

Report to the Legislature

988 Usage Report

NOVEMBER 2025

RCW 71.24.894



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For more information or additional copies of this report:

Prevention and Community Health
Office of Healthy & Safe Communities
111 Israel Road SE
Tumwater, WA 98501
988programinfo@doh.wa.gov

Report Authors

Angela Boyer, MPH, 988 Senior Policy Analyst
Washington State Department of Health
Angela.Boyer@doh.wa.gov

Me’Kyel Bailey, Lead Policy Advisor
Washington State Department of Health
MeKyel.Bailey@doh.wa.gov

Agency Leadership

Dennis Worsham
Secretary of Health
Washington State Department of Health

Ryan Moran, DrPH, MHSA
Director
Washington State Health Care Authority

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In 2023, the Legislature passed RCW 71.24.903, which further implements 988 and expands crisis services in Washington by tasking HCA with:

- Creating endorsements for mobile rapid response and community-based crisis teams.
- Funding these mobile units and training for responders.

Additionally, this legislation supported the development of the Mental Health Crisis Call Diversion Initiative (MHCCDI), which created partnerships between 911 Public Safety Answering Points (PSAPs) and 988 Lifeline crisis centers to support people in crisis who call 911.

Since 988 launched, Washington's 988 Lifeline crisis centers have experienced a significant increase in 988 contacts. These contacts will likely continue to increase as cell phone carriers transition to including georouting for all 988 calls and texts.

In August 2022, the first full month of data post-launch, the state received:

- 5,537 calls
- 857 texts
- 1,144 chats

In June 2025, 3 years later, the state received:

- 15,369 calls
- 3,450 texts
- 2,122 chats

This growth is most likely due to increased awareness of 988, due to awareness campaigns, community outreach and education, and enhanced coordination of services statewide.

This report provides data from July 2024 through June 2025 on 988 Lifeline usage, call outcomes, the provision of crisis services, including mobile rapid response crisis teams and crisis stabilization services, and information on the fund deposits and expenditures of the 988 line tax account (RCW 71.24.894). This year's report also includes new data showing the outcome of the MHCCDI pilot project.

Data in this report also shows:

- Growth in the number of 988 contacts received and answered by Washington 988 Lifeline crisis centers. Performance metrics show the demand for crisis services by people in Washington (Graph A2).
- A majority of crisis contacts continue to flow through regional crisis lines (RCLs) and local providers. These contacts are expected to gradually shift to the 988 Lifeline (Graph A4). In the meantime, performance metrics show that the regional crisis system continues to respond to the needs of people in crisis during this transition.

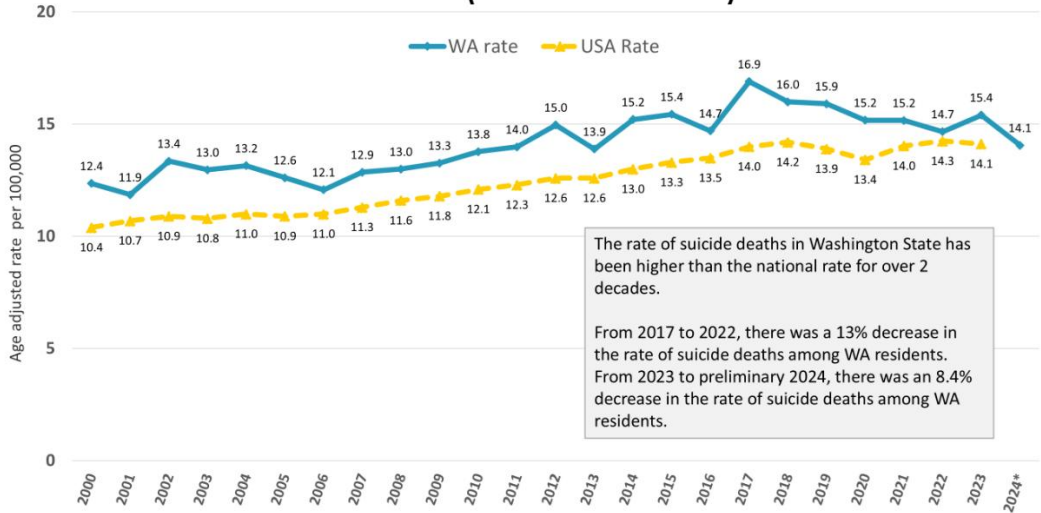
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Background

The federal government passed legislation in July 2020 making 988 the phone number to contact to reach the National Suicide Prevention Lifeline (NSPL). 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 vision for 988 in Washington is to provide people in crisis with someone to contact, someone to respond, and a safe place for help. The 988 Lifeline launched nationwide on July 16, 2022.

The rate of suicide deaths in Washington has been higher than the national rate for over 2 decades. Nearly 2,500 adults and children in Washington died by suicide in 2023 through 2024.⁴

WA Suicide Rates and National Suicide Rates (2000-2024*)



WA Suicide Deaths	
Year	Number of Deaths
2000	727
2001	710
2002	811
2003	801
2004	823
2005	814
2006	796
2007	857
2008	884
2009	915
2010	947
2011	992
2012	1035
2013	1008
2014	1110
2015	1136
2016	1123
2017	1292
2018	1254
2019	1263
2020	1211
2021	1228
2022	1234
2023	1278
2024*	1215
2025*	844

*2024 & 2025 data are preliminary and expected to change for WA.
 WA Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.
 USA Data Source: CDC Wonder (Crude Rates for Preliminary Data)/CDC WISQARS (Age-Adjusted Rates for Finalized Data)
 Data Last Updated: September 22, 2025

Data shows that several groups have a higher risk of suicide⁵:

- Young people aged 10–24 years
- Veterans
- American Indians and Alaska Native people (AI/AN people)
- Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and Two-Spirit (LGBTQIA2S+) youth
- People living in rural areas

⁴ 2024 & 2025 data are preliminary and expected to change for WA.

⁵ [Washington State Department of Health State Suicide Prevention Plan](#), accessed 9/12/25

Reaching help-seekers where they are

When a call is placed, it is routed nationally before being routed to a 988 center in Washington. Crisis counselors then answer calls and provide help-seekers support. Calls, texts and chats are currently routed by either the help-seeker's area code or by georouting. With georouted calls:

- A wireless carrier turns location details into a broad geographic area.
- The carrier shares the geographic area with the 988 routing platform.
- 988 routes the call to the crisis center serving that geographic area.

Help-seekers who contact 988 will reach a trained crisis counselor at a local 988 Lifeline crisis center. People who contact 988 from Washington can also choose from 3 different 988 subnetworks—the Veterans Crisis Line, the Spanish Language Line, and the Native & Strong Lifeline (NSLL).

Georouting began for some cell phone carriers in September 2024 and will expand to all carriers by December 2026.⁶ Texts are currently routed by area code but will soon be georouted, and chats are routed by the help-seeker's ZIP code.

As Washington has a growing population with many people using cell phone numbers from other locations, the risk for underreporting 988 Lifeline use in Washington is high, especially in the Seattle/King County metro area. This risk should be mitigated as more cell phone carriers implement georouting over the coming 2 years.

LGBTQI+ Youth Subnetwork termination

The federal government shut down the LGBTQI+ Youth Subnetwork on July 17, 2025. In addition to providing support for mental health crises, thoughts of suicide, and substance use concerns, the LGBTQI+ Youth Subnetwork also played a critical role in helping LGBTQIA2S+ youth with issues like discrimination and social isolation.

The shutdown of this subnetwork will likely put more demand on the main 988 line and potentially reduce support for this underserved community. Washington's 988 Lifeline crisis centers are committed and ready to serve anyone who contacts 988—including LGBTQIA2S+ youth—by ensuring all 988 counselors are trained specifically to work with LGBTQIA2S+ and youth communities who have a higher risk of suicide or other adverse mental or behavioral health outcomes.

Serving AI/AN communities

The Native & Strong Lifeline (NSLL) is a subnetwork of the 988 Lifeline in Washington. Launched in November 2022, the NSLL is the first program of its kind in the nation dedicated to serving

⁶ Currently T-Mobile, Verizon and AT&T are georouted. All carriers must implement georouting for calls by the end of 2026.

AI/AN people. Calls are answered by Native crisis counselors who are Tribal members and descendants closely tied to their communities. NSLL counselors are fully trained in crisis intervention and support, with a special emphasis on cultural and traditional practices related to healing. This service is critical, as the United States Department of Health and Human Services (HHS) Office of Minority Health (OMH) shows that in 2022, suicide was the second leading cause of death for non-Hispanic American Indian/Alaskan Native people.⁷

988 line tax

In 2021, the Legislature passed E2SHB 1477, creating the 988 behavioral health crisis response and suicide prevention line tax and a new account to implement and support 988 in Washington. This bill allocated critical resources to ensure 988 calls, texts, and chats are answered effectively, and expanded access to behavioral health crisis services statewide.

The line tax account was created in the state treasury in RCW 82.86.050(1). Funds in this account can only be used for the following purposes:

- To make sure calls to the 988 Lifeline are quickly routed to the correct crisis lifeline center
- To pay for staffing and provide urgent behavioral health services, including crisis outreach and stabilization services (RCW 71.24.025)

These crisis outreach and stabilization services must:

- Be provided directly in response to 988 Lifeline calls
- Improve the quality and effectiveness of mobile crisis services, including teams endorsed under RCW 71.24.903, such as mobile rapid response and community-based crisis teams.

In addition, 10% of the annual revenue must be set aside for grants, performance payments, and supplemental performance payments for mobile rapid response crisis teams and community-based crisis teams (RCW 71.24.903). Up to 30% must go to mobile rapid response crisis teams operated by Tribes.

Partnerships improve the Crisis Care Continuum

The 988 Crisis Care Continuum is an umbrella term that describes the complete behavioral health crisis system, including partnerships. One of these partnerships is the Mental Health and Crisis Call Diversion Initiative (MHCCDI), supported by RCW 71.24.890. This is a partnership between 911 Public Safety Answering Points (PSAPs) and 988 Lifeline crisis centers.

Washington's 3 988 Lifeline crisis centers partnered with 3 of the state's 49 PSAPs in a small-

⁷ [U.S. Department of Health and Human Services Office of Minority Health. Mental and Behavioral Health – American Indians/Alaska Natives](#)

scale pilot to divert crisis calls made to 911 so people in crisis could connect quickly and easily to trained crisis counselors. The goal of diversion is to improve the help-seeker's experience and reduce the strain on emergency services. The pilot began in September 2023 and ran through December 2024 and was followed by an evaluation. A full report on diversion will be available in the near future. While the pilot has ended, the 911-988 partnerships that started in the pilot continue. The participating 988 and 911 partners have diverted more than 5,000 calls between July 2024 and June 2025 (Graph A6). In fiscal years 2025 through 2027, the department allocated funds to expand MHCCDI partnerships into 5 rural counties.

Other important partnerships help make up the 988 Crisis Care Continuum in Washington. This system is designed to ensure that people experiencing a mental health or substance use crisis, as well as the people seeking help on their behalf, can access culturally and linguistically appropriate support. This support is provided by Washington's network of 988 Lifeline crisis centers in coordination with regional behavioral health services. The Behavioral Health Administrative Services Organizations (BH-ASOs) are responsible for the administration of crisis services, including mobile crisis response and crisis stabilization services for their regional service area. The 988 system facilitates deployment of mobile crisis response units to deliver in-person assistance in the home or community settings. These teams provide crisis intervention and, when needed, will support access to treatment beds, clinical referrals, and linkage to multi-stage care pathways tailored to the individual's needs.

What to expect in this report

This report as mandated under RCW 71.24.894, provides Washington state data from July 2024 through June 2025 for 988 Lifeline usage, call outcomes, and the provision of crisis services, including mobile rapid response crisis teams and crisis stabilization services. It also includes information on the fund deposits and expenditures of the 988 line tax account.

