

Report to the Legislature

988 Usage Report

NOVEMBER 2023

RCW 71.24.894

988
SUICIDE
& CRISIS
LIFELINE

Prepared by
Washington State
Health Care Authority



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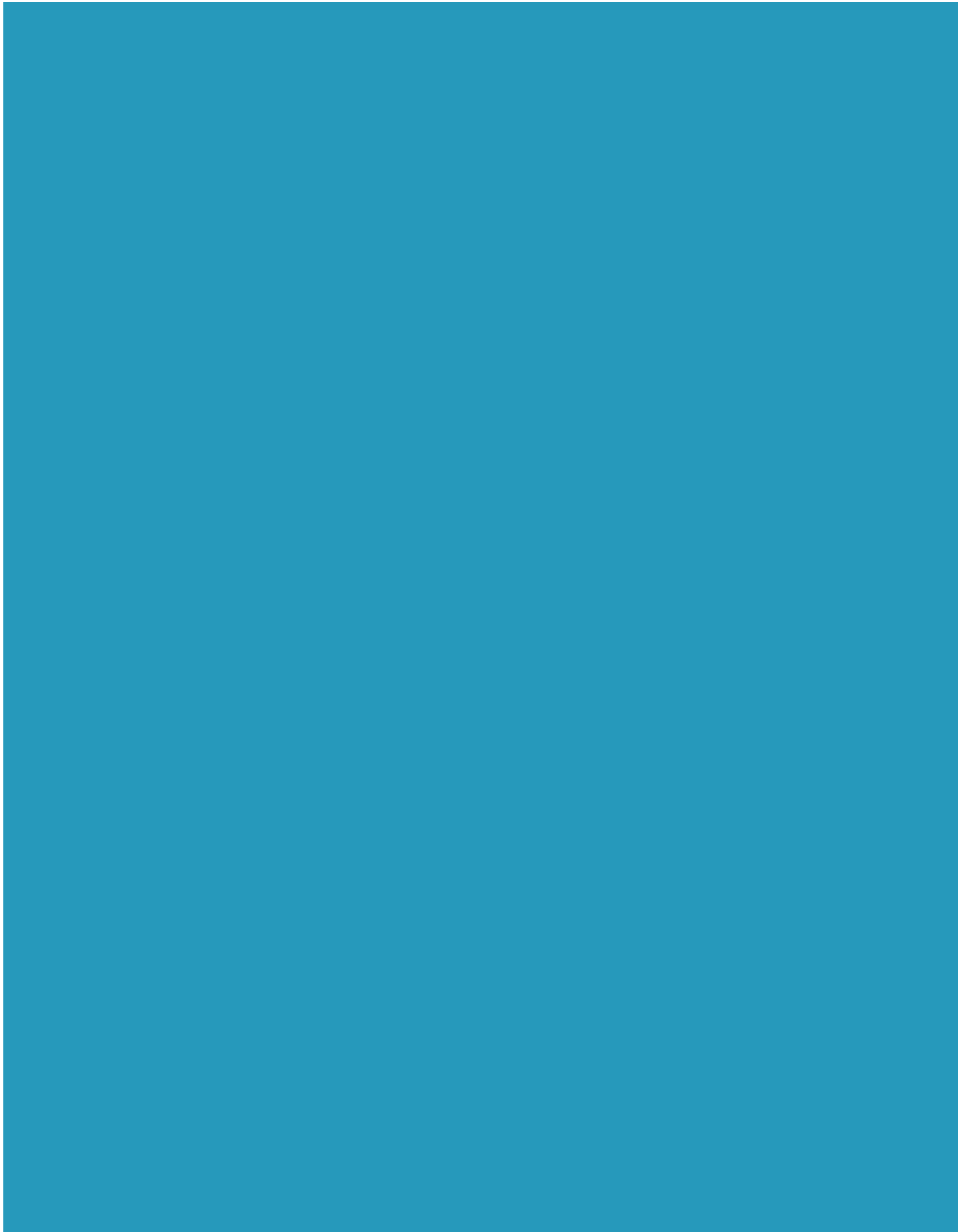
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Washington State Health Care Authority

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Executive Summary

U.S. suicide rates increased 37% between 2000-2018, then dropped briefly before climbing to a record high in 2022 with the suicide deaths of nearly 50,000 Americans, according to provisional data from the Centers for Disease Control and Prevention.¹

To address the increasing need for behavioral health services, the 988 Suicide & Crisis Lifeline launched nationally in July 2022. The Legislature passed House Bill 1477(2021) and House Bill 1134 (2023) which supported and expanded 988 implementation in Washington state. These bills dedicated resources to answer 988 calls, texts, and chats; expanded access to behavioral health crisis services; required meaningful coordination of services; and established a tax on phone lines to fund expanded behavioral health services. The vision of 988 is to ensure people experiencing a mental health or substance use crisis in Washington will have access to a system of consent-based, collaborative, and coordinated services.

Since the launch, all three of Washington’s 988 Lifeline crisis centers, along with crisis centers across the United States, have experienced an increase in calls, texts, and chats. Washington usage data shows an increase in calls (40%), texts (670%), and chats (124%) as more people become aware of the services offered by the 988 Lifeline (see Graph 1B.)

This report provides data from July 2022 through June 2023 on the usage of the 988 Lifeline, call outcomes, and the provision of the crisis services inclusive of mobile rapid response crisis teams and crisis stabilization services:

- Since launch, 988 Lifeline data for each of the three Washington 988 Lifeline crisis centers show an increase in the number of calls, texts, and chats received and answered by each center each month. These metrics show the need and demand for crisis services by people in Washington state.
- Regional crisis system data is provided to show that the majority of crisis contacts continue to flow through the regional crisis lines (RCL) and local providers. This is a trend that is expected to shift over time towards the 988 Lifeline. The performance metrics show how this system continues to meet the needs of people in crisis during this transition.
- State agency expenditure data is provided to show the gradual increase in expenditures that support the implementation and continual support of the 988 system. This is a trend that is anticipated to increase, likely at an accelerated rate, as the line is promoted and becomes a more well-known resource to the general public.

The Department of Health and the Health Care Authority continue to work together to make real the purpose of 988; to provide people in crisis with someone to call, somewhere to go, and someone to respond.

¹ www.cdc.gov/media/releases/2023/US-Suicide-Deaths-2022.html, accessed 10/11/23.

Background

The rate of suicide deaths in Washington state has been higher than the national rate for almost two decades. Nearly 6,000 Washington residents, both adults and children, died by suicide in the last 5 years. Department of Health (department) data shows that several groups have an increased risk of suicide:

- Young people ages 10-24
- Veterans
- American Indian and Alaska Native communities
- LGBTQIA2S+ youth
- People living in rural areas

To address the increasing need for behavioral health services, the federal government passed legislation designating 988 as the number to call to reach the National Suicide Prevention Lifeline (NSPL) in July 2020. The NSPL, now known as the 988 Suicide & Crisis Lifeline, is a national network of organizations that offer free and confidential emotional support services for people experiencing a mental health or substance use crisis or seeking help for a loved one. The purpose of 988 is to provide people in crisis with someone to call, somewhere to go, and someone to respond.

In 2021, the state Legislature passed HB 1477 to support 988 implementation in Washington. It dedicated resources to answer 988 calls, texts, and chats, expanded access to behavioral health crisis services, required meaningful coordination of services, and established a tax on phone lines to fund expanded behavioral health services. The 988 Lifeline went live on July 16, 2022.

Washington's Native and Strong Lifeline—the first of its kind in the United States—launched in November 2022. The Native and Strong Lifeline can be accessed by calling 988 from a Washington area code and choosing option 4 to connect callers to Native crisis specialists and counselors. According to Native and Strong Lifeline counselors, monthly call metrics have steadily increased since the launch of this specialized line. This line has made a major impact for many American Indian and Alaska Native people in Washington.

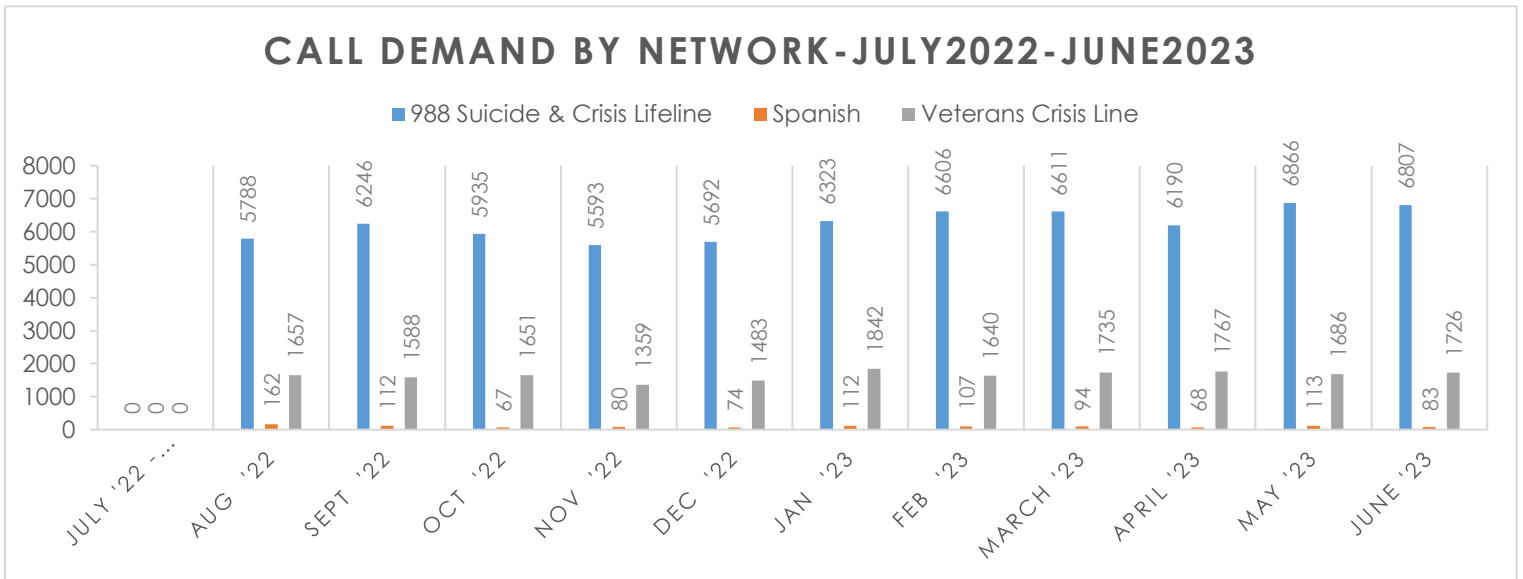
The vision of 988 is to ensure people experiencing a mental health or substance use crisis in Washington will have access to a system of consent-based, collaborative, and coordinated services. People in crisis and those seeking help for loved ones can get support via phone, text, or chat through the state's 988 Lifeline crisis centers and regional health services. In some cases, a mobile crisis response unit may also provide callers with home or community in-person support, such as a treatment bed, clinical referral, and/or a multi-stage care setting without unnecessary involvement from law enforcement.

This report provides data from July 2022 through June 2023, the inaugural year, of the 988 Lifeline regarding usage, call outcomes, and the provision of the crisis services inclusive of

mobile rapid response crisis teams and crisis stabilization services. For more information and definitions of the metrics used in the graphs that follow, please see Appendix B.

