WASHINGTON STATE DEPARTMENT OF HEALTH

Mental Health Crisis Call Diversion Initiative

Piloting 911-988 Diversion in Washington

Washington State Department of HEALTH

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Executive Summary

The Washington State Department of Health (DOH) and crisis system partners developed the Mental Health Crisis Call Diversion Initiative (MHCCDI) to pilot warm transferring calls from 911 to 988. Since the 988 Suicide & Crisis Lifeline is still fairly new, having launched in July 2022, many people still contact 911 for mental health and substance use concerns that could be more appropriate for 988. When appropriate, diverting these calls from 911 to 988 helps connect people to mental health support and allows 911 telecommunicators to focus on other emergency calls.

Considering this need, DOH collaborated with Washington's three 988 Lifeline crisis centers (Frontier Behavioral Health, Volunteers of America Western Washington, and Crisis Connections), the Washington State Emergency Management Division's 911 Coordination Office, and three of Washington's 911 Public Safety Answering Points (PSAPs) (South Sound 911, Valley Communications 911, and Spokane Regional Emergency Communications 911) on a small-scale pilot throughout 2024. Each of the 988 Lifeline crisis centers partnered with a 911 PSAP. Participating PSAPs triaged incoming 911 calls and when appropriate, offered to connect help-seekers to 988 services. If interested, the 911 telecommunicator called their partnering 988 center, with the help-seeker remaining on the line, and provided the 988 crisis counselor with details like the help-seeker's name, the nature of their crisis, and any actions taken before transferring the help-seeker to the 988 crisis counselor. Warm transfers such as these create a "no wrong door" approach to care by helping connect people with mental health services at 988 they may not have known about otherwise.

The MHCCDI pilot phase has concluded, but the 911-988 partnerships that started in the pilot continue. The pilot phase helped impacted partners gather data and lessons learned that can be used to improve existing and any future 911-988 partnerships.

Several successes occurred in the MHCCDI pilot. First, the pilot phase demonstrated that 911 can successfully warm transfer calls to 988. Specifically, Washington's 988 Lifeline crisis centers and their 3 partner 911 PSAPs diverted a total of 4,784 calls from 911 to 988 between February and the end of December 2024.[1] Moreover, in the end-of-pilot-phase survey 911 and 988 staff shared they felt this warm transfer process:

- Reduced frequent callers to 911.
- Freed up some time for law enforcement to focus on other types of calls.
- Freed up some time for 911 telecommunicators to work on other types of calls.
- Provided help-seekers experiencing mental health crises with support such as de-escalation, listening, counseling, safety planning, and referrals to additional services.

In addition to identifying several benefits to warm transferring calls from 911 to 988, the pilot phase also identified several challenges, such as:

[1] No calls were transferred by any of the 911-988 partnerships in January 2024 because these partnerships were still completing formative steps like training and onboarding staff.

- Some help-seekers felt stigmatized by the offer to be transferred from 911 to 988 to receive mental health support.
- Some help-seekers with hallucinations or delusions had challenges engaging in problem-solving offered by 911 and 988 call takers.
- 911 and 988 call takers requested more training on certain topics relevant to this work, including processes and decisions involved in warm transferring calls from 911 to 988 and ways to engage with help-seekers experiencing hallucinations and delusions.
- Some staff had challenges with logistics and technology involved in making warm transfers from 911 to 988.
- Some staff had challenges with the 911-988 diversion work not being available 24/7 during the pilot phase.
- Some staff had challenges with tangible resources like office space.

The appendices of this report contain summaries of all the data related to successes and challenges identified in the pilot phase, including details about the percentage of staff surveyed experiencing each of these types of successes and challenges and example quotes giving further context.

We expected some challenges, as this is a new initiative involving changes to processes of 2 large crisis response systems, 911 and 988. We conducted this pilot phase to learn about those challenges so we can address them in both current and any future 911-988 partnerships. This will help improve crisis response efforts in Washington over time.

MHCCDI partners are already taking steps to address these challenges. For example, during the latter half of 2024 and the early months of 2025, partners worked together to create a standardized protocol about the processes and decisions involved in transferring calls from 911 to 988. Furthermore, by following this protocol, adopted by DOH and the Emergency Management Division's State 911 Coordination Office, 911-988 partnerships limit their liability (see RCW 38.60.060 for more details). In addition, MHCCDI partners collaborated on the development of training content about this protocol and other topics relevant to this work. These comprehensive training materials will help build understanding and trust between these systems and improve collaboration.

Beyond developing training materials, 911 and 988 leadership meet monthly to discuss progress and challenges, which also helps improve collaboration among the systems. Additionally, over time, 911-988 partnerships have adjusted to increase capacity to transfer more 911 calls about mental health and substance use crises to 988, by increasing 988 staffing and hours of operation for diversion. With these changes, 911 and 988 partners continue to refine the process of warm transferring mental health and substance use crisis calls from 911 to 988. Broadly, the MHCCDI work demonstrates one way mental health partners are working to improve crisis care in Washington.

If you have questions about this report, please contact staff at the 988 Program at DOH at 988ProgramInfo@doh.wa.gov.

Introduction

The 988 Suicide & Crisis Lifeline is available nationwide, 24/7/365. People can call or text 988 or chat online to get support for thoughts of suicide, mental health crises, substance use concerns, other emotional distress, and loved ones who need crisis support. Since 988 is still fairly new, having launched in July 2022, many people still contact 911 for mental health and substance use concerns that could be more appropriate for 988. Diversion efforts can help people experiencing these types of crises get transferred from 911 to 988 Lifeline crisis counselors via warm transfers that introduce basic information about the help-seeker to 988. These transfers can improve care for people in crisis and allow 911 to focus on other emergency calls.

In 2024, Washington crisis system partners launched a small-scale pilot to warm transfer certain mental health and substance use crisis calls from 911 to 988. This pilot, called the Mental Health Crisis Call Diversion Initiative (MHCCDI), took place throughout 2024. During the pilot phase, 2 of the 3 911-988 partnerships did not operate 24/7 but were instead staffed during a mutually agreed upon schedule between 911 and 988 partners.[2] The pilot included 3 of the state's 78 Public Safety Answering Points (PSAPs). Each of the PSAPs partnered with one of the state's 988 Lifeline crisis centers. When designing these 911-988 partnerships, partners needed to decide on aspects such as:

- Whether 988 crisis counselors would work physically alongside 911 staff or remotely from a different location.
- Whether a portion of the 988 crisis center's counselors would focus exclusively on diversion calls from 911, or whether they would be cross trained to handle said diversion calls and calls that come directly to 988.
- What degree of access 988 crisis counselors would have to notes within 911 PSAPs' computer-aided dispatch (CAD) systems on the calls being warm transferred to 988.

Below is a brief summary about each MHCCDI 911-988 partnership.

Crisis Connections and Valley Communications 911

This partnership started with several 988 crisis counselors physically embedded at the 911 center. The partnership later transitioned to a staffing model where the 988 crisis counselors work from a different location than the 911 staff. Crisis Connections has several staff focused solely on responding to warm transfers from 911. However, in the event those staff are pre-occupied with concurrent calls, other 988 staff from the crisis center are cross-trained to respond. Crisis Connections staff do not have access to Valley Communications 911's CAD. When calls are diverted from 911 to 988, Crisis Connections receives details about the help-

[2] During the pilot phase, the warm transfer partnership between Frontier Behavioral Health and Spokane Regional Emergency Communications 911 (SREC) operated 24/7. The other two 911-988 partnerships were not 24/7. It should be noted that after the pilot phase each of these 911-988 partnerships are now offering 24/7 diversion efforts. This 24/7 coverage started in March 2025 for Crisis Connections' partnership with Valley Communications 911. And this 24/7 coverage started in July 2025 for Volunteers of America Western Washington's partnership with South Sound 911.

seeker and their crisis verbally over the phone from the 911 telecommunicator.

Crisis Connections has 2 full-time information and referral specialists working on their 211 team as part of their broader 911-988 diversion work. When help-seekers present with needs such as food and housing insecurity, barriers to accessing healthcare services, legal and transportation challenges, and similar challenges, Crisis Connections 988 staff and Valley Communications 911 staff can warm transfer those help-seekers to Crisis Connections' 211 staff for help with information and referrals to these types of resources. Additionally, 211 staff members also conduct outbound follow-up calls in instances where the help-seeker chooses not to be warm transferred to 211 by either 988 or 911 but elects to receive a follow-up call from 211 services instead.

Frontier Behavioral Health and Spokane Regional Emergency Communications 911 (SREC)

In this partnership, 988 staff and 911 staff work in separate locations. Several staff at Frontier Behavioral Health focus exclusively on responding to diversion calls. If they are pre-occupied with concurrent calls when a new diversion call is transferred, that call gets routed to other 988 staff from the crisis center who are cross-trained to respond to diversion calls as well as general 988 calls. Frontier Behavioral Health has access to details from SREC's CAD system for the diversion calls they respond to. Specifically, for diversion calls, Frontier Behavioral Health receives SREC's electronic "rip and run" reports with pertinent data exported from SREC's CAD system about a given help-seeker and their crisis. This information supplements verbal details received during the warm transfer from 911 to 988.

Volunteers of America Western Washington (VOAWW) and South Sound 911

For this partnership, VOAWW crisis counselors work in-person at the South Sound 911 center. These physically-embedded crisis counselors are exclusively focused on responding to calls warm transferred from South Sound 911. VOAWW does not currently have other 988 staff cross-trained to respond to diversion calls. VOAWW does have access to some details about diversion calls within South Sound 911's CAD system.

The pilot phase of the MHCCDI has ended, but the 3 911-988 partnerships established during the pilot continue to operate. The results from the pilot phase will guide implementation efforts of existing and new 911-988 partnerships.

Methods

The pilot phase occurred throughout 2024. DOH used the following evaluation strategies to measure the program's progress, challenges, and successes.

Staff Feedback Surveys

Staff feedback surveys were implemented to assess staff perceptions and understanding of 911-988 diversion efforts in the pilot phase. 988 and 911 staff completed surveys at the

beginning (January 2024), midpoint (June 2024), and end (January 2025) of the pilot. Each survey asked respondents to rate prompts on a 5-point scale ranging from "strongly agree" to "strongly disagree." Examples of these prompts included, "I understand the importance of my role in accepting diversion calls" and “I am knowledgeable about the skillsets that 988 staff working on this pilot program have.” We analyzed these quantitative survey responses to identify trends, gaps in knowledge, and areas of concern.

The end-of-pilot phase survey also asked 911 and 988 staff to answer several qualitative questions in writing about successes and challenges. A total of 97 staff (including 40 988 staff and 57 911 staff) completed the end-of-pilot phase survey. Each of the qualitative questions about challenges requested respondents only reply if they had experienced the noted challenge. Their feedback was sought to help others better understand the nature of the challenge being addressed.

Analyzing the qualitative data involved reading through the written responses to find themes. For the technology challenge question, for instance, we read staff’s responses to identify different sub-themes of technology-related challenges that have occurred, such as:

- Limited access to certain features of the CAD system for 988 staff.
- 911 “rip and run” reports with help-seeker data not always reaching 988 staff.

The appendices of this report include data tables summarizing responses to each qualitative question.[3]

Exports from 988 Lifeline Crisis Centers' Software

Each month, 988 Lifeline crisis centers send DOH data exports on quantitative metrics, such as the number of calls diverted from 911 to 988, the number of service referrals made by 988 crisis counselors, and the number of follow-up calls conducted. This exported data supports program monitoring and evaluation.

Results

Volume of Calls Warm Transferred from 911 to 988

Washington's 988 Lifeline crisis centers and their 3 partnering PSAPs diverted a total of 4,784 calls from 911 to 988 between February and the end of December 2024 (see Table 1). No call volume data is reported for January 2024 because these 911-988 partnerships were finishing preparations that month before starting to transfer calls in February.

[3] While the qualitative data is informative, some of the qualitative questions had a small number of responses. Readers should be mindful of this context when interpreting the themes identified for those questions.

Table 1. Monthly number of calls received by 911 and transferred to 988 for each 911-988 partnership [4,5]

911-988 partnerships	Pilot months in 2024										
	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
CC & VC	**	99	156	58	28	44	39	26	24	21	36
FBH & SREC	448	344	295	308	341	219	315	271	294	232	192
VOAWW & SS	65	**	33	36	18	85	209	187	139	118	104

Furthermore, amongst the 4,784 calls diverted to 988 from 911 between February and December 2024, only 1.42% (or 68 calls) were transferred back to 911. This low percentage indicates that 911 telecommunicators are triaging effectively and warm transferring calls that are of an appropriate acuity level for handling through 988. Further, it is unlikely this percentage will ever be zero, as each call that moves through the system is unique and retains the potential to escalate, despite appropriate screening through 911 and supportive call handing through 988. Calls that do escalate often need a first response, such as dispatch of police or medical services, to appropriately mitigate imminent risk to self or others.