For more information and definitions of the metrics used in the graphs that follow, please see Appendix B.

Data

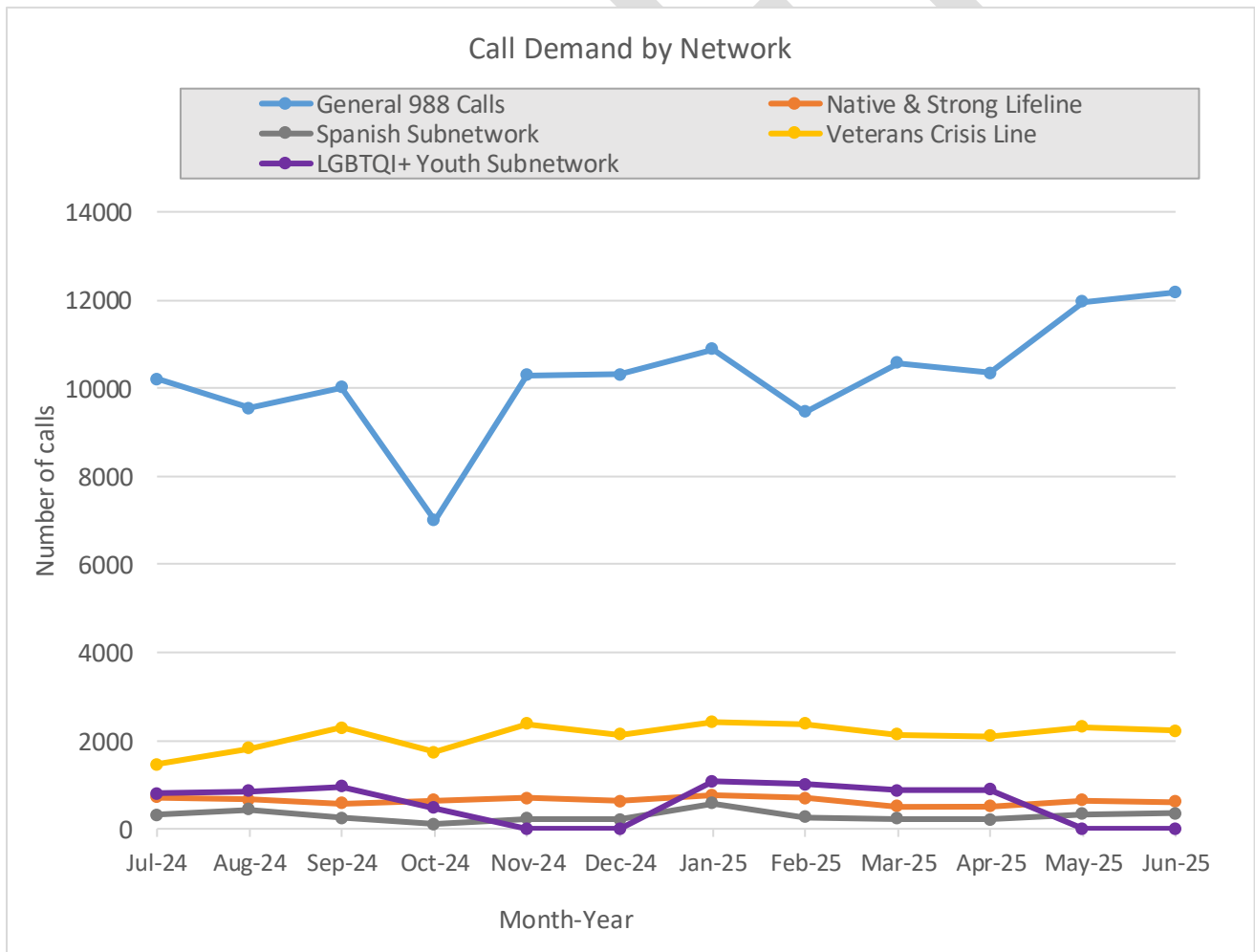
A. 988 Lifeline Crisis Center Call Usage Data

The following graphs reflect Washington data received from Vibrant Emotional Health, the national 988 administrator. It should be noted that discrepancies exist between Vibrant's data and the 988 Lifeline crisis centers' data, and these discrepancies can only be reconciled when a center's monthly discrepancy is larger than 150 calls or accounts for 5% of their monthly answer rate. This can occur if a call is abandoned or dropped between the routing from the federal platform to a 988 Lifeline crisis center in Washington. Lifeline crisis centers may report the discrepancy to Vibrant and work through individual call records to reconcile the data. According to Vibrant, data discrepancies in contacts offered and answered occur when working across different phone systems from their system to the 988 crisis centers' unique systems.

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Graph A1: Call Demand by Network

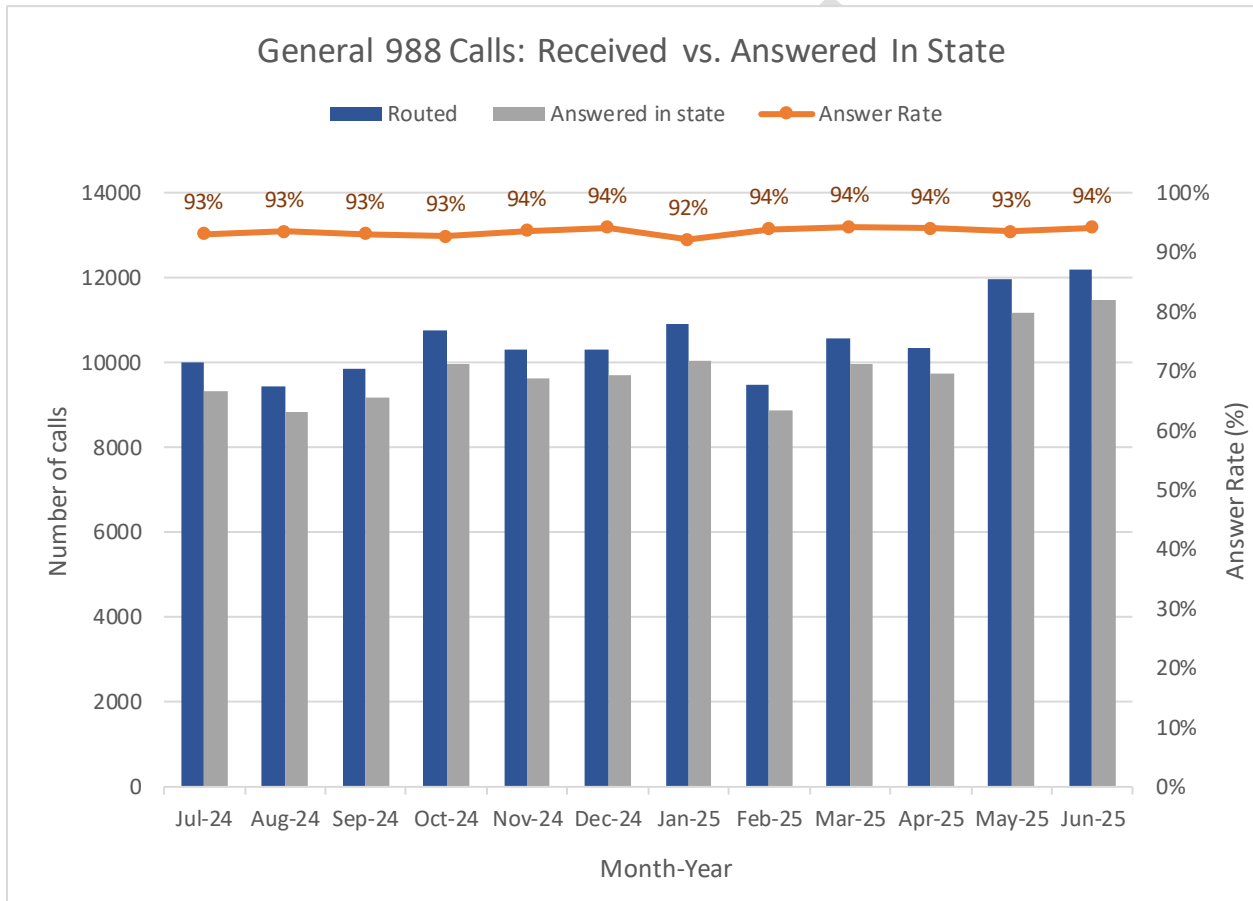
This graph shows the number of calls made by help-seekers with Washington area codes, broken down by 988 Lifeline subnetwork. Until July 17, 2025, 4 subnetworks were available to Washington help-seekers: the Veterans Crisis Line, the Spanish Subnetwork, the LGBTQI+ Youth Subnetwork (terminated on July 17, 2025), and the NSLL. When a help-seeker contacts 988 from a Washington area code and chooses one of the 988 subnetwork lines, the state receives this data even though the calls are not answered by Washington’s 988 Lifeline crisis centers, except for the NSLL, which is administered by Volunteers of America Western Washington (VOAWW), one of Washington’s 988 Lifeline crisis centers. While some subnetwork lines have experienced a decrease in calls, the general 988 line has experienced an increase in calls in the last year.⁸



⁸ For more information and definitions of the metrics used in the graphs, please refer to Appendix B.

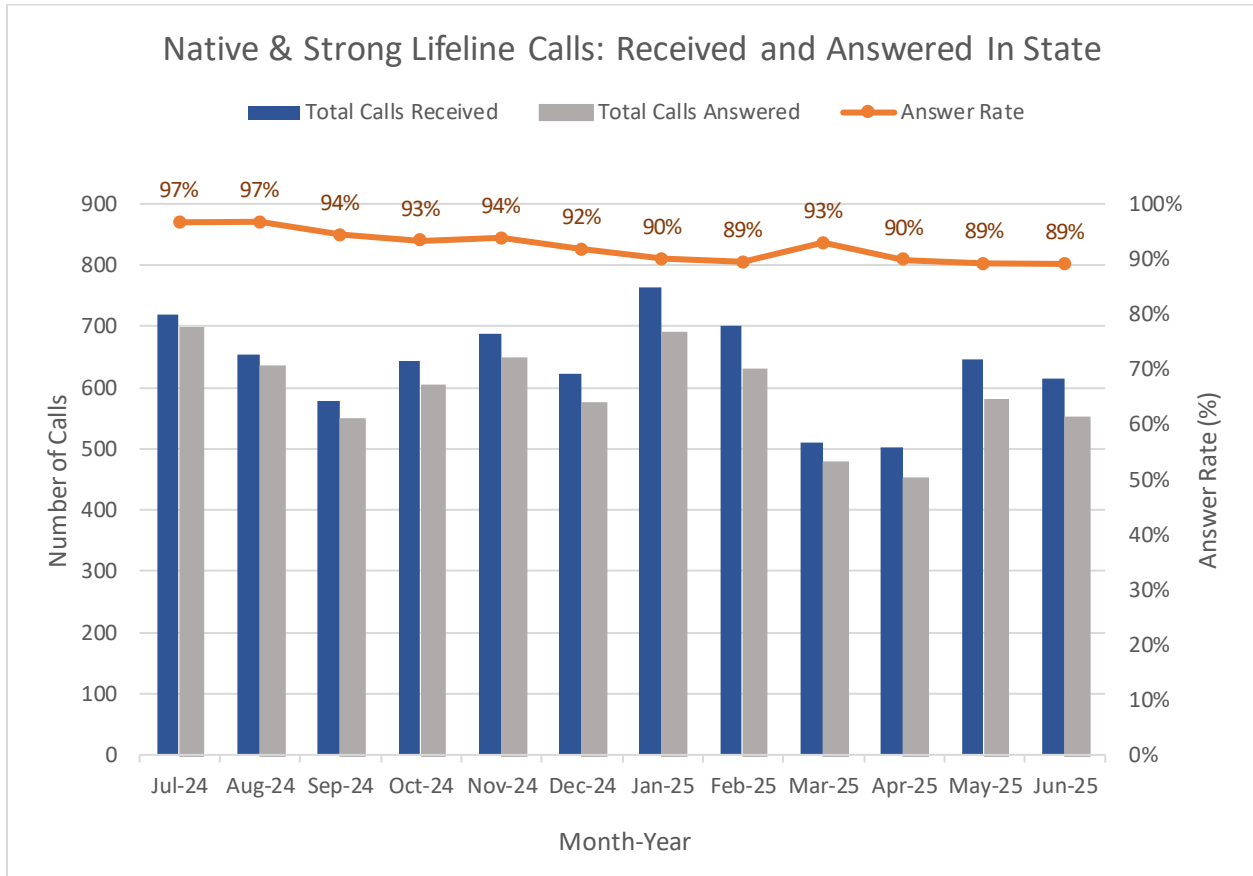
Graph A2: Washington State's General 988 Calls (Received vs. Answered In State)

Calls received are calls routed to 988 Lifeline crisis centers after the help-seeker waits through the 988 greeting. Once a crisis center receives and answers the call, the call is considered answered in state. All states must meet or exceed a 90% in-state answer rate. Washington has consistently achieved this goal.



