

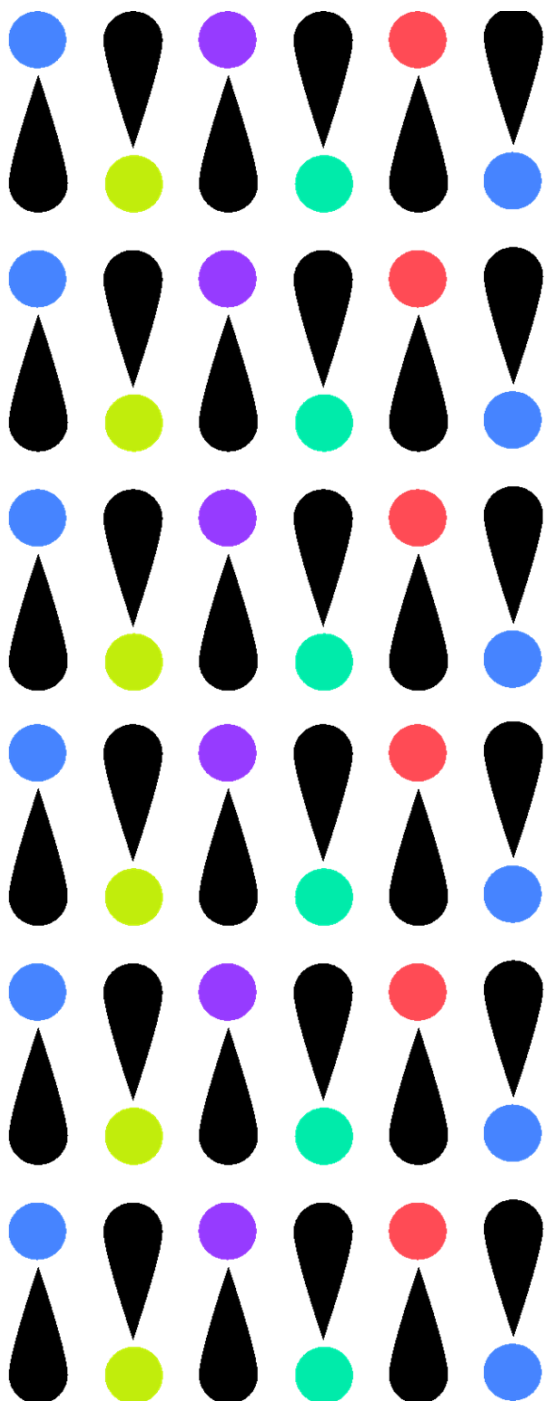
National Overview: Effective Suicide Prevention and the Opportunity of 988

Joint NCSL Health Fellows

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**Vibrant Emotional Health & the
National Suicide Prevention Lifeline**

January 21, 2022



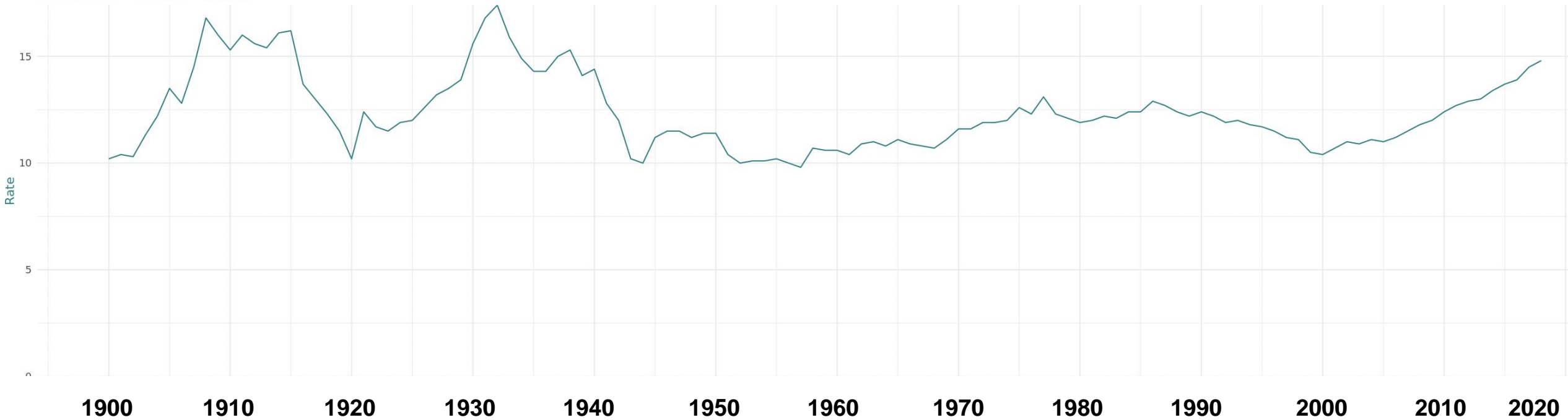
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Historical Suicide Rate Trends, U.S.

