



Department of Health
 2023-25 First Supplemental Budget Session
 Policy Level - SC - 988 Crisis System Capacity

Agency Recommendation Summary

The Department of Health (DOH) is requesting additional funds to address the increase in workload and costs for the 988 Lifeline crisis call centers. With promotion of the 988 Lifeline causing increased awareness of this service, DOH anticipates the call centers will receive more calls, texts, and chats. Funding will allow DOH’s call center contractors to reach the 90% in-state answer rate required in statute (RCW 71.24.890).

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	0.0	6.1	3.05	5.2	10.7	7.95
Operating Expenditures						
Fund 25N - 1	\$0	\$28,492	\$28,492	\$22,176	\$57,559	\$79,735
Total Expenditures	\$0	\$28,492	\$28,492	\$22,176	\$57,559	\$79,735

Decision Package Description

What is the problem, opportunity, or priority you are addressing with the request?

DOH projects the funding it has received for the crisis call centers will not fully fund those centers through State Fiscal Year 2025.

Workload

Workload levels are projected to increase with the active promotion of the 988 Lifeline to the public, which starts FY24. A soft launch was done for 988’s first year to ensure call flows and crisis center staffing were established and working efficiently before directing more calls, texts, and chats to the call line. E2SHB (HB) 1134, passed in the 2023 legislative session, and provided funding for costs associated directly with promotion but did not provide additional funding for the increased call load caused by the promotion.

Crisis Center Contractors

DOH contracts with three 988 Lifeline crisis centers who serve Washington state by offering support to anyone having thoughts of suicide, mental health crisis, substance use concerns, and other kinds of emotional distress. People can contact 988 by phone and text and can chat with 988 Lifeline counselors.

DOH contractors also manage the Native and Strong Lifeline, a subnetwork of the 988 Lifeline, which is geared toward American Indian and Alaska Native (AI/AN) people. As of June 2023, our crisis centers have answered over 65,000 phone calls, over 12,000 texts, and over 13,000 chats to the 988 Lifeline from people with a Washington state area code. The Native and Strong Lifeline launched in November 2022 and as of June 2023, 1,528 calls have been answered. These numbers all highlight the demand for the important services the 988 Lifeline provides to Washingtonians, which are projected to increase as more people learn about the 988 line as a resource to call.

Staffing

In addition to anticipated increases in call, text, and chat volume, program operation costs have increased and require additional staff.

The additional epidemiologist staff, in this request, will analyze data associated with program needs. More than one in five Washington residents currently live with a behavioral health disorder. The COVID-19 pandemic increased stressors and substance use among Washington residents. Nearly 6,000 Washington adults and children died by suicide in the last 5 years, tragically reflecting a state increase of 36 percent in the last 10 years.

General Program Costs

In the 2021 legislative session, the fiscal note request for E2SHB 1477 used a cost per contact rate based on the national 988 administrator's (Vibrant's) estimates of \$66.76 per call to determine the funding needed for the 988 program. Upon analysis of actual costs, Vibrant's estimates were too low. Vibrant's per call cost is calculated based on Federal standards and does not include the additional Washington State requirements set out in RCW 71.24.

Washington State Regulations have higher standards for implementation of the 988 crisis line when compared to the minimum national standards used to determine Vibrant's per call cost. Some of Washington's additional costs, required in statute, include follow-up outreach to callers, the development of in-state backup, improved data reporting based on programmatic needs, and training for call takers and supervisors.

The funds currently allocated for the 988 Crisis Response System for the biennium will not cover both years. To meet the requirements in statute and continue work to decrease suicide rates in Washington state, DOH is requesting an additional \$28,492,000 for FY25.

DOH plans to use additional funds for the 988 Lifeline crisis centers to enable call centers to meet call, text, and chat demands and requirements of RCW 71.24.890 by maintaining at least a 90% in-state call response rate. Call centers will use the funds to increase staff to avoid calls being routed to the national backup center and transferred out of State.

The 988 Lifeline crisis centers will be implementing in-state backup for 988 calls. In-state back up is triggered if a call is routed to a crisis center and the center is unable to answer it. With in-state back-up the call will be routed to one of the other two Washington crisis centers instead of being sent to an out-of-state answer line. In-state back-up will ensure 988 calls made from within Washington state are answered by Washington crisis centers that meet Washington state 988 call requirements. Funding is needed to implement and sustain in-state backup coverage.

