



Lifeline at the State Level

State Communication Reports

Webinar | February 9, 2017

The National Public 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.



- **One number for all persons in suicidal crisis**
- **Anywhere in U.S., at anytime**
- **Free, confidential/anonymous**
- **National access, local assistance**
- **All calls answered**
- **Best practices in crisis care delivered**

About the Lifeline



In Operation since
2005



158 Crisis Centers
in 47 states



Funded by
SAMHSA



Administered by The Mental
Health Association of NYC,
Inc.

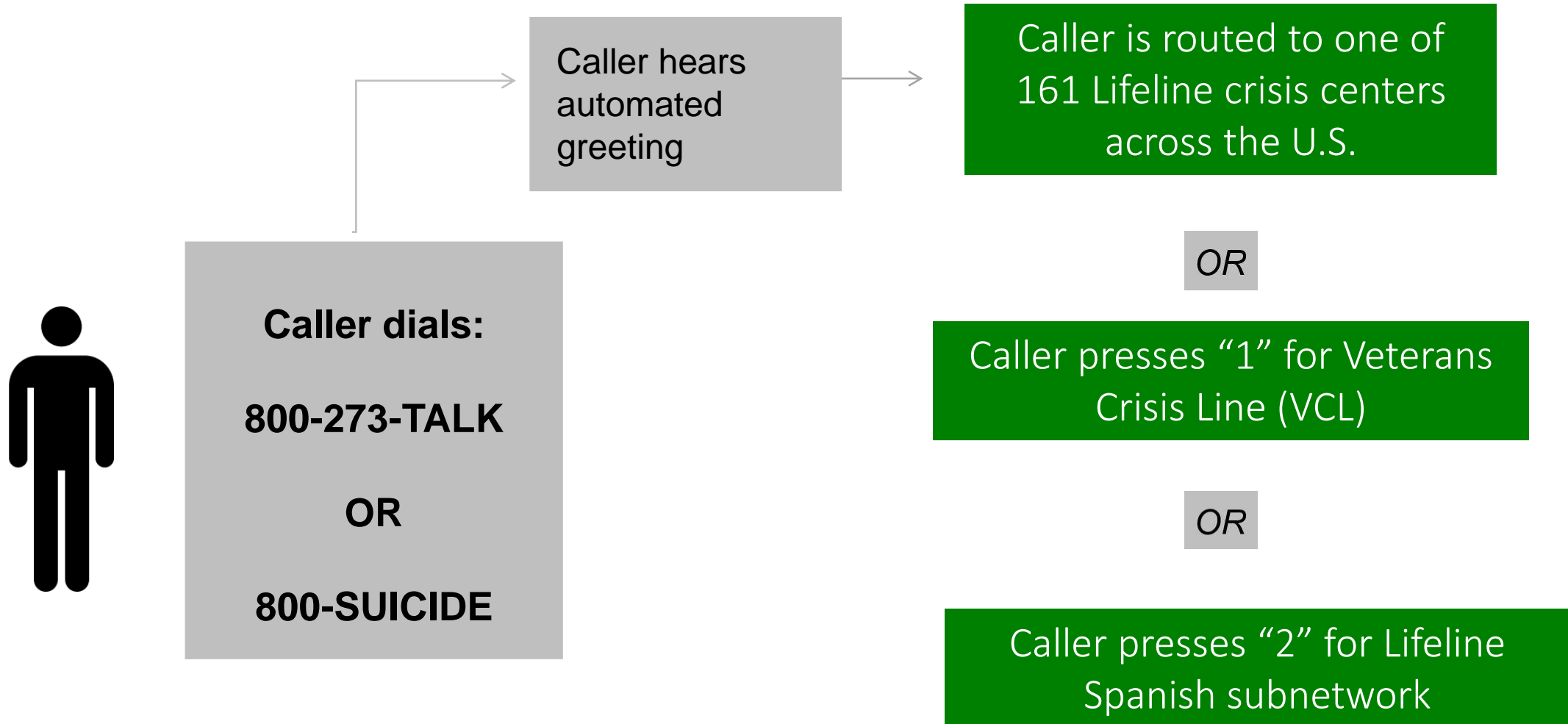


SAMHSA, VA, and Lifeline
partner for Veteran
Crisis Line

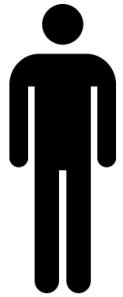


Partners with:
NASMHPD, NCBH,
and Columbia University

How the Lifeline Works: Call Routing



How the Lifeline Works: Call Routing



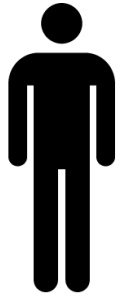
If the Caller presses "1" for the VCL



The call is routed to the VCL in Canandaigua, NY



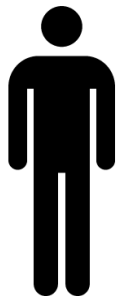
If the VCL is unable to answer, the call is routed to one of four backup centers across the U.S.



