Someone to Call: Washington Behavioral Health Crisis Response System

System Gaps, Progress to Date, and Potential Actions and Opportunities (Working Draft - MASTER)

This matrix documents gaps in Washington Behavioral Health Crisis Response System for 'Someone to Call', progress to date on addressing these gaps, and potential actions and opportunities to further address these gaps. This document is a working draft that will continue to be updated and will serve as a foundation for recommendations to include in the CRIS 2024 Progress Report. The synthesis includes input from CRIS Committee, Lived Experience Subcommittee, Rural & Agricultural Communities Subcommittee, Tribal Subcommittee, and the Behavioral Health Crisis Response & First Responder Collaboration Workgroup.

GAPS IN 'SOMEONE TO CALL' *Gaps in 'Someone to Call'*	**PROGRESS TO DATE ON ADDRESSING GAPS** *Progress on addressing gaps in 'Someone to Call', including new legislation and agency work in progress*	**POTENTIAL OPPORTUNITIES FOR STATE AGENCIES AND LEGISLATORS** *Opportunities for addressing gaps in 'Someone to Call'*	**POTENTIAL OPPORTUNITIES FOR CRIS** *Opportunities for the CRIS Committee to advise and support actions to address gaps in 'Someone to Call'*
DATA AND REPORTING			
Lack of Caller Demographic Data • Calls to the 988 Suicide & Crisis Lifeline are confidential and people contacting the Lifeline are not required to provide any personal data to receive services, which poses a barrier to collecting data. • 988 call center staff may not know the age of the caller unless that person discloses. • There is a lack of centralized demographic data to identify and monitor disparities among callers (e.g. client race, ethnicity, age, geographical location, sexual orientation and gender, language, and other categories). **Repeating Story Multiple Times** • People calling 988 have to retell their (or their loved one's) story each time they seek help, which can be retraumatizing and pose a barrier to getting care quickly. <u>Tribal 988 Subcommittee</u> • Lack of current protocols for identifying individuals who are tribally affiliated so that crisis response entities can coordinate with tribal partners.	• Data remains protected for callers in alignment with federal requirements and Vibrant network agreements relating to caller privacy. Discussions are underway regarding. • DOH is working with 988 call centers and stakeholders to identify opportunities to provide callers that voluntarily identify they are youth (or calling on behalf of youth) with the option for youth mobile dispatch. Currently, voluntarily offered information, such as a caller stating that they are calling about their child, may help call takers offer appropriate resources. • Development of the crisis system integrated technology platform will provide access to more information for providers if permission to share is granted. <u>Tribal 988 Subcommittee</u> • Development of Tribal protocols to identify individuals who are tribally affiliated is underway.	• Provide **trainings on how to engage the caller to gather additional information** about the person in crisis. (*DOH note:* Vibrant currently provides these trainings to 988 call centers.) • Make it a policy to **have additional staff (e.g., supervisor) present to process the call**. • Explore data sharing agreements and criteria to connect and **share data across school systems and crisis systems** in order to provide students with better follow up care (all within appropriate patient confidentiality safeguards) <u>Tribal 988 Subcommittee</u> • Need for best practices for data collection, requirements, training, and alignment across systems for early identification of individuals with tribal affiliation. • System recognition of Tribal data sovereignty	• Advise state agencies on **key metrics for the crisis system** to ensure it is successful at addressing gaps.

