

988

Implementation Plan for Washington

The Washington State Department of Health was awarded a planning grant from Vibrant Emotional Health in January 2021. The department worked in partnership with Vibrant Emotional Health and the National Suicide Prevention Lifeline to develop a 988 Implementation Plan to prepare Washington State for the implementation of 988, the new national, three-digit number for mental health crisis and suicide response.



988 Implementation Plan for Washington

988 Planning Grants

Friday, January 21, 2022

Table of Contents

Grantee Agency, Contacts, and Lifeline Centers

Overall Background and Context

Core Areas

- Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume
- Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics
- Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation
- Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services
- Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters
- Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

Appendices

- Appendix A: Proposed Schedule of Primary and Backup 988/NSPL Crisis Call Center Hub Call Coverage
- Appendix B: Washington State HB 1477 988 Steering Committee and Crisis Response Improvement Strategy (CRIS) Committee Members
- Appendix C: Glossary of Terms

Grantee Agency, Contacts, and Lifeline Centers

[Return to Table of Contents](#)

Grantee: Washington State Department of Health

988 Grant Primary Contact Name: Lizzie Cayden

Email: elizabeth.cayden@doh.wa.gov

Backup 988 Grant Contact Name: Beth Mizushima

Email: bethany.mizushima@doh.wa.gov

Key Grant Staff:

- **Elizabeth Cayden**, Washington State Department of Health, Suicide Prevention Program Unit Supervisor
- **Beth Schuurmans**, Washington State Department of Health, 988 Suicide Prevention Program Specialist
- **Mary Clark**, Washington State Department of Health, Office of Healthy and Safe Communities Deputy Director
- **Beth Mizushima**, Washington State Department of Health, Office of Healthy and Safe Communities Director
- **Keri Waterland**, Washington State Health Care Authority, Division of Behavioral Health and Recovery Division Director
- **Lucilla Mendoza**, Washington State Health Care Authority, Office of Tribal Affairs
- **Pat Morris**, Volunteers of America of Western Washington, Senior Director
- **Levi Van Dyke**, Volunteers of America of Western Washington, Deputy Director, Behavioral Health
- **Neil Olson**, Crisis Connections, Senior Director of Clinical Operations
- **Jan Tokumoto**, Frontier Behavioral Health, Chief Operating Officer

Number of Current Lifeline Centers in the State/Territory

- **Active:** Three; [Crisis Connections](#), [Frontier Behavioral Health](#), [Volunteers of America of Western Washington](#)
- **Onboarding (in the application process):** Zero

Any changes in Lifeline centers? Yes

- **If yes, please explain:** Washington State currently has three National Suicide Prevention Lifeline (NSPL) member centers accepting calls. During the application period for the 988 State Planning Grant, one of the three centers (Frontier Behavioral Health) was completing the application process. The center is now receiving calls and participating in Washington's NSPL network as an active member center. Frontier Behavioral Health answers Lifeline calls for six counties in Washington, referred to as the Greater-Spokane Region.

Overall Background and Context

[Return to Table of Contents](#)

Washington State Summary: Background Information and Context of 988 Core Competency Areas

Washington State has been planning for the successful launch of an enhanced and expanded 988 behavioral health crisis response system. State leadership has been coordinating for these services for over a year, and the state is on track for all Washington NSPL 988 calls to route to in-state member centers by July 2022, with the goal of a 90% in-state answer rate or higher. State agency subject matter experts, system partners, and elected officials began meeting in November of 2020 to plan for necessary state legislation that would drive crisis response system coordination, as well as coordinated planning processes for increased capacity, sustainable funding, communication strategies, future coordinated follow-up care support, and necessary technology in the development of a comprehensive and effective system. Importantly, Washington State has centered voices of lived experience as well as communities at an increased risk of suicide and disparate outcomes related to behavioral health in preparation 988 services and the associated proposed crisis response network under passed state legislation.

Washington State has experienced a significant growth in utilization of the National Suicide Prevention Lifeline (NSPL), specifically for 988 (1-800-273-8255) calls, since the publication of the State Suicide Prevention Plan in 2016. Coordination with NSPL and Lifeline member centers is a formalized component of Washington's state plan. However, prior to 2017, no dedicated state funding had been provided for



Washington's in-state NSPL member centers, which resulted in low visibility of the NSPL system as well as the majority of calls being routed to centers out-of-state. A lot of progress has been made with the inclusion of dedicated state funding (2017-2019; NSPL in-state member centers received approximately \$3 per 988 call) and enhanced coordination between Department of Health, Vibrant, in-state NSPL member centers, and associated system partners in comprehensive crisis response services. An update to the Washington State Suicide Prevention Plan is currently underway and will include associated achievements and new goals specific to 988 and crisis response services statewide, such as coordination with 911, availability of mobile rapid crisis response units, next day appointments for those at high-risk, and further complementary crisis response services across the continuum of care that have been included in Washington's [Engrossed Section Substitute House Bill 1477](#) (HB 1477; passed May 13, 2021).

During spring of 2017, the Washington in-state call answer rate for NSPL calls was 43%. Following implementation of Vibrant's State Capacity award and (as mentioned above) a budget proviso by the

Washington legislature (\$1.8 million/biennium) in 2017, NSPL member center capacity increased in Washington. By the fall of 2018, Washington had successfully increased the in-state answer rate to 78%. Simultaneously, Washington [Lifeline call volume has increased 91%](#) since 2016.

While there have been notable successes during the past five years, Washington has a great deal of planning and coordination to complete prior to the comprehensive rollout of 988. Washington in-state NSPL member centers are not currently able to comprehensively offer chat/text services nor follow-up services, and workforce shortages remain a major barrier in meeting the projected increase in 988 system utilization over the coming years. As a result, the 2020 in-state answer rate of 74% falls short of the state's goal of 90%, and is additionally unsustainable in the 70th percentile with the anticipated increase in call volume with the current workforce employed at the three (Crisis Connections, Frontier Behavioral Health, and Volunteers of America of Western Washington) in-state NSPL member centers.

Further, the current suicide prevention response crisis system network is fragmented in Washington State. Many non-member center lines exist statewide, including 39 [mental health county crisis lines](#), [Teen Link](#), [WA Listens](#), [WA 2-1-1](#) services, the [Washington Recovery Help Line](#), the [Washington Warm Line](#). There is additionally an unequal and inconsistent distribution of a limited number of rapid mobile crisis response teams and of crisis stabilization services, resulting in resources from region to region varying widely and in-person crisis response times frequently being unpredictable or unavailable. National lines and resources, such as the [Trevor Project](#), the [Crisis Text Line](#), and the [FarmAid](#) hotline provide additional resources, which are frequently promoted in Washington. These services are important due to their dedicated nature of service (i.e., text) or culturally informed approach to crisis care (i.e., LGBTQ+ youth, rural/agricultural communities), however, for ease of access and system user clarity, services will eventually require a more streamlined approach.

Planning for 988 services during 2021 allowed Washington to work closely with NSPL member centers and associated crisis response system partners in establishing a clear roadmap of what would be needed for the successful development of an enhanced and expanded crisis response system network. Washington State is fortunate in that state leadership are invested in the success of 988 services. Further, state legislation clearly defines the vision of a crisis response system network, across the continuum of care in behavioral health, under HB 1477. Progress to date is described in detail throughout this Implementation Plan, in alignment with Vibrant's best practices/guidelines, network requirements for accredited NSPL member centers and 988 system services, and federal guidance for the nationwide establishment of 988 calls, chats, and texts.

Top Washington State priorities to prepare for 988/NSPL member center rollout in July 2022

As Washington State prepare for the rollout of 988 and associated crisis response services, several key priority areas have been identified. These are summarized below, in no particular order or importance or significance.

Priority #1: Ensure 988 call, chat and text service are culturally, geographically and linguistically informed. Washington State features a diverse landscape of communities with varying needs in crisis services. It is essential that services are tailored to the communities they are serving, that Washington's

crisis response service network staff are accountable to providing culturally sensitive practices and trauma informed support, and that voices of community members are involved within all state planning, implementation, and evaluation aspects of the 988/crisis response services network. Representation from tribal communities, service members, veterans, and their families (SMVF), LGBTQ+ communities, BIPOC populations, individuals with disabilities, youth and young adults, non-English speaking community members, agricultural and rural communities, older adults, and others at high-risk for suicide and/or underserved by behavioral health and crisis response systems.

Priority #2: Optimize 988 system partner coordination and collaboration, as identified in HB 1477.

Under HB 1477, a comprehensive crisis response network – far exceeding national expectations of 988 system services via NSPL member centers or federal legislation – has been established. This will require ongoing coordination and collaboration with crisis network system partners statewide, including the Washington State Health Care Authority, Office of Financial Management, Governor’s office, and state legislators, as well as the statewide 911 network (to further include first responders) and the state’s Behavioral Health – Administrative Service Organizations (BH-ASOs). State subject matter experts and additional system partners, as included in the HB 1477 Crisis Response Improvement Strategy (CRIS) Committee and 988 Subcommittees will also remain critical in the successful establishment of comprehensive crisis response system services.

Priority #3: Determine national and statewide technology requirements, leading to the use of an interoperable and streamlined technology platform for 988 and crisis response services. Department of Health must collaborate both with SAMHSA and Vibrant Emotional Health to ensure alignment with federal requirements pertaining to technology (currently existing and to be determined in the future states of 988 rollout and implementation) under the National Suicide Hotline Designation Act of 2020, as well as state legislative requirements under HB 1477 for a new technologically advanced behavioral health and suicide prevention crisis call center platform. This will be accomplished by ongoing conversations with the 988 Technology Subcommittee and assurance that national requirements are incorporated into the implementation of the 988 system network in Washington State.

Priority #4: Under 1477 and in collaboration with 988 system partners, Department of Health will adopt a Rule Making Order, establishing the standards for designating in-state NSPL member centers as “crisis call center hubs.” HB 1477 requires that Washington State adopt minimum standards for the provision of operational funding to in-state NSPL member centers. Department of Health will collaborate with national leadership and decision-making bodies, including SAMHSA, Vibrant Emotional Health, national behavioral health accrediting bodies, and national behavioral health provider associations, as well as state leadership (including considering recommendations from the Crisis Response Improvement Strategy (CRIS) Committee) in establishing this Rule Making Order.

Priority Area #5: Collaborate with the American Indian Health Commission, Health Care Authority, and Volunteers of America of Western Washington in the ongoing development of the Washington Indian Behavioral Health Hub. While nested within an accredited NSPL member center, Washington’s Tribal Hub is an independently operating facility that is supported by the guidance of the state Tribal Centric Behavioral Health Advisory Committee. This center will maintain ongoing collaboration and coordination with Tribal Governments and system partners supporting tribal communities. NSPL crisis system services via the Tribal Hub will be informed by tribal leadership in Washington State and will respect and honor government-to-government relationships.

Priority Area #6: Determine Washington-specific training needs for in-state 988/NSPL member centers and system partner staff/networks. During the processes thus far in preparing for statewide 988 services, specific training needs have been identified. These trainings will be developed in partnership with state subject matter experts and system partners, and will be included within the Department of Health Rule Making Order for in-state NSPL member centers (“crisis call center hubs”). Thus far, Washington State has identified a need for dedicated training curricula pertaining to the Washington Indian Behavioral Health Hub (both for dedicated staff working in the Tribal Hub, as well as for all NSPL member center staff statewide working to collaborate with Tribal Hub services), 911/988 cross system services for streamlining and strengthening interoperability/collaboration, and cultural humility trainings dedicated to best servicing populations and communities at high-risk of suicide, as well as populations and communities experiencing systemic oppression and injustices within the behavioral health field.

Priority Area #7: Maintain collaboration with Vibrant, SAMHSA, and national partners supporting implementation of the National Suicide Hotline Designation Act of 2020. Support clear communication regarding national expectations and requirements for 988 services nationwide, especially those impacting prerequisites to NSPL member centers and national accreditation, which are necessary to route 988 calls, chats, and texts into Washington State.

Priority Area #8: Partner with the Department of Health Center for Public Affairs and Equity (C4PA), as well as Vibrant Emotional Health, on the development of a Washington-specific campaign pertaining to 988 services and associated crisis response resources, tailored to address stigma in behavioral health and reach high-risk and underserved communities/populations. In accordance to forthcoming national guidance from SAMHSA, Vibrant Emotional Health, and other national leadership, ensure 988 communication strategies in Washington State adhere to national directives while simultaneously meeting the needs of the state’s diverse populations and communities.

Priority Area #9: Continue leadership support and subject matter expertise roles in implementing HB 1477 and national 988/NSPL member center directives, according to best practices and guidelines. Support Washington State leadership, national system partners, and state national partners in understanding the roles and responsibilities of NSPL member centers. This includes the challenges and opportunities in supporting 988 calls, chats, and texts, legislative implications for 988 services, utilization of technology and service data for crisis system response, funding gaps and barriers, workforce recruitment and development needs, and more.

Priority Area #10: In planning for expanded services, establish as statewide comprehensive listing of Washington State resources and referrals. Coordinate with Washington State system partners and NSPL member centers to update and maintain a current list of linkages for behavioral health services and associated resources. This list will include services according to Vibrant’s guidance and expectations; it will be made readily available to NSPL member centers, crisis response system partners, and behavioral health providers.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Statewide Coverage for 988 Contacts

Part 1: 988 Services in Washington State – Calls

Current 988 call volume, system utilization, and center capacity in Washington State.

Washington State currently supports statewide primary coverage for the National Suicide Prevention Lifeline (NSPL) and 988 calls, supported by three regional NSPL member centers (HB 1477: “crisis call center hubs”). Crisis Connections is responsible for call volume in King County, Frontier Behavioral Health covers calls for the greater Spokane region (six counties in Eastern Washington), and Volunteers of America of Western Washington is providing service for the remaining 32 counties of the state. All three NSPL member centers are operational 24/7.

WA Local NSPL Centers Coverage Areas	
Center	Primary FIPS County Code
Crisis Connections	King
Frontier Behavioral Health	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Volunteers of America/Crisis Response Services	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Current primary and backup coverage for 988 calls: gaps, opportunities, and challenges in Washington State.

Since NSPL’s launch in 2005, Washington State has experienced a range of NSPL member centers supporting varying geographic regions of coverage. One NSPL member center, Volunteers of America, has participated in the network since Lifeline’s network establishment. Conversely, Frontier Behavioral Health joined as an accredited NSPL member center in 2021. While not all geographic regions in Washington State have historically had primary coverage for NSPL services, statewide primary coverage has been offered and sustained for the past five years, and no gaps in coverage for 988 services exist at present day. Washington’s local NSPL primary coverage areas for the three in-state member centers has remained the same since the addition of Frontier Behavioral Health (prior to their joining the NSPL network, Volunteers of America covered the six county region), and no suggested updates or changes to coverage areas have been made by the Department of Health to Vibrant Emotional Health.

Daily Hours of Operation for Local Centers in WA							
Center	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Crisis Connections	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00
Frontier Behavioral Health	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00
Volunteers of America/Crisis Response Services	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00	00:00 - 24:00

No network of in-state secondary coverage has been previously established; however, recommendations have been developed for Vibrant’s consideration, and are included within the completed worksheet in Appendix A. The Department of Health proposes that Volunteers of America provides secondary coverage for the primary coverage areas supported by both Crisis Connections and Frontier Behavioral Health. This determination was made because Volunteers of America has historical familiarity with NSPL services statewide, as well as sustained in-state answer rates of 90% or greater and an experienced workforce capable of absorbing some of the overflow calls from the other two in-state NSPL member centers. For Volunteers of America’s primary coverage region, Department of Health proposes that Crisis Connections provides secondary coverage for all counties in Western Washington, while Frontier Behavioral Health provides secondary coverage for all counties in Eastern Washington. This determination was made because it equally splits the large, 32 county region that is supported by Volunteers of America, keeping proposed backup coverage routed to the remaining NSPL member center that is geographically within the region of service. These details are described in detail in the completed worksheet in Appendix A, with maps of proposed primary and secondary coverage regions.

Proposed secondary coverage for services offers the opportunity of preserving and increasing the in-state answer rate for 988 calls, given callers will be routed to a secondary NSPL member in Washington State prior to be routed out-of-state. Given secondary coverage has never been implemented within Washington, a challenge will be for the three in-state NSPL member centers to adapt and adjust to the potential additional call volume due to overflow. To aid with this unanticipated potential fluctuation in call volume, funding from Department of Health to Washington State NSPL member centers will be calculated based on the total (primary and secondary) proportion of calls into each call center answered and handled, according to Lifeline’s best practices and guidelines, during the previous 12 months.

Washington State National Suicide Prevention Lifeline (NSPL)/988 Total System In-State Routing Call Metrics

	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	June 2021	July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021
National Suicide Prevention Lifeline (Total)	3,852	3,611	4,114	4,071	4,107	4,254	4,351	4,267	4,151	4,563	4,431
Washington Calls Answered In-State	3,102	2,831	3,222	3,012	3,175	3,103	3,262	3,174	3,065	3,405	3,261
Washington Calls Answered Out-of-State	254	283	287	408	260	368	344	362	301	344	358
TOTAL CALLS ROUTED	81%	78%	78%	74%	77%	73%	75%	74%	74%	75%	74%

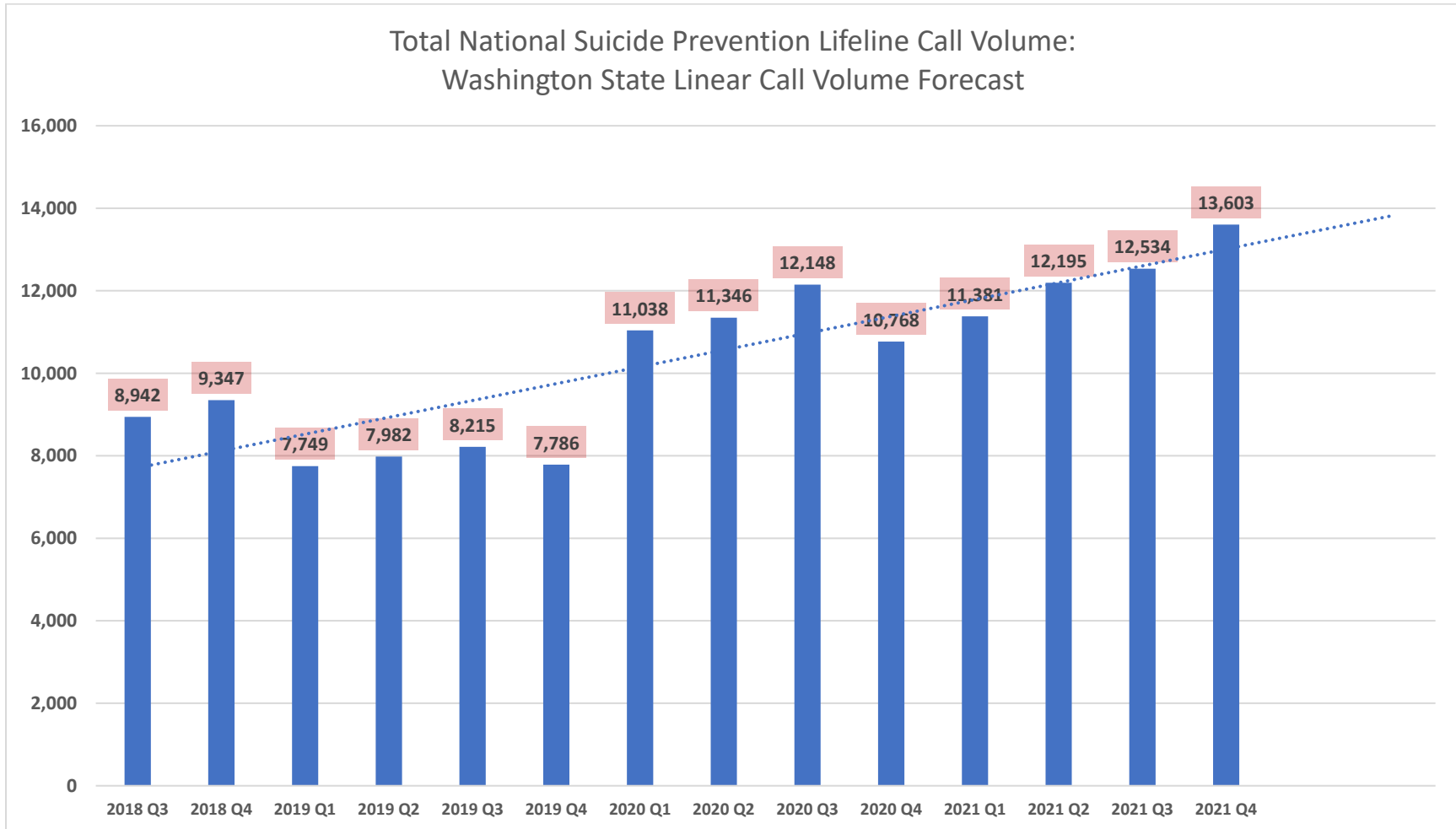
Current situation gaps, progress, and proposed approach.

From November 2020 – November 2021, call volume originating from Washington State for 988 services included: (1) an average of 3,303 monthly calls to the main National Suicide Prevention Lifeline, (2) an average of 60 monthly calls to Spanish main National Suicide Prevention Lifeline, and (3) an average of 1,136 monthly calls to the Veteran Crisis Line. Over the years, the visibility and utility of NSPL services have steadily been increasing in use by Washington State residents. In [2019](#), 57,635 calls originated from Washington, with an in-state answer rate of 80%; 34,613 of the callers were answered in-state, 470 callers pressed “2” for the Spanish Language Lifeline, and 13,895 callers pressed “1” to be referred to the Veterans





Crisis Line. In [2020](#), 60,738 calls originated from Washington, with an in-state answer rate of 74%; 34,941 of the callers were answered in-state, 626 callers pressed “2” for the Spanish Language Lifeline, and 12,955 callers pressed “1” to be referred to the Veterans Crisis Line. Since 2016, Washington Lifeline call volume has increased by 91%¹, and continues to rise. With the rate in 988/NSPL utilization already quickly climbing statewide, it is anticipated that the new visibility and health promoting concept of 988 services will further increase use and demand of services.



¹ National Suicide Prevention Lifeline: Washington State 2020 Report Card. www.suicidepreventionlifeline.org

National Suicide Prevention Lifeline (NSPL)/988 Call Comprehensive Network-Level Demand (Routed Calls) in Washington State

State Fiscal Year 2021	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	June 2021
National Suicide Prevention Lifeline	4,655	4,092	3,913	3,731	3,650	3,769	3,852	3,611	4,114	4,071	4,107	4,254
National Suicide Prevention Lifeline, Spanish	65	56	57	51	55	52	56	47	54	63	65	50
Veteran Crisis Line	1,166	1,123	1,148	846	1,007	957	979	1,022	1,155	1,157	1,085	1,094
TOTAL CALLS ROUTED	5,886	5,271	5,118	4,646	4,712	4,778	4,887	4,680	5,323	5,291	5,257	5,398

State Fiscal Year 2022	July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	June 2022
National Suicide Prevention Lifeline	4,351	4,267	4,151	4,563	4,431	-	-	-	-	-	-	-
National Suicide Prevention Lifeline, Spanish	43	60	61	57	62	-	-	-	-	-	-	-
Veteran Crisis Line	1,400	1,158	1,144	1,219	1,258	-	-	-	-	-	-	-
TOTAL CALLS ROUTED	5,794	5,485	5,356	5,839	5,751	-	-	-	-	-	-	-

Milestones in planning for 988 services in Washington State.