1900-2018, CDC data

US Suicide Rates per 100,000



1908: **16.08** suicides per 100,000

1933: **15.9** suicides per 100,000

1957: **9.9** suicides per 100,000

2018: **14.2**
suicides per
100,000

Suicide rates up 33% since 1999

Suicides: “Casualties of a Belongingness Crisis” and “Deaths of Despair”

Adolescents/Young Adults:

2nd leading cause of death.

High school students: Nearly 1:5
have seriously considered suicide.
8% have made suicide attempts.

LGBTQ youth—40%
seriously consider suicide.
5x more likely to attempt
suicide than their straight
peers

Black adolescents/young adults (15-24)—while suicide rates are 41%
higher among their white peers, rates
are rising rapidly among black youth
while white teen rates are beginning to
decline (47% for black males and 59%
for black females, 2013-2019)

Substance Use—NIMH estimates
up to 30% of opioid overdoses
could be suicide-related

AI/AN males (15-44)—highest
rates of suicide of any group,
nationally (62% higher than next
highest group, white males, aged
25-64)

Firearms—
51% of suicides

Deaths of despair: due to suicides, alcoholism, overdoses (Case & Deaton, 2017). Since 1999, Mortality rates increasing for White non-Hispanic men & women (ages 25-64) as rates fall for blacks and Hispanics. Undereducated, detached from labor force, less married, more socially isolated.

Reducing Access to Lethal Means Saves Lives



- UK: **Switch from coal-fired to non-toxic gas** in 1960 reduced suicides by 30% (Kreitman, 1976)
 - Sri Lanka: **Restrict access to toxic pesticides** in 1990's reduced suicides by 50% (Bowles, 1995)
 - **Erecting bridge barriers** in Toronto, D.C., New Zealand, Maine, England—virtually eliminated suicides from these “hot spots” (Draper, 2008)
- Israel: Policy **preventing soldiers take home of firearms** on weekends reduced suicides by 40% (Lubin et al 2010)
- USA: **Suicides 2-5x higher in gun owning homes; most studies show gun locks/storage reduces suicides** (Barber & Miller, 2014)



Teaching Community Members Can Save Lives

 Garrett Lee Smith | Grant Program



GLS Evaluations, 2007-2010:

GLS programs taught community members how to prevent suicides (mostly ASIST). Counties with GLS programs had sig. lower suicide rates for ages 10-24 the year after GLS activities were implemented. Impact on suicides did not persist after a year. Authors: staff turnover, need for refresher gatekeeper training, focus on comprehensive programming fades over time.

Walwrath, C, Garraza, LG, Reid, H, Godston DB & McKeon, 2015



Lifeline Crisis Services & Best Practices Effectively Reduce Distress and Suicidality



- Callers' **emotional distress and suicide risk (e.g., intent to die) is significantly reduced** from the beginning to the end of the call. (Gould et al., 2007)
- RAND Study: **Callers to Lifeline crisis centers more likely to be assessed for suicide and report less distress** by end of the call than non-Lifeline centers (Ramchand, 2014)
- Crisis counselors are able to **secure the caller's collaboration** on an intervention on over **75% of imminent risk calls**. (Gould et al., 2016)
- **Two-thirds of chatters** reported that chat was helpful and that they were significantly and substantially **less distressed** at the end of the chat intervention than they were at the beginning. Moreover, **about half reported being less suicidal** at the end of the chat. (Gould et al., 2021)
- **Lifeline follow-up calls** to persons at risk: 80% say calls helped keep them safe, with half saying **"it's the reason I'm alive"** (Gould et al., 2018)



Caring Follow-up Contacts Save Lives

**Caring
Letters**



**Caring
Home
Visits**

**Caring
Postcards**

**Caring
Phone
Calls**



“The follow-up calls really gave me the message that they really did care, and that it wasn't just a one-time resource if I needed to turn to them again. That was really what kept me from continuing with my [suicidal] thoughts.”

