MENTAL HEALTH CRISIS CALL DIVERSION INITIATIVE (MHCCDI): MID-POINT DATA

Washington State Department of Health
Office of Healthy and Safe Communities
Division of Prevention and Community Health
988 Program
7/9/2024

Mental Health Crisis Call Diversion Initiative (MHCCDI)

- HB 1134 – established funding for a small-scale pilot of the co-location of 988 in a 911 public service access point (PSAP)

- The MHCCDI includes a pilot collaboration between DOH, Washington's 988 Lifeline crisis centers and 3 of the state's 65 PSAPs/911 centers

- From January through December 2024, some crisis counselors are physically or remotely "embedded" in participating PSAPs

- The MHCCDI has two main purposes:
  - To help people in crisis connect quickly and easily to trained crisis counselors
  - To divert crisis calls made to 911 to help improve the caller's experience and reduce the strain on emergency services
- An evaluation report will be released in 2025

MHCCDI Call Volume

- Nearly 2,000 911 calls have been diverted to 988 counselors in the first 4 months of activity, alone. This pilot has time and staffing limitations, and only includes 3 of the states 65 primary PSAPs

988 Call Centers/911 PSAPs	Number of calls received by 911 and transferred to 988 (diversion calls)			
	February	March	April	May
Crisis Connection/ Valley Com 911	No data	99	156	58
Frontier Behavioral Health/Spokane Regional Emergency Management	448	344	295	308
Volunteers of America Western Washington/South Sound 911	65	5*	33	36

**Call volume may not be accurate due to a reporting issue that occurred that month.*

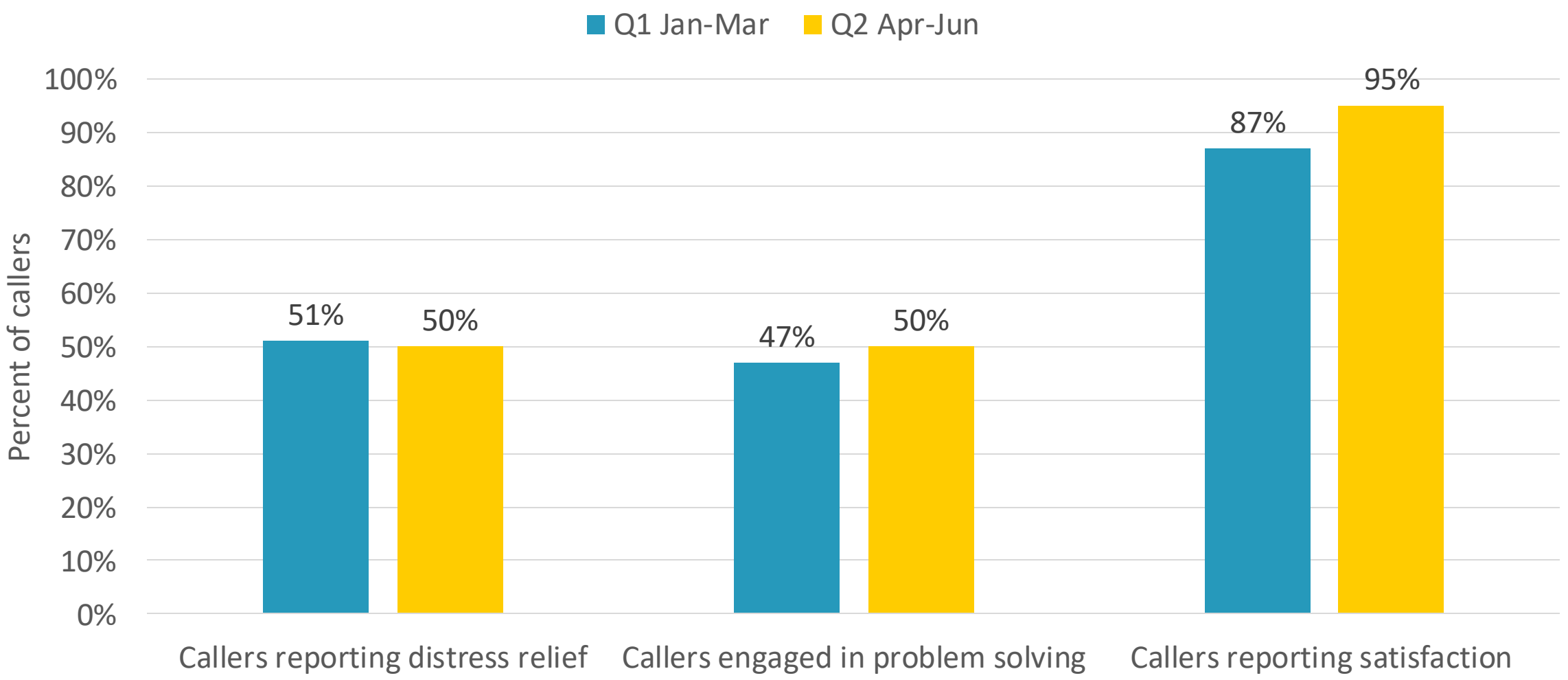
MHCCDI Evaluation: Crisis Call Outcome Rating Scale (CCORS)

