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

John Draper, Executive Director, Lifeline
Matt Taylor, Director of Network Development, Lifeline

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
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.
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. 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
“...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
“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
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 SAMHSHA/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

NSPL Call Volume

- 2016:
  - Abandoned: 105,010
  - Veteran: 538,787
  - Lifeline & Spanish: 996,057

- 2017:
  - Abandoned: 709,376
  - Veteran: 1,316,155
  - Lifeline & Spanish: 1,561,810

- 2018:
  - Abandoned: 132,260
  - Veteran: 643,677
  - Lifeline & Spanish: 1,586,293

- 2019:
  - Abandoned: 146,209
  - Veteran: 562,864
  - Lifeline & Spanish: 1,586,293
Lifeline Chat Volume

Handled Lifeline Chat Volume
February 2012 through May 2020

- **Pilot**
  - 8 hours 5 days

- **RFP #1**
  - 24/7 4 centers

- **RFP #2**
  - 24/7 7 centers

- **RFP #3**
  - 24/7 10 centers

Handled Chats

Years:
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
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.
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.
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.

- **2016**
  - In State: 677,026
  - Out State: 297,850
  - Total: 974,876

- **2017**
  - In State: 874,413
  - Out State: 416,701
  - Total: 1,291,114

- **2018**
  - In State: 1,088,131
  - Out State: 441,546
  - Total: 1,529,677

- **2019**
  - In State: 1,096,522
  - Out State: 457,439
  - Total: 1,553,961

- **Legend**
  - Out State
  - In State
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)
<table>
<thead>
<tr>
<th>Category</th>
<th>April - June 2019</th>
<th></th>
<th>April - June 2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>States</td>
<td>% of all states</td>
<td>States</td>
<td>% of all states</td>
</tr>
<tr>
<td>&gt; 90%</td>
<td>3</td>
<td>6%</td>
<td>7</td>
<td>14%</td>
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<tr>
<td>&gt; 80-89%</td>
<td>17</td>
<td>34%</td>
<td>16</td>
<td>29%</td>
</tr>
<tr>
<td>&gt; 67-79%</td>
<td>10</td>
<td>20%</td>
<td>10</td>
<td>32%</td>
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<tr>
<td>&lt; 66%</td>
<td>20</td>
<td>40%</td>
<td>17</td>
<td>34%</td>
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In-State Answer Rates: April-June 2020

In-state answer rate $\leq 66\%$  In-state answer rate $67\% - 80\%$  In-state answer rate $80\% - 90\%$  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
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:

<table>
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<tr>
<th>State</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Indiana</td>
<td>$584,475</td>
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<tr>
<td>Kansas</td>
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<tr>
<td>Kentucky</td>
<td>$278,433</td>
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<td>Massachusetts</td>
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<td>Michigan</td>
<td>$1,368,944</td>
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<td>Nevada</td>
<td>$168,659</td>
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<td>New York</td>
<td>$2,063,101</td>
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<td>Pennsylvania</td>
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<td>South Carolina</td>
<td>$741,672</td>
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<td>Tennessee</td>
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<td>Texas</td>
<td>$3,080,806</td>
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<tr>
<td>Vermont</td>
<td>$135,728</td>
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<td>Virginia</td>
<td>$328,413</td>
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Examples of Impacts capacity grant have made thus far (In-state answer rates)

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<th>State</th>
<th>Baseline</th>
<th>Q1 2020</th>
<th>Q2 2020</th>
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<tbody>
<tr>
<td>IN</td>
<td>41%</td>
<td>51%</td>
<td>60%</td>
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<tr>
<td>KY</td>
<td>48%</td>
<td>55%</td>
<td>59%</td>
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<tr>
<td>MI</td>
<td>35%</td>
<td>35%</td>
<td>51%</td>
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<tr>
<td>NV</td>
<td>48%</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>PA</td>
<td>37%</td>
<td>49%</td>
<td>63%</td>
</tr>
<tr>
<td>SC</td>
<td>19%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>TX</td>
<td>31%</td>
<td>37%</td>
<td>38%</td>
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<tr>
<td>VT</td>
<td>0%</td>
<td>23%</td>
<td>19%</td>
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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)
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!

John Draper  
Executive Director, Lifeline  
jdraper@vibrant.org

Matt Taylor  
Director of Network Development, Lifeline  
mtaylor@vibrant.org