DOH is requesting additional funds for FY25 and ongoing to support the 988 call line for anyone in Washington who is having thoughts of suicide, a mental health crisis, substance use concerns, or emotional distress. The amount allocated for FY24 and 25 will not cover primary services, and additional dollars are needed due to the addition of in-state backup services. To achieve the activities and outcomes planned for the upcoming year and required in statute, DOH anticipates spending all funds allocated for FY24 and 25 during in the first year of the biennium.

The requested funds will be used to pay for 1.0 FTE, call center contracts, and ongoing community engagement. This funding will allow DOH to meet its statutory requirements, which charges DOH with adequately funding the 988 Lifeline crisis centers, which provide round the clock services and strive to achieve the required in-state call response rate of at least 90%.

Washington's in-state call response rate increased from 65% to 85% between June 2021 and July 2022 with the launch of the 988 Lifeline. DOH continues to monitor call, text, and chat rates monthly and anticipates growth as marketing is launched in FY24.

Washingtonians in crisis will be affected by this decision package. Adequately funding the crisis call centers to provide services allows the center to be able to answer calls, texts, and chat messages that are routed to them. If they are not able hire enough staff due to budget constraints call will flow out to the National Backup Center and answered by out-of-state crisis centers. These crisis centers do meet Washington specific requirements and do not have access to or the ability to connect Washingtonians in crisis to Washington-specific services.

Not funding this proposal would cause our state's 988 Lifeline crisis centers to be unable to operate at the level required by law, and DOH staff would be unable to support suicide prevention work and the work to implement the RCWs from HB 1477 and 1134.

Call centers would be forced to reduce services over the biennium. Some limited services would be available to Washingtonians. 988 Lifeline crisis centers would continue to function, but at a basic level, and staffing at DOH would continue, but in a limited capacity. However, DOH would not be able to meet the requirements in statute and many calls/texts/chats will be answered by out-of-state crisis centers, which would result in less effective services. Additionally, 988 Lifeline crisis centers would have less capacity to focus on underserved communities and be unable to participate in the 988/911 co-location pilot.

If services were diminished due to budgetary restraints, the annual 80,000+ 988 line points of contact, would be impacted by the re-routing of calls to states without Washington State specific knowledge and regulatory requirements. Not providing the required Washington State services would cause a lack of public trust in the system, and therefore underuse, resulting in loss of life.

Significantly fewer people would be connected to the services they need. Therefore, DOH is requesting additional funds to support the 988 Crisis Response System, build on the growing capacity and increased training standards, especially to underserved communities and populations at highest risk for suicide, substance use disorder, and other behavioral health conditions.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request includes funding for one Public Health Epidemiologist starting in FY25 and contract costs, which project a deficit for the 988 call center contractors in SFY25.

The Public Health Epidemiologist will cost \$272,000 for salary, benefits, rent, and all other related costs related to staff.

The contract cost deficit was calculated using a per call cost projection and then adding in costs not included in historical data. Since the

program has only been running for one year there are costs that were not accounted for in the one year of historical expenses due to hiring issues and start up delays.

The per call cost is broken out by contractor, call center, and is calculated by dividing total calls answered by total cost for call center activities for the year.

As program and promotion work ramp up, costs will fluctuate because of additional public awareness of the program. Once program awareness has saturated the market, the increase in callers should, at minimum, follow the increase in suicide rates.

The request for future biennial years assumes the program funding at current levels.

Detailed Assumptions and Calculations:

988 program costs are determined by considering standards and a cost per call prediction per HB 1477 Sec. 102(2) and HB 1134 Sec. 5(2) "...The funding level shall be determined by considering standards and cost per call predictions provided by the administrator of the national suicide prevention lifeline..."

The administrator of the national suicide prevention lifeline does not provide ongoing cost projections, so the 988 program costs are determined using the previous 12 months of actual costs, and call data provided by the administrator of the national suicide prevention lifeline. A varying average projected monthly cost increase is applied to future months and then totaled for the annual projected cost.

This period DOH is requesting additional funding due to increased costs associated with call centers.

First full year of 988 operations has resulted in the following cost per contact rate equivalency for each call center.