Washington State benefits from a strong leadership network in suicide prevention and behavioral health, including state agencies, system partners, activists, subject matter experts, legislators, Tribal governments, and most importantly the brave community voices of lived experience. In 2021, Washington passed flagship legislation, under the leadership of [Representative Tina Orwall](#) and [Senator Manka Dhingra](#). The time, knowledge, dedication, and collective efforts from professionals, practitioners, and community members statewide has resulted in the passing of [Engrossed Second Substitute House Bill 1477](#) (HB 1477), which was signed into law on May 16, 2021.

Overview of enacted legislation: In early 2021, with the implementation of [HB 1477](#), state leadership began to hold meetings (988 Steering Committee, Crisis Response Improvement Strategy (CRIS) Committee, 988 subcommittees) for the rolling out of 988 and associated crisis response support services. HB 1477 will not only ensure full geographic coverage for 988/NSPL services in Washington, but services that are delivered in a culturally- and linguistically-informed manner. Additionally, the implementation of HB 1477 is working to support an increased rate of follow-up calls and referral services offered to 988 line users, especially in the context of more adequately supporting high-risk, underserved, and marginalized communities. The Washington Indian Behavioral Health Hub continues to serve as a resource to tribal leadership and communities. The line offers aid to all tribal and non-tribal providers who support tribal members and communities in any behavioral health capacity. Washington State is working on plans to further the implementation of dedicated geographic services for the Hub, including considering the incorporation of regional representatives and support services in different areas of the state.

Key points about HB 1477 and impacts on 988/NSPL member centers:

- Establishes “crisis call center hubs” in Washington State, led by Department of Health (DOH).
- Expands the crisis response system in a deliberate and phased approach, led by the Washington Health Care Authority (HCA).
- Will save lives by improving the quality of and access to behavioral health crisis services.
- Provides a higher quality of crisis support and response through investment in new technology:
 - Must support crisis call center hubs to triage calls and link individuals to follow-up care.
- Requires ongoing collaborative work between DOH and HCA, to ensure seamless, continuous, and effective service delivery within the statewide crisis response system.
 - Must provide an annual report, beginning November 2023, regarding usage of the 988 crisis hotline, call outcomes, the provision of crisis services (inclusive of mobile rapid response crisis teams and crisis stabilization services), and information on the fund deposits and expenditures created by HB 1477.
 - Must create a sophisticated technical and operational plan.
 - Cannot conflict with or delay DOH meeting and satisfying:
 - Existing 988 federal requirements that must be met by July 16, 2022.
 - Planning and deliverables associated with the 988 State Planning Grant.
- Requires that health plans, issued or renewed on or after January 1, 2023, make next-day appointments available to enrollees experiencing urgent (but nonemergent) symptomatic behavioral health needs/conditions.

Implications for/responsibilities of DOH associated with HB 1477:

- DOH is responsible for the establishment and designation of the crisis call center hubs:
 - Must comply with the National Suicide Hotline Designation Act.
 - Must comply with Federal Communications Commission rules.
- DOH must:
 - Provide funding for Washington’s NSPL crisis call center hubs to meet an expected increase in the number of the call centers due to the implementation of 988.
 - Adopt rules by July 1, 2023, which will establish standards for designation of crisis call centers as crisis call center hubs.
 - Consider national guidelines for behavioral health crisis care, as determined by:
 - The Substance Abuse and Mental Health Services Administration (SAMHSA);
 - National behavioral health accrediting bodies;
 - National behavioral health provider associations; and
 - Recommendations from the Crisis Response Improvement Strategy (CRIS) Committee.
 - Designate crisis call center hubs by July 1, 2024, for which each center must demonstrate and maintain:
 - An active agreement with the national administrator (Vibrant Emotional Health) of the National Suicide Prevention Lifeline;
 - Meeting the operational and clinical standards established by DOH, based upon national NSPL best practices and guidelines;

- The employment of highly qualified, skilled, and trained clinical staff who have sufficient training and resources to provide empathy to callers in acute distress, de-escalated crises, assess behavioral health disorders and suicide risk, triage to system partners, and provide case management and documentation;
 - Coordination with certified peer counselors to provide follow-up/outreach to callers in distress;
 - Coordinate with national and state partners for consistency in 988 public messaging; and
 - Provide data and reports and participate in evaluations as well as related quality improvement activities.
- DOH must incorporate recommendations from the CRIS Committee, as appropriate.

Implications for/responsibilities of HCA associated with HB 1477:

- Responsible for developing and implementing the state’s crisis response system and services to support the work of the crisis call center hubs*:
 - (*Note: this is what makes HB 1477 progressive and unique from the National Law; the comprehensive incorporation of crisis response services is not currently mandated or outlined in federal legislation)
 - Expands crisis teams (“mobile rapid response crisis teams”)
 - Deploys a wide array of crisis stabilization services:
 - 24-hour crisis stabilization units, based on the living room model
 - Crisis stabilization centers
 - Short-term respite facilities
 - Peer-run respite centers
 - Same-day walk-in behavioral health response services
- Certified peer counselors and peers in other roles providing support must be incorporated within the crisis system and along the continuum of care.
- HCA must:
 - Collaborate with county authorities and Behavioral Health Administrative Service Organizations (BH-ASOs) to develop dispatch procedures in coordination with the NSPL crisis call center hubs.
 - Establish formal agreements with Managed Care Organizations (MCOs) and BH-ASOs by January 1, 2023.
 - Create best practices guidelines for appropriate deployment of crisis response services by July 1, 2023, to include:
 - Minimization on nonessential reliance on emergency room services;
 - Minimization on nonessential reliance on law enforcement; and
 - Consider recommendations made by the CRIS Committee.
 - Develop procedures to allow appropriate information sharing and communication between and across crisis and emergency response systems that will support real-time crisis care coordination.
 - Establish guidelines to appropriately serve high-risk populations who request crisis services.

Next steps in preparing for 988 calls in Washington State.

By the end of Phase 1 (October 1, 2021 – June 30, 2022) and Phase 2 (July 1, 2022 – June 30, 2023), Washington State anticipates no challenges in achieving statewide primary 24/7 coverage for 988 calls. Ideally, secondary coverage service areas will have been established and routed no later than the end of Phase 2, thus supporting additional in-state availability of NSPL member centers to support callers in the state’s call queue. Washington State is currently amending the contracts between the Department of Health and Crisis Connections, Frontier Behavioral Health, and Volunteers of America; this provides approximately \$9,000,000 in funding to support the implementation of 988 services during Year 1. This funding is covered in detail in Core Area 2.

Potential system challenges for 988 call services in Washington State.

- Coordination – in avoidance of duplication with – crisis response and behavioral health support partnership lines:
 - Lines supported by Washington State, supported through various additional crisis resources and initiatives.
 - [Teen Link](#): For residents under 21, Teen Link is available for trained peer support. Users can also connect with an adult substance use specialist during designated days and times.
 - [Washington 2-1-1](#): A comprehensive platform that provides information on and connections to health and human services in King County.
 - [Washington Listens](#): A free, anonymous services for anyone in Washington State, providing emotional support to individuals and families during difficult times, such as the COVID-19 pandemic or Washington’s recent experiences with wildfires and flooding.
 - [Washington Recovery Help Line](#): Help and support for substance abuse, problem gambling and mental health.
 - [Washington Warm Line](#): This line offers assistance for anxiety, loneliness, depression, problems with family or friends, and other emotional and mental health challenges.
 - [Washington State mental health crisis lines](#): available to all Washingtonians, regardless of income or insurance status.
 - [Beacon Health Options](#): provides county crisis call services to Chelan County, Clark County, Douglas County, Grant County, Klickitat County, Okanogan County, Pierce County, and Skamania County.
 - [Great Rivers BH-ASO](#)²: provides county crisis call services to Cowlitz County, Grays Harbor County, Lewis County, Pacific County, and Wahkiakum County.
 - [Greater Columbia BH-ASO](#): provides county crisis call services to Asotin County, Benton County, Columbia County, Franklin County, Garfield County, Kittitas County, Walla Walla County, Whitman County, and Yakima County.
 - [North Sound BH-ASO](#): provides county crisis call services to Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County.
 - [King County BH-ASO](#): provides county crisis call services to King County.
 - [Salish BH-ASO](#): provides county crisis call services to Clallam county, Jefferson County, and Kitsap County.
 - [Spokane County BH-ASO](#): provides county crisis call services to Adams County, Ferry County, Lincoln County, Pend Oreille County, Spokane County and Stevens County.

² BH-ASO: Behavioral Health – Administrative Services Organization

- [Thurston-Mason BH-ASO](#): provides county crisis call services to Mason County and Thurston County.
 - Lines supported by national partners:
 - [Coplinc](#): Confidential hotline for law enforcement personnel, supported by peer counselors.
 - [Crisis Text Line](#): Crisis Text Line provides confidential text access from anywhere in the US to a trained Crisis Counselor.
 - [Disaster Distress Hotline](#): Counseling and support for the COVID-19 pandemic, natural disasters, and associated concerns.
 - [Farm Aid hotline](#): Farm Aid helps to keep farmers on their land by providing effective and immediate support services. Call center professionals are trained in crisis response as well as able to help farmers find resources related to markets, transitioning to more sustainable/profitable farming practices, surviving natural disasters, and more.
 - [Institute on Aging Friendship Line](#): Support and crisis line for adults who are 60 or older or have disabilities targeted at inclusivity and feelings of connection for this population.
 - [NAMI Helpline](#): National Alliance on Mental Illness volunteer support for navigating a mental health crisis, offering support, and answering questions.
 - [Trans Lifeline](#): Peer support, run by trans people for trans people, that offers emotional and financial support to trans people in crisis.
 - [Trevor Project Lifeline](#): Crisis intervention and suicide prevention services for LGBTQ+ youth and young adults under 25.
- In looking forward to and planning for Phase 2, Washington State is closely monitoring for several potential challenges pertaining to statewide primary and secondary 24/7 coverage for 988 calls:
 - Anticipated increased system utilization, which will need to be closely monitored as 988 is widely communicated to the public and becomes known as a service. The easy to remember 3-digit number will aid in increased access to the system, resulting in growth to system demand that will need to be carefully balanced with available staffing and coverage times.
 - Ongoing considerations pertaining to structured funding, which must meet the demand of system users, but also onboard and train staff, retain personnel, and support the overhead costs affiliated with supporting an NSPL accredited member center.
 - Observed workforce shortages, which impacts both NSPL member centers, community crisis response services, and the broader network of behavioral health providers.
 - A national shifting landscape as SAMHSA, Vibrant, and other national agencies prepare for the rollout of 988 services. These changes and expanded scopes of work will affect NSPL member centers, state agencies, and 988 system partners.
- Supporting Washington’s NSPL member centers to achieve and sustain an in-state answer rate of 90% or greater, while simultaneously adhering to Lifeline’s best practices and guidelines, collaborating with Washington State 988 crisis system partners (inclusive of 911 and mobile crisis response units), ensuring trauma informed and timely responses to 988 system users, and preventing workforce fatigue and burnout.
- Understanding the anticipated update of routing 988/NSPL calls using geolocation, rather than continuing to route callers based on zip code. This will be both a benefit and a challenge; Washington is closely monitoring information and will continue to request information as it becomes available to identify ways to support NSPL member centers before and during this transition.
- Due to the complexity of HB 1477, the careful coordination and collaboration with state system partners and networks, as they relate to 988 services and associated system networks, must continue to be supported and monitored. It will be critically important the

Department of Health (contract holder for NSPL member centers), Health Care Authority (contract holder for community crisis response services), 211, and 911 maintain the successful and dynamic current working relationship as 988 services rollout statewide/nationwide.

System opportunities for 988 call services in Washington State: next steps.

- Communicate about the broad range of services and supports available through 988 due to national law and Washington’s HB 1477; contribute to the shifting of societal narratives that support prevention and reduce/eliminate stigmas related to suicide, behavioral health, substance use, and recovery. Promote equity in access to services, with an expectation that services will be timely, informed, relevant, respectful, and constructive.
- Continue the ongoing incorporation of voices of lived experience and feedback from underserved and high-risk populations, including, LGBTQ+ individuals, the BIPOC community, youth/transition aged youth, and agricultural/rural communities.
- Increase awareness in Washington State about the availability of the Spanish Language Lifeline, including publishing and disseminating Spanish communication materials, created in partnership with community-based organizations and in alignment with Vibrant requirements (more in Core Area 8).
- Promote and continue to enhance the availability of translation and interpretation services, including seeking methods through which American Sign Language (ASL) can be incorporated into video call services. Publish and disseminate communication materials, created in partnership with community-based organizations, to include various languages, messaging for youth and young adults, messaging available to individuals across the literacy spectrum, materials designed with specificity cultural sensitivities and/or needs in mind, etc. (more in Core Area 8).
- Partner with the [Washington Department of Veterans Affairs](#) in the promotion of current strategies for the Washington State [Governor’s Challenge](#). Coordinate 988 messaging and communication with the implementation of the [Washington State Veterans Suicide Prevention Strategic Plan](#), gaining feedback from the Governor’s Challenge Advisory Committee and service members, veterans, and their families (SMVF) in Washington State (more in Core Area 8).
- Collaborate with the ongoing development of the [Washington Indian Behavioral Health Hub](#), under the leadership of the [Tribal Centric Behavioral Health Advisory Board](#) and [American Indian Health Commission](#), to improve and expand the availability of crisis response services for American Indians/Alaska Natives, as well as promote an understanding of cultural humility, intergenerational trauma, and cultural practices and traditions among those serving tribal communities.
- Improve the experiences for those in crisis who have interactions with NSPL member centers, and law enforcement/first responders. When first responders must be dispatched, promote the availability of gatekeeper training and vicarious trauma resources for those who respond. Support constructive community messaging that strengthens community. Above all else, promote the importance of trauma-informed practices and policies for crisis response.
- Strengthen internal state partnerships, including between agencies, providers, system partners, higher education institutions, leaders across the state (in official positions and non-official roles), those with lived experience, and those who experience systemic inequities. Further develop relationships with other states, NSPL member centers, and national partners.

Part 2: 988 Services in Washington State – Chat/Text

Background and current 988 chat/text services in Washington State.

One NSPL member center in Washington State, Volunteers of America of Western Washington, has participated in Vibrant’s piloting of chat/text services, and currently participates as a core chat and text center offering nationwide services. Participation began in 2014, and the center remains active in supporting services today. Technology support for the implementation of this work is through Vibrant’s endorsed [PureConnect](#) platform contracted by Genesys. Washington recognizes the alignment between the chat/text platform, and Vibrant’s forthcoming Unified Platform, also being designed with Genesys.

Landscape Analysis Results: Chat/Text Capacity and Coverage in Washington State

Center Name	Q30. Lifeline Chat?	Q31. 24/7 Lifeline Chat?	Q32. Days/Hours of Lifeline Chat	Q33. Non-Lifeline Chat?	Q34. Non-Lifeline Text?
Crisis Connections	No	N/A	N/A	Yes	Yes
Frontier Behavioral Health	No	N/A	N/A	No	No
Volunteers of America	Yes	No	Our "core" hours are from 15:00 to 23:30 PST, 7 days per week.	No	No

The table(s) above summarize(s) responses to the following question(s):

- Q30.** Does your center currently provide Lifeline chat services? (Yes/No)
- Q31.** Does your center provide 24/7 coverage for Lifeline chats? (Yes/No)
- Q32.** What days and hours do you provide Lifeline chat services? (Open answer text)
- Q33.** Does your center currently provide chat services that are not affiliated with the Lifeline? (Yes/No)
- Q34.** Does your center currently provide crisis text services that are not affiliated with the Lifeline? (Yes/No)

Although Volunteers of America has the technical ability to offer chat/text services, several gaps and challenges remain at present day. In addition to services not being offered within Washington State specifically (due to the current structure and organization of Vibrant’s pilot program), key central gaps include: (1) chat/text is not currently available 24/7, (2) follow-up services are not available via chat/text, and (3) significant increases in staffing, inclusive of recruitment and training, will be necessary to meet the need of future projected 988 chat/text volume. These challenges are discussed in greater detail below.

Nevertheless, there are several opportunities and Washington State is excited to have a NSPL member center with the capacity, knowledge, and training to offer chat/text ability ahead of the launch of nationwide 988 services. Under HB 1477, Washington has acquired funding to support a considerable amount of the current projected volume of chat/text services; however, as Washington implements 988 and the service coordination outlined in HB 1477, funding allocations and need will be continually assessed and will draw upon utilization data to inform future

projections. Additionally, Washington State has a strong working relationship with Volunteers of America; collaboration is ongoing, with both entities (Volunteers of America and Department of Health) offering proposed implementation templates/timelines and high-level considerations to Washington State leadership throughout the planning process for 988 chat/text services. Volunteers of America will also be participating on Vibrant’s Unified Platform Advisory Committee, contributing systemic knowledge and feedback for future 988 chat/text services nationwide.

Current 988 chat/text volume and system utilization in Washington State.

During the past 12 months, the total Washington State chat volume was 8,698 contacts, with an average of 725 contacts per month. Total state text volume was 2,272 contacts, with an average of 189 contacts per month.

Number of chat and text conversations offered by Volunteers of America of Western Washington³

State Fiscal Year 2021	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	June 2021
VOA Chat Services	663	444	564	600	643	779	904	701	796	546	639	677
VOA Text Services	-	77	361	279	133	137	142	207	215	215	206	140

State Fiscal Year 2022	July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	June 2022
VOA Chat Services	696	624	618	573	502	-	-	-	-	-	-	-
VOA Text Services	166	212	138	155	206	-	-	-	-	-	-	-

During Year 1 of 988 implementation, Vibrant’s projected chat volume for Washington State is 90,900 contacts (7,575 average contacts monthly), and projected text volume is 3,900 (325 average contacts monthly), for a total of 94,800 chat/text contacts.

Year 1: Projected 988 chat/text volume in Washington State.

Due to the highly requested resources of chat/text services through engagement with local communities and subject matter experts, the comprehensive nature of HB 1477, a need for increased capacity to offer follow-up services, and the observed high utilization of similar services (Crisis Text Line, see below), Washington is using Vibrant’s high volume forecast projection to plan for upcoming 988 chat/text services statewide. As described above, the projected chat volume is 90,900 contacts, and projected text volume is 3,900, for a total of 94,800 contacts during Year 1 of 988 implementation. In working collaboratively with NSPL member centers, state subject matter experts, and

Washington Forecast Volume				
Population	7,614,893	Percent of US Population	2.3%	
		Low	Medium	High
Year 1	Offered	144,600	211,100	286,900
	Handled	107,900	156,100	213,400
	* Phone	60,100	86,600	118,600
	* Chat	46,100	66,500	90,900
	* SMS	1,700	3,000	3,900

³ Volunteers of America of Western Washington has been working in partnership with Vibrant Emotional Health as a Core Chat Center. The current operational platform of these services is still being piloted. The center receives call and chat requests from across the nation; as such, data of chat and text conversations in the data above are not restricted to Washington State users.

system partners, Washington believes the utilization of chat/text services will likely be considerably higher than current projections, due to the increasing nature of societal use of these services, increasing app development for smart phones and other devices, and the overwhelming preference of younger generations to have access to chat/text services (not exclusive to crisis services) over a phoneline option. Specifically, Washington estimates, and is planning for Year 1 volume projections for texting services to exceed 3,900 contacts.

During Year 1, 50% of projected chat/text volume in Washington State is 47,400 contacts; 80% of projected chat/text volume is 75,840 contacts. The planning group determined that the Vibrant goal and recommended milestone for chat/text services at the end of Year 1, that *Washington State ensure in-state 24/7 coverage for 988 crisis chat/services that will be enough to handle capacity at 80% of projections*, is very unlikely for several reasons. First, Washington only has one in-state NSPL member center who is currently accredited to conduct NSPL chat/text and has the capabilities to offer chat/text services. With the remaining two NSPL member centers focusing on deliverables and expectations set by NSPL accreditation standards that are associated with 988 call services, there is not current capacity or ability to place the additional expectation on these centers to add chat/text services within such a short period of time, yet alone ask that they cover 80% of the chat/text services within their service regions. As a result, this would place an unfair responsibility and pressure on Volunteers of America, as the single Washington NSPL member center that can currently offer chat/text services.

Second, Volunteers of America currently offers chat/text services nationwide, as a core center. This is functionally very different than the NSPL member center's role as a Washington-specific call center. The first step in implementing in-state chat/text services would be to transition away from nationwide response to only focusing on inbound chat/text from Washingtonians. While this is doable, the transition will take time, and will require close coordination and collaboration with Vibrant to ensure a smooth process. This would additionally require Volunteers of America to complete internal transition planning and processes. In an effort to retain staff and training knowledge, as well as to avoid creating additional pressure on the workforce, Washington must allow for sufficient time for these processes to be completed prior to placing contractual expectations of specific chat/text measures of metrics on the NSPL member center.

Last, several unknown transitions and factors remain, all of which might influence the number of inbound chat/text services. One example is the way in which current services are routed based off zip code rather than geolocation. Should this transition to geolocation occur, NSPL member centers would need time to adjust to new routing patterns. Given Volunteers of America is also the only NSPL member center in Washington with the ability to chat/text services, the center would be covering King County (Crisis Connections' call volume geographic region) and the greater Spokane region (Frontier Behavioral Health's call volume geographic region) to ensure statewide coverage would be offered. This would require close coordination with the regional crisis response systems in these geographic regions, should emergency response or mobile crisis response unit dispatch be necessary. Volunteers of America coordinates less frequently with these geographic regions for initiating in-person response measures, which means it will take time to further develop processes and procedures for dedicated in-state coordination, should the NSPL member center begin only covering the Washington State region for chat/text services. Finally, Volunteers of America currently supports chat/text services for 8.5 hours a day (7 days per week). Expanding chat/text services to cover the entire state would require the center to essentially triple the amount of time services are offered in order to be available 24/7, on top of recruiting the necessary additional staff and workforce capacity to meet projected volume of calls and related services. These transitions, inclusive of recruitment, onboarding, training,

supervision, etc. will all take time. Washington State is simultaneously facing a tremendous workforce shortage in staffing, which will further impact timeline.

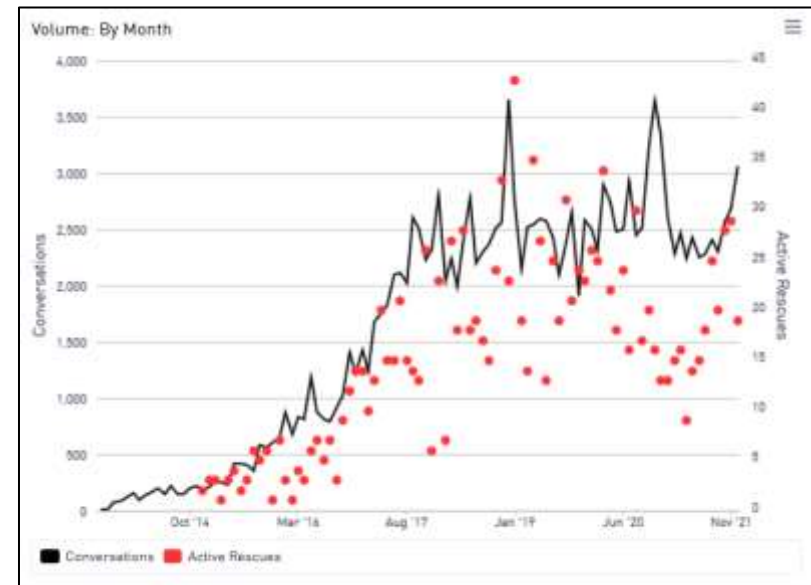
Most importantly, Washington State does not want to sacrifice the integrity of services for the chat/text users of 988. The priority focus remains ensuring that the individuals who utilize 988, whether through call, chat, or text, are receiving the support they need from the in-state NSPL member centers. In addition to de-escalation and following Vibrant best practices, Washington is focused on ensuring practices of culturally informed responses, coordinating to connect to resources/referrals, interacting with the Washington Indian Behavioral Health Hub and other dedicated resources for populations at an increased risk of suicide, and more. As a result, collaborative conversations with Washington’s HB 1477 Steering Committee and CRIS Committee are occurring to ensure planning for the eventual 80% metric of in-state response for 988 chat/text services can be obtained on the most reasonable and realistic timeline possible, while still ensuring meeting user needs in an effective and trauma-informed manner remains the guiding light for all crisis response work in Washington State.

