

The National Suicide Prevention and state mental health agency partnerships: building for the future



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National Association of State Mental Health Program Directors Annual Meeting

July 29, 2020

**Building Capacity with the Lifeline
for the three-digit (9-8-8) future**



Lifeline: The Nation's Public Mental Health Safety Net

The Lifeline Mission

To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers.



V!brant
Emotional Health

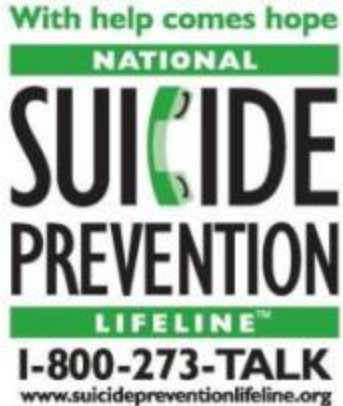


**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.



Lifeline: The National Portal for Local Services

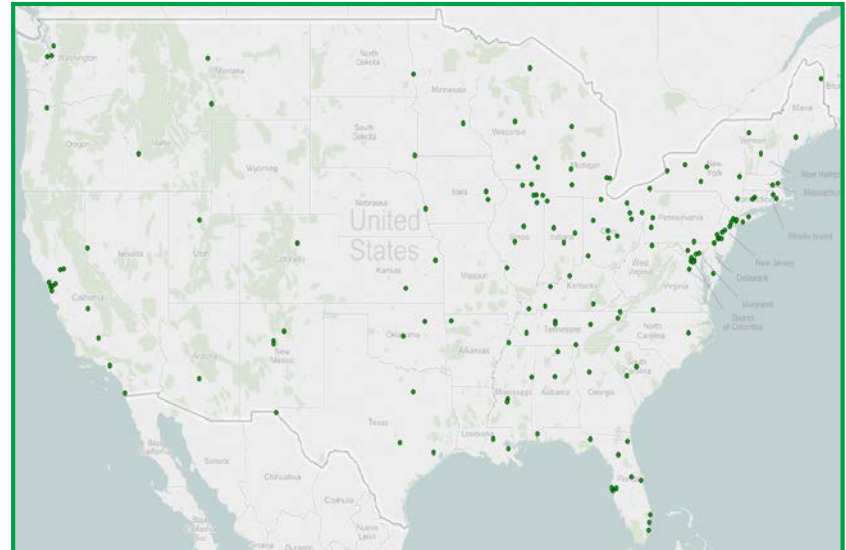


The Lifeline is a network of independently operated, independently funded local and state call centers (170+) across 49 states

“Press 1” callers are routed to [Veterans Crisis Line](#). All other calls are routed to the nearest in-state call center center. If they can’t answer, the call is routed into our national backup network.

Why Local Centers?

- Suicide prevention actions rooted in communities (training, education)
- Linkages to local resources (including crisis and emergency services)



The future is a new, national three-digit number

“The availability of a three digit number for mental health and suicide prevention could be a transformative step forward in improving national crisis intervention and suicide prevention efforts; if the launch of the new number is accompanied by efforts to develop a more coordinated crisis system with greater capacity and access to sophisticated data and technology.” – SAMHSA

- ✓ Easier to remember than a 10-digit number
- ✓ Sends the message that mental health crises and suicide prevention are of equivalent importance to medical emergencies
- ✓ Reduces stigma surrounding suicide and mental health issues

The FCC Decision on 988 (7-16-2020)

“...This Order requires voice service providers to transmit 988 calls To the National Suicide Prevention Lifeline by July 16,2022—the earliest Technically-feasible date for nationwide implementation of 988.”
Chairman Ajit Pai, July 16, 2020



988 Ways to End Stigma

“And my hope is that by establishing a government backed 988 suicide prevention and mental health 3-digit dialing code, on par with the 911 dialing code that all Americans will know, we will send a powerful signal that there’s nothing shameful about seeking help in times of crisis—that it’s a sign of strength, not of weakness. We will let people know that they are not alone.”