What stopped me was that someone who doesn't know me had interest in me, cared about me....them calling me gave me a boost.”

Lifeline follow-up, Gould et al, 2017





“I am a person. I am not a lost cause.”

Tom Kelly, 3/2014



Mobile Crisis Teams Are Effective

Studies show MCTs are:

- Effective at diverting unnecessary hospitalizations
- Effective in linking to services post-ED discharge
- Better than hospitalization at linking to outpatient services



Suicide prevention hotline to get three-digit phone number

FCC chairman says he will move ahead following legislation, staff report



FCC requires all Telephone Providers to Enable 988 to Connect to the Lifeline Nationally by 7/16/2022

“Crisis Centers save lives.... Increasing the convenience and immediacy of access to a national suicide prevention and mental health crisis hotline via a 3-digit dialing code will therefore help spread a proven, effective intervention. In short, we believe that designating the 988 code for a national suicide prevention and mental health crisis hotline system is highly likely to lower suicide mortality risk in the United States....and thus that the benefits of this action are quite likely to outweigh the costs.”

Ajit Pai, Chair, FCC, Report to Congress, 8/14/2019

“I believe that assigning a 3 digit number for mental health and suicidal crises will do more than anything else to erase the stigma against mental illness that denigrates, isolates and debilitates millions every year....”



How is 988 different than 911?

“988 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operated through **the National Suicide Prevention Lifeline...**”.



988

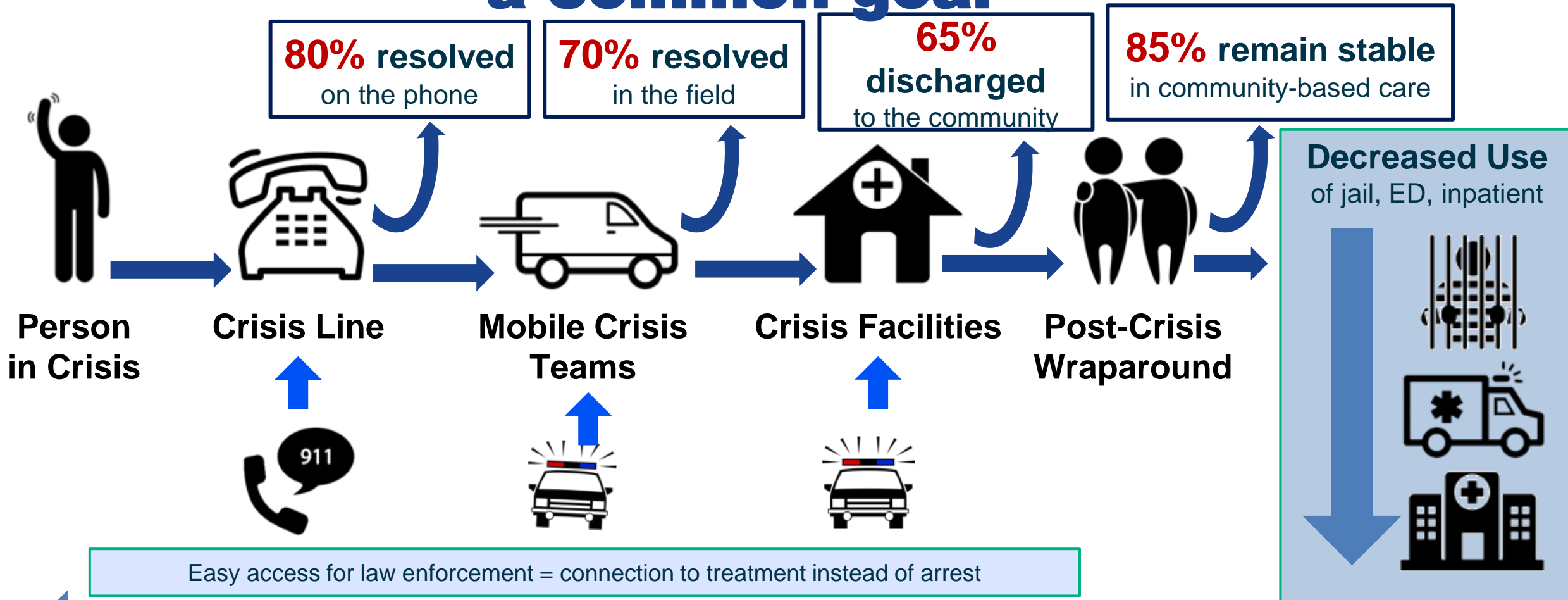


911

- *The contact IS the intervention; overwhelming majority of crises can be reduced*
- *Trained crisis counselors answering contact; average call time is 20 minutes*
- *Centralized routing efficiencies, quality assurance and standards*
- *Can also link to outreach services & care, follow-up services*
- *Risk response is grounded in a focus of least restrictive intervention possible*

