

The Zoom Interface

The screenshot shows the Zoom Webinar interface with several key elements and annotations:

- Header:** "Zoom Webinar" title bar, "You are viewing David Terry's screen", and "View Options" dropdown.
- Content Area:** TTC Technology Transfer Centers logo, "Thank you for joining us today!", and "You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window is open, showing a question: "This is a test question!". It includes tabs for "All questions (1)" and "My questions (1)", and a text input field labeled "Type your question here...". Annotations explain that users can switch between questions and use the Q&A feature to ask questions of the host and presenters.
- Chat Window:** A "Zoom Webinar Chat" window is open on the right. It shows a "To: All panelists" field and a message: "Your text can only be seen by panelists". Annotations explain that the chat feature allows users to talk with other people and that the "To" field indicates who will receive the message.
- Bottom Bar:** Contains "Audio Settings" (with a "Click Here to adjust your audio settings" annotation), "Chat", "Raise Hand", "Q&A", and "Leave" (with a "Click here to leave the session" annotation) buttons.
- Speaker Selection:** A "Select a Speaker" dropdown menu is visible, showing options like "Speakers (Realtek(R) Audio)" and "Same as System".

All attendees are muted. Today's session will be recorded.

988 Mental Health Call-Line: An Overview for Health Providers & Educators

William Zimmermann, LCSW

Program Manager

New Jersey Suicide Prevention Hopeline

National Lifeline Back Up Center



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Mental Health Technology Transfer Center
Funded by SAMHSA

**Northeast and Caribbean
Region 2**

**General Mental
Health Workforce**

**Provider
Wellness**

**Youth & Young
Adult Services**

**School Mental
Health Workforce**

Services Available

No-cost training, technical assistance, and resources





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We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!



Northeast and Caribbean (HHS Region 2)

MHTTC

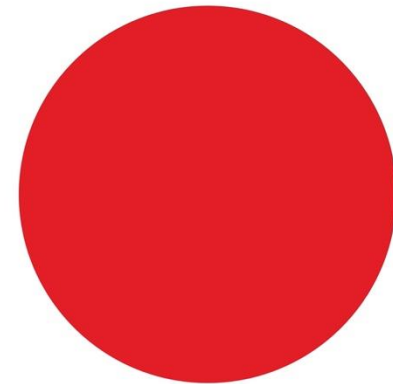
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.



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Disclaimer

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Meet Today's Presenter

William Zimmermann, LCSW

Program Manager

New Jersey Suicide Prevention Hopeline

National Lifeline Back Up Center



- Mental health crisis
- What is 988?
- 988 & Crisis Services vision
- Lifeline network
- 988 by the numbers
- How does 988 work?
- 911 vs. 988
- Practice scenarios
- Q & A

A spiral-bound notebook with a black cover and a silver pen are placed on a wooden surface. The notebook cover is cream-colored and has the words "Today's Agenda" written in a black, cursive script. The pen is silver with a black clip and a black tip.

Today's
Agenda

SHARE

What is your role?

How familiar are you with 988?

How helpful has 988 been to you, someone you care about, or someone you provide services to?



In 2021

- Nearly 900,000 youth ages 12–17 and 1.7 million adults attempted suicide.
- There was approximately one death by suicide every 11 minutes.
- For people ages 10–14 and 25–34 years, suicide was the second-leading cause of death.
- More than 105,000 people died from drug overdoses.

Too many people across the U.S. experience suicidal, mental health, and/or substance use crisis without the support and care they need.