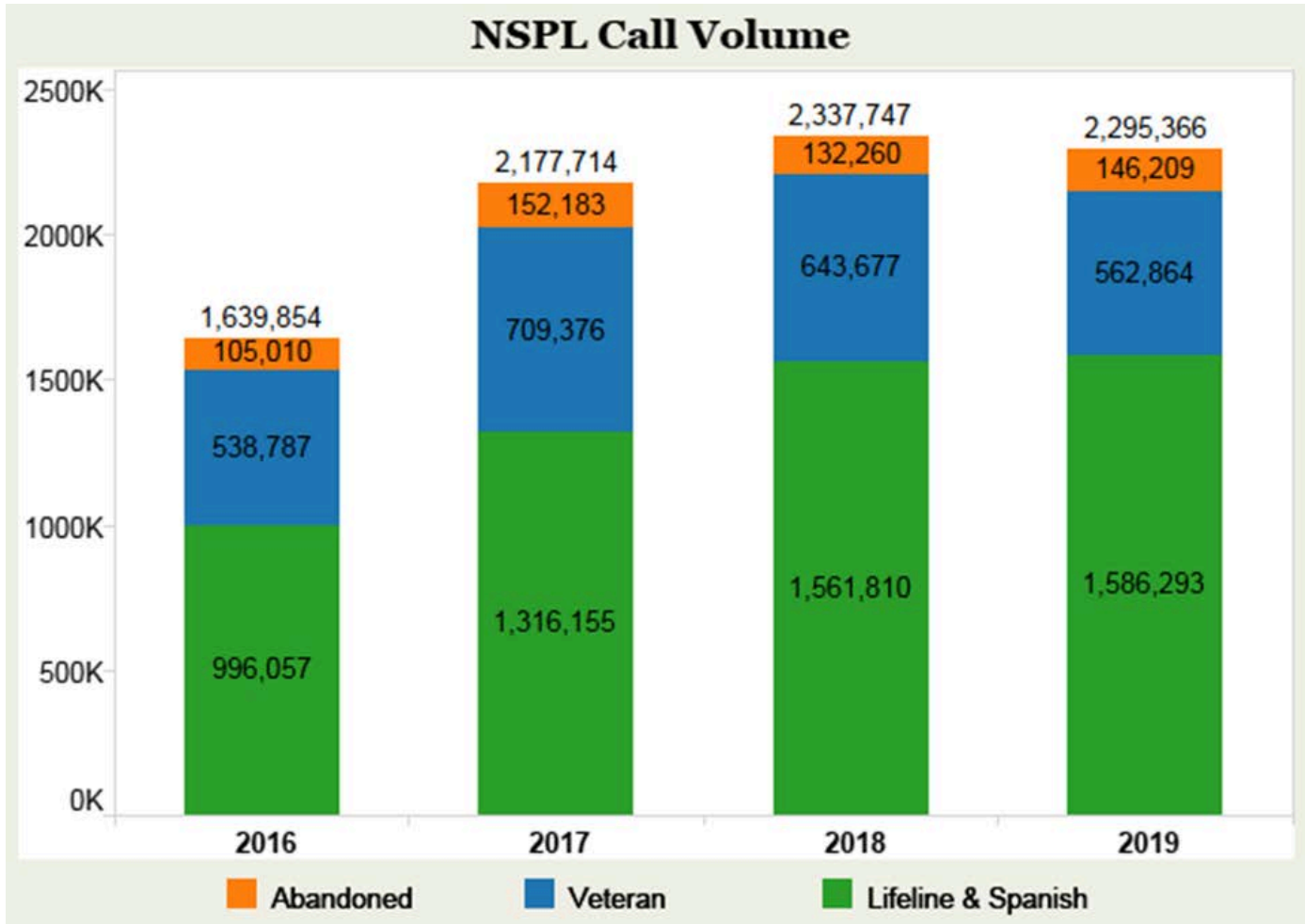
Chairman Pai, FCC statement, 7/16/20

9-8-8 Legislation in Congress

The **National Suicide Hotline Designation Act of 2020** passed the Senate in May and is awaiting action in the House.

- Designates 988 for a national suicide prevention and mental health crisis hotline (Lifeline and the VCL)
- Requires SAMHSA/VA to submit a report to Congress on infrastructure needs within six months of the bill passage
- Allows States to levy fees for local 988 related services on wireless/IP Carrier bills, including crisis outreach, stabilization, mental health services responding to 988 contacts
- Requires SAMHSA to submit a plan to provide network trainings and access to specialized services for populations such as LBGTQ youth; minorities; rural individuals & other high risk pops (report in 6 months after bill enactment)
- Requires FCC to report to Congress on 1) the collection and distribution of carrier-fee funds, and 2) the feasibility and cost of geolocation services