Types of Crises Experienced by Help-seekers

Among the 4,784 mental health calls diverted from 911 to 988 across all 3 911-988 partnerships in the pilot between February and December 2024, the 4 main types of calls included concerns about mental health, substance use, thoughts of suicide, and other crises (see Table 2).

[4] **Represent suppressed numbers between 1-9. See DOH small number suppression guidelines for more details.

[5] CC & VC = Crisis Connections 988 & Valley Communications 911 PSAP; FBH & SREC = Frontier Behavioral Health 988 & Spokane Regional Emergency Communications 911 PSAP; VOAWW & SS = Volunteers of America Western Washington 988 & South Sound PSAP 911.

Table 2. Types of diversion calls by month[6,7,8,9]

Call type	Month										
	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Mental health	0	62	99	48	19	99	247	20	18	18	29
Substance use	0	**	**	**	**	10	**	**	**	**	**
Thoughts of suicide	10	22	14	31	25	21	23	20	11	16	13
Other crises	60	249	302	249	243	219	302	203	136	178	109

Follow-Up Calls

Follow-up calls are outbound calls made by a 988 crisis counselor to check on a help-seeker who previously contacted the 988 Lifeline. Follow-up contact gives people in crisis the chance to get additional support during a critical transitional phase, especially between the initial contact and the later connection to community support services. This additional engagement may help prevent another crisis, as it provides the opportunity to:

- Continue to explore challenges.
- Reassess coping mechanisms.
- Consider options for practical support.
- Get referrals to longer-term mental health resources.

Among the 4,784 calls diverted to 988 from 911 between February and December 2024, 988 Lifeline crisis counselors conducted a total of 141 follow-up calls. See Figure 1 for an overview of monthly trends in the number of follow-up calls. It should be noted that not all help-seekers' crises require a follow-up call. Follow-up calls are offered to help-seekers, who

[6] "Call Type" categories are not mutually exclusive. Callers can report multiple concerns. So, count data on the "call type" metric will not sum to the same number as that of the count data on the "number of calls received by 911 and transferred to 988" metric displayed in table 1.

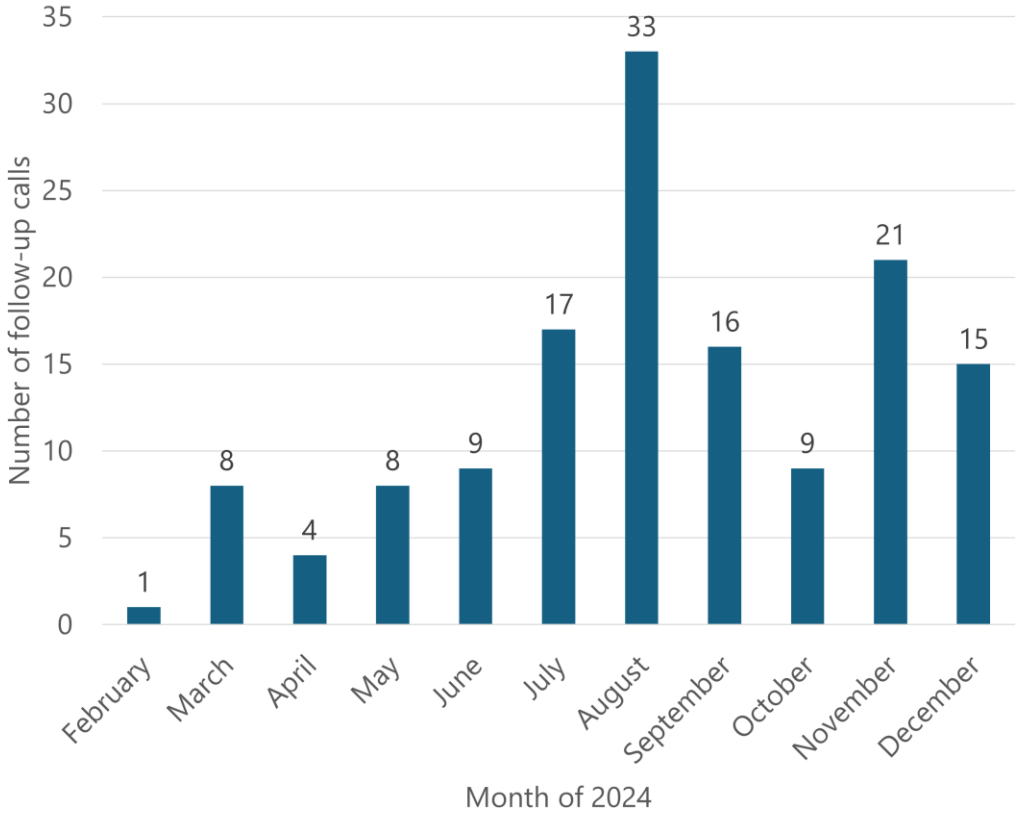
[7] The "other crises" category contains a variety of circumstances such as family problems, legal issues, military experience, bullying, etc. Many of the call types aggregated in the "other crises" category have small counts. Over time with more data these counts may increase, and merit not being aggregated under the "other" category.

[8] **Represent suppressed numbers between 1-9. See DOH small number suppression guidelines for more details.

[9] There is substantial missing data on the "call type" metric. For example, several of the 988 centers did not record call type data for the first few months. Furthermore, the 988 centers do not record call type data for each call they respond to. So, readers should be mindful of this data limitation when drawing conclusions from this data.

expressed suicide ideation, including within the past 24 hours, or have a history of attempted suicide. Also, not all help-seekers offered a follow-up call consented to receiving it. If help-seekers do not consent to a follow-up call, 988 crisis counselors do not make a follow-up call.[10]

Figure 1. Monthly trend in the number of follow-up calls, 2024



[10] It is important to note that a help seeker can receive one or more follow-up calls. Because of the way data is reported to DOH by the 988 centers we are unable to calculate the percentage of help-seekers that receive follow-up calls. More specifically, 141 follow-up calls were made between February and December 2024, but those 141 follow-up calls were not necessarily made to 141 distinct help-seekers. It could have been to less than 141 help-seekers if some help-seekers received more than one follow-up call.

Referrals

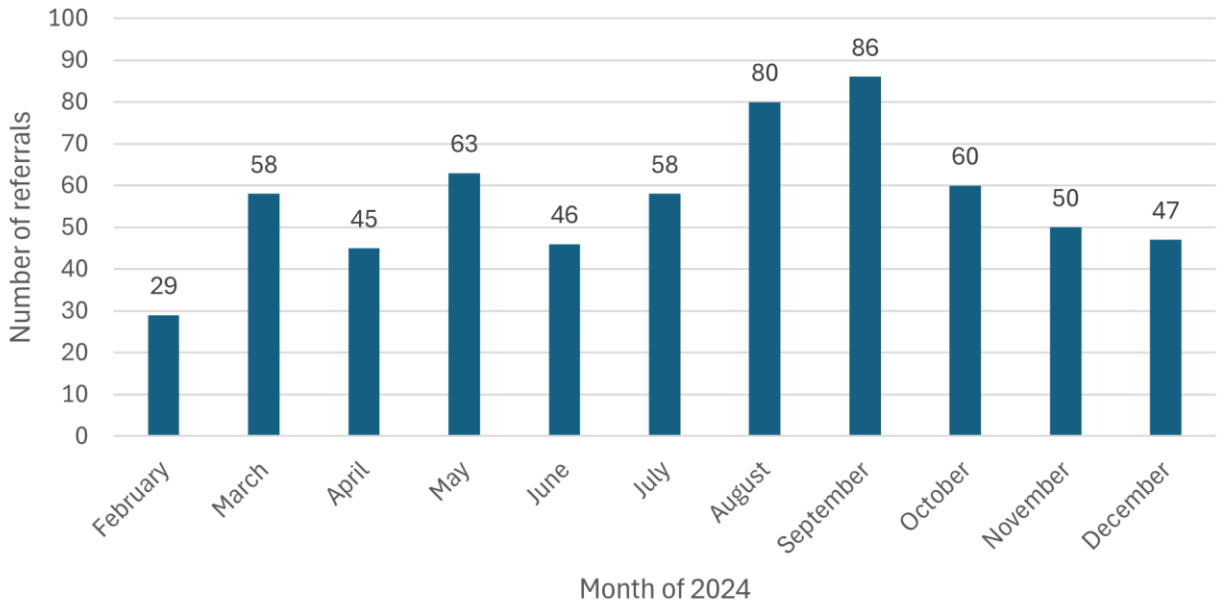
Among the 4,784 mental health calls warm transferred to 988 from 911 between February and December 2024, a total of 622 referrals to services were made by 988 Lifeline crisis counselors.[11] See Figure 2 for monthly trends in referrals to additional crisis services. The main types of services help-seekers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

- Alternative support lines like 211, the Washington Warm Line, the Washington Recovery Helpline, and Teen Link.
- Other mental healthcare 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 is important to note that not all calls will lead to connections to services. For example, a 988 crisis counselor might not make any referrals if the help-seeker has pre-existing connections to relevant services, the 988 crisis counselor could provide help without needing additional services, or the help-seeker was not interested in being connected to services.

Figure 2. Monthly number of referrals to additional crisis services



[11] It is 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 help-seekers 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.

Table 3. Monthly trends in the types of services help-seekers are referred to when diverted to 988 from 911 [12, 13]

Referral type	Month										
	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Referred to an alternative support line	**	**	0	**	12	10	10	10	17	13	8
Referred to other mental health services	9	**	15	10	18	30	70	69	31	44	20
Referred to a community provider or community resources	31	54	48	36	33	43	48	29	22	17	21

Successes

The main takeaway of the quantitative data presented above is that the MHCCDI pilot showed it is possible to warm transfer certain mental health and substance use crisis calls from 911 to 988 systems. Doing so provides a "no wrong door" approach for help-seekers to get real-time de-escalation, emotional support, safety planning, connection to services, and follow-up support.

The end-of-pilot-phase survey asked 911 and 988 call takers for their perspective on the benefits and successes of diverting appropriate mental health and substance use crisis calls from 911 to 988.

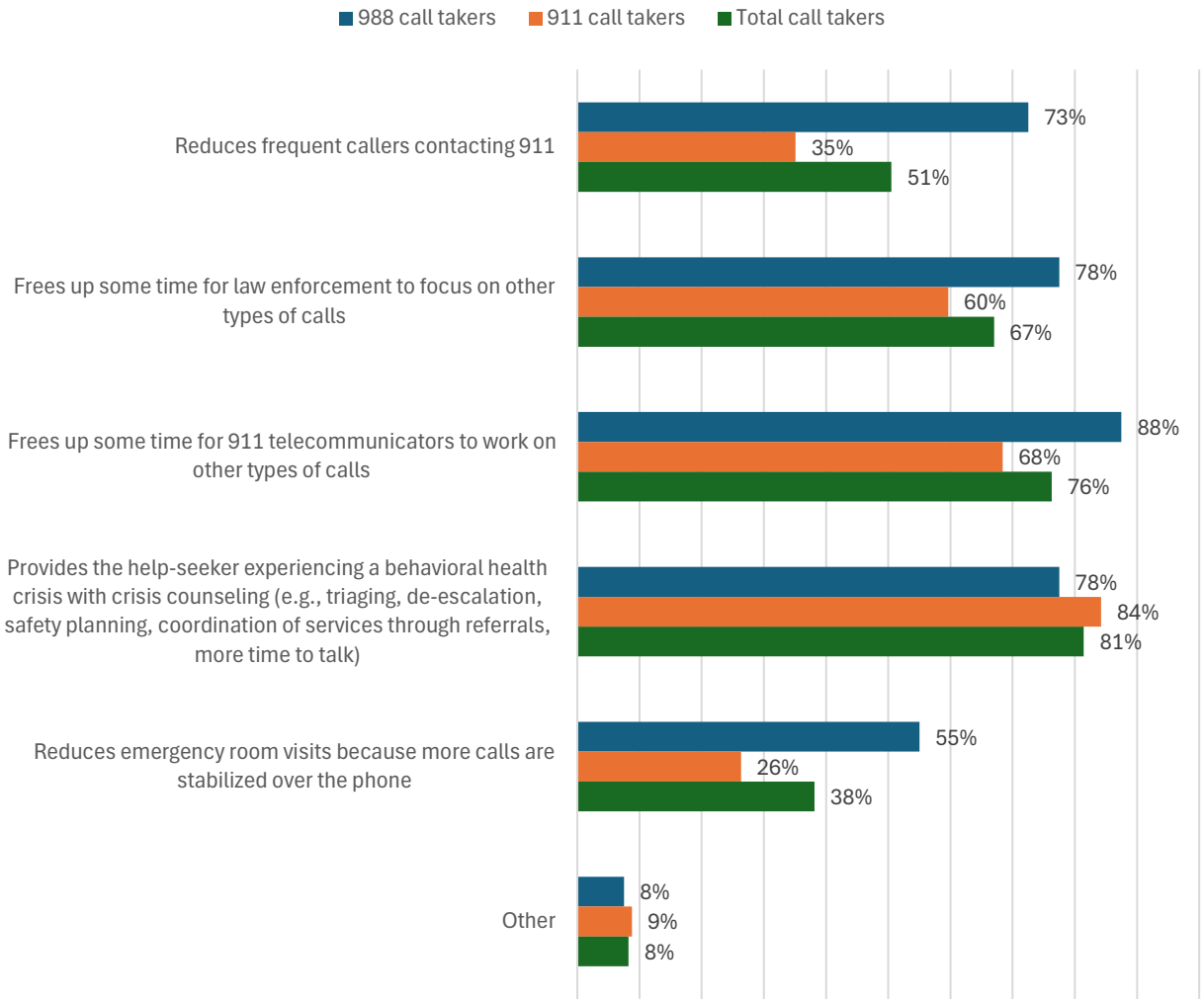
As displayed in Figure 3 below, the majority of 911 and 988 call takers who responded to the survey felt 911-988 diversion efforts:

- Reduced frequent callers to 911.
- Freed up some time for law enforcement to focus on other types of calls.
- Freed up some time for 911 telecommunicators to work on other types of calls.
- Provided help-seekers experiencing mental health crises with counseling services such as de-escalation, safety planning, referrals, and active listening.

