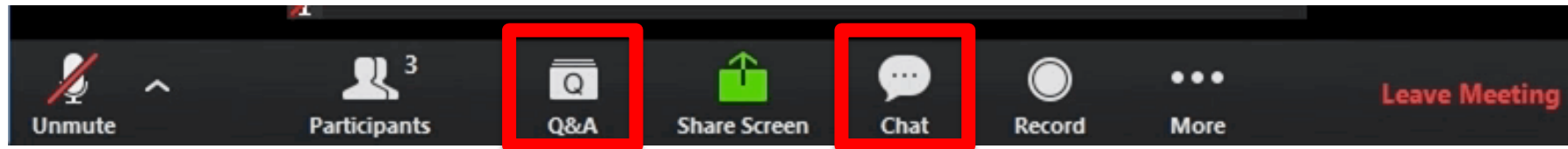


Powering through COVID-19: Strategies and Solutions for Crisis Call Centers

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.
 - Major Partners: NASMHPD, National Council for Behavioral Health, Columbia University and the Department of Veterans Affairs.
- 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.

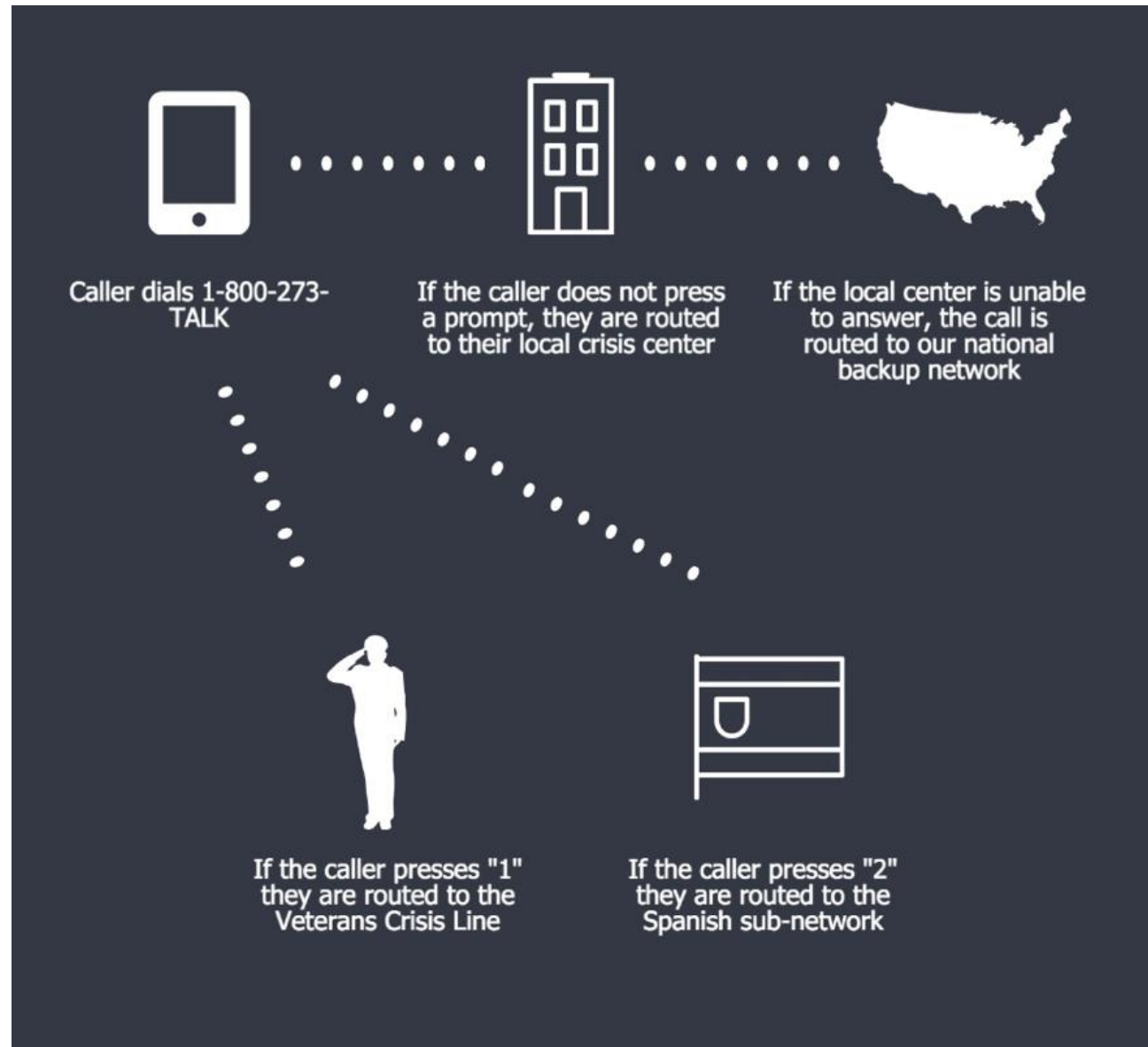


Lifeline call volume in the U.S.

- 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



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.**