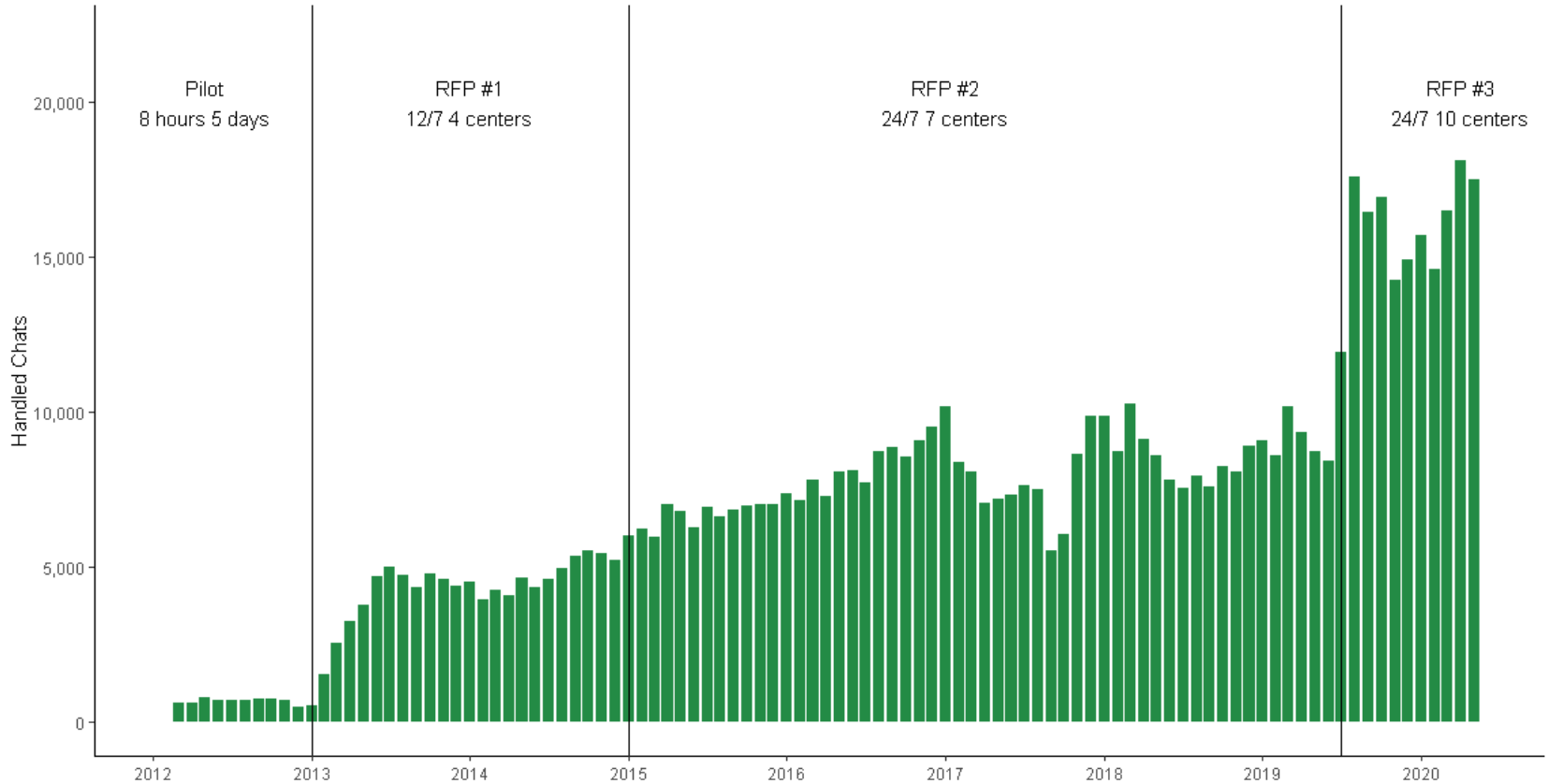
Understanding Lifeline Call Volume (pre 9-8-8) : 2016 - 2019



Lifeline Chat Volume

Handled Lifeline Chat Volume

February 2012 through May 2020



Funding Support Enhancements

Our partnership with the National Association for State Mental Health Program Directors is significantly increasing state mental health commissioner understanding about how the Lifeline is structured, funded, and our work relative to county/state lines.

The National Suicide Prevention Lifeline and Alaska



Semi-annual

ALASKA HIGHLIGHTS

The Lifeline is a local and national safety net for people in crisis, with one easily recognizable national toll free hotline.



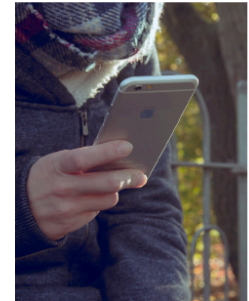
In the last six months of 2018, there were 4,535 callers from Alaska to the Lifeline.