988

**SUICIDE
& CRISIS
LIFELINE**



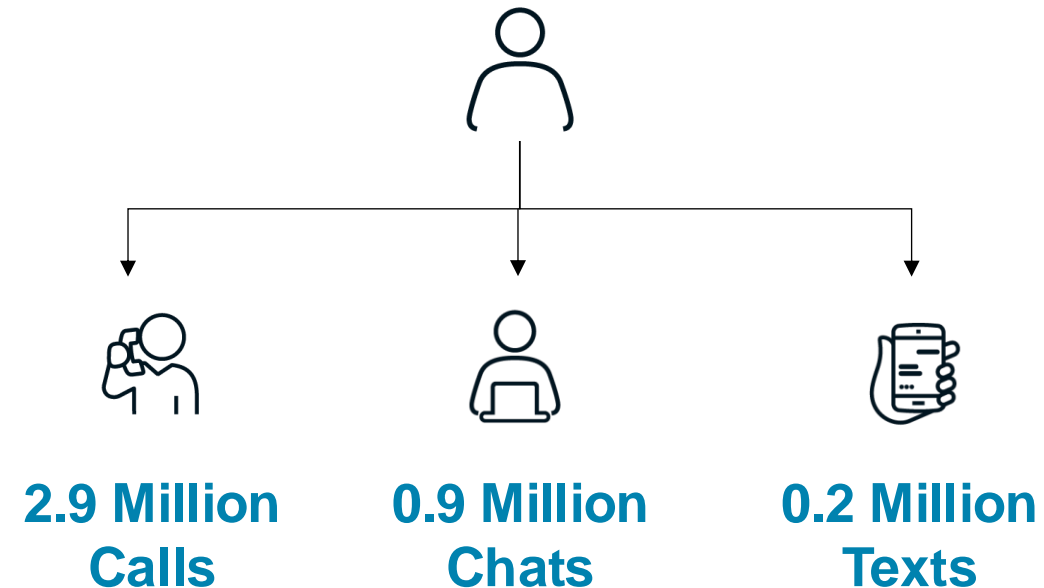
SAMHSA
Substance Abuse and Mental Health
Services Administration

In FY22, the Lifeline received roughly **4 million contacts**

People who **call the 988** Lifeline are given three options:

- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Press 3** to connect with **LGBTQ+ support for people under age 25**
- **Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



Someone to talk to. Someone to respond. A safe place for help.



988 Lifeline:

An important step towards achieving part of that vision – someone to talk to.

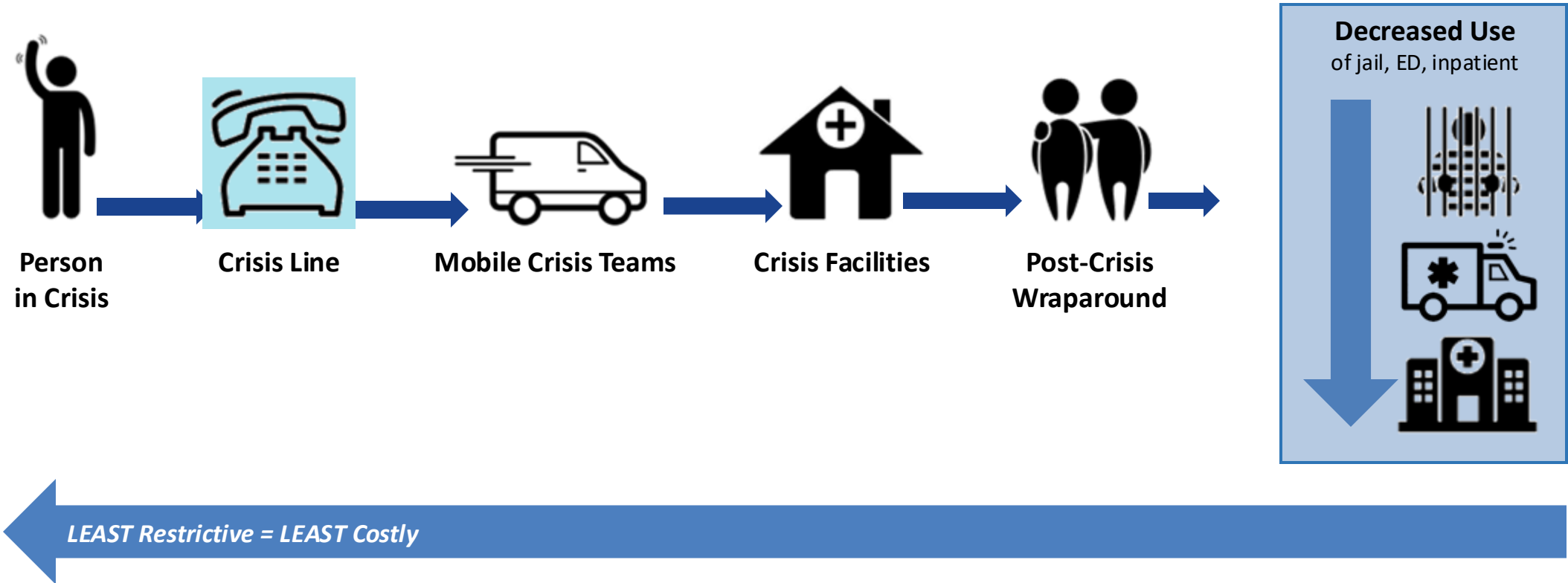


Crisis Care System:

A robust system that provides the crisis care needed anywhere in the country.