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CAPACITY			
• **Experience of inconsistent quality of services** and approach by 988 call staff. • **Lack of focus on substance use disorders for 988.** The main focus of 988 seems to be on mental health/mental illness, but not much on substance use disorder…feels like a missing piece.	• DOH ongoing work with 988 contact centers to ensure financial support for contact center capacity to meet the 90% call answer rate performance requirements. Continued support for firehouse staffing model to accommodate variation in call volumes.	• Consider **quality control initiative** and training to ensure consistent level of services across call centers. • Partner with **local community colleges to support staffing needs.** • Families can be partners in helping provide information about those in crisis. **Train 988 staff in protocols to help family members** calm down and solicit helpful information about the person in crisis to help responders respond appropriately and effectively.	
CROSS SYSTEM COORDINATION & ALIGNMENT			
• There are **multiple points of entry into the crisis system**, and No Wrong Door approach is needed. Individuals may enter the crisis system through emergency departments, outpatient providers, schools, interaction with law enforcement and the justice system, and other avenues. • There are **currently multiple crisis lines**, including Regional Crisis Lines in each region, and the roles and relationships between Regional Crisis Lines, 988, and other call lines are unclear. <u>From Tribal 988 Subcommittee</u> • Lack of cross-system training and appropriate protocols are needed across 988 Lifeline crisis centers (in Washington and nationally), RCLs, 911, first responders and other entities to ensure connections to the Native and Strong Lifeline and the Washington Indian Behavioral Health Hub.	• There will be three 988 colocation pilot sites (1/1/2024—12/31/2024) to divert calls from 911 dispatchers that are better served by 988. The pilots will co-locate a 988 call taker in three Public Safety Access Points. • A workgroup co-facilitated by DOH and HCA seeks to align Regional Crisis Lines (RCLs) and 988 Lifeline Crisis Centers and serve the goal of "no wrong number" to access services. The workgroup includes Washington's Behavioral Health Administrative Service Organizations (BH-ASOs) and the 988 Lifeline Crisis Centers. This workgroup will deliver a report (by July 1, 2024). • HB 1134 establishes requirements to conduct a training needs assessment and develop recommendations for crisis workforce and resilience training collaboratives to offer voluntary regional trainings for behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, 911 operators, regional leaders, and interested members of the public. • HCA and DOH developed a Call Center Best Practice Guide for crisis system partners to standardize crisis response and incorporate SAMHSA's best practices into Washington's crisis system and improve collaboration. <u>Tribal 988 Subcommittee</u> • Development of warm transfers to the Native and Strong Lifeline.	• Clarify understanding of re**gional vs. state decision-making authority** over crisis response services. • Investigate **how other states facilitate coordination and handoffs across systems** and reduce friction between 988 and 911 and identify best practices. • System needs to be set up to recognize access points to the crisis system outside of the 988 Lifeline and ensure a **No Wrong Door approach** to accessing crisis supports. • Consider an **"opt-in" button or dial option for youth who call 988 to connect youth to Mobile Response and Stabilization Services** or other youth-appropriate resources. (DOH Note: Federal requirements restrict the ability of 988 Lifeline centers to use triage options, such as opt-in buttons.) • Consider **integration of 988 with the teen youth suicide hotline** so youth can talk to peers.	• **Cross-system collaboration, including coordination between 988 and 911, is a significant role CRIS should advise on.** The goal is to ensure that we have systems that can communicate to ensure the caller receives appropriate responses and care needed. We need recommendations to support collaboration, partnership, and trust between 911 and 988 system to better facilitate coordination and handoffs across systems. This work should: ○ Recognize 988 and 911 co-location efforts, and potential areas for CRIS to recommend ways to support 988 and 911 collaboration while recognizing concerns raised among populations who will not reach out to 988 if they fear this will trigger engagement with 911 or law enforcement; ○ Education regarding training that law enforcement personnel receive regarding behavioral health crisis response; ○ Recognition of fundamental societal root causes that have shaped the inequities, injustices and fear of law enforcement experienced in our current system.
EQUITY AND SAFETY			
Stigma, Fear, and Mistrust • Many people of color, people who identify as transgender and LGBTQ+, and youth do not feel safe calling for help in a crisis. • Confidentiality concerns in rural areas is a huge barrier and many rural callers will hang up if they call a line and are greeted with a recording instead of a live person.	• DOH has promoted and funded 988 Lifeline crisis centers to engage with their communities around efforts such as colocation. • DOH funded Diversity, Equity and Inclusion (DEI) activities for crisis center staff. • DOH initiated development of 988 Communications campaign, seeking input from diverse communities and	• Establish a **988 Diversity, Equity, and Inclusion (DEI) Director**. This position should include Tribal government to government relations with appropriate tribal liaisons across the state. • Provide resources (i.e., capacity, funding, including paying people with lived experience for their time and expertise) to support engagement with people with	• Advise on how to make it possible for vulnerable people—particularly people of color, people who identify as transgender and LGBTQ+, and youth--to feel safe calling for help in a crisis and build and sustain more trust in the crisis response system. • **Advise on community outreach and education campaign on 988**