If the Caller presses "2" for the Lifeline Spanish subnetwork



The call is routed to one of 7 Lifeline centers which are members of the Spanish subnetwork.

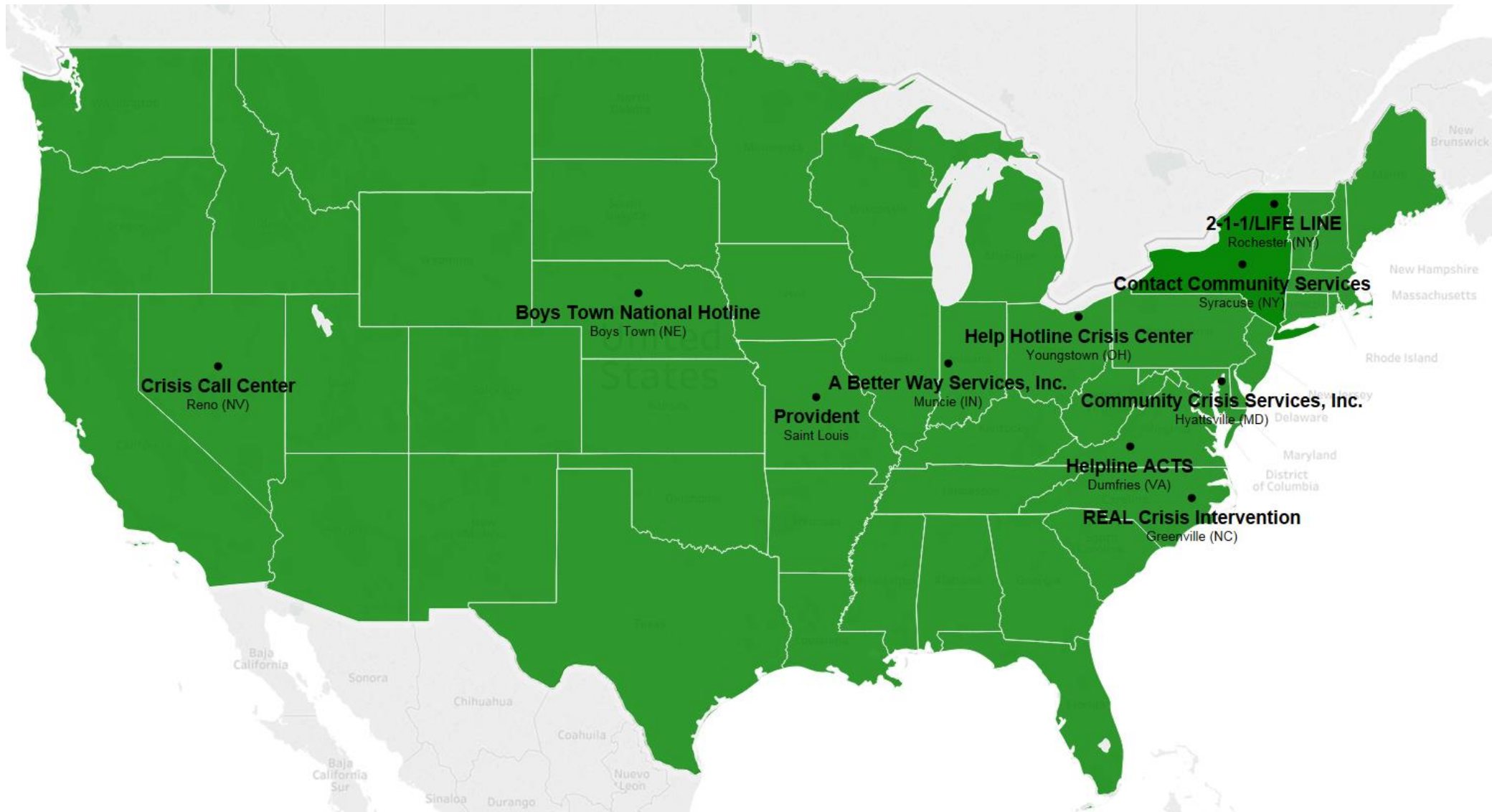


If the Caller does not press a prompt, the call is routed to the closest crisis center to them