[12] **Represent suppressed numbers between 1-9. See DOH small number suppression guidelines for more details.

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

Figure 3. Perceived benefits/successes of 911-988 diversion work among diversion staff



To further understand successes of the pilot phase, the end-of-pilot-phase survey also collected qualitative data about 911-988 diversion staff's perspectives of the successes of this work. Specifically, in the end-of-pilot-phase survey, a total of 26 staff members (13 911 staff and 13 988 staff) indicated they had successes to share from their 911-988 diversion efforts. Among those 26 staff members' written responses, several different types of successes were identified (see Appendix A), such as:

Growing Trust in 988

Several 988 staff felt that some familiar 911 callers who were initially reluctant to be transferred to 988 (due to a lack of familiarity with 988) started to prefer being transferred to 988 or started to call 988 directly because of the mental health support offered by 988.

Support for Mental Health Calls

In the end-of-pilot-phase survey, some 911 and 988 staff indicated it was helpful to transfer 911 callers to 988, as appropriate, because it quickly connected them with needed mental health support. For example, a 911 telecommunicator said, "It has been helpful to transfer callers in emotional distress (after getting all needed 911 questions and info) to 988…It provides the caller with much needed support that 988 operators are better qualified to provide while it frees-up a 911 operator to continue to take 911 calls."

Linkage to Services

Several 988 staff noted that warm transferring help-seekers experiencing certain behavioral health crises from 911 to 988 helps connect them with behavioral health support services. Specifically, 988 can provide support over the phone as well as through connecting help-seekers with other services such as mobile crisis teams, substance use disorder resources, outpatient behavioral health resources, and other community resources.

De-Escalation of Help-seekers

Staff noted that a key feature of 988 is the de-escalation skills of their staff. 988 Lifeline crisis counselors have robust training in de-escalation of mental health and substance use crises. Using their de-escalation skills, 988 crisis counselors can help calm individuals in crisis, reducing the risk of harm to themselves or others and encouraging them to engage with the support services available.

Appreciation for 911-988 Diversion Work

Several 911 staff expressed appreciation for the option to warm transfer to 988. They indicated it was helpful to connect people experiencing mental health crises with services specific to their needs.

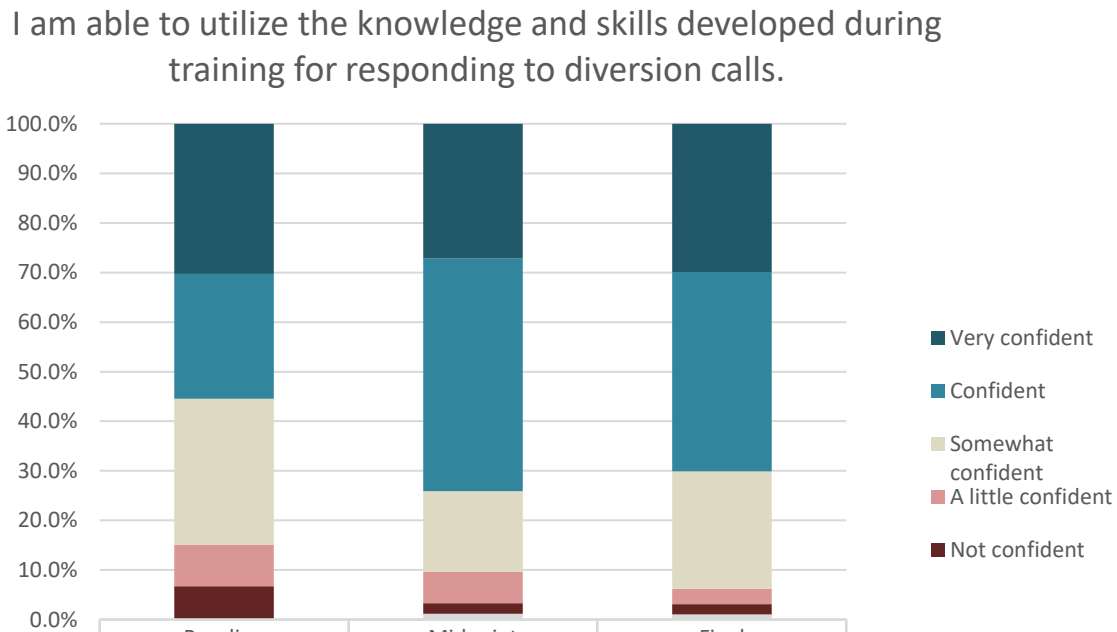
Workforce Optimization

Another theme identified was improvements over time in staff members' views on diversion efforts. This theme was not identified in the end-of-pilot-phase survey's qualitative data. Instead, this theme was identified from several quantitative questions from the baseline,

midpoint, and end-of-pilot-phase surveys, where respondents rated prompts on a scale of “very confident” to “not confident” or on a scale from "strongly agree" to "strongly disagree.”

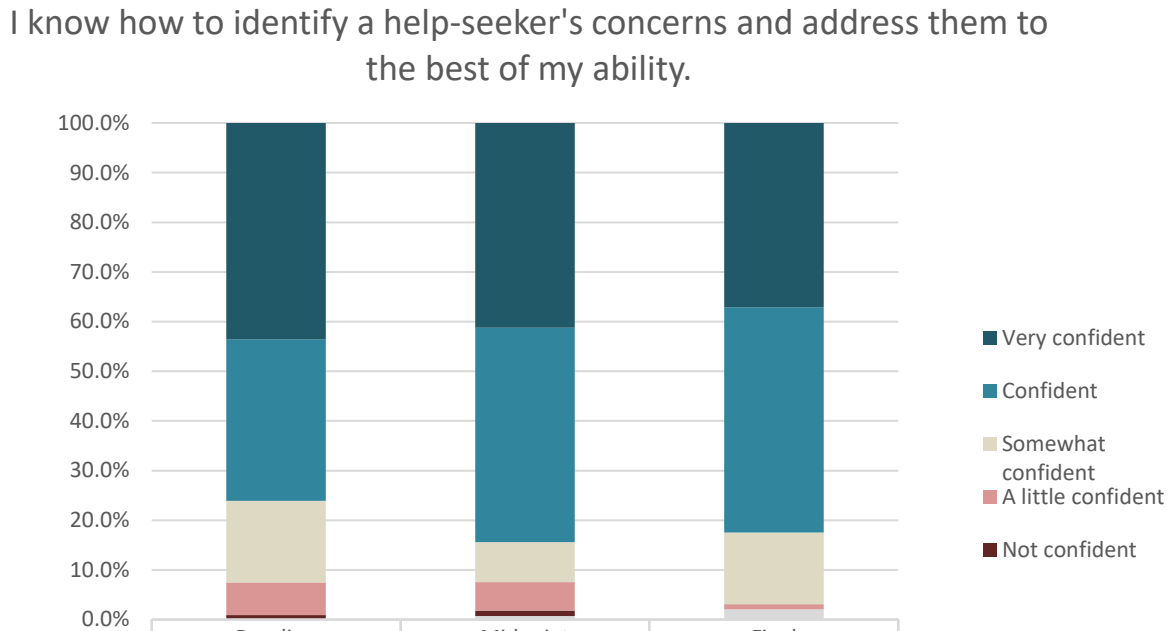
As compared to baseline, by the midpoint or the end of the pilot, a greater percentage of 911 and 988 staff reported being “very confident” or “confident” in their ability to apply training content (see Figure 4), their ability to identify and address callers’ concerns (see Figure 5), and in their trust in supervisors’ guidance (see Figure 6). Also, as compared to baseline, by the midpoint or the end of the pilot, a greater percentage of 911 and 988 staff reported “strongly agreeing” or “agreeing” with the statement: “I understand the importance of my role in accepting diversion calls” (see Figure 7). A similar trend was noted for the statement: “I am excited to support the impact the diversion initiative will have on my community” (see Figure 8). Collectively, this data indicates that staff involved in 911-988 diversion experienced improvements in their perspectives on various aspects of the work.

Figure 4. 988 and 911 call takers' ability to apply trainings to their work



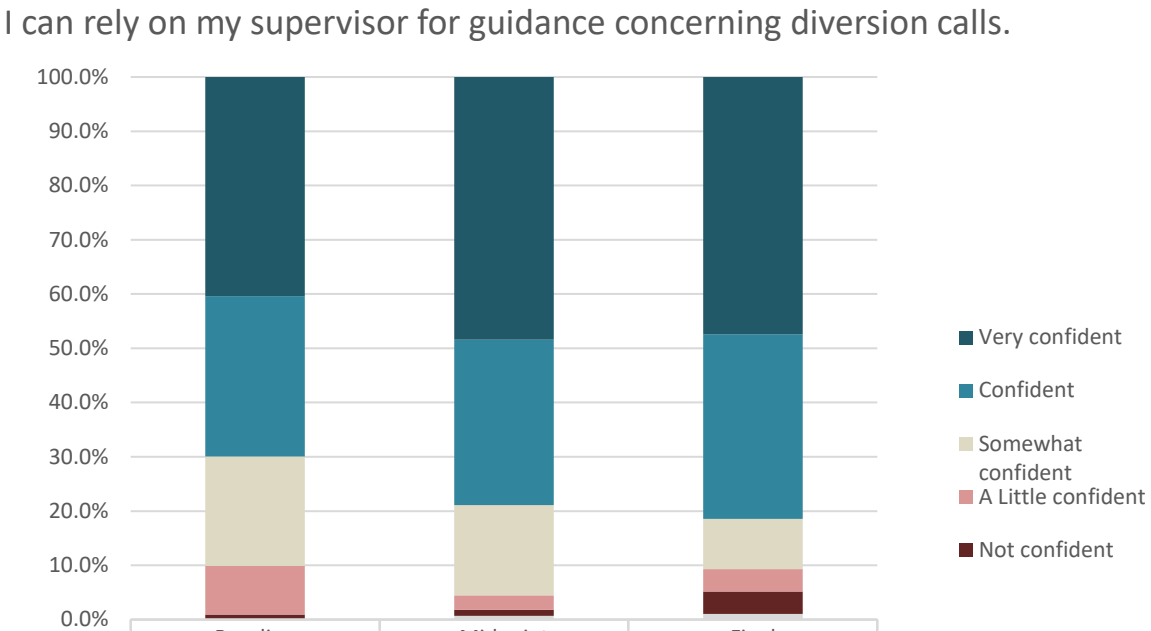
	Baseline	Midpoint	Final
	911 and 988 call takers		
Very confident	30.3%	27.2%	29.9%
Confident	25.2%	46.9%	40.2%
Somewhat confident	29.5%	16.3%	23.7%
A little confident	8.4%	6.3%	3.1%
Not confident	6.7%	2.1%	2.1%
No response	0.0%	1.2%	1.0%

Figure 5. 988 and 911 call takers' ability to identify and address callers' concerns



