



# Report on the RCL-988 joint policy statement

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## The future alignment of RCLs and 988 contact hubs



**Report on the RCL-988 Policy statement** .....3  
**Background** .....3  
**Policy statement** .....3  
**Key Considerations and Findings from the Workgroups** .....4  
**Future state alignment** .....4  
**Transition to the future state alignment** .....5



# Report on the RCL-988 Policy Statement

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This report addresses the policy development regarding the shift in roles of the Regional Crisis Lines (RCLs) and the establishment of 988 Suicide & Crisis Lifeline contact hubs. Historically, the RCLs have operated as a part of the regional crisis system overseen by the Behavioral Health Administrative Services Organizations (BH-ASOs) answering a variety of calls from help seekers in their communities. Parallel to this system, and in some regions as a part of it, the National Suicide Prevention Lifeline (NSPL) provided a suicide hotline service. As the NSPL transitioned to becoming the main entry point for help seekers via 988, a decision was needed regarding the role of the RCLs.

In this report, we will address the need to harmonize the entry points for the crisis system while acknowledging and leveraging the value and expertise that the RCLs provide to each region. Decisions were based on furthering the 988 and crisis system vision laid out in state legislation, Crisis Response Improvement Strategy (CRIS) recommendations, and by our federal partners to be sure that everyone experiencing a behavioral health crisis should have Someone to Talk to; Someone to Come; and Somewhere to Go. Decisions were also based on feedback from system partners, the need to maximize efficiencies, and aiming to ensure that none of the existing strengths in each system were lost.

## Background

In accordance with RCW 71.24.045, RCLs have operated under the administration of BH-ASOs as a core service and primary access point for a region's behavioral health crisis system. Before the passage of E2SHB 1477 (2021) and the national implementation of 988 as the established three-digit number to replace the NSPL ten-digit number, the NSPL crisis centers operated independently with minimal integration to the rest of the crisis system. They would refer to the RCLs for any in-person behavioral health response. E2SHB 1477 envisions coordinated and enhanced crisis services by building out a comprehensive crisis system with the 988 Suicide & Crisis Lifeline as the main entry point for someone in crisis. The comprehensive system will be supported by the creation of a new technology infrastructure, as well as the expansion of existing services and creation of new crisis services and supports.

E2SHB 1477 was silent on the role of RCLs in the 988 system. Using the 988 Suicide & Crisis Lifeline as a single point of entry for someone in crisis simplifies access and reduces the barriers to receiving services. The current RCL system's strength is its adaptability and regional knowledge, and coordination of local services. Balancing the strengths of both approaches is key to ensuring the most effective system possible. It is important to address the current and future role of RCLs in the community behavioral health continuum and the crisis system, especially as E2SHB 1477 and subsequent legislation is implemented.

## Policy statement

On May 25, 2023, a joint policy statement between the Department of Health (DOH) and Health Care Authority (HCA) was published to outline how the agencies would approach the future alignment of RCLs and 988 contact hubs, which the department will designate by January 1, 2026. The alignment would consider the current trends, funding alignments, and paths toward a "no wrong door" approach. DOH and HCA were to convene workgroups with the BH-ASOs, RCLs, and 988 Lifeline crisis centers to work on a future alignment with these considerations in mind. Work kicked off with a survey and subsequent workgroup in July 2023. The policy statement is available in full in here: [DOH HCA RCL policy statement May 25, 2023](#).

## Key considerations and findings from the workgroups

DOH and HCA convened four workgroup sessions with BH-ASOs and 988 Lifeline crisis centers to discuss current trends for calls, challenges, and advantages of the current system. The workgroups discussed ways to build off the current system to address the identified challenges, including trends and funding. Conclusions from the workgroups determined:

- Overall contact volume has increased since calls began to route to the 988 Suicide & Crisis Lifeline in July 2022.
- 988 contacts continue to grow while RCL call volumes have stayed at the same level as July 2022.
- 988 Lifeline crisis centers in Washington state are primarily funded by the state 988-line tax. RCLs are primarily funded through state and Medicaid funds.

The workgroups determined key aspects of the current system:

- Regional services are more adaptable to the unique needs of a region. Regional expertise should be maintained.
- BH-ASOs have developed vital relationships with system partners in their region which are key to a well-functioning crisis system.
- Access to the crisis system should not be disrupted for professionals seeking consultation or help for those they serve.