Best Practices in
Crisis Care

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

Supporting 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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Prevention Lifeline

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Christian Burgess, MSW
Director
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

Disaster Distress Helpline: Overview

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...

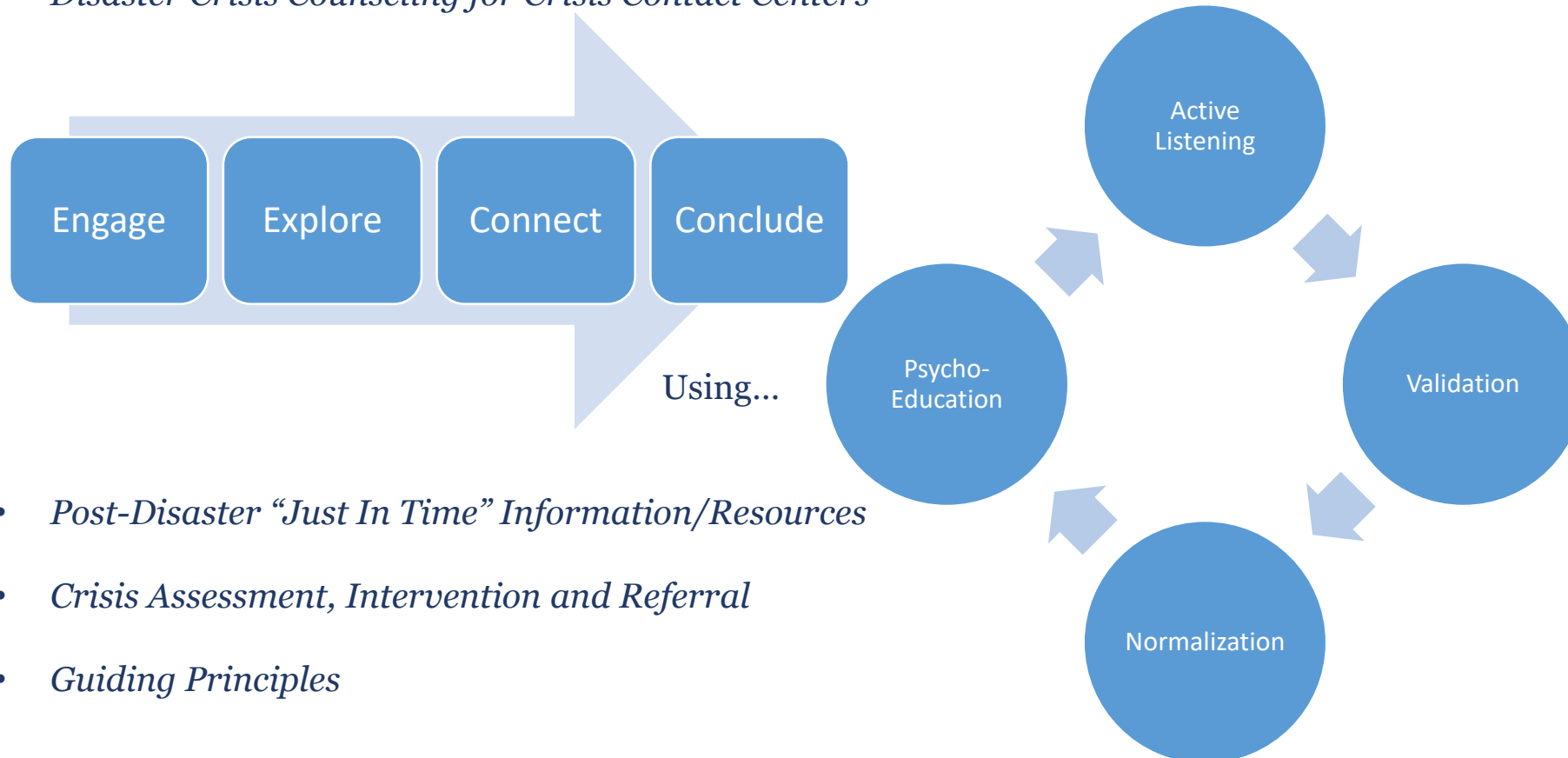
Disaster Distress Helpline: When Someone Calls or Texts ...