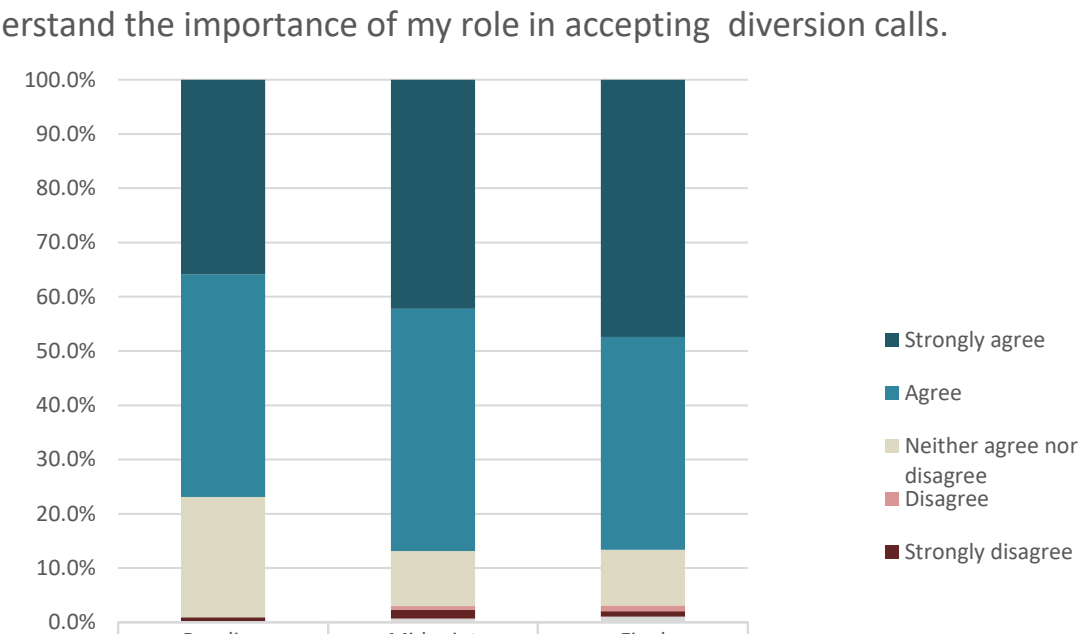
	Baseline	Midpoint	Final
	911 and 988 call takers		
Very confident	43.6%	41.2%	37.1%
Confident	32.5%	43.1%	45.4%
Somewhat confident	16.5%	8.1%	14.4%
A little confident	6.5%	5.8%	1.0%
Not confident	0.9%	1.1%	0.0%
No response	0.0%	0.7%	2.1%

Figure 6. 988 and 911 call takers' trust in their supervisors' guidance



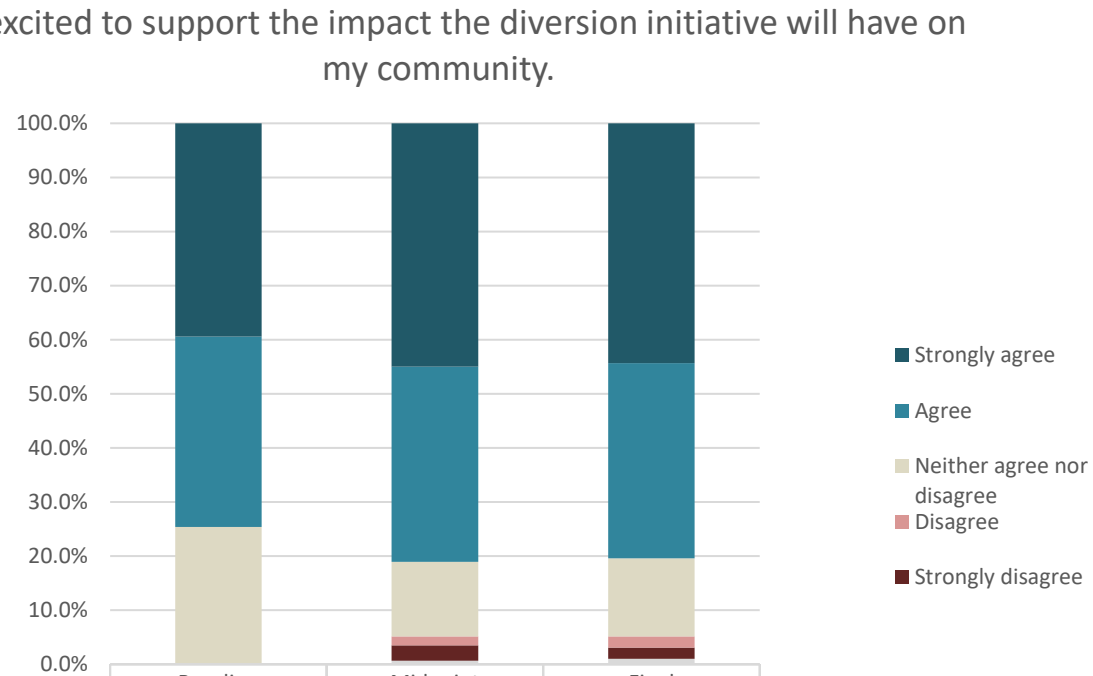
	Baseline	Midpoint	Final
	911 and 988 call takers		
Very confident	40.4%	48.4%	47.4%
Confident	29.6%	30.5%	34.0%
Somewhat confident	20.2%	16.7%	9.3%
A Little confident	9.0%	2.6%	4.1%
Not confident	0.9%	1.1%	4.1%
No response	0.0%	0.7%	1.0%

Figure 7. 988 and 911 call takers' understanding the importance of their roles



	Baseline	Midpoint	Final
Strongly agree	35.9%	42.2%	47.4%
Agree	41.0%	44.7%	39.2%
Neither agree nor disagree	22.2%	10.1%	10.3%
Disagree	0.0%	0.7%	1.0%
Strongly disagree	0.9%	1.6%	1.0%
No response	0.0%	0.7%	1.0%

Figure 8. 988 and 911 call takers' excitement about diversion work



	Baseline	Midpoint	Final
Strongly agree	39.4%	45.0%	44.3%
Agree	35.2%	36.1%	36.1%
Neither agree nor disagree	25.4%	13.8%	14.4%
Disagree	0.0%	1.6%	2.1%
Strongly disagree	0.0%	2.8%	2.1%
No response	0.0%	0.7%	1.0%

Challenges

The midpoint survey given to staff in June 2024 asked respondents a question about challenges occurring in the 911-988 diversion pilot. Responses to that question identified several different types of challenges but provided limited supporting details to fully understand them. So, the end-of-pilot-phase survey given in January 2025 asked respondents to share details on these different types of challenges if they felt they had experienced them during the pilot. A total of 97 call takers (40 988 crisis counselors and 57 911 telecommunicators) completed the end-of-pilot-phase survey. Below is a brief overview of each of the challenges noted by staff who completed the end-of-pilot phase survey (Appendices B through M have more details on each challenge).

Mental Health Stigma

Among the 988 crisis counselors and 911 telecommunicators who took the survey, 71% reported perceiving some help-seekers felt stigmatized by the offer to transfer from 911 to 988 to receive support for mental health or substance use crises (see Appendix B).

Supporting People Experiencing Hallucinations or Delusions

Forty-two percent of those who responded to the survey said they had challenges interacting with help-seekers experiencing hallucinations or delusions. These help-seekers often have a harder time engaging in problem solving during a crisis. Also, these help-seekers may not be satisfied with a mental health response if their perceived reality is characterized by a crisis that is better suited for a police response (e.g., hallucinating that their car has been stolen). Call takers also reported difficulties determining whether certain help-seekers were expressing factual content or hallucinated content. This is challenging because the nature of the crisis informs the type of response needed (see Appendix C).

Problem Solving

Thirty-eight percent of survey respondents indicated it can be difficult to get some help-seekers to engage in problem solving due to factors like:

- Delusions or hallucinations.
- Developmental disabilities.
- Disbelief that a crisis is mental health-related.
- Stigma associated with receiving support for mental health or substance use crises.
- Wanting someone to listen but not intervene.

See Appendix D for more details.

Training

Twenty percent of those who completed the survey reported some training challenges in the 911-988 diversion work (see Appendix E). Call takers said they would like more training on a number of topics, including:

- Hallucinations and delusions.
- Warm transfers.
- The logistics of entering diversion calls into CAD software.
- General overview of 988 for 911 telecommunicators.
- General overview of 911 for 988 crisis counselors.
- Joint training opportunities between 911 and 988 staff.

Other data collected during the end-of-pilot-phase survey provided additional support for the idea that 988 crisis counselors should receive training about the 911 system and 911 telecommunicators should receive training about the 988 system. The trends in Figure 9 below indicate that about half or less of 911 staff who responded to the survey "strongly agree" or "agree" that they understand 988 staff policies and procedures, training, credentials, and skillsets. This trend was similar for 988 crisis counselors' knowledge and understanding of 911 (see Figure 10). This data indicates that each agency needs training to improve their understanding of their counterpart agency.

Figure 9. 911 Telecommunicators' knowledge and understanding of 988

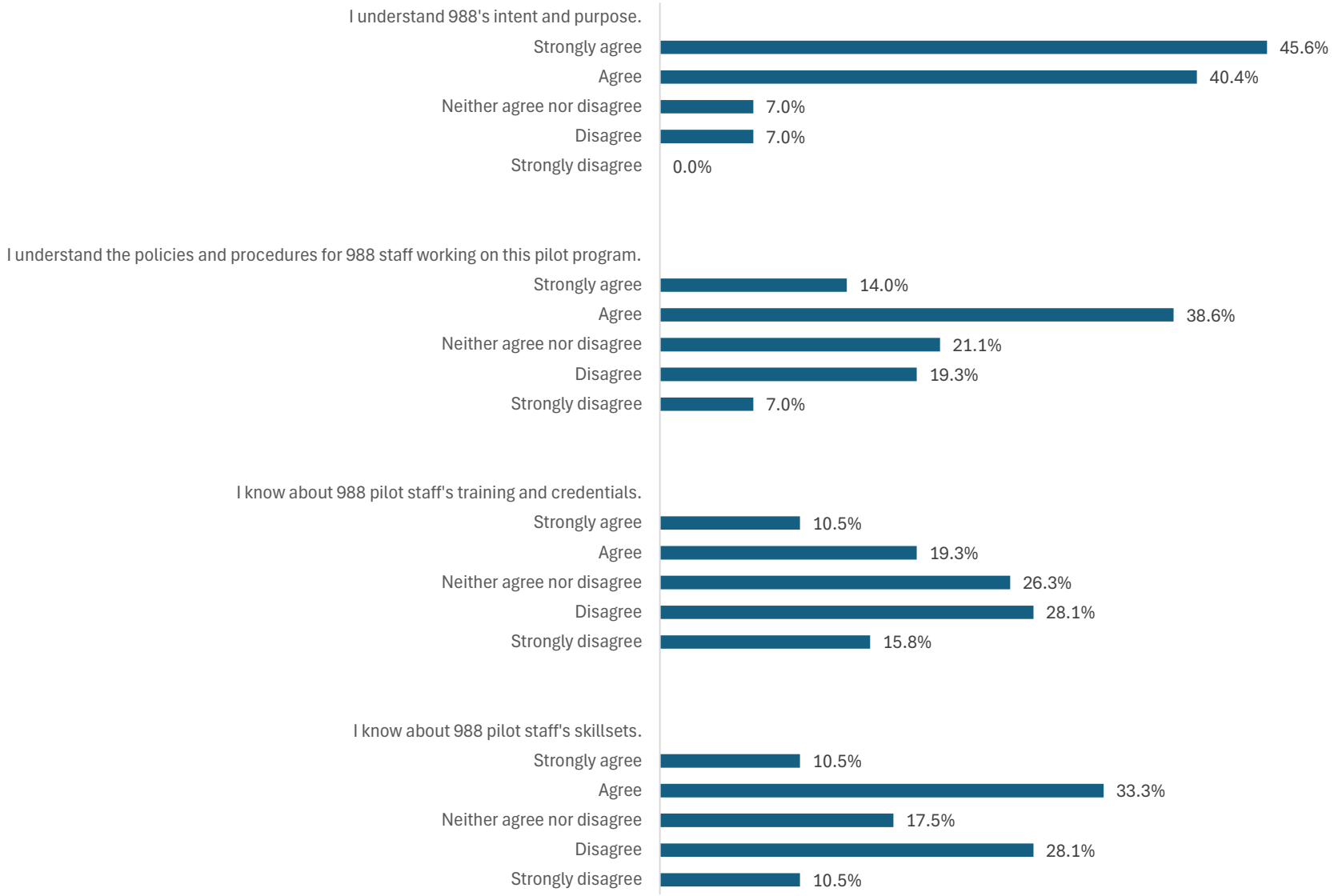
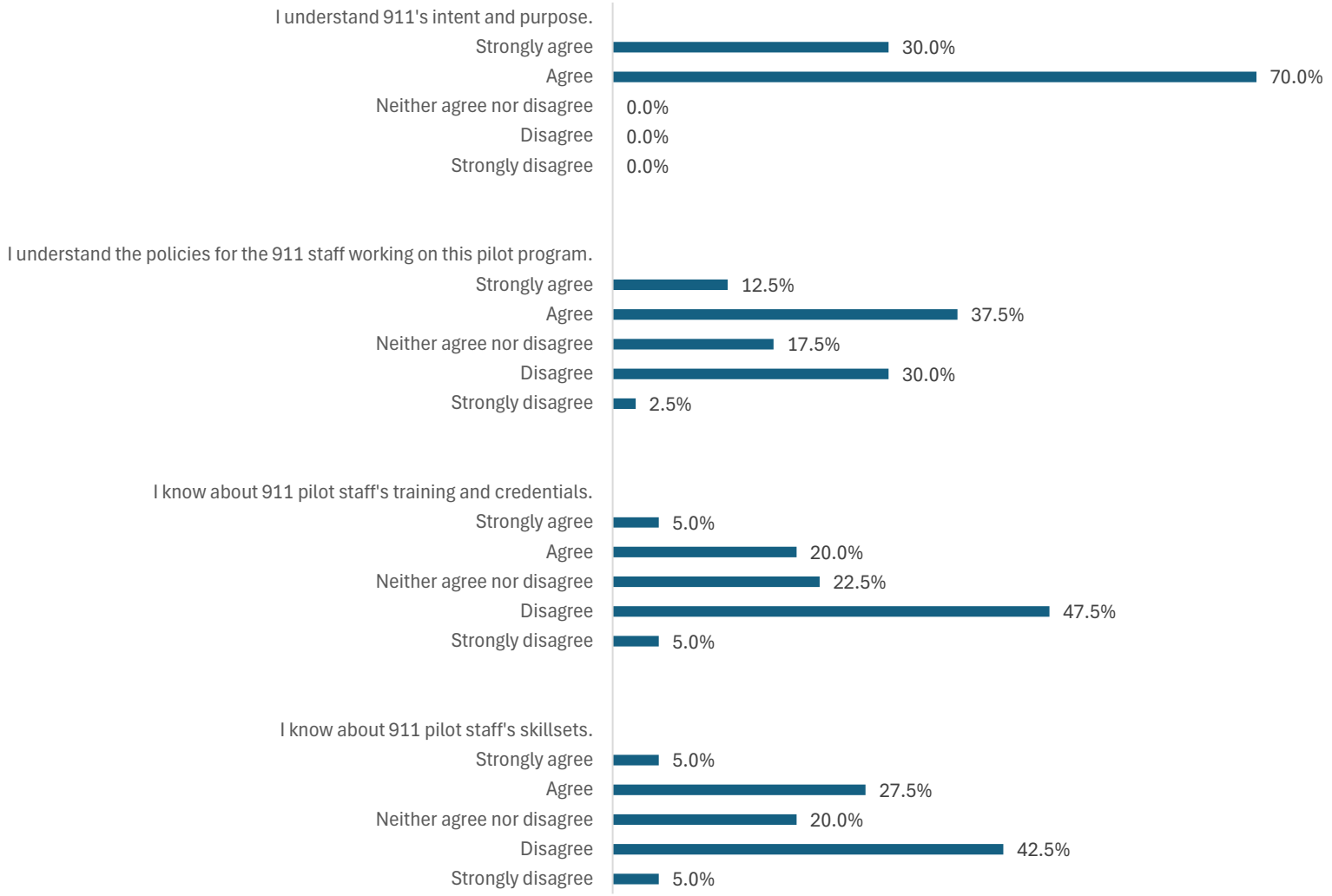