The workgroup also looked at current and future challenges that would affect the system and need to be addressed:

- RCLs and 988 Lifeline crisis centers handle different types of calls based on their current roles. Any change to the existing system will need to accomplish two things:
  - Ensure no one falls through the cracks, and
  - Reduce the number of times a help-seeker must retell their story.
- Currently, calls to 988 are routed by area code, not location of the help-seeker, and 988 Lifeline crisis centers provide in-state backup to each other.
  - A transition to geo-routing (routing calls to a local 988 Lifeline crisis center) instead of area code routing, will start in fall 2024.
  - In the future designated 988 contact hubs will need to be able to identify services in different regions.

The DOH and HCA cross-agency team along with internal and external partners considered several factors when making these recommendations. The main areas of consideration were:

- Aligning with legislative directives and addressing CRIS) committee's feedback.
- Understanding regional considerations and the unique needs of the people served and the importance of regional coordination or crisis system partners.
- Designing a system with a "no wrong door" approach.
- Maximizing staffing and funding.

## Future state alignment

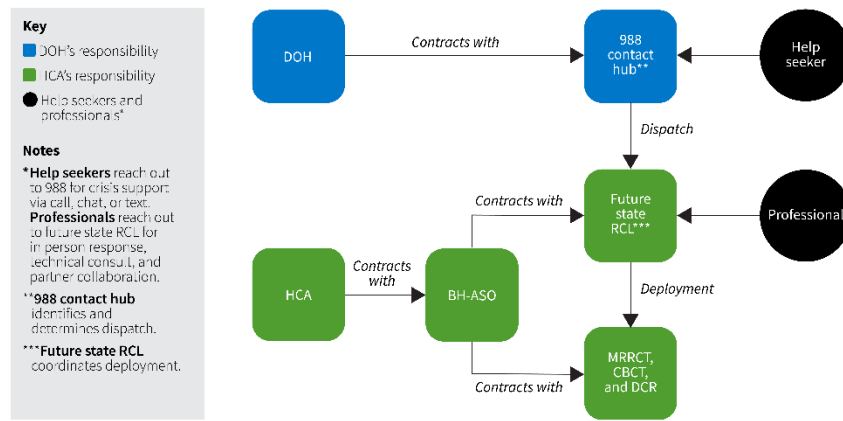
Based on the workgroup discussions, DOH and HCA developed the future state vision for the crisis system addressing the roles and responsibilities of the RCLs and the 988 contact hubs. The future state includes two paths, one for the help-seeker and one for professionals seeking access to the crisis system.

- The 988 Suicide & Crisis Lifeline will be the entry point for the public.
- 988 Lifeline crisis counselors will work with the help-seekers to identify the need for dispatch and level of acuity. They will communicate with the future state RCL in the help-seeker's region.

Report on the RCL-988 joint policy statement  
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- When in-person response is needed and/or requested, the 988 Lifeline crisis counselors will collect the information needed for the RCLs to coordinate the in-person response.
- Based on the dispatch decision and information collected from 988 Lifeline crisis counselors, RCLs will coordinate the deployment of mobile crisis services including Mobile Rapid Response Crisis Teams (MRRCT), Community Based Crisis Teams (CBCT), and Designated Crisis Responders (DCRs) based on the region’s deployment protocols.
- Professionals like emergency department social workers, first responders, and community behavioral health professionals will still be able to contact RCLs directly for consultation or to request a response.
- RCLs will shift their focus to the deployment of in-person responses and consultation for professionals. The help-seekers who used to contact them directly will now use the 988 Suicide & Crisis Lifeline.

This is illustrated in the diagram below. The future state alignment for RCLs and 988 contact hubs will be:



This future state alignment will reduce the need to maintain two separate and distinct 24/7 phone support teams for help-seekers in each region. This will allow the workforce to support other areas of need. It creates clearer pathways for funding to flow from the two state agencies and clearly defines roles and responsibilities, reducing the administrative burden of tracking braided funding. It also aligns the BH-ASO responsibilities for regional coordination and alignment.

## Transition to the future alignment

The workgroup developed the basic framework for the future state alignment, and several implementation details and questions remain to be resolved. Throughout the fall of 2024, a transition plan will be developed regarding how regions will transition to the future state alignment by January 1, 2026. To ensure a smooth transition, we will engage with each of our BH-ASOs and their regional crisis line providers, and 988 Lifeline crisis centers to develop transition plans specific to each region to address, at minimum:

- Timing of regional transition to the new alignment
- How to transition
- What communication is needed for the public
- Foreseeable barriers and challenges with a plan to address them

HCA and DOH will provide support and oversight in the development of these plans while monitoring outcomes to ensure the plans address expected trends. The transition plan will remain flexible to allow for needed adaptations.

Change is often hard. HCA and DOH are committed to strong partnership with all aspects of the crisis system to ensure that this new vision meets both the needs of the help-seeker and regional crisis system.