Of those 4,535 callers, 72% were able to receive help in Alaska.

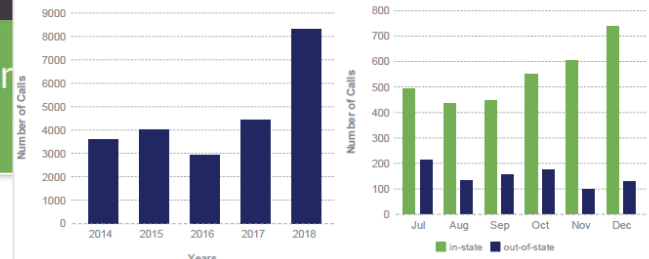


Which means that 1,275 callers from Alaska, were unable to be answered by a local center in Alaska.



Where are the callers from Alaska being answered?

Callers from Alaska are better served by their local crisis centers. However, if the nearest center to the caller is busy, Lifeline network backup centers in other regions across the United States make their best efforts to answer these calls.



This chart shows total annual call volume from Alaska for the last five years.

This chart shows where the callers from Alaska were answered between July and December of 2018.

Funding Support Enhancements

Similarly, partnerships with the American Foundation for Suicide Prevention, The National Council, the National Association of County Behavioral Health and Disability Directors, The Trevor Project and other organizations are helping the Lifeline educate policy makers and grass- roots advocates about the need to enhance support for local centers.

California Callers in 2019
 to the National Suicide Prevention Lifeline

In 2019, the Lifeline received **2.3 million** crisis calls from across the United States

Of the **290,619** callers, **58,649 individuals** pressed "1" to be transferred to the Veterans Crisis Line and **7,607** pressed "2" for Lifeline's Spanish Language Line.

290,619 calls were from California

Of those, **only 199,192 calls (89%)** were able to be answered in-state.

Which meant **25,171** callers in crisis were **unable to be answered** by a California call center.

Why is this?

How can I help?

Established in 2005 the National Suicide Prevention Lifeline is the nation's most recognized suicide and mental health crisis line.

The Lifeline is not one large national call center. Instead, it is a network of 170 independently operated, independently funded local, regional, and state-level call centers, currently there are 13 Lifeline-affiliated centers in California. They have the critical expertise and linkages to local resources that callers in crisis deserve.

To participate in the Lifeline network, centers operate to the highest standards of suicide care. They do an incredible job of de-escalating crisis situations, decreasing emotional distress, and reducing suicidality.

In the event local centers are unable to answer, the Lifeline re-routes calls to backup centers in our network (both in and out-of-state).

+60% The number of Lifeline calls that needed answering by California call centers increased 62% from 2016 to 2019

The Lifeline is administered through Vibrant Emotional Health and funded by the U.S. Substance Abuse and Mental Health Services Administration

Vibrant
 Emotional Health

In 2020, there are **13** Lifeline network call centers in California

Why were only 89% of 2018's Lifeline calls in California answered in-state?

Lifeline call centers in California set the hours and coverage areas for when and where they will take Lifeline calls. They do this based on funding and staffing levels.

Most Lifeline-affiliated call centers in the U.S. (including in California) answer calls on other helplines in addition to the Lifeline. Despite their very best efforts, call volume can, at times, strain center capacity and callers may hang up while they wait for the next available counselor.

When local call centers are unable to answer, the Lifeline pulls the call back and sends it out of state and into our national backup center sub-network.

When calls are re-routed to centers out-of-state, California callers in crisis wait longer, they receive fewer linkages to effective local care, and are more likely to abandon their calls.

Proven effective; needing support

Research shows the Lifeline is an effective, life-saving safety net for those in crisis (Gould et al., 2007, 2013, 2015, 2017; Ramchand et al., 2016). According to a 2018 survey of Lifeline centers, almost 98% of the crisis calls are de-escalated such that costly, highly-restrictive responses from law enforcement and emergency medical services are not necessary.

The Lifeline is federally funded to manage the call routing, best practice standards, public messaging, and technical assistance for its network. However, the funds that sustain our network's centers come from state, county and local sources. Many centers struggle to find enough funding to operate and grow.

These call centers are key components of California's behavioral health systems because they represent an entry point into other levels of coordinated care. They provide critical services for California residents at serious risk, especially those with nowhere else to turn.

Current California Lifeline centers need expanded support.

You can advocate for them.

Please join the cause!