Figure 10. 988 crisis counselors' knowledge and understanding of 911



Logistics

Forty-two percent of surveyed call takers reported experiencing some logistical challenges with 911-988 diversion work, including:

- Dropped calls.
- Certain important contextual details not being conveyed to 988 during warm transfers.
- 988 staff having temporary internet outages.
- Some 911-988 partnerships do not provide 988 staff the same degree of access to certain features of 911 PSAPs' CAD systems as other partnerships in the pilot. For example, when calls are diverted from Valley Communications 911 to Crisis Connections 988, the 988 staff receive details about the help-seeker and their crisis verbally from the 911 telecommunicator. Crisis Connections' 988 staff do not receive CAD notes about the call from 911 staff at Valley Communications 911.

See Appendix F for more details.

Technology

Twenty percent of surveyed call takers reported experiencing technology-related challenges at times during 911-988 diversion work. For example, several staff within the Frontier Behavioral Health and SREC partnership noted occasionally not receiving electronic "rip and run" reports that accompany verbal warm transfers from 911 to 988. These reports are sent via email with additional contextual details (exported from the CAD system) about the help-seeker being warm transferred to 988. Some 988 crisis counselors also reported delays with the 911 CAD system displaying certain important details, such as the call identification number (unique, sequential identifier assigned to each 911 incident or call for service). Other call takers reported slow transfer of calls and occasional dropped calls. See Appendix G for more details.

Warm Transfers

Twenty-three percent of survey respondents reported occasional challenges with warm transfers from 911 to 988. For example, several 988 crisis counselors noted receiving transfers from 911 that likely should have stayed with 911. Several call takers also said they needed more standardized guidance on the types of calls to transfer to 988. See Appendix H for more details.

Hours of Operation

Thirty-seven percent of respondents on the end-of-pilot-phase survey indicated that the 911-988 diversion work was not available enough hours of the week, suggesting some staff would like to further expand 988 staffing and hours to respond to more mental health and substance use crisis calls transferred from 911.

However, 2 of the 3 911-988 partnerships in the pilot intentionally did not staff diversion efforts 24/7.[14] Instead, these 911-988 partnerships launched with operation hours occurring on mutually agreed upon select days and times. This allowed these 911-988 partnerships to

[14] During the pilot phase, the 911-988 warm transfer partnership between Frontier Behavioral Health and Spokane Regional Emergency Communications 911 (SREC) operated 24/7. The other two partnerships were not 24/7.

monitor performance and adjust staffing and hours of operation to sustainably expand their 911-988 diversion capacity over time. After completing the pilot, these 911-988 partnerships transitioned to offering 24/7 diversion services at different points in 2025 (see Appendix I).

Tangible Resources

Eleven percent of surveyed call takers noted challenges with tangible resources in the 911-988 partnerships. For example, several call takers noted challenges with not enough computer stations to accommodate both 911 and 988 staff at PSAPs during certain times of the week (see Appendix J).

Liability Concerns

Ten percent of surveyed call takers indicated having liability concerns at some point during the pilot. For example, a few 988 crisis counselors said they received some warm transfers they felt should have stayed with 911. Notably, help-seekers' crises can on occasion escalate further after being transferred to 988 despite appropriate screening through 911 and supportive call handing through 988. 988 crisis counselors can transfer help-seekers back to 911 as needed. Calls that do escalate often need a first response, such as dispatch of police or medical services, to appropriately mitigate imminent risk to self or others. But the goal is to get the initial triage of 911 calls as accurate as possible so help-seekers do not have to move between the two systems multiple times. These findings demonstrate staff want to ensure mental health and substance use crisis calls are appropriately triaged and responded to by the crisis system (911 or 988) most appropriate for the call's specific characteristics. See Appendix K for more details.

Collaboration

Nineteen percent of surveyed call takers indicated experiencing some collaboration challenges at times during the pilot. Some of these challenges included:

- 911 and 988 staff being siloed and not having enough opportunities to get to know each other, exchange information, and ask questions.
- Insufficient clarity in protocols.
- Logistical and technical challenges involved in the warm transfer process.
- Limited access for some 988 staff to certain CAD details for calls being transferred from 911 to 988.[15]
- Not enough detail provided during warm transfers.

See Appendix L for more details.

Other Diversion-Related Challenges

When 911 and 988 staff were asked about other diversion challenges, 46% of call takers noted some other challenges. Notably, many of the other challenges noted by survey respondents overlapped with types of challenges previously mentioned above. A few of the

[15] This challenge around limited access to some CAD systems' data was identified in the liability qualitative data. But this challenge seems to be a type of collaboration challenge more than a type of liability challenge. So, this detail is discussed in the collaboration challenge section of the report.

challenges reported by call takers included:

- Some help-seekers being confused about why they were being transferred from 911 to 988.
- Some help-seekers refusing to be transferred from 911 to 988.
- Difficulty responding to help-seekers who are highly agitated or experiencing delusions or hallucinations.

See Appendix M for more details.

Quality Improvement Next Steps

We conducted this pilot to gather lessons learned to inform ways to refine existing 911-988 partnerships and any potential new partnerships. We expected some challenges with work of this nature and scale. Identifying these challenges helps us to improve. Below are some steps MHCCDI partners are taking to address challenges identified in the evaluation results.

Standardized Protocols

When the MHCCDI pilot launched, each of the 911-988 partnerships created a strategic plan. This plan included discussion of the types of calls they would transfer from 911 to 988 and the methods for transferring calls. Throughout the course of the pilot phase, these 911-988 partnerships continued to refine these processes and participated in a series of meetings to discuss standardizing the overall approach to transferring calls from 911 to 988. These discussions led to the creation of the first version of Washington's 911-988 warm transfer protocol. The protocol outlines the processes and decisions that go into triaging 911 mental health and substance use crisis calls to determine which need a 911 response and which need a 988 response. It also outlines the processes and decisions that go into making warm transfers from 911 to 988. We will continue to refine this protocol over time, as needed. This protocol will be helpful guidance for any future 911-988 partnerships.

Training

911 PSAPs and 988 crisis centers already have processes in place for onboarding and continuously training their staff. Staff have the necessary knowledge, skills, and abilities to respond to crises appropriately. But as is the case with any profession, training plays an essential role in learning new processes, maintaining proficiencies, and pursuing professional development.

The findings from this evaluation of the MHCCDI pilot identified several focus areas for training staff on 911-988 diversion efforts. 911 and 988 partners are currently working on developing training materials specifically focused on 911-988 diversion. These training materials will cover a series of different topics pertinent to 911-988 diversion.

One main topic that will be covered in these training materials is the protocol for warm transferring calls from 911 to 988. The 911-988 diversion training materials will discuss the processes and decisions that go into triaging and warm transferring and responding to these

calls. These new 911-988 diversion training materials will also address liability concerns involved in making transfers between 911 and 988.

The 911-988 diversion training content will also provide an overview of each agency's counterpart agency. As discussed earlier and shown in Figures 9 and 10, many staff "did not agree" or "strongly disagreed" that they understood the policies and procedures, training and credentials, and skillsets of their counterpart agency. When we asked call takers if they had suggestions on how to address this challenge, 64% of call takers indicated they had suggestions for how to improve familiarity with their counterpart agency. Staff suggested multiple strategies, with additional training being the most suggested approach. See appendix O for more details.

As a result, the 911-988 diversion training materials for 911 staff will contain information about the 988 Lifeline, including 988's services and 988 crisis centers' certification and accreditation. The training materials will also include information about 988 crisis counselors' knowledge, skills, and training. Similarly, the training materials developed for 988 staff will contain information about their counterpart agency.

Lastly, MHCCDI partners are collaborating to find suitable existing training content from vendors or to develop new training content on other training needs highlighted by staff involved in the pilot. This includes trainings on topics such as:

- Caring for people experiencing hallucinations or delusions.
- Motivational interviewing to bolster help-seekers' engagement in problem solving.
- Ways staff can aid help-seekers in overcoming any stigma they associate with receiving behavioral health support.

For example, Frontier Behavioral Health and VOAWW have recently implemented training on hallucinations and delusions. And Frontier Behavioral Health has recently implemented training on motivational interviewing.

Adjusting 911-988 Partnerships as Needed

As noted in the challenges section of the evaluation, several call takers noted limitations on the availability of computer stations for 911 and 988 staff working together at a 911 PSAP location. In 2 of the 3 911-988 partnerships, 988 crisis counselors work remotely at a different location than 911 staff. While remote work helps address this challenge of insufficient physical resources, there are benefits to having 988 and 911 staff working together at the 911 PSAP location. For example, this can potentially help staff feel less siloed and bolster collaboration.

Any future new 911-988 partnerships will likely have their 988 staff working remotely from a different location than 911 staff. Essentially, 988 crisis centers will cross-train their 988 staff to respond to calls coming in directly to the 988 phone line as well as calls being transferred from 911 PSAPs. There will likely be fewer 988 staff physically embedded at 911 PSAPs that are only responding to 911-988 diversion calls. It will be important for 911-988 partnerships with 911 and 988 staff working at two different locations to consider ways to mitigate their

staff feeling siloed with strategies such as:

- Regular check-in meetings to discuss successes and challenges in their 911-988 partnerships.
- Periodic review of the 911 CAD system to determine any areas for improvement in diversion call triaging.
- Implementation of 911-988 diversion training and additional trainings (as needed) to address any challenges in the partnership.
- Consistent communication between partners.

As discussed in the challenges section of the end-of-pilot survey results, some 988 crisis counselors noted it would be helpful to have more access to pertinent data from their 911 partner's CAD on the calls being warm transferred to 988. Existing and any new 911-988 partners should work through the logistics to support sharing relevant CAD data with 988 when possible.