Volunteers of America (VOA)

- \$95.41 cost per contact equivalency
- Currently only call center offering Chat and Text options and cannot split costs out by them. These options are more labor and time intensive and typically have about 50% higher costs.
- 56% increase in monthly contacts in FY23 from July 2022 to June 2023
- Anticipating this grow rate will continue and increase some with promotion activities
- FY23 = \$8.5M with 105,365 call contacts
- FY24 = \$13.8M with 144,149 call contacts projected
- FY25 = \$20.7M with 216,567 call contacts

Crisis Connections

- \$144.46 cost per contact equivalency
- 24% increase in monthly contacts in FY23 from July 2022 to June 2023
- FY23 = \$3.2M with 24,234 contacts
- FY24 = \$5.5M with 38,123 call contacts projected
- FY25 = \$9.1M with 62,751 call contacts projected

Frontier

- \$105.19 cost per contact equivalency
- 56% increase in monthly contacts in FY23 from July 2022 to June 2023
- FY23 = \$479K with 5,176 contacts
- FY24 = \$1.1M with 10,619 contacts projected
- FY25 = \$2.4M with 22,545 contacts projected

Each call center is of different size and scale that impacts the actual cost of doing business.

Workforce Assumptions:

1.0 FTE PH Epidemiologist 2

Compiles and uses statistical methods to analyze existing demographic, health behavior, and health outcomes data related behavioral health crises, complications with substance use and substance use disorders, and suicidal ideation and suicide and their risk factors to identify high risk populations, investigates health disparities, and evaluates impacts of public health interventions. Prepares data visualization tools; develop and

implement data dissemination plan; disseminate surveillance and public health. Coordinates disease investigations. Coordinates local, state, and/or federal programs investigating human morbidity and mortality. Provides public health information and consultative services.

This work enables DOH to identify gaps in services and access to 988, improves estimates of the future needs of the behavioral health crisis system. This role also works to improve evaluation and quality improvement efforts for the system. Additional work may include evaluating 988 calls in and new programmatic efforts such as co-location and improved training for crisis center staff around culturally tailored care.

\$272,000/FY ongoing.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This decision package relates to the Governor's Results Washington Goal 4: Healthy & Safe Communities. The 988 Suicide & Crisis Lifeline offers support to Washingtonians in crisis and contributes to creating healthy and safe communities by helping reduce the number of suicides in Washington state. HB 1477 creates an improved crisis response system that will reduce reliance on emergency room services and the use of law enforcement response to behavioral health crises and will stabilize people in the community whenever possible. The 988 Lifeline also supports people with substance use concerns and connects them to Washington-specific services and resources, which may help reduce the number of opioid and drug overdoses in our state.

This decision package supports the agency's Transformational Plan Priority 1: Health and Wellness. The work of the 988 Program includes engaging with partners and people with lived experience to prevent injuries and violence as well as developing proactive communication and health promotion strategies that promote mental health while countering stigma in seeking care.

This proposal would increase the agency's state dollars received from the 988-tax fund account, expenditure authority 25N by \$28,492,000 in SFY25.

Performance Outcomes:

DOH anticipates the following outcomes if funds are provided to sufficiently fund DOH's 988 Crisis Response System for FY25. These numbers are based on historical data over the past year, and DOH is constantly analyzing and assessing the estimated volume of calls, texts, and chats. Since the 988 program has limited data, these numbers are based on the most current information.

By the end of FY25, Washington's three 988 Lifeline crisis centers will pilot a co-location model to assess the effects of physically locating crisis center counselors in Public Safety Answering Point (PSAP) facilities. Embedded counselors take 911 calls that are more appropriate for suicide prevention care. This will help all partners and DOH understand if co-location is an effective way to serve underserved communities, build relationships and trust with 911 dispatchers and the 911 systems, and understand best practices in co-location.

By the end of FY25, response rates will increase from 85% to 90% because of quality improvements, a new crisis center backup system, and enhanced marketing.

By the end of FY25, crisis centers will respond to at least 65,000 additional phone calls, 12,000 texts, and 13,000 chats to the 988 Lifeline from people with a Washington state area code.

By end of FY25, it is anticipated that call volumes to the Native and Strong Lifeline will continue to increase, providing culturally inclusive services to American Indians and Alaska Natives in Washington state.

