peers
- Compassion, empathy, pass the time of day, resources
- Lack of resources for people struggling with mental health
- Emotional distress
- To be heard, and to connect with the community
- Connection

- Need support (3)
- Family Relations
- Folks need to be heard and appreciate the human connection, especially when a human on the other side can relate or empathizes well. Being able to call the warm line on the brink of a panic attack when you won't be seeing your therapist for a week is a much better alternative than the ER
- To have someone to talk to (2)
- Desire to connect with another human without having to worry about getting involved with law enforcement or more restrictive treatment options
- Feeling out of options
- Processing emotions
- Processing personal and mental health challenges
- People need to feel heard and that they matter

Does the use of the Warm Line impact Crisis Services in your region? (N=27)

The majority of lines responding said yes to this question (85%).

Comments included:

- Absolutely! Warm Lines keep people in the community and out of the hospitals.
- Lowers the need for Crisis calls
- People have another resource that is helpful before someone hits a crisis that requires more restrictive services
- We provide support to those in need, sometimes people just want to be heard.
- Anecdotal reports indicate people would rather call us
- Reduces the need for crisis services
- We are inbound and outbound with specialized program for post-intervention for suicidality and attempts. Our services reduce calls to 911 and crisis services.
- Just a few years ago with the number of calls we took in one year alone we were able to effectively support callers/de-escalate, we save the ER services at least $12,000
- Reduces non emergency calls to crisis
- I believe that it provides individuals space to talk about difficult situations and big feelings without potentially getting referred to crisis services that may further traumatize them
- Enables individuals to better advocate to get their needs met in crisis. Also, provides an alternative to crisis services
- Families get connected earlier before crisis
- I think we decrease the need for crisis services
- Reduces the number of people calling the crisis services for non crisis situations and general support

- The warm line is preventative and prevents escalating to higher levels of care
- It helps decrease the need for impact care

References

Dalgin, R. S., Maline, S., & Driscoll, P. (2011). Sustaining recovery through the night: Impact of a peer-run warm line. *Psychiatric Rehabilitation Journal, 35*(1), 65.