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• Lack of trust and relationships between systems, between systems and communities, etc. (behavioral health, first responder, hospital/ER systems) • Some people are still losing their lives to suicide, and we don't understand the reasons why. This prevents us from making changes that could save more lives. • People will not call 988 due to fear of police engagement. • When people call for help but are still not able to get the services they need, the effect is more trauma and more mistrust of the system. • Experience and stigma associated with having a behavioral health need. • Implicit bias that behavioral health condition is a choice rather than the result of a brain-based illness.	individuals with lived experience to inform the design of the campaign.	lived experience on developing a **"Caller Bill of Rights"** with the following elements: ○ Focus on informed-consent for community. (include consideration of circumstances when informed consent doesn't work and why, e.g. individuals diagnosed with anosognosia). ○ Develop information for communities on what to expect when they call. ○ Include monitoring plan to assess trends. ○ Is not just performative (i.e., requires accountability and enforcement). Consider partnering with the Lived Experience Subcommittee to engage people with lived experience in developing the "Caller Bill of Rights." • **Create public relations campaigns to address stigma against behavioral health conditions** and seeking help. ○ Emphasis is needed on helping public to understand behavioral health crisis and how it manifests versus true safety risks. ○ Address stigma and normalizing discussions about stress, mental health needs and care, and stressors for agricultural communities. ○ Tailor messaging and distribution methods to best reach marginalized communities (e.g., people of color, immigrant communities, LGBTQI+), and translate into multiple languages. ○ Print informational materials about behavioral health and crisis response to distribute in medical practices and other locations. ○ Engage input from subcommittee/group comprised of people of color and other marginalized communities to advise on how to best communicate information and address stigma or other barriers to access in their communities. **Youth Services** • Ensure 988 call center staff are trained to be responsive to diverse group of youth, including youth at a wide range of developmental levels, and trained to support parents and caregivers in crisis to keep youth safe. • Since youth tend to use chat and text, emphasize chat and text options and integrate translation. **Rural & Agricultural Communities** • Ensure that call center staff receive specific training on understanding and interacting with rural/agricultural communities.	○ Community outreach, marketing, and promotion of 988 Lifeline services should build trust, be available in multiple languages, and include images tailored to specific communities. ○ Communication about 988—especially the 988 co-location pilot—needs to emphasize that the intention is to reduce unnecessary engagement with law enforcement for behavioral health crises and help address the concerns and fears that people have in calling for help. ○ Address relationship with 911 and co-response. ○ Create behavioral health glossary of terms and share across systems and for community education campaigns. ○ Address concerns of populations who are afraid to access the system due to previous harms. ○ Support both passive and active information sharing for farmers and ranchers, such as brochure racks and educational materials in stores that cater to farmers and ranchers that can easily and discretely picked up. ○ Make sure images used on marketing materials reflect agricultural communities.

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		• Establish extra safeguards around confidentiality for callers in rural areas and communicate this to rural communities. • Ensure partnerships with local community resources and experts (especially in rural areas) that can help with training, communications, and outreach (agronomists and community partners - especially family resource centers) • Provide financial support counseling to agricultural families. **Workforce** • Invest in workforce development initiatives that focus on filling gaps in representation in workforce to better reflect diverse communities served. ○ Include requirements for translation/ interpretation services for crisis response services and invest in culturally-specific service providers.	
SYSTEM NAVIGATION & ACCESSIBILITY			
• The behavioral crisis response system is siloed, opaque, and very hard to navigate. Even people who know the system have a hard time navigating it. • The "crisis system" is not consumer or community centered or easy to access, nor is there consistency or a baseline level of services between all the regions. • Caregivers often find themselves in the position of being case managers. • First responders may have limited knowledge of services to refer to or reach out to during a crisis situation. • Limited/inadequate or no access to the internet limits access to services in rural areas (i.e. some areas do not have cellular reception). • Gap in connecting people to prevention resources to help people avoid needing crisis services. • Crisis may manifest itself in a variety of ways; lack of system recognition of the range of situations that are the part of a person's crisis. People in constant crisis may not recognize their situation as crisis and resources that are available to help.	• DOH has begun to draft and gather community input on rules that designate 988 Lifeline crisis centers as designated 988 contact hubs by January 2025. These hubs will offer crisis counseling and intervention services, triage, care coordination, referrals, and connections. • Release of Request for Information (RFI) to inform development of the HB 1477 tech platform —which will centralize records and information about behavioral health services. Review of vendor responses and recommendations to inform the development of the technology platform Request for Proposals (RFP) in progress. <u>Tribal 988 Subcommittee</u> • Implementation of the Tribal Resource Hub to connect 988 and Native and Strong Lifeline callers with resources for AI/AN populations and follow up with their Indian Heath Care Provider.	• Provide **centralized information and education on who to call** (e.g. 911, 988, or regional crisis lines). • Set up a **centralized hub/database for information on available services** that can be accessed by all members of the care team and the individuals/families in crisis. • Consider infrastructure investments/community investments in areas across the state that have limited or no **access to internet**. • Increase use of **telehealth** to enable access to care on behalf of persons living in rural communities. • Expand, redefine, or clarify "this is what crisis is," i.e. show the whole range of crisis experience and why and when people may access services, so that **system is responsive to the full range of crisis situations and needs**. People in constant crisis may not recognize their circumstance as crisis; Paradigm shift on what crisis is and how our system can meet those needs.	• Advise state agencies on ways to improve **work with caregivers** and support diverse approaches to supporting caregivers. • Advise state agencies on **strategies (e.g., training) to help the system work together** better.