Graph A3: NSLL Calls (Received vs. Answered In state)

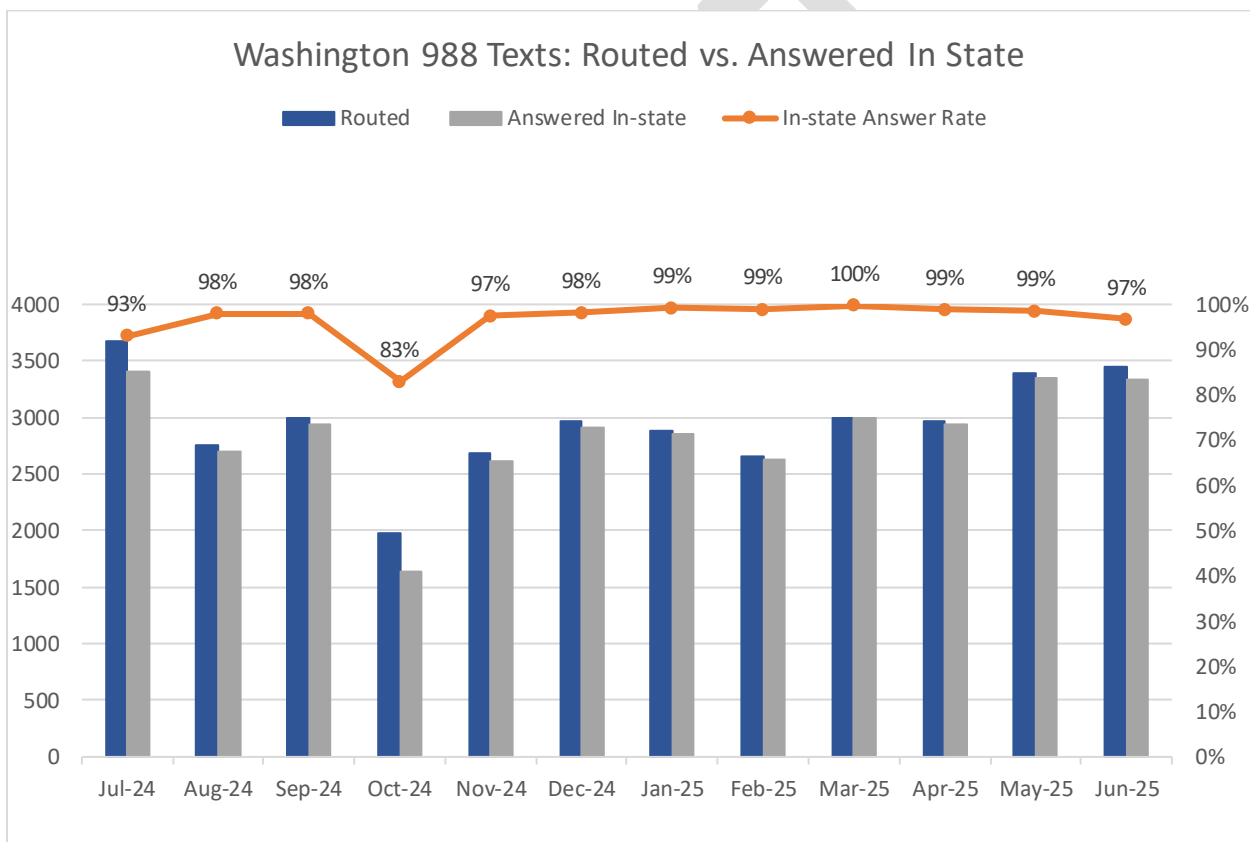
The graph below shows the total number of calls received and answered in state between July 2024 and June 2025.



Graph A4: Texts (Routed vs. Answered In State)

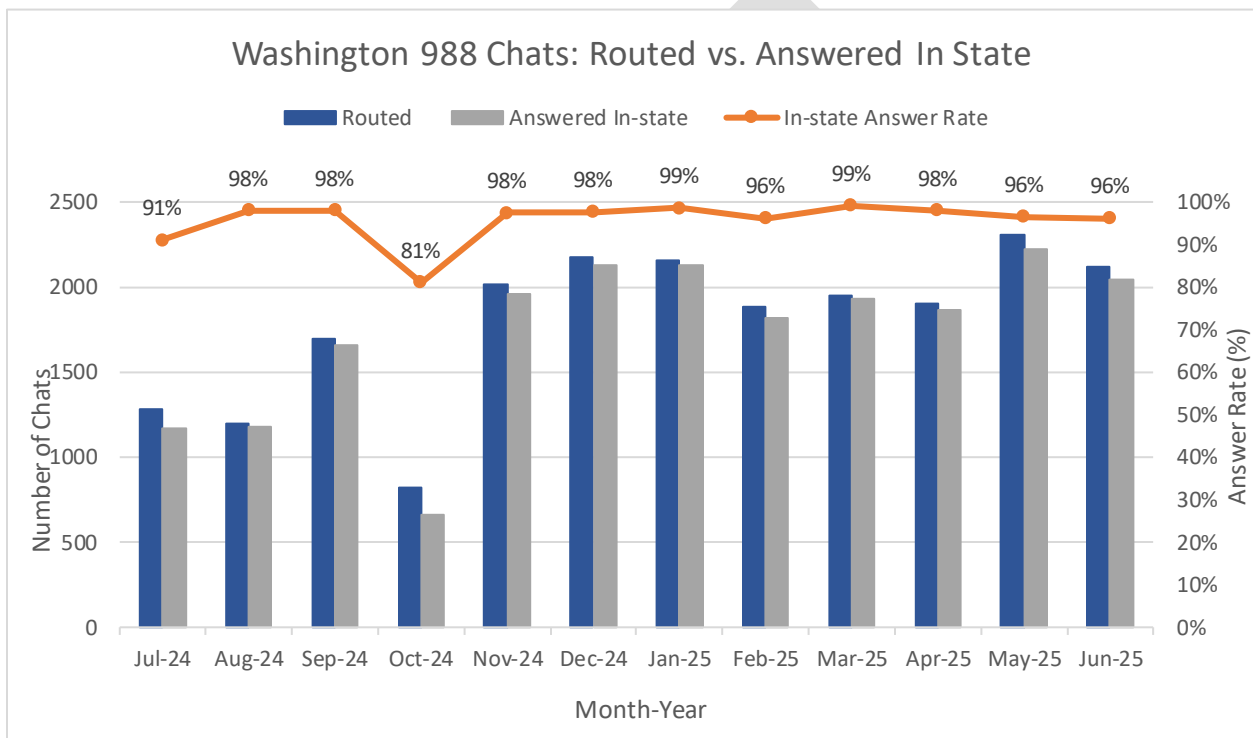
Text and chat data cannot be validated by internal systems at the 2 Washington 988 Lifeline crisis centers that answer 988 texts and chats (Crisis Connections and Volunteers of America Western Washington). Spikes or abnormalities in this data, such as those from October 2024, may be due to changes in Vibrant’s routing practices.

Because text and chat teams are operated separately from call teams that serve a statewide queue, contacts are not divided geographically at this time. Additionally, all text messages are currently routed based on area code rather than geolocation, or the texter’s general geographic location. Anyone in Washington with a non-Washington area code would be routed to a different 988 system.



Graph A5: Chats (Received/Routed vs. Answered In-state)

Text and chat data cannot be validated by internal systems at the 2 Washington 988 Lifeline crisis centers that answer 988 texts and chats (Crisis Connections and Volunteers of America Western Washington). Spikes or abnormalities in this data, such as those from October 2024, may be due to changes in Vibrant’s routing practices. Additionally, all chat messages are currently routed based on ZIP code rather than geographic location of the person at the time. Anyone in Washington with a ZIP code outside of the state would be routed to a different 988 system.



B. MHCCDI pilot data

An evaluation was conducted after the end of the diversion pilot. Some data is presented below, and a report will be presented to the legislature soon.

Graph B1: MHCCDI Call Volume

The MHCCDI pilot project included 3 partnerships in Washington. Between July 2024 and June 2025, 5,036 behavioral health calls were diverted from 911 to 988.

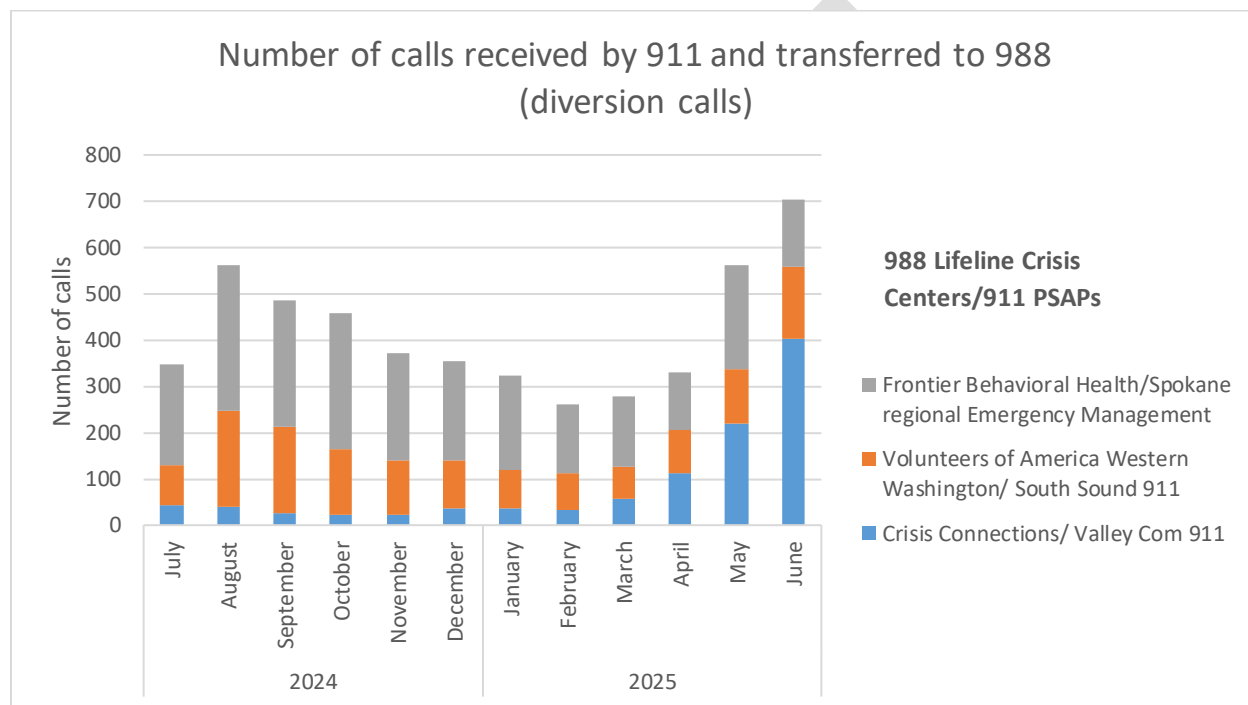


Table B1: Types of Diversion Calls by Month

Call Type	Month											
	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Mental Health	0	62	99	48	19	99	247	20	18	18	29	
Substance Use	0	**	**	**	**	10	**	**	**	**	**	
Suicide/Thoughts of Suicide	10	22	14	31	25	21	23	20	11	16	13	
Disability	**	15	23	10	18	13	11	10	**	12	**	
Other Crises	56	234	279	239	225	206	291	193	133	166	107	