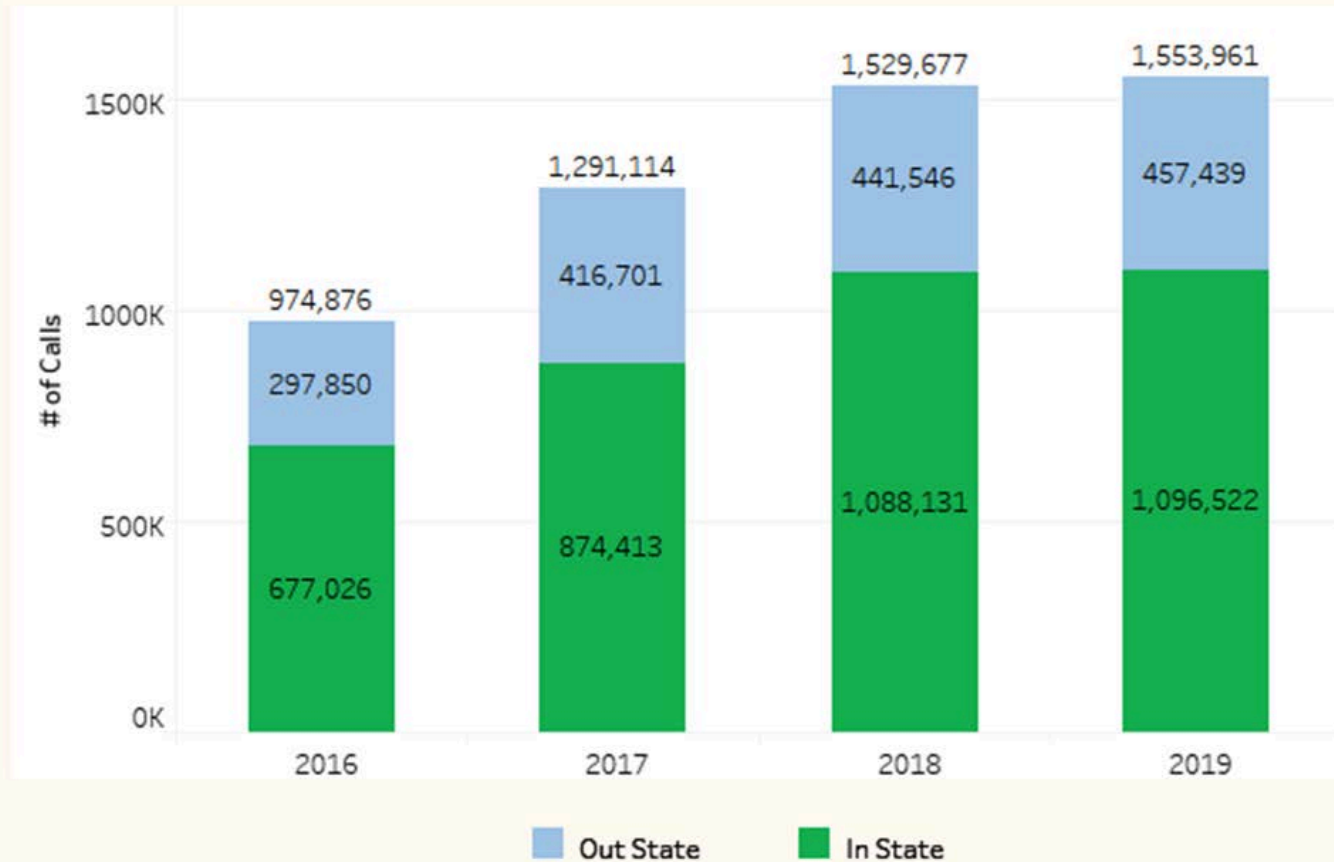
Reach out to your local centers and decision-makers in California.

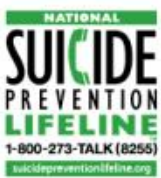
Learn more about the Lifeline as well as how to contact your centers in California by visiting:
<http://suicidepreventionlifeline.org/our-network/>

Answered in-state at local call centers versus out-of-state at Lifeline's National Backup Centers

Calls Answered In State vs. Out State

Veteran & Spanish calls are excluded.