- The Crisis Call Outcome Rating Scale, developed by Bonneson and Hartsough in 1987, is a validated survey designed for telephone crisis centers to measure their effectiveness. .
- The instrument uses a 5-point Likert scale to measure the call takers perception of the caller's ability to 1) engage in problem solving, 2) reduce distress and 3) express appreciation.
- It has high inter-rater reliability and is accepted as the qualitative standard for measuring the effectiveness of crisis and peer call services.
- Call centers complete the CCORS for at least 5% of diversion calls per month.

Call Center	Number of CCORS completed	
	Q1 January-March 2024	Q2 April-June 2024*
Frontier Behavioral Health	39	28
Volunteers of America Western Washington	No data	74
Crisis Connections	18	No data
Total	**57**	**102**

*Quarter 2 data is preliminary and expected to change.

MHCCDI Evaluation:
Crisis Call Outcome Rating Scale (CCORS) Results



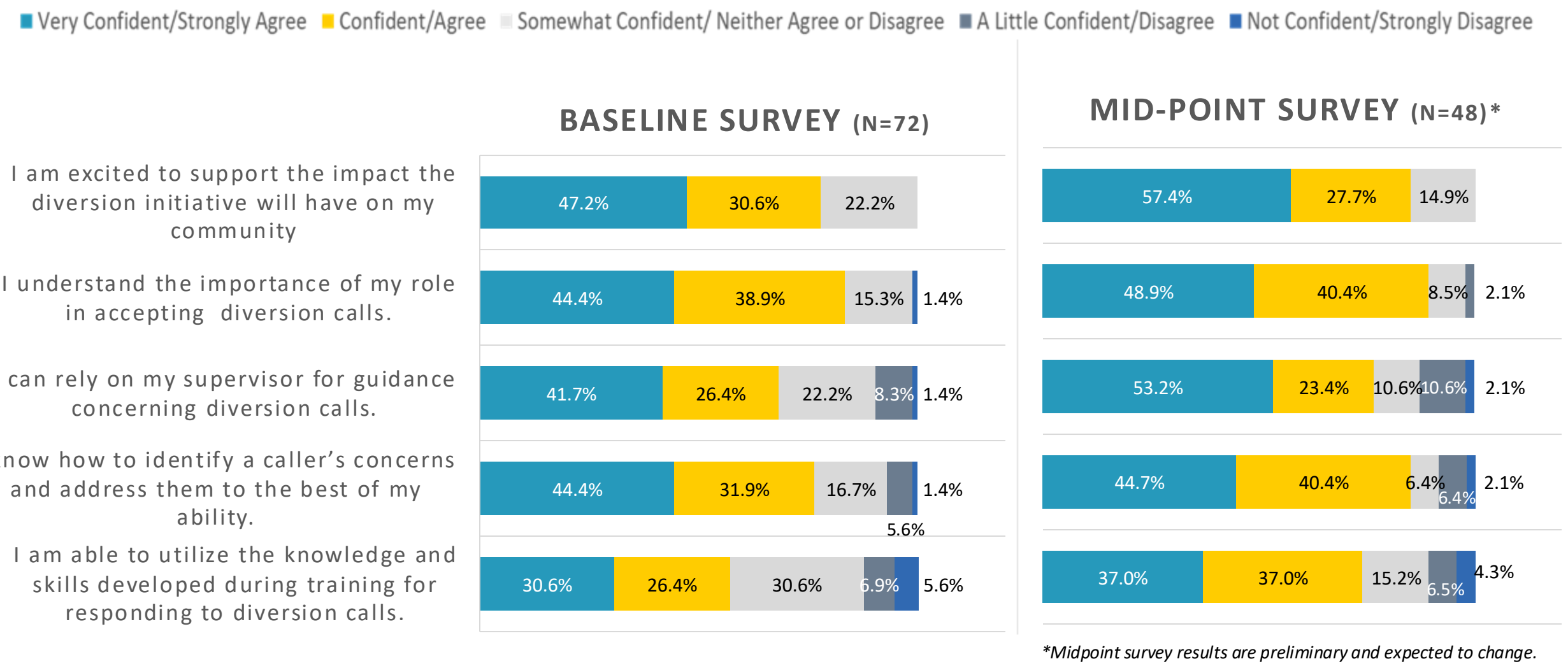
MHCCDI Evaluation: 911 and 988 Staff Surveys