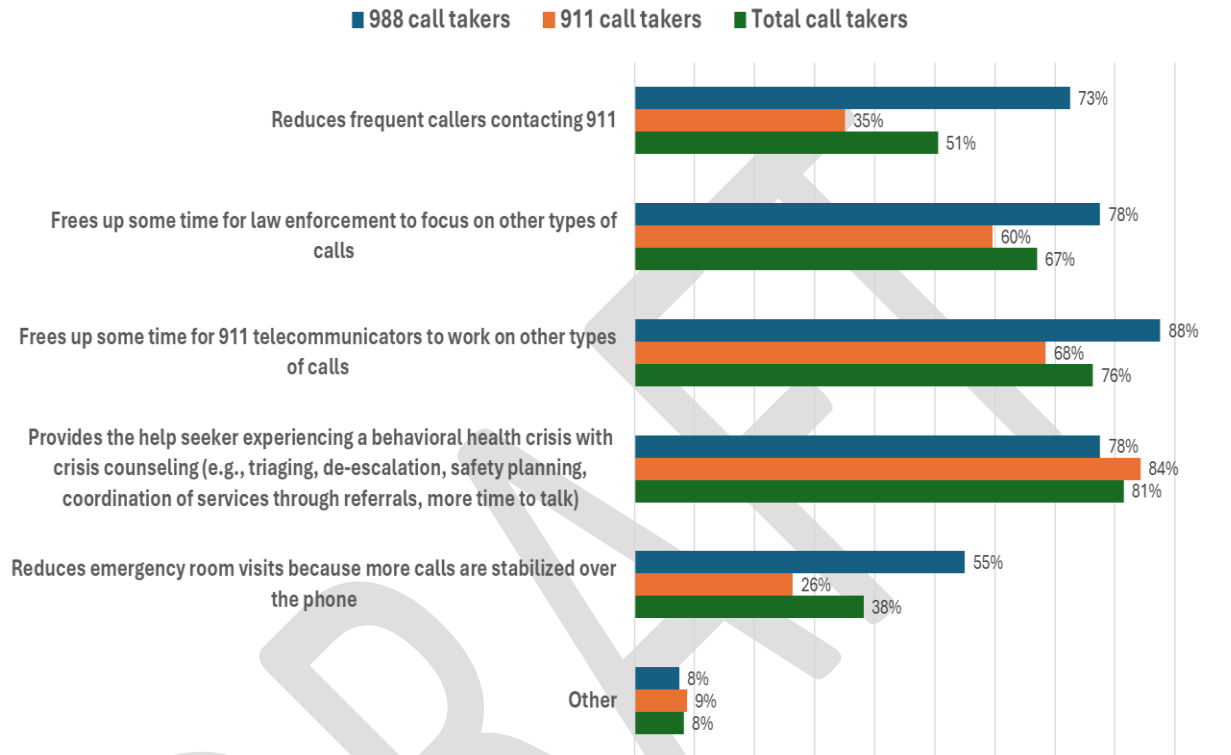
*Note number of call types will not equal the number of total calls. Call types are not mutually exclusive, since help-seekers can report multiple needs.

**Counts between 1 and 9 are suppressed.

Among the 5,036 behavioral health calls diverted from 911 to 988 between July 2024 and June 2025, the 5 main types of calls included concerns about mental health, substance use, suicide or thoughts of suicide, disability, and other crises.

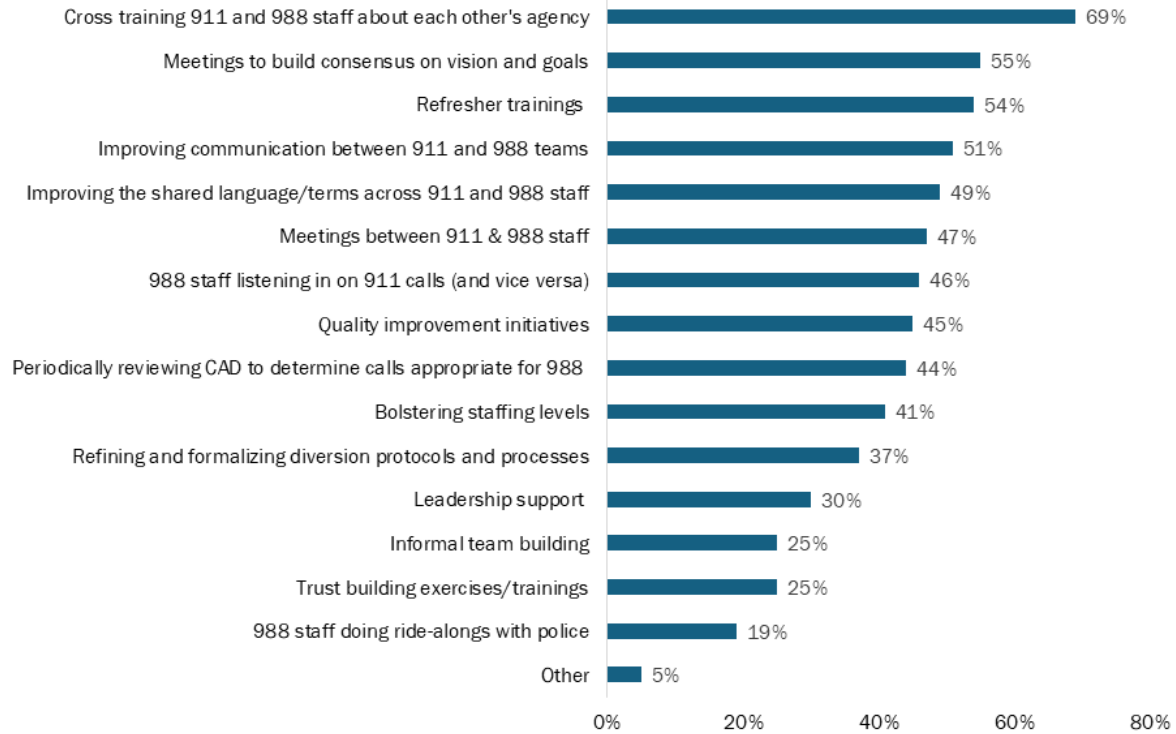
Graph B2: Perceived Benefits/Successes of MHCCDI Work Among Diversion Staff

At the conclusion of the pilot project in July 2025, staff from participating 988 Lifeline Crisis Centers and 911 PSAPs took a survey on the perceived benefits of the partnerships. Staff from both 911 and 988 reported benefits of the pilot program in 5 key areas.



Graph B3: Call Takers' Perspectives on Strategies to Improve Collaboration⁹

Call takers had the opportunity to share their suggestions for ways to improve collaboration between 911 and 988 staff. Among the survey respondents, 69% felt cross-training staff about each other's agency would improve collaboration.



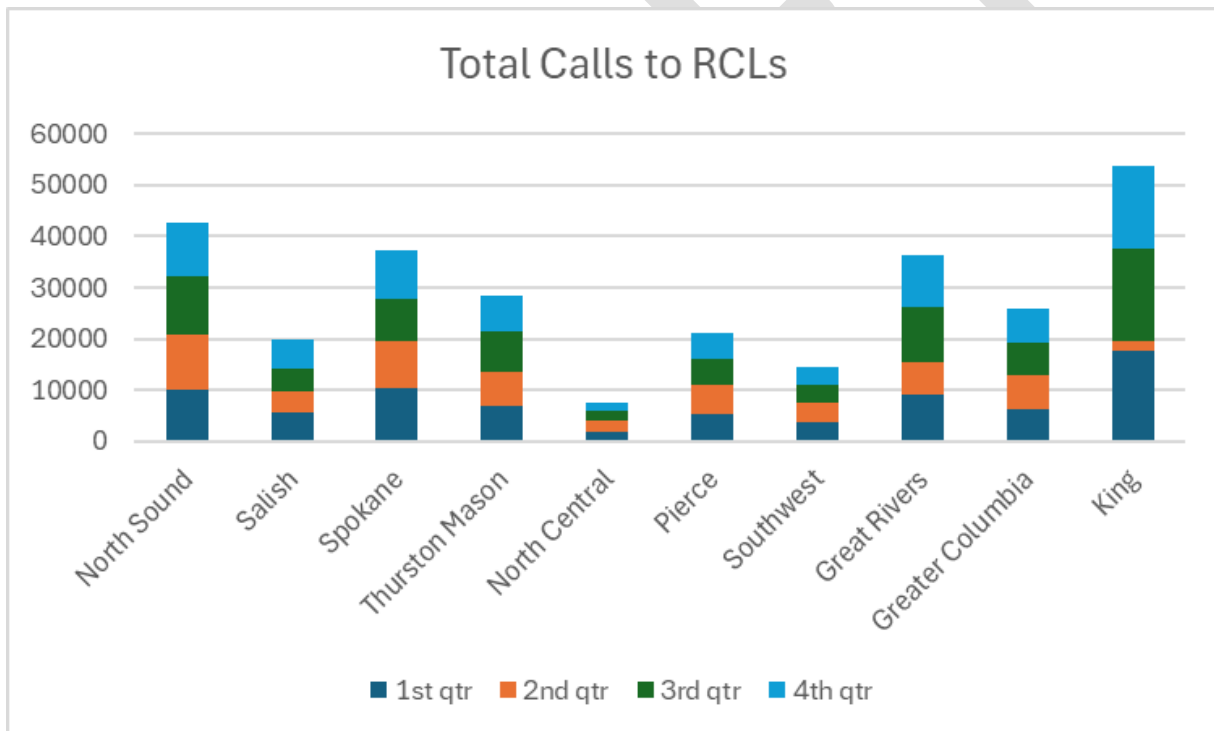
⁹ Survey respondents were instructed to select all that apply among each of the collaboration strategies.

C. Crisis Stabilization Data

This data is collected through the HCA's contracts with behavioral health administrative services organizations (BH-ASOs). HCA is undergoing work to enhance the collection and accuracy of data by these teams to ensure the standardization of data collected. This standardization of data will more accurately reflect service connections with MRRCTs.