Bolstering 988 Crisis Centers' Capacity to Respond to Diversion Calls

As described in the above challenges section, some call takers felt that 911-988 diversion needed to be operational more days and times per week and have more 988 staff to accommodate 911 calls being warm transferred to 988. Throughout the pilot, partners continued to refine hours of operation and staffing to better meet this need. Notably, after completing the pilot phase, all 3 911-988 partnerships are offering 24/7 diversion services.

Increasing hours of operation is one way of increasing capacity to warm transfer more 911 calls to 988. We are also working to increase capacity by exploring developing an in-state back up process. Currently, each 911-988 partnership has their own separate phone system to transfer calls. However, when a 911 PSAP tries to transfer a call to their partnering 988 center, the 988 center may be pre-occupied with other 988 calls. When this occurs, that particular 911 call cannot be warm transferred to 988. To address this challenge, we are in the early stages of exploring technological solutions to allow for an in-state back-up process, which should increase capacity to get more 911 calls warm transferred to 988.

Currently, 3 of Washington's 78 PSAPs are participating in 911-988 diversion efforts. DOH hopes to phase in additional PSAPs sometime in the future. Doing this would increase 988 crisis centers' call volume accordingly, and additional funding would be needed to bolster 988 staffing at the 988 crisis centers to meet the additional call volume. Currently, these diversion partnerships are funded through a portion of the funds gathered from the 988 line tax. DOH will continue to request funding to support this work while also exploring city and county funding opportunities to support diversion partnerships in different regions of the state.

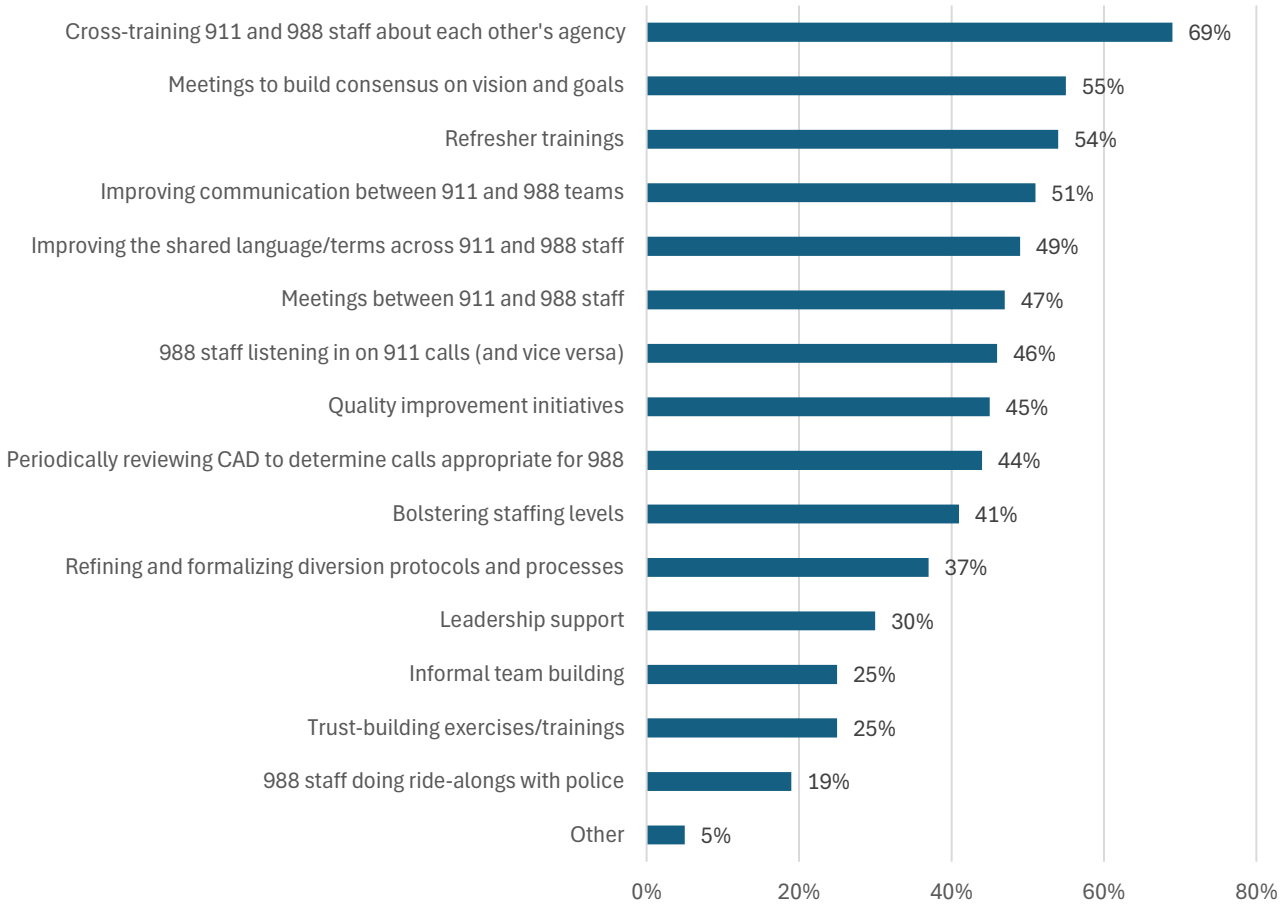
Collaboration

Since the pilot began, 911-988 partnerships have continuously worked on collaboration initiatives. For example, 911 and 988 partners meet monthly to discuss diversion-related progress and challenges. These discussions continue to inform further refinement and expansion of diversion work in Washington.

Additionally, 911 and 988 partners helped develop and refine Washington's 911-988 warm transfer protocol, which is intended to improve warm transfers from 911 to 988. 911 and 988 partners are also guiding the development of training materials on the 911-988 warm transfer protocol and other 911-988 diversion-related topics. These training materials will help staff know how to use the protocol and trust the processes involved. So, steps are already underway to help strengthen collaboration between 911 and 988.

Other potential strategies may also help strengthen collaboration between the two systems. During the end-of-pilot-phase survey, 911 and 988 call takers were asked their perspectives on the types of strategies that could help improve collaboration between 911 and 988 staff. More specifically, they were given a list of potential strategies to help with collaboration between 911 and 988 agencies and asked to select all options they thought could help improve collaboration. For example, 69% of call takers surveyed believed that cross-training efforts would help 911 and 988 staff better understand the skills, knowledge, expertise, and responsibilities of staff at their counterpart agency. Fifty-five percent of respondents also believed that meetings about the vision and goals of their diversion work could bolster collaboration. Fifty-four percent of respondents indicated that periodic refresher trainings on various topics could bolster collaboration. See Figure 11 below for additional results.

Figure 11. Call takers' perspectives on strategies to improve collaboration[16]



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

Discussion

The 2024 MHCCDI pilot had a limited scope, with only 3 out of the state's 78 911 PSAPs participating. Also, 2 of the 3 911-988 partnerships did not operate 24/7 during the pilot phase. Even so, 4,784 calls were diverted between February and the end of December 2024. By diverting these calls from 911 to 988, the MHCCDI pilot connected help-seekers experiencing behavioral health crises to trained 988 crisis counselors. Crisis counselors can help de-escalate help-seekers, provide support and crisis counseling, and offer connection to services and follow-up calls as needed.

Among the 4,784 calls diverted to 988 from 911, 622 referrals were made to services beyond 988. These services included alternative support lines, other mental health services, community providers, and community resources. Also, among the 4,784 calls diverted to 988 from 911, 988 crisis counselors made a total of 141 follow-up calls to provide additional support.

From the perspective of 911 and 988 staff involved in the MHCCDI pilot, the 911-988 diversion efforts have many benefits, such as:

- Reducing frequent callers to 911.
- Freeing up some time for law enforcement to focus on other types of calls.
- Freeing up some time for 911 telecommunicators to work on other types of calls.
- And providing help-seekers experiencing mental health crises with support such as de-escalation, safety planning, emotional support, and referrals to services.

In addition to the successes noted above, the evaluation also identified several challenges, such as:

- Help-seekers feeling stigmatized when offered a warm transfer to 988.
- Responding to help-seekers experiencing hallucinations and delusions.
- Responding to help-seekers resistant to engaging in problem solving.
- Training-related and logistical challenges.
- Technology-related challenges.

Since the pilot focused on changing processes within two large crisis response systems, we expected some challenges. The pilot was necessary to identify those challenges and learn from them so we can refine this work with existing and any new 911-988 partnerships.

911 and 988 partners have begun to address the challenges identified in this evaluation report and will continue to work on these issues. Current quality improvement efforts include tasks, such as:

- Developing various trainings.
- Refining protocols for transferring calls between 911 and 988.
- Improving collaboration among 911 and 988 staff.
- Increasing 988 staffing and hours of operation for 911-988 partnerships.

- Potential changes to phone technology for 911-988 warm transfers.

911-988 diversion efforts are new in Washington and nationally, given that 988 is a new system. Systems-level changes like this take time and continued engagement from impacted partners. We will continue to monitor and refine 911-988 diversion efforts over time.

Conclusion

988 is still new, but this service continues to improve crisis care across Washington and the nation. The MHCCDI pilot identified both successes and challenges. These findings are helping DOH, the 911 and 988 systems, and other partners learn how best to warm transfer certain mental health and substance use crisis calls from 911 to 988 so that people in crisis receive timely, appropriate care, no matter how they reach out for support.

Appendix A: Qualitative Data on Successes

Table 4. Are there any successes or other impactful stories that you would like to share?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	13	33%	13	23%	26	27%
No/vague response/blank	27	68%	44	77%	71	73%
Total	40		57		97	100%

Table 5. Success themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Growing trust in 988	2	15%	0	0%	2	8%
Successful support for mental health calls	4	31%	3	23%	7	27%
Linkage to services	4	31%	0	0%	4	15%
De-escalation of help-seekers	3	23%	3	23%	6	23%
Reduction in 911 familiar callers	0	0%	1	8%	1	4%
911 staff expressed appreciation for 988 diversion work	0	0%	6	46%	6	23%
Total	**13**		**13**		**26**	**100%**

Table 6. Example quotes for success themes

Theme	Quote
Growing trust in 988	• 988 crisis counselor indicated, "A lot of the callers transferred to 988 from 911 have started calling 988 directly for assistance. I think there is more trust being built between the caller and 988 when they are transferred."
Successful support for mental health calls	• 911 telecommunicator indicated, "The 988 counselors have been especially helpful for non-agitated frequent callers. For example, one frequent caller was expressing possible hallucinations, and instead of just putting in a call that most likely would get no response, 988 was able to work with the caller to come up with coping techniques and a plan for the night. It was a much better way to provide help, and they are able to establish baseline behavior much better than call takers, which makes it easier for us to determine if a caller's behavior is not at baseline." • 911 telecommunicator said, "It has been helpful to transfer callers in emotional distress (after getting all needed 911 questions and info) to 988 while they are waiting on a police response (domestic with parties separated, suicidal callers with a plan, etc.). It provides the caller with much needed support that 988 operators are better qualified to provide while it frees-up a 911 operator to continue to take 911 calls."
Linkage to services	• 988 crisis counselor indicated, "Some instances of success have been… being able to get co-responder and DCRs added to calls for mental health support, being able to gather information and relay it to dispatch in order to advocate for caller needs and address safety concerns for units arriving to scene, getting callers connected to resources, and provided emotional

Theme	Quote
	support and de-escalation until units arrive on the scene."
De-escalate help-seekers	• 911 telecommunicator indicated, "I recently had a caller requesting medical aid due to having a panic attack. The caller was exceptionally elevated and requested assistance in keeping calm until medics were on scene. We had a 988 employee available who was able to stay on the phone with her and assist in calming techniques until crews arrived."
Reduction in 911 familiar callers	• 911 staff member said, "It does seem like habitual callers call less."
911 staff expressed appreciation for 988 diversion work	• 911 telecommunicator indicated, "In general, I think having the help of the 988 partners has been beneficial to my own mental health and job satisfaction. It feels good that our mental health callers are getting more help and attention than before. As a 911-calltaker, I am not typically [able to] stay on the line with these types of callers for an extended period, but the 988 partners are able to stay on the line and have constructive conversations and connect the callers to appropriate resources."

Appendix B: Qualitative Data on Challenge with Stigmatization

Table 7. Have you noticed some callers felt stigmatized by the transfer from 911 to 988?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	37	93%	30	53%	69	71%
No/vague response/blank	3	7%	27	47%	28	29%
Total	40		57		97	100%

Table 8. Stigmatization challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Help-seeker feels they "are not being taken seriously"/are being dismissed as "crazy"/do not have a mental health concern	27	73%	29	97%	56	84%
Help-seeker confused by transfer (i.e., does not understand the purpose of the transfer before it is initiated)	10	27%	1	3%	11	16%
Total	**37**		**30**		**67**	**100%**

Table 9. Example quotes for stigmatization challenge themes

Theme	Quote
Help-seeker feels they: “are not being taken seriously”/are being dismissed as “crazy”/do not have a mental health concern	• 988 crisis counselor said, “Yes, many callers have fixed delusions that there is someone breaking into their house, living in their attic or other similar scenarios and feel being transferred to 988 is 911/police way of saying they are "crazy." Most respond well to a reframe that we can help them with the stress they are experiencing from this and we also have a way to "document" their experience.” • 988 crisis counselor indicated, “Some callers become frustrated being transferred to 988 because they believe their own reality and do believe that they are experiencing a real crisis that 911 should be responding to.” • 911 telecommunicator responded, “The biggest challenge is getting the callers who actually do need 988 to accept it and not immediately shut down because they think we think they are crazy.” • 911 telecommunicator said, “There are multiple callers that were correctly referred to 988, that call back upset because they are upset, we transferred them to 988, because they feel like we are calling them crazy. Unfortunately, although neither 911 nor 988 are calling them crazy, they are associating 988 with being crazy.”

