Introduction

National and local youth mental health crisis lines have received increased attention during the pandemic as suicidal thoughts, anxiety, and depression among young people have risen. The California Children’s Trust examined youth crisis lines and their role in providing services prior to and during the pandemic. While there are dedicated crisis lines for specific circumstances (e.g. LGBTQ concerns, eating disorders, etc.) this brief focuses on general mental health crisis lines. We also put a spotlight on the California Youth Crisis Line (CYCL) to learn more about its operations and experience.

Crisis lines operate within a challenging mental health ecosystem, fraught with workforce shortages (for counselors, therapists, and other professionals) and an overall lack of available resources. There is inconsistency in available mental health services and access points between and within counties. And there is inherent confusion around who is responsible for providing services among the many institutional players such as county agencies, managed care organizations, health care providers, and schools. It is therefore challenging for mental health crisis lines to make actionable and appropriate referrals for help as the youth mental health care delivery system is not strong or robust enough to meet the demand for services.

In spite of this, crisis lines play an important role in helping young people at their most vulnerable moments, and in many ways crisis lines have been pioneers in what has become accepted (and expected) telemental health practice using a variety of modalities. Phone, text, and chat communication will continue to play an ongoing role in youth mental health—and crisis lines are valuable learning laboratories.

BIG PICTURE

- Having served a critical need for over 60 years, crisis lines have been used at increasing rates during the pandemic.
- More research is needed to understand the full impact and utilization of youth crisis lines.
- Financing for crisis lines comes from a variety of state and federal sources but is insufficient and unstable at the state and local levels.
- Crisis lines provide a valuable workforce development pipeline, training thousands of youth volunteers, some of whom pursue careers in counseling and social work.
- Crisis lines need to be better integrated with the larger mental health ecosystem and financed by players in that ecosystem.
Youth Mental Health Overview

Over the past decade, California children ages 10-14 experienced a 151% increase in inpatient visits for suicide, suicidal ideation, and self-injury (source). Behavioral health emergency room utilization for youth at Rady Children’s Hospital in San Diego increased 1,746% between 2011 and 2019. The pandemic has made what was already a growing crisis even worse. UCSF Benioff Children’s Hospital Oakland reported double the number of youth suicide attempts in the fall of 2020 than in 2019. Notably, Black youth are disproportionately impacted by the mental health crisis with a suicide rate twice that of their white peers (source).

The state needs to do better for young people. California ranks in the lowest 10% of states for providing critical early behavioral, social, and developmental screenings, and 44th in the nation in access to mental health services for children (source).

Crisis Lines Are One Resource Among Others

Crisis lines are an important resource, among others, for young people experiencing a mental health crisis. Navigating the maze of often siloed services can be overwhelming and confusing.

Organizations serving as resources for youth mental health include:

- **Mental Health Plans (MHP) and Managed Care Organizations (MCO)** Provide access points such as their own crisis lines, stabilization centers, walk-in centers, crisis residential centers, and mobile crisis units.

- **2-1-1 Free Phone Lines** Receive non-emergency referrals to local community services for physical and mental health, non-health support, and crisis interventions. 2-1-1 covers 96% of the state with major funding and operational support from California United Ways (source).

- **County Mental Health Departments** Operate call, text, chat, and email crisis response programs in each of California’s 58 counties. Their 24/7 hotlines serve residents seeking crisis assistance and access to local mental health programs (source).

- **Warm Lines** Focus more on mental health generally and non-emergencies; free, confidential peer-support services run by volunteers or paid employees (source).

- **National 9-1-1 Emergency Phone Line** Receives requests for emergency assistance; about 6 to 10% of 9-1-1 calls are mental health related (source).

- **9-8-8 Mental Health Crisis and Suicide Prevention Line** The 9-8-8 line, which will be launched in 2022 by the Federal Communications Commission, is intended to relieve the 9-1-1 line of mental health and suicidal crisis calls and to provide more equitable, safe, and appropriate interventions. Will direct callers to the National Suicide Prevention Lifeline for mental health and suicidal crises (source).