Graph C1: Total Number of Calls to Regional Crisis Lines (RCLs)

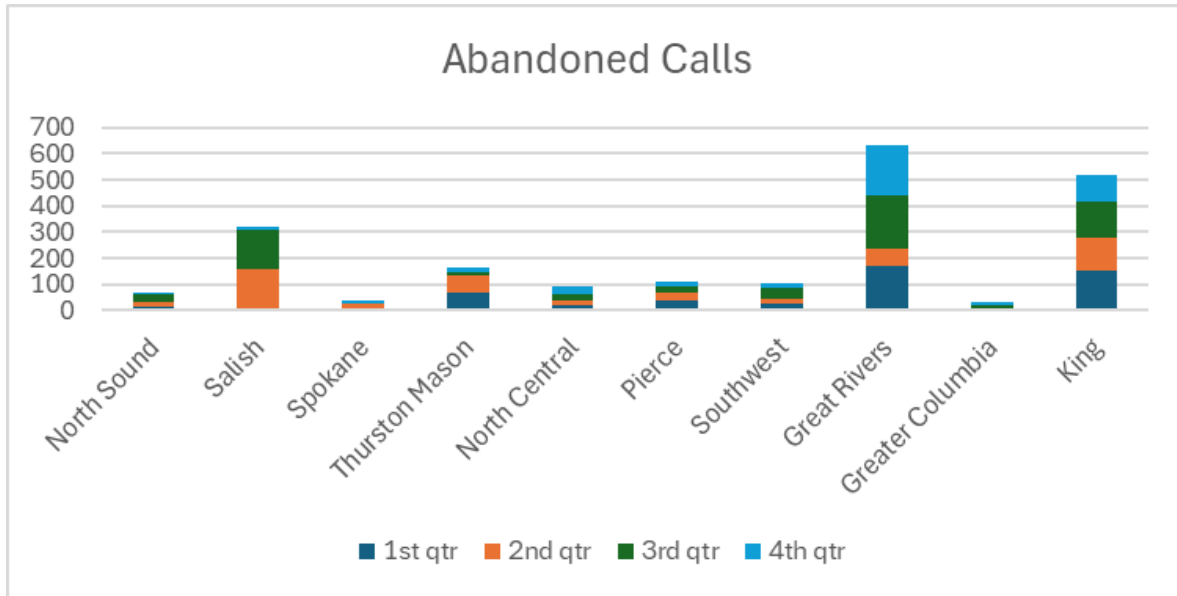
RCLs are regionally operated lines that predate the 988 Lifeline. They provide local support and referrals to help-seekers experiencing behavioral health crises. They are often a primary crisis coordination point in the region. Comparing RCL data to the call volume of 988 highlights that most crisis contacts continue to flow through RCLs as word continues to spread regarding the 988 Lifeline. HCA expects to see an increase in 988 usage as awareness increases and georouting is implemented. Compared to fiscal year 2023, RCL call volume has slightly declined in monthly averages. RCL data is for July 1, 2024 through June 30, 2025.



Graph reflects partial data.

Graph C2: Total Number of Calls to RCLs Abandoned

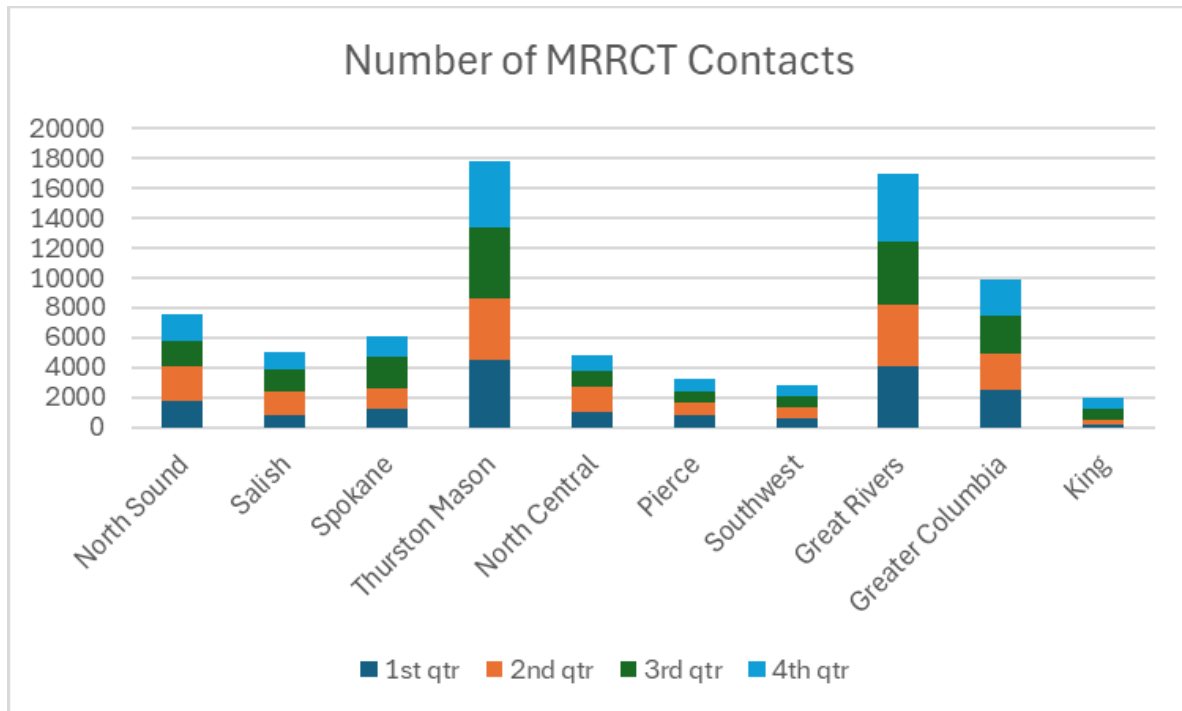
Data for abandoned calls at RCLs shows fluctuations over the past year. Many factors, including workforce and process changes, play a role in abandonment rate changes. Overall, the abandonment rate is lower than it was at the start of fiscal year 2024.



Graph reflects partial data.

Graph C3: Total Number of Mobile Rapid Response Crisis Team (MRRCT) Contacts

MRRCTs provide voluntary, professional, community-based interventions and follow-up support on-site for people experiencing a behavioral health crisis, as defined by the person in crisis. Mobile crisis response services reduce the use of emergency departments and unnecessary law enforcement. The data continues to show an increase in mobile crisis response as teams expand capacity and more teams are added.



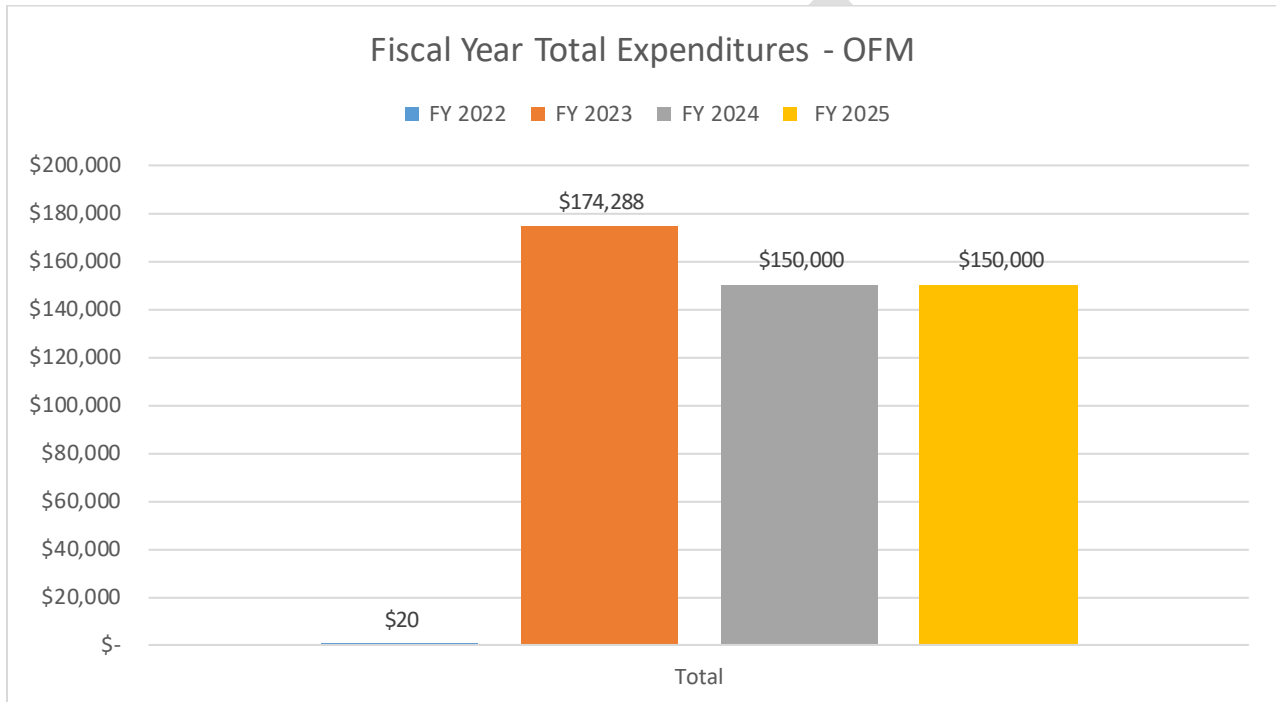
Graph reflects partial data.

D. 988 Funding

RCW 71.24.894 mandates that deposits and expenditures from the 988 line tax account (RCW 82.86.050) be included in this report. The data below show that information.

Graph D2: OFM – Fiscal Year Total

This graph is the fiscal year total expenditures for behavioral health crisis coordination through training and crisis co response services.



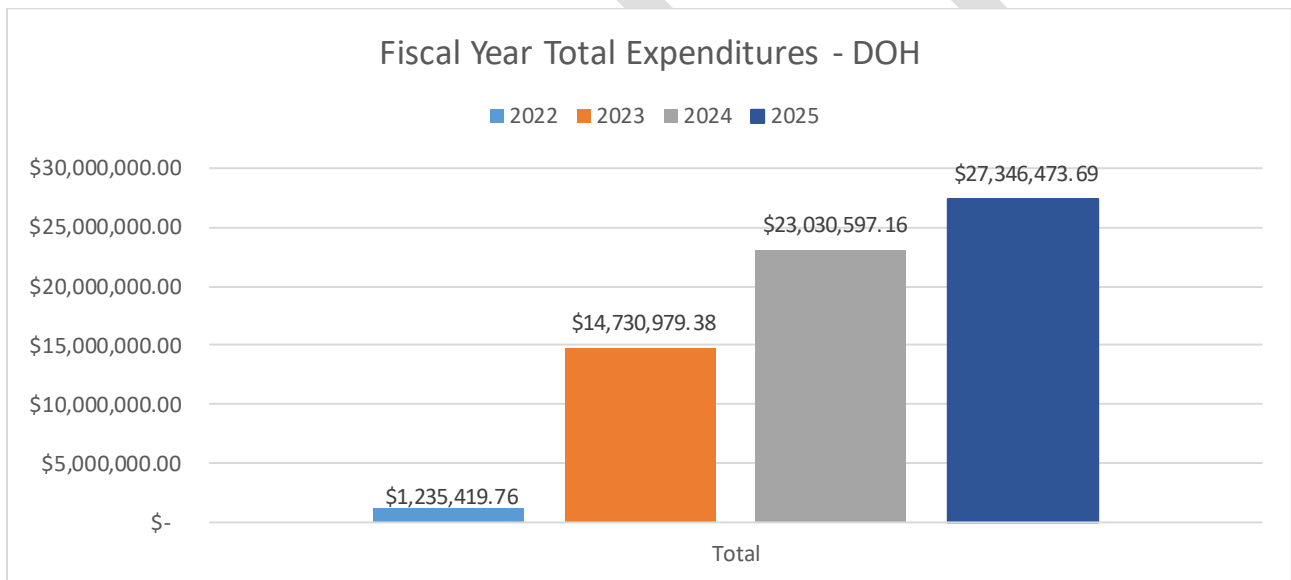
In accordance with RCW 82.86.020, Washington applies additional requirements and attendant costs on the 988 system compared to national standards. The funding levels for call centers is determined by considering call volume predictions, guidance on crisis center performance metrics, and necessary technology upgrades. These requirements have led to a more robust and responsive system, along with improved follow-up outreach, in-state backup routing, data reporting based on programmatic needs, and training for crisis counselors and supervisors.

Graph D3: DOH – Fiscal Year Total Expenditures

The funding data shows an increase in revenue from 2022 to 2025. It also shows that expenditures have grown in scale with the increase in use of services. This trend is expected to continue as awareness of the 988 Lifeline grows. DOH and HCA anticipate an increase in workload levels as well as call, text, and chat volumes, due to:

- The continued growth in awareness of the 988 Lifeline
- The transition of calls from the LGBTQ+ Youth Subnetwork
- A new partnership with the Department of Corrections beginning in fall 2025. Between 2021-2023 there were 33 deaths by suicide among Washington residents that occurred in a jail, penitentiary, corrections, or prison¹⁰

Interpretations of the financial data provided should be made with caution as program implementation will continue to change over time.



