

988 Planning Grant – Vibrant Emotional Health Washington State Department of Health (DOH)

SECTION A: Progress to Date

Washington State (WA) has begun planning for a successful launch of an enhanced and expanded 988 behavioral health crisis and suicide prevention response system by July of 2022. State leadership and subject matter experts began meeting in November of 2020 to plan for necessary legislation that would drive state coordination, and planning for increased capacity, sustainable funding, communication strategies, coordinated/ follow-up response, and technology that must be examined in the development of a comprehensive and effective system that serves individuals with lived experience.

WA has experienced a great deal of growth in and utilization of the NSPL 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; development since 2016 and associated achievements/new goals will be included in the plan update, which will be published later this year.

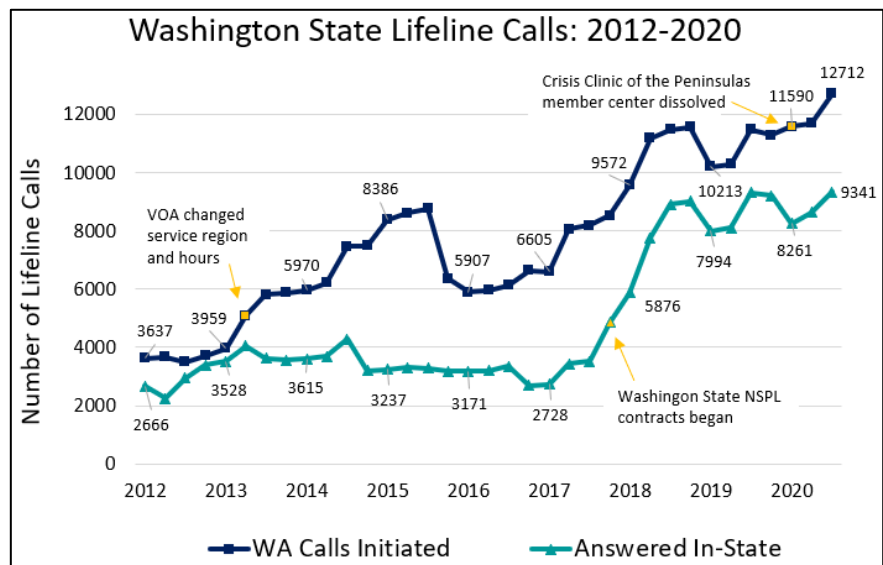
During spring of 2017, the WA in-state call answer rate for NSPL was 43%. Following implementation of Vibrant’s State Capacity award and a budget proviso by the WA legislature (\$1.8 million/biennium) in 2017, Member center capacity increased in WA. By the fall of 2018, WA had successfully increased the in-state answer rate to 78%. Simultaneously, the state system experienced a 40% increase in call volume.

While there have been notable successes during the past five years, WA has a great deal of planning and coordination to complete prior to the roll out of 988. The current in-state answer rate is 73% and is unlikely sustainable with the anticipated increase in call volume.

Following the dissolution of a center in 2020, the state currently has two Member

centers providing 24/7 statewide coverage although capacity and resources are limited. A third Member center is currently being onboarded, but not yet receiving NSPL calls or under contract with DOH.

The current suicide prevention response and for others in behavioral health crisis is fragmented. Many non-Member center lines exist within the state, 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](#). This



is unequal distribution of a limited number of mobile crisis teams and of crisis stabilization services. 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 WA.

The planning period will allow WA to work closely with call centers to figure out what they will need to be successful to develop and enhanced and expanded crisis response system, to understand what is currently in existence in Washington's system and how it does or does not work together to provide recommendations for system improvements. Washington is fortunate in that its legislature is about to look at legislation that will extend implementation planning beyond the life of this grant to do a deep dive on state needs regarding crisis stabilization, peer services and rapid response mobile crisis teams. The state is talking about coordination for the future 988 system at the level of the Governor's office.

SECTION B: Proposed Approach for 988 Service Preparation – Core Planning Considerations

1. Statewide coverage for 988 calls, chats, and texts. WA Member centers currently offer 24/7 statewide coverage. Drafted 988 WA state legislation for the 2020 session, proposes the deployment of a new technologically advanced behavioral health and suicide prevention crisis call center(s) with a platform for administering a “care traffic control” system. Associated support services (further detailed below) and system capacity will include: receiving and routing 988 calls, texts, and chats; accessing information for appropriate coordination of behavioral health crisis services, assigning local response/mobile crisis teams; providing real-time crisis stabilization; assuring same-day or next-day outpatient appointments; and conducting follow-up services to 988 users consistent with Lifeline guidance and best practices.