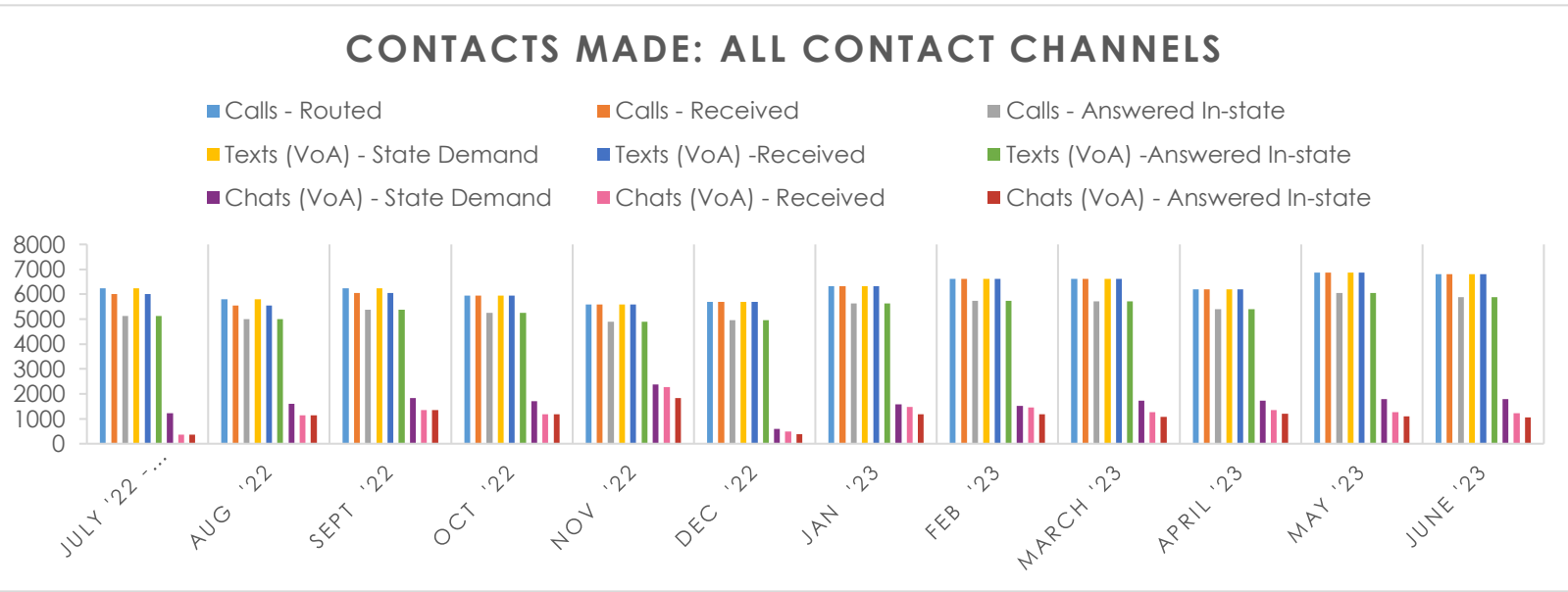
Crisis Center Data

Graph 1A Call Demand by Network



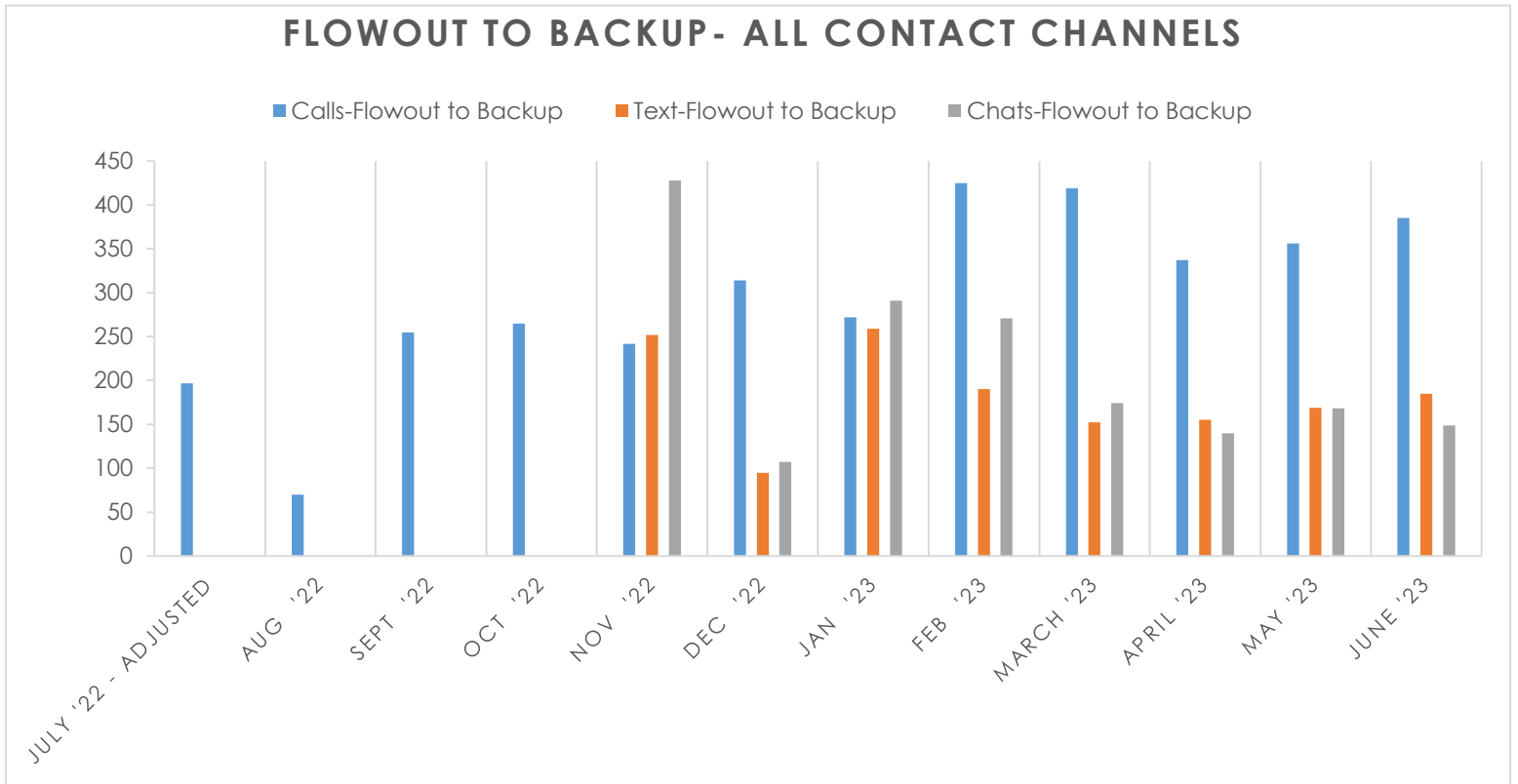
Washington state data received from Vibrant Emotional Health, the national 988 administrator, shows an increase in calls, texts, and chats to the 988 Lifeline since it launched in July 2022.

Graph 1B Contacts Made--All Contact Channels



Graph 1B shows all contacts (including texts, chats, and calls) made to the state’s three contact centers. However, during the reporting period, only Volunteers of America (VoA) had the ability to receive texts and chats.

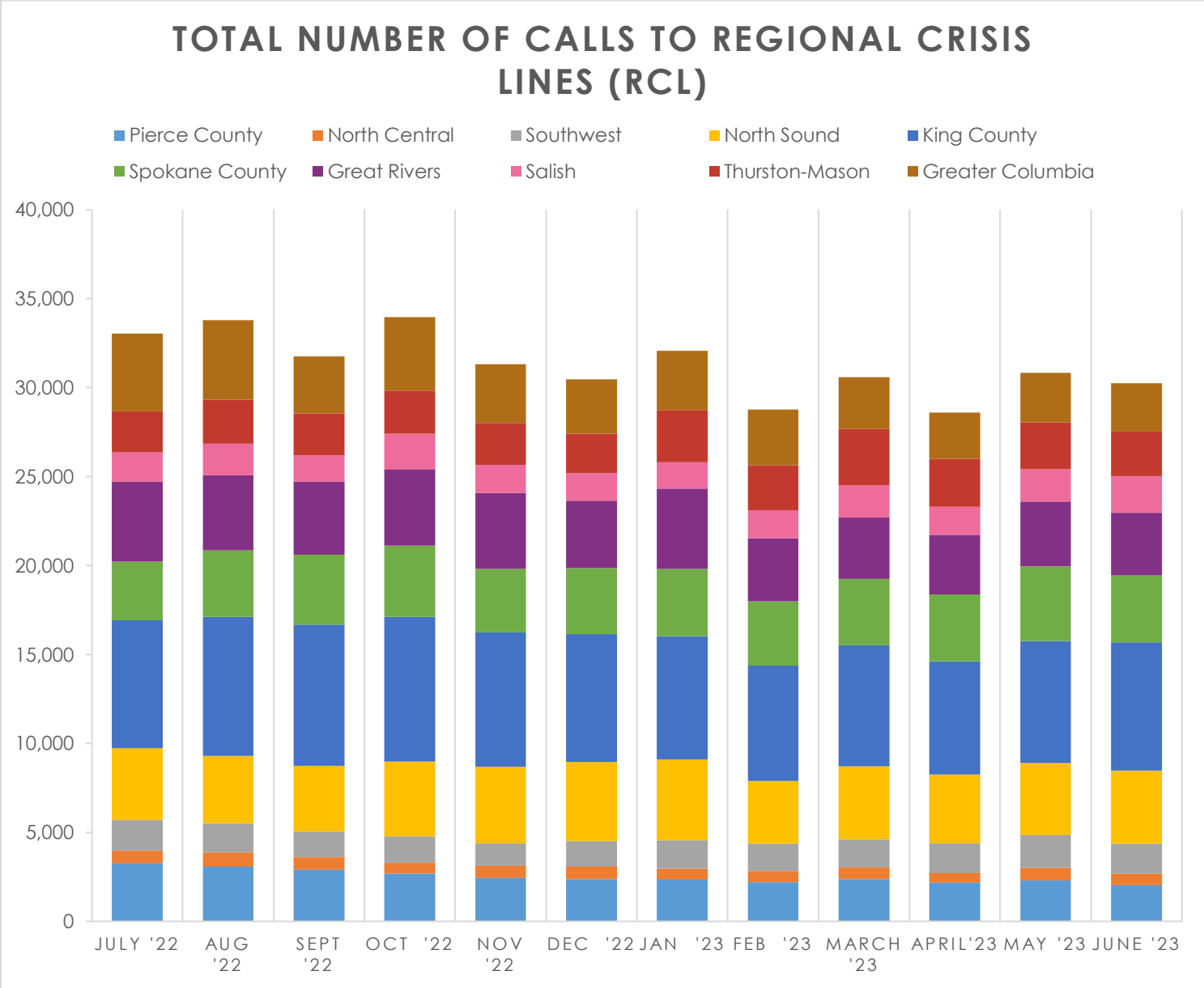
Graph 1C Flowout to Backup--All Contact Channels



Calls that flow out to backup are answered by a national center with limited access to Washington-specific resources. This trend has remained relatively stable during this time period. As of October 2023, all Washington state 988 Lifeline crisis centers are initiating in-state back up, wherein calls no longer flow to a national backup center but rather to another Washington state center to be handled by crisis center employees with Washington resources at their disposal.

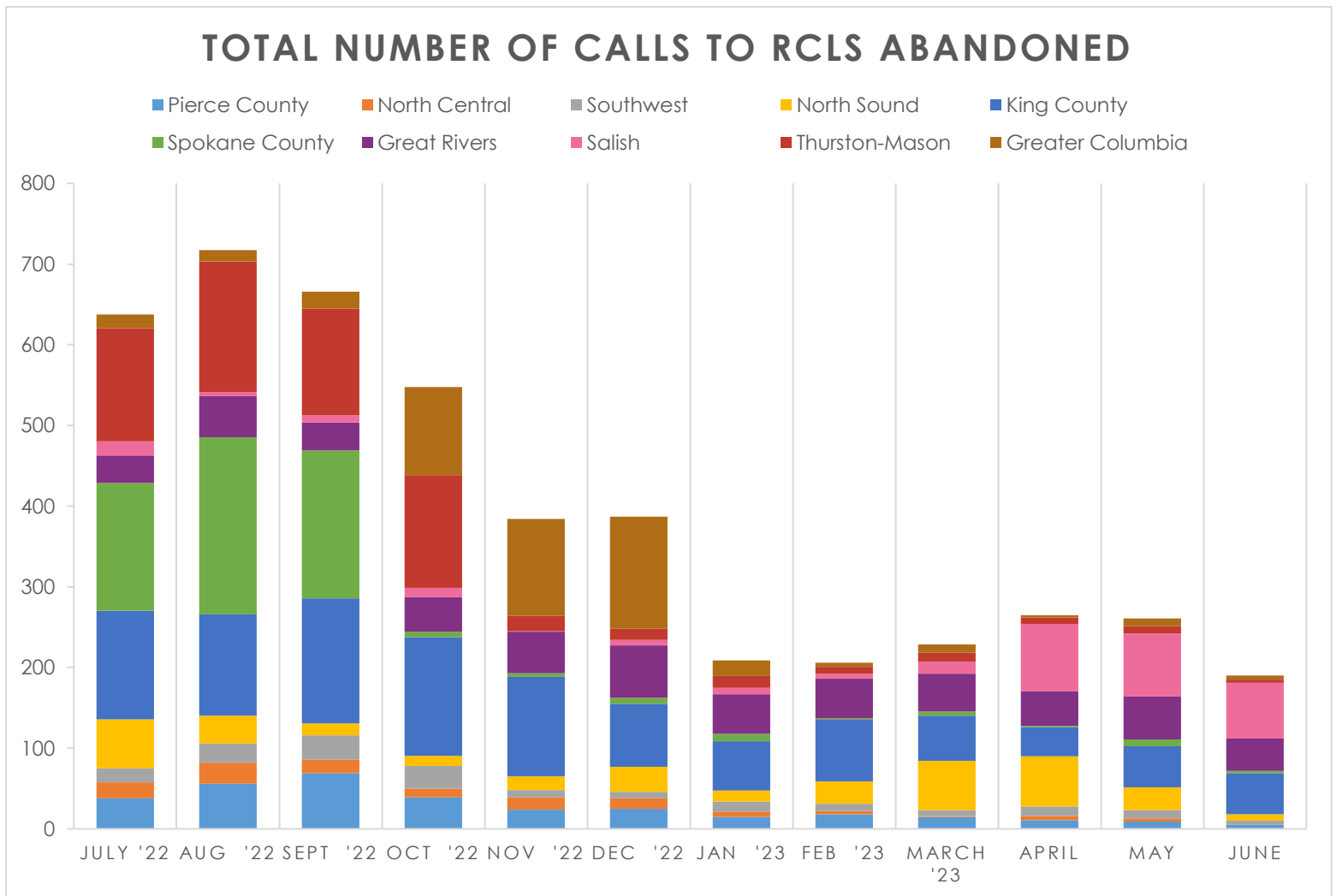
Crisis Stabilization Data

Graph 2A Total Number of Calls to Regional Crisis Lines (RCL)



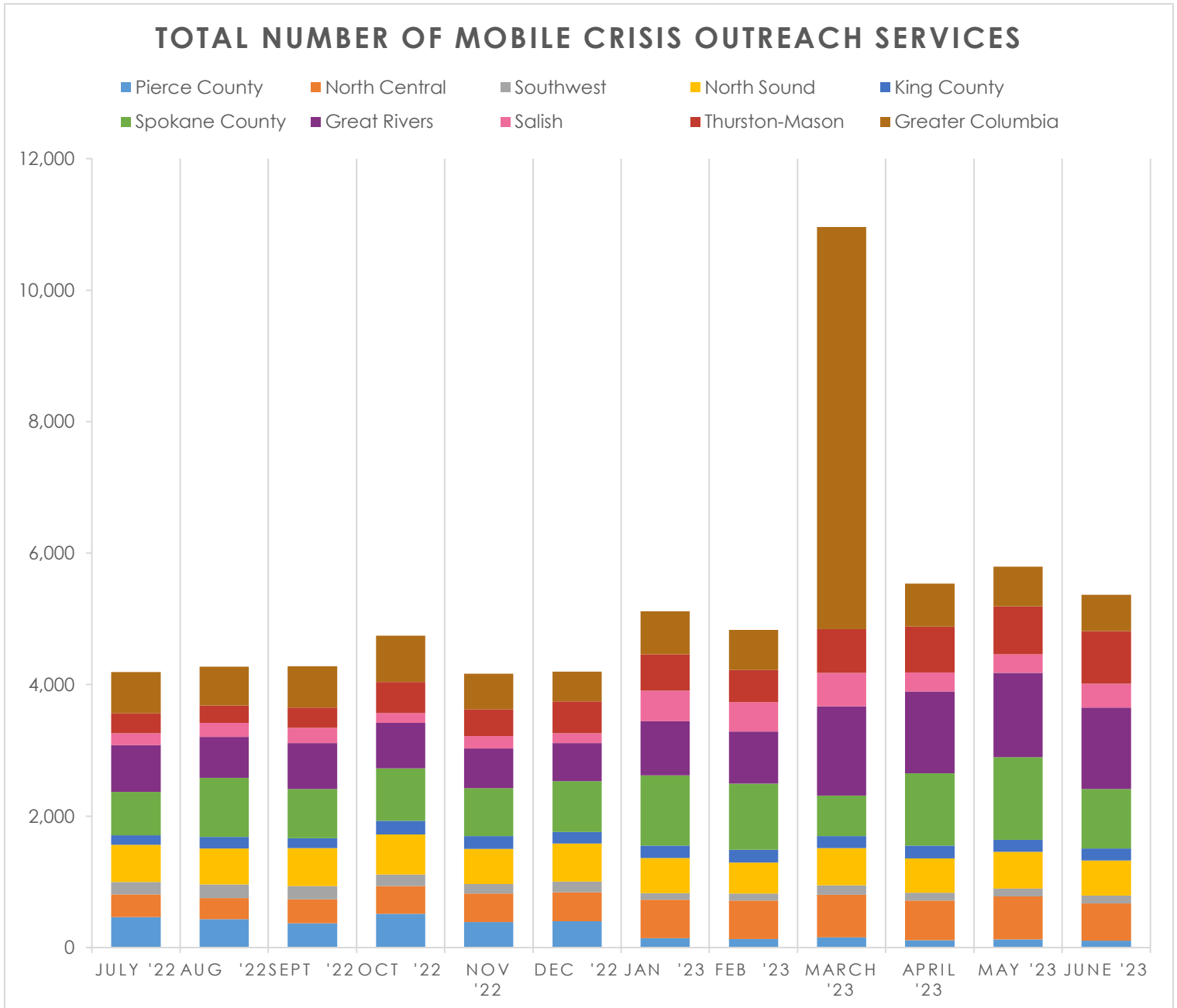
Data provided by the Health Care Authority shows the volume of calls and services to the regional crisis lines (RCL) by region. RCLs are regionally operated, pre-date 988, and provide support and referrals to callers experiencing behavioral health crises within the service area. They are often a primary crisis coordination point in the region. Comparing RCL data to the call volume of 988 highlights that most of the crisis contacts continue to flow through RCLs.