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

NCTSN

The National Child
Traumatic Stress Network

- *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>

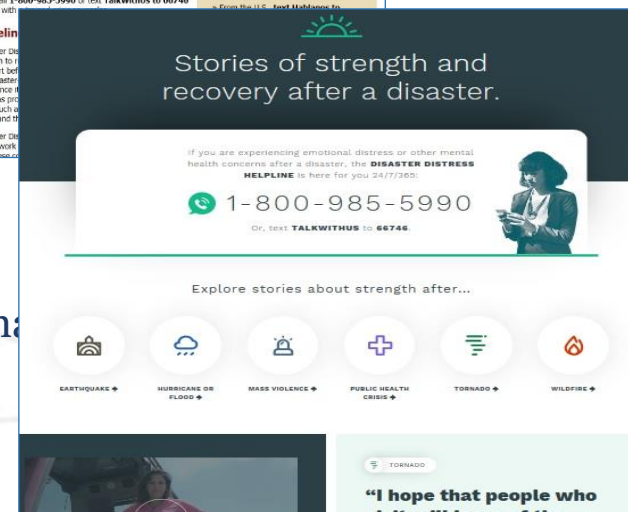
- Resources for providers, risk groups, general public

Planned: Online Peer Support Communities

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

Social Media

-  /distresshelpline
-  @distressline



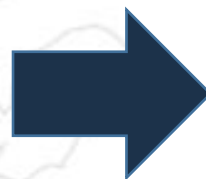
February 22, 2012
@RebuildTuscaloosa: Thanks for sharing & thank you for what you do to help others :) It takes a team to get through things like this.

Resources in Disaster Behavioral Health

SAMHSA Disaster Technical Assistance Center (DTAC)

- <http://www.samhsa.gov/dtac>

The screenshot shows the SAMHSA website's main navigation bar with links like Home, Newsroom, Site Map, and Contact Us. A search bar is prominently displayed. The main content area features a large banner with the text 'PREPARE RESPOND RECOVER' and a search bar. Below the banner, there is a section titled 'Disaster Technical Assistance Center (DTAC)' with a description of its mission. To the right, there is a 'Disaster Distress Helpline' section. At the bottom, there are sections for 'About SAMHSA DTAC', 'SAMHSA DTAC Resources', and 'DBHIS Resource Collections'.



The screenshot shows the SAMHSA DTAC website's main navigation bar with links like Find Help, Topics, Programs & Campaigns, Grants, Data, Priorities, About Us, and Publications. A search bar is prominently displayed. The main content area features a large banner with the text 'PREPARE RESPOND RECOVER' and a search bar. Below the banner, there is a section titled 'DTAC Webinars and Podcasts' with a list of resources. To the right, there is a 'SAMHSA DTAC Bulletin' section. At the bottom, there is a 'Building Awareness of Disaster Behavioral Health (DBH)' section.

Resources in Disaster Behavioral Health

Crisis Counseling Assistance and Training Program (CCP)

- <http://www.samhsa.gov/dtac/ccp>

Types of CCP Grants

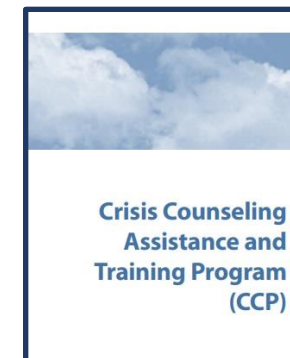
- Immediate Services Program (ISP)
- Regular Services Program (RSP)

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

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**
<https://disasterinfo.nlm.nih.gov>
- **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:

We're waiting
for your call!
(Or text.)