- *The dispatcher serves as a relay for fire, EMS, or law enforcement*
- *Typically, fire, EMS, or law enforcement MUST be deployed*

Crisis System: Alignment of services toward a common goal



← LEAST Restrictive = LEAST Costly

Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors.

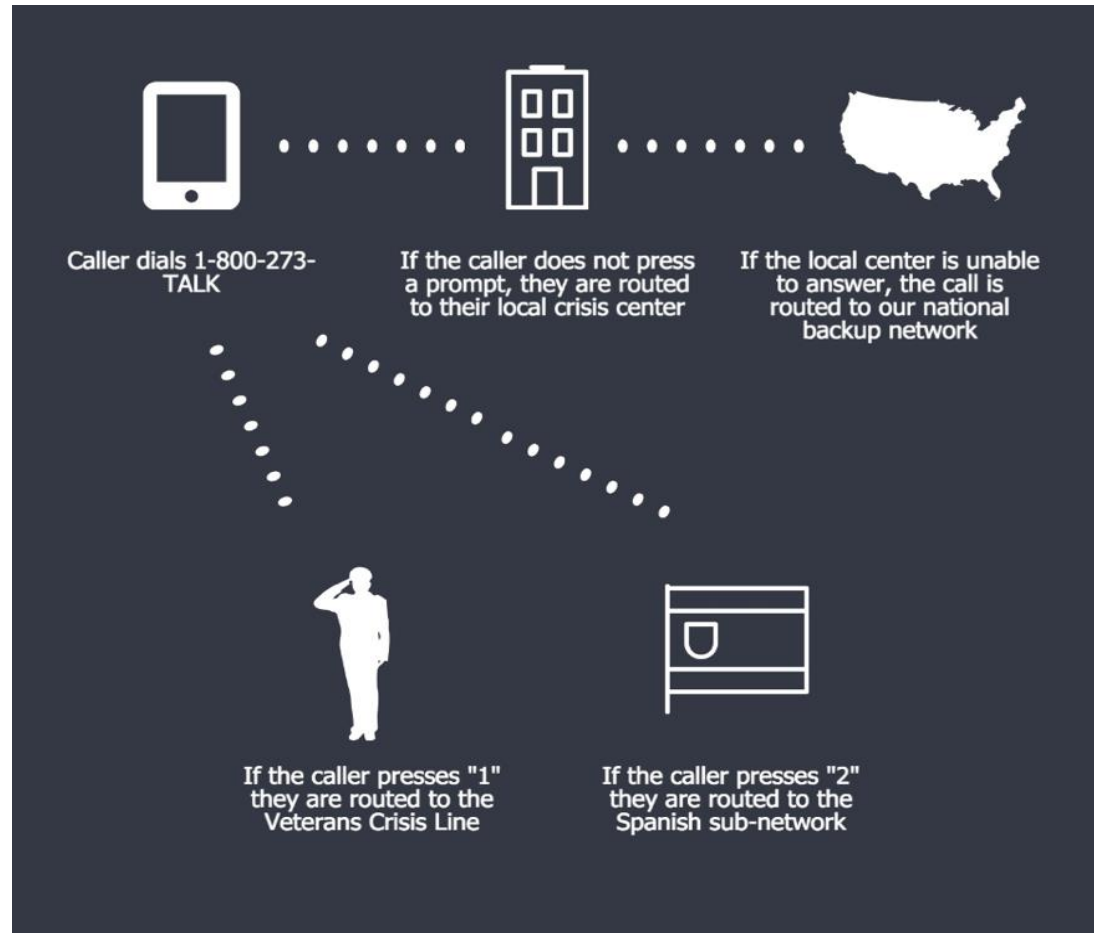
<https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Lifeline Current State

The National Suicide Prevention Lifeline is a network of independently operated, independently funded local and state call centers. **The Lifeline is *not* one large national call center. It is a national portal for connecting to localized services.**