Graph 2B Total Number of Calls to RCLs Abandoned



The data shows an overall downward trend in calls being abandoned. There are likely a variety of factors that contribute to this trend, some of which may be related to the workforce.

Graph 2C Total Number of Mobile Crisis Outreach Services



Mobile crisis response teams provide voluntary professional community-based interventions and follow-up support on-site for those experiencing a behavioral health crisis, as defined by the caller. Mobile crisis response services reduce the use of emergency departments and the unnecessary involvement of law enforcement. The data show a gradual increase overall in the provision of mobile crisis outreach services.

988 Funding Data

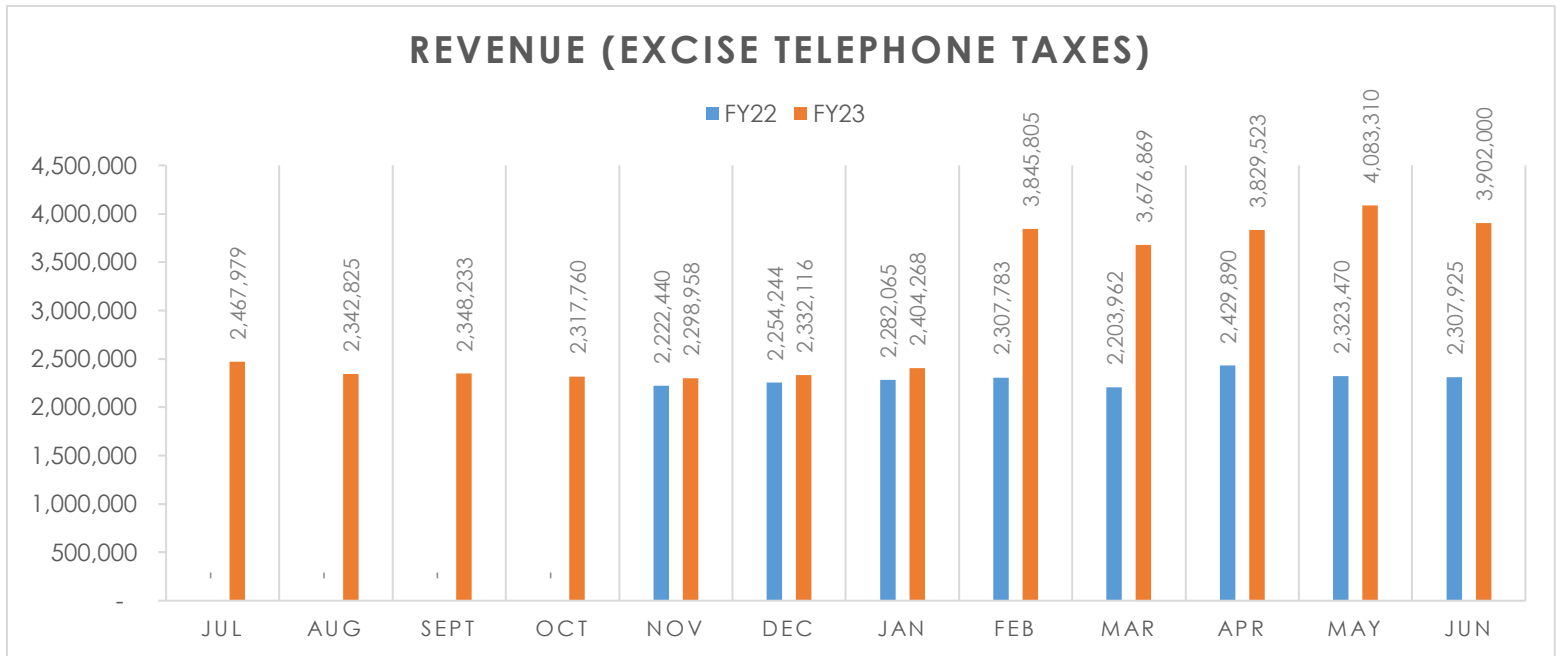
The Department and Health Care Authority (HCA) receive funds to support the 988 system through a line tax imposed on the use of all radio access lines. These funds can only be used to ensure the efficient and effective routing of calls made to the 988 Lifeline to an appropriate crisis center. They can also be used for personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services (see RCW 71.24.025) by directly responding to 988 calls.

Washington state law imposes on the 988 system more requirements, and their attendant costs, than do the national standards. These requirements, which help build a more robust and responsive system, include follow-up outreach to callers, the development of in-state backup call routing, improved data reporting based on programmatic needs, and training for call takers and supervisors.

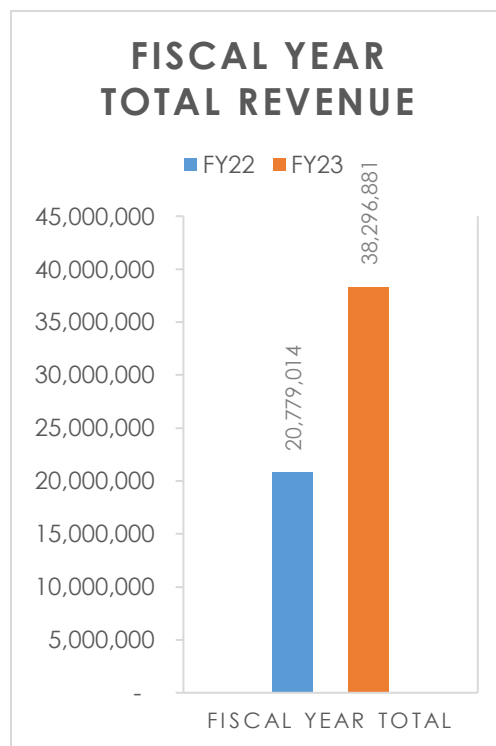
The funding data below shows a substantial increase in revenue from 2022 to 2023, that expenditures have grown in scale with the increase in utilization of crisis center services, and this trend is expected to continue as awareness of the 988 line grows.

The Department and HCA anticipate workload levels to increase with the media campaign promoting the 988 Lifeline to the general public, which will begin in 2024. Interpretations of the financial data provided should be made with caution as the program is still being implemented.

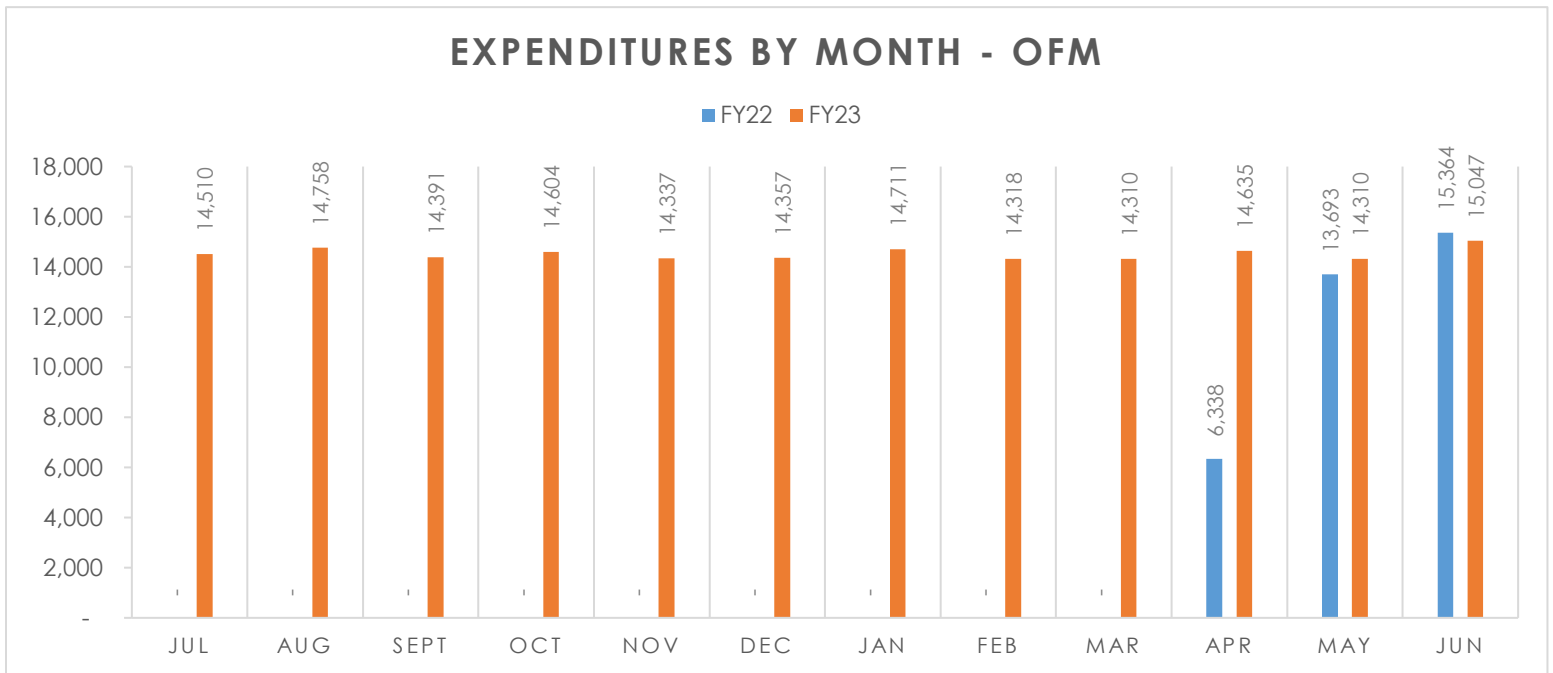
Graph 3A Revenue (Excise Telephone Taxes)



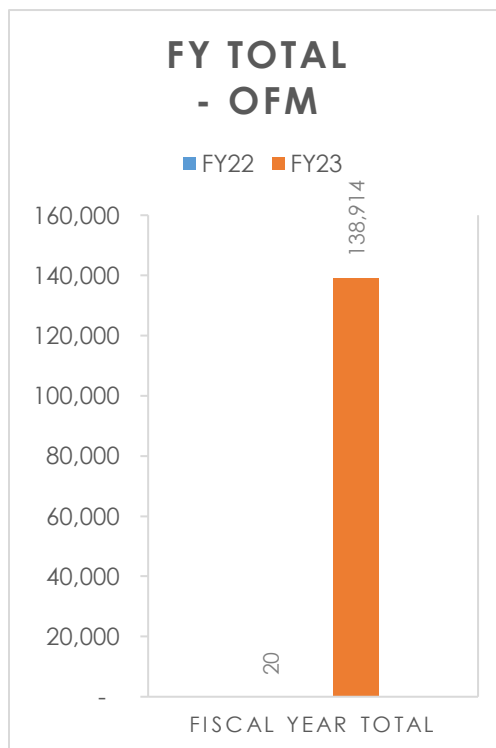
Graph 3B Fiscal Year Total Revenue



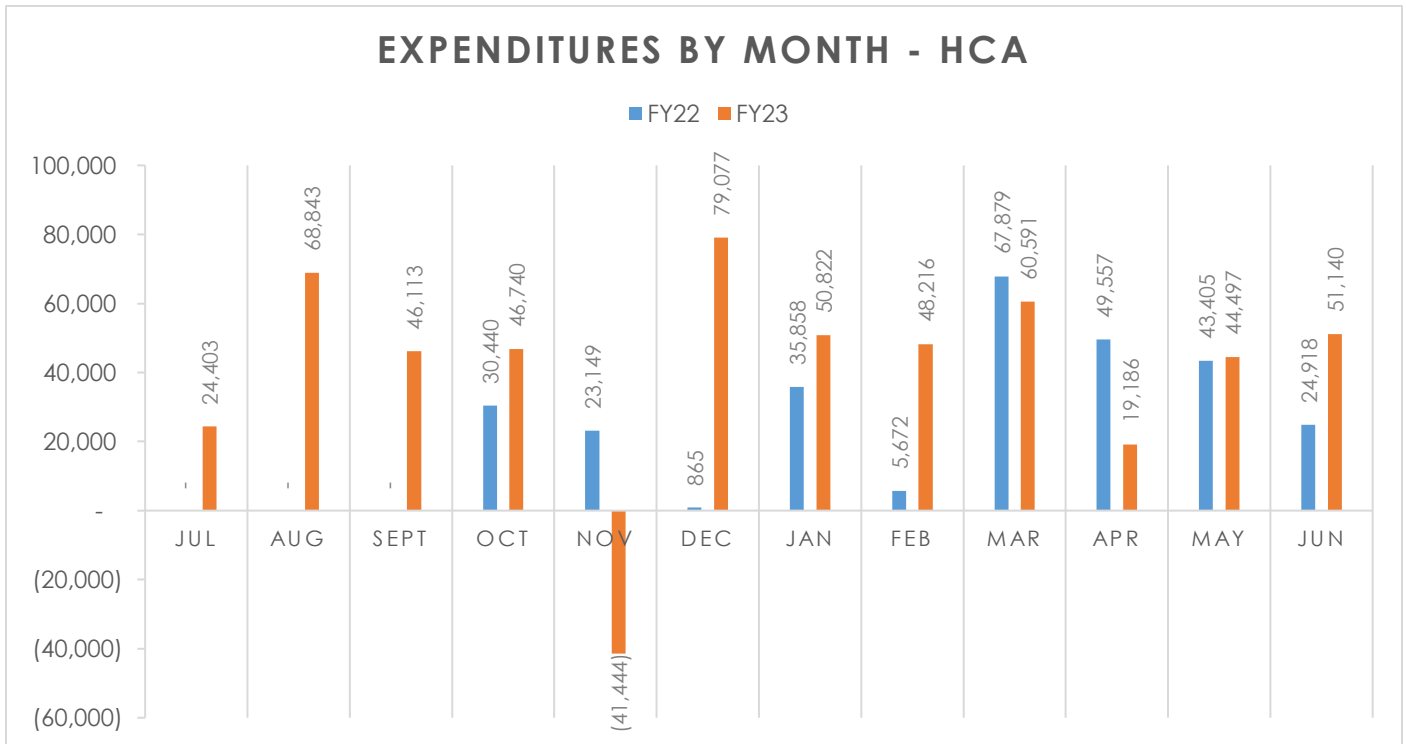
Graph 3C Expenditures by Month – Office of Financial Management (OFM)