Calls Answered In and Out-of-State Q2 2020 versus 2019 – moving in the right direction

April through June 2019

Answered In-State: 253,432

Answered Out-of-State: 90,305

Calls answered out-of-state at Lifeline's National Backup Centers as a % of all calls answered = **26%**

April through June 2020

Answered In-State: 278,123*

Answered Out-of-State: 61,170

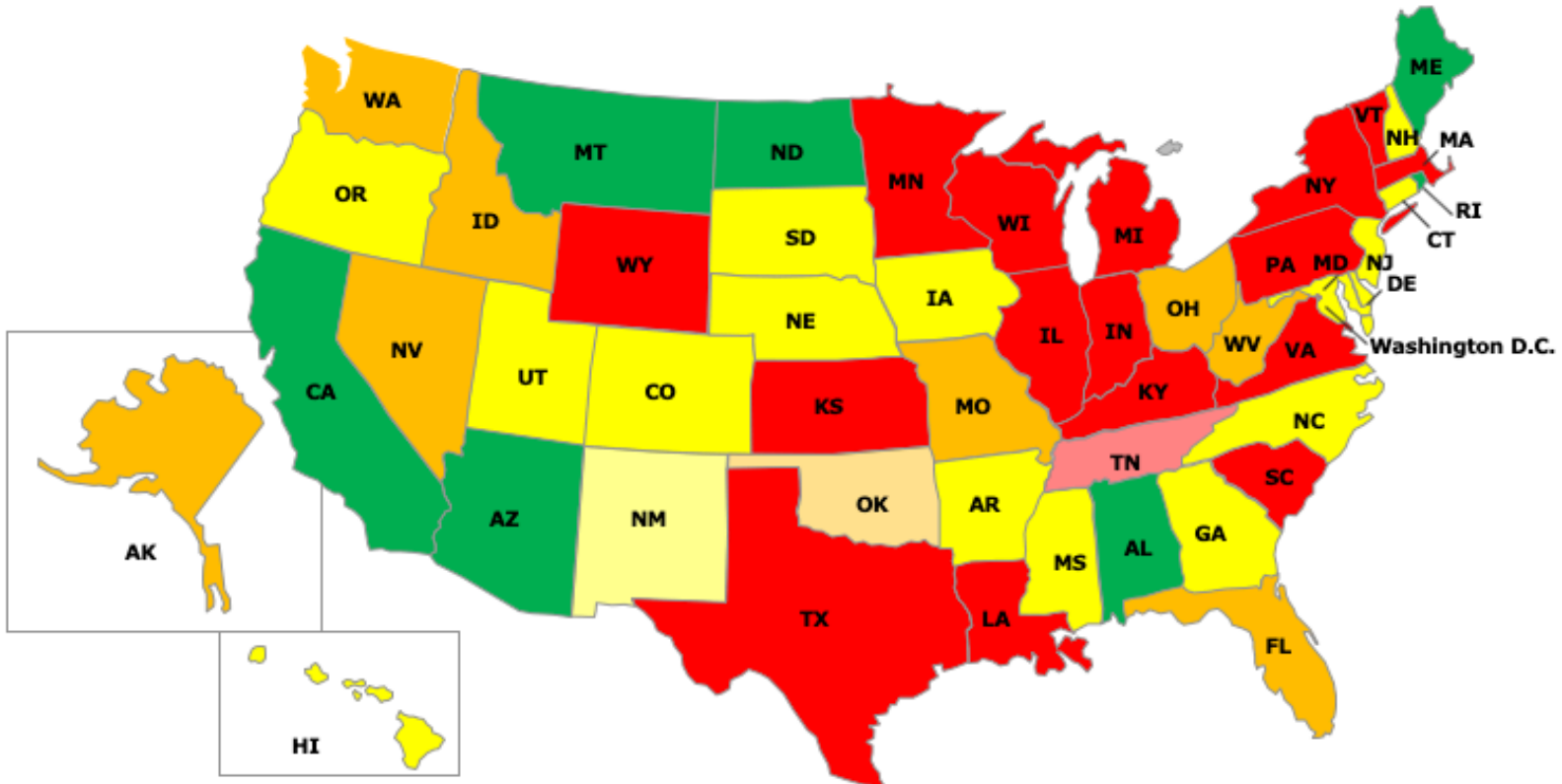
Calls answered out-of-state at Lifeline's National Backup Centers as a % of all calls answered = **18%**

*data incomplete for 3 of Lifeline's 170+ centers (2 in MD, 1 in KY)

In-State Answer Rate Categories: Q2 (2019 and 2020)

	April - June 2019		April - June 2020	
Category	States	% of all states	States	% of all states
> 90%	3	6%	7	14%
> 80-89%	17	34%	16	29%
> 67-79%	10	20%	10	32%
< 66%	20	40%	17	34%

