The National Suicide Prevention Lifeline and Oregon

Semi-annual Call Volume and Center Status Report

(January-June 2020)
WHO ARE WE?

The Lifeline is the nation's public safety net for all American residents in emotional distress or suicidal crisis.

The Lifeline was established in 2005 by SAMHSA.

Through its toll-free number (800-273-TALK), the Lifeline is a national service designed to seamlessly connect persons in each state to locally financed and operated crisis centers, so they are able to get the best care, nearest to them.

This year, the Lifeline's network of over 160 local centers will answer over 2 million calls.

WE BELIEVE

1. Healing, hope, and help can happen.

2. We can all take action to prevent suicide.

3. Local crisis centers are critical partners in all community suicide prevention.

OREGON MEMBERS

In Oregon, there are 2 crisis centers which are members of the Lifeline...

📍 Lines for Life (Portland)

📍 Northwest Human Services (Salem)
OREGON HIGHLIGHTS

The Lifeline is a local and national safety net for people in crisis, with one easily recognizable national toll free hotline.

In the first six months of 2020, there were 17,121 callers from Oregon to the Lifeline.

Of those 17,121 callers, 86% were able to receive help in Oregon.

Which means that 2,433 callers from Oregon, were unable to be answered by a local center in Oregon.

Where are the callers from Oregon being answered?

Callers from Oregon are better served by their local crisis centers. However, if the nearest center to the caller is busy, Lifeline network backup centers in other regions across the United States make their best efforts to answer these calls.

This chart shows total annual call volume from Oregon for the last five years.

This chart shows where the callers from Oregon were answered between January and June of 2020.
**OUR GOALS**

Why is it important that your state support local Lifeline crisis centers?

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**Best Practices in Crisis Care**

The clinical care task force for the National Action Alliance finds that best practices in suicide care have not been implemented in all crisis settings. Being a member of the Lifeline ensures that your state is meeting standards established by SAMHSA funded evaluation of crisis centers. These evaluations show Lifeline centers significantly reduce emotional distress and suicidality in callers. All Lifeline centers are required to be accredited and adopt industry standard practices based on research and national expert consensus. Recent research by Rand shows that Lifeline centers do a better job of assessing risk and reducing distress in callers than non-Lifeline crisis centers.

**Cost Effective Means to Fill in Gaps of Care**

Aside from research showing that Lifeline centers reduce suicidal and emotional distress in callers, Lifeline centers in your state can better ensure that Oregon callers "go through the right door" for local care. Local Lifeline crisis centers reduce the burden on your emergency rooms, police, and emergency responders, as well as your behavioral healthcare providers, who often must step in when emotional crises escalate. The centers also provide a safety net not in the absence of other affordable community resources. People in crisis can easily use hotlines to access help when other mental health, substance abuse, and social services have eligibility restrictions, are unavailable in rural areas, are inaccessible during late night hours, or no longer operate because of budget cuts.

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**PUBLIC RECOGNITION**

To efficiently connect callers with your local crisis and behavioral health services, the crisis centers in Oregon need to be part of the Lifeline. The phone number and brand of the National Suicide Prevention Lifeline can be associated with many state and national public health efforts to prevent suicide. Millions of suicide prevention stakeholders across this country are promoting the Lifeline offline and online, but 75% of Lifeline callers first learn of the service from online resources.

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**QUESTIONS?**

Your callers in crisis deserve the best help they can receive – and they deserve to receive it in their own state, from providers who know where the best care is to support their local needs.

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