Utilization of Crisis Text Line services in Washington State.

An important additional service utilized by Washington State residents is the [Crisis Text Line](#) (CTL). Washington has held a contract with the CTL for several years, and will continue to do so, given the high utility of the system and data/metrics, leading to informed suicide prevention strategies and tailored communication, gained in monitoring system utilization. In preparing for 988 chat/text services, the utility and benefits observed by CTL services must be closely examined and incorporated into implementation planning efforts.

Since its launch in 2013 and with approximately 165,000 texting conversations, the CTL has impacted the behavioral health outcomes and suicide prevention efforts of users in several critically important ways:

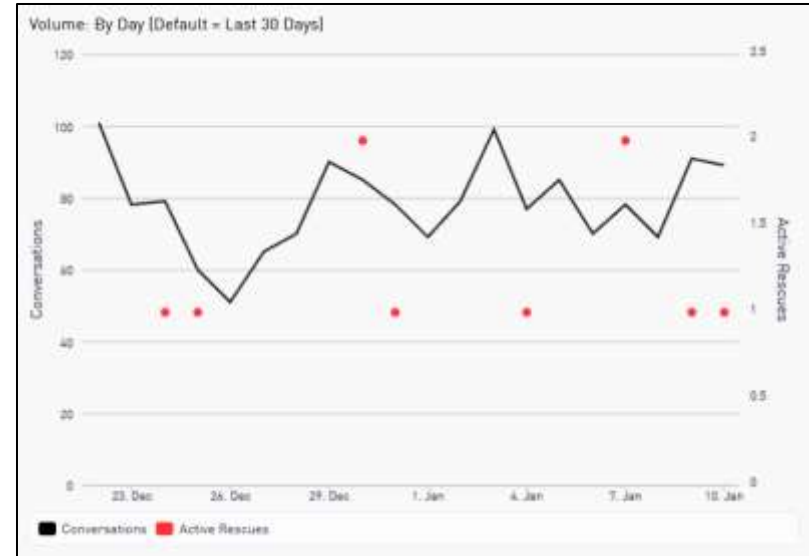
- 57% of texters report that they shared something with a Crisis Counselor that they’ve never shared with anyone before.
- CTL has thus far successfully de-escalated 2,735 suicidal crises, where the individual at the initiation of the conversation had a suicide plan and method within a 48-hour timeframe. The Crisis Counselor was able to offer support and develop a safety plan that the user agreed to follow.
- More than 60% of CTL users in Washington State are age 25 or younger, demonstrating an ability to reach youth and transition age youth and offer support for emotional wellness or crisis.



- More than half of CTL users in Washington State identify as LGBTQ+, indicating texting is accepted as a safe form of reaching out for crisis services by many within the queer community.
- The 10 most common symptoms/concerns reported to the CTL (proportion of total conversations mentioning the issue) are depression/sadness (36.1%), anxiety/stress (35.9%), relationships (32.9%), suicide (28.6%), school (26.1%), isolation/loneliness (20.5%), self-harm (13.9%), finances (6.7%), sexual assault (5.1%), and COVID-19 (4.5%).

Potential 988 chat/text challenges.

- Given Volunteers of America is the only Washington in-state NSPL member center that supports chat/text services, sustainability and functionality of these services statewide is dependent on this singular crisis center. Washington State is planning to ensure that projected chat/text services are funded at 50% for Year 1, however, many there will be several additional barriers in preparing for chat/text service implementation, including workforce development, training, and planning for network logistics between crisis system partners.
- [Studies show](#) that younger generations prefer text services over a voice phone call. As a result, 988 chat/text services will likely become more popular and requested over time. As 988 implementation continues to develop nationwide and statewide, it will be critical to ensure the comprehensive incorporation of these services, to the ongoing likely growth in projected volume demand. Preparation to support this will require the further recruitment/retainment of staff, as well as dedicated continuing education and training as to how navigating crisis services via chat/text is fundamentally different than via phone.



Potential 988 chat/text opportunities.

- With the availability of a realistic timeline, Crisis Connections and Frontier Behavioral Health may eventually incorporate chat/text services into the NSPL member center crisis system services they offer. Washington State and Department of Health will support the capacity growth and development of adding these additional services, once each center is ready to take on the increased demand and is stable in supporting call volume demand at 90% or higher.
- Incorporation of chat/text services as a centralized component to the NSPL crisis system might attract younger generations to careers and positions within NSPL member centers. This would contribute to workforce development efforts in Washington State.

Progress to date: preparing for chat/text services in Washington State and proposed approach.

Steps taken/progress to date – discuss proposed approach to supporting chat/text in Washington

- While Washington State is not currently planning to onboard Crisis Connections or Frontier Behavioral Health for 988 chat/text services, Department of Health is in the process of placing funding into the Volunteers of America contract to support the medium volume

projection at 50% during Year 1 of 988 implementation. This is funding available from the Fiscal Year 2022 under HB 1477. Volunteers of America is currently preparing to support chat/text services statewide and 24/7.

Core Area 1: Statewide Coverage Considerations Related to Other Core Areas:

- Core Area 2: Secure adequate, diversified, and sustained funding streams for Lifeline member centers
- Core Area 3: Expand and sustain center capacity to maintain target in-state answer rates for current and projected call, text, and chat volume
- Core Area 8: Plan and implement marketing for 988 in Washington State

**Core Area 1: Statewide Coverage for 988 Contacts
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 1.1a: By June 30, 2022, Washington State will have ensured there is statewide 24/7 primary coverage by in-state 988/NSPL crisis call center hubs for calls.

Personnel/Partners: Washington State Department of Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 1.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Crisis Connections to identify and address barriers to achieving and sustaining an in-state answer rate of 90% or higher.	10/1/2021	6/30/2022	<u>Lead:</u> Crisis Connections <u>Partners:</u> Washington State Department of Health
Collaborate with Frontier Behavioral Health to identify strategies to sustaining 24/7 in-state coverage for calls, at or above 90%.	10/1/2021	6/30/2022	<u>Lead:</u> Frontier Behavioral Health <u>Partners:</u> Washington State Department of Health
Collaborate with Volunteers of America to identify strategies to sustaining 24/7 in-state coverage for calls, at or above 90%.	10/1/2021	6/30/2022	<u>Lead:</u> Volunteers of America <u>Partners:</u> Washington State Department of Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 1.1b: By June 30, 2022, Washington State will have collaborated with Volunteers of America to ensure planning for statewide 24/7 primary coverage for 988 chat and text services has been established and is on-track for the developed implementation timeline.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Vibrant Emotional Health, HB 1477 Steering Committee, HB 1477 988 Technology Subcommittee

Goal 1.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Secure and provide funding for chat/text services, sufficient to provide 24/7 statewide coverage, planning for a minimum in-state response rate of 50%.	7/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America, HB 1477 Steering Committee
Collaborate with Vibrant Emotional Health to learn more about the expectations for 988 chat/text services at each NSPL member center, and develop a realistic timeline for service rollout and implementation.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health
Inform HB 1477 Steering Committee and Technology Subcommittee about chat/text functions, including average handle time, unique communication considerations regarding in-state response rate, and current NSPL member center capacity.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections, Frontier Behavioral Health Volunteers of America, Vibrant Emotional Health
Engage the HB 1477 988 Technology Subcommittee regarding 988 chat/text services, and gather recommendations for rolling out effective and realistic services in Washington State.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America, WA HB 1477 988 Technology Subcommittee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 1: Statewide Coverage for 988 Contacts

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 1.2a: By June 30, 2023, Washington State will have ensured there is *both* statewide 24/7 primary and backup coverage for every county by in-state 988/NSPL crisis call center hub calls.

Personnel/Partners: Washington State Department of Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee

Goal 1.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue collaboration with Volunteers of America to identify and address barriers to sustaining 24/7 in-state coverage for calls, at or above 90%.	7/1/2022	6/30/2023	<u>Lead:</u> Volunteers of America <u>Partners:</u> Washington State Department of Health
Continue collaboration with Frontier Behavioral Health to identify and address barriers to sustaining 24/7 in-state coverage for calls, at or above 90%.	7/1/2022	6/30/2023	<u>Lead:</u> Frontier Behavioral Health <u>Partners:</u> Washington State Department of Health
Collaborate with Crisis connections to identify and address barriers to sustaining 24/7 in-state coverage for calls, at or above 90%.	7/1/2022	6/30/2023	<u>Lead:</u> Crisis Connections <u>Partners:</u> Washington State Department of Health
Provide ongoing updates about Washington NSPL member center in-state answer rates and gather state leadership feedback.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 Steering Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 1.2b: By June 30, 2023, Washington State will have collaborated with Volunteers of America to implement planning processes for statewide 24/7 primary coverage for text and chat services with a minimum in-state response rate of 50%.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Vibrant Emotional Health, WA HB 1477 988 Technology Subcommittee

Goal 1.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue collaboration with Volunteers of America to identify and address barriers to sustaining at least a 50% in-state response rate for chat/text.	7/1/2022	6/30/2023	<u>Lead:</u> Volunteers of America <u>Partners:</u> Washington State Department of Health
Collaborate with Vibrant to route chats and texts from Washington State to Volunteers of America.	7/1/2022	6/30/2023	<u>Lead:</u> Volunteers of America <u>Partners:</u> Washington State Department of Health, Vibrant Emotional Health
Provide ongoing updates about Washington NSPL member centers in-state answer rates and gather state leadership feedback.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> WA HB 1477 988 Technology Subcommittee

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Vibrant and Volunteers of America to determine necessary needs and processes in providing follow-up services for 988 chats/texts.	7/1/2022	6/30/2023	<u>Lead</u> : Volunteers of America <u>Partners</u> : Washington State Department of Health, Vibrant Emotional Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

[Return to Table of Contents](#)

Current Funding Structure for 988 Services in Washington State

Historical context: current situation and structure of dedicated funding in Washington State for the National Suicide Prevention Lifeline.

In 2017, the Washington State legislature passed a stopgap measure to increase the in-state call answer rate and follow-up capacity for the NSPL. This dedicated funding has since been sustained on an annual basis to support this work. Department of Health began contracting with two NSPL member centers in Washington State (Crisis Connections and Volunteers of America of Western Washington) to create a virtual call center in January of 2018. These centers received NSPL calls from all of Washington’s 39 counties, including those which had previously been without a crisis center to answer local calls made to the Lifeline. Through this additional funding and the creation of the virtual line, Washington’s in-state answer rate increased from 41% to 78% in just 18 months. During the same time period, call volume to the NSPL from Washington State also increased about 40%⁴. While the funding provided in the 2017 stopgap measure was limited, with a statewide annual budget of approximately \$347,000, significant improvements were observed as a result of the availability of this funding, both due to the significantly improved in-state answer rate, as well as an increased utilization of NSPL services by citizens living in Washington State. This funding again increased in 2020, with an annual state budget of \$915,000. Prior to HB 1477, this funding remained the sole source of dedicated funding for National Suicide Prevention Lifeline services in Washington State.

Washington State was also in the process of planning the launch of the Washington Indian Behavioral Health Hub in 2018 and 2019. The American Indian Health Commission (AIHC) provided startup funding to Volunteers of America, the successful applicant selected to host the Hub, in fiscal year 2021. Volunteers of America is additionally a core text centers and supports chat and text services in the state. Funding structure, with a total of \$1,150,200 available statewide for NSPL/Tribal Hub services from July 1, 2020 – June 30, 2021, is detailed below.

FY21 Washington State Funding for NSPL Services (supporting 988/NSPL crisis call center calls)

Center Name	Total Lifeline Funding	Lifeline Funding Sources Distribution					
		Federal	State	County/ City	Private	Other Sources	Other Source Description
Crisis Connections	\$210,000	-	\$210,000	-	-	-	
Frontier Behavioral Health	\$33,500	-	\$33,500	-	-	-	
Volunteers of America	\$906,700	-	\$656,700	-	-	\$250,000	AIHC (Washington Indian Behavioral Health Hub)

⁴ Between 2016 and 2020, utilization of 988/NSPL call services in Washington State have increased by 91%. Source – Vibrant Emotional Health, National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/wp-content/uploads/2021/06/Washington-Annual-State-Report-2020.pdf>.

Newly identified and confirmed funding to support 988 crisis services in Washington State.

During the 2021 legislative session, [House Bill 1477](#) passed in Washington State. This legislation implements the national 988 system as well as enhances and expands statewide behavioral health crisis response and suicide prevention services. The [National Suicide Hotline Designation Act of 2020](#) is a core component of HB 1477, as it incorporates federal 988 legislation as the universal 3-digit number for the purpose of the national suicide prevention and mental health crisis hotline system, operating through the NSPL. Per HB 1477, NSPL member centers (“crisis call center hubs”) must ensure statewide coverage for calls, chats, and text services to 988 that are culturally, linguistically, and geographically informed; all NSPL services must be fully established and operational no later than July 16, 2022. Crisis call center hubs must additionally: (1) support Lifeline’s operational, clinical, and performance standards; (2) ensure updated listings and use of local resources and referrals; (3) provide follow-up call services to users according to Lifeline best practices; and (4) ensure public messaging is aligned with national initiatives and guidance.

Importantly, HB 1477 provides a new sustainable funding stream for NSPL centers, as well as associated crisis response and support services. Beginning in October 1, 2021, a new statewide excise tax on certain telecommunications services will be enacted, specifically to fund the implementation of 988 and related crisis services. From October 1, 2021 – December 31, 2022, the established tax rate will be 24 cents for all radio access lines, interconnected voice over internet protocol service lines, and switched access lines in Washington State; from January 1, 2024 and thereafter, the established tax rate will increase to 40 cents. The tax imposed by HB 1477 will establish a new state account of revenue which may only be used for: (1) ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center or crisis call center hub; and (2) personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services by directly responding to the 988 crisis hotline.

Additional appropriations of HB 1477 allocated funding to support initial operational and procedural needs for the successful rollout of 988 services statewide. Funding support is provided for the fiscal biennium, which ends June 30, 2023. Funding for state fiscal year 2022 includes:

- \$9,801,000 for the Department of Health to route 988 calls to, and contract for the operations of, call centers and call center hubs. This includes funding for operations, training, and call center information technology and program staff;
 - \$8,997,000 for the Department of Health to contract with Crisis Connections, Frontier Behavioral Health, and Volunteers of America in preparation of 988 services service implementation, support to include:
 - Workforce development, staff and personnel training, NSPL member center technology and facility requirements, etc.;
 - \$500,000 for the Department of Health to contract for services related to the Washington Indian Behavioral Health Hub;
 - \$94,500 for the Department of Health to provide the staff support necessary to critically analyze the planning, development, and implementation of technology solutions, as well as to create a HB 1477/988 Technical and Operational Plan for the Washington State legislature⁵; and
 - \$210,000 for the Department of Health to participate in and provide support to the Washington State 988 Steering Committee, Crisis Response Improvement Strategy (CRIS) Committee, and associated 988 subcommittees.

⁵ For FY22, DOH is staffing two Health Services Consultant (HSC) 3 FTEs. These positions are supporting the implementation of HB 1477 and have been filled. DOH staffing, including projected future DOH staffing needs as well as complications for the ongoing staffing of these HSC3 positions that was encountered at the end of the 2020 legislative session, is discussed in further detail below.

State Fiscal Year 2022 Washington State Funding for NSPL Services, as of January 1, 2021 (supporting 988/NSPL crisis call center calls)

Center Name	Total Lifeline Funding	Lifeline Funding Sources Distribution					
		Federal	State	County/ City	Private	Other Sources	Other Source Description
Crisis Connections	\$386,063	-	\$386,063	-	-	-	
Frontier Behavioral Health	\$302,393	-	\$302,393	-	-	-	
Volunteers of America	\$1,524,470	-	\$1,524,470	-	-	-	

It should be noted that the funding structure for fiscal year 2022 detailed above is the preliminary contract amounts for the year, as of July 1, 2021. Additional funding streams from HB 1477 will also become available in the state budget, specifically revenue that has been collected from the 988 excise tax for telecommunications services. As of January 2022, NSPL member center contracts are being amended to add the funding amounts that are currently available from the passing of HB 1477 and funding allocated directly to the Department of Health, as reflected below.

State Fiscal Year 2022 Washington State Funding for NSPL Services; amendment funding support from HB 1477 (contract period ends 6/30/2022)

Center Name	Total Lifeline Funding	Lifeline Funding Sources Distribution					
		Federal	State	County/ City	Private	Other Sources	Other Source Description
Crisis Connections	\$2,107,893	-	\$2,107,893	-	-	-	
Frontier Behavioral Health	\$977,113	-	\$977,113	-	-	-	
Volunteers of America	\$7,596,592	-	\$7,596,592	-	-	-	

Washington State is grateful to have secure funding for Lifeline centers answering 988 calls, texts, and chats, and providing follow-up calls, both due to the 2017 stopgap measure as well as the 2021 passing of HB 1477. In consideration of Phase 1, the current funding structure in place is anticipated to meet financial needs for the transition to year one of 988 response services (apart from follow-up services), as outlined in projected costs below. State leadership will continue to assess and refine cost estimations based on Vibrant’s call/chat/text cost projections and state data, as well as to explore additional potential funding opportunities for supporting 988/NSPL member center services in Washington.

Current gaps, opportunities, and challenges dedicated funding in Washington State for the National Suicide Prevention Lifeline.

With the national rollout of 988, the statewide demand for services supported by NSPL is anticipated to increase. *Demand* can be defined as “the total volume of contacts (i.e. combined number of calls, chats, and texts) initiated by 988 users.” In planning for 988 services, Vibrant Emotional Health has conducted a comprehensive market analysis to determine the likely number of people whom 988 services would most directly benefit. The analysis was comprised of two key populations of consideration: the addressable population and the serviceable population.

- “Addressable population” – representative of 150 million people nationwide aged 12 and older, or 53% of the U.S. population. The group is representative of individuals with mental health and/or substance use disorders as well as individuals with lifetime exposure to traumatic events. This population is most vulnerable to suicide and mental health crises.
- “Serviceable population” – representative of 39 million people nationwide aged 12 and older, or 14% of the U.S. population (excludes 7 million who cannot access 988 due to various factors (e.g., no phone access, in institutional settings, serving overseas) as well as 104

million who may have mental health and/or substance use disorders but are not in crisis at any given point in time). This group is a subset of the addressable population that could benefit from the support of 988 services. Individuals in the serviceable population include: (1) people in suicidal or broader mental health and substance use crises; (2) subset of callers to current hotlines (e.g., 911, Lifeline, network center hotlines, county crisis lines); and (3) those not currently being served by any line. The ability to adequately support the serviceable population will require: (1) significant investments in education and marketing to ensure every Washingtonian knows what 988 is and when and how to contact 988; (2) initiatives to change the public’s attitudes about seeking help for mental health issues; and (3) systems changes like standardized training for public safety professionals to ensure that contacts to 911 are diverted to 988, as appropriate.

Vibrant’s 988 Year 1 Projected Costs – Washington State; Independent Model

Washington State population: 7,614,893

Call Volume Projections		988 Cost Per User Contact			
Annual offered 988 contacts	173,300		Y1 Volume	AHT	Cost
Number of crisis call center hubs	3	Estimated cost per contact	128,000	1193	\$66.76
Annual handled contacts	128,000	Inbound calls	72,600	960	\$53.72
Occupancy	55.9%	Outbound calls	3,600	600	\$33.58
		Chat	48,900	1600	\$89.54
		Text (dedicated labor time)	2,900	900	\$50.36
Staffing and Personnel Projections		Total Year 1 Cost Projections			
Number of crisis call center hubs	3	Shared capital	\$162,076		
Counselor FTEs	62.0	Shared management	\$1,131,116		
Supervisor FTEs	12.0	Shared expense	\$256,671		
Quality Assurance FTEs	2.0	Dedicated capital	\$18,976		
Program Manager FTEs	3.0	Dedicated expense	\$337,193		
Workforce Manager FTEs	3.0	Dedicated personnel	\$6,638,330		
Resource Specialist FTEs	3.0				
Staffing and Scheduling FTEs	3.0				
Non-dedicated FTEs*	11.5				
Total FTEs	99.5				
Average annual salary per counselor FTE	\$56,300	Total year 1 projected cost	\$8,544,362		

*Non-dedicated FTEs are apportioned at 50% of the following positions: Contact Center Director, Contact Center Manager, Human Resources Manager, Accountant, Recruiter, Trainer, and Information Technology Support.

Source: [988 State and Territory Volume and Cost Projections](#): Washington 988 Erlang Model 1 Cost and Volume Projections – Centralized

The mentioned funding needs necessary to sufficiently support the serviceable population are in addition to the expected demand of a statewide increase in demand for 988/NSPL services. Vibrant has projected contact volume and demand estimates during the first five years of 988 implementation (beginning July 2022), based on three sources of volume: baseline volume, diverted volume, and new volume.

- “Baseline volume” – the volume of potential NSPL calls that may be serviced by 988. This is based on historical NSPL volume patterns across call, chat, and text modalities. Current projections assume approximately 44% of baseline volume; proportions are likely to change once 988 is implemented.
- “Diverted volume” – the volume of a NSPL crisis call center hub’s potential non-NSPL contacts that may instead be serviced by 988. This estimate is based on historical patterns and assumptions on individuals potentially choosing to use the 3-digit 988 number over local numbers, as well as the volume of future 911 volume that may be serviced instead by 988. Estimations are based on historical 911 data, academic literature, and possible considerations around systems change related to 911 diversion. Current projections assume approximately 22% of diverted volume; proportions are likely to change once 988 is implemented.
- “New volume” – new potential volume to 988 based on the estimated share of the potential serviceable population that has not been historically supported by NSPL services, local or regional centers, or 911, but who may use 988 in the future. This estimation was primarily driven by an assumption on the potential effect of marketing and awareness of 988 in the general population. Current projections assume approximately 33% of new volume; proportions are likely to change once 988 is implemented.

Based off the above metrics and market analysis considerations, Vibrant has issued projected contact volume growth models, from year 1 to year 5 of 988 implementation, for Washington State. Growth model projections have further been reported based off three (low, medium, high) volume forecasts:

Growth Models	Year 1 (FY23)	Year 2 (FY24)	Year 3 (FY25)	Year 4 (FY26)	Year 5 (FY27)
Low Volume	\$5,696,241	\$8,544,362	\$9,493,736	\$11,392,483	\$12,341,856
Medium Volume	\$8,544,362	\$13,291,230	\$17,088,724	\$19,936,845	\$22,784,965
High Volume	\$11,392,483	\$18,987,471	\$25,633,086	\$32,278,701	\$38,924,316

988/NSPL crisis call center hub cost estimations.

The 988/NSPL crisis call center hubs are required, per federal law ([S.2661 – National Suicide Hotline Designation Act of 2020](#)) to receive all calls, chats, and texts routed into the 988 system network. In the wider context of crisis response services and components of HB 1477, it is important to note that based on previous NSPL service data, it is estimated that upwards of 90% of calls into the 988 system may be de-escalated without the need for dispatch of emergency services or an in-person activated crisis response team to the distressed caller. Further, 988 crisis call center hubs have the ability to support a user in navigating the behavioral health system to identify geographically- and culturally-informed services. Crisis call center hubs can also conduct follow-up calls to users following NSPL standards, at which time additional support can be proactively offered and a subsequent risk screening for the individual can be conducted. This makes the crisis call center hubs an invaluable component of the crisis network system, as it provides real-time crisis intervention, de-escalation of most acute crisis situations, and timely connection to

appropriate support services with follow-up support available for additional coordination. With the formal launch of 988 and an increase in adequate and sustainable funding, these services will be further expanded and enhanced. Historically, crisis call center hubs in Washington State have not been sufficiently funded in providing these services on a comprehensive or desirable level.