DOH capacity will be maintained, resulting in leadership in 988 Crisis Response System partnerships, appropriate stakeholder and community engagement, and contracts with the 988 Lifeline crisis centers to provide services 24/7/365 and achieve an in-state call response rate of at least 90%.

Equity Impacts

Community outreach and engagement:

Community Outreach & Engagement

DOH has begun plans to work with the community to ensure the system is user friendly. DOH will be engaging with the community through the Crisis Response Improvement Strategy (CRIS) Lived Experience Subcommittee for community feedback. Community outreach will grow as a statewide communications plan is developed, implemented, and evaluated.

Disproportional Impact Considerations:

Disproportional Impact Considerations

E2SHB 1477 states that the Legislature intends to further equity by addressing mental health and substance use treatment and assures a culturally and linguistically competent response to behavioral health crises. E2SHB 1134 requires the provision of geographically, culturally, and linguistically appropriate services to persons who are at increased risk for behavioral health crises, or otherwise need specialized services or accommodations. The legislation requires such accommodations or services be documented. Historically, crisis response has placed historically marginalized communities, including those experiencing behavioral health crises, at disproportionate risk of poor outcomes and criminal legal system involvement. The 988 Suicide & Crisis Lifeline helps assure that all Washington residents receive a consistent and effective level of suicide prevention and other behavioral health crisis response no matter where they live, work, or travel to in the state.

Some populations in Washington are impacted by higher suicide rates including Veterans, AI/AN people, LGBTQ+ youth, and people living in rural areas of the state (Death Certificate Data, 2016-2020). The behavioral healthcare system DOH is designing will be supported by a system of care that is geared toward the needs of those groups. DOH will engage with community members to ensure a community-centered informed approach.

A communications and change management workgroup will be partnering closely with all the awareness campaigns launched to ensure we are building better broad community awareness of the services available and thus will be able to improve the feedback solicited in specific engagement sessions.

The vendor and platform decisions enabled by this decision package will be reviewed in these community engagement efforts. User experience research will be conducted to ensure there are mitigations in place for any communities that may be marginalized because of any platform decisions.

Target Populations or Communities:

Target Populations & Communities

Mental health equity, a state of fair opportunity for all in achieving the highest level of mental well-being, is promoted through access to appropriate resources in the face of a mental health crisis. The 988 Suicide & Crisis Lifeline diverts community members away from inappropriate resources and connects them with care that addresses varying needs. This system will benefit all residents of the state who may be facing a mental health crisis and need support, including groups with suicide rates higher than the general population, such as Veterans, American Indians/Alaska Natives (AI/AN), LGBTQ+ youth, and people living in rural areas across the state. Culturally and linguistically relevant lines support these populations and others who may need tailored support. These lines include the Veterans Crisis Line, the Native and Strong Lifeline, the Trevor Project, and the Spanish Language Line serve specific populations at higher risk of suicide and mental health crises.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribes supports the provision of services to their key constituents

Rural communities: have provided DOH with feedback that will be considered during implementation.

Health Care Authority: co-developing a technology platform with this agency (included in separate DP). Funding of this portion of the platform is key to both agency's success and the continued success of the 988 Crisis System. Both agencies are committed in their support of each other's responsibilities for implementation of HBs 1477 and 1134.

Stakeholder Response:

Crisis Response Improvement Strategy (CRIS) Committee: established by HB 1477, the committee gives advice in developing an integrated behavioral health crisis response and suicide prevention system in Washington state. The CRIS Committee would be in support of this decision package.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

This proposal is in response to requirements laid out in statute. Not funding this proposal would cause our state's 988 Lifeline crisis centers to be unable to operate at the level required by law, and DOH staff would be unable to support suicide prevention work and the work to implement HBs 1477 and 1134.

HEAL Act Agencies Supplemental Questions

N/A

Reference Documents

[1134-S2.PL.pdf](#)

[1477-S2.PL.pdf](#)

[988 Program - FnCal.xlsm](#)

[988 Suicide and Crisis Lifeline Dept of Health website.docx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$0	\$425	\$425	\$373	\$667	\$1,040
Obj. B	\$0	\$171	\$171	\$147	\$284	\$431
Obj. E	\$0	\$56	\$56	\$46	\$103	\$149
Obj. N	\$0	\$27,831	\$27,831	\$21,601	\$56,496	\$78,097
Obj. T	\$0	\$9	\$9	\$9	\$9	\$18

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