9-8-8 – The Changing Landscape of Crisis Response

Sandri Kramer
Director of Community Relations

Marika Collins, MSW
Director of Public Policy & Advocacy
The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma.

This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands.

This acknowledgment is a small part of an ongoing process of working to raise awareness about histories that are too often erased or forgotten, to recognize our place in this history, and to affirm our commitment to social justice, systemic change, and anti-racism.
Didi Hirsch SPC Crisis Line

- Founded in 1958 as the nation’s first suicide prevention center
- Inaugural member of the Lifeline
- Chat/text services since 2012
- 1 of 6 Spanish 988 Centers in nation
- California’s largest 988 center and one of the highest volume centers in the 988 network
Presentation Overview

Why Suicide Crisis Lines Exist: Suicide Statistics

Calling for Help: The Lifeline, 9-1-1, 9-8-8, and the Crisis Response Continuum

Comprehensive Crisis Care: Closing Gaps

California 9-8-8 Tribal Summits: Goals, Outcomes and Next Steps
Suicide Statistics: 2021

- 12.3 Million + 3.3 Million with Serious Thoughts
- 1.7 Million + 892,000 Attempts
- 48,183 Suicides

Adults (18+); Adolescents (12-17)
Statistics from CDC/SAVE.org and/or SAMHSA Health Survey
Suicide Statistics 2021: Cultural Impact

AFSP-American Foundation for Suicide Prevention, 2022
Suicide Statistics 2021: Cultural Impact

In 2021, the highest suicide rate by race is American Indian/Alaska Native (16.8 per 100,000).

The second highest rate in 2021 was among whites (16.5 per 100,000).

From 2020, suicide rates increased 12% for Blacks in 2021 (from 7.5 to 8.4).

Suicide rates increased 15% for American Indian/Alaska Natives from 2020 (14.6 to 16.8).

Suicide rates in 2021 for Hispanic/Latinos increased 4% per 100,000 from 2020 (7.5 to 7.8).
Youth Suicide Statistics

In 2021:
- 10 – 14 = 598 suicides
- 15 – 19 = 2343 suicides
- 20 – 24 = 4185 suicides

2021 Youth Risk Behavior Survey (CDC)

On suicide:
- 22% had serious thoughts of suicide
- 18% made a plan
- 10% made an attempt

On risk factors:
- 16% reported being bullied
- 42% experienced persistent feelings of sadness or hopelessness

CDC. 1991-2021 High School Youth Risk Behavior Survey Data; http://yrbs-explorer.services.cdc.gov/
Youth Suicide: Cultural Impact

Female students, LGBTQ+ students were more likely than their peers to experience poor mental health and suicidal thoughts and behaviors.
  - Nearly 60% of female and 70% of LGBTQ+ students experienced persistent feelings of sadness or hopelessness.
  - 10% of female students and more than 20% of LGBTQ+ students attempted suicide.

Hispanic and multiracial students were more likely than Asian, Black, and White students to have persistent feelings of sadness or hopelessness.

CDC. 1991-2021 High School Youth Risk Behavior Survey Data; http://yrbs-explorer.services.cdc.gov/
Why do we need a national Lifeline?

30
Percent
The percent the suicide rate has climbed since 1999

1 in 5
People above the age of 12 has a mental health condition

316
For every one person that dies by suicide annually, 316 people seriously consider suicide
The National Suicide Prevention Lifeline is now:

The **988** Suicide and Crisis Lifeline
The 988 Suicide and Crisis Lifeline:
Press ‘1’ for Veterans, press ‘2’ for Spanish
The **988** Suicide and Crisis Lifeline:
Press ‘1’ for Veterans, press ‘2’ for Spanish
and...
press ‘3’ for LGBTQ+ people under the age of 25
The Promise of 9-8-8: *a transformative moment for the crisis care system in the U.S.*

A 988 crisis line that is effectively resourced and promoted will be able to:

- Help **end stigma** toward those seeking or accessing mental healthcare.
- **Reduce** use of law enforcement, public health, and other safety resources.
- Meet the **growing need for crisis intervention** at scale.
- **Reduce healthcare spending** with more cost-effective early intervention.
The Promise of 9-8-8: a transformative moment for the crisis care system in the U.S.

**Short-term goal**
A strengthened and expanded Lifeline infrastructure to respond to crisis calls, texts, and chats anytime

**Long-term vision**
A robust system that provides the crisis care needed anywhere in the country
Long-Term Vision of 9-8-8: a sturdy three-legged stool

1. Someone to **answer** the call: 24/7 crisis call centers
   Right now. The building blocks.
2. Someone to **respond**: mobile response teams
   80% by 2025
3. Someplace to **go**: crisis stabilization centers, peer respite centers, short-term crisis residential homes
   80% by 2027
Long-Term Vision of 9-8-8: a sturdy three-legged stool

1. Someone to answer the call: 24/7 crisis call centers
   Right now. The building blocks.

Phase One:
Crisis Call Centers
are the Front Door to
Crisis Care Access
988 ≠ 911

Crisis call centers stabilize most situations over the phone through support, compassion, and guidance.