Christian Burgess, Director, Disaster Distress Helpline
cburgess@vibrant.org / 212-614-6346 / @cburgessDDH

Bart Andrews, Ph.D.
Chief Clinical Officer
Behavioral Health Response





Behavioral Health Response (BHR)

BHR Services

Crisis Lines

ED/OP Clinic support
Phone, Telehealth and
Onsite

Continuous Placement
Services

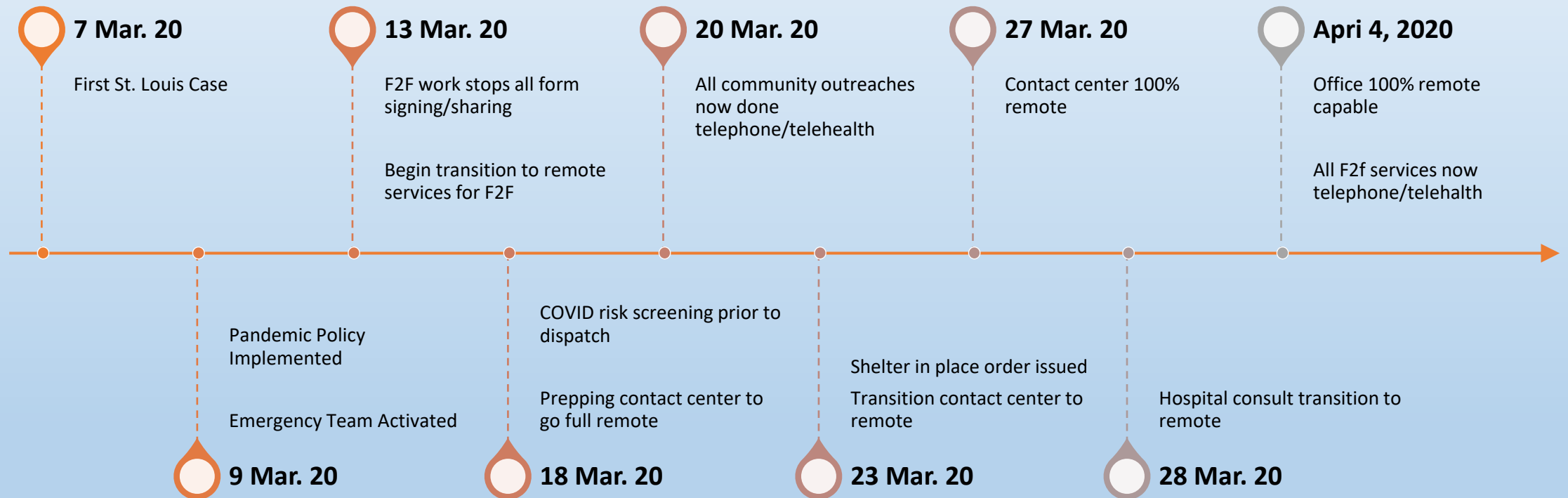
I/P Unit Onsite support
for Staff/MDs

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



Transition to Remote/Phone/Tele-Barriers

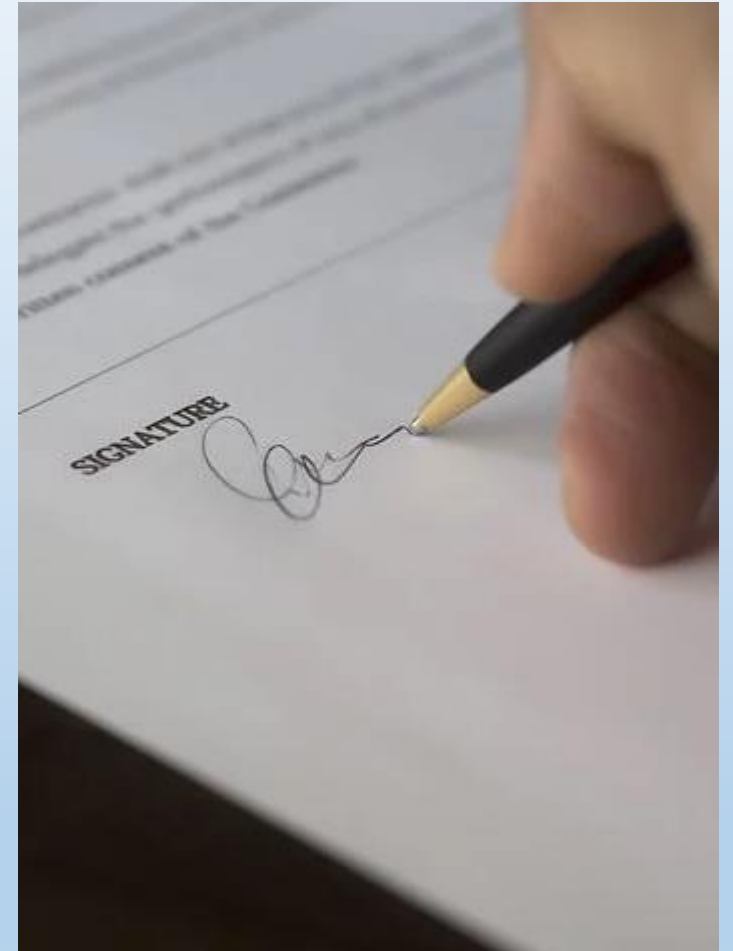
Clinicians often a larger barrier to implementation than clients:

- 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

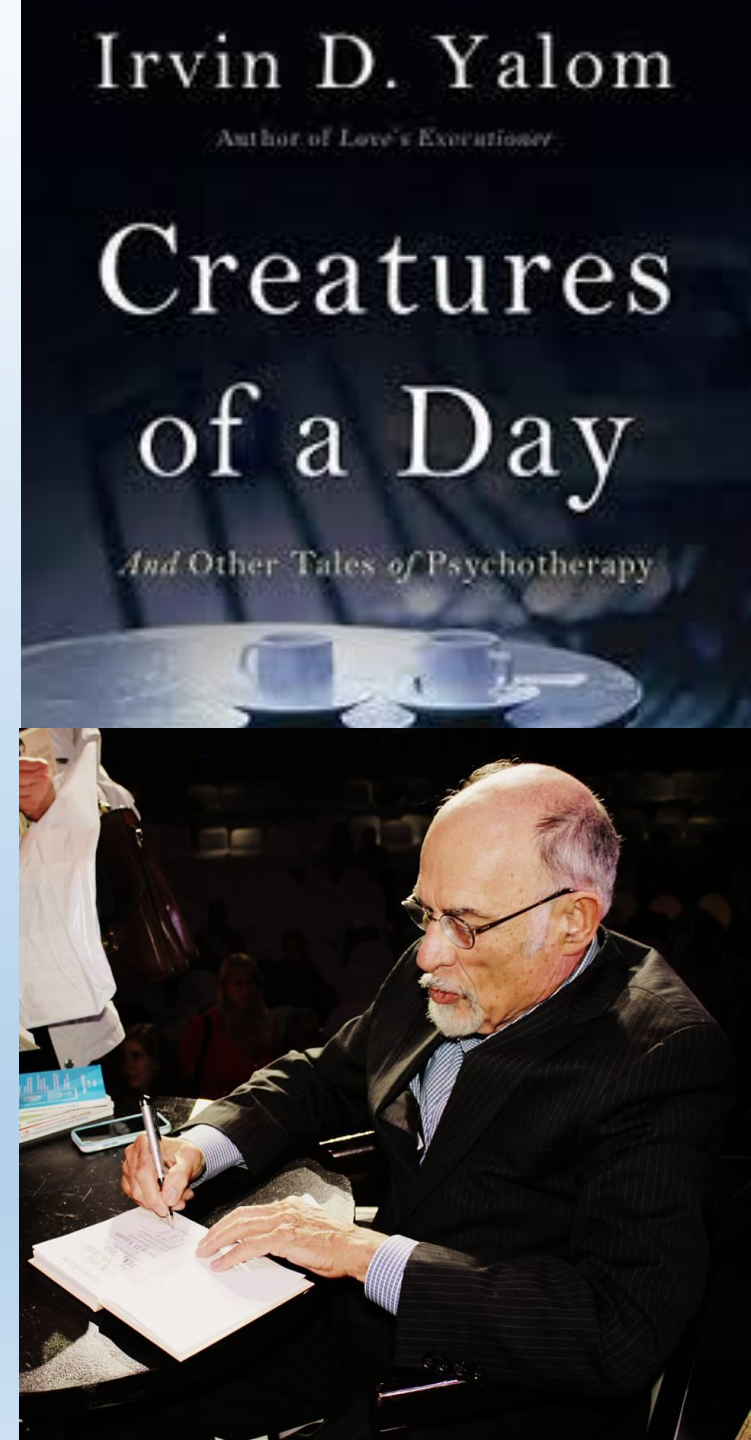
Validate emotional content

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*





CrisisLink

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



COMMUNICATION

VIRTUAL SHARING SPACE