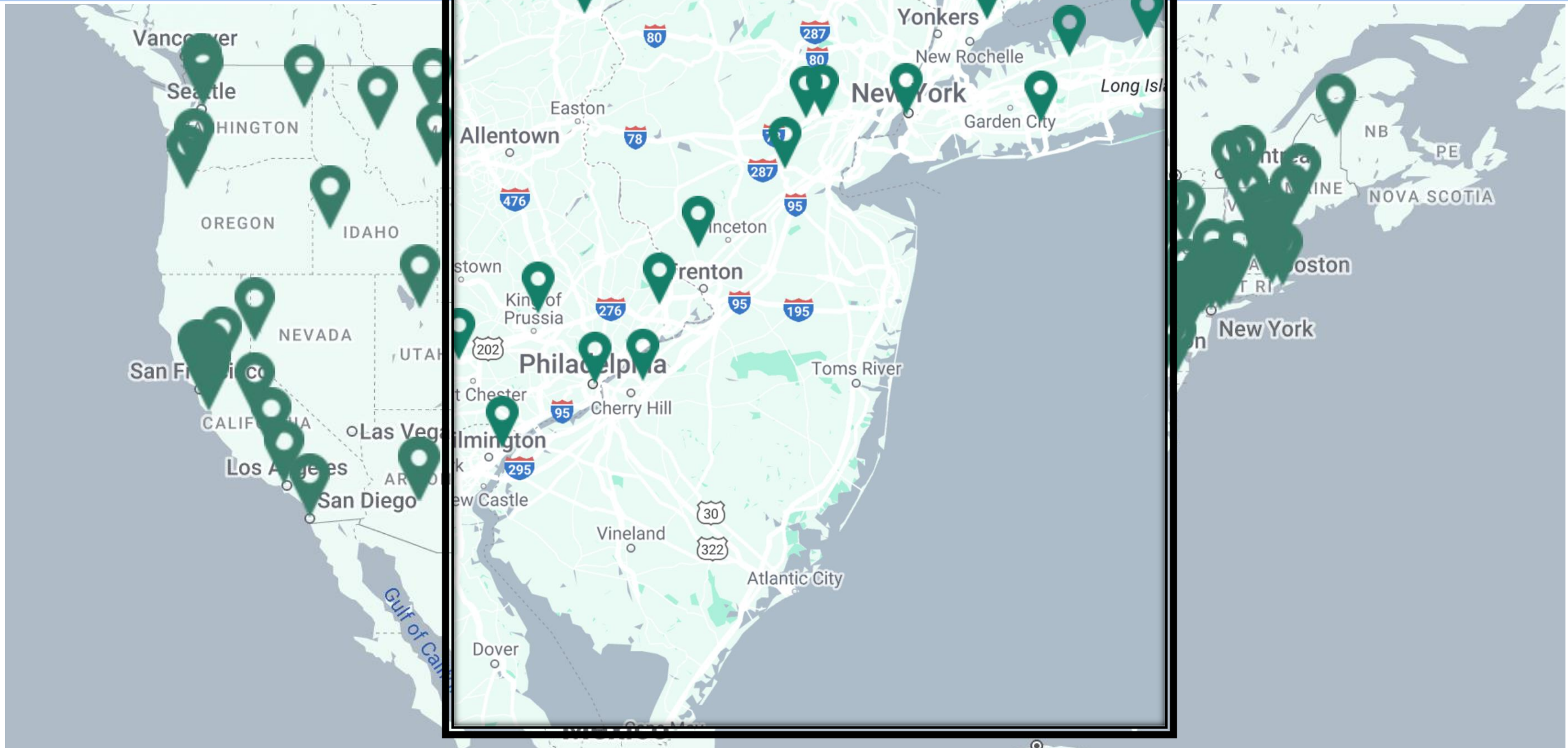


Crisis Contact Centers as an Essential Component of a Broader Crisis Continuum



Snapshot of the

988



988 Lifeline: One Year Later

988 Milestones to Date

In the year since rolling out the 988 Suicide & Crisis Lifeline, the line has answered nearly **5 million contacts** — nearly **2 million more** than the previous 12 months following the \$1 billion Biden-Harris Administration investment.