The staffing structure and costs associated with the successful operation of crisis call center hubs is multifaceted. 988/NSPL staff follow national guidelines and best practices in their delivery of care, which requires a structured approach to system user care and coordination. The combined use of clinical best practices and a focus on emotional connection and empathetic support saves lives.^{6, 7} As a result, crisis call center work cannot be compared to most other types of call center work; additional elements which differentiate 988/NSPL crisis call centers from standard call centers include:

- 988/NSPL call center hub staff spend more time engaging with callers due to the intense and personal nature of the conversation, which results in longer handle times for the call;
- Staffing for 988/NSPL crisis call center hubs require more time for initial onboarding and training and dedicated hours for training refreshers and clinical coaching;
- Greater dedication to supervision and debriefing, and lower supervisor to counselor ratios to promote ongoing secondary trauma-mitigation and support; and
- Balanced workdays, including wellness supports and programming, to avoid burnout and improve staff retention.

These comprehensive considerations on cost predictions for 988/NSPL crisis call center hubs can be further discussed in the context of volume and scope of services, service standards, and workforce and logistics. Together, these factors contribute to Vibrant’s overall cost predictions that impact 988/NSPL crisis call center hub clinical and administrative needs.⁸ These factors are further explained below.

Type	Variables	Impact on Cost
Volume and scope	Volume	More contacts decrease cost because counselors are not idle; more calls/chats/texts increase overall costs because more staff and infrastructure are needed to meet demand.

⁶ Kalafat J, Gould MS, Munfakh JLH, Kleinman M. An Evaluation of Crisis Hotline Outcomes Part 1: Nonsuicidal Crisis Callers. *Suicide and Life-Threatening Behavior*. 2007 June; 37(3): 322-337. doi: [10.1521/suli.2007.37.3.322](https://doi.org/10.1521/suli.2007.37.3.322).

⁷ Kalafat J, Gould MS, Munfakh JLH, Kleinman M. An Evaluation of Crisis Hotline Outcomes Part 2: Suicidal Crisis Callers. *Suicide and Life-Threatening Behavior*. 2007 June; 37(3): 338-352. doi: [10.1521/suli.2007.37.3.338](https://doi.org/10.1521/suli.2007.37.3.338).

⁸ Vibrant center-level cost estimates were developed in partnership with the [International Customer Management Institute](https://www.icmi.com/) (ICMI). ICMI is a global consulting firm with expertise in contact center customer experience and optimization; sample clients include the U.S. Department of Veterans Affairs, Independence Blue Cross, AmeriHealth, State Farm, and USAA. Inputs for Vibrant’s analysis were informed by SAMHSA’s [National Guidelines for Behavioral Health Crisis Care](https://www.samhsa.gov/national-guidelines-behavioral-health-crisis-care), contact center best practices, feedback from 988/NSPL crisis call center hub staff members, historical NSPL data, and projected future activities necessary to 988 operations. Multiple analyses were conducted by Vibrant in an effort to understand the impact of these variables on cost predictions.

	Service modalities	Multiple modalities (e.g., phone, chat, text services) require infrastructure development and expertise in centers; handle times may be longer, resulting in a need for additional staff to maintain performance levels.
	Handle time	Longer contacts require more staff to maintain performance levels; handle times may change depending on breadth and scope of services.
Service standards	Key Performance Indicators (KPIs)	More aggressive KPIs require more staffing and quality improvement functions and thus, increases costs.
Workforce and logistics	Staffing	
	<ul style="list-style-type: none"> • Number and type of staff 	More staffing requires increased funding for salaries, benefits, and other costs.
	<ul style="list-style-type: none"> • Paid vs. volunteer staff 	<p>Paid staff require salaries and fringe; volunteers do not but still have costs related to training, supervision, management, and retention.</p> <p><i>*Note: HB 1477 denotes that crisis call center staff must meet minimum educational and/or training criteria. These requirements will be further discussed and determined by the CRIS Committee.</i></p>
	<ul style="list-style-type: none"> • Training and support 	More time spent on onboarding and refresher trainings, case conferencing, and debriefs improve quality and retention but require more staff to maintain service levels.
	<ul style="list-style-type: none"> • Remote work 	A flexible remote work policy allows for reduced capital, facilities, and maintenance costs.
	Network size	More centers increase costs as each center will require infrastructure, with some duplicated costs.
	Routing	Centralized routing allows for more efficient staffing but may lack local context.

Next Steps in Sustainable Funding for 988 Services in Washington State

Remaining gaps, opportunities, and challenges dedicated funding in Washington State for the National Suicide Prevention Lifeline.

As discussed above, the current state of secured funding, especially in the context of funding acquired during the 2020 legislative session under HB 1477, has established a strong foundation to more comprehensively support the NSPL/998 crisis call center hubs in Washington State (current funding, prior to the implementation of HB 1477, supported NSPL services at approximately \$3 per 988/NSPL call). This section indicates expected funding gaps, remaining needs, and proposes possible funding strategies for the procurement of sufficient and sustained crisis system funding in Washington State.

Remaining needs for adequate, diversified, and sustained funding for 988 services within crisis call center hubs.

Assessing and planning for the dedicated funding for 988 and associated crisis response services in Washington State is an ongoing body of work. The Washington State Department of Health (DOH) holds and oversees contracts with the 988/NSPL member centers in Washington State. In partnership with Crisis Connections, Frontier Behavioral Health, and Volunteers of America of Western Washington, the following needs for sustained funding in the implementation of 988 crisis call center hub services have been identified:

- **Sustained comprehensive funding beyond Year 1 of 988 crisis system implementation has not yet been fully established.** As discussed in Core Area 1 and Core Area 7, the range, quality, and consistency of services supported by 988/NSPL crisis call center hubs will be affected by the anticipated increase in both volume and demand. Projections for Year 1 of 988 service implementation will be supplied by funding allocated in HB 1477 (2021) that aligns with the medium-volume forecasts. However, Washington must continue to assess call volume and demand in comparison with the combined available biennium budget line and funding made available by the statewide telecommunications excise tax to determine if adequate funding support is available for 988/NSPL crisis call center hubs during Year 1 and during subsequent years. Given the extensive services supported by HB 1477, leadership is assessing whether or not the high-volume cost projection model should be utilized as opposed to the medium-volume cost projection. If there is not adequate funding available, 988/NSPL crisis call center hubs will not be able to meet or sustain the requirements associated with Lifeline’s operational standards, requirements, and performance metrics in Core Area 4. Specific factors to consider with this projection, and affected cost needs, include:
 - **Projections of increased volume for utilization of 988 services.** As noted in Core Area 1 and Core Area 3, it is projected that Washington State will be supporting a call volume of approximately 287,000 calls during Year 1 and approximately 957,000 calls during Year 5. In order to support this anticipated increase in call volume and demand for acute prevention, as well as associated services under HB 1477 and follow-up call services, sustainable funding will be necessary in order to adequately support the three 988/NSPL crisis call center hubs in Washington State.
 - **Undetermined projection of increased utilization of 988 text and chat services.** Similarly, utilization of text and chat services are anticipated to increase in both volume and demand. Washington State implementation coalition members discussed the likelihood of these services – both via mobile phone apps and texting services – disproportionately increasing in demand during the coming years due to the preferences of younger generations to communicate via these methods. This discussion was based in the context of chat/text services outlined in Core Area 1. Chat and text services are additionally significantly different in cost and staffing time due to the multidimensional nature of these communications strategies, thus requiring a longer duration of staffing time and dedicated attention.
 - **Increased need for follow-up calls to 988 users.** Core Area 3 and Core Area 7 address the assurance of follow-up services to 988 callers, texters, and chatters. Currently, 988/NSPL crisis call center hubs in Washington offer follow-up calls to some callers but are inadequately funded and staffed to offer consistent follow-up support to all users across Washington, in alignment with NSPL standards, for whom it would be helpful. As a result, centers are only able to offer follow-up services to the most acute and high-risk users. In order to offer follow-up services to all 988 users for which the need is indicated, it will be essential to ensure funding supports 988/NSPL member centers to provide adequate staffing and service time availability.
- **988/NSPL crisis call center hubs will have an increased need in staffing capacity, infrastructure, and administrative needs.** As detailed previously, centers will require increased staffing capacity (both crisis call center hub staff and supervisors), technology and data

abstraction staff and software, access to sophisticated data platforms, continuing education and training needs (both curriculum development rooted in best practices and implementation of training programming) of personnel, and logistics for equipment, supplies, and service infrastructure.

- **Communication and marketing strategies for the general public to understand what services are offered by 988, and how these services differ from 911.** As discussed in Core Area 8, communication and marketing strategies to inform the public about 988 will be critical in the successful launch and utilization of the system. This includes public messaging that is tailored to reach a diverse range of populations, cultures, audiences, and socioeconomic statuses. Department of Health will be responsible to the adherence to Vibrant and national guidelines in developing 988 communications messaging. Currently, no dedicated funding through available state general funds or newly acquired funding in HB 1477 have been made available for communications and marketing purposes.
- **Considerations around equity, culturally-informed, and linguistically-appropriate access to 988/NSPL services and implementation practices.** Strategies listed under Core Area 6 and Core Area 7 cannot be ethically or equitably implemented without the proactive consideration of diversity, equity, and inclusion needs. This means that Washington State must plan in advance to collaborate with systemically underserved communities and communities disproportionately at risk of suicide, and under the guidance of their leadership, be prepared to implement dedicated strategies and interventions at the onset of 988 via 988/NSPL crisis call center hubs that will serve identified populations in manners that are culturally-, geographically-, and linguistically-informed. Dedicated funding for collaboration, training/curriculum development, consultation, and recruitment of hiring of a diverse 988/NSPL crisis call center workforce will be necessary for these efforts. Populations that have been identified thus far by system partners in Washington State include:
 - Children (aged 11 and younger), youth (ages 12 – 17), and transition age youth (ages 18 – 24)
 - Older adults (aged 65 and older)
 - Non-English speaking community members
 - Migrant and/or refugee populations
 - SOGI & LGBTQ+ community members
 - BIPOC populations
 - Farming, rural, and agricultural communities
 - Tribal communities and the Washington Indian Behavioral Health Hub
 - Service members, veterans, and their families
 - Individuals with lived experience, either due to a suicide loss or prior personal suicide-related experience
 - Others, as identified by system partners and state leadership

Remaining needs for adequate, diversified, and sustained funding for 988 services within crisis call center hubs.

- **Training and continuing education.** In addition to required trainings, practices, and procedures required of NSPL member centers, as well as dedicated training funding that has already been allocated during last year’s planning processes, Washington State has identified additional training needs for the successful implementation of integrated 988 crisis response services. Thus far, identified training needs include:

- Training for the Washington Indian Behavioral Health Hub: two training curricula will be necessary; one to train all NSPL crisis call center staff on appropriately referring tribal members to the tribal hub/and or tribal crisis line in a culturally informed manner, the other train all staff working in the Washington Indian Behavioral Health Hub on practices, government-to-government relationships, and the unique risks endured by tribal communities related to behavioral health and suicide.
- Interoperability training for 988 and 911 services: a training need has been identified by both 988 crisis call center counselors as well as 911 operators and dispatch staff. Training will support facilitating and connecting care from 911 to 988, and vice versa, as appropriate. Training will also provide all staff with a better fundamental understanding of both systems, how they relate to/differ from each other, and how the two systems can be used as support and resources going in both directions.
- **Department of Health staffing for the implementation of statewide 988 call/chat/text services.** In order to adequately meet the implementation of the comprehensive behavioral health system and all associated national and Washington-Specific requirements, Department of health is exploring the staffing needs outlined below:
 - Health Services Consultant 4 (HSC4)
 - Supervisory level DOH staff member, serving as the DOH subject matter expert on 988 and NSPL member centers, as well as supporting additional DOH dedicated 988 team members.
 - Health Services Consultant 3 (HSC3)
 - Specialist focusing on the implementation of state and national related to 988
 - Specialist managing NSPL crisis call center contracts, offering system technical assistance and monitoring of metrics
 - Specialist providing 988 project oversight and coordination, aiding in tracking deliverables and expectations, as well as implementation timelines and progress
 - Health Services Consultant 2 (HSC2)
 - Staff member supporting implementation support to the Washington Indian Behavioral Health Hub, as well as coordinating with the leadership of the DOH Suicide Prevention Program Unit Tribal Suicide Prevention Specialist
 - Staff member supporting implementation support for the agricultural & rural subcommittee, as well as coordinating with the leadership of the DOH Suicide Prevention Program Unit Agricultural Suicide Prevention Specialist

Further consideration of additional diversified funding sources.

Washington State will continue to engage with national guidance and explore additional opportunities to secure sustainable funding strategies that will support 988/NSPL crisis call center hubs. Funding strategies that have been considered thus far, some of which have already been valuable in contributions to the state’s crisis response system, are noted below:

- **State legislative budget committees and legislative action for 988-specific funding.** HB 1477 has offered the most substantial financial support for NSPL services.
 - Budget proviso funding made available in 2017 significantly increased the in-state answer rate of 988/NSPL crisis call center hubs. This funding continues to serve as the foundation for funding of crisis call response services as measures from HB 1477 during the 2020 session are enacted.
 - State general funds will support many aspects of implementation of HB 1477 (apart from the excise tax for certain telecommunications services).

- HB 1477 supplied supplemental funding to support the implementation and expansion of the Washington Indian Behavioral Health Hub. This independently operated service is embedded within Volunteers of America of Western Washington and is structured to offer crisis response services, navigation support, and referral coordination information for members of tribal members and communities in Washington State, as well as those who serve and support tribal members and communities.
- HB 1477 provided additional supplemental funding for the expansion of other crisis response system services that will work in coordination with NSPL services.
- **Partnerships with stakeholder groups who may have the ability to contribute to 988 resources.**
 - In May 2021, the Ballmer Group set aside a gift of \$38,000,000 to [support a broad, collaborative response to the state’s behavioral health crisis](#). This philanthropic donation supports Washington’s workforce shortage in the community behavioral health system by supporting statewide education and training innovations at partner institutions developed through the University of Washington.
 - The American Indian health commission, State Department of Health, and Washington State Health Care Authority have provided funding to support the Washington Indian Behavioral Health Hub. This funding is largely sustained through an ongoing partnership to support the Tribal Hub.
- **Excise taxation on telecommunication services.** As of October 1, 2021, statewide excise tax on certain telecommunications services has been enacted. This revenue will be used to support both 988/NSPL crisis call center hubs as well as associated crisis response system efforts detailed in HB 1477. The rate established for telecommunications taxation in HB 1477 may not be sufficient to comprehensively or suitably support the full integrated crisis response system efforts; however, it is a beneficial and substantial gain in supporting the efforts of 988 services in Washington State and continual assessment of service provision and need will occur per HB 1477.
- **Medicaid reimbursements and mental health block grant funds.** While not available to support the operational costs of HB 1477 per HB 1477, these funding streams can be utilized for crisis response services, including the dispatch of rapid mobile crisis response teams.
- **911.** 911 services and budget operate independently from proposed 988 funding in Washington State. However, there are clear areas where interoperability will be crucial and cross training will be necessary. Washington State agencies and leadership are actively collaborating to explore these needs and identify areas for coordination.
- **Other potential funding sources.** Additional potential funding sources are being explored on an ongoing basis.

Conclusion: Securement of Adequate, Diversified, and Sustainable Funding for 988 Services in Washington State.

Estimations for adequate, secured, and diversified funding streams for 988/NSPL services in Washington State are complex. The state-specific cost estimation for Year 1 of 988 implementation, as detailed on page 22 (\$66.76 estimated cost per contact; \$8,997,000 during Year 1), placed Washington initially at the medium volume projection. It is important to note that this projection and cost estimation is based exclusively on criteria within the NSPL crisis call center network and state population data. Thus, it does not account, in any way, for potential external influencing factors that are unique to HB 1477.

Vibrant has strongly recommended that states collaborate with their 988/NSPL crisis call center hubs, system partners, tribal governments, and stakeholders to determine how additional factors may affect cost calculations. It will be important for 988 leadership in Washington to also account for variables that may be introduced to Washington’s 988 system network, as well as to consider associated anticipated costs due to the

state’s individual crisis system response initiatives. Factors such as HB 1477’s extensive and comprehensive crisis system response and coordination of care, expectations for an equitable crisis response system that will proactively support minority and disproportionality at-risk populations, and rigorous expectations for services such as follow-up support, next day appointments, deployment of mobile crisis response teams, bed tracking capabilities, and referral services will all contribute to a greater need for sustainable funding. With these factors in mind, Washington will continue to assess the cost estimates and projections for Washington State to see if they fall above the medium-volume forecast, and reflect the estimates and figures more closely aligned in the high-volume forecast.

Next steps for adequate, diversified, and sustained funding streams for NSPL member centers and HB 1477 crisis response services.

Members of the 988 Steering Committee, CRIS Committee, and 988 Subcommittees will continue to meet and collaborate for the successful implementation of 988 crisis call center services and associated crisis system response services. These collaborative efforts will include consideration and identification of funding needs. The diverse membership is also representative of multiple crisis system sectors and brings together expertise from the full network of crisis response professionals. Partner collaboration through established HB 1477 Committees, who will be informed by and have access to all materials from participation in the 988 State Planning Grant, will advise the next steps in the procurement of adequate, diversified, and sustainable funding for the 988/NSPL crisis call center hubs and associated services in Washington State. Elected legislative officials, from both the House and the Senate, are additionally working members behind these efforts, and will therefore be comprehensively informed of systemic needs and associated funding requirements for a successful implementation of statewide, culturally informed and appropriate, 988 crisis response services.

Core Area 2: Fiscal Implications Related to Other Core Areas:

- Core Area 1: Ensure statewide 24/7 coverage for 988 calls, chats, and texts
- Core Area 3: Expand and sustain center capacity to maintain target in-state answer rates for current and projected call, text, and chat volume
- Core Area 4: Support crisis centers in meeting Lifeline’s operational standards, requirements, and performance metrics
- Core Area 6: Maintain a comprehensive, updated listing of resources, referrals, and linkages; plan for expanded services
- Core Area 7: Ensure Washington State centers can provide best practice follow-up to 988 callers, texters, and chatters
- Core Area 8: Plan and implement marketing for 988 in Washington State

Core Area 2: Adequate and Diversified Funding for Lifeline Centers

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 2.1a: By December 31, 2021, Department of Health will have completed a comprehensive and detailed review of estimated fiscal costs and needs for a secured, diversified, and sustained funding stream for Year 2 and Year 3.

Personnel/Partners: Washington State Department of Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America.

Goal 2.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Volunteers of America to identify estimated costs projections (call/chat/text) based off Vibrant’s model.	1/1/2021	12/31/2021	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Collaborate with Frontier Behavioral Health to identify estimated costs projections based off Vibrant’s model.	1/1/2021	12/31/2021	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Collaborate with Crisis Connections to identify estimated costs projections based off Vibrant’s model.	1/1/2021	12/31/2021	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 Steering Committee
Collaborate with HB 1477 Streeting Committee to inform projected costs based on Vibrant’s model and Year 1 actual costs .	1/1/2021	12/31/2021	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Goal 2.1b: By December 31, 2021, the Tribal Hub team will have completed a comprehensive and detailed review of estimated fiscal costs and needs for a secured, diversified, and sustained funding stream for the Washington Indian Behavioral Health Hub.

Personnel/Partners: Department of Health, American Indian Health Commission, Health Care Authority, Volunteers of America, Washington Tribal governments and partners.

Goal 2.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with the Tribal Centric Behavioral Health Board to review needs of the Washington Indian Behavioral Health Hub and to identify costs needed to establish and expand associated care needs.	8/1/2020	12/31/2021	<u>Lead:</u> Department of Health <u>Partners:</u> American Indian Health Commission, Tribal Centric Behavioral Health Board
Collaborate with Health Care Authority to identify costs associated with coordinated care in crisis response services and government-to-government relationships, as they relate to the Washington Indian Behavioral Health Hub.	8/1/2020	12/31/2021	<u>Lead:</u> Department of Health <u>Partners:</u> Health Care Authority, American Indian Health Commission
Collaborate with Volunteers of America to coordinated work supporting the Washington Indian	8/1/2020	12/31/2021	<u>Lead:</u> Department of Health <u>Partners:</u> Washington Indian Behavioral Health Hub, Volunteers of America, American Indian Health Commission

Action Steps	Start Date	Due Date	Lead and Partners
Behavioral Health Hub and to identify costs needed to enhance the crisis response service network.			

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 2.1c: By June 30, 2022, Washington State will have dedicated funding in place to support Crisis Connections, Frontier Behavioral Health, and Volunteers of America in handling crisis contacts and follow-up calls that is sufficient to support Year 1 (July 2022 – June 2023) projected volume and cost needs.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee.

Goal 2.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Inform HB 1477 Steering Committee with data and best practices regarding the need for follow-up care to inform decision making.	9/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee
Inform HB 1477 CRIS Committee with data and best practices regarding the need for follow-up care to inform decision making.	9/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 2: Adequate and Diversified Funding for Lifeline Centers

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 2.2a: By June 30, 2023, Washington State will have secured sustained funding from diversified funding sources sufficient to support Crisis Connections, Frontier Behavioral Health, and Volunteers of America for the dedicated handling of 988 crisis contacts and follow-up calls, including expected annual volume increases.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee.

Goal 2.2a Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Inform HB 1477 Steering Committee with data regarding the need for sustained funding for 988 crisis contacts, follow-up calls, and expected annual volume increases to inform decision making.	7/1/2022	6/30/2023	Lead: Washington State Department of Health Partners: HB 1477 Steering Committee
Inform HB 1477 CRIS Committee with data regarding the need for sustained funding for 988 crisis contacts, follow-up calls, and expected annual volume increases to inform decision making.	7/1/2022	6/30/2023	Lead: Washington State Department of Health Partners: HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Goal 2.2b: By December 31, 2023, Department of Health will have completed a comprehensive and detailed review of estimated fiscal costs and needs for a secured, diversified, and sustained funding stream for Year 2 and Year 3.

Personnel/Partners: Washington State Department of Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America.

Goal 2.2b Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather comprehensive data from monthly reports of Crisis Connections call volume to estimate costs for Year 2 and Year 3.	7/22/2022	12/31/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections
Gather comprehensive data from monthly reports of Frontier Behavioral Health call volume to estimate costs for Year 2 and Year 3.	7/22/2022	12/31/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Gather comprehensive data from monthly reports of Volunteers of America call volume to estimate costs for Year 2 and Year 3.	7/22/2022	12/31/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Gather comprehensive data from monthly reports of Volunteers of America chat/text volume to estimate costs for Year 2 and Year 3.	7/22/2022	12/31/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

[Return to Table of Contents](#)

Part 1: Expansion 988 Services and In-State Answer Rates in Washington State – Calls

Phase 1: Current situation, gaps, opportunities, and challenges.

Washington State offers 24/7 statewide coverage for 988/NSPL. A historical limitation has been inadequate funding for NSPL member centers, thus impacting in-state answer rates, follow-up services, and other variables. Dedicated state funding prior to fiscal year 2022 was not sufficient to achieve desired in-state answer rates (each quarter, approximately 70%-75% of calls are answered in-state). As discussed in Core Area 1, Washington Lifeline call volume has increased by 91% since 2016⁹, and continues to rise. Additionally, Washington State county crisis lines (non-NSPL member centers) answer an increased call volume of approximately five-fold every year, a call volume for which NSPL member centers would not have been able to absorb without additional funding support and professional capacity.

