Suicide Prevention- A National Lifeline for States

DECEMBER 14, 2020
WEBINAR AGENDA

- Welcome
  - Charlie Severance-Medaris, policy specialist, National Conference of State Legislatures

- State Policies to Support Suicide Prevention Crisis Lines
  - Representative Steve Eliason, Utah
  - Senator Daniel Thatcher, Utah

- SPRC’s Recommendations for State Suicide Prevention Infrastructure
  - Julie Ebin, manager, Special Initiatives, Education Development Center, Suicide Prevention Resource Center

- Audience Q & A, Reminders and Adjourn
THANK YOU!
State Strategies to Address Adverse Childhood Experiences

Thursday, Dec. 17 | 2 p.m. ET / 1 p.m. CT / Noon MT / 11 a.m. PT

- New and exacerbated stressors during the pandemic underscore concern for the risks and long-term health effects of adverse childhood experiences (ACEs), particularly for groups already disproportionately affected by COVID-19. This webinar will provide an overview of ACEs, including considerations during the pandemic, and examples of state action to reduce their harmful effects. Speakers include:
  - Dr. Melissa Merrick, president & CEO, Prevent Child Abuse America
  - Kate Bradford, research analyst, NCSL Health Program
  - Assemblyman Andrew Hevesi (D-NY)
  - Representative Sherrie Conley (R-OK)
Reversing the Rising Tide of Suicide

- 2020 report focuses on many strategies that states can use to prevent suicide.
- Available digitally on our website
- Or email Charlie.Severance@ncsl.org
Key Details for States

- The Legislation and Federal Communications Commission allow for a 2-year transition.
  - Allows for widespread network changes and to provide time to prepare for an expected increase in calls.
- Shorter, 3-digit number intended to be easier to remember.
- Builds off existing infrastructure of the National Suicide Prevention Lifeline.
- Allows states to impose a surcharge to support local call centers.
  - Similar to funding model in place for “911” calls.
- Does not currently include the ability to text “988.”
- Hotline will also include the Veterans Crisis Line.
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 National Suicide Prevention Lifeline program was established in 2005 within SAMHSA.

• Vibrant Emotional Health has been the administrator since the inception

• Funding for Lifeline administration provided by SAMHSA as appropriated by Congress

  • Administration include cost of routing calls; ensuring clinical standards and best practices met
  • Does not support call center operations
Lifeline: The National Portal for Local Services

The Lifeline is a network of independently operated, independently funded local and state call centers (180+) across all 50 states.

Callers who press #1 are routed to Veterans Crisis Line. Callers who press #2 are routed into Lifeline’s Spanish language network. All other calls are routed to the nearest center, local center... or into our national backup network if the local center can’t answer.

Why Local Centers?
• Suicide prevention actions rooted in communities (training, education)
• Linkages to local resources (including crisis and emergency services)
Public events such as the collaborations with Logic for televised performances of his song “1-800-273-TALK” or the losses of public figures to suicides such as Robin Williams, Kate Spade, and Anthony Bourdain can lead to variation in call volume.

Close alignment and swift collaboration on messaging and resources is critical in order to promote the service accurately, appropriately and to ensure local center staffing is available to accommodate potential surges in volume.
Individual State Reports on volume and in-state answer rate can be found at https://suicidepreventionlifeline.org/lifeline-state-reports/
In-State Answer Rates: July-September 2020

In state answer rates can be found: https://suicidepreventionlifeline.org/our-network/
Impact of COVID-19 on Mental Health

• CDC report found 25% of surveyed young people aged 18-24 reported seriously considering suicide in the 30 days prior to completing the survey.