- At the baseline (February 2024) and mid-point (June 2024), 988 & 911 call takers and 988 & 911 supervisors completed surveys to assess staff perspective including: confidence levels in ability to appropriately assist with calls, program success and challenges, lessons learned, and other diversion call feedback.

Survey Participation	
Baseline (February 2024)	Midpoint (June 2024)*
Call Taker Survey: 72 responses - 988: 13 responses - 911: 59 responses	Call Taker Survey: 48 responses - 988: 13 responses - 911: 35 responses
Supervisor Survey: 26 responses - 988: 12 responses - 911: 14 responses	Supervisor Survey: 17 responses - 988: 9 responses - 911: 8 responses

**Midpoint survey results are preliminary and expected to change.*

MHCCDI Evaluation: 988 and 911 Call Taker Surveys



Midpoint survey results are preliminary and expected to change.

MHCCDI Evaluation: 988 and 911 Call Taker Surveys
Success, Challenges, and Feedback (Baseline)

911 Call Takers

- Some 911 call takers felt that 988-call takers did not need to be co-located in the 911 center.
- Some 911 call takers felt that 988-diversion staff should be available later during night hours instead of only day hours.
- Others appreciated the training 988 provided new 911 employees and found it helpful to have a 988-call taker co-located in the 911 center.

"While I think this is a good program, I don't think the call volume is high enough to take seats away from a busy 911 call center."

"I found the training 988 provided 911 staff very helpful and increased their understanding of the role of 988."

988 Call Takers

- 988 call takers provided less feedback on the program and expressed excitement in their job.

"Love my job! I can't wait for things to start picking up. It's a great program and asset to the community."

MHCCDI Evaluation: 911 and 988 Call Taker Surveys
Challenges (Midpoint)

911 callers not wanting to be transferred to 988 or not understanding why they are being transferred to 988.

Call takers expressed challenges with some 911 callers (especially frequent callers) not wanting to be transferred to 988 because they do not see their issue as a mental health concern.

- *"Some of the callers get frustrated because they relate 988 to being 'crazy' and they say that they don't want to get stuck in that system."*
- *"Some people just want to talk to someone and sometimes they feel that they are being dismissed as crazy rather than their issue being treated as a real problem."*
- *"Callers can become offended when I offer to transfer them to 988. Even though they are obviously experiencing a mental health crisis, they genuinely believe what they're reporting is real. I feel like I'm invalidating their concerns by passing them off."*
- *"Chronic callers are fully aware of the efforts to "divert" them and are actively resistant - refusing to remain for transfer, escalating their behavior, increasing hostility and in general driving them to call more and more often, which sort of defeats the purpose."*

Dealing with callers with fixed delusions.

Call takers expressed difficulty distinguishing what is "real" and what is a hallucination/delusion.

