



***988 Call to Action: Your Role in Building  
a Stronger  
Crisis Response System***

**Rep. Tina Orwall, 33<sup>rd</sup> Legislative District**

COVID to CONNECTEDNESS - UW FOREFRONT

# *Learning Objectives*

- Explain the impact that 988-related changes will have on services delivered to people in crisis
- Identify the skills that clinicians will need to be fully prepared for these changes
- Understand the cultural need and resources for the 988 tribal call line



# ***Behavioral Health Professionals***

- *More essential than ever*
- *Shortage*
- *Use of Technology*
- *Secondary Trauma*
- *Navigating the pandemic*





**Current Crisis System  
Vision for 988  
HB 1477  
Clinical Skills/Training**

# emergency numbers

Write in the telephone numbers you will need in case of emergency.

Obtain your Emergency Police and Fire numbers from the list below.



fire



police



state patrol

627-3531



doctor



grady ambulance

523-4711

**FBI**

Federal Bureau of Investigation (FBI)

521-3900

Georgia Bureau of Investigation (GBI)

627-3531

► or dial "OPERATOR" in any emergency and say for example

"I want to report a fire at \_\_\_\_\_"  
or "I want a policeman at" etc.

If you cannot stay at the telephone, tell the "OPERATOR" the exact location where help is needed.





# ***911 was not designed for behavioral health crises***



Police are default responders



One in 4 shootings is someone experiencing a behavioral health crisis



Police are not clinicians nor did they ask to take on that role



**I-800-273-TALK**

**NATIONAL**

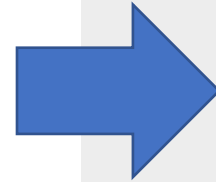
**SUICIDE**



**PREVENTION**

**LIFELINE™**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



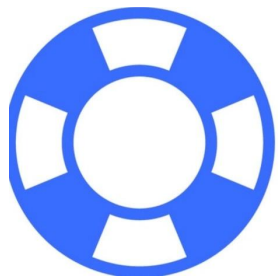
**988**

Behavioral  
Health Crisis &  
Suicide Hotline





**CRISIS NOW**  
Transforming Crisis Services



**American  
Foundation  
for Suicide  
Prevention**



**nami**

National Alliance on Mental Illness

## Community-Based

## Facility-Based

Peer Warm Line & Crisis Navigators	Crisis Clinical Answering Service	Crisis Call / Text / Chat Hub	24/7 Outpatient	Hospital Rapid Response	Community Mobile Crisis	Peer Respite/ Short Term Residential	23 Hour Urgent Care	Crisis Stabilization (Short Term Crisis Hospital Beds)	Acute Care Inpatient
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Contact | Support | Rescue



Anyone, Anytime, Anywhere

# CRISIS CALL HUB



Best Practice:

Suicide Assessment, GPS Mobile Team  
Dispatch, Bed Registry, Follow up





# MOBILE CRISIS

**Best Practice:**

**Clinical response, Peer part of team,  
GPS-enabled Tech, Engaging Police as  
Last Resort**





# 24H CARE

Best Practice:

Dedicated First Responder Area,  
Incorporate Intensive Support Beds, Bed  
Registry & Connections to Ongoing Care



# HB 1477 (988 bill)



Population  
7,290,000

Medicaid Expansion  
Yes (56% FMAP Base)

Anticipated Face to Face Crisis Episodes  
174,960

SAMHSA Guidelines  
Call Hub  
\$24.5 million  
Mobile Teams  
\$16.2 million  
Crisis Receiving  
\$125.2 million

## 988

Legislation:



HB 1477

## States

**Fee:** 24 cents on each switched access, radio access and VoIP line October 1, 2021 through December 31, 2022, followed by 40 cents beginning January 1, 2023

**Anticipated Revenue:** \$17.9 million in FY2022, \$36.1 million in FY2023 and \$45.7 million in FY2024

**Call Center Expenses:** Including IT supports and CRIS staffing, \$11.4 million in FY2022, ramping up to \$24.5 million in FY2026

**Notable:** Includes \$500k Tribal 988 Line and extensive planning and coordination, with the establishment of a crisis response improvement strategy committee

**Special thanks to Representative Tina Orwall for the info above.**

- Prepare WA state for 988
- **Enable telecom fee** (24 cents/month, increased to 40 cents)
- Expand our three call centers (suicide hotlines to 988 HUB call centers)
- **Fund the first 988 Tribal line**
- Large scale planning— landscape to expansion efforts --building a culturally sensitive, trauma informed crisis system --including persons with lived experiences
- **NDA's— next day appointment (includes private plans by 2023)**
- Some initial investments to expand crisis teams



