

Vermont and the National Suicide Prevention Lifeline

2019

What's the Lifeline?



emotional distress

Independent centers across the country



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



Administered by Vibrant through a grant from SAMHSA

V!brant

SAMHSA

Lifeline calls in Vermont

Lifeline-affiliated centers currently

Vermont Lifeline Call volume has increased 80 % since 2016

in Vermont

In 2019, the Lifeline received nearly 2.3 million crisis calls across the United States

calls were connected to crisis centers in state



Of the 3,316 callers, 741 pressed "1" to be transferred to the Veterans Crisis Line

and 15 pressed "2" for the Spanish Language Line



Why were only 9% of Lifeline's calls in Vermont answered instate in 2019?



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 Vermont set the hours and coverage areas for when they will take Lifeline calls. They do this based on **funding** and **staffing levels**.



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 to one the Lifeline national backup centers.



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

Investing in crisis centers is investing in your community

These call centers are key components of Vermont's behavioral health systems. They are a vital entry point for coordinated care, providing critical services for Vermont 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 Over two thirds of our crisis centers provide suicide prevention and other mental health training within their communities





Callers to the Lifeline have better health outcomes than people in crisis who are triaged with emergency services personnel 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 Vermont
- 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