- *"Large unexpected increase of calls where we were working with individuals that had fixed delusions and were not wanting to engage with us on the calls. While we have worked with individuals like that before, generally they either were the ones to call us and had a basis for wanting to engage with us or were originally from a third party and were high risk needing a higher level of care. So it necessitated a shift in how we would engage with them and how we could support them."*
- *"Even when a caller has history of crisis, it can be hard to distinguish whether the caller is actually reporting something and/or having an emergency, or if they are actually in crisis. Often hard to pull the trigger to transfer to 988."*

MHCCDI Evaluation: 911 and 988 Call Taker Surveys
Challenges (Midpoint)

Calls received outside of diversion team hours.

- *"Sometimes, more calls come in during the hours we have no one from the diversion team."*
- *"Time of 988 staff to answer a call especially during the night shift."*
- *"I would prefer to work when the actual diversion calls come in. They told us 60 percent of the diversion calls come outside of our shift time."*

Some staff do not feel adequately trained.

- *"I do not feel like we were accurately prepared for the expectations of the calls we would be getting."*
- *"I don't think we are equipped with enough trainings to be doing this kind of work. We are trained for suicide and crises involving mental health. While many of our callers are impacted by mental health, they are not ready to accept it and don't realize they have mental health challenges so when they get transferred to us they often have a lot of delusions and paranoia and are angry they are speaking with mental health workers. I was not trained on how to speak to people with such intense delusions. I am trained to deal with suicidal ideation. I don't know how to handle people who don't want mental health help but are receiving it. For regular 988 calls, callers know they are calling a mental health line."*

Long hold times.

- *"When transferring callers to 988 I feel like there is not an urgency to help our callers…and when callers are being transferred, they are not immediately picked up.*
- *"I would prefer 988 to have a shorter intro. As a 911 call taker, we need to go through calls extremely quickly to move onto the next 911 call. 988's long intro takes away from that. Additionally, callers are already often against being transferred to 988 so having a long 988 intro gives them more of an opportunity to disconnect. Sometimes it still takes a while to transfer to 988 so I lose a lot of callers during the transfer."*
- *"The transfer process is awkward, takes time that was supposed to be eliminated by utilizing 988, and often times callers call back because they're unhappy with the outcome of 988 or refuse the transfer all together."*

MHCCDI Evaluation: 911 and 988 Call Taker Surveys
Lessons Learned and Suggestions for Improvement(Midpoint)

Lessons Learned

- *"We have learned that it is helpful to share with the callers that 911 has taken their information and sent them to the crisis line for additional support for what may be a very stressful or traumatic experience. Our supervisors have also made crisis motivational interviewing training available to us, which has helped greatly, especially when working with callers suffering from delusions and paranoia."*
- *"Using different lingo to get them transferred over has help but still won't be successful with everyone."*
- *"Maybe [988 call takers] announce something different, once the caller agrees to speak, then advise who they are with later on."*
- *I wish we'd get more one pages on how 988 works and what call takers need from us and how do they do their jobs. The more we understand about their job/goals/how they process calls then the more seamless we can make the transition from 911 to 988. I also think 911 and 988 should take part in the same classes like how to speak to suicidal callers, etc. if we could have more joint partnership on attending educational events or doing tours of each other's facility etc. i think it would help us help callers*

MHCCDI Evaluation: 911 and 988 Call Taker Surveys
Successes (Midpoint)

Successes

- Callers (especially frequent callers) are now calling 988 directly.
- Significant decreases in diversion call volume due to more people calling 988 directly.
- Some callers are able to recognize their delusions/hallucinations and call 988 instead of 911 when they need help.

"Whenever someone is really struggling with a loved one who is in crisis and they are just looking for help, 988 always feels like the best solution. For the caller it doesn't feel like they are "bothering" 911/le/fire/medics and instead are talking with professionals who can help their loved ones. It can help the family member feel supported throughout the process, get them resources, and helps them to know what to expect."

