Powering through COVID-19: Strategies and Solutions for Crisis Call Centers

April 29, 2020
2:00pm ET
How to Ask a Question

Type in the chat box or use the Q&A function. Both are located at the bottom of your screen. You can choose who to send a chat or question to.
Overview

• The National Suicide Prevention Lifeline Network Crisis Chat Services
  – Shye Louis, National Suicide Prevention Lifeline

• How to support callers, clients and staff during COVID-19
  – Shye Louis, National Suicide Prevention Lifeline

• Introduction to the Disaster Distress Helpline (DDH) and FEMA Crisis Counseling Grants
  – Christian Burgess, Disaster Distress Helpline

• Financial considerations and planning strategies
  – Bart Andrews, Behavioral Health Response

• Operational challenges and solutions
  – Laura Mayer, PRS Crisis Link

• Q&A
Shye L. Louis, M.Ed.
Program Manager – Clinical Best Practices
National Suicide Prevention Lifeline
Introduction to the Lifeline

April 29, 2020
DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.
The National Public Health Safety Net

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 local safety net

- 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.
  - SAMHSA’s Lifeline grant is administered by Vibrant Emotional Health in New York City.

- County / regional-level Lifeline-affiliated center participation, as well as city, county, and state support for centers is essential so that callers:
  a) have their calls answered,
  b) have their calls answered quickly,
  c) have their calls answered with linkages to relevant local services,
  d) have their calls answered in accordance with the best possible standards in suicide crisis care.
Lifeline call volume in the U.S.

• In 2005, the first year that the Lifeline operated, we answered just over 46,000 calls.

• Over 2.3 million calls were answered in 2019.

• Over 14 million calls have been answered since 2005; we expect nearly 12 million more calls answered in next 4-5 years.

• The Lifeline & county/regional/state lines are complementary to one another.

• Even when county/regional lines are widely promoted, thousands of individuals still call the Lifeline every day from across the U.S.

• About one in four Lifeline callers are in suicidal distress.
How call routing in the Lifeline works

- Caller dials 1-800-273-TALK
- If the caller does not press a prompt, they are routed to their local crisis center.
- If the local center is unable to answer, the call is routed to our national backup network.
- If the caller presses "1", they are routed to the Veterans Crisis Line.
- If the caller presses "2", they are routed to the Spanish sub-network.
Lifeline’s demonstrated effectiveness

SAMHSA-funded evaluations since 2005 have shown:

• Lifeline centers *significantly reduce emotional distress and suicidality* in callers

• Lifeline-sponsored trainings for centers (ASIST) *significantly reduce risk* in callers more than at centers not receiving this training

• Lifeline Policies are effective in reducing imminent risk through less invasive means (*76% highest risk de-escalated collaboratively*)

• Lifeline follow-up calls to persons at risk work; 80% say calls helped keep them safe, **with half saying the calls were a primary factor in stopping them from killing themselves.**
Supporting Callers, Chat Visitors and Crisis Counselors Navigating COVID-19

Shye Louis, M.Ed, National Suicide Prevention Lifeline
National Council Webinar
April 29, 2020
Unique Challenge for Lifeline Network

• Entire network affected
• All crisis counselors are affected by the same crisis affecting callers and chat visitors
• Risks for emotional distress:
  • Individuals diagnosed or who suspect they have contracted COVID-19
    • Those worried about loved ones who have contracted COVID-19
  • Medical staff, first responders and other essential personnel
  • People in higher risk demographics
  • People with existing mental health conditions
  • Members of groups unfairly targeted for bias, harassment
  • People affected by intense news coverage
  • People affected by unemployment or financial challenges
  • People affected by stresses of isolation, home-schooling, etc.
Strategies For Support

- Lifeline crisis centers are not expected to be experts on COVID-19, its symptoms, nor outbreak response.
  - Refer to CDC for medical information
- Engage callers/chat visitors with support, compassion. Focus on rapport building and active listening as usual.
- Explore coping skills and social supports
- Assess for safety/suicide
- Connect to appropriate resources
- Conclude
General Resources and Referrals

- CDC Hotline and website
- DDH
- Local Health Care Providers
- Local Health Department
- 211
- SAMHSA Tip Sheets
  - Coping with Stress During Infectious Disease Outbreaks
  - Tips for Social Distancing, Quarantine and Isolation
- Lifeline Network Resource Center
  - COVID-19 page
Supporting Specific Populations