The emergence of new crisis lines over time, while theoretically helping to meet increasing demand, also creates confusion and underscores the lack of collaboration and coordination between the various lines. The new 9-8-8 number could result in consolidation in California by replacing the 10-digit Lifeline number. Defined as a mental health crisis and suicide prevention line, 9-8-8 is directed towards people in crisis or people who care about someone in crisis. With oversight by the Governor’s Office of Emergency Services, the line will focus on Medicaid and commercial reimbursement, and plans to function like 9-1-1 with phone fees to a new State fund for sustainability. Yet, the total costs for the first year of 9-8-8 is estimated to be approximately $570 million and total costs for the second year would be approximately $175 million (source). The 9-8-8 line will further have the power to assign and track local crisis response and referrals, including the capacity to rapidly deploy mobile crisis support teams. Lastly, 9-8-8 will mandate 9-1-1 diversion and coordination deployment through technology, including phone calls, texts, and chats. Ultimately, 9-8-8 is predicted to have up to three-fold demand increase by July 2022 and ten-fold within five years. Notably, 39M teens could use 9-8-8 compared to 4M contacting centers today.
Pandemic Drives Crisis Line Volume

Not surprisingly, the impact of the COVID-19 pandemic was reflected in the increased number of individuals in need who turned to helplines in 2020. A recent national survey found 49% of mental health crisis centers reported an increase in inbound volume as a result of COVID-19.

- In 2020, the Substance Abuse Mental Health Services Administration (SAMHSA) Helpline, a treatment referral and information service, received a total of 833,598 calls, a **27% increase from the 656,953 total calls in 2019** (source). SAMHSA’s disaster distress helpline had an 890% spike in call volume in April 2020 (source).
- Compared to 2019, the HelpLine service of the National Alliance on Mental Illness (NAMI), a national peer support service for information, resource referrals, and support to people living with a mental health condition, **reported a 65% jump between March and April 2020**. (source).
- The Crisis Text Line had an increase in volume of conversations to 100,000 per month during the pandemic, a **40% increase from pre-pandemic months** (source).
- The California Peer-Run Warm Line, previously known as the San Francisco Warm Line, saw an **80% jump in calls in early pandemic weeks**, reaching 230 calls per day with nearly a third directly related to mental health concerns resulting from the coronavirus (source).
- The California Youth Crisis Line call volume **increased 24% during the pandemic** (source).
- Since June 2020, the state’s new CalHOPE online emotional support resource has received **more than 1.2 million page views**, with an average time of about two minutes spent on the website.
The Major Players: Three National Crisis Line Models

Across the country, crisis call centers provide phone, chat, and text support to people experiencing emotional distress. Over 700 crisis call centers exist in the United States. We focus below on three main lines serving youth.

1. National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline (the Lifeline) is funded by SAMHSA and administered by Vibrant Emotional Health, a New York based non-profit organization (source). Established by SAMHSA in 2005, the Lifeline has answered 12 million calls with a record 2.5 million calls in 2018 (source). It comprises over 180 local crisis centers nationally and works by connecting the caller to their state’s locally financed and operated physical crisis centers nearest to them (source). Thirteen of California’s crisis centers are members of the Lifeline, and they receive 400,000-500,000 calls each year.

**FUNDING:** The Lifeline services, administration, and backup call centers are federally funded. The local call centers, however, receive stipends from the Lifeline of only $1,500–$2,500 annually. Thus, they rely heavily on state and local contributions, private donations, and volunteers to keep their centers running (source). Insufficient funding and lack of capacity to respond to a steadily increasing call volume are ongoing challenges (source).

Calls to the Lifeline remained stable during the pandemic at about 6,000 calls per month. Meanwhile, crisis calls related to anxiety and depression over the pandemic are being fielded by the SAMHSA-funded Disaster Distress Helpline, launched in the wake of Hurricane Katrina to help people cope with the stress of such disasters. The helpline has received up to 10 times as many calls as it received before the pandemic (source).

In California, there are 13 crisis centers which are members of the Lifeline...

- StarVista (San Mateo)
- Optum Health (San Diego)
- Kern County Mental Health (Bakersfield)
- WellSpace Health (Sacramento)
- Contra Costa Crisis Center (Walnut Creek)
- Suicide Prevention of Yolo County (Davis)
- Crisis Support Services of Alameda County (Oakland)
- San Francisco Suicide Prevention (San Francisco)
- Santa Clara Suicide and Crisis Services (San Jose)
- Buckelew Suicide Prevention Program (San Rafael)
- Central Valley Suicide Prevention Hotline - Kings View (Fresno)
- Suicide Prevention Center, Didi Hirsch Mental Health Services (Los Angeles)
- Suicide Prevention Service of the Central Coast (Santa Cruz)
2. National Crisis Text Line

The Crisis Text Line is a national non-profit organization providing free crisis counseling with a trained counselor via text. As the nation’s largest text-based crisis service, the Crisis Text Line has had over 5,490,550 conversations since August 2013 (source). The Crisis Text Line connects a texter with a trained Crisis Counselor in less than five minutes, and conversations typically last 14-45 minutes with an average of 40-60 messages exchanged during that time. The texter demographic is young, with 75% under age 25, 53% under age 17, and 12% under 13. Additionally, 30% of callers identify as people of color (19% Hispanic, 13% Black and 5.5% Native American), and 44% identify as LGBTQ, mostly texting late at night and from rural areas (7.5% of USA counties are considered rural—and they account for 9.8% of the volume) and poor areas (10% of the lowest income zip codes account for 19% of the volume) (source). An analysis of the Crisis Text Line found that rural counties have lower rates of service use than urban counties, while suicide risk in rural counties is higher than the risk in urban counties (source).