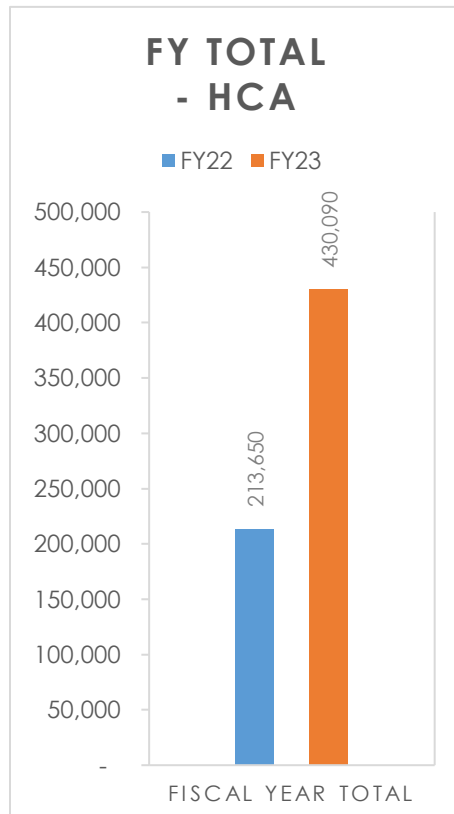
Graph 3D Fiscal Year Total Expenditures – Office of Financial Management (OFM)



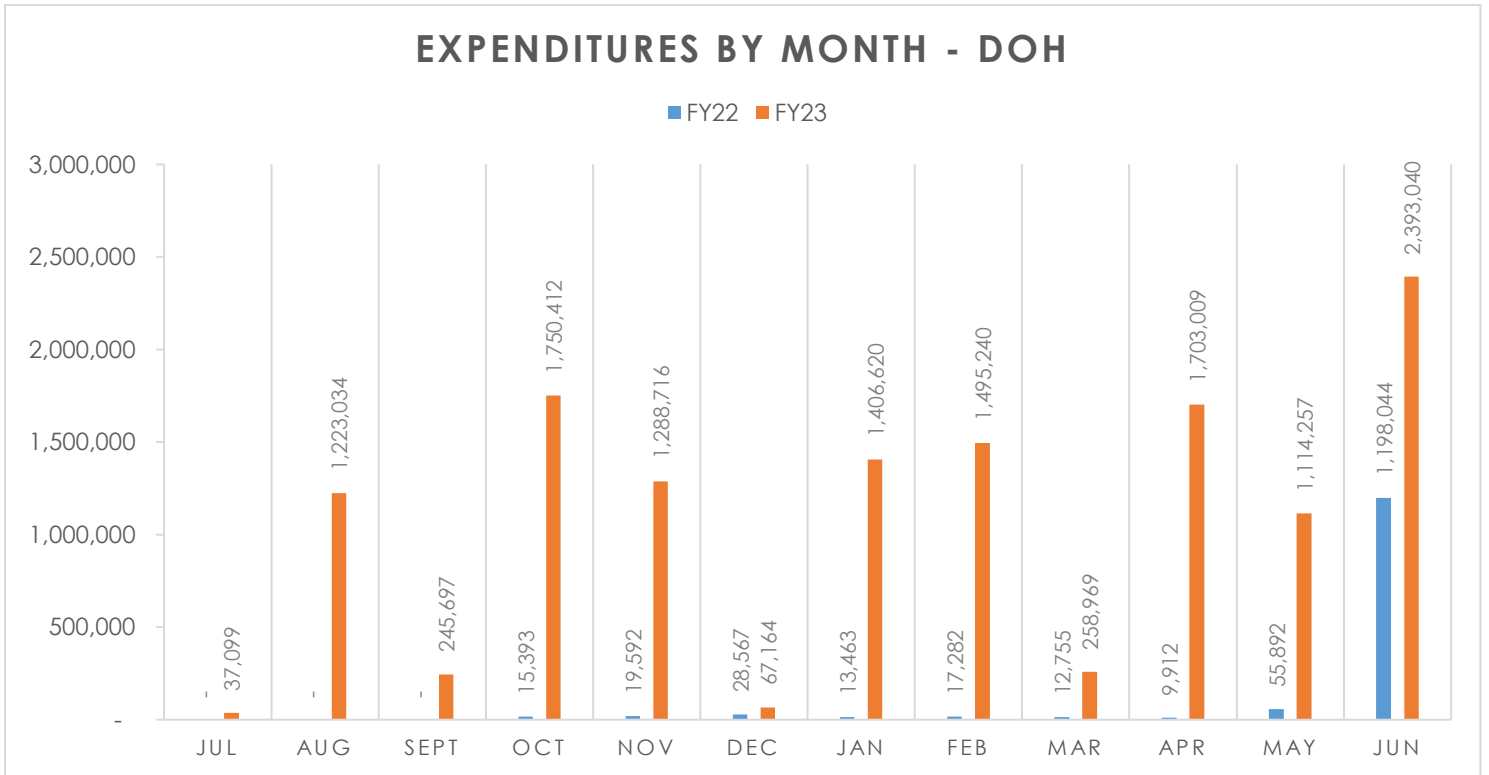
Graph 3E Expenditures by Month – Health Care Authority (HCA)



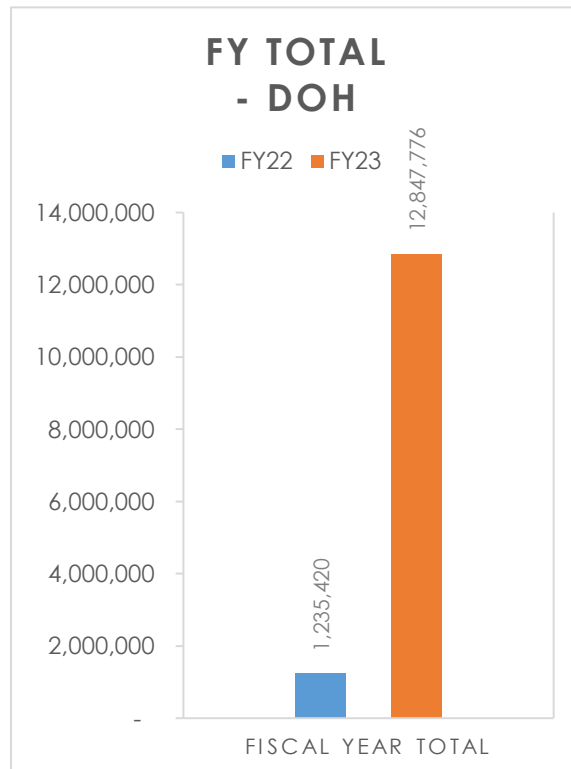
Graph 3F Fiscal Year Total Expenditures – HCA



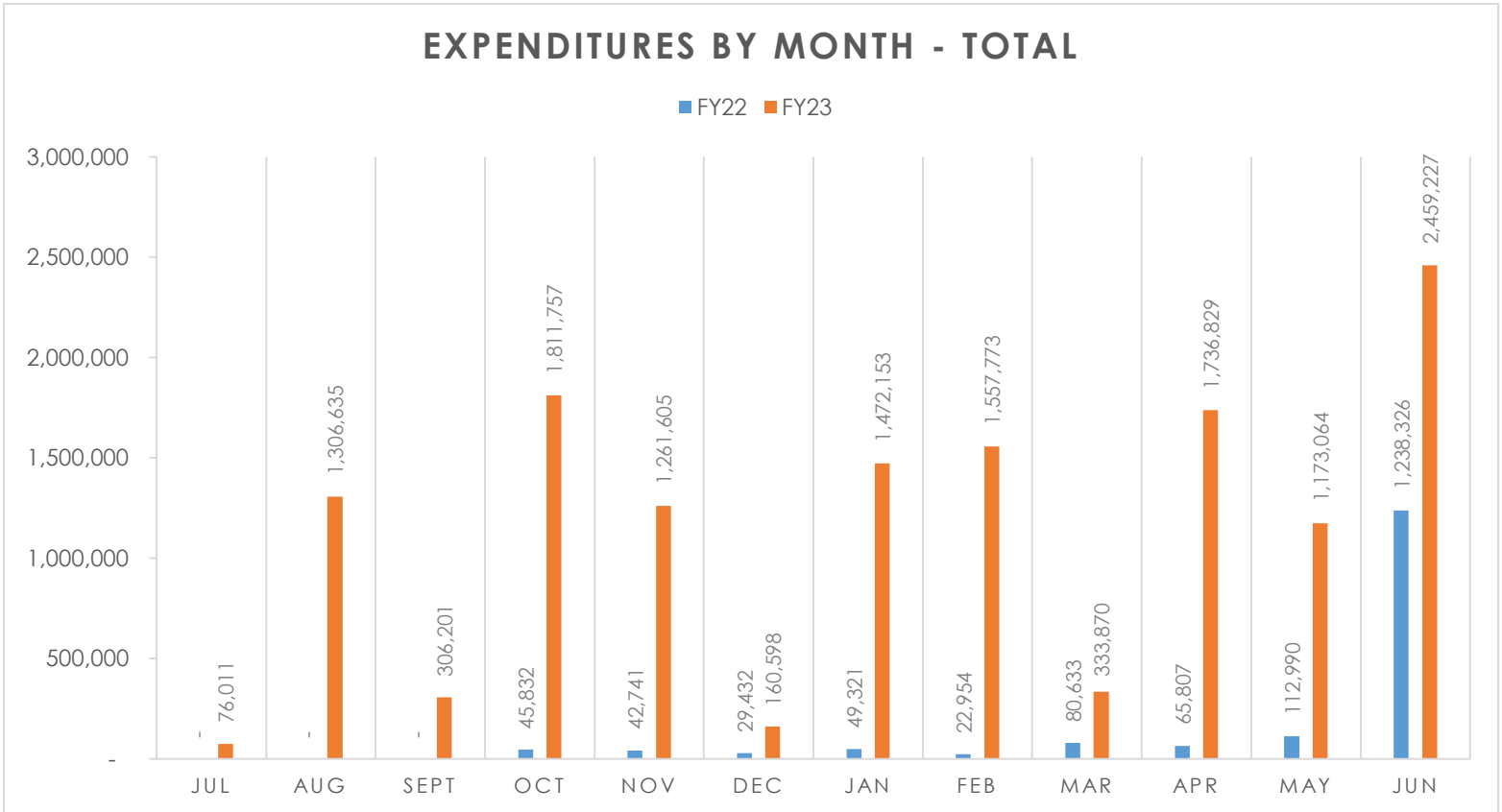
Graph 3G Expenditures by Month – Department of Health (DOH)



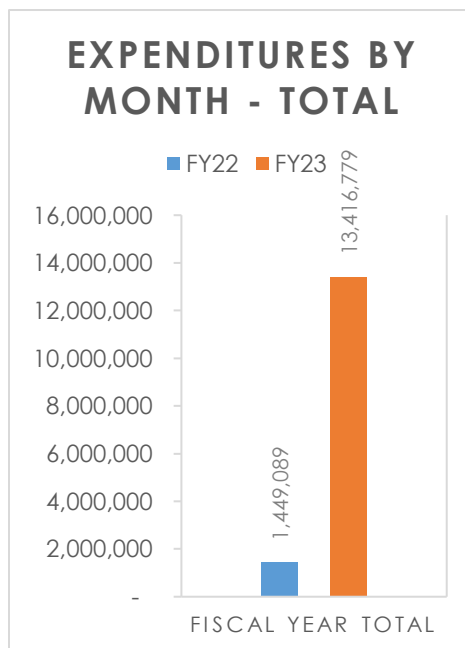
Graph 3H Fiscal Year Total Expenditures – DOH



Graph 3I Expenditures by Month Total



Graph 3J Fiscal Year Total Expenditures



Conclusion

Since the launch of the 988 Suicide & Crisis Lifeline, delivery of behavioral health services has improved for people in crisis, with highlights including:

- Launch of the nation's first Native & Strong Lifeline which provides people from American Indian and Alaska Native communities in Washington state with support from Native crisis counselors.
- National partnership between Vibrant and The Trevor Project, which connects LGBTQIA2S+ youth and young adults with crisis counselors who specialize in LGBTQIA2S+ affirming care.
- Washington's three 988 Lifeline crisis centers report an impressive 87% in-state call answer rate (up from 65% in June 2022).

As awareness and use of 988 grows due to communication campaigns and community engagement, the department and HCA will continue to work together to improve the 988 system.

To better implement 988 and reduce deaths by suicide, the department and HCA continue collaborative efforts. Specific steps include:

- Connecting and engaging with communities who may feel hesitant to contact the 988 Lifeline
- Developing and expanding geographically, culturally, and linguistically appropriate services
- Increasing awareness of 988 services through a comprehensive communications campaign
- Establishing additional mobile crisis response teams and developing standards for state endorsement of such teams
- Scaling up staff to meet the anticipated increase in utilization of crisis center services
- Building robust call center and crisis response IT platforms to provide interoperable capabilities that meet the requirements in RCW 71.24.890 (5)

These next steps will further enhance the accessibility and effectiveness of crisis call services statewide.

Appendices

Appendix A

RCW 71.24.894 National 988 system—Department reporting—Audit.

(1) The department and authority shall provide an annual report regarding the usage of the 988 Suicide & Crisis Lifeline, call outcomes, and the provision of crisis services inclusive of mobile rapid response crisis teams and crisis stabilization services. The report shall be submitted to the governor and the appropriate committees of the legislature each November beginning in 2023. The report shall include information on the fund deposits and expenditures of the account created in RCW 82.86.050.

RCW 82.86.050 Account creation.

(1) The statewide 988 behavioral health crisis response and suicide prevention line account is created in the state treasury. All receipts from the statewide 988 behavioral health crisis response and suicide prevention line tax imposed pursuant to this chapter must be deposited into the account. Moneys may only be spent after appropriation.