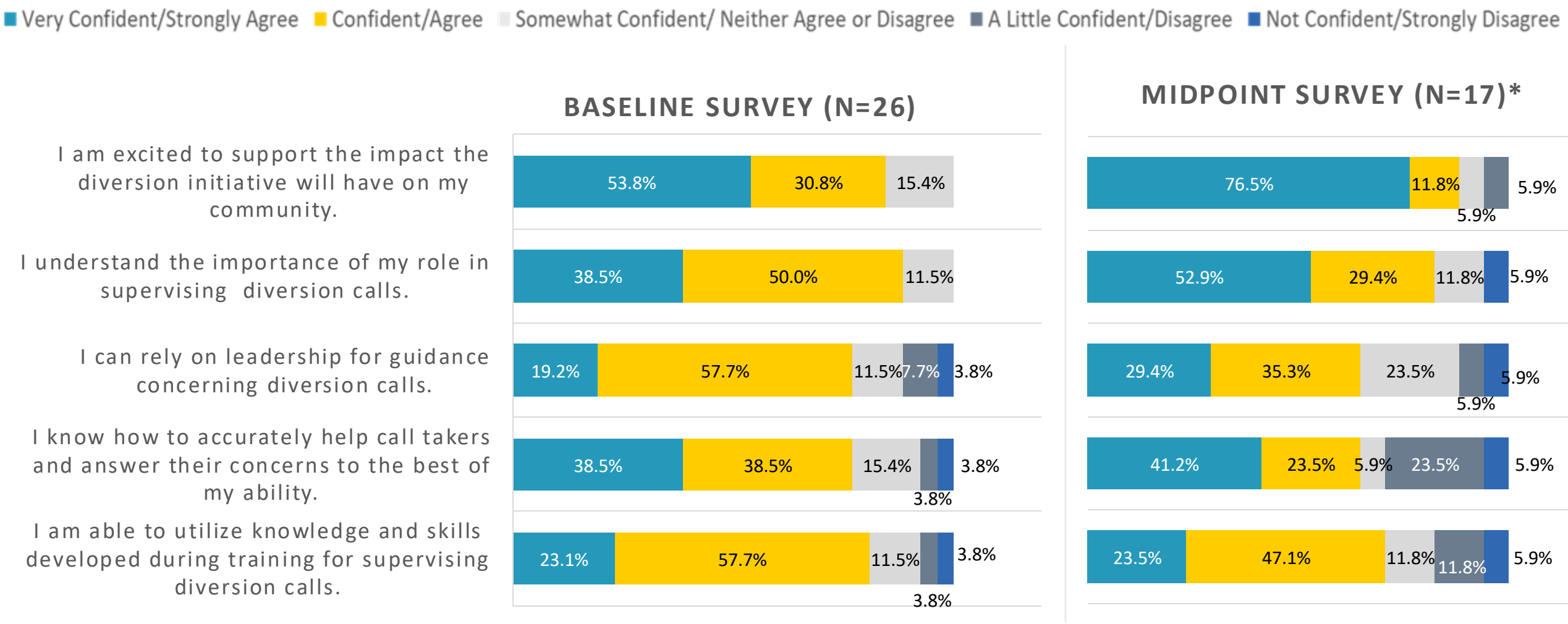
"We have a caller who was not connected to mental health services. The crisis team (911 call takers, 988 call takers and mobile crisis teams) was able to get this individual enrolled into services and has decreased calls to 911 significantly."

"The program seems to have helped several regular callers understand the proper use for emergency numbers and some even request to speak to 988 from the beginning of their calls."

"It feels like the volume of crisis callers has gone way down since the program was initiated, much less time spent with people in crisis. It seems as though some of the callers are catching onto the process and are instead contacting 988 instead of crime check and 911 for someone to talk to. Just today, I had a caller who is usually very angry with 911 or crime check, call and calmly ask to be transferred to 988 for someone to talk to. "

"I have successfully transferred a caller who was suicidal but did not have any plan or intent. Getting her transferred to 988 was such a great resource instead of her just being transported to the hospital."

MHCCDI Evaluation: 911 and 988 Supervisor Surveys



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MHCCDI Evaluation: 911 and 988 Supervisor Surveys
Success, Challenges, and Program Feedback (Baseline)

In the beginning of the initiative, supervisors were excited about the partnership between 911 and 988 and were very supportive of the initiative. Some supervisors were concerned with long hold times when a call is transferred and adequate training for staff.

"I am very excited to continue this partnership to get callers the mental health help they need."

"I am very supportive of the diversion initiative. The process feels very complicated a lot of the time."

"I am looking forward to documentation specific to 988 diversion calls being available, as well as workflows and policies."