Of the nearly 5 million answered, about **665,000** were texts.

Compared to the 12 months prior,



The average speed to answer decreased from **2 minutes and 39 seconds** to **41 seconds**.

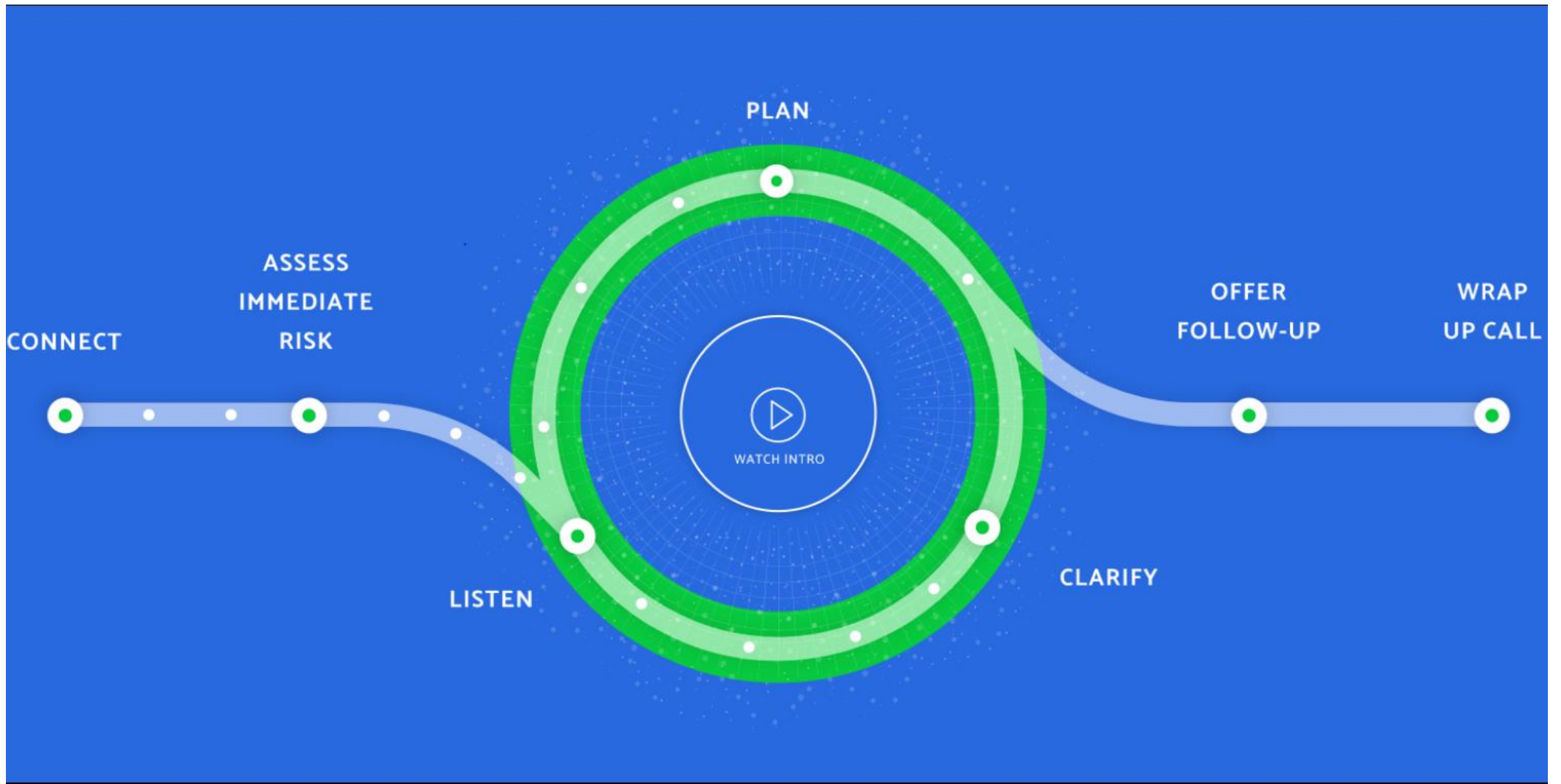
Of the 5 million contacts in the past year, almost **1 million** were answered by the Veterans Crisis Line (VCL). The 988 Lifeline links to the VCL, which military members, veterans, and their families can reach by dialing 988 and pressing option 1.