(2) Expenditures from the account may only be used for:

(a) Ensuring the efficient and effective routing of calls made to the 988 crisis hotline to an appropriate crisis hotline center or designated 988 contact hub; and

(b) Personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services, as defined in RCW 71.24.025, by directly responding to the 988 crisis hotline and enhancing mobile crisis service standards and performance provided through mobile rapid response crisis teams and community-based crisis teams endorsed under RCW 71.24.903. Ten percent of the annual receipts from the tax must be dedicated to the establishment grants, performance payments, and supplemental performance payments for mobile rapid response crisis teams and community-based crisis teams endorsed under RCW 71.24.903 and endorsement activities in RCW 71.24.903, up to 30 percent of which is dedicated to mobile rapid response crisis teams and community-based crisis teams endorsed under RCW 71.24.903 that are affiliated with a tribe in Washington.

(3) Moneys in the account may not be used to supplant general fund appropriations for behavioral health services or for medicaid covered services to individuals enrolled in the medicaid program.

Appendix B: Metric Definitions

For Crisis Center Data:

Offered: Number of calls that Vibrant offers to the center, therefore the maximum number of contacts that may be answered in a given time period.

- From July 1, 2022, to September 22, 2022, this excluded calls that abandon within 15 seconds of the first routing attempt.
- From September 22, 2022, the term “Offered” includes all calls routed to a center, excluding calls that likely abandoned before reaching the center.

Note: “Offered” does still include calls that may have abandoned between subsequent center routing attempts.

Answered: Number of calls that Vibrant sees the center answering. For Automatic Call Distribution (ACD) systems, this is the number of Press 1 (P1) statuses and the number of calls that do not abandon but end with a direct connect (DC) to the center's queue.

Note: Prior to July 2022, “Answered” was calculated using Center Performance Metrics to approximate center performance at ACD centers.

Abandoned: Number of offered calls where a caller hung up while waiting for their call to be answered at the center. This excludes calls that abandoned quickly after entering a state's routing.

ASA (Average Speed to Answer): The average amount of time (H:M:S) it takes to answer a call, from the time the call is offered to the center to the time that a crisis counselor answers.

For Crisis Stabilization Data:

Total number of calls to crisis line: All calls received by regional crisis line, regardless of caller intention or whether sufficient information is gathered to generate an H0030 encounter.

Total number of calls to crisis line answered: Number of calls answered by a live person.

Average answer time of calls to crisis line (seconds): Average answer speed for calls that are answered by a live person. This does not include wait times for abandoned calls.

Total number of calls to crisis line answered live within 30 seconds: Total number of calls answered by a live person within 30 seconds

Percentage of calls to crisis line answered live within 30 seconds: (Total calls answered by a live person within 30 seconds) / (Total calls answered). Note: Use two decimal places (e.g., 98.75%).

Total number of calls to crisis line abandoned: Number of calls that result in a hangup after 30 seconds (including calls ended during an automated attendant script)

Percentage of calls to crisis line abandoned: (Calls abandoned) / (Total number of calls to crisis line). Note: Use two decimal places (e.g., 4.75%).

Mobile Crisis Outreach Events: Total number of mobile crisis outreach events. These are crisis services provided by eligible provider type (H2011-SERI) in response to a crisis outreach referral. Referrals can originate from any source, including but not limited to crisis call lines, community members, health care professionals, law enforcement, family members, or by people in crisis (self-referral). This excludes Involuntary Treatment Investigations.

Percentage of EMERGENT mobile crisis outreach service requests/referrals that were responded to within two (2) hours: Emergent refers to Mobile Crisis Outreach Services provided to persons who, without these services, would likely need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, property, or grave disability.

(EMERGENT requests/referrals responded to in two (2) hours or less) / (Total number of EMERGENT requests/referrals).

Percentage of URGENT mobile crisis outreach service requests/referrals that were responded to within twenty-four (24) hours: Urgent refers to Mobile Crisis Outreach Services provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person's situation is likely to deteriorate to the point that emergency care is necessary.

(URGENT requests/referrals responded to in twenty-four (24) hours or less) / (Total number of URGENT requests/referrals)

Total Number of Youth Mobile Crisis Events: Total number of mobile crisis events that were provided to people under the age of 18 years old.

Total Number of Adult Mobile Crisis Events: Total number of mobile crisis events that were provided to individuals over the age of 18 years old.

Appendix C: Citations

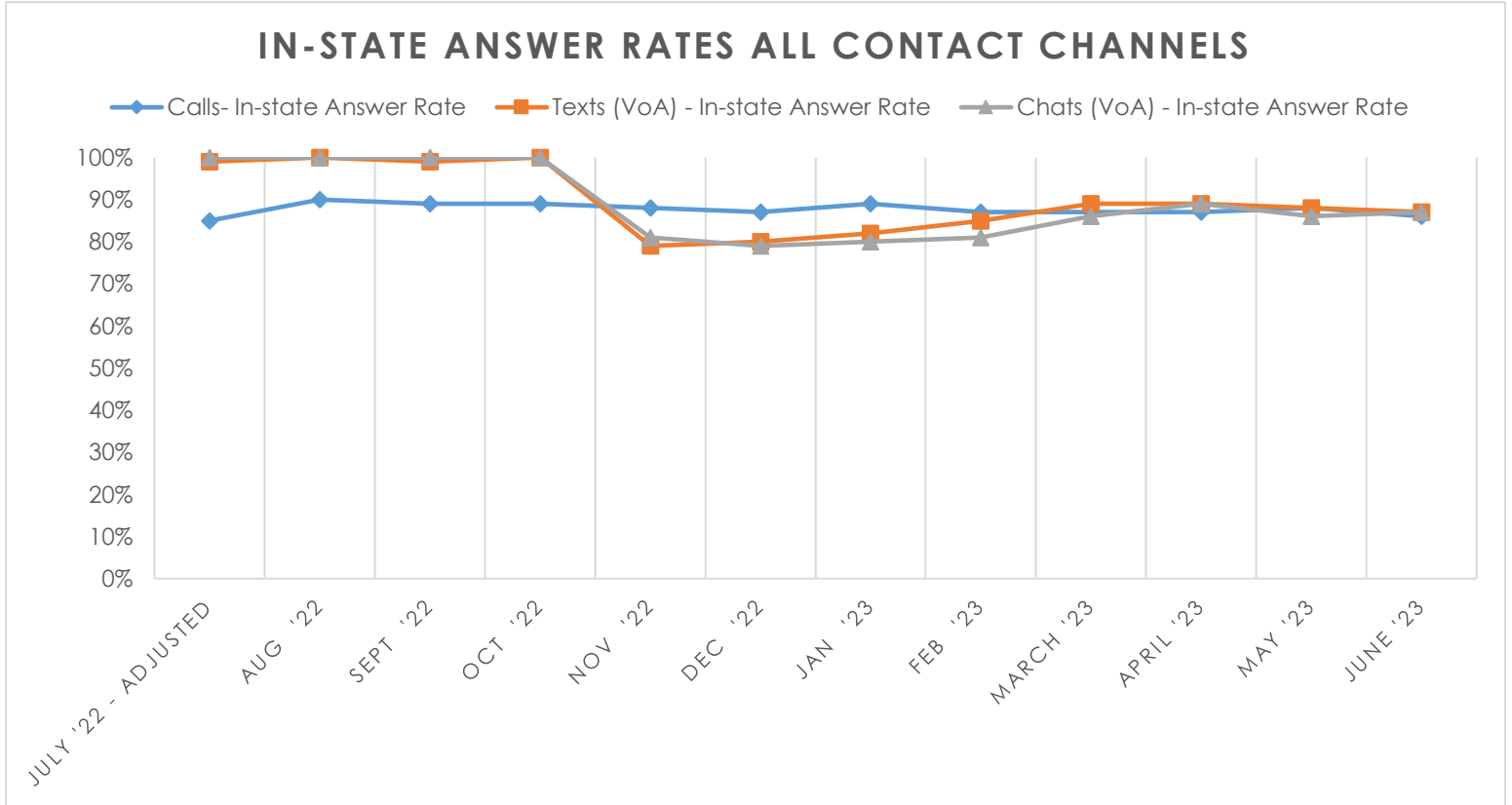
CDC - [Disparities in Suicide | CDC](#)

DOH - [Data and Resources | Washington State Department of Health](#)

Appendix D: Additional Data

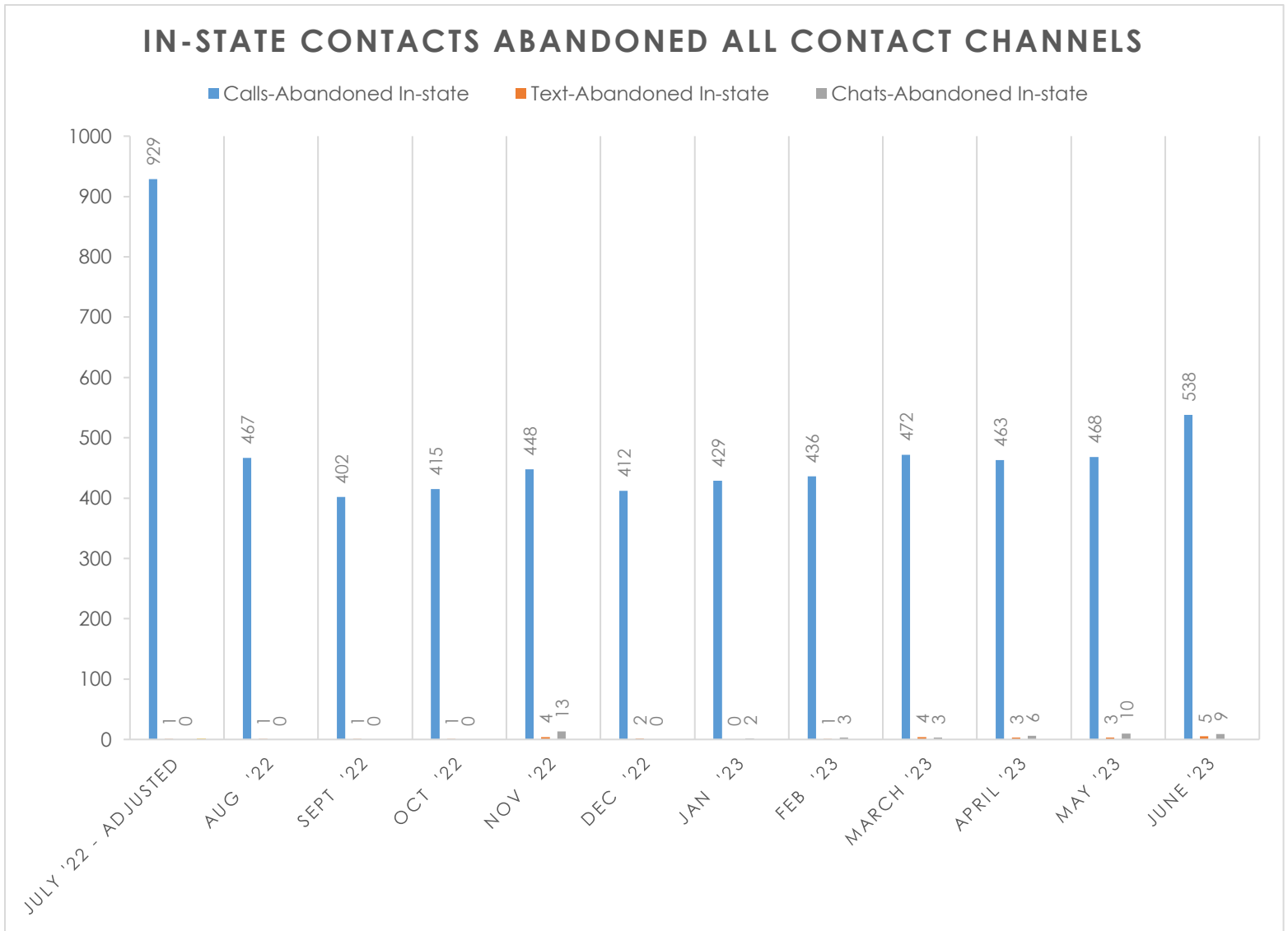
Additional Crisis Center Data¹

Graph 1D In-State Answer Rates--All Contact Channels

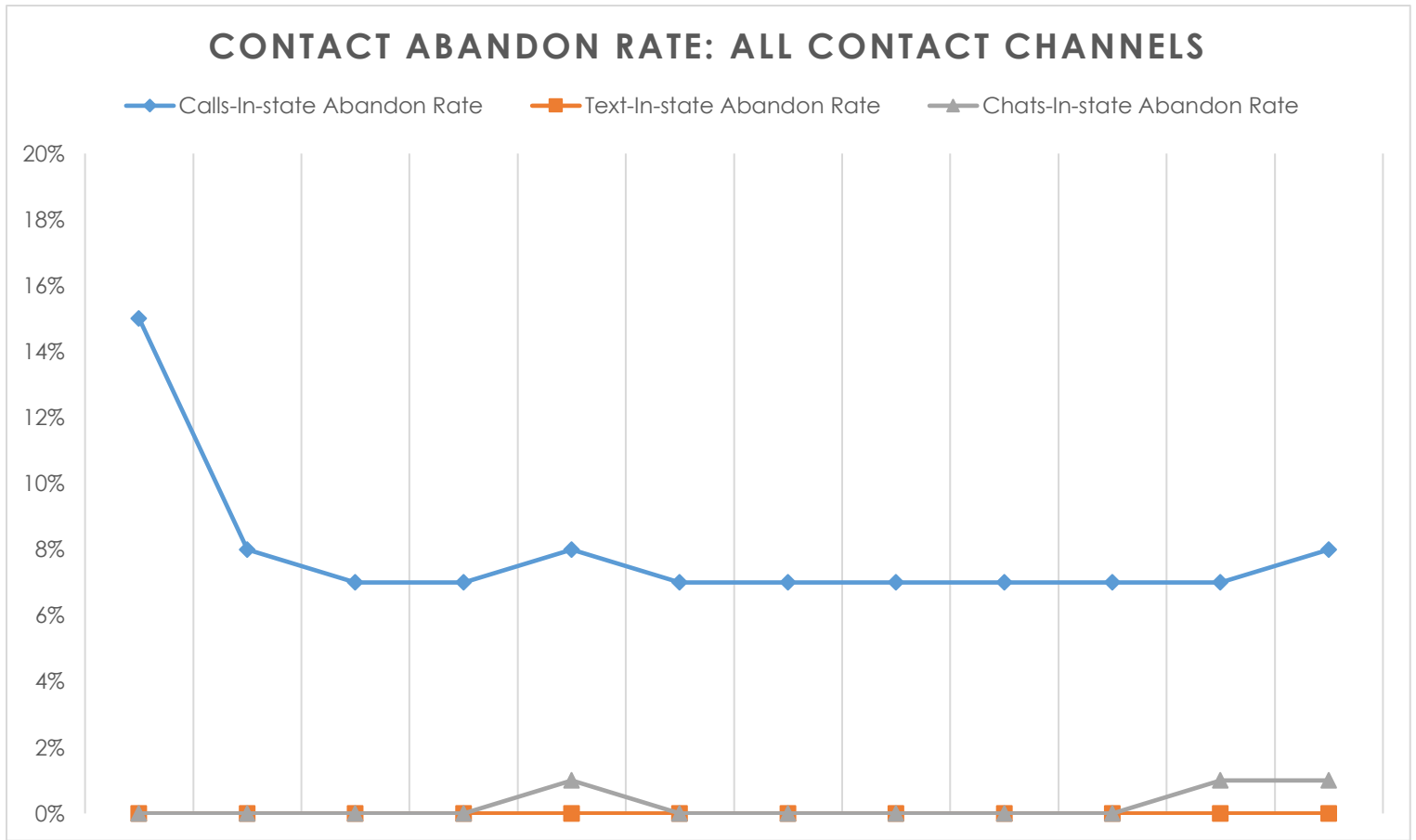


¹Data collected directly from the crisis centers shows higher answer rates than does Vibrant’s data.