Theme	Quote
Help-seeker confused by transfer (i.e., does not understand the purpose of the transfer before it is initiated)	• 988 crisis counselor indicated, “I have had callers disconnect feeling as though 988 was not the solution or being unsure as to why they were transferred in the first place.”

Appendix C: Qualitative Data on Challenge with Hallucinations and Delusions

Table 10. Have you found it challenging responding to help-seekers experiencing hallucinations or delusions?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	24	60%	17	30%	41	42%
No/vague response/blank	16	40%	40	70%	56	58%
Total	**40**		**57**		**97**	**100%**

Table 11. Hallucination and delusion challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Help-seeker's perceived reality merits a non-mental health response in the help-seeker's opinion	8	33%	5	29%	13	32%
Help-seekers are transferred to 988 allegedly not knowing they are being transferred to 988	3	13%	0	0%	3	7%
Help-seekers not willing to engage in productive conversation, de-escalation, and problem solving	4	17%	4	24%	8	20%
Help-seekers expect call taker to validate the delusion or hallucination as real	3	13%	0	0%	3	7%
Challenging to determine if the details provided by the help-seeker are factual or resulting from hallucinations or delusions	2	8%	4	24%	6	15%
Call takers feel more training on the topic is needed	4	17%	4	24%	8	20%
Total	**24**		**17**		41	**100%**

Table 12. Example quotes for hallucination and delusion challenge themes

Theme	Quote
Help-seeker's perceived reality merits a non-mental health response in the help-seeker's opinion	• 988 crisis counselor indicated, "Callers are confused and want their report to be taken seriously and some sort of action to take place to remove the threat they are experiencing. So, when they are transferred, it's challenging to try and explain to the caller, who is experiencing delusions, that law enforcement is not going to respond how they thought they would, and it can be discouraging to the caller. Trying to take a mental health crisis approach can also be challenging because they may not realize they are experiencing a mental health crisis so our techniques and crisis de-escalation tools are not effective." • 911 telecommunicator said, "Absolutely. It is difficult because while they are experiencing hallucinations or delusions, their feelings about it are real… So, the callers can be quite elevated and don't appreciate when LE doesn't respond every single time they call."
Help-seekers are transferred to 988 allegedly not knowing they are being transferred to 988	• 988 crisis counselor said, "Once they realize they have been transferred to the Crisis Line when they thought they'd be getting transferred to law enforcement it can be a challenge."

Help-seekers not willing to engage in productive conversation, de-escalation, and problem solving	• 988 crisis counselor responded, “Clients who do not believe they are in mental health crisis are difficult to engage or create safety plans with.” • 988 crisis counselor said, “It can be hard to get them on track and to end the call in an appropriate timeframe that does not take away from their experience.” • 988 crisis counselor indicated, “Sometimes. The conversations can be cyclic with no resolution, which can be frustrating.” • 911 telecommunicator said, “If someone experiencing hallucinations or delusions is willing to engage in a conversation, then the call is not challenging. We can transfer to 988 or focus on how the delusions are making them feel and go from there. If the caller is just screaming and disconnecting or refusing 988, there's not much help we can provide other than documenting what happened.” • 911 telecommunicator indicated, “Certain frequent callers with severe hallucinations or delusions tend to call very, very frequently. Even after speaking to a 988 counselor who validates and attempts to de-escalate the situation, they will often call back shortly after.”
Help-seekers expect call taker to validate the delusion or hallucination as real	• 988 crisis counselor said, “I only find it challenging if callers expect me to validate and reinforce that their hallucinations or delusions are real. Normally just validating that they feel it is real and redirecting them to a safety plan helps.” • 988 crisis counselor responded, “It can be difficult to validate how someone's hallucinations and delusions make them feel without validating or invalidating their reality. I try to focus on how their hallucinations and delusions make them feel rather than whether it is real.”

Challenging to determine if the details provided by the help-seeker are factual or resulting from hallucinations or delusions	• 988 crisis counselor said, “Initially it was difficult with several callers who we did not have a known history with. In the first few contacts with someone it was difficult to determine that it was hallucination or delusion until a pattern was established. For example, someone calls because of smelling smoke. It was uncomfortable developing a plan with them when he was smelling smoke but there was no verification there was not something causing it.” • 911 telecommunicator said, “At times it is difficult to determine a real emergency situation by the information provided by the caller. I do rely on my training and enter the call for service while simultaneously looking up previous calls and determining whether or not the caller has mental health issues in the past.”
Call takers feel more training on the topic is needed	• 988 crisis counselor said, “Yes; this is a challenging area that I feel could always benefit from additional training. The best advice I have been given is to validate the emotions and feelings, apart from the event they are concerned about” • 911 telecommunicator said, “I do not have the training or experience to de-escalate someone having a mental health crisis, so I appreciate having trained professionals on site that can help with these callers.” • 911 telecommunicator said, “We are not trained in how to deal specifically with these types of experiences so it is nice when 988 is logged in to get these callers the help they need.”

Appendix D: Qualitative Data on Challenge with Problem Solving

Table 13. Have you experienced challenges with getting callers to engage in problem solving and the help you are offering them?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	28	70%	9	16%	37	38%
No/vague response/blank	12	30%	48	84%	60	62%
Total	**40**		**57**		**97**	**100%**

Table 14. Problem solving challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Difficulty problem solving with help-seekers experiencing delusions and hallucinations	7	21%	0	0%	6	16%
Difficulty problem solving with help-seekers with developmental disabilities	1	7%	0	0%	2	5%
Some help-seekers do not believe their concerns are mental health related	1	4%	0	0%	1	3%
Some help-seekers do not want help because they perceive a stigma with mental health concerns	1	4%	1	11%	2	5%
Some help-seekers do not want mental health support from 988 and want a 911 response	10	36%	5	56%	15	41%
Some help-seekers do not want mental health support, and they are not always clear why	8	29%	0	0%	8	22%
Some help-seekers just want someone to listen and do not want support with problem solving	0	0%	2	22%	2	5%
Some help-seekers are too escalated to engage in problem solving	0	0%	1	11%	1	3%
Total	**28**		**9**		**37**	**100%**

Table 15. Example quotes for problem solving challenge themes

Theme	Quote
Difficulty problem solving with help-seekers experiencing delusions and hallucinations	• 988 crisis counselor indicated, "Callers experiencing memory loss, delusions/hallucinations can be resistant to problem solving or resources b/c they feel that they are reporting real crimes/that they do not have a mental health issue."
Difficulty problem solving with help-seekers with developmental disabilities	• 988 crisis counselor indicated, "Some of our callers have developmental disabilities & really struggle with that."
Some help-seekers do not believe their concerns are mental health related	• 988 crisis counselor indicated, "Sometimes due to callers believing none of it is mental health related than they are unwilling to speak with 988 staff."
Some help-seekers do not want help because they perceive a stigma with mental health concerns	• 988 crisis counselor indicated, "Sometimes people do not understand how mental health support could help them because the topic of mental health causes them to feel defensive over what they are experiencing." • 911 telecommunicator said, "Most callers do not believe they are in crisis and tend to be affronted by the transfer."

Theme	Quote
Some help-seekers do not want mental health support from 988 and want a 911 response	• 988 crisis counselor indicated, “At times, it can really be case by case. Some callers will engage, while others do not want mental health, they want police.” • 911 telecommunicator said, “Yes, some callers have declined to be transferred to 988.”
Some help-seekers do not want mental health support, and they are not always clear why	• 988 crisis counselor indicated, “Yes, I have had challenges with getting callers to engage in problem solving and the help that 988 offers them because some individuals want to better their mental health but do not want to put in the effort to do so.”
Some help-seekers just want someone to listen and do not want support problem solving	• 911 telecommunicator said, “Sometimes callers do not want a hand they just want an ear”
Some help-seekers are too escalated to engage in problem solving	• 911 telecommunicator said, “Yes, they are usually highly escalated."

Appendix E: Qualitative Data on Training Challenge

Table 16. Do you feel there have been training challenges on this 911 to 988 diversion work?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	12	30%	7	12%	19	20%
No/vague Response/blank	28	70%	50	88%	78	80%
Total	**40**		**57**		**97**	**100%**

Table 17. Training challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Training needed for hallucinations and delusions	2	17%	0	0%	2	11%
Training needed for 911 staff about the skills, knowledge, and abilities of 988 staff	1	8%	1	14%	2	11%
Training needed for 988 staff about the skills, knowledge, and abilities of 911 staff	1	8%	0	0%	1	5%
More training overlap with 911 and 988 staff needed	1	8%	0	0%	1	5%
More training needed about making warm transfers to 988	5	42%	3	43%	8	42%
More training needed for 988 staff taking diversion calls (when they are not part of a dedicated diversion team)	2	17%	0	0%	2	11%
Training needed on how to enter diversion calls into CAD software	0	0%	3	43%	3	16%
Total	**12**		**7**		**19**	**100%**

Table 18. Example quotes for training challenge themes

Theme	Quote
Training needed for hallucinations and delusions	• 988 crisis counselor indicated, "If we could receive more training on delusional callers and how to assist their type of crisis that would be awesome."
Training needed for 911 staff about the skills, knowledge, and abilities of 988 staff	• 988 crisis counselor indicated, "I think having a training within 911 to show each call receiver what actually happens at 988 would really help. I believe that the 911 CR's transfer callers to 988 because they just think we will listen. I think if they knew we could de-escalate and provide services too they would be willing to be more forthcoming with 911 callers that they are being transferred to crisis."
Training needed for 988 staff about the skills, knowledge, and abilities of 911 staff	• 988 crisis counselor indicated, "I think it would be helpful to know the 911 side, what they are trained to do prior to transferring the call. Then we know where to pick up the call after they have spoken with the client."
More training overlap with 911 and 988 staff needed	• 988 crisis counselor indicated, "I think we could use more onsite training w/ 911- and it would be helpful to sit in during some of the 911 trainings so we understand how they work/ are structured better."

Theme	Quote
More training needed about making warm transfers to 988	• 988 crisis counselor indicated, “Not all call-takers are familiar/comfortable w how to introduce the calls when transferring. Most have been open to feedback, or even proactively solicit feedback after the first couple times they do. Having the opportunity to present during the training for new call-takers has been a benefit.” • 988 crisis counselor said, “Yes, I notice that there has not been consistency in how 911 has been trained to handle calls with 988. Examples include, different understandings about the type of calls to transfer and if they should stay on the call. 911 call takers that have relationships with 988 or have been working on the same shifts longer have developed more of an understanding of the procedures.” • 911 telecommunicator said, “On site training for ALL 911 call receivers, when we are allowed to be off the phone to take the training and look at material would be helpful. There is only so much you can learn and understand when trying to learn in between calls with a heavy call flow.” • 911 telecommunicator said, “While the program is amazing to learn about during the immense training as a call taker, it really needs to be refreshed prior to call takers being released on their own as it would be valuable.”

More training needed for 988 staff taking diversion Calls (when they are not part of a dedicated diversion team)	• 988 crisis counselor indicated, “People who are not 988 diversion staff are still taking the calls outside of hours, but do not receive the same training. If we are expected to take those calls we should receive the same training.”
Training needed on how to enter diversion calls into CAD	• 911 telecommunicator said, “The most challenging is the Dispo new/different way we have to put in calls even though we are transferring to 988.” • 911 telecommunicator said, “My preference would be to just be able to push a button and transfer the caller without having to enter a call.”