The 988 Suicide & Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, helps thousands of people overcome crisis situations every day.

Proven to work – Lifeline studies have shown that after speaking with a trained crisis counselor, most callers are significantly more likely to feel:

- less depressed
- less suicidal
- less overwhelmed
- more hopeful





What Happens When I Call?

What Happens When I Call?



CONNECT



ASSESS
IMMEDIATE RISK



LISTEN, CLARIFY,
PLAN



OFFER FOLLOW
UP



WRAP UP





Who Answers the Call?

- Independent Crisis Centers
 - Varied staffing requirements
- Rutgers UBHC Staffing
 - Line Staff
 - Mental Health Professional Supervision
 - Multiple Layers of Consultation available
- Standardized Training on Engagement and Assessment

What Happens During the Call

Scope of the Line

- Suicidal, Mental Health and Substance Abuse Crisis
- Emotional Distress

Limitations of the Line

- Not meant to take the place of formal treatment
- Not meant to replace coping skills or primary/social supports



What if More Than a Call is Needed?

Follow Up

- 988 staff follow-up after call

Referral

- Mental Health, Substance Abuse or Concrete Service referrals

Linkage

- Urgent or emergent care (higher acuity = more coordination)

Rescue

- Last intervention, after all less restrictive options exhausted

988 Versus 911

988

- **Immediate support for Emotional Distress**
 - “Someone to Talk To”
- **More than 98% of 988 Lifeline calls are resolved at the first point of contact**
- **Very small percentage require activation of the 911 system**
 - Most with voluntary consent
 - Always implement least restrictive intervention

911

- **Limited resources for de-escalation or emotional support**
- **For Life Threatening Emergencies**
 - When Time is of the Essence
- **Dispatch of trained Crisis Intervention Team (CIT) officer may be available**
- **ARRIVE Together Program**
 - <https://www.njoag.gov/programs/arrive-together/>

Transforming Crisis Care Together

988 SUICIDE & CRISIS
LIFELINE



What can you do?

Jai is a medical student. He's been feeling very overwhelmed by the coursework. His parents have wanted him to become a doctor for as long as he can remember.

He came to your office and shared that he's having difficulty focusing on his coursework, has been staying up till 3 a.m. studying, is having a hard time focusing on the readings, and feels like there's no point anyway because he won't understand it.

He's afraid to disappoint his parents, feels like a failure, and guilty for not being able to make them proud. He's been feeling pretty hopeless, isn't sleeping well, and hasn't had an appetite for the past few days. He says he's been thinking about doing something drastic to relieve the pressure.





What can you do?

Imani has arrived for her annual physical. She completed the PHQ-9. She has a moderately high score, suggesting she may need treatment for depression. Imani also says that after her godson's death, she's been thinking she'd be better off dead too, because she is in so much pain.

You talk to Imani about how she's feeling and potential treatment options, but Imani says she's not interested. She says it's not that bad and that she'll be fine, but you're not convinced, and you're concerned that she might act on her suicidal thoughts.

Resources

- Follow-Up Matters
<https://followupmatters.988lifeline.org>
- Arrive Together Program,
<https://www.njoag.gov/programs/arrive-together/>
- 988 Partner Toolkit,
<https://www.samhsa.gov/find-help/988/partner-toolkit>
- 988 Lifeline, <https://988lifeline.org/>

988

**SUICIDE
& CRISIS
LIFELINE**

Questions?



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Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.



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Our Podcast Channel



Check out our latest podcast series!

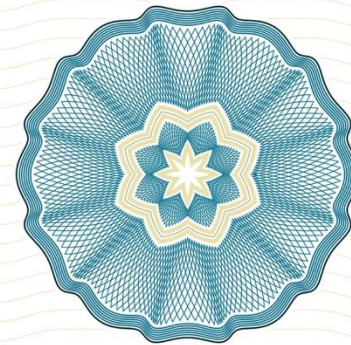
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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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