Protecting privacy, saving money, ensuring safety and empowering community members.
Which Number to Call: 9-1-1 or 9-8-8?

When you’ve got a medical, police, fire or rescue emergency, you call 9-1-1

When you have an urgent suicide or mental health crisis need, you call 9-8-8

9-1-1 is focused on dispatching EMS, Fire and PD

9-8-8 is focused on resolving the crisis telephonically (or via chat/text) – using the least invasive intervention

Over 95% are stabilized through crisis lines without any type of in-person response needed

Less than 1% need emergency intervention
9-1-1 and 9-8-8: Different Scopes and Working Together

Sgt. Chuck Coleman, LAPD

Ken Danziger, Didi Hirsch Crisis Line Shift Supervisor
95% resolved on the phone

? resolved in the field

? discharged to the community

? stabilized in community-based care

Person in Crisis

Mobile Crisis Teams

Crisis Facilities

Post-Crisis Wraparound

Decreased Use

LEAST Restrictive = LEAST Costly

When to call 9-8-8...

- I can’t stop thinking about suicide and I really need to talk to somebody who won’t judge me.
- I think my cousin is using drugs and I am worried about her.
- My friend is thinking about suicide and I want to know how to support them.
- I feel sad and lonely all the time. I can’t seem to shake it off and I don’t know how much longer I can go on like this…
- One of my clients is going through a really hard time. He’s nervous about calling the crisis line but agreed to do it together…
What happens when you call 9-8-8...

A trained, caring and compassionate crisis counselor will answer your call (or chat or text) and invite you to talk about what is going on.

As they listen to your story, they will also likely

• Ask what they can call you (your first name)
• Ask a few demographic questions about you or the person you are calling about
• Ask suicide safety assessment questions
• Collaborate with you on a safety plan and/or next steps
• Provide you with local resources, if wanted
• Offer you a follow-up call, if needed
Closing Gaps in Crisis Care

1. Geo-routing
2. 988/911/211 Crisis Response Collaborations
3. Embedding Peers and Lived Experience
4. Real Time Data:
   a) Available teams and response time
   b) Available crisis/respite beds
5. Direct Dispatch (mobile response and/or medical transport)
6. Mental Health Access
7. Follow-up Care
Peers: Community Empowerment

- Connectedness and Belonging
- Advocacy
- Promote Healing
- Mental Health Equity
Peers: Community Empowerment

NAMI
NATIONAL ALLIANCE ON MENTAL ILLNESS
Helping Those Affected By Mental Illness

THE TREVOR PROJECT
Saving Young LGBTQ Lives

NATIVE AND STRONG LIFELINE
TWO EARS • ONE HEART
Summit Goals:

- To provide attendees with an overview of the national 988 Suicide and Crisis Lifeline, gain insight and perspectives from tribal, national and state leaders around suicide prevention and an opportunity to hear about an innovative 988 pilot program from Washington state that is staffed exclusively by Native American crisis counselors.

- To solicit tribal input into how best to provide suicide prevention services to Native American communities, such as 988, and recommendations to address barriers.

- To serve as a launching point for relationship building and collaboration between and among 988 crisis center staff and California tribal communities.

Dear Tribal Partners and Colleagues,

Please join Didi Hirsch Mental Health Services and our collaborating partners for the first of two regional CA 988 Tribal Summits on Friday February 3, 2023 at the Morongo Casino & Resort in Cabazon, California. The CA 988 Tribal Summit will be an all-day, in person event, at no cost to attendees.
NEW OPPORTUNITY
PROVIDENCE ST. JOSEPH & HOLY CROSS

CA 988 TRIBAL SUMMIT
SOUTHERN CALIFORNIA CONVENING

Friday, February 3, 2023
7:30 am – 4:00 pm
Morengo Casino Resort & Spa

PROGRAM

7:30am - 8:30am
REGISTRATION
Coffee, light breakfast

8:30am
WELCOME
Charles Martin, Chairman, Morengo Tribal Council,
Morengo Band of Mission Indians
Assemblymember James C. Ramos (AD 45)
Chair, CA Legislative Native American Caucus
Loretta Miranda, Deputy Secretary, Tribal Affairs, Office of the Governor (Invited)
Lyn Morris, CEO, Didi Hirsch Mental Health Services

9:00am
UPDATE: The National Landscape of Crisis Care
John Palmieri, MD, Acting Director, 988 and Behavioral Health Crisis
Coordinating Office, SAMHSA

9:15am
PRESENTATION: 988 Suicide and Crisis Lifeline Overview
James Wright, Chief of Crisis Center Operations, SAMHSA
Shari Sinwelski, VP Crisis Care, Didi Hirsch Mental Health Services

10:15 - 10:30am
BREAK

10:30 - 11:30am
KEYNOTE PRESENTATION: Nations Helping Nations: The Native and Strong Lifeline
Rochelle Amber Camille Williams (Ehassesat First Nation),
Tribal Operations Manager for Volunteers of America Western Washington

11:30 - 12:45am
LUNCH

PROGRAM CONTINUES (next page)

CA 988 TRIBAL SUMMIT
SOUTHERN CALIFORNIA CONVENING

PROGRAM (Continued)

12:45 - 1:30pm
PANEL DISCUSSION: 988: Striving to Meet the Needs of Native Communities
JoHanna Coriz (Kewa Pueblo), Wellness Navigator Lead, CalHOPE Redline
Jackie Pierceon, MSW, MA (Anishinabe), Director of Wellness and Healing Programs, California Consortium for Urban Indian Health
Joseph Quintana (Kwakwala), Interim Chief Executive Officer, United American Indian Movement
Tana Stroyka, MA (Choctaw Nation), Garrett Lee Smith Suicide Prevention Program Director, Riverside - San Bernardino County Indian Health Inc.