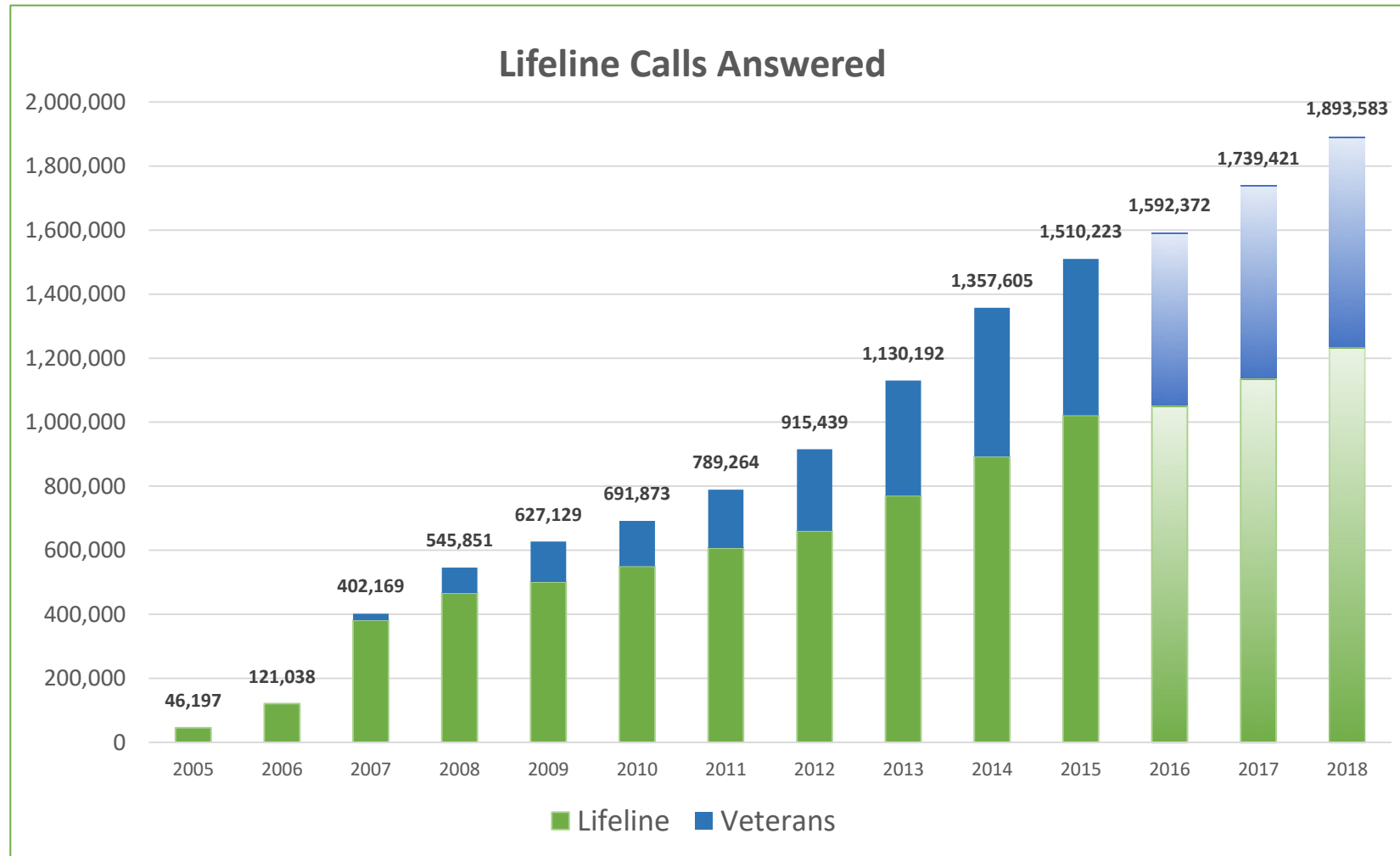


If the primary center is unable to answer, the call is routed to one of 10 national backup centers.

How the Lifeline Works: Backup Centers



The Lifeline is Growing!