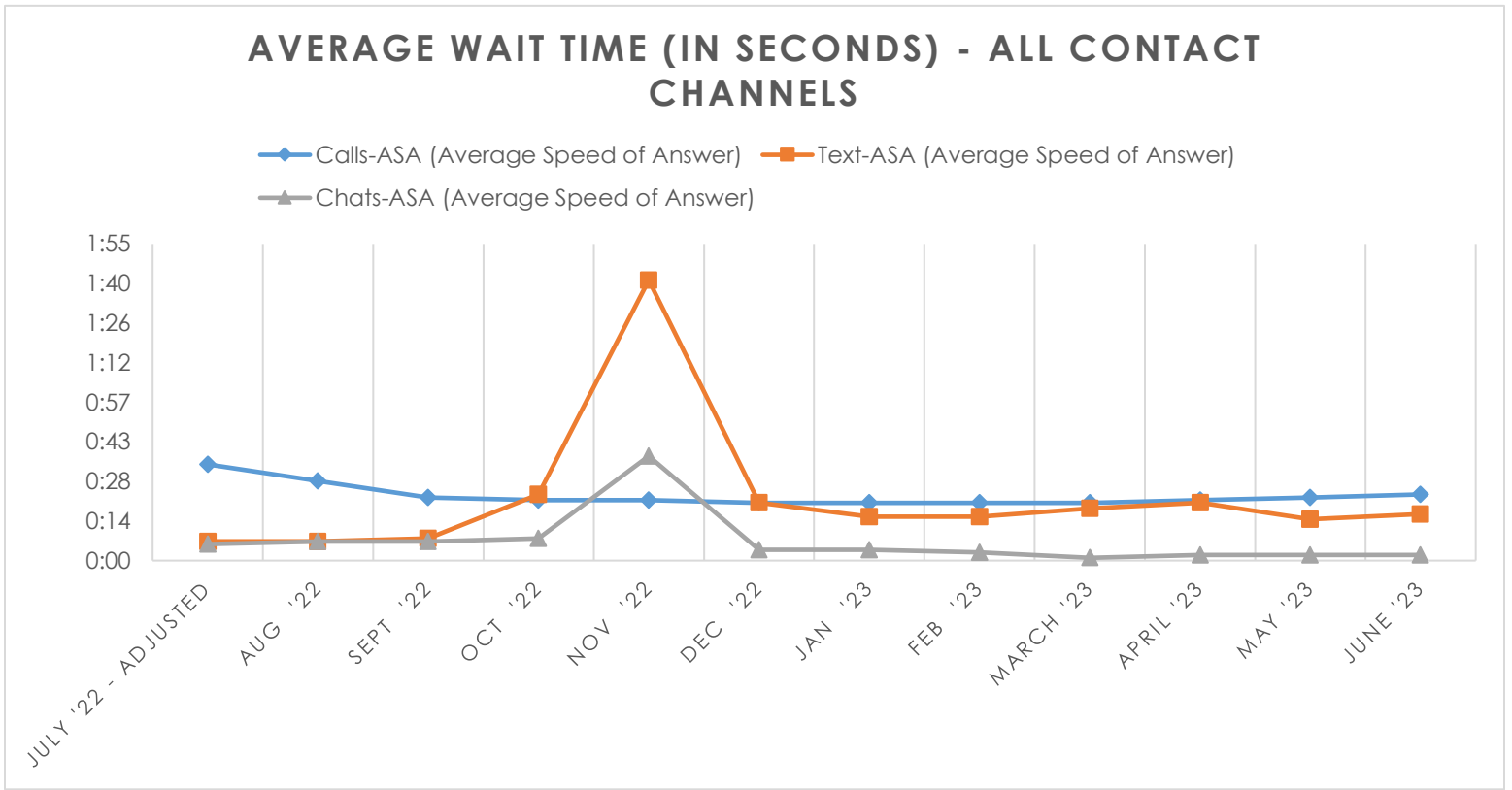
Graph 1E In-State Contacts Abandoned--All Contact Channels



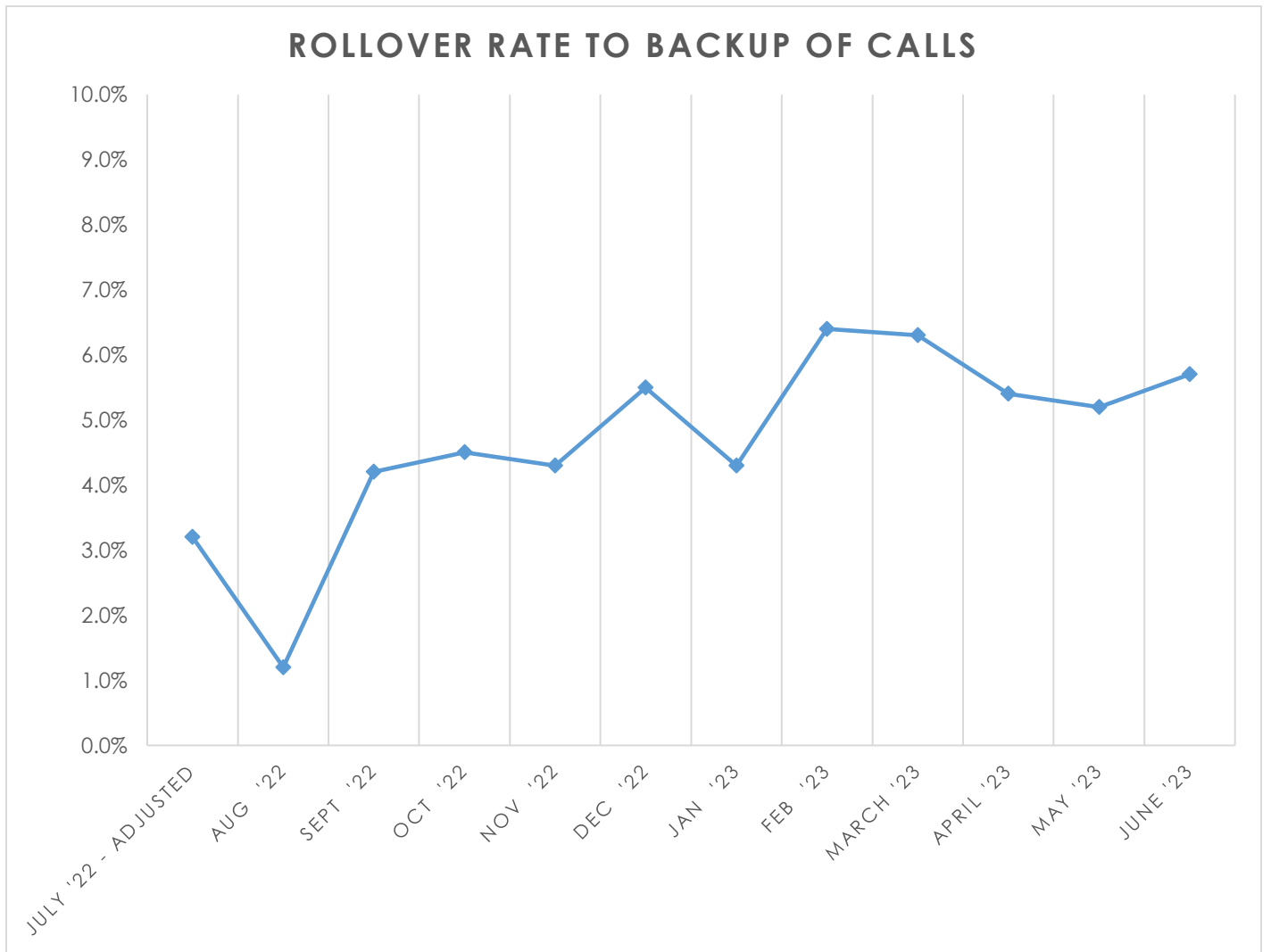
Graph 1F Contact Abandon Rate--All Contact Channels



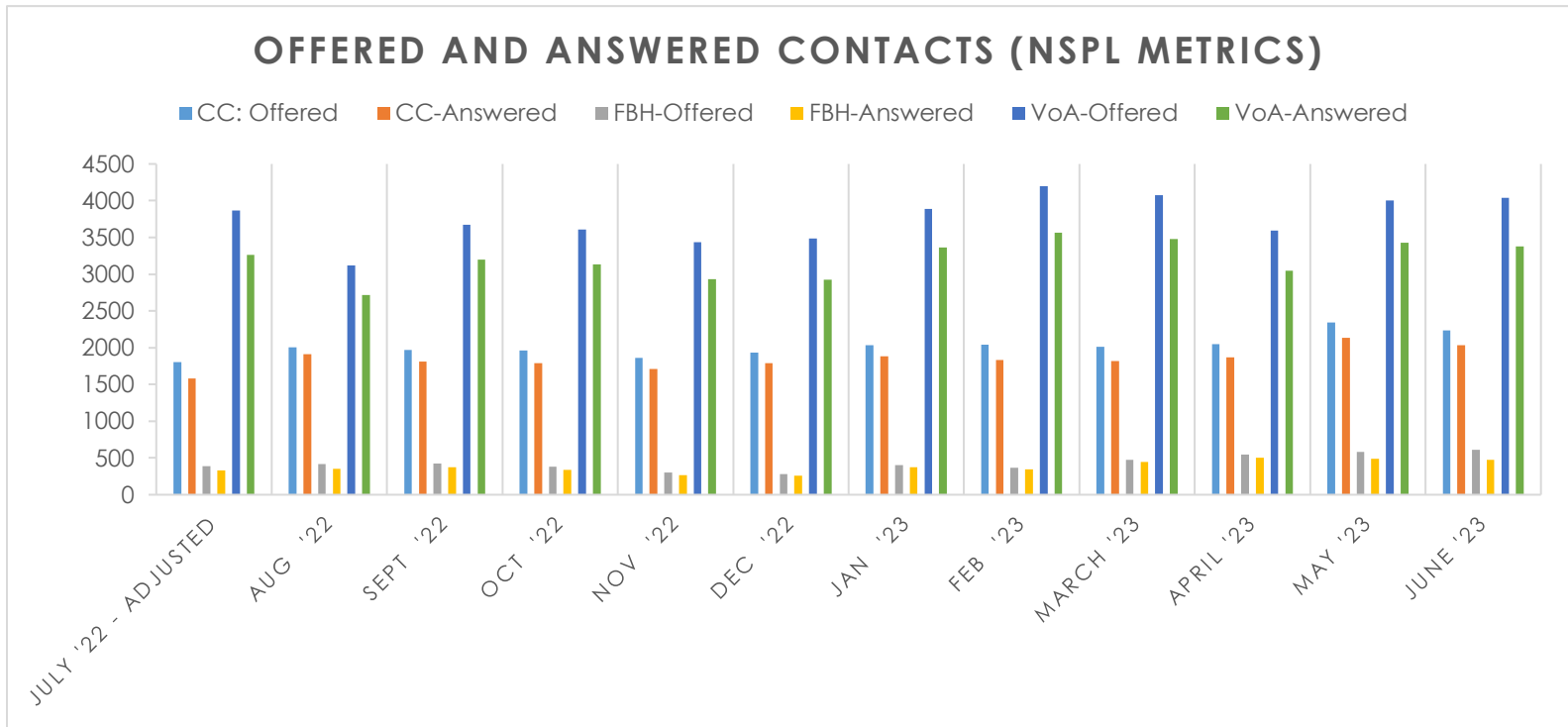
Graph 1G Average Wait Time All Contact Channels



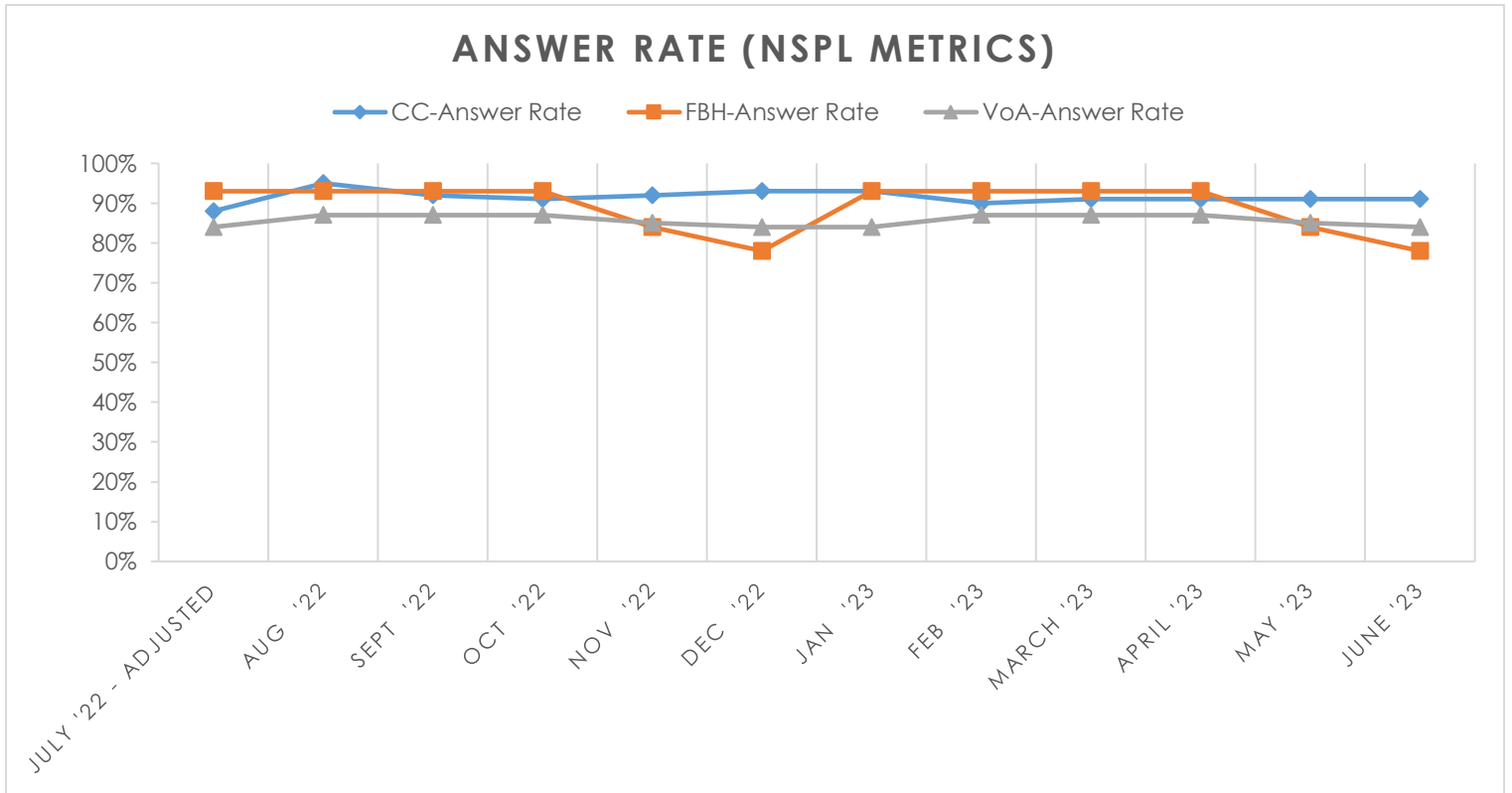
Graph 1H Rate of Rollover to Backup of Calls