The department currently contracts with 3 separate 988 Lifeline crisis centers. The majority of revenue received from the 988 excise tax funds the operation of these crisis centers.

Washington 988 Lifeline crisis centers must have sufficient staffing levels to maintain a 90% in-state answer rate for 988 calls, texts, and chats to be compliant with RCW 71.24.890. 988 Lifeline crisis centers also provide:

- In-state back-up coverage to make sure help-seekers in Washington receive localized services.
- Follow-up services as requested by help-seekers.

¹⁰ Washington State Department of Health, Center for Health Statistics, Death certificate data. 2024 data is preliminary and expected to change.

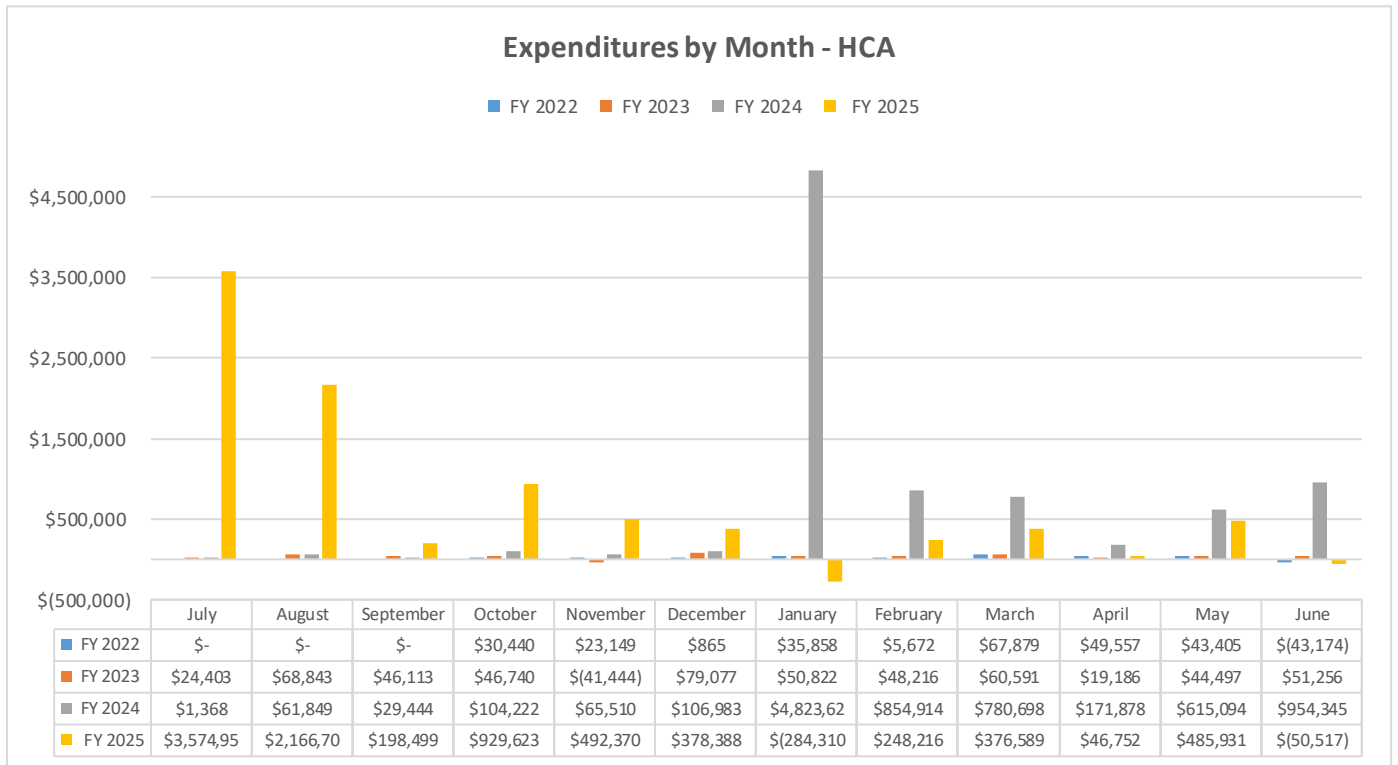
- Culturally and linguistically appropriate efforts specific to the identified needs of different communities.
- Partnerships with 911 as part of the MHCCDI.
- Staff training in alignment with evidence-based best practices.

Required trainings for direct-service staff include trainings specific to communities with a higher risk of suicide:

- Veterans
- People with intellectual and developmental disabilities
- People under 18
- LGBTQIA2S+ people
- Communities of color
- Agricultural communities
- Native and Indigenous people, including AI/AN people, First Nations people, and Tribal members and unenrolled descendants.

Blended federal funding and 988 line tax funding supports these trainings and reports on these activities to reflect continued training efforts. The 988 line tax also funds all programmatic operations mentioned in the report above, including DOH 988 staff salaries, benefits, and other personnel expenses.

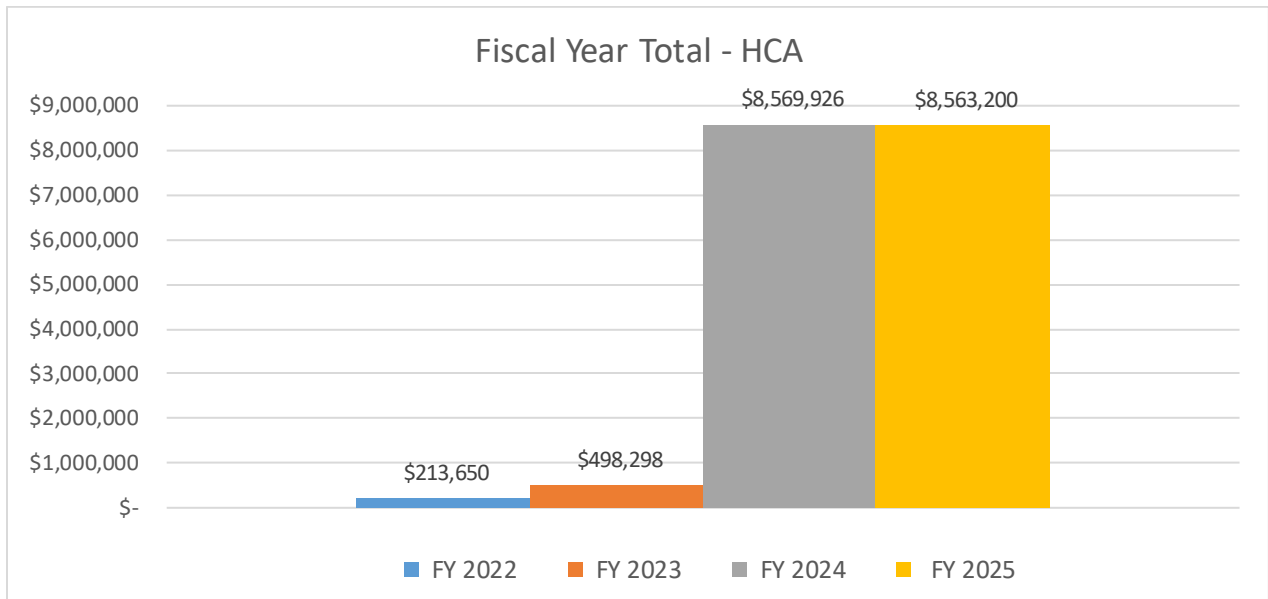
Graph D4: HCA – Expenditures by Month



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Graph D5: HCA – Fiscal Year Total

This graph shows total expenditures by fiscal from HCA.



HCA contracts with Behavioral Health Administrative Service Organizations (BH-ASOs) to administer the crisis system in their regional service area. BH-ASOs are funded by HCA with a mix of SAMHSA block grant dollars, state general funds, and the 988 line tax. Managed Care Organizations are required to delegate their crisis services to the BH-ASOs and contract with them to use Medicaid dollars. BH-ASOs use this blended funding to contract with service providers. BH-ASOs help ensure the availability of certain services in their regions, including involuntary services and mobile crisis services. They may also receive local funding for local initiatives.

Accomplishments

Over the last year, the 988 Crisis Care Continuum continued to work toward its vision of someone to contact, someone to respond, and a safe place for help. This work included the following highlights:

- The Federal Communications Commission adopted rules requiring all wireless carriers to adopt georouting for calls to 988. They have proposed georouting for texts as well. Georouting will help ensure calls and texts are handled by 988 Lifeline crisis counselors who have local knowledge and can provide help-seekers with regionally appropriate resources.
- The standards for designation to become a 988 contact hub and the designation process (WAC 246-350-020 and 246-350-030) went into effect January 2025. The 988 contact hub designation application for crisis centers went live in May 2025.
- The NSLL expanded its services by adding chat and text. Chat and text services became available in August 2025.
- Several 988 media campaigns ran, including 988 general awareness and campaigns targeting older adults (aged 65+), and Black/African American and LGBTQIA2S+ youth (aged 13–17 years).
- The state expanded Mobile Response and Stabilization Services (MRSS), a national best practice model designed to support children, youth and families experiencing a behavioral health crisis. MRSS teams expanded from 4 teams in 2022 to 18 teams, increasing coverage from 5 counties to 23 counties. Effective January 1, 2024, these teams allow up to 8 weeks of in-home stabilization.
- In addition to expanding mobile rapid response crisis teams (MRRCTs) over the past few years, this year the state began issuing endorsements to MRRCTs and community-based crisis teams. Endorsed teams meet additional requirements for 24/7 hours of operation, ability to transport, and training requirements. Endorsed teams maintain the capacity to provide an in-person response to calls received by 988.
- MHCCDI partnerships between 988 Lifeline crisis centers and PSAPs continued. Planning for expansion to rural areas began. Over 5,000 911 calls were diverted to 988.

Conclusion

Washington's vision of a crisis system where everyone has someone to contact, someone to respond and a safe place for help has increased use of the 988 Lifeline. Both national efforts, such as georouting, and statewide services, such as the NSLL, help provide all people in crisis with someone to contact, whatever their support needs. The pilot of the MHCCDI and endorsements for mobile rapid response and community-based crisis teams help make sure all help-seekers have someone to respond during a crisis. HCA's continued work with crisis stabilization services has continued to improve coordination of services statewide and provide help-seekers with a safe place for help.

The use of the 988 Lifeline continues to increase, and DOH and HCA continue to work together to improve the 988 crisis care continuum in Washington. A few examples of this work include:

- Partnerships to address suicide for incarcerated people
- Expanded training in working with LGBTQIA2S+ youth for 988 crisis counselors
- Improved support for coordinated services, such as increasing MRSS teams statewide.

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

Appendix A: Statutory References

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

988 Lifeline Crisis Center Data – Call Metrics

Answered In State: “Routed” calls that were answered by a local center contracted by the State, District, or Territory.

Abandoned In State: “Routed” calls that disconnect prior to being engaged by a crisis counselor at a local center contracted by the State, District, or Territory.

- Note – Disconnection may happen for a number of reasons, including but not limited to: the person reaching out changes their mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a random technical service interruption, which may occur due to internet instability, carrier glitches, etc.

Routed: Calls coming from the State, District, or Territory in which the help-seeker completes the Interactive Voice Response (IVR) Greeting with “Press 0” or stays on the line.

- Note – This metric includes *all calls sent to a center*, regardless of the time the caller abandoned. For calls, the help-seeker’s state is based on their “exchange” (first six digits of their phone number).

In-State Abandon Rate: “Abandoned In State” calls divided by “Routed” calls.

988 Lifeline Crisis Center Data – Chat/Text Metrics

Routed: Contacts that enter the state/territory’s local (statewide) queue.

- Note – For text, the help-seeker’s state is currently based on their “exchange” (first six digits of their phone number). For chat, the help-seeker’s state is based on the zip code entered in the contact’s pre-chat survey.