Each volunteer Crisis Counselor completes 30 hours of training, is over age 18, and has passed a background check. Fewer than 30% of people make it through the whole application process (source).

FUNDING: The National Crisis Text Line is privately funded with 78% of its funds from donor contributions and less than 10% of its total income spent on overhead (source).

3. Teen Line

Teen Line was established in Southern California in 1980 and expanded nationally with support from the Cedars Sinai Medical Center. Now a national nonprofit, Teen Line helps teenagers address their mental health concerns through a teen-to-teen support system (source). In California, Teen Line volunteers, who range in age from 14-19, receive specialized training, supervision, and support from on-site resource associates and volunteer mental health professionals at Cedars Sinai.

Each year, the hotline, which operates every evening from 6:00pm to 10:00pm PST, receives over 21,100 calls, texts, and emails. Teen Line has more than 1.3 million visitors annually to its website, and over 20,500 people attend its Community Outreach Program at schools and community groups (source). Since 1996, the Teen Suicide Prevention Training has been a regular part of the Los Angeles Police Department’s Juvenile Procedures School curriculum.

FUNDING: The Teen Line is a nonprofit and receives funding from individual donations and grants from private and corporate foundations; there is currently no government funding (source).
California Crisis Line Landscape

- The easiest number to find is likely the National Suicide Prevention Lifeline (1-800-273-8255). During the first six months of 2020, the Lifeline recorded 111,058 callers from California, 91% of whom were able to receive help in the state (source). However, 9,500 calls from California were unable to be answered by a local center and instead were looped back to the national level for handling.
- There are 13 local Lifeline affiliate call centers in California and they all need more funding. (Note: If the state call line doesn’t answer, National Lifeline handles the call or it goes to the nationally run back-up center).
- Every California county operates 1-800 crisis and suicide lines, but some route suicide calls to the Lifeline.
- The California Peer-Run Warm Line (formerly the San Francisco Peer-Run Warm Line), was established in 2014 and went statewide in October 2019 with a $10.8 million 3-year budget allocation (source).
- The California Health and Human Services Agency provides links to national crisis lines (the Lifeline and Crisis Text) and a PDF list of county 1-800 numbers.
- CalHOPE, a relatively new state warm line and resource hub, was launched in November 2020 as a response to the pandemic.
- There is only one dedicated youth crisis hotline in the state: the California Youth Crisis Line, profiled in the spotlight below.

Take Steps to Strengthen California Crisis Lines for Youth

It is clear young people need and use crisis lines and that they provide a valuable and proven peer-to-peer channel of support. The following are steps for stakeholders—state agencies, MCOs, counties, schools and other youth serving organizations—to consider in strengthening California crisis lines to meet the growing demand for youth mental health support:

- Integrate crisis lines (the 13 state Lifeline affiliates and CYCL) within existing health care systems for access to emergency departments and trauma centers.
- In planning for and implementing the Youth Behavioral Health Initiative (YBHI), stakeholders should consider crisis lines as critical referral mechanisms that must provide an immediate hand-off to an appropriately trained peer or professional.
- Expand and increase outreach to and training for youth volunteers as a way to further build the youth mental health workforce pipeline.
- Create continuity of care mechanisms for crisis line callers by coordinating referrals and follow-up with MHPs and MCOs, school-based supports and services, and community-based organizations.
- Establish contracts between crisis lines and MCOs to compensate crisis lines for handling calls from youth in need of services, regardless of a caller’s health plan affiliation.
- Examine the implementation of the 9-8-8 line in the context of existing lines and possible confusion and lack of collaboration and coordination between the various lines.

The health care financing ecosystem has a responsibility to invest in the capacity of crisis lines and to leverage what has already been established. They remain disconnected from other services and delivery systems, and operate with decreasing and unstable financing—at a time when demand has never been higher.
California Youth Crisis Line: Spotlight

For 34 years, the California Youth Crisis Line (CYCL), run by the California Coalition for Youth (CCY), has functioned as a statewide emergency response system for youth ages 12-24 and families in crisis (source). CYCL has long provided an important access point, especially during the pandemic.