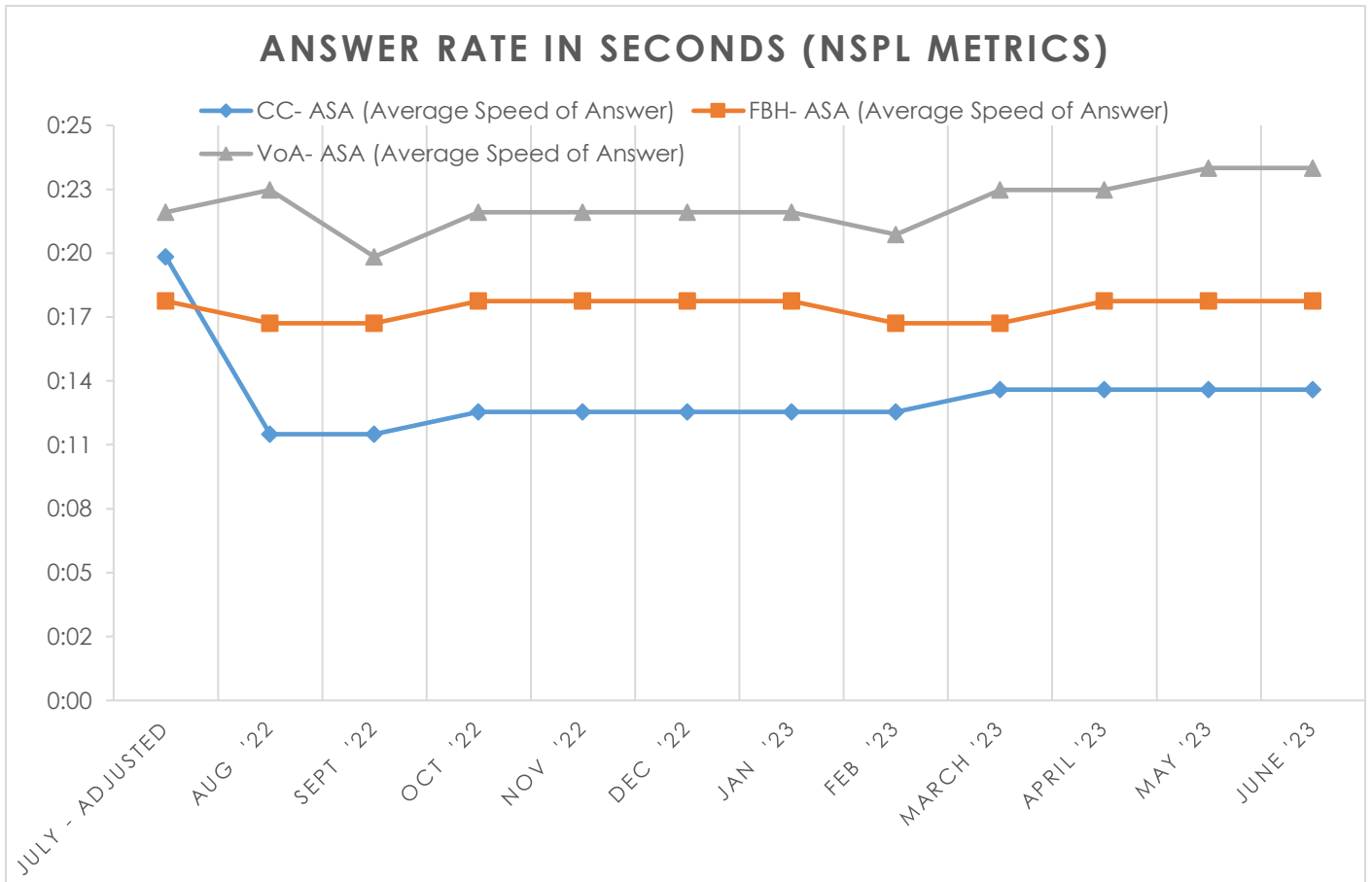
Graph 1I Offered and Answered Contacts (NSPL Metrics)



Graph 1J Answer Rate (NSPL Metrics)

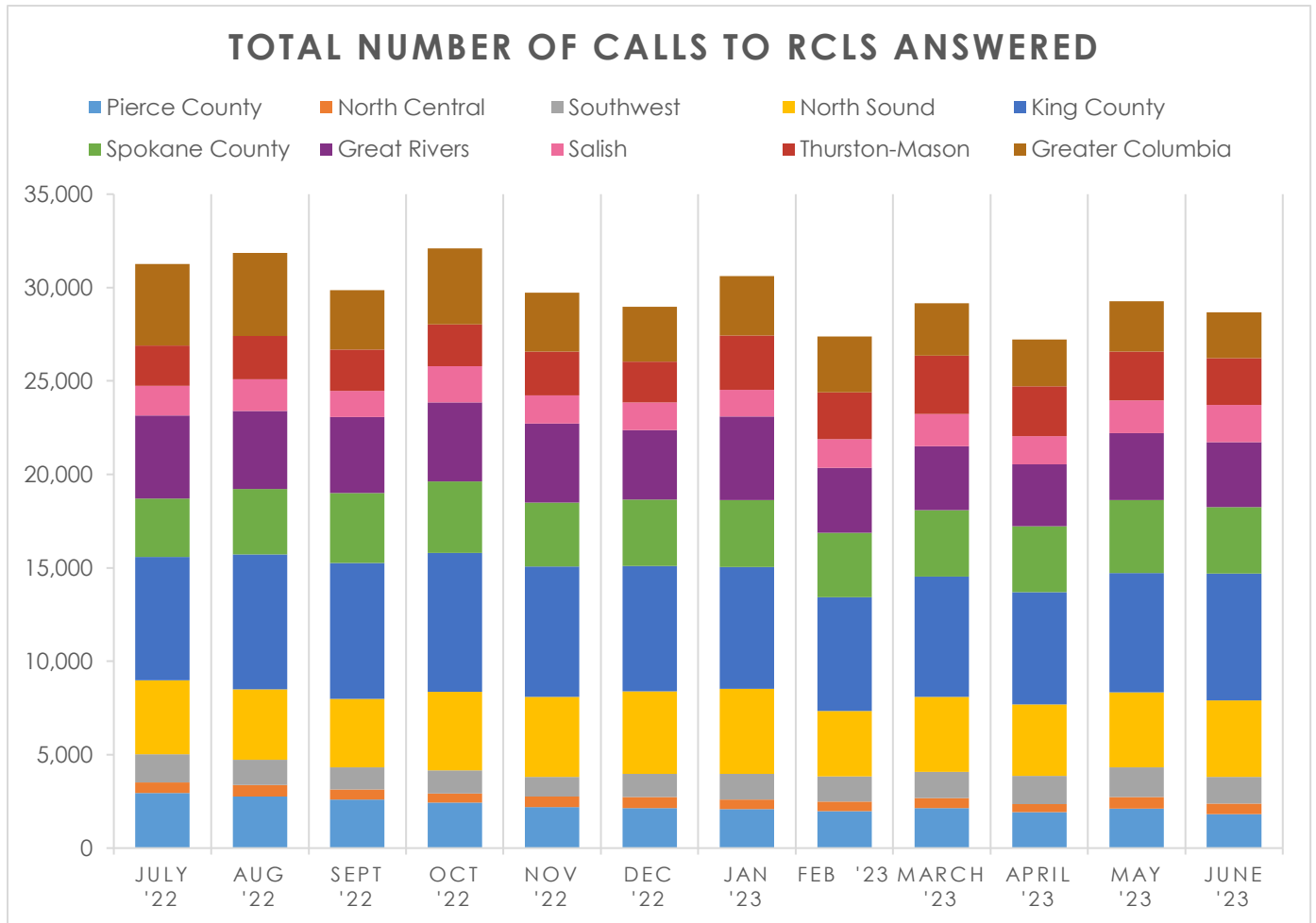


Graph 1K Answer Rate, in Seconds (NSPL Metrics)