It is anticipated that as 988 services rollout and awareness of the system increases, more and more people will access crisis services with the new, easy to remember 3-digit number. As HB 1477 is implemented, Washington State and Department of Health are committed to supporting the in-state NSPL member centers in planning for the upcoming transition and increase in call volume and demand. Planning processes are fully adhering to Lifeline best practices and guidelines, as well as current and upcoming expectations from SAMHSA and Vibrant.

In December 2021, Department of Health met with each of the three NSPL member centers to gather feedback of current gaps, opportunities, and challenges in sustaining an in-state answer rate of 90%. Department of Health has been meeting on an ongoing basis with the NSPL member centers, given the passing of national legislation in 2020, as well as HB 1477 in 2021, has significantly shifted the landscape of crisis response services and capability in Washington State. With approximately six months of statewide planning time remaining prior to the full implementation of 988 call services, the establishment and monitoring of strategic timelines, goals, and objectives has been critical. In order to sustain in-state answer rates of at least 90% as projected call volume increases during the upcoming five years, close collaboration and addressing 988 system needs will be critical.

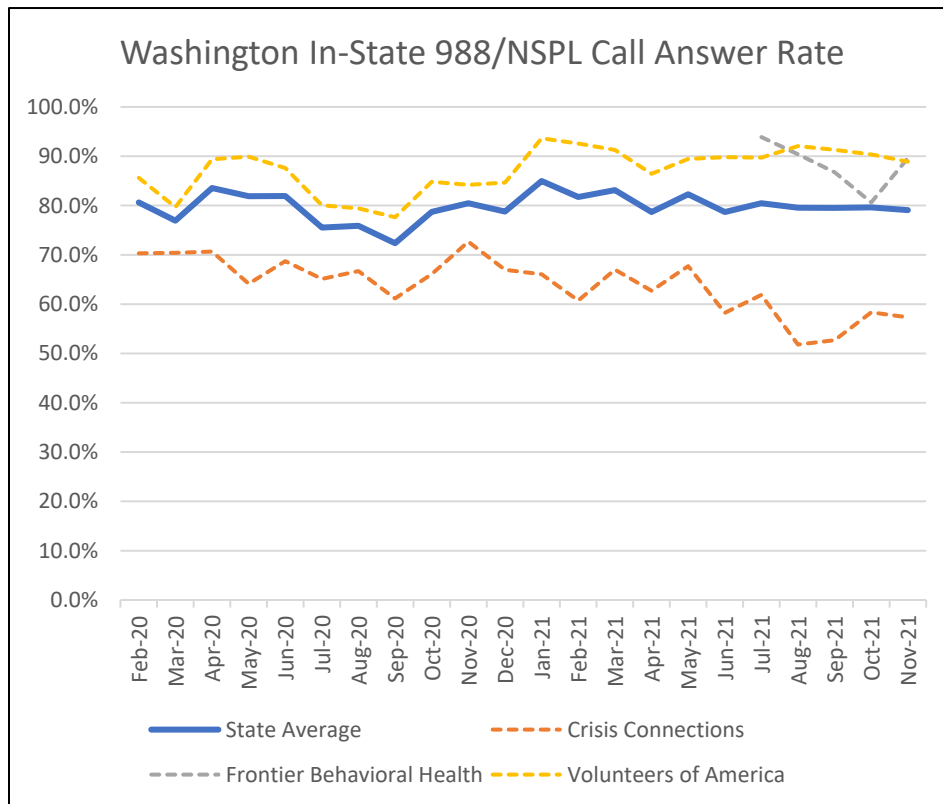
With solutions in progress to provide adequate funding for 988 services, NSPL member centers in Washington State have overwhelmingly reported staffing concerns (recruitment, retention) as the most challenging aspect of their ability to meet and maintain the target in-state answer rate of 90% for 988 calls. Crisis center leadership teams have reported that staffing concerns have historically largely overlapped with funding limitations and expressed a desire for capacity funding (the firehouse model) as opposed to fee-for-service model. All NSPL member centers in Washington State expressed concerns about the timeline of the 988 rollout, both nationally and statewide, and emphasized the staff hiring and training that will be required prior to July 2022 in order to meet projected call volume.

⁹ National Suicide Prevention Lifeline: Washington State 2020 Report Card. www.suicidepreventionlifeline.org

Current status of Washington State in-state answer rate for 988/NSPL calls.

During the first quarter of 2021, the in-state answer rate for 988/NSPL calls was 79%: reported January call volume was 3,852 calls (81% in-state answer rate), reported February call volume was 3,611 calls (78% in-state answer rate), and reported March call volume 4,114 calls (78% in-state answer rate). In the first quarter of 2021, the 5 counties with the highest out of state answer rates were: King (75% in-state), Pacific (75% in-state), Mason (82% in-state), Asotin (82% in-state), and San Juan (83% in-state).

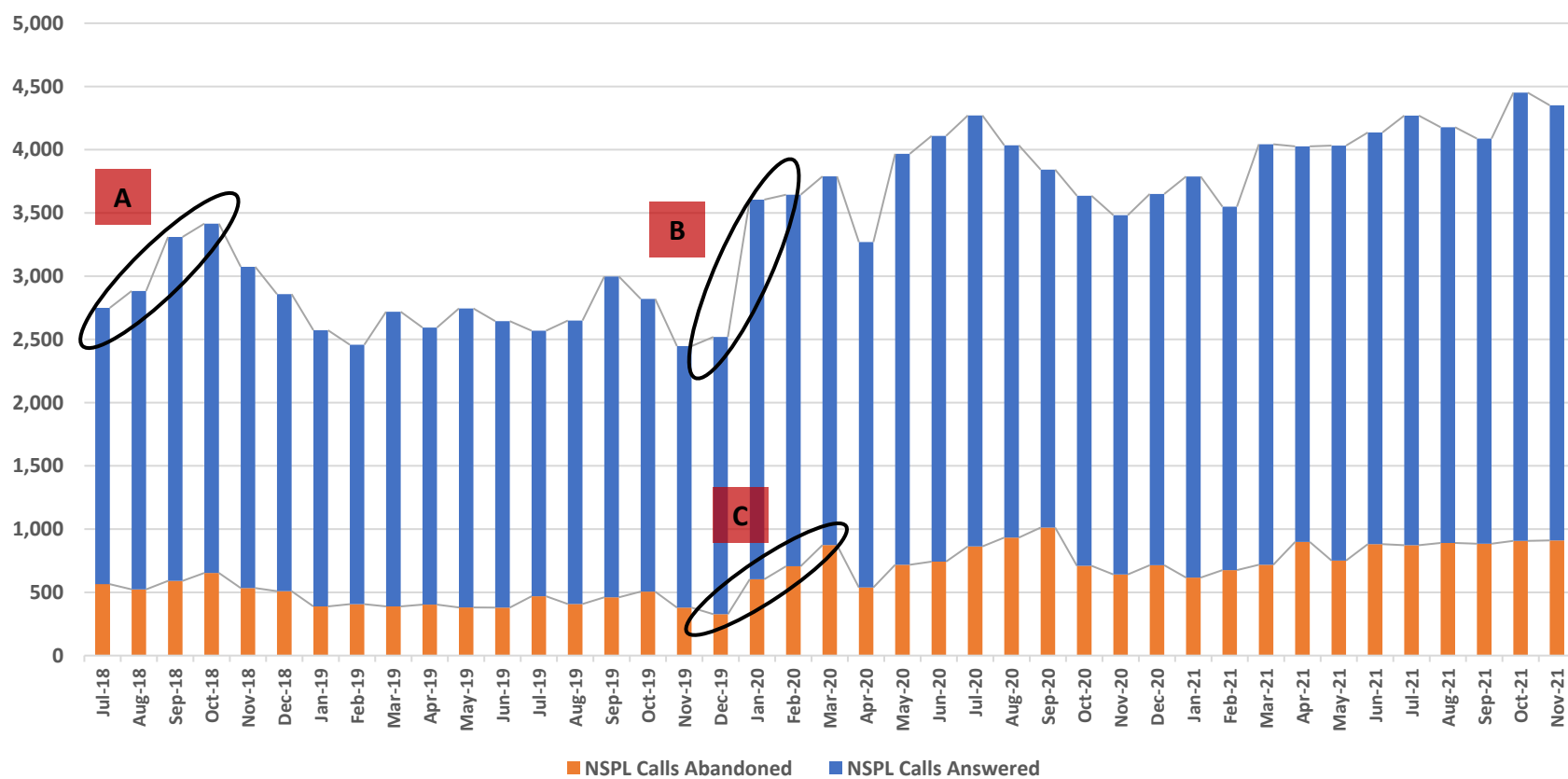
Pacific, Mason, Asotin, and San Juan for the remainder of 2021 remained consistently at or above 80%. Further increases in the in-state answer rate are anticipated with the recent addition of supplemental funding, further capacity building, and ongoing coordination with the regional NSPL member center. King County’s in-state answer rate for the first quarter was 75%, however, it declined throughout the remainder of 2021, averaging just over 50% in quarter four. This metric substantially impacted the overall Washington average in-state answer rate. It will be essential that the Department of Health work closely with Crisis Connections, the NSPL center serving King County, to improve then maintain an in-state answer rate of at least 80% prior to June 30, 2022. During the [final quarter of 2021](#), Washington’s in-state answer rate for NSPL crisis calls was 72%.



HB 1477 will help to address these historical challenges both in the context of providing additional staffing capacity as well as increased funding to support 988/NSPL call cost per contact. Nevertheless, Washington State has recognized that additional gaps and challenges will continue to be identified as 988 rollout progresses both nationally and statewide, likely to include further limitations associated with supporting the increased projection for use of 988/NSPL call services. These challenges will be addressed with state 988 implementation leadership, specifically the HB 1477 Steering Committee, as they arise in an ongoing effort to improve state 988 call capacity and associated crisis services throughout Washington State.

Two of the three centers remain steady at about a 90% in-state answer rate. Department of Health is working with in-state NSPL member centers, individually reviewing in-state answer rates and abandon rates of each crisis call center. Through this process, collaborative goals and processes to increase the in-state answer rate for each individual NSPL member center are being developed; the Phase 2 goal is to achieve and sustain a statewide monthly average in-state answer rate of 90% or higher no later than June 30, 2023.

Washington State NSPL Monthly Answered & Abandoned Call Volume



A. In-state answering rates of calls to the NSPL began increasing during the second half of 2017, when Washington supported approximately 25,000 in-state calls. Increases in dedicated state funding for crisis call services, as well as distribution and promotion of the available resource, resulted in supporting approximately 44,000 NSPL in-state calls by 2018.

B. In January 2020, the two in-state NSPL crisis call centers began taking calls from all 39 counties in Washington State (calls were previously received from 34 counties). This rise in utilization rates, beginning in December 2019, was anticipated prior to the emergence of COVID-19 due to the expanded service regions.

C. Abandoned calls are those calls made to the NSPL where a caller hung up prior to speaking with a crisis counselor. The observed climb from January 2020 – March 2020 has been attributed to callers seeking and referred to alternative resources, such as WA [2-1-1](#) and the [Disaster Distress Helpline](#), both of which are equipped to manage needs directly related to infectious disease outbreaks.

In-state answer rates of Washington State 988/NSPL crisis call center hub calls

State Fiscal Year 2021	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	June 2021
Crisis Connections	65%	67%	61%	66%	73%	67%	66%	61%	67%	63%	68%	58%
Frontier Behavioral Health*	-	-	-	-	-	-	-	-	-	-	-	-
Volunteers of America; 167000	89%	88%	89%	91%	91%	91%	91%	91%	92%	88%	88%	90%
Volunteers of America; 167001	78%	77%	73%	82%	81%	82%	95%	93%	91%	85%	90%	90%

*Frontier Behavioral Health recently joined the Washington State NSPL member network and was under review and accreditation during 2020. The call center was approved to begin receiving 988/NSPL calls in July 2021.

State Fiscal Year 2022	July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	June 2022
Crisis Connections	62%	52%	53%	53%	53%	-	-	-	-	-	-	-
Frontier Behavioral Health*	94%	90%	87%	81%	90%	-	-	-	-	-	-	-
Volunteers of America; 167000	89%	93%	93%	92%	89%	-	-	-	-	-	-	-
Volunteers of America; 167001	90%	91%	90%	89%	89%	-	-	-	-	-	-	-

Phase 2: Potential situation, gaps, opportunities, and challenges.

With a carefully planned and followed implementation timeline, in addition to the steadily increased annual funding for 988/NSPL services, as provided by HB 1477, the NSPL member centers in Washington State are on track to achieve and sustain an in-state answer rate of 90% or higher for 988 calls during year 1. The high projected forecast for Year 1 projects that the total estimated annual contacts offered (inclusive of call/chat/text) will be 286,900, with an anticipated handle volume of 213,400 contacts. Of this, it is estimated that the Year 1 volume of 988 handled calls will be 118,600, handled chat conversations will be 90,900, and handled text conversations will be 3,900.

Handling 118,600 calls annually is likely accomplishable, given the current amount of calls received in Washington monthly at this point at present day. Building additional NSPL member center capacity and staffing to double the annual call volume while simultaneously accomplishing an in-state answer rate of 90% or higher will require significant financial resources. Washington NSPL member centers have expressed that the difficulties in achieving and maintaining an in-state answer rate of 90% are multilayered, some examples including: (1) managing factors such as the increased handle time of 988/NSPL calls compared to the Washington county crisis line calls, (2) the lack of staff dedicated strictly to follow-up calls, and (3) the time spend working with a low proportion of callers who call the 988/NSPL line regularly, instead of accessing other forms of behavioral health care or engaging in contacting referrals to establish ongoing support. With the recent contract amendments (detailed in Core Area 2), Washington NSPL member centers are in the early stages of preparing for this projected increase in 988 system services.

Washington’s progress to date: preparing for the expansion of call services and sustainable in-state answer rates.

The implementation of HB 1477 in Washington State provides many new opportunities to address the concerns of the in-state NSPL member centers, making the benchmark of achieving and maintaining the 90% answer rate for 988 calls a realistic expectation. Not only does HB 1477

Washington Forecast Volume			
Population	7,614,893	Percent of US Population	2.3%

		Low	Medium	High
Year 1	Offered	144,600	211,100	286,900
	Handled	107,900	156,100	213,400
	* Phone	60,100	86,600	118,600
	* Chat	46,100	66,500	90,900
	* SMS	1,700	3,000	3,900

		Low	Medium	High
Year 5	Offered	300,600	571,500	957,000
	Handled	222,600	424,600	713,800
	* Phone	117,100	228,100	384,300
	* Chat	86,900	161,900	271,500
	* SMS	18,600	34,600	58,000

provide dedicated and ongoing funding to implement 24/7 statewide crisis services, which are informed by national best practices and national accreditation standards, but it further increases and expands the full crisis response system and behavioral health care across the crisis continuum in Washington State. Examples include scheduling next day appointments with providers, exploring the least restrictive means of support or intervention for an individual experiencing and escalated behavioral health crisis, maintaining bed availability information and a detailed referral/resource guide, and the local presence and availability of culturally informed mobile rapid response crisis team units.

The Department of Health will additionally begin work in 2022 on a Rule Making Order, required under HB 1477, to determine and establish the minimum standards all in-state NSPL member centers must maintain in order to receive contractual funding provided by the state to support 988

services. This will be a collaborative process, with leadership teams from Crisis Connections, Frontier Behavioral Health, and Volunteers of America, as well as state leadership from HB 1477’s Steering Committee and CRIS Committee. Washington State and national subject matter experts in Lifeline best practices, national standards, and evidence-based strategies will additionally be included in the development of the Rule Making Order, which once approved and passed, will formally establish the “crisis call center hubs” (988/NSPL member centers) in Washington State.

Part 2: Expansion 988 Services and In-State Answer Rates in Washington State – Chat/Text

See Core Area 1: benchmarks for in-state answer rates for chat/text are included within the Part 2 (chat/text) planning considerations for the establishment of statewide 24/7 988 services.

Core Area 3: Other Core Areas Related to Center Capacity to Maintain Target In-State Answer Rates for Projected Call, Text, and Chat Volume

- Core Area 1: Ensure statewide 24/7 coverage for 988 calls, chats, and texts
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 4: Support crisis centers in meeting Lifeline’s operational standards, requirements, and performance metrics
- Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

Core Area 3: Capacity for Target In-State/Territory Answer Rates

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 3.1a: By June 30, 2022, Washington State will have achieved a sustainable in-state answer rate at or about 90% for Crisis Connections, Frontier Behavioral Health, and Volunteers of America.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections.

Goal 3.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Include contractual deliverable that Washington State NSPL member centers achieve a 90% in-state answer rate or higher for 988 call calls during state fiscal year 2022.	07/01/2021	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Crisis Connections, Frontier Behavioral Health, Volunteers of America
Conduct contract monitoring for compliance pertaining to acceptable in-state call answer rates for each NSPL member center in the state.	07/01/2021	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Crisis Connections, Frontier Behavioral Health, Volunteers of America
In partnership with Vibrant and using call projection forecasting, monitor state- and county-level utilization of 988 services and calls/chats/texts into NSPL member center.	07/01/2021	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Vibrant Emotional Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America
Support NSPL member centers in hiring dedicated staff member for the implementation of 988, including a 988 coordinator and additional call center staff members, to help increase center capacity for answering 988 calls.	10/01/2021	06/30/2022	<u>Leads:</u> Vibrant Emotional Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America <u>Partner:</u> Department of Health
Work with Vibrant to recommend and determine future routing structures for 988 calls in Washington State, based off in-state answer rates (and associated data metrics) accomplished by each NSPL member center.	01/01/2022	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Vibrant Emotional Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 3.1b: By June 30, 2022, Washington State and Volunteers of America will have sufficient capacity to receive and handle at least 50% of the 988 Year 1 projected chat/text volume.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Vibrant Emotional Health, WA HB 1477 988 Technology Subcommittee.

Goal 3.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Volunteers of America to evaluate ability to maintain a 50% response rate to chat/texts in Washington State for Year 1.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Collaborate with Vibrant to establish obtainable goals for chat/text response rates in Washington State.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health
Provide information to HB 1477 988 Technology Subcommittee regarding data about chat/text services in Washington State.	1/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Washington HB 1477 988 Technology Subcommittee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 3.1c: By June 30, 2022, Washington State Department of Health will work with Vibrant Emotional Health to provide routing recommendations for 988 services in Washington State.

Personnel/Partners: Washington State Department of Health and Vibrant Emotional Health.

Goal 3.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rates for each of the three NSPL member centers in Washington State.	07/01/2021	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Vibrant Emotional Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America
Partner with Vibrant to provide routing recommendations for 988 calls, chats, and texts in Washington State.	01/01/2022	06/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Vibrant Emotional Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 3.1d: By June 30, 2022, Department of Health will work with Vibrant and Washington State NSPL member centers to establish a five-year plan to account for the projected increases in call, chat, and text volume services due to the rollout of 988.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee.

Goal 3.1d Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Examine reports of projected 988 system utilization increases provided by Vibrant.	07/01/2021	12/31/2021	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America
Collaborate with Washington State NSPL member centers to estimate financial, staffing, and logistical needs, over a year period, based off projected 988 system utilization.	01/01/2022	04/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health
Submit report of the projected call/chat system utilization (via call, chat, and text) of 988 services in Washington State to the 988 Steering Committee and CRIS Committee.	05/01/2022	06/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> 988 Steering Committee and CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

**Core Area 3: Capacity for Target In-State/Territory Answer Rates
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 3.2a: By June 30, 2023, Washington State will have enough capacity to receive, handle, and sustain an in-state answer rate of at least 90% or higher for 988/NSPL calls to Crisis Connections, Frontier Behavioral Health, and Volunteers of America.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections.

Goal 3.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Establish monthly calls with Volunteers of America to review in-state answer rates, identifying and addressing any barriers to ensure at least 90% during	7/1/2022	6/30/2023	<u>Lead:</u> Volunteers of America <u>Partners:</u> Washington State Department of Health

Action Steps	Start Date	Due Date	Lead and Partners
Year y, to ensure compliance with Department of Health contract/NSPL requirements.			
Establish monthly calls with Frontier Behavioral Health to review in-state answer rates, identifying and addressing any barriers to ensure at least 90% during Year 1, to ensure compliance with Department of Health contract/NSPL requirements.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Establish monthly calls with Crisis Connections to review in-state answer rates, identifying and addressing any barriers to ensure at least 90% during Year 1, to ensure compliance with Department of Health contract/NSPL requirements.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Goal 3.2b: By June 30, 2023, Washington State and Volunteers of America will have sufficient capacity to receive and handle at least 50% of the 988 Year 1 projected chat/text volume.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Vibrant Emotional Health, WA HB 1477 988 Technology Subcommittee.

Goal 3.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Volunteers of America to evaluate ability to maintain a 50% response rate to chat/texts in Washington State for Year 2.	7/1/2022	6/30/2023	Lead: Washington State Department of Health Partners: Volunteers of America
Collaborate with Vibrant to establish obtainable goals for chat/text response rates in Washington State.	7/1/2022	6/30/2023	Lead: Washington State Department of Health Partners: Vibrant Emotional Health
Provide information to HB 1477 988 Technology Subcommittee regarding data about chat/text services in Washington State.	7/1/2022	6/30/2023	Lead: Washington State Department of Health Partners: Washington HB 1477 988 Technology Subcommittee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Lifeline Standards and Requirements

Compliance with Operational Standards.

The Landscape Analysis for the 988 State Planning Grant deliverable was completed and submitted in July 2021. Throughout the remainder of the summer and into the fall, the 988 State Planning Grant team worked to comprehensively review data and information provided within the Landscape Analysis, assuring all critical knowledge was included within this publication. Review of this document required several in-depth discussions with the three NSPL member centers in Washington State via live work sessions. The 988 State Planning Grant team additionally aligned the outcomes of the Landscape Analysis with the upcoming requirements for the 988 crisis system, both under the National Suicide Prevention Hotline Designation Act of 2020, as well as Washington’s HB 1477.

Under HB 1477, the Washington State 988 Steering Committee will be [submitted a comprehensive report](#) to the state legislature in January 2022. Washington also completed a state-specific draft technological and operational plan, informing the current status of statewide crisis response operations, as well as gaps identified thus far, needs for a comprehensive crisis response network (to include NSPL member centers initiating all 988 call/chat/text responses), and proposed next steps. These valuable documents will offer foundational work and information to aid in the next state steps of planning for 988 and associated HB 1477.

At present day, NSPL member centers continue their ongoing work expectations and deliverables as nationally accredited centers in partnership with Vibrant. This includes adherence to Lifeline’s operational standards, requirements, and performance metrics. The Department of Health, the entity that manages the contracts for 988 services and NSPL member centers in Washington State, additionally review center-specific reports and metrics on a monthly basis, collaborating with each individual NSPL member center regularly. As instructed by Vibrant, the three NSPL member centers in Washington State have remained on their current technology platforms, collecting data metrics and performance measures (average call time, answer rate, abandonment rate, etc.) while SAMHSA and Vibrant lead the national development for the forthcoming 988 Unified Platform.

Adoption of Vibrant’s Forthcoming Unified Platform

Technology requirements under HB 1477: new technologically advanced behavioral health and suicide prevention crisis call center platform.

HB 1477 requires Department of Health and Health Care Authority to coordinate in the development of the technology platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. The system must be fully funded by July 1, 2023.

When appropriate and in accordance with government-to-government agreements, Washington State must consult with Tribal governments in the development and implementation of the technologically advanced platform.

Technologies must:

- Be interoperable across crisis and emergency response medical services systems, and other emergency response systems throughout the state. This required DOH and HCA to further collaborate with the state enhanced 911 coordination office, emergency management division, and the military department, to ensure interoperability of the crisis response system.
- Include the capacity to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future.
- Include a behavioral health integrated client referral system capable of providing system coordination information to crisis call center hubs and other entities involved in behavioral health. This particular component of the technologically advanced platform is to be developed by HCA.