"I have concerns that the 988 professionals are not adequately trained in law enforcement type calls to know whether they should give the call over to a 911 professional or keep the call at 988. I personally have had instances where the 988 professional has handled calls and closed calls that required a law enforcement response and didn't get one."

"I have a great respect for the 988 professionals and believe that they can make a difference for the field units and the public that we serve."

"In my experience to date, the caller hangs up because they feel the wait time is too long. For example, a caller was actively having a panic attack and wanted to work through it with a professional. She did not want medics. She said she tried to call 988 herself and couldn't get through to a live person. She then called 911 and we transferred her to 988, while on hold, with really loud music playing, she said "I can't do this, it is taking too long". She then disconnected the line. The CR didn't hear her and did the warm transfer to 988. They then realized she had disconnected.

MHCCDI Evaluation: 911 and 988 Supervisor Surveys
Challenges (Midpoint)

Challenges

- Few calls are received during diversion staff hours, which makes it difficult to train new hires.
- Not enough space for everyone within the building.
- Not having as much collaboration with the 911 team.
- Orienting to a new type of call where the caller needs help but often lacks the insight that they need help.
- Building trust in the system knowing that dispatch has done what they need to do to allow us to focus solely on the caller's real need even when the caller presents a different issue.
- Technology and staffing were a challenge at times during the pilot.
- Trying to confidently advise call takers on which calls should be sent to diversion.

"This is a fantastic program, but I struggle the most with how to support my staff when they are struggling with a delusional caller who is adamant that they need a law enforcement presence (when there is no emergency). We do our best to provide support, but sometimes it's difficult when the Callers don't want mental health support."

"I also would like to add that our pilot hours receive far less calls in comparison to the rest of the shift. So, if Diversion could eventually expand and create more shifts for the mornings, I think we would see a lot of benefits to that."

"Some transfers from SREC were hesitant, confused or angry to be transferred to 988, not understanding how 988 could support their needs. 988 has worked diligently with these callers, encouraging them to utilize the 988 line, helping them understand 988 is here to offer more supportive services in combination with what they receive from 911."

MHCCDI Evaluation: 911 and 988 Supervisor Surveys
Lessons Learned and Suggestions for Improvement (Midpoint)

Lessons Learned

- *"How to support a caller whose needs initially presented as so different from the other inbound calls."*
- *"Phrases and attitudes needed to better keep the caller talking and feeling heard and then supported."*
- *"A new empathy for the 911 dispatch who have frequently struggled with callers that needed support but lacked a viable option to direct them to."*
- *"It would be nice if the 988 employees were allowed to communicate with us. It helps to make them feel welcomed and develops a rapport with us. It's crucial when trying to run a comm room."*
- *"Ensure we know well ahead of time if extra consoles are necessary to prepare."*
- *"More communication between the [911 and 988 call centers] on evaluating and identifying more calls which qualify to maximize the effectiveness and increase the rate of diversion."*
- *"Feedback directly to call receivers telling them exactly which calls they took that could have been sent there will reaffirm criteria with them in a more relatable manner."*

MHCCDI Evaluation: 911 and 988 Supervisor Surveys
Successes (Midpoint)

Successes

- *"Biggest success in my opinion are the many callers that were introduced to us through the pilot program but now call straight into 988. There are still those callers that lack phone minutes that will call into 911 to be transferred but those are often temporary until we can get them stabilized and supported with other partners like 211 and the crisis teams. We experienced people change and begin to trust our system of care."*
- *"I witnessed in my staff and myself an increased understanding that we on the crisis line can and therefore must provide more stabilization of the situation(s), more psychoeducation, more client empowerment, and in doing so that we got and will continue to get better outcomes. The future is so bright, and this overall program is going to enable so many people to find help and support where there once was a void because our community no longer is shackled to only getting help if their need fits into a perfect little box of available services."*
- *We have been able to successfully divert several frequent callers from using the 911 system to get their behavioral health needs, now they are our frequent callers, and we are glad they keep calling.*
- *Many instances of helping callers utilize Designated Crisis Responders (DCRs)*
- *I have been able to see clients learn that we are here to help and that even if they do not believe that they need help at first with compassion and listening they are then*