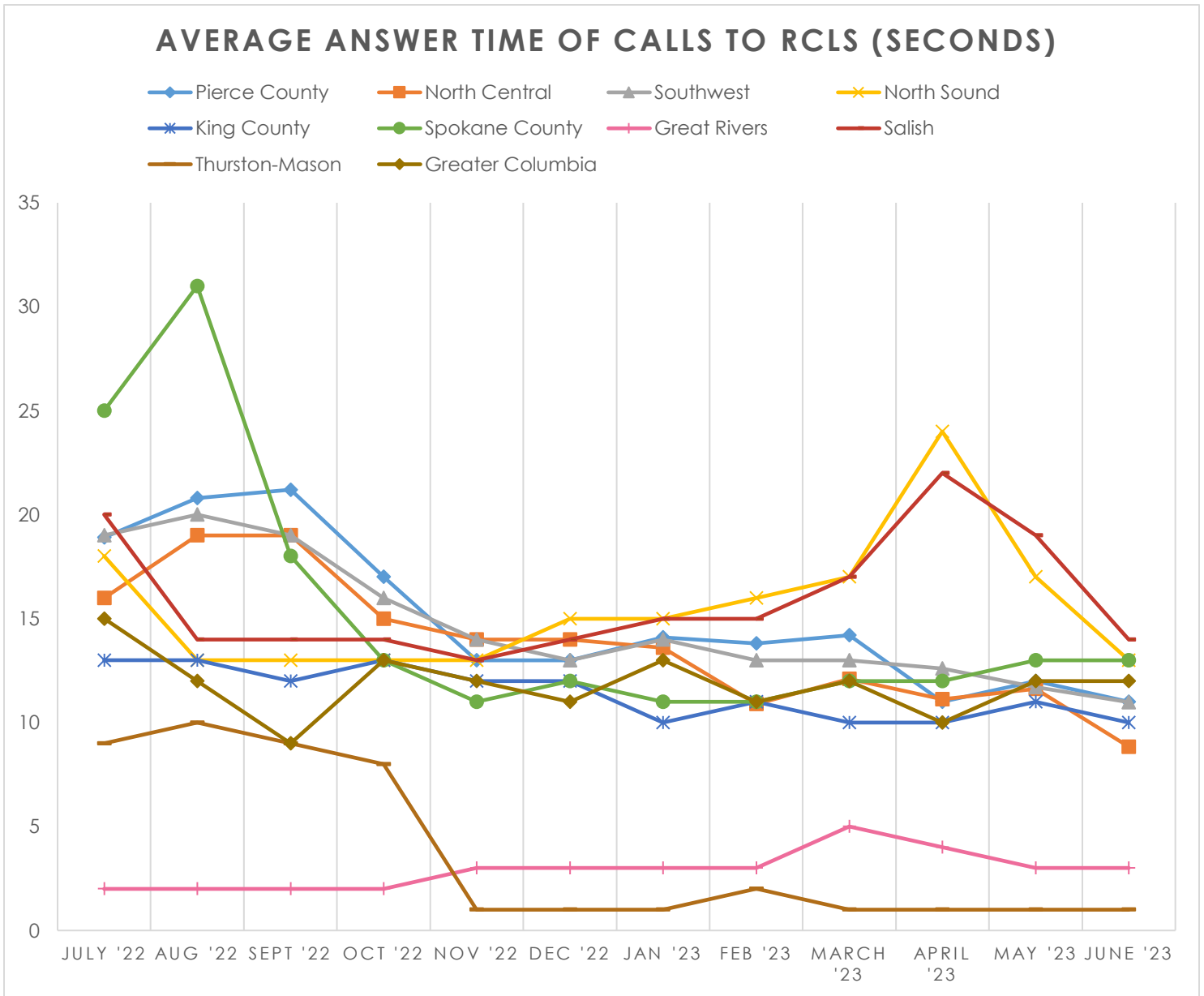


Additional Crisis Stabilization Data

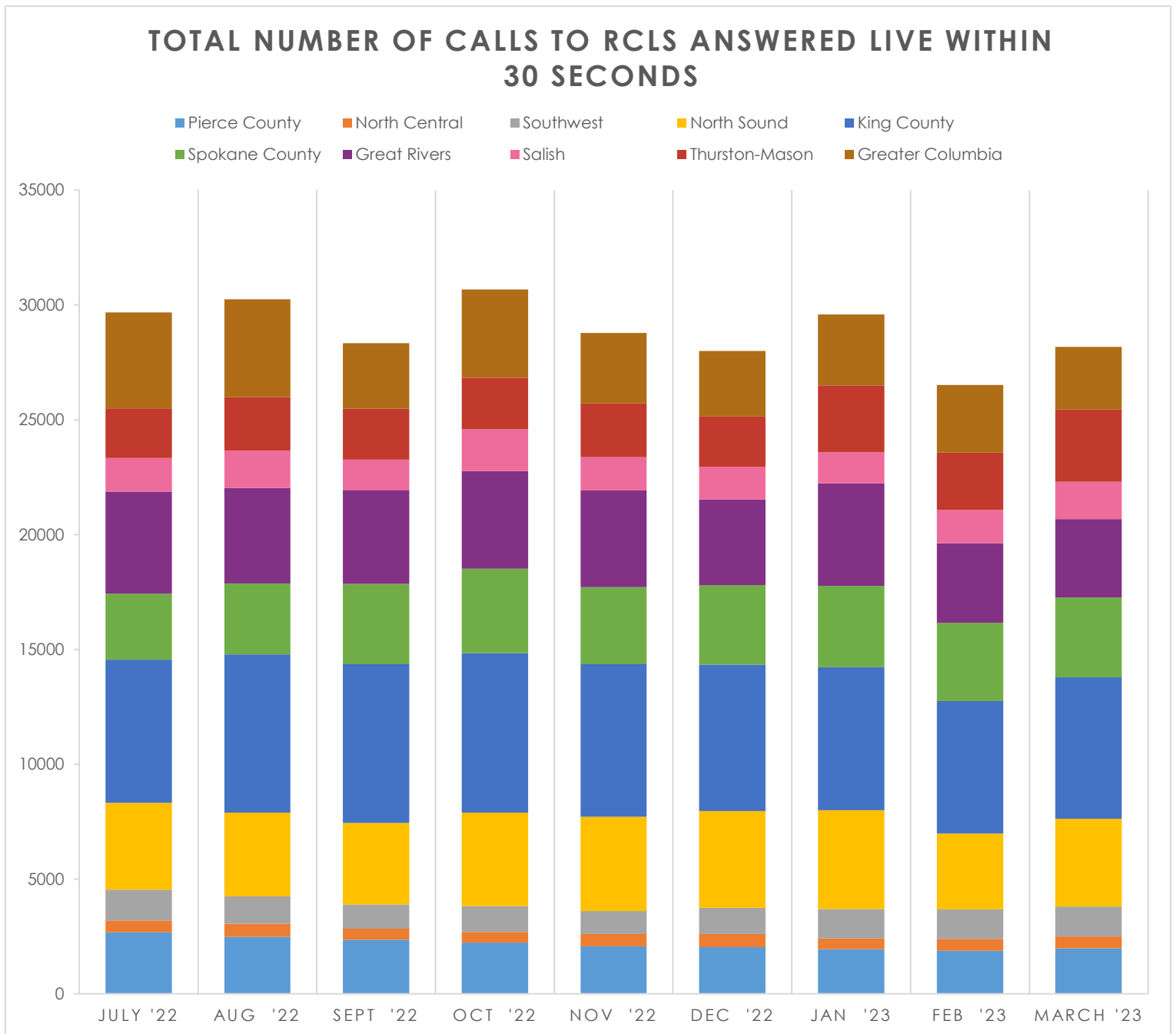
Graph 2D Total Number of Calls to RCLs Answered



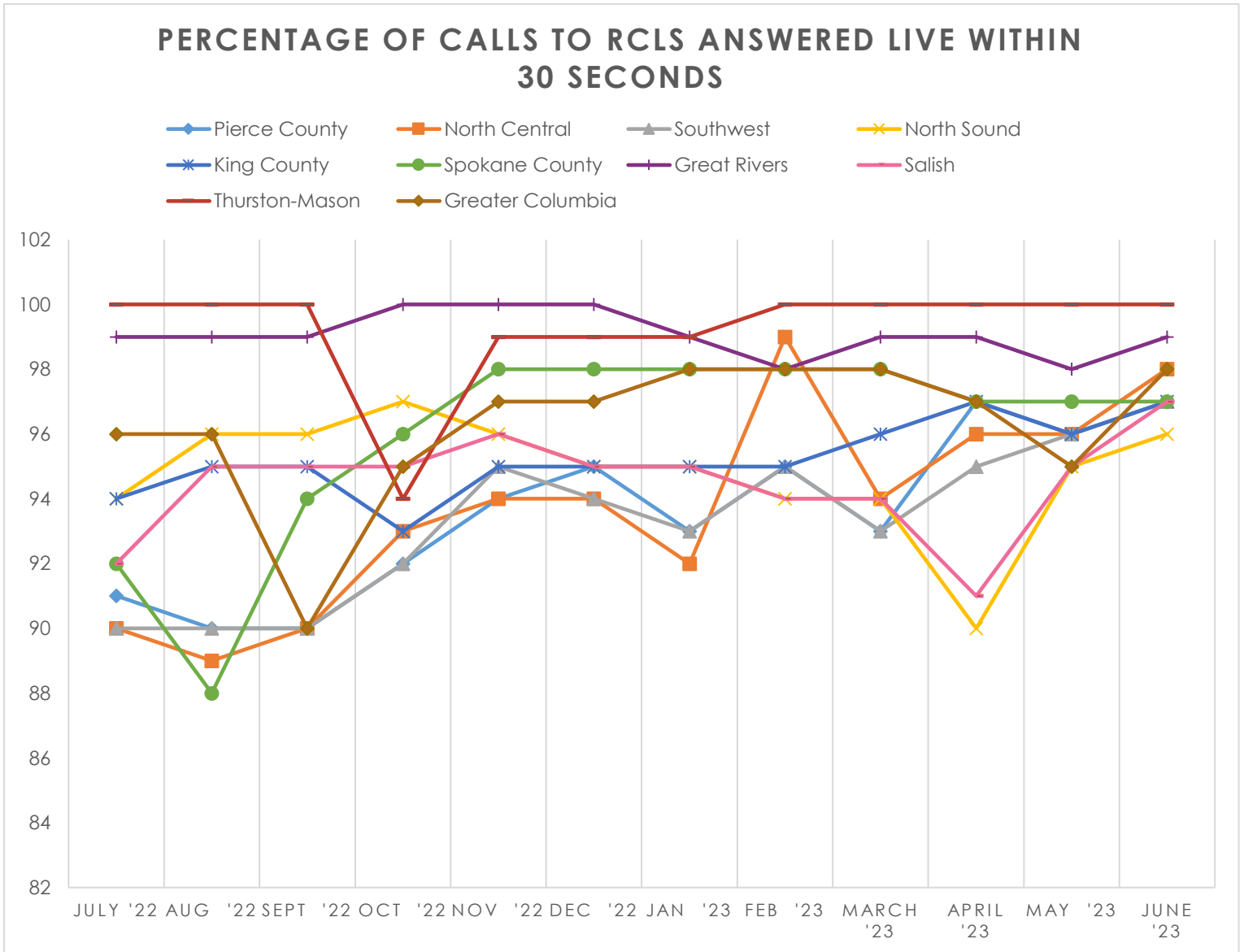
Graph 2E Average Answer Time of Calls to RCLs



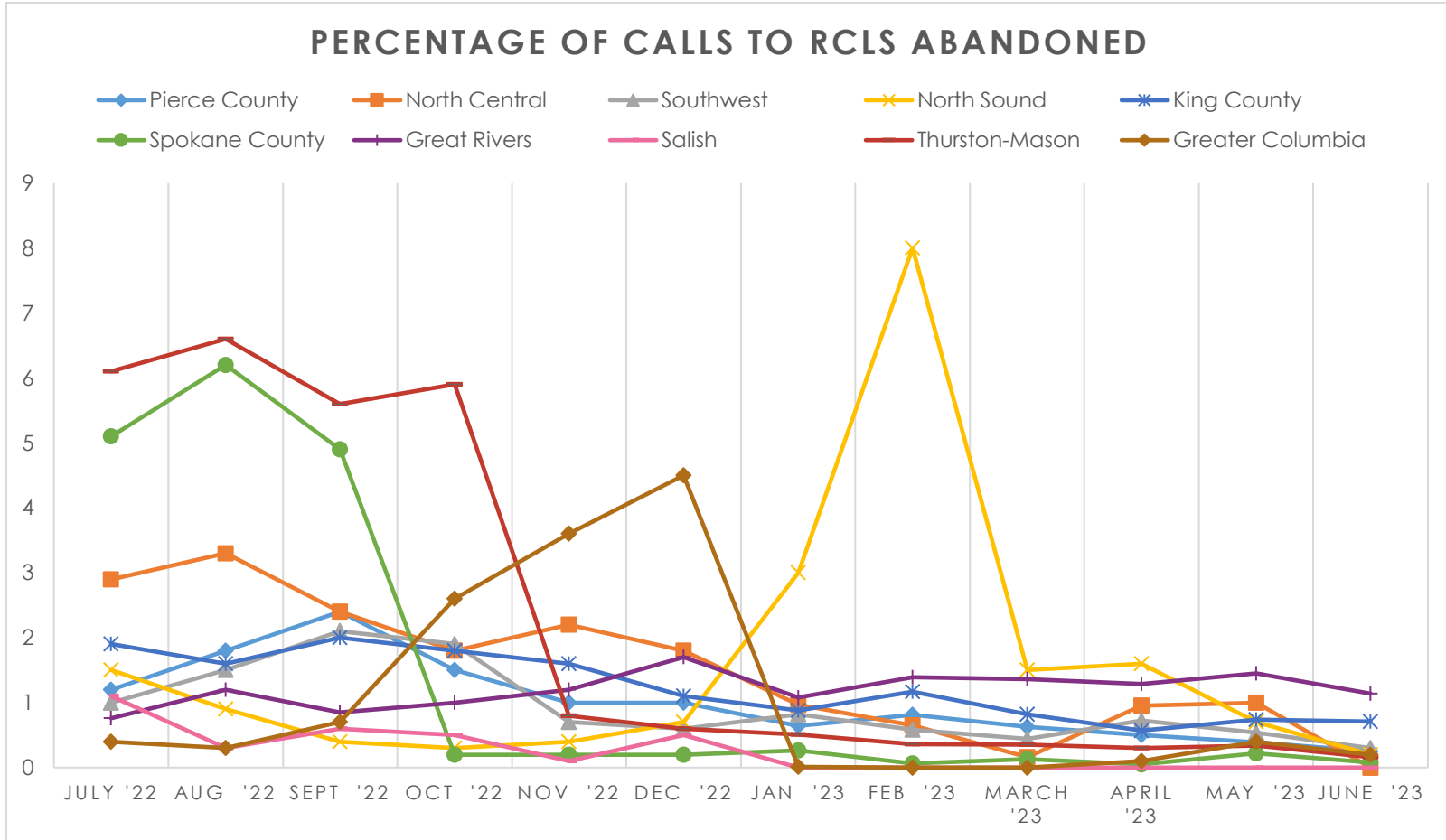
Graph 2F Total Number of Calls to RCLs Answered Live Within 30 Seconds



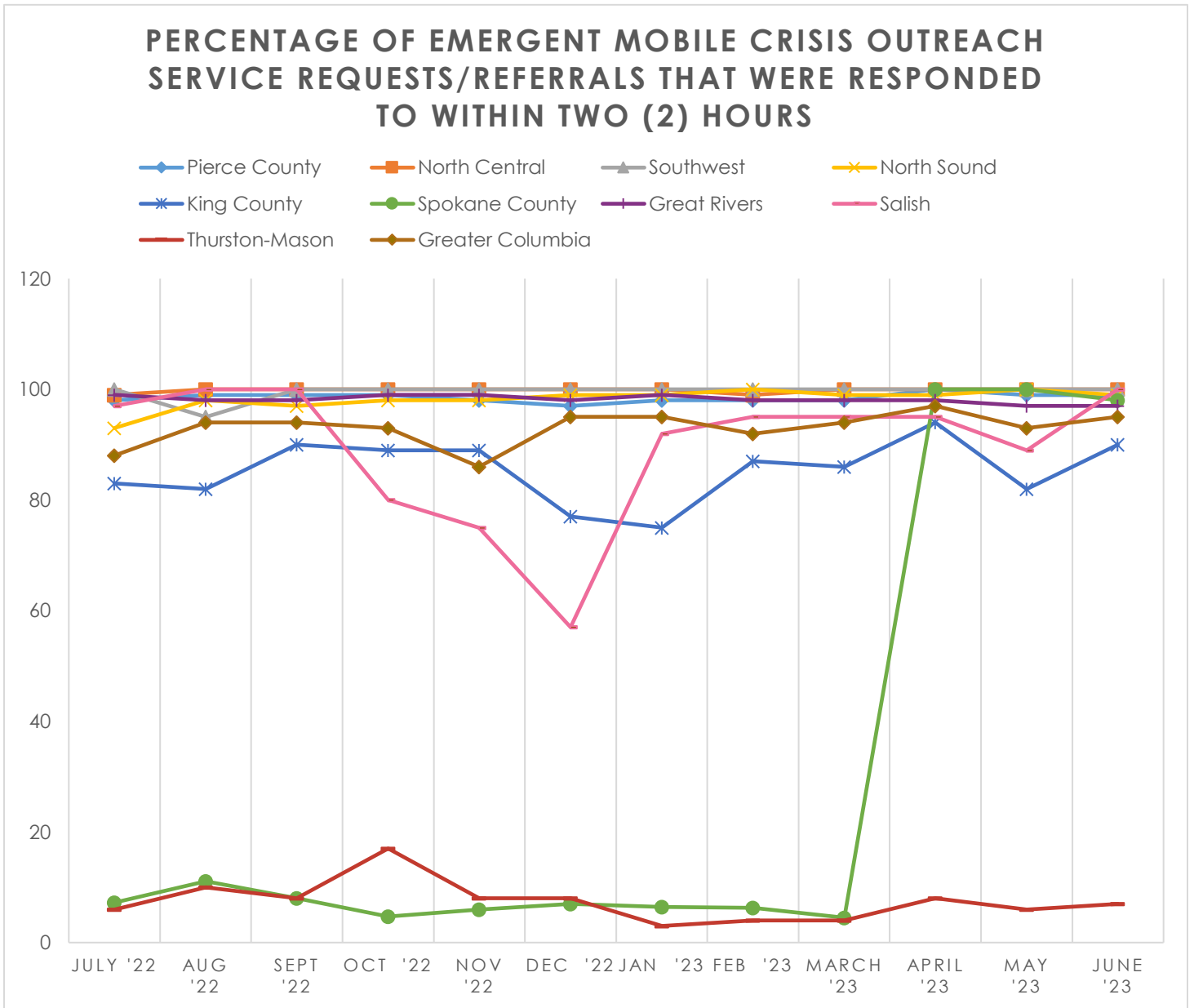
Graph 2G Percentage of Calls to RCLs Answered Live Within 30 Seconds



Graph 2H Percentage of Calls to RCLs Abandoned



Graph 21 Percentage of Emergent Mobile Crisis Outreach Service Requests/Referrals Responded to Within Two Hours



Graph 2J Percentage of Urgent Mobile Crisis Outreach Service Requests/Referrals That Were Responded to Within 24 Hours