- CYCL receives 15,000-17,000+ calls/texts annually, providing access to more than 5,500 free or low-cost resources.
- The most common form of contact with CYCL is by phone, followed by text and chat.
- Those texting or chatting to express suicidal ideation are highly encouraged to transition to phone if they are comfortable doing so.

CYCL is funded primarily by the California Office of Emergency Services (CalOES) which allocates approximately $807 million in funds for homeland security, emergency management, public safety, and victim services programs distributed to local and regional entities (source). Funding for CYCL was initiated by CalOES to provide a service for disconnected and homeless youth needing emergency resources while living on the streets.

"The most rewarding aspect is that we are helping youth as volunteers, but when they move onto the next thing, they are leaving with skills."
—Bianca Christian, Program Manager California Youth Crisis Line, who has been with the organization since starting as a volunteer in 2013

Volunteers Are the Engine

Initially, CYCL recruited students from high schools and colleges in and around the Sacramento area where the California Coalition for Youth is based and where it previously operated a physical call center. They now recruit and train volunteers virtually and recruit students and individuals from across the state. As a result of the abrupt technology shift caused by pandemic-related closures the number of CYCL volunteers almost doubled in 2020, and there are now over 140 volunteers.

- Volunteers complete 40 hours of training prior to answering calls.
- 80-90% of volunteers are under age 35, with the majority under 25. Some high school students have been trained to take calls.
- Training helps volunteers provide crisis intervention counseling and resource referrals in the caller’s local community.

CYCL provides callers with a range of support:

- Connection to immediate services including after-hours mental health services.
- Alternatives to county resources because counties do not have the resources to take care of mental health issues—before COVID or now.
- Leads for parents who call the line, often with a youth in crisis in the background, in search of therapists and resources.

CYCL’s footprint has grown exponentially during the pandemic, and they are now working to build infrastructure to meet the growing demand.

"The crisis line has a lot of moving parts that have to work together at the same time—they all have to go well."
—Bianca Christian
Volunteer Perspectives

At the heart of CYCL are the 140+ youth volunteers who respond to calls and texts for help. CCT spoke with two volunteers, Briana Llanos and Thieny Le, to get their insights on working with CYCL. Both started working on the line in the fall of 2020.

- Both stressed the high-quality training as well as the supportive and encouraging staff camaraderie.
- They emphasized that working as a volunteer provides hands-on preparation for a future career in the field of counseling and psychology. (Both are headed in that direction.)
- During the pandemic, they fielded a lot of calls from young people dealing with isolation and loneliness—some just needing a friendly ear.

Briana’s Insights:
Briana, a recent graduate of Sacramento State who is currently applying to graduate school, said that when she first started volunteering she experienced “imposter syndrome.” She questioned, “Do I even belong here? Am I really ready for the big call? What if I have a suicide call?” But the supportive and connected network of volunteers and the comprehensive and interactive training prepared her well.

In her experience working various four-hour shifts, between 4pm and 8pm, people most often call to talk about their day, about work, or just to chat. People typically call about a crisis later in the evening—after 7pm. Briana said the most frequent calls she receives are from young people looking for housing or a place to stay for the night. She also noted that youth often call with anxiety about school and academics or about getting tested for a learning disability or seeking tutoring.

“Being present with people who call—that’s sometimes all they need, someone to listen and not judge them.”

“We get calls from parents, and we try to see things from their side of the struggle their kid is going through.”
—Briana, CYCL youth volunteer

Thieny’s Insights:
Thieny recently graduated from California Polytechnic State University in San Luis Obispo. She emphasized the incredible CYCL volunteer support system that helped her get over the initial nervousness when receiving a serious call. She explained that volunteering served as an outlet for her own isolation and stress and that she has used crisis line text and chat services herself.

While Thieny feels there is more time to ask questions using chat and it is easier to manage a conversation more structurally over chat, she prefers phone conversations. That said, Thieny has observed that younger people tend to chat rather than call because they are typically more nervous and unsure.

Thieny discussed how CYCL training taught her “reflective listening” and how she has to resist the urge to be a “cheerleader”—holding back on placing a judgement and focusing instead on listening and helping the caller make a plan.

“The best gift you can give someone is to listen.”
—Thieny, CYCL youth volunteer

CCT thanks Bianca Christian, Program Manager, California Youth Crisis Line, for her wisdom and insights and for connecting us with amazing Crisis Line volunteers, Briana and Thieny. Primary research was conducted by CCT Research Associate, Andi Wiley, who co-wrote this brief with Claudia Page, CCT’s Director of Safety Net and Innovation.