Evaluations to Best Practices: Continuous QI



Best Practices in Crisis Care: Committees

The National Suicide Prevention Lifeline utilizes the guidance of experts, as well as the voices of lived experience, to continually improve Lifeline services. These individuals bring invaluable knowledge and support to our mission of reducing the national incidence of suicide.



Establishing Best Practices Nationally

National Suicide Risk Assessment Standards

SUICIDAL DESIRE	SUICIDAL CAPABILITY	SUICIDAL INTENT	BUFFERS/CONNECTEDNESS
Suicidal Ideation <ul style="list-style-type: none">• Hurting self and/or others	History of suicide attempts	Attempt in progress	Immediate supports
	Exposure to someone else's death by suicide		Social supports
	History of/current violence to others		
Psychological pain	Available means of hurting self/other	Plan to hurt self/other <ul style="list-style-type: none">• Method known	Planning for the future
Hopelessness	Currently intoxicated		Engagement with helper <ul style="list-style-type: none">• Telephone worker
	Substance abuse		
Helplessness	Acute symptoms of mental illness, for example: <ul style="list-style-type: none">• Recent dramatic mood change• Out of touch with reality	Preparatory behaviors	Ambivalence for living
Perceived burden on others			Core values/beliefs
Feeling trapped	Extreme agitation/rage, for example: <ul style="list-style-type: none">• Increased anxiety• Decreased sleep• Recent acts and/or threats of aggression	Expressed intent to die	
Feeling alone			Sense of purpose

National Policy for Helping Callers at Imminent Risk of Suicide



“Crisis call services should participate in and meet the standards of the National Suicide Prevention Lifeline...”

*Recommendation #2 of Crisis Services Task Force, “Crisis Happens Now”, 2016
National Action Alliance for Suicide Prevention*

It's Working!

SAMHSA-funded evaluations since 2005 have shown:



- Lifeline centers *significantly reduce emotional distress* and suicidality in callers.
- Lifeline-sponsored trainings for centers (ASIST) *significantly reduce risk* in callers more than centers not receiving training
- Lifeline Policies effective in reducing imminent risk through less invasive means (76% highest risk de-escalated collaboratively)
- Lifeline follow-up calls to persons at risk work; 80% say calls helped keep them safe, with half saying “it’s the reason I’m alive”

Lifeline Standards & Practices: Best in Class

In a 2014 evaluation of 10 California crisis centers:

Callers to Lifeline-member crisis centers were more likely to be assessed for suicidality and show reductions in distress by the end of the call.

R. Ramchand, et al, Crisis, 2016



Cost Effective State Resource

- Local crisis centers reduce burden on emergency rooms, police, emergency responders & behavioral healthcare providers, who often must step in when emotional crises escalate.
 - SAMHSA-funded evaluation by Truven Health Analytics, 2014:
Estimated approximate 2-fold ROI on crisis center model for follow up in reducing unnecessary ER visits and inpatient admissions
- Centers provide a safety net in the absence of other affordable community resources.
- People in crisis can easily use hotlines to access help when other mental health, substance abuse, and social services have eligibility restrictions, are unavailable in rural areas, are inaccessible during late-night hours, or no longer operate because of budget cuts.



Cost Effective Means to
Fill in Gaps of Care

National Promotions for Local Assistance

Millions of suicide prevention stakeholders across the United States are promoting the Lifeline, with 75% of Lifeline callers first learning of the service from online resources...



Any search that is suicide related results in a prominently displayed “one box” through our partnership with **Google**.



The Joint Commission now requires all accredited facilities to give the Lifeline number to all suicidal persons they are serving.



Our partnerships with **social media companies** reach up to seven million people annually.



When people in the United States mention suicide to Apple **iPhone's Siri**, she refers them to the Lifeline.

State Data at Your Fingertips! Commissioners Bi-Annual Report



- Reports will be released twice a year from NASMHPD
- Tailored reports for every state and territory
- Data to illustrate number of members within your state, and annual call volume

Who is Answering the Call?