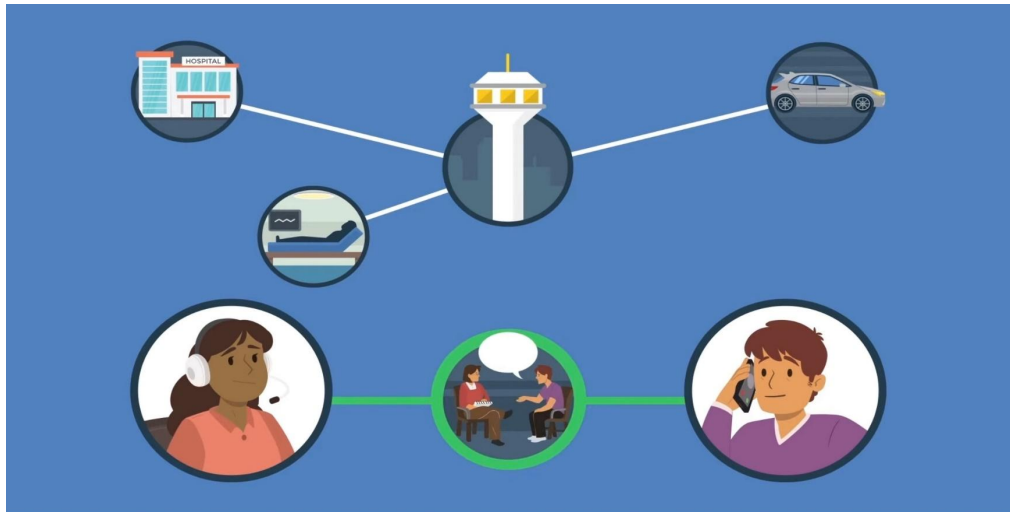
# Expansion of Designated Suicide Lifelines (988 Call HUBS)

Volunteers of America (VOA) 

- 988 Tribal line

Crisis Connections 

Frontier Behavioral Health 



- Increased resources to double staffing levels
- Suicide Screenings
- Triage
- Follow up (2022)
- Dispatch crisis teams (rapid response 2023)
- Next Day Appointments (2023)
- Access to bed openings (2023)
- Protocols/warm handoffs with 911

# ***Enhanced Crisis Response and Crisis Stabilization Bed/Resources***

## ***How do we...***

- *ensure crisis response services are available statewide?*
- *enhance crisis teams to be able to respond in 15-20 minutes?*
- *create crisis teams/crisis stabilization services that are trauma informed and culturally sensitive to meet the needs of diverse populations?*
- *build the best crisis stabilization systems in the nation?*



***What training and support  
do crisis workers need?***



***Thank you!***

***Your voices matter in creating 988  
and strengthening Washington's Crisis Response System***

Rep. Tina Orwall, 33<sup>rd</sup> Legislative District



# Addressing Barriers for American Indians and Alaska Natives in Crisis

Coordinating across two systems of care



# Washington State Statistics

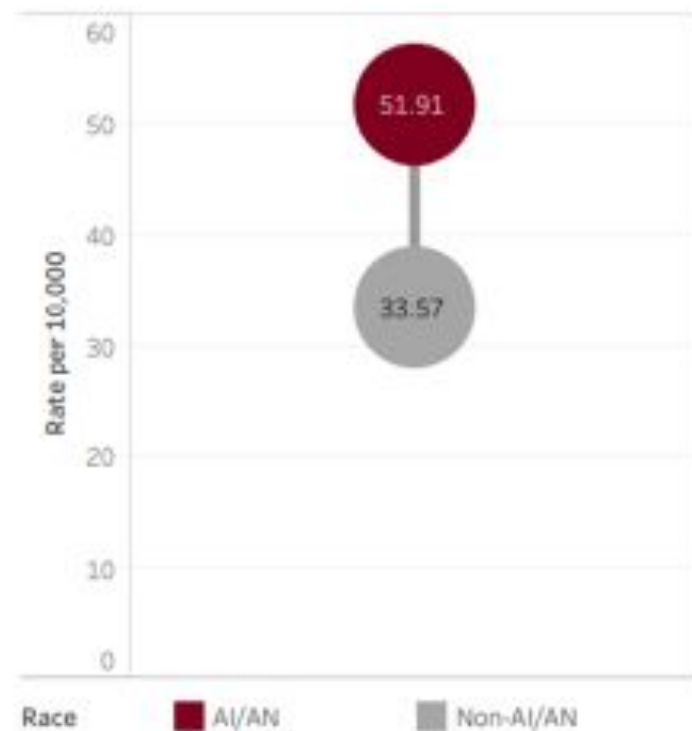
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Between 2001 and 2016, the rate of suicide mortality for American Indians and Alaska Natives in Washington State increased by 58%.