Answered In-state: “Routed” contacts answered by the state/territory’s local (statewide) queue.

In-state Answer Rate: “Answered In-state” contacts divided by “Routed” contacts.

Regional Crisis Services 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 2 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 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.

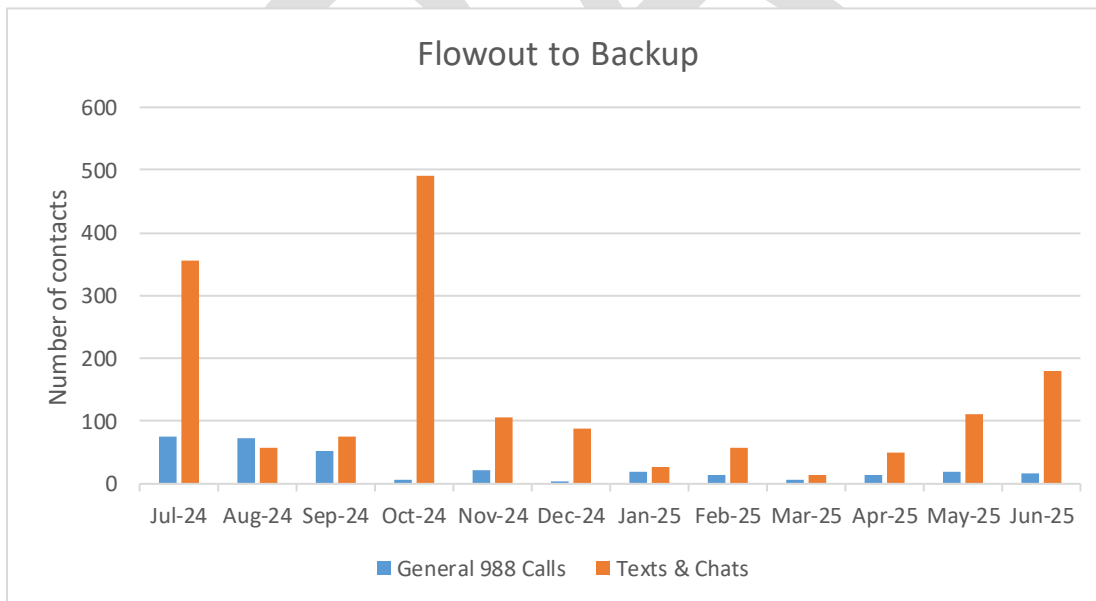
Appendix C: Additional Data

Additional 988 Lifeline Crisis Center Data

Contacts Abandoned

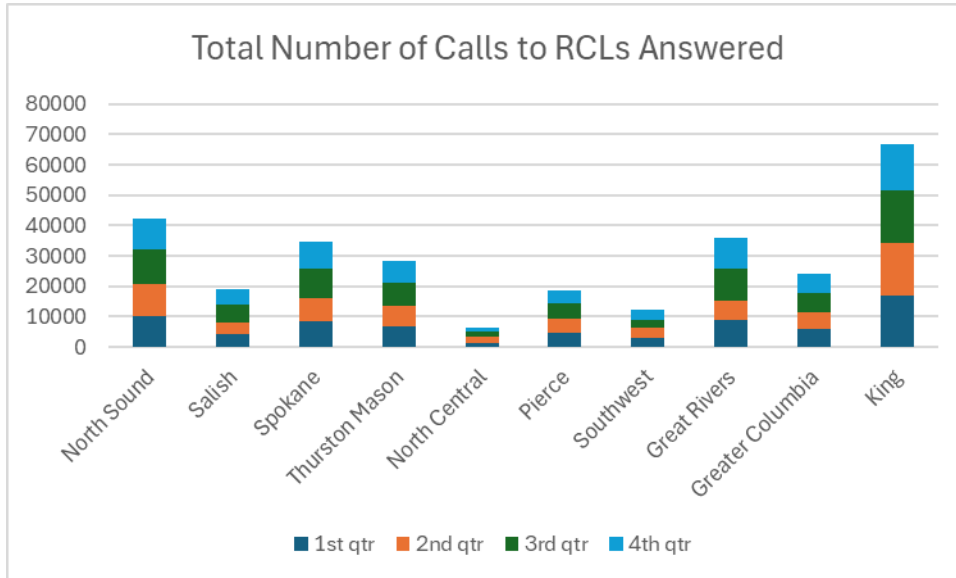
Month/Year	Number of Contacts Abandoned		
	General 988 Calls	Native & Strong Lifeline Calls	Texts & Chats
Jul-24	75	24	28
Aug-24	72	22	14
Sep-24	53	33	12
Oct-24	6	43	7
Nov-24	22	43	15
Dec-24	5		15
Jan-25	669	62	0
Feb-25	560	62	0
Mar-25	595	36	0
Apr-25	594	47	0
May-25	752	62	21
Jun-25	679	61	15

Flowout to Backup (Calls that were transferred to a backup call center)



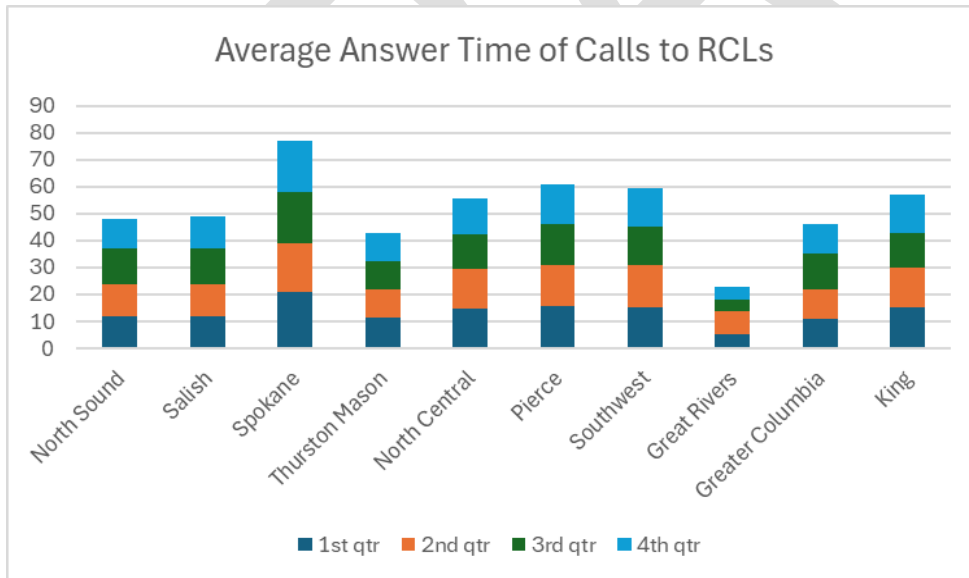
Additional Crisis Stabilization Data

Total Number of Calls to RCLs Answered



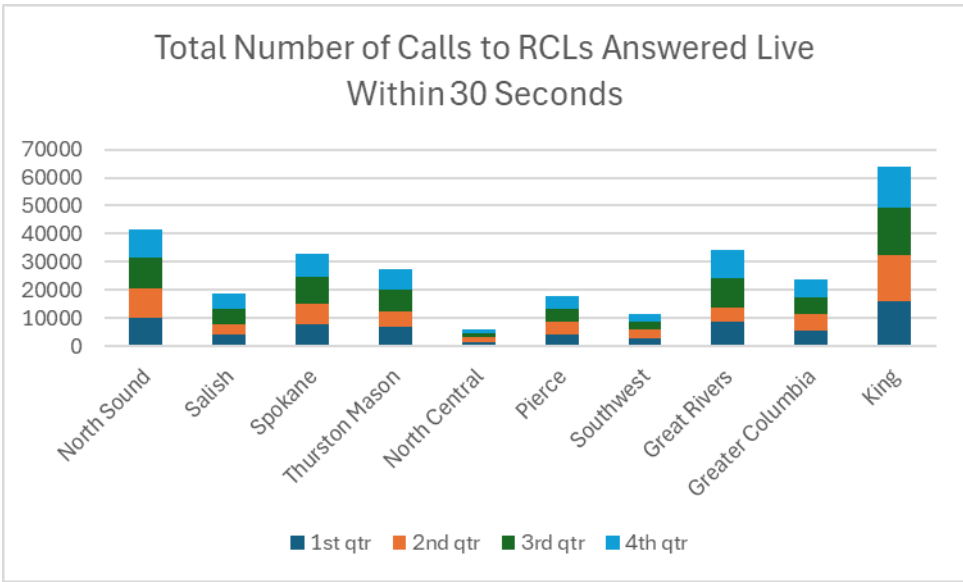
Graph reflects partial data.

Average Answer Time of Calls to RCLs



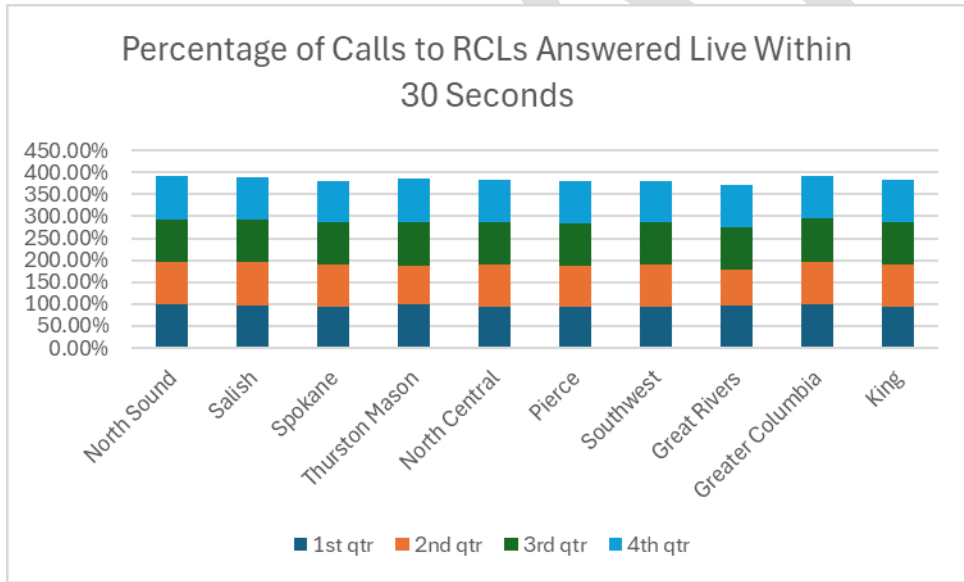
Graph reflects partial data.

Total Number of Calls to RCLs Answered Live Within 30 Seconds



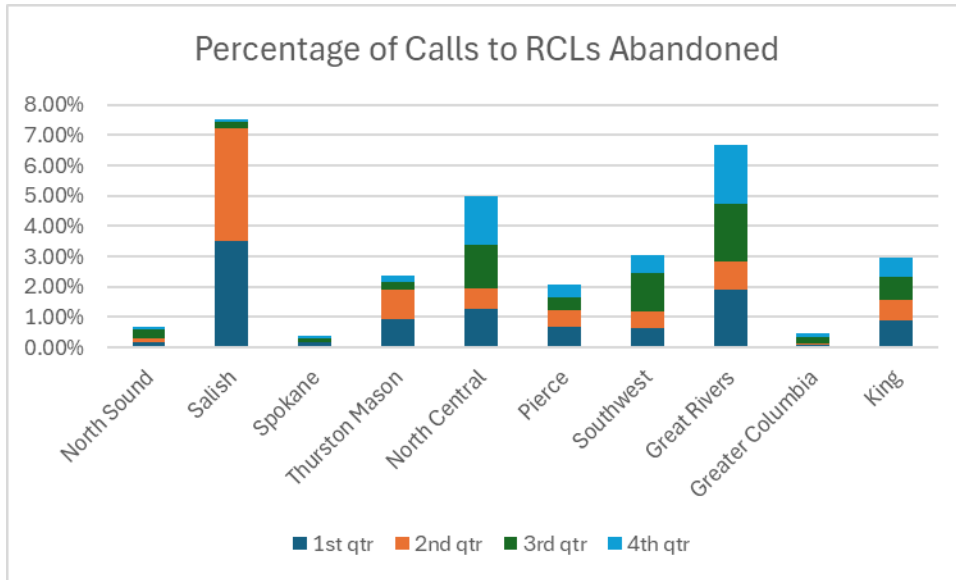
Graph reflects partial data.