2. Identifying and supporting funding streams. Proposed legislation pursues providing adequate funding through a newly imposed state tax, to be in place by January 1, 2022. Specific funding levels will be determined by work accomplished during the 988 Planning Grant period and recommendations from the Implementation Coalition that will ensue if the state legislation is passed. Currently, WA levies telecommunications fees to Support 911 services, which resulted in a total revenue of \$99,923,008 in 2018 from a predetermined (.25 state / .70 county) fee. Disseminated by the Department of Revenue, funding raised covers approximately 70% of 911 costs in WA, with the remaining 30% supplemented by state and county general funds. 988 proposed legislation will establish a similar levy process, imposing a monthly subscriber tax on all state radio access lines. This tax will be remitted and deposited by the treasure into a statewide 988 behavioral health crisis response account. This sustainable revenue source may only be used for: (1) rapid and effective routing of 988 calls, and (2) personnel and provision of acute mental health, crisis outreach, and stabilization services by directly responding to 988 calls. WA is actively exploring additional resources from private philanthropy to augment the vibrant planning process. As such, a diversified range of additional funding sources are still being explored and considered.

3. Capacity building at Member center according to call, chat, text, and follow-up projections. WA and Member centers will collaborate to determine 988 call volume cost-per-call predictions. The state will utilize Vibrant technical assistance in identifying and addressing current and projected volume capacity challenges. Data will be stratified and examined on a regional level to identify additional opportunities for increased coverage and system support (especially in the context of enhanced mobile crisis response and follow-up services). WA will work with Member centers and Vibrant to complete a three-year plan, intended to increase and sustain the in-state call answer rate to 90% or greater by July 16, 2022.

4. Operational, clinical, and performance standards for Member centers. DOH and the Health Care Authority (HCA) will work with University of Washington's Forefront Suicide Prevention to complete a state Landscape Analysis. The collaborative completion of the Landscape Analysis, under Forefront's leadership, will provide critical information about current performance indicators and system gaps that need to be addressed. The Landscape Analysis will comprehensively examine operational data and information related to: current Member center funding structure; Member center utilization data (answer rates, answer speed, average handle time, abandon call rates, status of crisis chat/text offerings, etc.); Member center capacity for increased call volume and status of follow-up service offerings; current non-Member WA crisis center systems (Recovery Help Line, county crisis lines, etc.) utilization and functionality (funding, utilization data, etc.); and crisis call center (Member and non-Member) relationships with 911 dispatch, law enforcement, tribal governments and tribal member crisis services, local mobile crisis response teams, etc. The information in the Landscape Analysis will inform system strengths, increased infrastructure needs, gaps, and opportunities for new or additional system structure. Information will be included in the state's final Implementation Plan and will be used to ensure Lifeline operational standards, minimum membership requirements, and minimum performance metrics for 988.

5. 988 Implementation Coalition. In preparation for the drop of the 988 legislation, WA has established a workgroup of stakeholders, partners, and subject matter experts from across the state. Members from this workgroup have established groundwork to the formation of the 988 Implementation Coalition, which will meet at least monthly if this bill is passed into law. Thus far, sector representation on the 988 workgroup includes representation from: state suicide prevention coordinators and agency leadership (DOH, HCA, Department of Children, Youth and Families, WA Department of Veterans Affairs, Office of Superintendent of Public Instruction, Criminal Justice Training Commission), elected officials and representatives from the Governor's Office, WA Member centers, individuals with lived experience, tribal members and organizations, 911/PSAP leaders, higher education (University of Washington and Washington State University-Extension), Lifeline, and local/regional suicide prevention and intervention professionals. The establishment of the 988 Implementation Coalition through this grant and continuing after the grant should the legislation be enacted will also include key individuals from the planning

workgroup as well as law enforcement leaders, faith-based organizations, additional tribal partners and governments, peer support service providers, further diversified representation of individuals with lived experience, representatives from high-risk, vulnerable, and marginalized populations, additional representation from suicide prevention advocacy groups, and providers of crisis response, stabilization, and respite services. Coalition members will be essential to a successful roll-out of 988 and will serve as the key advisory panel for the 988 Planning Grant and formation of the state Implementation Plan.