• Research indicates that suicidality does not necessarily increase immediately following a disaster. Now is the time to support local centers financially in order to build sufficient capacity and meet the needs of individuals in crisis.
History of 988 Legislation/Action

• National Suicide Hotline Improvement Act (H.R. 2345)
  • Signed into law on August 18, 2018
  • Required FCC to study the feasibility of a three digit dialing code

• FCC study released in August 2019 recommending 988 as the three digit dialing code

• FCC final rule issued in July 2020 to require all telecom providers to route 988 to the Lifeline by July 16, 2022
  • Some telecom providers have already announced subscriber access to 988. Until July 16, 2022 everyone should call 1-800-273-TALK
History of 988 Legislation

• National Suicide Hotline Designation Act (S. 2661)
  • Signed into law on October 17, 2020

• Provisions include:
  • FCC must designate 988 as the three digit dialing code for the Lifeline
  • FCC must complete a 6 month study on feasibility of providing geolocation/dispatchable information
  • SAMHSA and VA must complete a 6 month study on federal resources necessary
  • SAMHSA must complete a 6 month study outlining how to better serve high risk populations
  • States are not prohibited from levying fee on mobile and IP enabled services. Funds raised are restricted for 988 costs:
    • Call centers answering 988
    • Other examples of 988 related services could be mobile crisis teams, Crisis stabilization units, follow up calls.
988 Fee

- Designation Act does not prohibit states from levying fee on mobile and IP enabled services for 988

- Designation Act requires fee to be in a sequestered account to be used for 988 related expenses to prevent fee diversion

- Diverse funding streams needed for the 988 crisis continuum including 988 fee, state general fund appropriations, federal support
911 fees

- Across all jurisdictions 911 fees raised an estimated $2.6 billion dollars in 2018 according to the Federal Communications Commission.

- 37 states, DC, Guam, Puerto Rico, and the US Virgin Islands provided the FCC with 911 cost estimates exceeding over $5 billion in 2018.

- Fees are assessed at the state only level, local level only, or a combination of state and local fees.

- 911 expenditure authority varies by state (state only authority, local level authority only or a combination of state and local authority for expenditures).

- For more information about 911 fees see: https://www.fcc.gov/general/911-fee-reports
988 Considerations

• Collaboration with 911

• Sustainable and Diverse Funding

• Ensuring state has sufficient call center capacity to prevent calls from being answered out of state

• Connection to the mobile crisis teams and appropriate care settings to divert from jails and hospital emergency departments
State Preparation for 988

- Vibrant Emotional Health offering 988 State Planning Grants
  - Open to all 50 states
  - Develop clear roadmaps for how they will address key coordination, capacity, funding and communication strategies that are foundational to the launching of 988 which will occur on or before July 16, 2022.
  - Plan for the long-term improvement of in-state answer rates for 988 calls.
  - Project period = Feb 1 – Sept 30 2021.
  - Grant announcement 12/7/20 -- Applications due 1/8/21 -- award announcements 1/20/21
  - Grant RFP and FAQs at: https://suicidepreventionlifeline.org/988-planning-grants
Suicide Prevention & Mental Health Legislation Overview
Utah State Legislature 2012-2020

Senator Dan Thatcher & Representative Steve Eliason
Suicide Mortality by State: 2017
Suicide Prevention Policy in Utah 2012-2019

- **SB 175 “School Safety & Crisis Line” 2015** Legislation that created a student safety and crisis tipline commission (SafeUT).
  - **Status**: Passed (Senate: 25-3-1; House: 70-1-4)
  - **Fiscal Note**: $298,400 (Ongoing: $148,400; One-time: $150,000)
Suicide Prevention Policy in Utah 2012-2019

- **SB 37, “Statewide Crisis Line” 2017** legislation that created the Mental Health Crisis Line Commission to integrate existing crisis lines and to study how to develop a statewide crisis line.
  - **Status:** Passed (Senate: 29-0-0; House: 71-0-4)
  - **Fiscal Note:** $4,500 (one-time)
Suicide Prevention Policy in Utah 2012-2019

• HB 41, “Mental Health Crisis Line Amendments” 2018 legislation that addressed the operation of the statewide mental health crisis line and local mental health crisis lines. Informally known as “Hannah’s Bill”.