1:30 - 2:15pm
SMALL GROUP LISTENING SESSIONS with Facilitator

2:15 - 2:30pm
BREAK

2:30 - 3:15pm
SMALL GROUP SESSION FEEDBACK

3:15 - 3:45pm
WRAP UP / REFLECTIONS
Ash Thu Bui, MD, Medical Consultant, Medi-Cal Behavioral Health - Policy Division, DHCS (State reflections)
John Palmieri, MD & James Wright, SAMHSA (Federal reflections)
Assemblymember James C. Ramos (Community reflections)

3:45 - 4:00pm
CLOSING REMARKS
Shari Sinwelski, VP Crisis Care, Didi Hirsch Mental Health Services
Overview of Tribal Summits’ Attendees

Statewide, the two summits included attendees from 23 out of the 58 Counties

Representing both large urban counties as well as small rural counties
What is The Native and Strong Lifeline?

The Native and Strong Lifeline is the first state-wide American Indian/Alaska Native specific suicide and crisis line

Native and Strong is a part of Washington state 988 funding

The Native and Strong Lifeline exists because of the passage of HB1477 which acknowledged the need for this service for the 29 federally recognized Tribes in Washington state

The Native and Strong Lifeline is operated by and for, Indigenous people

Williams, R. Natives Helping Natives: The Native and Strong Lifeline, March 22, 2022
How Does The Native And Strong Lifeline Work?

The Native and Strong Lifeline is accessible by dialing 988 and selecting option 4.

For Example, when you call 988 you will be asked to press 1 for the Veterans Crisis Line, 2 for Spanish speaking, 3 for the LGBTQ+ Trevor Project line and now, you will be able to press 4 for the Native and Strong Lifeline.

Native and Strong Lifeline is operational 24/7, 365 days a year.

Native and Strong Lifeline calls are answered by other Natives.

Native/Tribal Crisis Counselors answer with their tribal affiliation.

Our Native and Strong Lifeline counselors include enrolled Tribal members, and descendants closely affiliated with their Native community or Tribe.

Williams, R. Natives Helping Natives: The Native and Strong Lifeline, March 22, 2022
CA 988 Tribal Summits: Lessons Learned

**Barriers Identified:**

- Stigma accessing 988: concerns around anonymity not protected in small communities;
- Conventional “western mental health systems may further pathologize the individual in crisis or their family/community;
- Fear within many Native American communities that 988 will call Police, CPS, or parents without the knowledge or consent of the individual in crisis;
- Lack of trust or specific distrust of government programs;
- 988 crisis center counselors may not have the cultural competence or understanding of the historical trauma that Native American communities experience on an ongoing basis
CA 988 Tribal Summits: Lessons Learned – cont’d –

Recommendations to address misperceptions and build trust & engage with the 988 Suicide & Crisis Lifeline

❖ Tribal Elder buy-in is critical; as is endorsement of 988 from trusted leaders;
❖ Traditional practices and culture should be respected;
❖ Throughout the provision of 988-related services, it is important to ensure the individual seeking help does not feel “othered” by 988 crisis counselors or mental health professionals;
❖ A Native American-specific 988 line should be explored, and it should be primarily or entirely staffed by Native Americans
CA 988 Tribal Summits: Key Takeaways

❖ Methods for ongoing communications should be established;

❖ Important to assess the need and readiness for California to consider developing a statewide or regional pilot of a dedicated Native American 988 line based on Washington State’s Native & Strong 988 Lifeline. The funding necessary to establish such a line must also be considered;

❖ A training curriculum should be developed and/or an existing curriculum identified that addresses cultural humility and cultural competency topics for California’s 988 crisis counselors. Such training would help those counselors improve their support of tribal community members and those individuals utilizing 988 who identify as Native American.
$18.3 million for 988 Lifeline Tribal Response Cooperative Agreements to improve response to 988 contacts made by American Indians/Alaska Natives, ensure access to culturally competent 988 crisis center support and to improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations. The cooperative agreements are also to ensure follow-up care, and facilitate collaboration with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, and other first responders in a manner that respects Tribal sovereignty;

Indian Health Council, Inc.  
Riverside-San Bernardino County Indian Health, Inc.  
Toiyabe Indian Health Project, Inc.  
Valley Center, CA  
Banning, CA  
Bishop, CA
Thank you for joining us!

Questions and Feedback

For more information: Sandri Kramer at skramer@didihirsch.org and Marika Collins at mcollins@didihirsch.org