6. Knowledge of local resources, referral listings, and linkages to local community crisis services.

WA will work with Member centers, providing an additional \$10,000 to each entity, to collaboratively develop and publish a state manual for local resources and referral listings. This manual will list available relevant support services by geographic region for 988 users and individuals in crisis. The manuals will ensure inclusion of dedicated resources and information for high-risk populations and imminent risk situations. Examples of content include the following resources and referrals: support for individuals with lived experience (suicide loss survivors, suicide attempt survivors, supporting loved family members/loved ones); culturally relevant support for vulnerable populations (AI/AN, LGBTQ+, BIPOC populations, veterans, agricultural workers, first responders, construction industry, etc.); treatment and recovery support services (substance use, alcohol, problem gambling, eating disorders, etc.); shared risk factor support services (support and/or prevention resources for sexual assault, domestic violence, social justice, social services, etc.); and peer support services, culturally informed crisis stabilization units, follow-up services, and inpatient psychiatric unit and recovery services. While intended to be utilized by Member centers, we will additionally publish this information externally through health websites and partners, further increasing access to relevant and geographically specific resources and support.

7. Assurance of follow-up services to 988 calls, texts, and chats. Proposed 988 legislation establishes a comprehensive plan to ensure that, when necessary or appropriate, 988 users will receive timely and culturally informed follow-up services. Bill language directs that:

- 988 users can access same-day and next-day outpatient appointments and follow-up appointments. Appointments must be primary care or behavioral health providers within the user's insurance network as well as geographically and culturally appropriate. If a user is uninsured, services must be provided through the individual's Behavioral Health Administrative Service Organization (BH-ASO).
- WA tracks and provides real-time crisis stabilization and hospital bed availability to crisis responders and individuals in crisis.
- Follow-up services to 988 calls, texts, and chats are data-informed and consistent with best practices guidelines and clinical standards set forth by the National Suicide Prevention Lifeline.

The proposed 988 legislation further details the necessary availability of community-based rapid mobile crisis response for 988 users who need stabilization services. These rapid response mobile teams will

consist of jurisdiction-based licensed behavioral health professionals and peers who will: collaborate with local law enforcement; include police only in responses that are high-risk and necessitate the presence of an law enforcement official; incorporate community members and individuals with lived experience; reflect the demographics of the community being served; collect and report customer service data, and; and designate specialized responders for youth and youth-serving organizations.

8. Consistency and alignment with national public messaging initiatives. WA will work with Vibrant’s communication team to develop state-specific messaging that will inform and educate the public about the 988 system. Messaging will adhere to standards for Safe and Effective suicide prevention education and align to be consistent with national messaging about the range of services 988 provides. Public messaging will: convey messages of help, hope, and healing; promote voices of persons with lived experiences of mental illness and suicide, and; include specific strategies for reaching LGBTQ+ youth, tribal members, rural/agricultural communities, and other vulnerable and high-risk communities in WA.

SECTION C: Staffing Plan

Management of 988 Planning Grant activities (primary liaison to the 988 Grant Team, primary state liaison to Member centers, coordination of Coalition activities, and lead responsibility in completing the draft and final Implementation Plan) will be led by DOH. The staff member assigned to these tasks and associated deliverables is Elizabeth Cayden. Close collaboration between and leadership between DOH and HCA will be critical to the success of 988 implementation and roll out in WA. Two additional state key staff have been identified in the 988 Planning Grant Team: (1) David Reed from HCA, who will be a liaison to system design of crisis stabilization services and (2) Jennifer Stuber from Forefront, who will lead the state’s Landscape Analysis. HCA and Forefront will support leadership of the Implementation Coalition and the development of the draft and final Implementation Plan for Washington State.

SECTION D: Performance Assessment and Data

DOH currently contracts with the two established Member centers in WA and receives call volume data on a monthly (Crisis Connections) and weekly (Volunteers of America of Western Washington). Both contractors regularly communicate with DOH about operational activities, successes, and barriers. HCA contracts for the county crisis lines, Washington Recovery Help Line, and Washington Listens and has experience collecting and analyzing associated data.

DOH will work with the three Member centers in WA (Frontier Behavioral Health has not yet started taking calls) to collect and report monthly progress associated with grant and state planning activities and to achieve an 80% answer rate or greater by December 31, 2021. HCA and Forefront will additionally aid in data collection and reporting as needed, supplementing performance assessment and data reporting from DOH by the 988 Planning Grant Team.