- Obsessive Compulsive Disorder
- Other Anxiety Disorders
- Psychosis – delusions and paranoia
- Domestic Violence
- Sexual Violence
- Addictions and Recovery
- Immunocompromised individuals
- Targets of bias and discrimination re: COVID-19
- Essential workforce
- Isolating individuals
- Inmates and their families/loved ones
Supporting Crisis Center Staff

- Support in clinical interactions
- Logistical considerations for on-site staff
- Logistical considerations for remote staff
- Internal communications
- Managing staff stress and anxiety
Support Tips for Callers AND Counselors

- Staying informed
- Physical Activity
- Relaxation/Distraction Tools
- Anxiety Support Tools
- Connection

- Work/Life Balance
  - Creating structure
  - Logistical planning
  - Creative learning opportunities
  - Self-care
  - Communicating with kids and educational support resources
Contact Information

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Disaster Distress Helpline
Powering through COVID-19: Strategies and Solutions for Crisis Call Centers

Disaster Distress Helpline: Overview & Resources

Christian Burgess, Director, Disaster Distress Helpline
Vibrant Emotional Health
The DDH is a national hotline (1-800-985-5990) and SMS (text ‘TalkWithUs’ to 66746) service available to anyone in the U.S. states/territories before, during & after disasters that provides 24/7/365 crisis counseling and support via a network of crisis contact centers located throughout the country.

**Goal:** To support individuals and families experiencing emotional distress related to disaster, in order to help them move forward on the path of recovery

Also:

- **Complements local / state / other national services**

  - **Multi-lingual** interpretation services in 100+ languages; live 24/7 crisis counseling in Spanish available via the hotline and SMS (text ‘Hablanos’ to 66746)

  - Hotline & texting available to **U.S. territories** (from Puerto Rico text ‘Hablanos’ to 1-787-339-2663)

  - Individuals who are **deaf, hard of hearing or who have speech disabilities** can utilize TTY 1-800-846-8517; dial 7-1-1 or their preferred relay provider to connect with the hotline; or text TalkWithUs to 66746
Disaster Distress Helpline: When someone calls or texts...

- Psychological First Aid
  - NCTSN, http://learn.nctsn.org

- Disaster Crisis Counseling for Crisis Contact Centers

- Post-Disaster “Just In Time” Information/Resources

- Crisis Assessment, Intervention and Referral

- Guiding Principles
Additional DDH Resources

Disaster Distress Helpline Website
http://disasterdistress.samhsa.gov
- Information & resources for providers, risk groups, general public

Strength After
http://strengthafterdisaster.org
- Resources for providers, risk groups, general public

Planned: Online Peer Support Communities
- Online forums for connecting survivors, responders, others across disasters to facilitate peer support, share trusted information & resources, offer access to 24/7 crisis & emotional support

Social Media
- /distresshelpline
- @distressline

February 22, 2012
@Rebuild Tuscaloosa: Thanks for sharing & thank you for what you do to help others :) It takes a team to get through things like this.
SAMHSA Disaster Technical Assistance Center (DTAC)

- http://www.samhsa.gov/dtac
Resources in Disaster Behavioral Health

**Crisis Counseling Assistance and Training Program (CCP)**

- [http://www.samhsa.gov/dtac/ccp](http://www.samhsa.gov/dtac/ccp)

**Types of CCP Grants**

- Immediate Services Program (ISP)
- Regular Services Program (RSP)

**CCP Goals and Principles**

- Helping disaster survivors understand their current situation and reactions
- Reducing stress and providing emotional support
- Assisting survivors in reviewing their disaster recovery options
- Promoting the use or development of coping strategies
- Connecting survivors with other people and agencies who can help them in their recovery process

**CCP Services**

- Individual and group crisis counseling
- Basic supportive or educational contact
- Community networking and support
- Assessments, referrals, and resources
- Development and distribution of educational materials
- Media and public service announcements
Additional Resources

- American Psychological Association Disaster Response Network
  https://www.apa.org/practice/programs/dmhi/index

- National Child Traumatic Stress Network (NCTSN)
  https://www.nctsn.org

- NLM Disaster Information Management Research Center

- National Voluntary Organizations Active in Disaster
  https://www.nvoad.org

- Centers for Disease Control
  https://emergency.cdc.gov

- HHS Assistant Secretary for Preparedness and Response (ASPR)
  https://www.phe.gov
For more information:

Christian Burgess, Director, Disaster Distress Helpline
cburgess@vibrant.org / 212-614-6346 / @cburgessDDH
Behavioral Health Response (BHR)
BHR Services