The established technology system much provide:

- Access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services, to include: (1) real-time bed availability for all behavioral health types; (2) real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services; and (3) information about any less restrictive alternative treatment orders or mental health advanced directives related to the individual.
- In accordance with best practices, the means to: (1) request deployment of appropriate crisis response services; and (2) the means to actively collaborate with emergency departments, primary care providers and behavioral health providers within Managed Care Organizations, Behavioral Health Administrative Service Organizations, and other health care payers to establish a safety plan for an individual's transition to follow-up non-crisis care.
- The means to track the outcome of the 988 calls to enable appropriate follow-up, cross-system coordination, and accountability, including: (1) immediate services dispatched and associated reports; (2) validation a safety plan has been established in accordance with best practices; (3) next steps for the caller to follow to transition to non-crisis follow-up care, including next day appointments for callers experiencing urgent, symptomatic behavioral health care needs; (4) the means to verify and document whether the caller was successful in making the transition to appropriate non-crisis follow-up care, as indicated in the established safety plan, (5) the means to verify whether transition to follow-up non-crisis care was completed and services were offered; and (5) the means to provide culturally, geographically, and linguistically appropriate services for high-risk populations.

HB 1477 technology contracting requirements and legislative reporting.

The Department of Health and Health Care Authority must contract for a consultant to critically analyze the development, implementation technology, platforms, and operational challenges to best position the solutions for success. The contractor selected for this service is [Geivity Consulting, Inc.](#) The developed technical and operational plan must be submitted to the Governor, Office of Financial Management, the 988 Steering Committee, the CRIS Committee, and any appropriate policy and fiscal committees of the legislature prior to the initiation of any new information technology. Prior to any funding being expended, the plan must be approved by: (1) the Office of the Chief Information Officer; (2)

Director of the Office of Financial Management; (3) the 988 Steering Committee; (4) House of Representatives Appropriations Committee Chair; (5) Senate Behavioral Health Subcommittee Chair; and (6) the House of Representatives Health Care and Wellness Committee Chair.

Briefly described above, the draft technical and operational plan was required to be submitted no later than January 1, 2022. The final technical and operational plan must be submitted no later than August 31, 2022, and must include: (1) data management; (2) data security; (3) data flow; (4) data access permissions; (5) protocols to ensure staff are following proper health information procedures; (6) cybersecurity requirements and how to meet them; (7) service level agreements by vendor; (8) maintenance and operations costs; (9) identification of what existing service products might be applicable; (10) integration limitations by system; (10) integration limitations by system; (11) data analytic performance metrics to be required by system; (12) liability; (13) which agency will host the electronic health record software as a service; (14) regulatory agency; (15) the timeline by fiscal year from initiation to implementation for each proposed solution; (16) how to plan in a manner that ensures efficient use of state resources and maximizes federal financial participation; and (17) a complete comprehensive business plan analysis.

Washington's future utility of Vibrant's Unified Platform.

The Department of Health recognizes that participation in Vibrant's Unified Platform will provide many benefits in operationalizing Washington's 988 crisis response and referral system. Currently, the three in-state 988/NSPL crisis call center hubs utilize separate technology platforms, which are not interoperable and do not always align in the tracking of metrics and data. Adoption of Vibrant's Unified Platform will promote effective and efficient routing to in-state NSPL member center, assuring rapid routing for all 988 services, and when requested, connection to other resources such as the Spanish Language Lifeline, the Veterans Crisis Line, and the Washington Indian Behavioral Health Hub. Vibrant's Unified Platform will additionally ease the ability to route to the selected in-state backup call center if the primary crisis call center hub does not have capacity to respond to the user in less than 30 seconds.

Vibrant's Unified Platform will enable real-time crisis call center network monitoring, which will aid in rapidly responding to changes in demand, forecast contact volume, and share predicted volume with 988/NSPL crisis call center hubs for staffing and scheduling purposes. It will additionally help crisis counselors refer users to local resource and deploy local emergency services. In supporting interoperability requirements, the streamlined network will support communication between in-state 988/NSPL crisis call center hubs and out-of-state crisis call centers in the Pacific Northwest region for users on the state line or within Tribal reservations upon which U.S. state borders have been superimposed. Finally, if Washington utilizes Vibrant's unified technology platform, NSPL member centers will have access a platform that facilitates standardized data collection and reporting from the network, as well as enables the identification and tracking of local, state, and national trends.

However, there are additional data requirements, as discussed above, associated with HB 1477 that must be considered as Washington State prepares for the roll out on 988 services, as detailed above. Given the implementation timeline and requirements under HB 1477, the Technology Subcommittee, Department of Health, Health Care Authority, and state 911 leadership are collaborating to determine the next best steps for establishing a technologically advanced behavioral health and suicide prevention crisis call center platform. Washington State is eager to learn more about Vibrant's Unified Platform, including system capabilities, data governance, potential customization opportunities, and more. While Washington State understands that it will be a requirement to be interoperable with the Unified Platform, should the state elect to use a

separate platform for 988 services, it would be beneficial for planning purposed under HB 1477 to understand if adoption of the Unified Platform by the three NSPL member centers will be a future national requirement.

Core Area 4: Other Core Areas Related to Supporting Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics

- Core Area 1: Ensure statewide 24/7 coverage for 988 calls, chats, and texts
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 3: Expand and sustain center capacity to maintain target in-state answer rates for current and projected call, text, and chat volume

**Core Area 4: Lifeline Standards and Requirements
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 4.1a: By October 2022, Washington State will have created a team to explore the process to adopt the unified platform that Vibrant will roll out in the future to map out transition steps.

Personnel/Partners: Washington State Department of Health, Vibrant Emotional Health, HB 1477 CRIS Committee, HB 1477 Technical Subcommittee

Goal 4.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather information from Vibrant regarding capacities and functionality of Unified Platform.	1/1/2022	10/30/2022	Lead: Washington State Department of Health Partners: Vibrant Emotional Health
Provide information gathered to HB 1477 CRIS Committee to gather feedback regarding the platform needs of Washington State and HB 1477.	1/1/2022	10/30/2022	Lead: Washington State Department of Health Partners: HB 1477 CRIS Committee
Provide information gathered to the HB 1477 Technical Subcommittee to gather feedback regarding the platform needs of Washington State.	1/1/2022	10/30/2022	Lead: Washington State Department of Health Partners: HB 1477 Technical Subcommittee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 4.1b: By January 2023, Washington State will have analyzed the following factors related to adopting the unified platform: (1) barriers, (2) Washington State specific needs, (3) adoption timeline.

Personnel/Partners: Washington State Department of Health, Vibrant Emotional Health, HB 1477 CRIS Committee, HB 1477 Technical Subcommittee, Crisis Connections, Volunteers of America, Frontier Behavioral Health

Goal 4.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather information from Vibrant regarding the Unified Platform in order to assess barriers, needs, and timeline.	1/1/2022	1/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health
Provide information gathered to HB 1477 CRIS Committee to gather feedback regarding barriers, needs, and adoption timeline.	1/1/2022	1/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 CRIS Committee
Provide information gathered to the HB 1477 Technical Subcommittee to gather feedback regarding barriers, needs, and adoption timeline.	1/1/2022	1/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Technical Subcommittee
Meet with NSPL member centers to provide information and gather feedback regarding barriers, needs, and adoption timeline.	1/1/2022	1/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections, Volunteers of America, Frontier Behavioral Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 4: Lifeline Standards and Requirements

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 4.2a: By June 30, 2023, the Washington Department of Health will schedule meetings with all statewide NSPL member centers to monitor quality, and provide support for maintaining high standards, and increase quality for specific populations.

Personnel/Partners: Washington State Department of Health, Crisis Connections, Volunteers of America, Frontier Behavioral Health

Goal 4.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Establish ongoing monthly meetings with Crisis Connections to monitor quality, NSPL standards, and	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections

Action Steps	Start Date	Due Date	Lead and Partners
seek opportunities for population-specific best practices training.			
Establish ongoing monthly meetings with Volunteers of America to monitor quality, NSPL standards, and seek opportunities for population-specific best practices training.	7/1/2022	6/30/2023	<u>Lead</u> : Washington State Department of Health <u>Partners</u> : Volunteers of America
Establish ongoing monthly meetings with Frontier Behavioral Health to monitor quality, NSPL standards, and seek opportunities for population-specific best practices training.	7/1/2022	6/30/2023	<u>Lead</u> : Washington State Department of Health <u>Partners</u> : Frontier Behavioral Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

[Return to Table of Contents](#)

Planning for 988 Services in Washington State: Inclusion of Key Stakeholder, Partners, Tribes and Equity Considerations

2020 Washington State 988 Workgroup.

In November 2020, Representative Tina Orwall (prime sponsor of HB 1477) established a workgroup to gather information about the National Suicide Prevention Hotline Act of 2021 and to begin preparations for 988 services in Washington State. This workgroup, comprised of state agency subject matter experts in suicide prevention and behavioral health, as well as integral system partners, tribal partners, and stakeholders, met three times during November and December, prior to HB 1477 being introduced to legislative session in January 2021. Matt Taylor from Vibrant Emotional Health additionally attended one of the workgroup meetings to deliver a presentation about 988 nationally and considerations for Washington State. During the same time period, the Department of Health responded to the RFA for the Vibrant 988 State Planning Grant, under which Washington State was funded to collaborate with Vibrant and other states/territories in preparing for the 988 system. Former workgroup members provided a foundation of expertise for the 988 State Planning Grant implementation coalition.

988 State Planning Grant Implementation Coalition.

The 988 State Planning Grant Implementation Coalition met a total of seven times between March 2021 and September 2021. The Coalition included representation from many sectors, partners, stakeholders and subject matter experts from across Washington State. DOH recognized that members were essential for a successful roll-out of 988 and maintained a comprehensive list of participants, information gathered, and knowledge acquired. Invitations to participate on the 988 State Planning Grant Implementation Coalition included reaching out to representation from: the Behavioral Health – Administrative Service Organizations (BH-ASOs), Office of the Insurance Commission, Association of Washington Health Plans, Department of Health, Washington Community for Mental Health Council, members with lived experience, county and state 911, Partnership for Action, Voices and Empowerment, peer support organizations, Health Care Authority, Crisis Connections, Washington Association of Sheriffs and Police Chiefs, Gay City, Volunteers of America, University of Washington, Tribal behavioral health representatives and tribal leadership, Governor’s policy staff, FMS Strategies, Frontier Behavioral Health, AFSP Washington Chapter, Peer Washington, and CIT Criminal Justice Training Commission.

During convened meetings, Coalition members discussed opportunities and challenges associated with 988 services in Washington State, key action steps that would be necessary for a successful rolling out of crisis call center hub and crisis response services under 988 and HB 1477, considerations around equitable and culturally-informed access to crisis services, and next steps for transitioning into the implementation of HB 1477. The final 988 State Planning Grant Implementation Coalition meeting occurred on Friday, September 24th, followed by a formal transition from the “988 State Planning Grant Implementation Coalition” to the committees (“988 Steering Committee” and “[Crisis Response Improvement Strategy \(CRIS\) Committee](#)”) under HB 1477. Many Coalition members have been appointed for the CRIS Committee representation, as outlined

in HB 1477. Opportunities for ongoing collaboration and participation in the implementation of 988 services in Washington State will also be available through participation in the 988 subcommittees established by HB 1477.

HB 1477: 988 Steering Committee, Crisis Response Improvement Strategy (CRIS) Committee, and 988 Subcommittees

Overview of [HB 1477](#) (Prime Sponsor: Representative Tina Orwall): Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.

Washington State passed HB 1477 into law in May of 2021, following this year’s legislative session.

The bill establishes a 6-member 988 Steering Committee, a 36-member Crisis Response Improvement Strategy (CRIS) Committee, and several topic-specific subcommittees. Implementation tasks for the Department of Health focuses on the “crisis call center hubs” (NSPL member centers), through which 988 calls will be routed in Washington, as well as the expansion of culturally, linguistically, and geographically appropriate crisis response and support services statewide. HB 1477 is extensive and additional bill components are discussed in other core areas of this implementation plan. A full copy of HB 1477 can be found in Appendix B.

HB 1477 designates the Crisis Response Improvement Strategy (CRIS) Committee and establishes a 988 Steering Committee. The CRIS Committee will provide advice in developing an integrated behavioral health crisis response and suicide prevention system. Work from the CRIS Committee will be received and reviewed by the 988 Steering Committee, which will also form additional subcommittees. This work is discussed in detail in the sections below.

Behavioral Health Institute – Health Management Associates.

Under HB 1477, the Office of Financial Management is required to contract with the [Behavioral Health Institute](#) at Harborview Medical Center to facilitate and provide staff support to the 988 Steering Committee and CRIS Committee. The selected contractor for this facilitation and staffing support is [Health Management Associates](#).

988 Steering Committee.

The 988 Steering Committee established in HB 1477 designates three co-chairs from the state agencies (Department of Health, Health Care Authority, and Office of the Governor) leading the implementation of 988 and associated crisis response services in Washington State. It is further comprised of a member of the House and a member of the Senate, as well as one non-voting member from the CRIS committee with lived experience. Facilitation and staff support are provided by Health Management Associates.

Representation on the 988 Steering Committee (5 voting members total):

- [Department of Health](#) (Michele Roberts)
- [Health Care Authority](#) (Keri Waterland)
- [Office of the Governor](#) (Amber Leaders)
- Member of the senate ([Senator Manka Dhingra](#))

- Member of the house ([Representative Tina Orwall](#))
- Member with lived experience, non-voting (Bipasha Mukherjee)

Under HB 1477, the 988 Steering Committee must:

- Develop a comprehensive assessment of the behavioral health crisis response and suicide prevention services system by January 1, 2022 (progress report and preliminary recommendations), to include and inventory of:
 - Existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources, to further include: (1) statewide and regional insufficiencies and gaps in behavioral health crisis response and suicide prevention services and resources to meet population needs; (2) quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources; (3) a process for establishing outcome measures, benchmarks, and improvement targets for the crisis response system, and (4) potential funding sources to provide statewide and regional behavioral health crisis services and resources.
- Form additional subcommittees, assign tasks to 988 Subcommittees, and establish a schedule of meetings and the subcommittee agendas.
- After working with the CRIS Committee and 988 Subcommittees, report on the following (final recommendations and final report):
 - A recommended vision for an integrated crisis network in Washington State.
 - Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, as well as for individuals in tribal, rural, and urban communities.
 - Recommendations for a work plan with timelines to implement appropriate local responses to calls to the 988 crisis hotline.
 - Necessary components of each of the new technologically advanced behavioral health crisis call center system platform and the new behavioral health integrated client referral system to assigning and tracking response, to include:
 - Identification of the components that crisis call center hub staff need to effectively coordinate crisis response services.
 - Evaluation of existing bed tracking models.
 - Evaluation of whether bed tracking will improve access to all behavioral health bed types and other impacts and benefits.
 - Exploration of how the bed tracking and outpatient appointment availability platform can facilitate more timely access to care and other impacts and benefits.
 - The necessary systems and capabilities that that licensed or certified behavioral health agencies, behavioral health providers, and any other relevant parties will require to report, maintain, and update inpatient and residential bed and outpatient service availability in real time.
 - A work plan to establish the capacity for the crisis call center hubs to integrate Spanish-speaking call center staff into operations as well as to ensure availability of resources to meet the unique needs of persons in the agricultural community, with a specific focus on confidentiality.
 - A work plan with timelines to enhance and expand the availability of community-based mobile rapid response crisis teams based in each region, to include specialized teams for: (1) youth; (2) geriatric populations; (3) older adults of color; and (4) older adults with comorbid dementia.

- The identification of other personal and systemic behavioral health challenges which implementation of the 988 crisis hotline has the potential to address.
- The development of a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.
- Recommendations concerning how health plans, MCOs, and BH-ASOs shall fulfill requirements to provide assignment of a care coordination and provide next-day appointments for enrollees who contact the behavioral health crisis system.
- Appropriate allocation of crisis system funding responsibilities among Medicaid MCOs, commercial insurers, and BH-ASOs.
- Recommendations for constituting and statewide behavioral health crisis response and suicide prevention oversight board or similar structure.
- Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system.
- If the CRIS Committee finds that providing funding for in-person mobile rapid response crisis services and other behavioral health first responder services are viable, analyze options for the location and composition of such services. Funds from the account must supplement, not supplant, existing behavioral health crisis funding.
- Report progress made by the CRIS Committee, the results of the comprehensive assessment, and preliminary recommendations by January 1, 2022.
- Report further progress made by the CRIS Committee, 988 Steering Committee recommendations *related to crisis call center hubs*, and final recommendations by January 1, 2023. A final report must be provided by January 1, 2024.

Crisis Response Improvement Strategy (CRIS) Committee.

The CRIS Committee was established to provide advice in developing an integrated behavioral health crisis response and suicide prevention system in Washington State. Specific tasks, as outlined below, are detailed within Section 103 of HB 1477. The work of the CRIS Committee will be received and reviewed by the 988 Steering Committee. A detailed list of CRIS Committee members, inclusive of designated CRIS Committee position, can be found in Appendix B. Facilitation and staff support are provided by Health Management Associates.

Under HB 1477, the CRIS Committee must:

- Assist the 988 Steering Committee to identify potential implementation and operational barriers for the 988 system.
- Make recommendations necessary to implement and effectively monitor the progress of the 988 crisis hotline in Washington
- Make recommendations for the statewide improvement of behavioral health crisis response and prevention services.
- Ensure proceedings are open to the public and invite testimony from a broad range of perspectives.
- In order to discern how well the crisis system is currently working and to recommend ways to improve the crisis response system, must seek input from: (1) Tribes; (2) Veterans; (3) the LGBTQ+ community; and (4) communities of color.
- Analyze: (1) projected expenditures from the account created by HB 1477, including considerations around call volume, utilization projections, and other operational impacts; (2) costs of providing statewide coverage of mobile rapid response crisis teams and other behavioral health first responder services, considering 988 crisis hotline utilization and existing state and local funding; and (3) potential options to reduce the tax imposed by HB 1477.
- Viability of providing funding for in-person mobile rapid response crisis services.

Representation on the CRIS Committee (36 members total):

- [Department of Health](#) (Michele Roberts)
- [Health Care Authority](#) (Keri Waterland)
- [Office of the Governor](#) (Amber Leaders)
- [Washington State Insurance Commissioner](#)
- Up to two members representing federally recognized tribes (one from Eastern WA, one from Western WA).
- One member from each of the two largest caucuses of the senate. One also serves on the 988 Steering Committee ([Senator Manka Dhingra](#), [Senator Judy Warnick](#))
- One member from each of the two largest caucuses of the house. One also serves on the 988 Steering Committee ([Representative Tina Orwall](#), [Representative Tom Dent](#))
- [Washington State Department of Veterans Affairs](#)
- [State Enhanced 911 Coordinator](#)
- Member with lived experience of a suicide attempt
- Member with lived experience of a suicide loss
- Member with experience of participation in the crisis system related to lived experience of a mental health disorder
- Member with experience of participation in the crisis system related to lived experience of a substance use disorder
- A member representing each Crisis Call Center in WA that is contracted with the NSPL
 - [Crisis Connections](#)
 - [Frontier Behavioral Health](#)
 - [Volunteers of America of Western Washington](#)
- Up to two members representing the [Behavioral Health Administrative Service Organizations](#) (BH-ASOs) (one from an urban region, one from a rural region)
- [Washington Council for Behavioral Health](#)
- [Association of Alcoholism and Addition Programs of Washington State](#)
- Washington State Hospital Association
- [Washington National Alliance of Mental Illness](#)
- Member representing the behavioral health interests of persons of color, as recommended by [SeaMar Community Health Centers](#)
- Member representing the behavioral health interests of persons of color, as recommended by [Asian Counseling and Referral Services](#)
- Law Enforcement
- Member representing a university-based suicide prevention center of excellence ([Forefront Suicide Prevention](#))
- Member representing an emergency medical services department with a CARES program
- Member representing [Medicaid Managed Care Organizations](#) (MCOs)
- Member representing commercial insurance, as recommended by the [Association of Healthcare Plans](#)

- [Washington Association of Designated Crisis Responders](#)
- [Children and Youth Behavioral Health Work Group](#)
- Member representing a social justice organization addressing police accountability and use of deadly force
- Member representing an organization specializing in facilitating behavioral health services for LGBTQ+ populations

988 Subcommittees.

988 Subcommittees are formed by the 988 Steering Committee. The purpose of the 988 Subcommittees is to provide the technical analysis and needed to formulate system change recommendations for 988 and associated crisis response services in Washington State. The schedule of meetings, agendas and tasks for the 988 Subcommittees are established by the 988 Steering Committee. Facilitation and staff support are provided by Health Management Associates.

Under HB 1477, the 988 Subcommittees must:

- Focus on discrete topics and make recommendations to the 988 Steering Committee.
- Include members (beyond members of the CRIS Committee) needed to provide professional expertise and community perspectives.
- On each subcommittee, include at least one member representing: (1) interests of stakeholders in rural communities; (2) interests of stakeholders in urban communities; and (3) interests of youth stakeholders.

Designated 988 Subcommittees, as of November 1, 2021, include:

1. Washington Tribal 988 Subcommittee
 - Will examine and make recommendations with respect to the needs of tribes related to the 988 system.
 - Must include representation from the American Indian Health Commission.
2. Credentialing and Training Subcommittee
 - Will recommend workforce needs and requirements necessary to implement HB 1477, to include minimum education requirements.
3. Technology Subcommittee
 - Will examine issues and requirements related to the technology needed to implement HB 1477.
4. Cross-System Crisis Response Collaboration Subcommittee
 - As needed to implement HB 1477, will examine and define the complementary roles and intersections between:
 - Mobile rapid response crisis teams
 - Designated crisis responders
 - Law enforcement
 - Emergency medical services teams
 - 911 and 988 operators
 - Public and private health plans
 - Behavioral health crisis response agencies
 - Non-behavioral health crisis response agencies

- Additional members, as needed
- 5. Confidential Information Compliance and Coordination Subcommittee
 - Will examine issues relating to sharing and protection of health information needed to implement HB 1477.
- 6. Lived Experience Subcommittee
 - Will incorporate voices and experiences of lived experience, assuring ongoing feedback and guidance remains at the core of crisis system service response work.
- 7. Agricultural and Rural Communities Subcommittee
 - a. Will focus on the unique factors and circumstances that impact behavioral health and suicide in Washington’s rural and agricultural communities.

System equity concerns, considerations and recommendations.

HB 1477 seeks to furthers equity in addressing mental health and substance use treatment in Washington State. The bill recognizes that, historically, crisis response services have placed marginalized communities at a disproportionate risk of experiencing poor outcomes and/or criminal justice involvement when experiencing a mental health crisis. Directives assure the delivery of crisis services in culturally, geographically, and linguistically appropriate manners and includes voices of lived experience and marginalized populations in the planning and implementation of 988 services statewide.

Additionally, voices and knowledge of lived experience are represented on both the 988 Steering Committee and CRIS Committee. A designated Subcommittee for lived experience has been established, and proactive considerations concerning racial equity and social justice have been incorporated into all implementation aspects of 988 services and crisis planning in Washington State. This is an ongoing effort, and implementation considerations are updated, changed, and/or redirected based off feedback from communities and individuals impacted by inequities within the state’s crisis response system.