**3.6m contacts
received
FY 2020**

**2021 Survey:
Only 36% Lifeline
centers received
public funds to
specifically
answer Lifeline
calls**



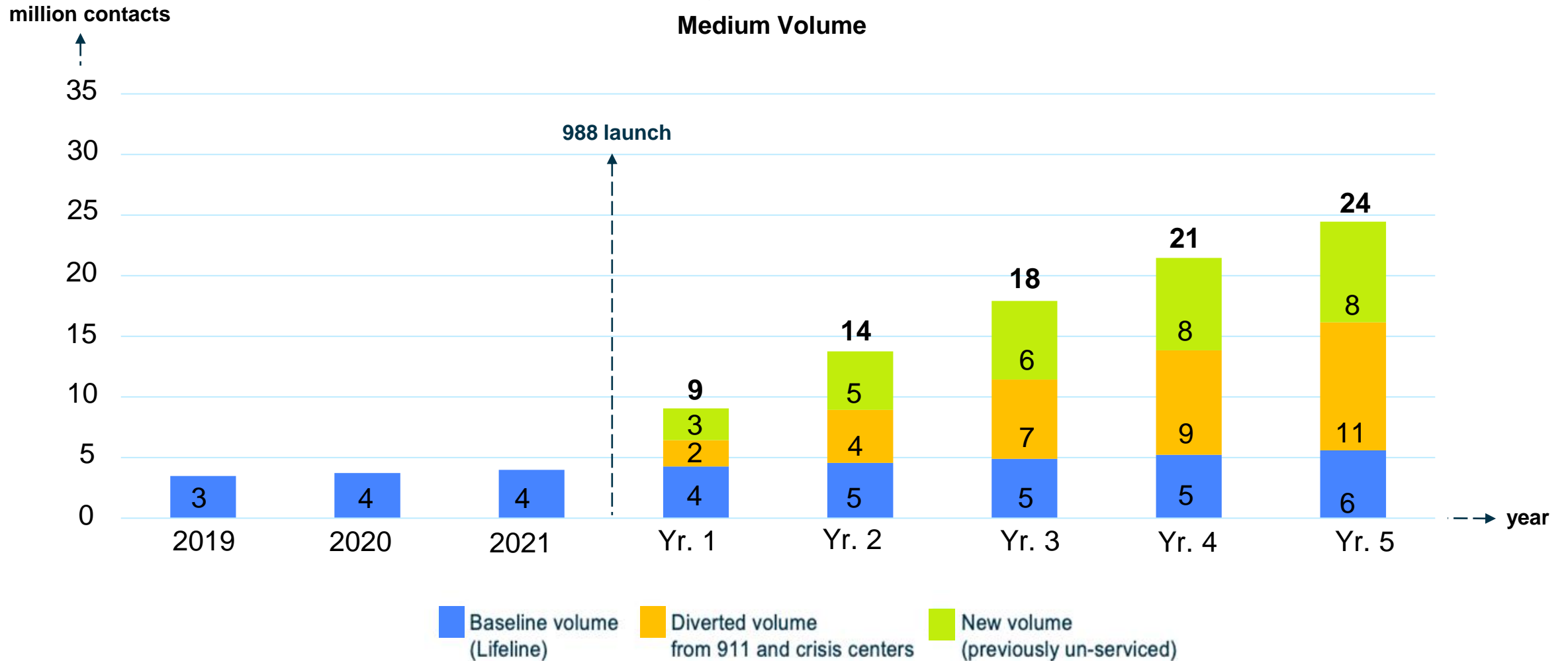
- 196 centers including**
- **9 national backups**
 - **42 Crisis Chat & Text Centers**
 - **3 Spanish centers**
 - **1 VCL backup**

How Does 988 Build & Expand on the Lifeline?