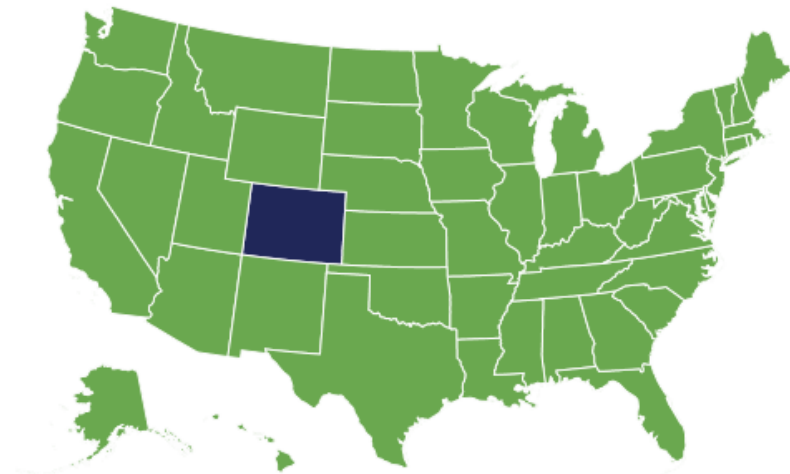
COLORADO MEMBERS

In Colorado, there is **1** crisis center which is a member of the Lifeline...

The Lifeline network is designed so that callers can reach local response services through one national number. This way, they are able to get the best care and services, nearest to them.

In this report, you will have a current listing of which providers in your state are Lifeline members.

📍 Metro Crisis Services (Denver)



Call Volume

COLORADO HIGHLIGHTS

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



In the first six months of 2016, there were 8,776 callers from Colorado to the Lifeline.



Of those 8,776 callers, 99% were able to receive help in Colorado.

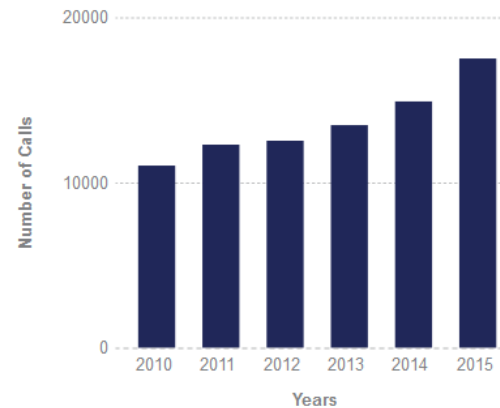


Which means that 77 callers from Colorado, were unable to be answered by a local center in Colorado.

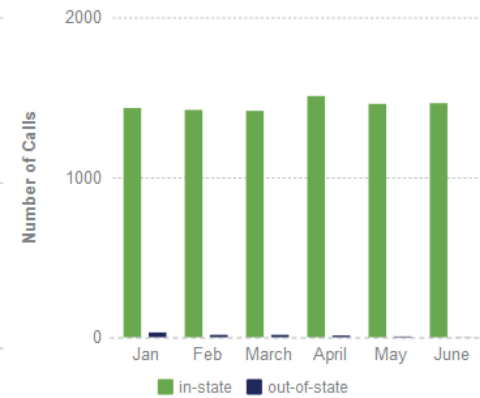


Where are the callers from Colorado being answered?

Callers from Colorado 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 Colorado for the last five years.



This chart shows where the callers from Colorado were answered between January and June of 2016.

Keep up-to-date with the latest data in your state. In this bi-annual report you will have key highlights about total calls from your state to the Lifeline, and where those calls were answered. Additionally, you will see overall volume trends over the last five years.

Supporting Information

Why is it important that your state support local Lifeline crisis centers?



Best Practices in Crisis Care

The clinical care task force for the National Action Alliance finds that best practices in suicide care have not been implemented in all crisis settings*.

Being a member of the Lifeline ensures that your state is meeting standards established by SAMHSA funded evaluation of crisis centers*. These evaluations show Lifeline centers significantly reduce emotional distress and suicidality in callers.

All Lifeline centers are required to be accredited and adopt industry standard practices based on research and national expert consensus. Recent research by Rand* shows that Lifeline centers do a better job of assessing risk and reducing distress in callers than non-Lifeline crisis centers.



Cost Effective Means to Fill in Gaps of Care

Aside from research showing that Lifeline centers reduce suicidal and emotional distress in callers, Lifeline centers in your state can better ensure that Michigan callers "go through the right door" for local care.

Local Lifeline crisis centers reduce the burden on your emergency rooms, police, and emergency responders, as well as your behavioral healthcare providers, who often must step in when emotional crises escalate. The centers also provide a safety net in the absence of other affordable community resources.

People in crisis can easily use hotlines to access help when other mental health, substance abuse, and social services have eligibility restrictions, are unavailable in rural areas, are inaccessible during late-night hours, or no longer operate because of budget cuts.

Want to Know More?



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Questions?