Core Area 5: Other Core Areas Related to Key Stakeholder Involvement to Advise on 988 Planning and Implementation

- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 8: Plan and implement marketing for 988 in Washington State

Core Area 5: 988 Stakeholder Coalition

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 5.1a: By June 30, 2022, the HB 1477 Steering Committee, CRIS Committee, and 988 Subcommittees will have continued to meet for ongoing collaboration and will have provided feedback from Vibrant 988 State Planning Grant priority planning and preparation tasks.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 CRIS Committee, HB 1477 Tribal 988 Subcommittee, HB 1477 Credentialing and Training Subcommittee, HB 1477 Technology Subcommittee, HB 1477 Cross-System Crisis Response Subcommittee, HB 1477 Confidential Information Subcommittee, HB 1477 Rural and Agricultural Subcommittee, HB 1477 Lived Experience Subcommittee

Goal 5.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Assistant Secretary Michele Roberts will participate in the HB 1477 Steering Committee and represent the WA Department of Health.	9/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Steering Committee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Tribal 988 Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Credentialing and Training Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Technology Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Cross-System Crisis Response Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Confidential Information Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Rural and Agricultural Subcommittee <u>Partners:</u> Washington State Department of Health
Department of Health staff will participate and provide subject matter knowledge and information related to the NSPL as requested.	1/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Lived Experience Subcommittee <u>Partners:</u> Washington State Department of Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 5.1b: By June 30, 2022, HB 1477 988 Subcommittees will have been established to review and advise on topic-specific operational areas of the 988 crisis response system in Washington State.

Personnel/Partners: HB 1477 Steering Committee, WA Department of Health, WA Health Care Authority, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 5.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
HB 1477 Steering Committee will establish and convene subcommittees to offer subject matter expertise on topics related to the crisis response system in Washington State.	9/1/2021	6/30/2022	<u>Lead:</u> HB 1477 Steering Committee <u>Partners:</u> Washington Department of Health, WA Health Care Authority, Crisis Connections, Frontier Behavioral Health, Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 5: 988 Stakeholder Coalition

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 5.2a: By June 30, 2023, Washington State will have formally incorporated each of the current coalition members into another planning/implementation group or workgroup that will maintain a significant focus on 988 readiness.

Personnel/Partners: Washington State Department of Health, Washington Health Care Authority, all invited and interested members related to crisis response services in Washington State

Goal 5.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Department of Health and Health Care Authority will incorporate implementation coalition members into further workgroups to support and contribute to HB 1477 and 988 implementation.	1/1/2021	6/30/2023	<u>Lead:</u> Washington State Department of Health, Washington Health Care Authority <u>Partners:</u> All invited and interested members related to crisis response services in Washington State

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Comprehensive Resource Listings; Plan for Expanded Services

Existing approach and practices for providing resources, referrals, and linkages.

NSPL member centers in Washington State have previously designed and established ways in which they track and connect 988 system users with local crisis resources, as requested or needed, within their respective regions and counties. Leadership planning for the 988 system and associated crisis response services in Washington State would like to develop a more comprehensive and uniform resource guide that can be readily accessed by NSPL member centers, as well as crisis system partners and providers, and as appropriate, state community members. This will improve upon the existing foundation and current efforts for linking those experiencing crises to appropriate resources and referrals.

Washington State is additionally exploring opportunities to utilize GIS mapping software to increase access to services in a user-friendly format, as well as to make it easier to find resources that are geographically-, culturally-, and linguistically-informed services. This information would be available for use by NSPL member centers, local crisis response support services, and to any other partners directly or indirectly connected to 988 and statewide crisis response services. Washington State is additionally looking forward to learning more about Vibrant's Unified Platform and gaining an understanding of any potential associated requirements before moving forward with formalizing this work.

There are significant challenges to overcome in maintaining a continuously up-to-date statewide list of services and resources. Not all geographic regions of Washington have services to support the unique needs of specific populations, including culturally relevant services that support Black, Indigenous, and People of Color (BIPOC) individuals, LGBTQ community members, and others at an increased risk of suicide or stigma associated with behavioral health. In these cases, it is recommended to engage these communities in discussion to assess the best path forward. Additionally, the shifting landscape of support services due to COVID-19 has created both challenges and opportunities, as many support services pivot between in-person and online modalities. When operating online, these services become more accessible to people across Washington, however, keeping track of which services are online and/or in-person at any given moment requires frequent and ongoing updating to the referral list. Finally, referrals made in which the resource is not financially feasible for the caller is not a viable referral. Due to the multitude of insurance plans, deductibles, and coverage, it is likely impossible to maintain a referral list that meets the needs of all callers without separate funding that ensures all referrals are free of cost.

Opportunities moving forward that we are planning to enact with the implementation of HB 1477 are real-time access to bed-tracking data, the ability to schedule next-day appointments with behavioral health providers, and an increase in the number of mobile crisis response units to respond to behavioral health crisis without the need of law-enforcement response.

Core Area 5: Other Core Areas Related to Establishing a Comprehensive List of Resources and Referrals

- Core Area 1: Ensure statewide 24/7 coverage for 988 calls, chats, and texts
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation
- Core Area 7: Ensure all Washington NSPL member centers can provide best practices to follow-up care for 988 users

**Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 6.1a: By June 30, 2022, each 988/NSPL crisis call center hub in Washington State will have up-to-date referral resources for people in crisis that include the minimum required resources, referrals, and linkages outlined by Vibrant.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections.

Goal 6.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Volunteers of America to ensure they maintain and up-to-date referral list for people in crisis that includes local, state-wide, and national resources.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Collaborate with Frontier Behavioral Health to ensure they maintain and up-to-date referral list for people in crisis that includes local, state-wide, and national resources.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Collaborate with Crisis Connections to ensure they maintain and up-to-date referral list for people in crisis that includes local, state-wide, and national resources.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections
Collaborate on the development of a technology platform that can track real-time access to referrals, hospital beds, and other crisis services	10/1/2021	6/30/2022	<u>Lead:</u> Washington Health Care Authority <u>Partners:</u> Washington State Department of Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 6.2a: By June 30, 2023, each 988/NSPL crisis call center hub in Washington State will have access to a shared, comprehensive statewide list of resources, referrals, and linkages outlined by Vibrant.

Personnel/Partners: Washington State Department of Health, Health Care Authority, Volunteers of America, Frontier Behavioral Health, Crisis Connections, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee.

Goal 6.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with Volunteers of America to ensure they have the technology and information needed to access a shared, comprehensive statewide list of local, state-wide, and national resources.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Collaborate with Frontier Behavioral Health to ensure they have the technology and information needed to access a shared, comprehensive statewide list of local, state-wide, and national resources.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Collaborate with Crisis Connections to ensure they have the technology and information needed to access a shared, comprehensive statewide list of local, state-wide, and national resources.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections
Collaborate on the plans for implementation of a technology platform that can track real-time access to referrals, hospital beds, and other crisis services	7/1/2022	6/30/2023	<u>Lead:</u> Washington Health Care Authority <u>Partners:</u> Washington State Department of Health
Assistant Secretary Michele Roberts, representing the Department of Health, will provide updates regarding status of the technology and referral system to the HB 1477 Steering Committee on an ongoing basis.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 Steering Committee
Assistant Secretary Michele Roberts, representing the DOH, will provide updates regarding status of the technology and referral system to the HB 1477 CRIS Committee on an ongoing basis.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Provide Follow-Up Services

While NSPL member centers in Washington State currently support statewide primary coverage for 988 calls in all 39 counties, several significant service gaps have been identified, in addition to the workforce and staffing development needs, planning for increases in annual call volume, and challenges in preparing to offer chat/text services that have been discussed in previous Core Area sections. With an average in-state answer rate of approximately 70%, Washington relies on out-of-state NSPL member centers to provide backup coverage. HB 1477 requires that NSPL member centers in Washington State achieve and sustain an in-state answer rate of 90% or higher; currently, this is the key priority area being addressed by the in-state centers in preparation of 988 services, including implementing identified challenges and proposed solutions (i.e. providing additional funding to aid in recruitment, workforce development, training, and retention of qualified staff to provide NSPL services, as well as continued planning for offering statewide chat/text services) to meet target metrics and increase in-state answer rates during Year 1.

Closely related to this, access to follow-up services at in-state NSPL member centers has been identified as the most essential unfunded gap in implementing statewide 988 services. Research shows¹⁰ that these are critically important and sometimes lifesaving services, even after an initial acute crisis period has passed. Collaboration with Vibrant has determined that approximately 100 additional FTE are needed to support the projected incoming 988 system utilization for call/chat/text services during Year 1, however, these staffing estimations do not include a dedicated staffing team for providing follow-up services. The establishment of an in-state network within NSPL member centers than can provide follow-up services to 988 callers, chatters, and texters will require additional planning, projection of follow-up needs and anticipated volume, and dedicated training services for implementation.

There is a lot of room for growth in the state's current follow-up practices for calls, chats, and texts. Currently, there is no consistent approach regarding follow-up services across the three NSPL member centers, and therefore callers across Washington cannot rely on a consistent level of care. Washington State is concurrently in the process of incorporating feedback from underserved and high-risk populations, including, LGBTQ+ individuals, the BIPOC community, youth/transition aged youth, and agricultural/rural communities in preparation of 988 services, and the ongoing involvement of individuals with lived experience and community voices remains a priority. In planning for the eventual establishment of a dedicated staffing matrix that will provide 988 follow-up services to users who need or request the resource, a statewide workforce development plan for NSPL member centers is simultaneously integrated with the state's commitment to consider and involve the many diverse communities and perspectives of community members.

¹⁰ Gould MS, Lake AM, Galfalvy H, Kleinman M, Munfakh JL, Wright J, McKeon R. Follow-up with Callers to the National Suicide Prevention Lifeline: Evaluation of Callers' Perceptions of Care. *Suicide Life Threat Behav.* 2018;48(1):75-86. doi: 10.1111/sltb.12339.

NSPL member centers in Washington State have noted that follow-up services are a particular area of interest and opportunity to ensure these voices are part of the implementation of 988 services. Inclusion of certified peers and individuals with lived experience enhances the ability for 988 users to sense genuine human connection and empathy; appropriately trained peers who are supervised by clinical staff, ensuring adherence to Lifeline’s best practices and guidelines, establishes suitable roles for these unique perspectives within coordinated follow-up services, as well as contributes to long-term workforce development and retention efforts. The continued development of culturally informed 988 services, with proactive recognition of the correlated impacts of past and present systemic injustices and inequities, further aligns with these efforts. In workforce development planning, addressing known disparities in behavioral health must be rooted in a foundation of equity and a person-centered approach for those at greatest risk of suicide. Centering equity as a means to respond to known implantation system gaps enhances a trauma informed and culturally sensitive network approach.

The Department of Health will continue collaboration with the three 988/NSPL member centers to establish and improve consistent follow-up services for all Washingtonians. Washington State understands that the importance of follow up care as a preventative measure and is currently collaborating with NSPL member centers to offer follow-up services in accordance with NSPL guidance to the best degree possible, while being considerate of funding limitations and considerations. Research shows that [follow-up](#) care reduces suicide risk, supports people in crisis, facilitates transition support when leaving an emergency department and in-patient care, and is a cost-effective intervention.

Current follow-up services for 988 calls, chat, and text in Washington State.

In assessing current follow-up services offered at Washington State’s three NSPL member centers, the Department of Health has collaborated individually with each center in an effort to gain a better understanding of strengths, challenges, opportunities, and gaps. This information has been summarized and presented in the table below. It is important to note that while preparations to enhance the accessibility of follow-up services are underway, a significant barrier will be that there is currently no dedicated funding to establish the staffing capacity that would be needed to ensure these services are ongoing and/or able to accommodate the needs of all NPSL calls/chats/texts in Washington State. Collaborative planning with Vibrant for these services in the future, a clear expectation of follow-up deliverables, volume projections for follow-up services, associated costs, and expenses associated with ensuring all follow-up services adhere to Lifeline’s requirements pertaining to best practices, will aid Washington State in planning to enhance and expand follow-up care.

Washington State NSPL member center follow-up services offered and areas of opportunity

NSPL member center:	Crisis Connections	Frontier Behavioral Health	Volunteers of America
Follow-up services and follow-up to lifeline contacts.	Crisis Connections currently does not provide follow-up services as an NSPL member center; this will be a newly established service. Crisis Connections will not be able to offer follow-up serviced without an	Frontier Behavioral Health does not currently provide follow-up services. At some point, the NSPL member center would want to cover services seven days a week, from 8am-5pm.	Volunteers of America has not historically funded to provide follow-up services outside of a specific SAMHSA grant; funding expired October 2021. Lack of funding limits the amount of follow-up services that are provided. Currently, all follow-up contacts are via phone at this time; in addition to expanding follow-up call services, Volunteers of America would like to add options for chat/text when funded to do so. All staff are trained to offer follow-up contacts to individuals they identify as having a greater risk for future suicide attempts and who will benefit

	expanded contract with additional funding from HB 1477.		from ongoing contacts when the individual is waiting to begin outpatient services and/or medication evaluation appointments. The center also offers to make outgoing calls to individuals at risk when a 3 rd party alerts to the risk. In June 2021, Volunteers of America submitted a proposal to the North Sound Behavioral Health – Administrative Service Organization (BH-ASO); with this funding, the NSPL member center will be hiring 3.0 FTE to offer follow-up services; funding not provided by Vibrant or HB 1477.
Follow-up services to contacts on other lines.	n/a	n/a	Volunteers of America provides the same level and types of follow-up services to callers on all lines supported by the center. Volunteers of America supports a regional line on which professionals are also able to call and request a follow-up be scheduled with a specific individual. For example, hospital social workers who are discharging a patient who presented with suicidal ideation will sometimes request that the center follow-up with the person over several days. This offers support and a status check on their safety plan at home. It additionally enables outpatient clinicians to arrange for after-hours follow-up calls with their clients during periods of crisis.
Follow-up for other crisis services.	n/a	Frontier Behavioral Health provides follow-up services for Involuntary Treatment Act (ITA) evaluations, when in lieu of involuntary treatment admission, a safety plan is developed in the community.	Volunteers of America offers other follow-up services for law enforcement.
Other community collaborations with organizations that provide mental health or crisis follow-up services.	n/a	Frontier Behavioral Health’s community outpatient provider network provides follow-up care on crisis contacts.	Each of the mobile outreach teams in the Salish and North Sound Regions offer follow-up services for up to 2 weeks after an outreach. They offer in-person, video (when available), and phone contacts. The organizations who operate these teams are Compass Health, Snohomish County Human Services, Kitsap Mental Health Services, Discovery Behavioral Healthcare, Peninsula Behavioral Health, and West End Outreach.
Identified system gaps and barriers to offering follow-up service	Crisis Connections would benefit from solidified guidance from Vibrant, including consideration for how follow-up services will	Currently, Frontier Behavioral Health must rely on county line crisis call staff to ensure follow-up calls are available for high-risk 988 callers. This is due to	In addition to limited funding for dedicated 988/NSPL follow-up services, there is not currently an outbound component for offering follow-up to chat/text services. Volunteers of America is hopeful that this will be addressed and resolved in Vibrant’s forthcoming Unified Platform.

	<p>be established in the future network and operational expectations for NSPL member centers.</p> <p>A process for data collection for follow-up needs to be established.</p>	<p>the lack of funding for dedicated follow-up services as an NSPL member center, as well as no dedicated FTE positions to support NSPL follow-up services, ensuring alignment with best practices.</p>	<p>Currently, it is difficult to ensure that follow-up services are provided after an individual in the community has been given a community-based referral (such as after interacting with a mobile rapid response crisis services or discharging from ER/inpatient care). A lack of downstream focus on the care continuum results in difficult for NSPL member centers to provide follow-up care that should otherwise be available.</p>
<p>Identified system strengths and opportunities for follow-up care.</p>	<p>The establishment of a standardized process and procedure to follow-up calls, including cross-collaboration with other NSPL member centers, would streamline efforts and expectations.</p>	<p>With dedicated staffing for NSPL follow-up care services, Frontier Behavioral Health could establish a dedicated team to meet the needs of 988 callers. This could also provide support for callers who access the 988 system multiple times a day, which would keep the main 988 crisis counselors available.</p>	<p>Planning for follow-up services for 988 calls is fairly straightforward; Volunteers of America has the capability in their proprietary technology platform to pass down necessary information from shift to shift and counselor to counselor. This ensure that information can easily be shared and that any 988 call user is able to receive the follow-up care that they need.</p> <p>Similarly, the Volunteers of America system has the capability to receive alerts from providers in the community (geographic region of 988 call service coverage), which allows for follow-up calls to be planned and completed.</p>
<p>NSPL member center follow-up care: ideal scenarios and additional considerations/ circumstances in meeting system needs.</p>	<p>A dedicated follow-up services team under 988/NSPL would be a great way to include peers, those with lived experience, and students/ interns within the workforce. With funding, Crisis Connections would like to provide daily (not 24/7) follow-up services and incorporate these valuable perspective and positions.</p>	<p>Frontier Behavioral Health has an established relationship with higher education institutions in their region. Follow-up services would be a great way to develop the future workforce, provide training opportunities, and establish a program for ongoing learning. Dedicated follow-up services would also allow for opportunities to cross train staff members and more readily accommodated call volume in a way that most suitably meets caller needs.</p>	<p>Volunteers of America would like to have the ability to offer comprehensive follow-up services to all 988 users (call/chat/text) who want or need this support. Additionally, there is a general lack of subject matter knowledge regarding continuity of care and overall system best practices/successes within the NSPL follow-up system.</p> <p>In following system models, best practices, and current research, the need for and importance of follow-up services within the NSPL member network have been made clear. A standardized system across all NSPL member centers nationwide would be ideal to ensure operations are consistent, predictable, and supported. It would additionally allow for easier collaboration between NSPL member centers, and specifically, the Washington in-state crisis call center hubs established under HB 1477. Further, streamlined follow-up services could ensure better collaboration with the BH-ASOs and other partners.</p>

Progress to date: preparing for chat/text services in Washington State

As Washington State and the in-state NSPL member centers prepare to expand follow-up services, it will first be critical for a consistent and comprehensive understanding of Vibrant’s expectations to be established as a foundation to this work. To this end, Department of Health will be

collaborating with Crisis Connections, Frontier Behavioral Health, and Volunteers of America in the coming months to coordinate the future development of follow-up services, to be fully integrated into the 988 system and available to all 988 callers, chatters, and texters.

Planning is underway to ensure that follow-up services, according to Lifeline best practices and guidelines, will include:

- The ability for all Washington State NSPL member centers to offer follow-up services to 988 callers, chatters, and texters, ensuring that crisis centers are reaching out to contact 988 system users to check in within the few days after the person contacted the Lifeline.
- Given telephone follow-up is the only modality available through the Lifeline at present day, planning is in progress so that outbound texting and messaging options can be offered once the capability has been established.
- In all follow-up contacts, the crisis counselor will actively engage with the follow-up participant in real-time.
- In addition to aligning with Lifeline best practices, NSPL member centers will additionally establish clear eligibility criteria. At a minimum:
 - Follow-up calls will be required for all 988 contacts who confirm current suicide risk, whether at the time of the contact or within the past 24 hours, and
 - Follow-up calls will be required for all who consent to receive the service.
- In addition to aligning with Lifeline best practices, NSPL member centers will additionally have formalized consent protocols in place.
- First follow-up calls will occur in the 24-72 hours after the initial 988 contact and a minimum of three attempts shall be made for the first follow-up contact. At a minimum, each follow-up contact will:
 - Assess the individuals' current well-being and suicide risk,
 - Review and update a safety plan as needed,
 - Coordinate care with other providers, and
 - Increase connection to needed services.
- Any staff or volunteers with a role in conducting follow-up calls must receive counselor training that includes the center's follow-up requirements and processes.
- Washington State, in contracting with the three in-state NSPL member centers, institute contractual requirements for follow-up care. All requirements must align with Lifeline standards. These standards will additionally be incorporated within the Department of Health Rule Making Order, under HB 1477 (to be published in 2023).

SAMHSA recently announced a funding opportunity (NOFO No. SM-22-015: 988 State and Territory Cooperative Agreements) to support the building of local 988 capacity, in preparation of 988 services. This funding will improve state/territory response to local 988 contacts (calls/chats/texts) by: (1) recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis; (2) engaging Lifeline crisis centers to unify 988 response across states/territories; and (3) expanding the crisis center staffing response structure needed for the successful implementation of 988. The Washington State Department of health will be submitting an application for this funding at the end of January 2022; given the gaps identified in the implementation of follow-up services in Washington State, according to Lifeline best practices and guidelines, funding and implementation practices proposed for this grant opportunity will focus on establishing and expanding follow-up care, rooted in equitable approaches and the inclusion of workforce development strategies, as well as inclusion of certified peers and individuals with lived experience in follow-up services.

If funded, Washington will be able to develop and implement follow-up services during these next two years while continuing to assess funding and capacity levels for all NSPL services.

Core Area 7: Ensure all Washington NSPL centers can provide best practices follow-up care to callers/chatters/texters:

- Core Area 1: Ensure statewide 24/7 coverage for 988 calls, chats, and texts
- Core Area 2: Secure adequate, diversified, and sustained funding streams for Lifeline member centers
- Core Area 3: Expand and sustain center capacity to maintain target in-state answer rates for current and projected call, text, and chat volume
- Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

Core Area 7: Provide Follow-Up Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 7.1a: By June 30, 2022, Washington State will have specified which 988/NSPL crisis call center hubs will collectively be ready to handle a minimum of 50% of higher follow-up / outbound call volume projected in Year 1 of the 988 Cost and Volume Projections report.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee.

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet with Volunteers of America to discuss current answer rates, follow-up services, and readiness to handle a minimum of 50% higher follow-up call volume.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Meet with Frontier Behavioral Health to discuss current answer rates, follow-up services, and readiness to handle a minimum of 50% higher follow-up call volume.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Meet with Crisis Connections to discuss current answer rates, follow-up services, and readiness to handle a minimum of 50% higher follow-up call volume.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections
Provide information and data upon request to the HB 1477 Steering Committee and HB 1477 CRIS Committee regarding NSPL center readiness for follow-up services in WA.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 7: Provide Follow-Up Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 7.2a: By June 30, 2023, Washington State will have specified which 988/NSPL crisis call center hubs will collectively be ready to handle a minimum of 100% of higher follow-up / outbound call volume projected in Year 1 of the 988 Cost and Volume Projections report.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee.

Goal 7.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet with Volunteers of America to discuss current answer rates, follow-up services, and readiness to handle a minimum of 100% higher follow-up call volume.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Meet with Frontier Behavioral Health to discuss current answer rates, follow-up services, and readiness to handle a minimum of 100% higher follow-up call volume.	7/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health
Meet with Crisis Connections to discuss current answer rates, follow-up services, and readiness to handle a minimum of 100% higher follow-up call volume.	7/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections
Provide information and data upon request to the HB 1477 Steering Committee and HB 1477 CRIS Committee regarding NSPL center readiness for follow-up services in Washington State.	7/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 7.1b: By June 30, 2022, NSPL member centers in Washington State will conduct an analysis to determine the optimal level of follow-up services that are needed by 988 users, based off of tracking of data and metrics which will quantify the proportion of 988 encounters and projected number of users that would benefit from follow-up services.

Personnel/Partners: Washington State Department of Health and Vibrant Emotional Health

Goal 3.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rates for each of the three NSPL member centers in Washington State, utilizing the data to determine projected need for follow-up services.	07/01/2021	06/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health, Crisis Connections, Frontier Behavioral Health, Volunteers of America
Partner with Vibrant to provide routing recommendations for 988 calls, chats, and texts in Washington State.	01/01/2022	06/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Vibrant Emotional Health

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 7: Provide Follow-Up Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 7.2a: By June 30, 2023, Washington State will have specified which 988/NSPL crisis call center hubs will collectively be ready to handle a minimum of 100% of higher follow-up / outbound call volume projected in Year 1 of the 988 Cost and Volume Projections report.

Personnel/Partners: Washington State Department of Health, Volunteers of America, Frontier Behavioral Health, Crisis Connections, HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee.