- Crisis Lines
  - ED/OP Clinic support
  - Phone, Telehealth and Onsite

- Continuous Placement Services

- I/P Unit Onsite support for Staff/MDs

- Care Collaboration/Follow-up
Suppose I told you a pandemic would force us to provide all our services remotely by April 1
BHR COVID-19 Response

- **7 Mar. 20**: First St. Louis Case
- **9 Mar. 20**: Pandemic Policy Implemented
- **13 Mar. 20**: F2F work stops all form signing/sharing
- **18 Mar. 20**: COVID risk screening prior to dispatch
- **20 Mar. 20**: All community outreaches now done telephone/telehealth
- **23 Mar. 20**: Shelter in place order issued
- **27 Mar. 20**: Contact center 100% remote
- **28 Mar. 20**: Hospital consult transition to remote
- **27 Mar. 20**: Prepping contact center to go full remote
- **28 Mar. 20**: Office 100% remote capable
- **April 4, 2020**: All F2F services now telephone/telehealth

Emergency Team Activated
Begin transition to remote services for F2F
Transition to Remote/Phone/Tele-Barriers

Clinicians often a larger barrier to implementation than clients:

1) Identify your early adopters and start with them
2) Let staff ask questions and state concerns
3) Most staff make this transition well
4) Debrief staff after they have implemented
5) Use debrief as lesson learns/process improvements
Verbal Consent

• Verify name and DOB
• Request CONSENT for telehealth after explaining
  • Risks: using a secure platform but still includes risk
  • Limits of confidentiality (same as usual)
  • Benefits: response time, same quality of service
  • Alternatives: telephone
• Explain clearly purpose and goal of assessment
• Document consent was given
Beta testing/Work Arounds

• Identify tech savvy champions to beta
• Create workflow as you test
• Identify areas you can’t replicate remotely
  • Work around it (or not)
• Mitigate security concerns and document
• Use office as backstop
Phone Work

- Yes, it is harder
- Set expectations
  - Who is there/with you?
  - Need to attend to something, let me know
  - Normalize what’s different so you can focus on what is the same
- They can’t see you, so you must be overt with “listening” sounds/vocalizations
Easy Steps: RECEIVE

- Respond warmly/positively
- Explore need/explain process
- Check in and get permission
- Expect to go off protocol
- Include customer in your actions
- Validate emotional content
- Evaluate and adjust as needed
Irvin Yalom - 2017

• Authentic Healing Relationship is key
• We cannot anticipate what will or will not be key
• DX may impair or distort understanding
• Existential crisis MORE common and important
• Don’t lose sight of whole person
• PROCESS CHECKS
  • What is state of our encounter in the moment
  • Do you have questions for me?
  • Comment on relationship
  • Honest and transparent with focus on BOND between
• The goal is helping on how to have a meaningful life
Discussion Points

• When is face-to-face is preferable?
• Client concerns about privacy?
• Mitigate tech issues
• Documentation tips
• Documenting clinician's work/quality outcomes
• Recording – DON’T*
Laura Mayer

Director, PRS CrisisLink

24/7 Hotline
Local and Lifeline National Back Up
Textline
Telephone Reassurance
Lifeline Core Chat Center

Blended Employee and Volunteer Staffing Model

(703) 516-6770
lmayer@prsinc.org
www.prsinc.org/crisislink
This is a trauma

No matter how you are feeling right now, it is valid, and these feelings deserve to be acknowledged, honored, and felt.

the empowered therapist
Your Operations Plan:
This may be different than your original COOP

- People
- Policy
- Technology
- Training
- Supervision – Accountability
- Support

Remote Planning:
Glitches & Growing Pains
People

Use the Survey Information for Planning

- People **WANT** to work, they need their income. How can your organization get creative and build pathways for your employees/volunteers to perform?
- Is there a team that **MUST** remain onsite? Can social distancing be accomplished while they are onsite? Do they have the supplies for cleaning to feel and remain safe?
- Create a mock schedule with what you get, not what you want
- Fill the gaps differently, is there another service line they **COULD** perform on
People & Policy

Organizational Policy - Human Resource

- Address equity early (how will you manage a workforce with a mix of childcare issues and other care obligations in a pandemic?)
- Decide who will make the decisions about equity, case by case
- Decide how those decisions will be evaluated
VIRTUAL CRISIS CENTER
SUPPORT

• Communication
• Connection
• Leading with patience and perspective
• Accountability with context
PRESSURE AND PERSPECTIVE

• What you do now, can align your organization for growth as other organizations which may struggle
• Make decisions for the present and the future
• Breathe and break before you make bigger decisions
• Consult with others, especially the front line
Questions and Discussion
Thank You!

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