- **Scale** of access and visibility: 3-digit number intended to penetrate public awareness
- **Scope** of service: suicide and mental health crises; emphasis on crisis care continuum
- **Equity of access:** essential that service is equally accessible to all persons in suicidal/mental health crisis (must reach and serve persons with functional, linguistic and access needs)
- **Access to omni-channel services:** expansion to assure accessibility to call, chat, text and follow-up capabilities
- **Access to specialized services:** to serve LGBTQ+ youth, AI/AN people, communities of color, rural individuals and other high-risk populations, such as older adults, youth, neurodiverse individuals, etc.
- **Stakeholder investment in service:** greater public funding (e.g, Federal and State) and public visibility will impact service expectations/standards for network performance

988 DEMAND ESTIMATES, WITH FULL CAMPAIGN: FROM 9M CONTACTS IN YEAR 1 TO 24M CONTACTS IN YEAR 5

Moderate baseline growth, diversion, and new volume



Current Answer rates

1. Using center level data from December 2021:

- 62 Lifeline centers have answer rates 90% or above
- 45 centers have answer rates between 80-89%
- 28 centers have answer rates between 70-79%
- 53 centers have answer rates below 70%
- For calls that are not answered locally, calls roll to backup centers within the state and/or into Lifeline's national network of backup centers.
- The national backup network is being further fortified and expanded in spring 2022 to prepare for the summer launch of 988

2. Using state-level data from December 2021:

- 5 states have in-state answer rates 90% or higher (RI, MT, DC, AZ, MS)
- 13 states have rates 80-89% (NC, ND, WV, CA, SD, VT, WI, PA, ID, ME, KS, MD, TN)
- 19 states have rates 70-79% (MO, NH, NJ, SC, NE, DE, AR, KY, MA, NV, VA, FL, HI, IN, WA, OK, OR, IA, NM)
- 14 states are below 70% (UT, MI, AL, GA, NY, CO, CT, OH, AK, MN, LA, WY, TX, IL)

National Suicide Hotline Designation Act of 2020



- Designated 988 for a national suicide prevention and mental health crisis hotline (Lifeline and the VCL)
- Requires SAMHSA/VA to submit a reports to Congress:
 - infrastructure needs within six months of the bill passage
 - plan to provide network trainings and access to specialized services for populations such as LBGTQ youth; minorities; rural individuals & other high risk pops
- ***Allows States to levy fees for local 988 related services on phone bills, including crisis contact centers, crisis outreach, stabilization, mental health services responding to 988 contacts***
- FCC to report to Congress on the feasibility and cost of geolocation services; annual report on 988 fee collection and usage



988 Fee Provision

(2) USE OF 9–8–8 FUNDS.—A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to—

(A) ensuring the efficient and effective routing of calls made to the 9–8–8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.

Many states are increasing their investment in Lifeline coverage and 988 planning

Examples of states / territories that have recently allocated or increased funding specifically for Lifeline centers/coverage through multi-year RFPs (awarded or in development), contracts that include Lifeline coverage, MHBG funds, and enacted 988 legislation* (enacted legislation w/ fees**, enacted legislation where a fee feasibility is being studied***).

- | | | |
|-------------------|-------------------|--------------------|
| 1. American Samoa | 11. Michigan | 21. Rhode Island |
| 2. California | 12. Minnesota | 22. South Carolina |
| 3. Colorado** | 13. Mississippi | 23. Texas |
| 4. Guam | 14. Missouri | 24. Tennessee |
| 5. Kentucky | 15. Montana | 25. Utah* |
| 6. Pennsylvania | 16. Nebraska*** | 26. Vermont |
| 7. Hawaii | 17. New Hampshire | 27. Virginia** |
| 8. Illinois | 18. New York*** | 28. Wisconsin |
| 9. Indiana* | 19. Nevada** | 29. Washington** |
| 10. Maine | 20. Oregon*** | |
| 11. Massachusetts | 21. Puerto Rico | |



- **Estimated need for Lifeline Crisis Centers for FY23:**
\$560m funding needed (SAMHSA report to Congress, Dec. 2021)
- **Total state investment FY22 in Lifeline response:** \$52m (Vibrant survey, 2021)
- **SAMHSA FY22/FY23 Funding Opportunity to States for 988 (issued Dec. 2021)**
 - \$105m for crisis center response through FY23 (ARP-COVID funds)
 - States must have sustainability plan beyond FY23



Vibrant 988 State Planning Grants

- Vibrant 2021: Over \$9m in 988 Planning Grants to 46 states, 3 territories, and District of Columbia
- First draft of state plans due end of September 2021
- Final draft of state plans due January 2022



How you can help!

- **Meet local crisis centers to better learn their specific funding needs**
- **Engage appropriate agency leading state 988 transition plan**
- **Learn how a coordinated crisis continuum benefits individuals, communities, and state**
- **Collaborate with 988 State Coalition in your state**
- **Leverage and support sustainable funding mechanisms for local crisis centers and the 988 continuum**



Thank You!

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