Goal 7.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet with Volunteers of America to discuss current answer rates, follow-up services, and readiness to handle a minimum of 100% higher follow-up call volume.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Volunteers of America
Meet with Frontier Behavioral Health to discuss current answer rates, follow-up services, and	7/1/2022	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Frontier Behavioral Health

Action Steps	Start Date	Due Date	Lead and Partners
readiness to handle a minimum of 100% higher follow-up call volume.			
Meet with Crisis Connections to discuss current answer rates, follow-up services, and readiness to handle a minimum of 100% higher follow-up call volume.	7/1/2022	6/30/2022	<u>Lead</u> : Washington State Department of Health <u>Partners</u> : Crisis Connections
Provide information and data upon request to the HB 1477 Steering Committee and HB 1477 CRIS Committee regarding NSPL center readiness for follow-up services in Washington.	7/1/2022	6/30/2022	<u>Lead</u> : Washington State Department of Health <u>Partners</u> : HB 1477 988 Steering Committee, HB 1477 988 CRIS Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

[Return to Table of Contents](#)

Key elements of how Washington State will customize national level public messaging and marketing materials provided by Lifeline and SAMHSA

Upon receipt of guidance from Vibrant, Washington State will collaborate with former 988 State Planning Grant coalition members and current members of the HB 1477 988 Steering Committee, CRIS Committee, and 988 Subcommittees to inform recommendations around effective, successful, and equitable public messaging and marketing.

Available and needed resources for 988 public messaging and marketing: current situation, gaps, and progress

Currently there is no dedicated funding to support the development of 988 public messaging and marketing that is relevant and tailored to communities within Washington State. Washington intends to communicate about the broad range of services and supports available through 988 due to national law and Washington's HB 1477; however, Washington will also work to align efforts with Vibrant requirements and guidance. Washington also is focused on contributing to the shifting of societal narratives that support prevention and reduce/eliminate stigmas related to suicide, behavioral health, substance use, and recovery. Central to this effort is ensuring equity in access to services, and an expectation that services will be timely, informed, relevant, respectful, and constructive.

Public messaging and marketing considerations – key audiences and dissemination partners

Washington will continue the ongoing incorporation of voices of lived experience and feedback from underserved and high-risk populations, including, LGBTQ+ individuals, the BIPOC community, youth/transition aged youth, and agricultural/rural communities in the development process for key messaging and marketing.

Considerations for identification of key audiences and dissemination partners will include:

- Organizations, agencies, stakeholders, and communities to education prior to the launch of 988.
- Organizations, agencies, stakeholders, and communities that can aid in messaging to the public about 988 services, including partner capacity and resources for supporting messaging efforts.
- Potential partners for developing and implementing messaging for population groups with racial equity concerns, who have been historically marginalized, and/or who may require or benefit from tailored messaging.
- Methods and strategies to educate the public about the distinction between 988 and 911 services, in keeping with SAMHSA/Vibrant guidelines regarding scope of service.
- Methods and strategies for the unique public messaging and marketing needs for the Washington Indian Behavioral Health Hub.
- Additional input or feedback about important issues in behavioral health identified by the HB 1477 Steering Committee, CRIS Committee, and 988 Subcommittees, as well as state, tribal, and operational partners in behavioral health in Washington State.

Proposed approach for dissemination channels of 988 public messaging and marketing

Washington will draw upon the CRIS Committee and 988 Subcommittee membership, NSPL member centers, and State agency subject matter experts to identify dissemination channels for 988 public messaging and marketing. This process will evolve as additional information comes available, such as Vibrant’s guidelines for dissemination of messaging. Washington has experience developing relevant tailored information and will draw on those partnerships and expertise. An example of this experience is below with the Native and Strong campaign.

Native and Strong campaign

In June 2020, Department of Health launched the [Native and Strong](#) campaign. This campaign, guided by tribal partners and communities in Washington State, supports suicide prevention efforts for tribal communities in a culturally-appropriate and resilience-based manner. Native and Strong incorporates messages of community, tradition, connection, and the roles of strong relatives in emotional wellbeing. During Year 1 on the Native and Strong campaign, the 10-digit NSPL number was incorporated into all campaign assets. As the campaign progresses through Year 2 and subsequent years, both 988 and the Washington Indian Behavioral Health Hub will be featured in all campaign assets and materials. Department of Health will also work with Volunteers of America of Western Washington, Health Care Authority, the American Indian Health Commission, and tribal partners in Washington State to establish dedicated web content for both 988 crisis support system services and the Tribal Hub onto the Native and Strong website. Notably, Department of Health and Health Care Authority are also exploring options to directly



coordinate the Native and Strong campaign with the [Washington Tribal Opioid Solutions](#) campaign, which addressed opioid overdose prevention and support services in Indian Country. The coordinated approach of these two campaigns is working to collaborate efforts between state partners in behavioral health, as well as to acknowledge the critical intersection between mental health conditions and substance use disorders. The Native and Strong campaign will be one of the first campaign efforts in Washington State to promote 988 services in a culturally-appropriate manner and with a dedicated approach for Washington tribal members and communities. All current resources of both the Native and Strong campaign and the Washington Tribal Opioid Solutions campaign are available online, free of charge, for partner use and dissemination.

Core Area 8: Marketing Implications Related to Other Core Areas:

- Core Area 2: Secure adequate, diversified, and sustained funding streams for Lifeline member centers
- Core Area 5: Convene a coalition of key stakeholders to advise on 988 planning and implementation

Core Area 8: Marketing and Communications Plan for 988
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 8.1a: By June 30, 2022, Washington State will have identified key goals of a statewide 988 messaging campaign.

Personnel/Partners: Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 8.1a: Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback from the HB 1477 Steering Committee regarding key goals of 988 messaging campaign; provide data back to HB 1477 Steering Committee after gathering feedback from Washington State NSPL member centers.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Steering Committee
Gather feedback from the HB 1477 CRIS Committee regarding key goals of 988 messaging campaign; provide data back to HB 1477 CRIS Committee after gathering feedback from Washington State NSPL member centers.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee
Gather feedback from Crisis Connections regarding key goals of 988 messaging campaign.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Crisis Connections
Gather feedback from Frontier Behavioral Health regarding key goals of 988 messaging campaign.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Frontier Behavioral Health

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback from Volunteers of America regarding key goals of 988 messaging campaign.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.1b: By June 30, 2022, Washington State will have identified key messaging audiences within the state.

Personnel/Partners: Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 8.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Department of Health will provide subject matter knowledge to the HB 1477 Steering Committee in order to support the Committee in deciding key messaging audiences.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Steering Committee
Department of Health will provide subject matter knowledge to the HB 1477 CRIS Committee in order to support the CRIS Committee in providing feedback to the Steering Committee regarding key messaging audiences.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee
Collaborate with Crisis Connections in analyzing call metrics to determine recommendations in identifying key messaging audiences.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Crisis Connections
Collaborate with Frontier Behavioral Health in analyzing call metrics to determine recommendations in identifying key messaging audiences.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Frontier Behavioral Health
Collaborate with Volunteers of America in analyzing call metrics to determine recommendations in identifying key messaging audiences.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.1c: By June 30, 2022, Washington State will have identified key public messaging channels for 988 messaging dissemination and a proposed budget for each media channel.

Personnel/Partners: Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

Goal 8.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Department of Health will provide subject matter knowledge to the HB 1477 Steering Committee in order to support the Committee in deciding key public messaging channels.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Steering Committee
Department of Health will provide subject matter knowledge to the HB 1477 CRIS Committee in order to support the CRIS Committee in providing feedback to the Steering Committee regarding key messaging channels.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.1d: By June 30, 2022, Washington State will have identified a state agency 988 public relations point of contact to work with the Vibrant Communications Team.

Personnel/Partners: Department of Health, HB 1477 Steering Committee

Goal 8.1d Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback and input from the HB 1477 Steering Committee to identify a state agency 988 communications point of contact.	10/1/2021	6/30/2022	<u>Lead:</u> Department of Health <u>Partners:</u> HB 1477 Steering Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.1e: By June 30, 2022, Washington State will have developed a plan to transition all users of the 10-digit NSPL phone number in existing promotional materials to 988 by the end of December 2022.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 8.1e Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather information from Vibrant regarding marketing and promotional materials and gather feedback from HB 1477 Steering Committee.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee
Gather information from Vibrant regarding marketing and promotional materials and gather feedback from HB 1477 CRIS Committee.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee
Gather information from Vibrant regarding marketing and promotional materials and gather feedback from Washington State NSPL member centers.	10/1/2021	6/30/2022	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections, Frontier Behavioral Health, Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 8: Marketing and Communications Plan for 988
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 8.2a: By June 30, 2023, Washington State will have engaged target audience focus groups within the state as well as embarked on other strategies for securing feedback and input on messaging effectiveness for target audiences.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee, Crisis Connections, Frontier Behavioral Health, Volunteers of America

Goal 8.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback from HB 1477 Steering Committee prior to engaging target audience focus groups to obtain feedback on messaging effectiveness.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee
Gather feedback from HB 1477 CRIS Committee prior to engaging target audience focus groups to obtain feedback on messaging effectiveness.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback from Washington State NSPL member centers prior to engaging target audience focus groups to obtain feedback on messaging effectiveness.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> Crisis Connections, Frontier Behavioral Health, Volunteers of America

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.2b: By June 30, 2023, Washington State will have finalized customization of national level messaging materials.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee.

Goal 8.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Gather feedback from HB 1477 Steering Committee prior to finalizing customization of national level messaging materials.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 8.2c: By June 30, 2023, Washington State will have secured state level funding for public messaging asset creation, asset update, and dissemination for each of the dissemination channels identified during Phase 1.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee, HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

Goal 8.2c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Explore with the HB 1477 Steering Committee avenues for funding public messaging and information dissemination.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee
Explore with the HB 1477 CRIS Committee avenues for funding public messaging and information dissemination.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Crisis Response Improvement Strategy (CRIS) Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Goal 8.2d: By June 30, 2023, Washington State will have developed a plan for tracking metrics and public messaging campaign impacts.

Personnel/Partners: Washington State Department of Health, HB 1477 Steering Committee.

Goal 8.2d Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collaborate with the HB 1477 Steering Committee to gather feedback and input in determining a plan for tracking metrics and public messaging impacts.	7/1/2022	6/30/2023	<u>Lead:</u> Washington State Department of Health <u>Partners:</u> HB 1477 Steering Committee

How certain or uncertain you are that you can accomplish this goal by the deadline?

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Appendix A

Proposed Schedule of Primary and Backup 988/NSPL Crisis Call Center Hub Call Coverage

[Return to Table of Contents](#)

STATE 988 SERVICES COVERAGE	Primary Coverage - Calls			Backup Coverage - Calls			Additional Information			
	Crisis Connections	Frontier Behavioral Health	Volunteers of America of Western Washington	Crisis Connections	Frontier Behavioral Health	Volunteers of America of Western Washington	Gaps in 24/7 Primary Coverage	Number of Initiated NSPL Calls in 2020	Service Area Code	Washington State Behavioral Health Administrative Service Organization (BH-ASO) Region
	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N				
Adams County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	36	509	Spokane BH-ASO
Asotin County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	145	509	Greater Columbia BH-ASO
Benton County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	897	509	Greater Columbia BH-ASO
Chelan County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	393	509	North Central BH-ASO
Clallam County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	430	360	Salish BH-ASO
Clark County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	3,734	360	Southwest BH-ASO

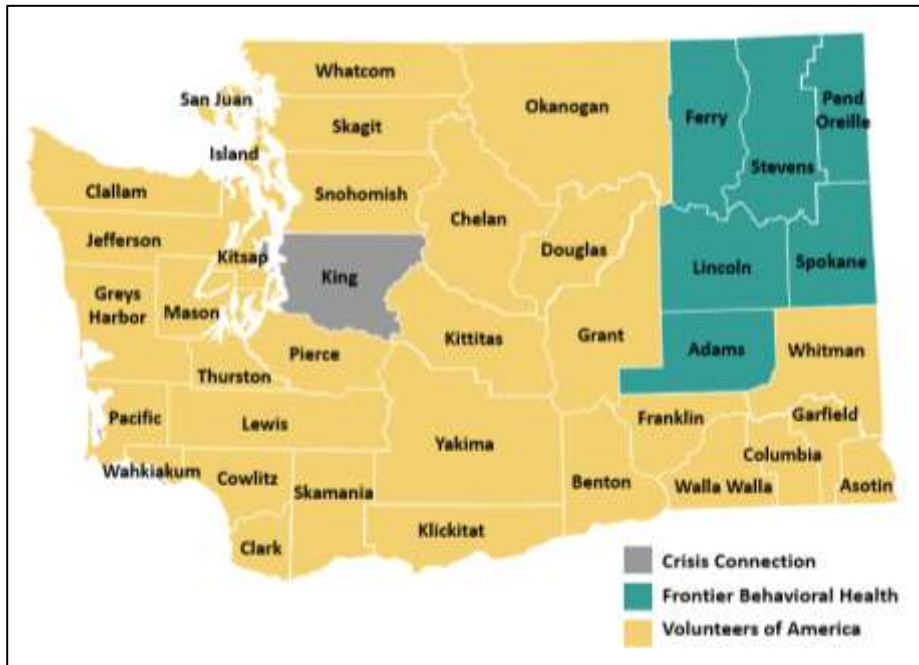
Columbia County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	0*	509	Greater Columbia BH-ASO
Cowlitz County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	527	360	Great Rivers BH-ASO
Douglas County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	36	509	North Central BH-ASO
Ferry County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	49	509	Spokane BH-ASO
Franklin County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	351	509	Greater Columbia BH-ASO
Garfield County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	4	509	Greater Columbia BH-ASO
Grant County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	3,638	509	North Central BH-ASO
Grays Harbor County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	390	360	Great Rivers BH-ASO
Island County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	304	360	North Sound BH-ASO
Jefferson County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	201	360	Salish BH-ASO
King County	YES Countywide; 24/7	N	N	N	N	YES Countywide; as needed	None	14,442	206; 253; 360; 425	King County BH-ASO

Kitsap County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	1,320	206; 360	Salish BH-ASO
Kittitas County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	481	509	Greater Columbia BH-ASO
Klickitat County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	120	509	Southwest BH-ASO
Lewis County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	318	360	Great Rivers BH-ASO
Lincoln County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	23	509	Spokane BH-ASO
Mason County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	236	360	Thurston-Mason BH-ASO
Okanogan County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	204	509	North Central BH-ASO
Pacific County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	65	360	Great Rivers BH-ASO
Pend Oreille County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	34	509	Spokane BH-ASO
Pierce County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	4,867	253; 360	Pierce County BH-ASO
San Juan County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	125	360	North Sound BH-ASO

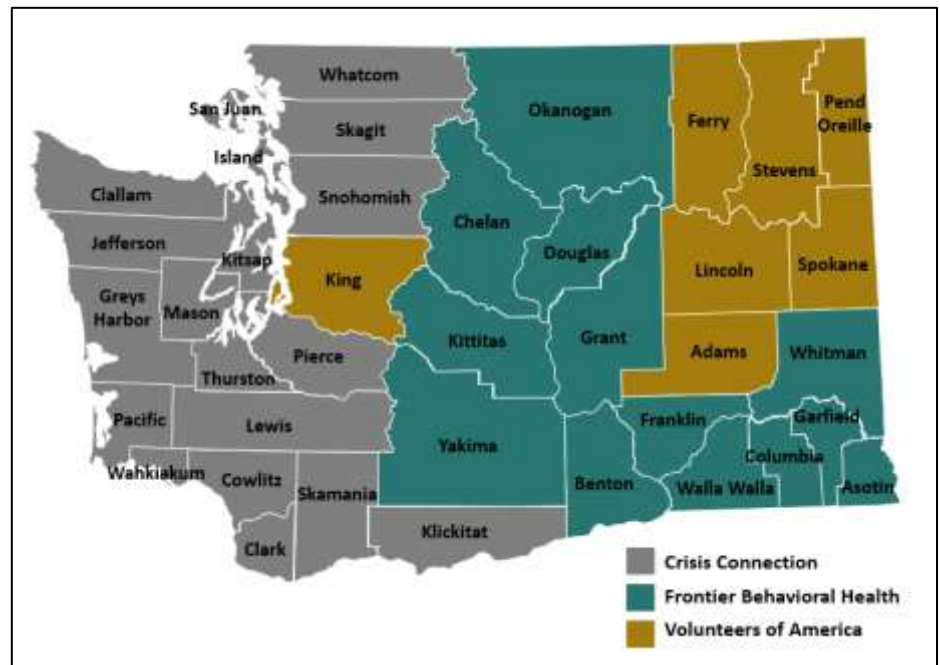
Skagit County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	724	360	North Sound BH-ASO
Skamania County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	7	509	Southwest BH-ASO
Snohomish County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	3,084	425	North Sound BH- ASO
Spokane County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	4,300	509	Spokane BH-ASO
Stevens County	N	YES Countywide; 24/7	N	N	N	YES Countywide; as needed	None	133	509	Spokane BH-ASO
Thurston County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	1,545	360	Thurston-Mason BH-ASO
Wahkiakum County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	11	360	Great Rivers BH-ASO
Walla Walla County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	421	509	Greater Columbia BH-ASO
Whatcom County	N	N	YES Countywide; 24/7	YES Countywide; as needed	N	N	None	1,220	360	North Sound BH-ASO
Whitman County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	1,311	509	Greater Columbia BH-ASO
Yakima County	N	N	YES Countywide; 24/7	N	YES Countywide; as needed	N	None	1,031	509	Greater Columbia BH-ASO

<p>Comments</p>	<p>Washington State is considering the recommendation of primary coverage by Crisis Connections for Pierce County. The state will not make this recommendation to Vibrant until Crisis Connections has achieved and sustained a 90%+ in-state answer rate for 988/NSPL for a minimum of twelve months, in accordance with compliance to Vibrant best practices and guidelines, as well as adherence to the forthcoming DOH rule-making order for 988/NSPL crisis call center hubs.</p>	<p>Proposed backup coverage has been divided based following consideration of typical county-level call volume and geographic region.</p>	<p>In Washington State, the Behavioral Health – Administrative Service Organizations (BH-ASOs) are regional based care delivery systems for all people, regardless of insurance status or income level. The BH-ASOs support an integrated system for physical health, mental health, and substance use disorder services. For implementation of HB 1477 to be successful, the BH-ASOs will be critical, as they will lead efforts for crisis response services, access to mobile crisis outreach teams, evaluation and assessments, and more.</p> <p>*Calls initiated in Columbia County were likely captured by data reported in neighboring geographic counties.</p>
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Proposed Primary Coverage in Washington State



Proposed Backup Coverage in Washington State



Appendix B

Washington State HB 1477 988 Steering Committee* and Crisis Response Improvement Strategy (CRIS) Committee Members

[Return to Table of Contents](#)

1477 Committee Position	Member Name
House of Representatives Member	Representative Tina Orwall*
House of Representatives Member	Representative Tom Dent
Senate Member	Senator Manka Dhingra*
Senate Member	Senator Judy Warnick
Governor's Office Member	Amber Leaders*
Health Care Authority	Keri Waterland*
Department of Health	Michele Roberts*
Washington State Insurance Commissioner	Jane Beyer
Member representing Medicaid Managed Care Organizations, as recommended by the Association of Washington Health Care Plans	Caitlin Safford- Amerigroup
Law Enforcement representative	Ron Harding
Two members representing federally recognized Tribes: one from Eastern and one from Western Washington, who have expertise in behavioral health needs of Tribal communities	1. Summer Hammons - Tulalip 2. Melissa Hurt Moran - Kalispel (alternate: Krystina Felix)
Washington State Department of Veterans Affairs	Heather Sanchez
State enhanced 911 coordinator, or designee	Adam Wasserman
Member with lived experience with suicide loss	Puck Franta
Member with lived experience of a suicide attempt	Catherine Callahan-Clem
Member with experience of participation in the crisis system related to lived experience of a mental health disorder	Bipasha Mukherjee
Member with experience and participation in the crisis system related to lived experience with a substance use disorder	Michael Robertson
Washington State Hospital Association member	Darcy Jaffe

National Alliance on Mental Illness member	Katherine Seibel
Commercial Health insurance representative-recommended by the Association of Washington Healthcare Plans	Robert Small
Member representing Washington Association of Designated Crisis Responders	Jessica Shook
Members representing each National Suicide Prevention Lifeline (NSPL) crisis call center hub in Washington State	1. Levi Van Dyke (Volunteers of America of Western Washington) 2. Jan Tokumoto (Frontier Behavioral Health) 3. Michelle McDaniel (Crisis Connections)
Member representing Washington Council for Behavioral Healthcare	Joan Miller
Member representing an organization specializing in facilitating behavioral health services for LGBTQ populations	Victor Loo
Two members representing Behavioral Health Administrative Service Organizations: one from an urban region and one from a rural region	1. Michael Reading (urban region) 2. Justin Johnson (rural region)
Member representing the behavioral health interests of persons of color	Dillion Nishimoto
Member representing the behavioral health interests of persons of color	John "Bunk" Moren
Member representing a university-based suicide prevention center of excellence	Jennifer Stuber
Member representing an emergency medical services department with a CARES program	Kimberly Hendrickson
Member representing the children and youth behavioral health workgroup	Kashika Arora
Member representing a social justice organization addressing police accountability and the use of deadly force	Darya Farivar
Member representing the association of alcohol and addiction programs of Washington state	Linda Grant

Appendix C

Washington State Glossary of Terms

[Return to Table of Contents](#)

AAP – Association of Alcoholism and Addiction Programs of Washington State
ADA – Americans with Disabilities Act
AIHC – American Indian Health Commission
AWHP – Association of Washington Healthcare Plans
BHA – Behavioral Health Aide
BHI – Behavioral Health Institute at Harborview Medical Center
BH-ASO – Behavioral Health Administrative Service Organization
CARES – Cardiac Arrest Registry to Enhance Survival
CBH – Community Behavioral Health
CMI – Chronically Mentally Ill
CYBHWG – Washington Children and Youth Behavioral Health Work Group
CRIS – Crisis Response Improvement Strategy Committee
DBHR – Division of Behavioral Health and Recovery (in Health Care Authority)
DCR – Designated Crisis Responder
DOH – Department of Health
DOI – Washington State Department of Insurance
DOR – Washington State Department of Revenue
DVA (WDVA) – Washington State Department of Veterans Affairs
E911 – Enhanced 911
ED – Emergency Department
EMD – Emergency Management Division (in the Washington State Military Department)
EMS – Emergency Medical Services
EMT – Emergency Medical Technician
ER – Emergency Room
FCC – Federal Communications Commission
G2G – Government-to-government (in work with tribes)
HB 1477 – House Bill 1477, WA’s 2021 state legislation to implement the 2020 Federal 988 law
HCA – Washington State Health Care Authority
HIPAA – Health Insurance Portability and Accountability Act
“hubs” – crisis call center hubs (NSPL-affiliated; currently VOA-WW, Crisis Connections and Frontier)
IHS – Indian Health Service
LE – Law Enforcement
MCO – Managed Care Organization
NAMI – National Alliance on Mental Illness
NSPL – National Suicide Prevention Lifeline
OCIO – Washington State Office of the Chief Information Officer
OFM – Washington State Office of Financial Management
OTA – Office of Tribal Affairs (in Health Care Authority)
PCH – Department of Prevention and Community Health (in Department of Health)
PCP – primary care provider
PHI – Protected Health Information
PSAP – Public Safety Answering Point (911 call center)
S.2661 – National Suicide Hotline Designation Act of 2020
Sea Mar – Sea Mar Community Health Centers
SED – Severely Emotionally Disturbed

SUD – substance use disorder

VOIP – Voice Over Internet Protocol

WADCR – Washington Association of designated Crisis Responders

WCBH – Washington Council for Behavioral Health

WMD – Washington State Military Department

WSHA – Washington State Hospital Association