In-State Answer Rates: April-June 2020



■ In-state answer rate $\leq 66\%$ **■** In-state answer rate $\geq 67\%$ **■** In-state answer rate $\geq 80\%$ **■** In-state answer rate $\geq 90\%$
(lighter shade states (NM, OK, TN) are within 1% of the next higher answer rate category)

Boosting state engagement and investment is critical, especially as a precursor to 9-8-8

Lifeline's State Capacity Building Grants:

- At the call center level:
 - boosts capacity at local call centers (more \$ for more counselors)
 - provides resources to expand coverage areas for Lifeline calls to ensure most or all counties in the awardee states have in-state call coverage
- Increases state-level engagement and investment in Lifeline centers and calls by requiring:
 - data coordination
 - state-center contracting, state-level sustaining of investment and grant gains post-award
 - understanding of center level capacity challenges and growth opportunities with an increasing eye toward 9-8-8

Current and Recent State Capacity Building Grants

Lifeline's State Capacity Building Grants:

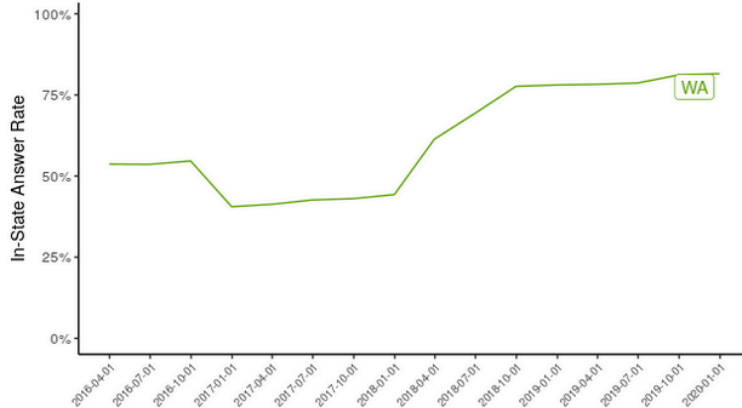
- Grant funds come from increases in SAMHSA award to NSPL and from private donations and in some cases are the largest grant awards Lifeline has made in its 15-year history
- First two awards made in 2017 to WA and MS:
 - 1-year awards
 - States moved from answer rates in the mid 40% range to the upper 70 and lower 80% range. States maintained investments
- Fall 2019 and early 2020: Thirteen 2-year awards were made:

Indiana - \$584,475	Pennsylvania - \$1,366,999
Kansas - \$193,946	South Carolina - \$741,672
Kentucky - \$278,433	Tennessee- \$203,894
Massachusetts - \$330,844	Texas - \$3,080,806
Michigan - \$1,368,944	Vermont - \$135,728
Nevada - \$168,659	Virginia - \$328,413
New York - \$2,063,101	

Examples of Impacts capacity grant have made thus far (In-state answer rates)

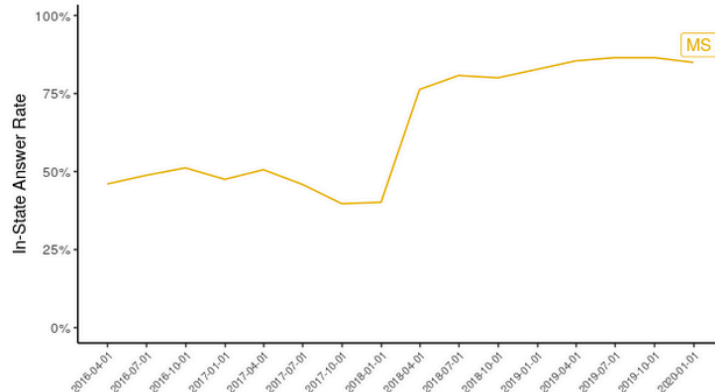
Washington (WA)

Quarterly Rate 2016-01-01 through 2019-12-31



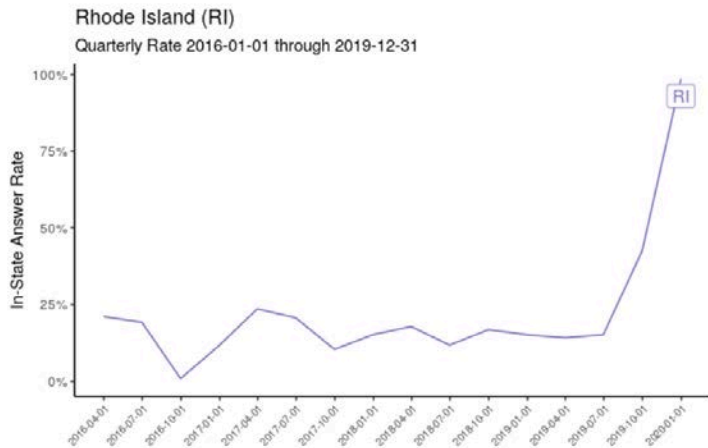
Mississippi (MS)