Percentage of Calls to RCLs Answered Live Within 30 Seconds



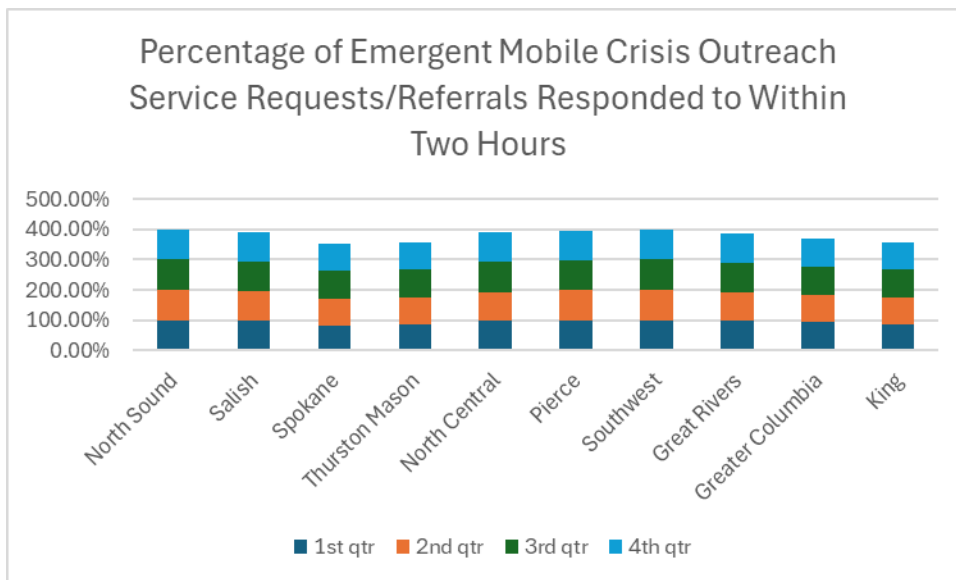
Graph reflects partial data.

Percentage of Calls to RCLs Abandoned



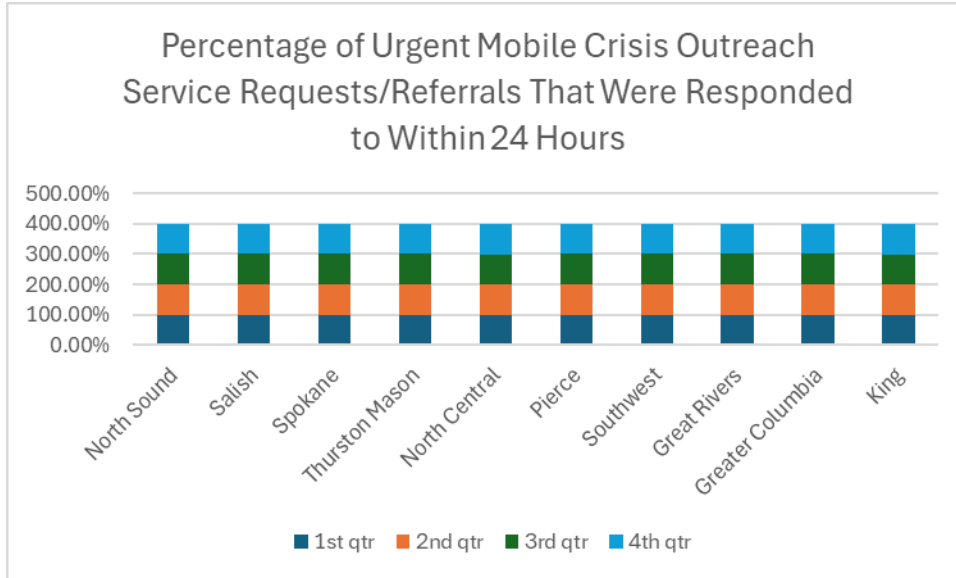
Graph reflects partial data.

Percentage of Emergent Mobile Crisis Outreach Service Requests/Referrals Responded to Within 2 Hours



Graph reflects partial data.

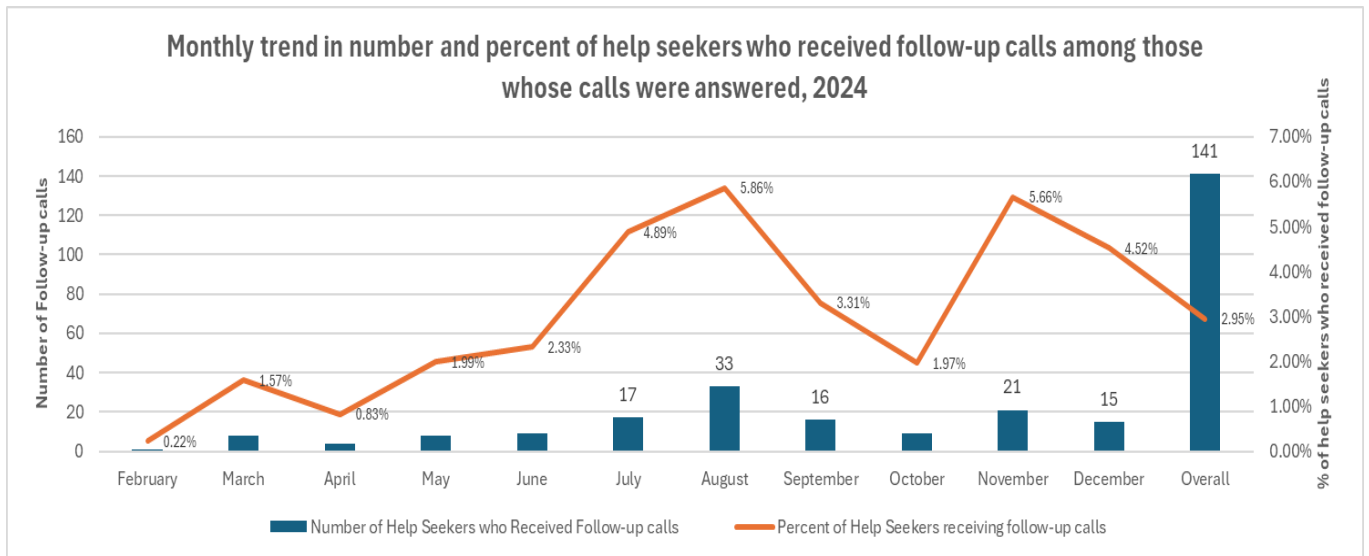
Percentage of Urgent Mobile Crisis Outreach Service Requests/Referrals That Were Responded to Within 24 hours



Graph reflects partial data.

Additional Mental Health Crisis Call Diversion Initiative Data

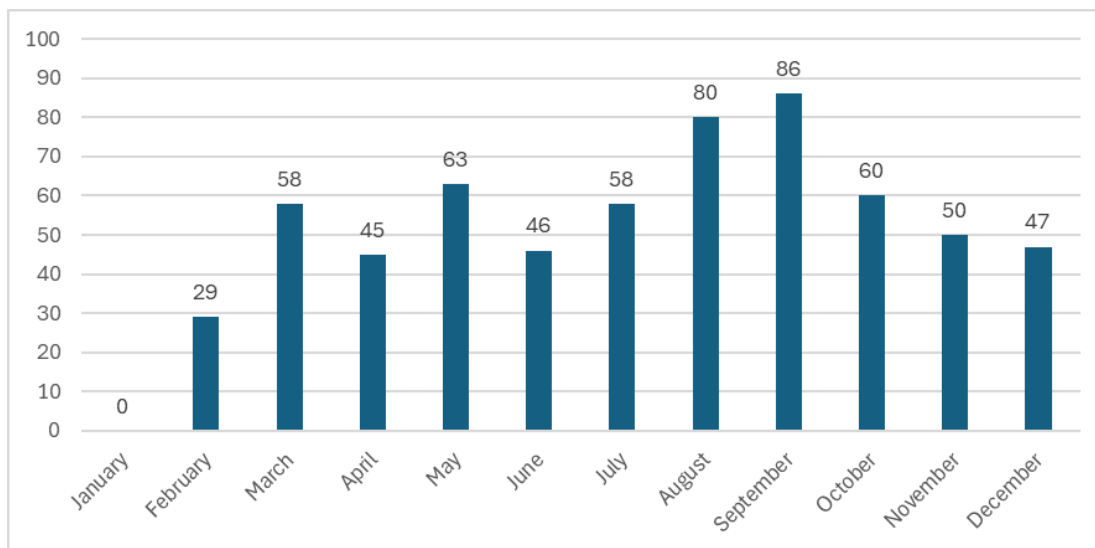
Monthly Trend in Number and Percent of Help-Seekers who Received Follow-up Calls, 2024



Follow-up calls are outbound calls made by a crisis counselor to check on a help-seeker who previously contacted the 988 Lifeline. Crisis counselors might ask in follow-up calls if the help-seeker connected with services they were referred to or if they have any thoughts of suicide.

Among the 4,784 behavioral health calls diverted to 988 from 911 between February and December 2024, 988 Lifeline crisis counselors conducted a total of 141 follow-up calls. In other words, 2.95% of help-seekers received a follow-up call. See Figure 1 for an overview of monthly trends in the number and percentage of help-seekers receiving follow-up calls after they were originally warm transferred from 911 to 988. Note that not all crises may required a follow-up call. Also, not all help-seekers offered a follow-up consented to receiving it.

Monthly Number of Help-Seekers Referred to Additional Crisis Services



Among the 4,784 behavioral health calls warm transferred to 988 from 911 between February and December 2024, a total of 622 referrals to services were made by 988 Lifeline crisis counselors.¹¹ Review Figure 2 for monthly trends in referrals to additional crisis services. The main types of services help-seekers were referred to include:

- Alternative support lines, like 211, Washington State Warm Line, Washington State Recovery Helpline, and Teen Link
- Other behavioral health care services, like outpatient care or online therapist directories
- Community providers and community resources

See Table 3 for an overview of monthly trends in referrals to different types of services.

It's important to note that not all calls will lead to connections with services. For example, a crisis counselor might not make any referrals if the help-seeker has pre-existing connections to

¹¹ It's important to note that a help-seeker can receive one or more referrals. Because of the way data is reported to DOH by the 988 centers we are unable to calculate the percentage of callers that receive referrals. More specifically, 622 referrals were made between February and December 2024, but those 622 referrals were not necessarily made to 622 distinct help-seekers. It could have been to less than 622 help-seekers if some help-seekers received more than one referral to services.

relevant services, the 988 counselor could provide help without needing additional services, or the help-seeker was not interested in being connected to services.

Table 3. Monthly Trends in the Types of Services Help-seekers are Referred to when Diverted 988 from 911 ^{12,13}

Referral Type	Month										
	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Referred to an alternative support line	<10	<10	0	<10	12	10	10	10	17	13	<10
Referred to behavioral health services	<10	<10	15	10	18	30	70	69	31	44	20
Referred to community provider or community resources	31	54	48	36	33	43	48	29	22	17	21

¹² “<10” Represent suppressed numbers between 1-9. See DOH small number suppression [guidelines](#) for more details. When looking at monthly totals, some totals have a plus sign associated with them to account for the suppressed numbers involved in creating that total.

¹³ Any given 988 call can receive more than one resource referral.

Additional Fiscal data