  • **Status:** Passed (House: 73-0-2; Senate: 26-0-3)
  • **Sponsor:** Rep. Steve Eliason. **Senate Sponsor:** Sen. Daniel W. Thatcher.
  • **Fiscal Note:** $2.86 million (Ongoing: $2.38 million; One-time: $477,700)
Suicide Prevention Policy in Utah 2012-2019

• **SB 31, “Utah Mobile Crisis Outreach Team Act” 2018** legislation that required the Division of Substance Abuse and Mental Health to set standards for the certification of mobile crisis outreach teams (MCOTs). Also required the Mental Health Crisis Line Commission to serve as the advisory committee for MCOTs.
  
  • **Status:** Passed (Senate: 23-2-4; House: 70-0-5)
  • **Fiscal Note:** $0
Suicide Prevention Policy in Utah 2012-2019

  - **Status:** Passed (Senate: 27-0-2; House: 69-0-5)
  - **Fiscal Note:** $4,500 (ongoing)

- **HB 42, “Medicaid Waiver for Mental Health Crisis”** 2018 legislation that required the Department of Health to seek a Medicaid waiver for certain mental health crisis resources such as MCOTs.
  - **Status:** Passed (House: 72-0-3; Senate: 23-1-5)
  - **Sponsor:** Rep. Steve Eliason. **Senate Sponsor:** Sen. Daniel W. Thatcher.
  - **Fiscal Note:** $30,000 (ongoing)
Suicide Prevention Policy in Utah: 2020

Prevention and Community Education Programs
(Including school-based programs)

Primary and Specialty Mental Health Care

Crisis Contact and Referral Center—911 for behavioral health
(Including national suicide prevention lifeline and warmline)

Mobile Crisis Outreach Team (MCOT)

Example Patient Population
(Stabilization Rate)

100,000 (90%)

$40/call

10,000 (90%)

$380/visit

1,000 (65%)

$1,250/stay

350 (65%)

$2,550
($850/day)

$9,000
($1,000/day)

53 (100%)

Subacute Hospitalization

Acute Inpatient Hospitalization/ Utah State Hospital

Short-term Observation and Stabilization

Suicide Prevention Policy in Utah: 2020

• “HB 32 Crisis Services Amendments” 2020 legislation that:
  • Funds up to four 23 hour crisis receiving centers;
  • Increases the number of mobile crisis outreach teams (MCOTS), specifically in rural areas of the state;
  • Creates a Statewide Warm Line 1-833-SPEAKUT;
  • Provides funding to SAFE UT to support operations; and
  • Provides funding to the Governor’s Suicide Prevention Fund’s grant program

• Funding:
  • $2,400,000 Ongoing – Rural MCOT Teams
  • $8,035,000 Ongoing - Crisis Receiving Centers/Warm Line
  • $5,652,000 One-time – Crisis Receiving Centers
  • $250,000 Ongoing – SAFE UT for First Responders
  • $100,000 Ongoing – Suicide prevention messaging (Live On Utah campaign)
  • $250,000 One-time, $25K Ongoing - MCOT Vehicles

Status: Passed both the House & Senate Unanimously!
SPRC’s Recommendations for State Suicide Prevention Infrastructure

National Conference of State Legislatures
December 14, 2020

Julie Ebin, EdM
Manager, Special Initiatives
Education Development Center
Suicide Prevention Resource Center project
Funding and Disclaimer

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The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.
The national Suicide Prevention Resource Center (SPRC) is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer

- Best practice models
- Toolkits
- Online trainings
- Research summaries and more!

Who we serve

- Organizations
- Communities
- Agencies
- Systems

CONNECT WITH US

- www.sprc.org
- @SuicidePreventionResourceCenter
- @SPRCTweets
Today’s Objectives

• Review brief background on suicide in the U.S.
• Overview of SPRC’s Recommendations for State Suicide Prevention Infrastructure
• Discuss how Recommendations can help you
Suicide rate increases by state

Suicide rates rose across the US from 1999 to 2016.