Quarterly Rate 2016-01-01 through 2019-12-31

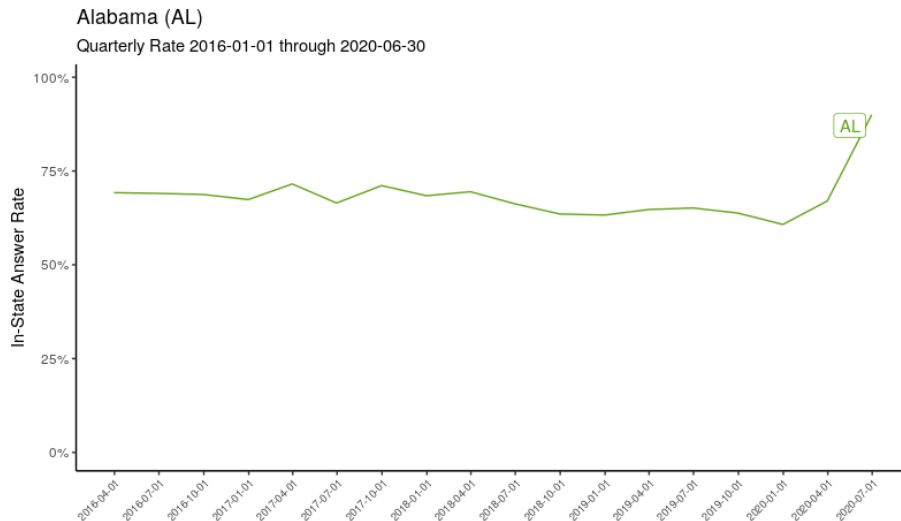
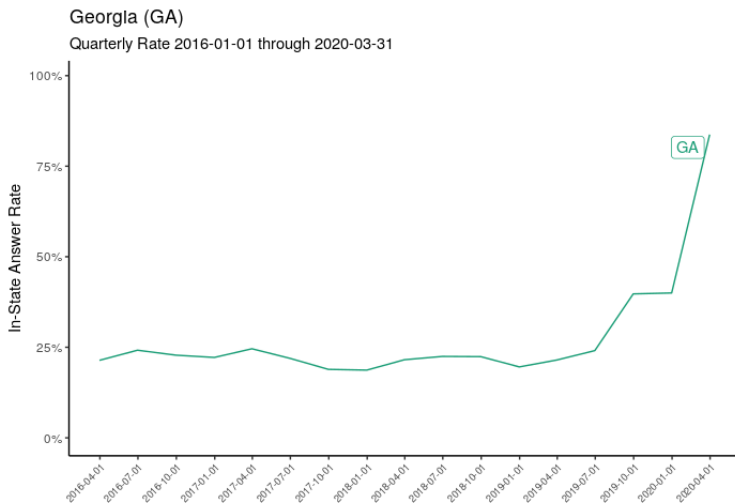


State	Baseline	Q1 2020	Q2 2020
IN	41%	51%	60%
KY	48%	55%	59%
MI	35%	35%	51%
NV	48%	74%	69%
PA	37%	49%	63%
SC	19%	50%	50%
TX	31%	37%	38%
VT	0%	23%	19%

Impact of Recent Increased State-Level Engagement and Investment Elsewhere



- 3/2020 MN awarded \$1.2 million (each yr for 5 years) for a cohort of call centers to provide statewide Lifeline coverage.
- 5/2020 WI awarded \$2m (renewable up to 5 years) to a call center to provide statewide Lifeline coverage (and backup existing centers).
- 5/2020 WY awarded a \$200k 1-year award to establish statewide coverage (not 24/7)



Takeaways leading towards 9-8-8

- **State suicide prevention plans** should centrally incorporate Lifeline contact center needs
- **Capacity needs *now*.** States should begin by addressing Lifeline center capacity challenges now
- **Expect growing demand.** Greater awareness of 988 and broader scope (mental health and suicidal crises) will increase demands on local crisis centers
- **Explore funding models.** States should be looking at currently successful and developing models for funding 988 crisis services now (including potential use of fees in wireless phone bills)

Questions & Observations

Thank you for all you do in your states and for the increasing support of your Lifeline member centers as we move into the 9-8-8 environment!

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