VIRTUAL CRISIS CENTER

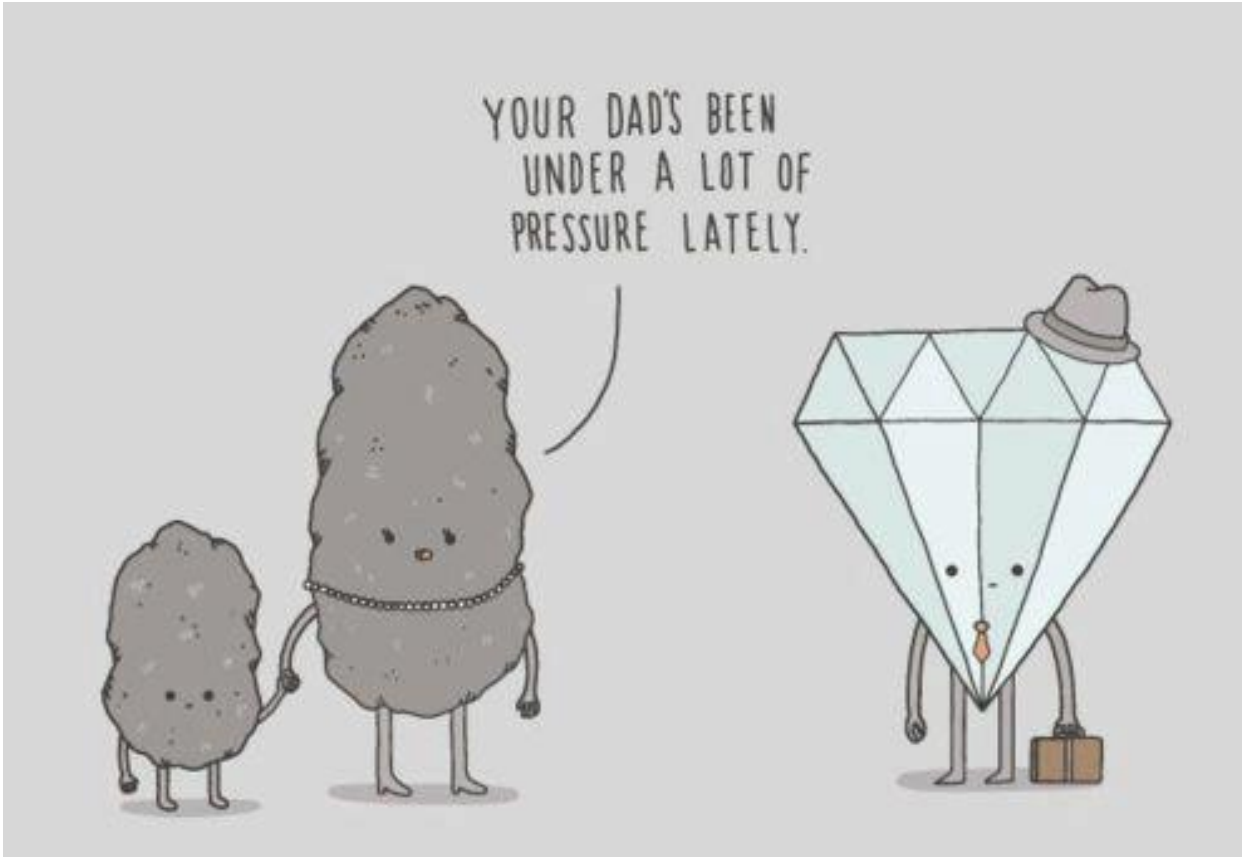


SUPPORT

- 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



NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Thank You!

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Laura Mayer lmayer@prsinc.org