Suicide Rates by Sex, United States 2009-2018

Source: CDC, 2020
Many factors contribute to suicide among those with and without known mental health conditions.

- Relationship problem (42%)
- Crisis in the past or upcoming two weeks (29%)
- Physical health problem (22%)
- Criminal legal problem (9%)
- Loss of housing (4%)
- Job/Financial problem (16%)
- Problematic substance use (28%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

State Suicide Prevention Infrastructure: Working Definition

A state’s **concrete, practical foundation or framework** that supports suicide prevention-related systems, organizations, and efforts including the fundamental parts and organization of parts that are **necessary for planning, implementation, evaluation, and sustainability**.

Recommendations for State Suicide Prevention Infrastructure
State Suicide Prevention Infrastructure: Overview of the Recommendations

The Recommendations for State Suicide Prevention Infrastructure articulate essential infrastructure elements for advancing and sustaining suicide prevention efforts

- Released by SPRC in 2019
- Developed in collaboration with an advisory panel of experts and key stakeholders
- Available at sprc.org/state-infrastructure
Six Essential Elements of State Suicide Prevention Infrastructure:

- **Authorize** - Designate a lead division or organization for suicide prevention in the state and give it the resources and authority to carry out all of the recommendations.

- **Lead** - Maintain a dedicated leadership position, as well as core staff positions and capacity, and create cross-agency and cross-sector collaboration within the state government.

- **Partner** - Ensure a broad, inclusive public-private partnership or coalition at the state level with a shared vision and commitment to suicide prevention.

- **Examine** - Support high-quality suicide data collection at the state and local levels to inform and evaluate prevention efforts.

- **Build** - Create a multi-faceted lifespan approach to suicide prevention across the state and allocate sufficient resources to fully implement and evaluate it.

- **Guide** - Support all state, county, and local efforts in the planning, execution, and evaluation of their efforts, including allocation of needed resources.
Priorities

**Early-Stage Recommendations**

- **Authorize:** Designate a lead division or organization
- **Lead:** Maintain a dedicated leadership position
- **Partner:** Form a statewide coalition with broad public and private sector representation

**Mid-Stage Recommendations**

- **Authorize:** Identify and secure resources required to carry out all 6 essential functions
- **Examine:** Allocate sufficient funding and personnel to support high quality, privacy-protected suicide morbidity and mortality data collection and analysis
- **Authorize:** Maintain a state suicide prevention plan that is updated every 3-5 years
- **Lead:** Dedicate core staff positions, training, and technology needed to carry out all six essential functions
Overview of State Infrastructure Tools

Related tools and resources to support the Infrastructure Recommendations include:

- **Downloadable** versions of the full and summary recommendations
- Detailed supplement on the data resources and systems needed to effectively direct suicide prevention efforts
- **Success story series** that highlights real-world examples of strong state infrastructure
- Resources to help states with little suicide prevention infrastructure get started
- **Listings of state-by-state suicide prevention coordinators** (on main SPRC website)

https://sprc.org/stateInfrastructure/tools

Recommendations for State Suicide Prevention Infrastructure
References


Thank you!

Julie Ebin
jebin@edc.org
Manager, Special Initiatives
Education Development Center
Suicide Prevention Resource Center project
Questions?
Please type your questions into the chat box and we will get to as many as we can!
UPCOMING WEBINARS

**NCSL Public Health Webinar Series:**
- **Dec. 17** | State Strategies to Address Adverse Childhood Experiences
- **Dec. 18** | Saving Moms: Strategies to Reduce Maternal Mortality in the U.S.
- **Jan. 6** | Policies and Strategies to Address Infectious Diseases
- **Jan. 8** | Welcome to the Legislature: What You Need to Know About Public Health
- **Jan. 15** | Connection of Public Health and Behavioral Health
CONTACT INFORMATION

Charlie Severance-Medaris, MPP
policy specialist
Charlie.Severance@ncsl.org
719.431.1830