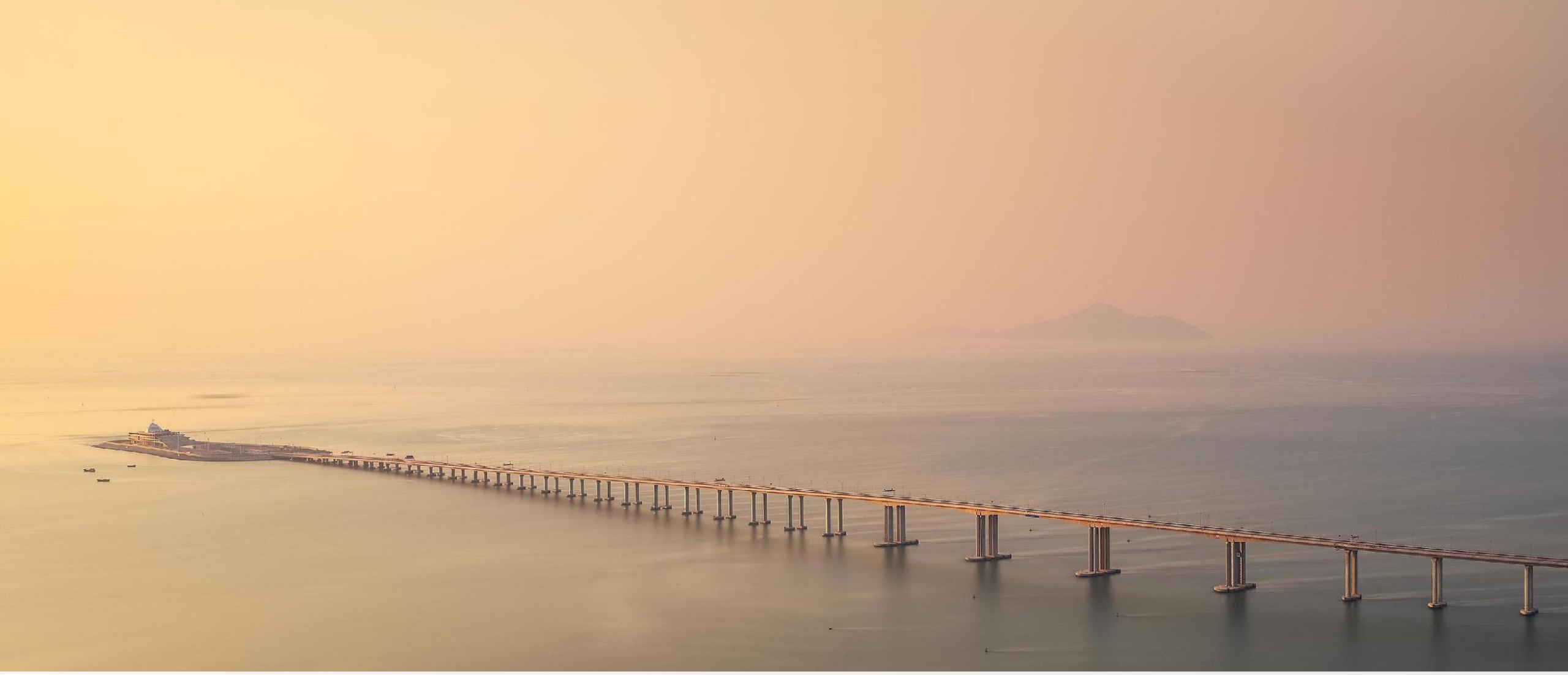
Recent data on emergency room visits for American Indians/ Alaska Natives with Suicide Attempt in Washington reports 400 suicide attempts between 12/22/2019-1/23/2021.\*

*Data from the Northwest Tribal Epidemiology Center*

Washington Suicidal Ideation Rates from  
12/22/2019-1/23/2021







Bridging the gap between two systems

# Tribal Coordination HUB



bwc26166369 Barewalls

<b>Crisis Line</b>	<b>Tribal Coordination HUB</b>
<ul style="list-style-type: none"> <li>• Use existing Life line</li> <li>• Add Tribal component in the near future</li> <li>• In mean time bring in Cultural sensitive training to life line staff</li> </ul>	<ul style="list-style-type: none"> <li>• Track bed capacity</li> <li>• Follow up on life line referrals</li> <li>• Coordinate care after client has been discharged from a facility (hospital, ER, treatment)</li> <li>• Provide culturally appropriate resources- Assist in looking past barriers</li> <li>• Give DCR's a Tribal Contact and protocol for the Reservations in their coverage area</li> <li>• Provide light case management (follow up for 2 weeks)</li> <li>• Take clients feedback on how Culturally sensitive facilities and programs are</li> </ul>

