

## Minnesota and the National Suicide Prevention Lifeline 2019



free and confidential support to people in suicidal crisis or emotional distress

> **180** Independent centers across the country

80%

The Lifeline connects more than 80% of callers to a call center on the first routing attempt (within 30 seconds after the greeting)

and around **95%** on subsequent attempts (within 60-90 seconds after the greeting)



If a local center is unable to answer, the call is rerouted to one of our national backup centers.

Administered by **Vibrant** through a grant from **SAMHSA** 

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SAMHSA Substance Abuse and Mental Health

## Lifeline calls in Minnesota

Lifeline-affiliated centers currently in Minnesota

Minnesota Lifeline Call volume has **increased +145%** from **2016 to 2019**  In 2019, the Lifeline received nearly 2.3 million crisis calls across the United States



42,192

calls were from Minnesota

1,973 calls were connected to crisis centers in state



Of the **42,192 callers**, 9,505 pressed "1" to be transferred to the **Veterans Crisis Line** 

and 290 pressed "2″ for **the Spanish Language Line** 



Why were only 6% of Lifeline's calls in Minnesota were answered in-state in 2019?



**Investing in crisis** centers is investing in your community

These call centers are key components of Minnesota's behavioral health systems. They are a vital entry point for coordinated care, providing critical services for Minnesota residents at serious risk

911=\$

A typical 911 call results in thousands of dollars in cost to taxpayers



Calls to Lifeline call centers cost a fraction of a 911 call

An emergency department visit or hospitalization is also much more costly



Emergency medical services are dispatched for only 2% of Lifeline calls, reducing the burden on law enforcement and emergency medical resources so they can better respond to other public safety needs

Callers to the Lifeline have better health

triaged with emergency services personnel

outcomes than people in crisis who are

Over two thirds of our crisis centers provide suicide prevention and other mental health training within their communities

Investing in crisis centers puts money back into the community by supporting local resources, local research, workforce development and local businesses





- Allocate funding to support Lifeline call centers and suicide prevention activities in Minnesota
- Consider expanding state and local investment in call centers when promoting use of the Lifeline
- Partner with local call centers for town halls and other community events
- Utilize suicide prevention and mental health expertise of call centers when crafting public policy
- Invite call centers to participate in task forces, roundtables, or other forums on mental health and suicide prevention

If a state or locality does not provide funding to a local crisis center, their ability to effectively serve all community members

is lowered. Lifeline call centers in Minnesota set the hours and coverage areas for when they will take Lifeline calls. They do

Despite their best efforts, periods of high call volume can

affect crisis centers' capacity and longer wait times can occur. When a local call center is unable to answer, the call is routed

When calls are re-routed to centers out-of-state, Minnesota callers in crisis often wait two to three times longer, receive fewer linkages to effective local care, and are more likely to

this based on funding and staffing levels.

to one the Lifeline national backup centers.

abandon their calls.