988 Funding  
to Support  
Native Crisis  
Option





# Thank you!



aihc

AMERICAN INDIAN HEALTH  
COMMISSION FOR WASHINGTON STATE

Vicki Lowe

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# 988 Call to

# Action Role in Building a Stronger Crisis Response System



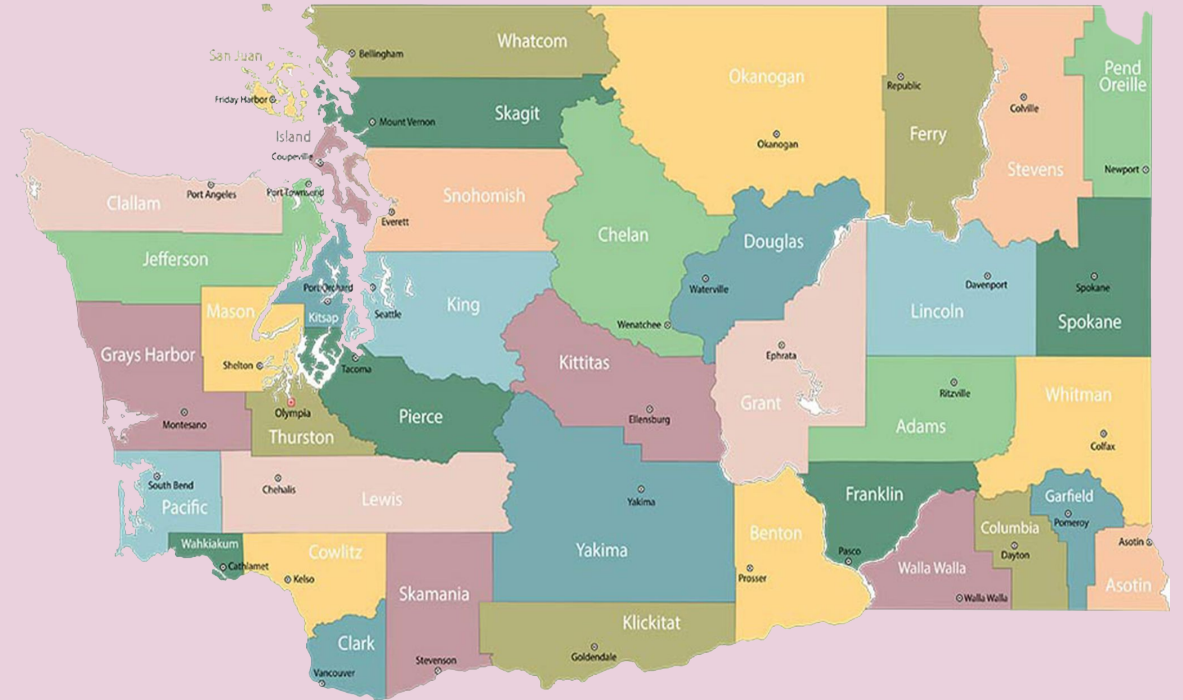
Sen. Manka Dhingra, 45th Legislative District





# Why is this important?

- ◉ Statewide system
- ◉ Accountability
- ◉ Transparency
- ◉ System we deserve
- ◉ System we need



# ● Investing in our BH system

- UW BH Teaching Hospital
- Community-based BH facilities
- BH Medicaid reimbursement rates
- Substance use disorder services
- Youth mobile crisis teams



# ● Growing our workforce

- State investments in universities and community and technical colleges
- Local investments
- Private philanthropy



Connect with Sen. Manka Dhingra  
and Rep. Tina Orwall

Connect with your  
local legislators

# How can I participate in planning the new 988 system?

Connect with DOH's Crisis Response  
Improvement Strategy Committee:  
Betsy Jones, MBA MSW  
[betsyjones@healthmanagement.com](mailto:betsyjones@healthmanagement.com)

**Thank you!**

**Sen. Manka Dhingra, 45<sup>th</sup> Legislative  
District**

[Manka.Dhingra@leg.wa.gov](mailto:Manka.Dhingra@leg.wa.gov)

# Q&A: 988 Call to Action

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