Appendix F: Qualitative Data on Logistics Challenge

Table 19. Any notable logistical challenges with transferring calls from 911 to 988 (e.g., dropped calls during the transfer; long wait times, etc.)?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	24	60%	17	30%	41	42%
No/vague response/blank	16	40%	40	70%	56	58%
Total	**40**		**57**		**97**	**100%**

Table 20. Logistics challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Responding to calls when 988 diversion team not available	1	4%	0	0%	1	2%
Dropped calls	5	21%	0	0%	5	12%
Contextual details not passed to 988 crisis counselors by 911 staff or CAD software	5	21%	0	0%	5	12%
Transfers of help-seekers that allegedly do not want to be transferred	2	8%	0	0%	2	5%
Limited CAD software access for 988 crisis counselors	2	8%	0	0%	2	5%
Delay in 988 staff being added to calls by dispatch	1	4%	0	0%	1	2%
Delay in getting responses from 911 while on calls	1	4%	0	0%	1	2%
988 staff having internet access challenges	3	13%	0	0%	3	7%
More training needed for 911 audience about what 988 is capable of logistically	1	4%	0	0%	1	2%
Non-uniform processes for transferring the call from 911 to 988	1	4%	0	0%	1	2%
911 buy-in for transferring appropriate mental Health Calls to 988	1	4%	0	0%	1	2%

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Transferring calls when 988 is unavailable due to being occupied with another help-seeker	1	4%	0	0%	1	2%
988 diversion not operating 24/7 or sufficiently staffed	0	0%	11	65%	11	27%
Many 911 help-seekers are not appropriate for 988	0	0%	1	6%	1	2%
Technologically challenging transfer process	0	0%	4	24%	4	10%
988 staff slow to respond to CAD software messages	0	0%	1	6%	1	2%
Total	**24**		**17**		**41**	**100%**

Table 21. Example quotes for logistics challenge themes

Theme	Quote
Responding to calls when diversion team not available	• 988 crisis counselor indicated, “Difficulty ensuring we answer calls outside of the hours of operation. We do not have dedicated staff to answer diversion calls outside of those hours.”
Dropped calls	• 988 crisis counselor indicated, “There can be at times dropped calls during transfer. I attribute this to the client being told they are being transferred to 988 and not wanting to speak with us.”
Contextual details not passed to 988 crisis counselors by 911 telecommunicator or CAD software	• 988 crisis counselor indicated, “Sometimes calls are sent to 988 w/out an introduction (cold transfers), or without important info (like that medical or LE are being sent to caller's home while they speak with 988). This doesn't happen as often as it did a few months ago.”
Transfers of help-seekers that allegedly do not want to be transferred	• 988 crisis counselor indicated, “My biggest issue is 911 dispatch not communicating ahead of time that their call will be transferred to 988 mental health.”
Limited CAD software access for 988 crisis Counselors	• 988 crisis counselor indicated, “Not having calls open for 988, and 988 not being [able] to open calls or see call history.”

Theme	Quote
Delay in 988 being added to calls by dispatch	• 988 crisis counselor indicated, “Delay in 988 being added to calls by dispatch.”
Delay in getting responses from 911 while on calls	• 988 crisis counselor indicated, “Delay in getting responses from 911 while on calls.”
988 staff having internet access challenges	• 988 crisis counselor indicated, “I also suggest 988 getting access to internet.”
More training needed for 911 audience about what 988 is capable of logistically	• 988 crisis counselor indicated, “I would suggest more training to 911 on what 988 has capability of doing logistically.”
Non-uniform processes for transferring the call from 911 to 988	• 988 crisis counselor indicated, “Only that it is not streamlined. Some CR's park a call (put it on hold) then send a message asking if I am available to pick it up. Some send a CAD message asking if I am available and then transfer the call. Some just transfer without a message. I think it would be easiest (mostly for call receivers) to have one clearly defined method that was not time consuming for them.”

Theme	Quote
911 buy-in for transferring appropriate calls to 988	• 988 crisis counselor indicated, “Only thing notable is helping 911 understand the importance of transferring the callers to 988.”
Transferring calls when 988 is unavailable due to being occupied with another help-seeker	• 988 crisis counselor indicated, “Sometimes call-takers try to transfer when 988 call-takers are already on a call. This just needs more training/communication to make sure they are checking our availability before trying to transfer.”
988 diversion not operating 24/7 or sufficiently staffed	• 911 telecommunicator indicated, “Can only transfer if 988 is in available status, otherwise 911 has to handle the call. More 988 staff would be great.”
Many 911 help-seekers are not appropriate for 988	• 911 telecommunicator indicated, “988 employees are… not necessary for most callers. Sometimes they have even refused to talk to certain callers.”
Technologically challenging transfer process	• 911 telecommunicator indicated, “It is cumbersome to transfer. We have to enter a call, transfer, forward the info. We should simply have a one button transfer like the offsite Crisis line transfer. I can often take the call quicker on my own then transferring to 988.” • 911 telecommunicator indicated, “It is frustrating that 988 needs to

Theme	Quote
	close out a call - sometimes we get callers that are calling in on repeat, and it would be nice to be able to leave the call open and transfer them back to 988 immediately rather than needing to start a new call." • 911 telecommunicator indicated, "phone system is set up to where we have to know everyone's last name and first -- it doesn't make a distinction as to who is playing what role. This ties in with the divide between ourselves. They do not have the same computer accesses we do, otherwise we can quickly determine their name and which terminal they are at and exchange messages with them."
988 staff slow to respond to CAD software messages	• 911 telecommunicator indicated, "The 988 staff are slow to return CAD messages. I do not know if it is because they do not see them quickly or another reason. So, if a 911 operator has a caller on the line and is trying to confirm 988 will take them, it is too slow of a conversation and most 911 operators will not bother even trying at that point."

Appendix G: Qualitative Data on Technology Challenges

Table 22. Have you experienced challenges with technology in this 911 to 988 diversion pilot program?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	15	38%	4	7%	19	20%
No/vague response/blank	25	63%	53	93%	78	80%
Total	**40**		**57**		**97**	**100%**

Table 23. Technology challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Limited CAD software access for 988 staff	1	7%	0	0%	1	5%
Occasionally insufficient Wi-Fi for 988 staff	2	13%	0	0%	2	11%
Occasionally locked out of computer and need to reset password	1	7%	0	0%	1	5%
Occasional issues with headset audio	1	7%	0	0%	1	5%
Calls are slow to transfer or drop	1	7%	3	75%	4	21%
“Rip and Run” emails about the 911 transfer do not always reach 988 staff or do not contain all the important details	5	33%	0	0%	5	26%
988 software does not pause crisis counselor availability for after-call logistics (e.g., referring help-seekers to services after the call)	2	13%	0	0%	2	11%
911 call identification number availability delay can make It challenging for transferring a call to 988 staff	2	13%	1	25%	3	16%
Total	**15**		**4**		**19**	**100%**

Table 24. Example quotes for technology challenge themes

Theme	Quote
Limited CAD software access for 988 staff	• 988 crisis counselor indicated, “challenges with technology are not having access to CAD or caller history.”
Occasionally insufficient Wi-Fi for 988 staff	• 988 crisis counselor indicated, “988 uses the 911 guest Wi-Fi, which sometimes does not work. I have gone entire shifts or half a shift w/out internet access. We are not allowed to use internet on the 911 computers, and do not have access to their resource center. We just have the 988 laptops… this can make it difficult to do surveys and find resources for callers when we cannot access the internet.”
Occasionally locked out of computer and need to reset password	• 988 crisis counselor indicated, “There's been small computer issues like being locked out of the computer, but 911 staff would help reset passwords often.”
Occasional issues with headset audio	• 988 crisis counselor indicated, “One time my headset was not working and my team struggled to help me get audio during a call. The temporary fix was to use another 988 staff headsets on top of my own headset. So, I had two headsets on. It was very stressful, but the call was completed.”

Theme	Quote
Calls are slow to transfer or drop	• 988 crisis counselor indicated, “calls dropping” • 911 telecommunicator said, “I have heard of calls randomly dropping while they are getting set up, but I do not know what the cause of that is.” • 911 telecommunicator said, “using the 988 button on the keypad is sometimes slow to transfer.”
“Rip and Run” emails about the 911 transfer do not always reach 988 staff or do not contain all the important details	• 988 crisis counselor indicated, “when the rip and run emails do not accompany the call.”
988 software does not pause crisis counselor availability for after-call logistics (e.g., referring help-seekers to services after the call)	• 988 crisis counselor indicated, “Our call taking program will automatically push 988 staff into the available state after call is ended, this can interfere with our process if we are to refer this client to an outreach team and receive a call immediately afterwards.”

Theme	Quote
911 call identification number availability delay can make it challenging for transferring a call to 988 staff	• 988 crisis counselor indicated, “At South Sound, our 988 team members use the CAD that the units use, sometimes when they are given a call # by a call taker when they are transferred a call, they cannot yet see it on the board, and therefore do not know which dispatcher to ask to put them on the call.”

Appendix H: Qualitative Data on Warm Transfers Challenge

Table 25. From your perspective, have there been challenges with determining which calls should be transferred from 911 to 988?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	14	35%	8	14%	22	23%
No/vague response/blank	26	65%	49	86%	75	77%
Total	**40**		**57**		**97**	**100%**

Table 26. Warm transfers challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Transfers to 988 that likely needed to stay with 911	9	64%	0	0%	9	41%
Calls that may have been appropriate for 988 that were not transferred by 911	1	7%	0	0%	1	5%
Transfers to 988 with insufficient context because of 988 staff's limited access to CAD records	1	7%	0	0%	1	5%
More standardization needed on the guidance about which call types to transfer to 988	2	14%	4	50%	6	27%
Belief that there is some variance in call transfer practices based on which 911 telecommunicators are working	1	7%	0	0%	1	5%
More standardization and guidance of the logistics involved in the transfer process needed	0	0%	1	13%	1	5%
Familiar help-seekers that consistently refuse transfer to 988	0	0%	1	13%	1	5%
More 988 staff needed so they are available for transfers	0	0%	1	13%	1	5%

Theme	988 call takers		911 call takers		Total call takers	
	Count	Percent	Count	Percent	Count	Percent
It can be challenging to determine if help-seeker is appropriate for 988 transfer, if that help-seeker does not have an established call history in the CAD	0	0%	1	13%	1	5%
Total	**14**		**8**		**22**	**100%**

Table 27. Example quotes for warm transfer challenge themes

Theme	Quote
Transfers to 988 that likely needed to stay with 911	• 988 crisis counselor indicated, "I have had concerns that someone may be having a medical issue that causes them to sound like they are having delusions/hallucinations (i.e., seizures, overdose, delirium tremens, hyperglycemia causing confusion, UTI causing altered status)" • 988 crisis counselor indicated, "I have had a few calls that were very obviously a police issue but since MH got referenced to, they were transferred to 988."
Calls that may have been appropriate for 988 that were not transferred by 911	• 988 crisis counselor indicated, "I have not gotten calls that should not have been transferred, but I do notice calls coded as suicide threat that don't get transferred & I don't see notes in the call log that the call taker offered & the caller declined."
Transfers to 988 with insufficient context because of 988 staff's limited access to CAD records	• 988 crisis counselor indicated, "I think it would be helpful if 911 call receivers were clearer on some of reasoning for the transfers….here at 988 we don't have the data on that caller that 911 has. Sometimes it is hard to decipher what is a crime and what is not on the initial transfer. I think most of the calls that come to us are appropriate."
More standardization needed on the guidance about which call types to transfer	• 988 crisis counselor indicated, "I think there have been challenges- call takers have shared that they have received mixed instructions from supervisors about what calls to send us (different supervisors telling them different things)."

Theme	Quote
to 988	• 911 telecommunicator indicated, “For myself, no. For others, I have heard them say they are not sure what can be transferred, even though there is a list in Noteq and it has been addressed in emails as well as in person training.”
Belief that there is some variance in call transfer practices based on which 911 telecommunicators are working	• 988 crisis counselor indicated, “yes and no. it depends on who is working- some will only send frequent callers to 988, while others will utilize our services for a wider variety of calls. I have noticed that I am busier when I work w/ certain call takers than others.”
More standardization and guidance of the logistics involved in the transfer process needed	• 911 telecommunicator indicated, “Still kind of confused. Do I just transfer using 988 button? Do I message before or after transfer? Do I check if 988 operator is available before transfer?
Familiar help-seekers that consistently refuse transfer to 988	• 911 telecommunicator indicated, “Chronic callers that constantly refuse to talk to 988, do we just keep asking?”
More 988 staff needed so they are available for transfers	• 911 telecommunicator indicated, “I think I would be more inclined to send some of the less obvious callers to 988 if there were more employees available and I was less concerned with needing to save them for the more extreme callers.”

Theme	Quote
It can be challenging to determine if help-seeker is appropriate for 988 transfer, if that help-seeker does not have an established call history in the CAD	• 911 telecommunicator said, “When we don't have an established history with the caller's name, phone number, or location, then sometimes it is difficult to know for certain if a 988 response is preferable. Occasionally I will forward a caller waiting for police or fire response who asks specifically for 988 or MHC resources.”

Appendix I: Qualitative Data on Hours of Operation Challenge

Table 28. Have you felt frustrated by the "in-service" time for the 911 to 988 diversion work? Do you feel this diversion process should be "in-service" more than currently scheduled or at different hours/days?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	12	30%	24	42%	36	37%
No/vague response/blank	28	70%	33	58%	61	63%
Total	**40**		**57**		**97**	**100%**

Table 29. Hours of operation challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Hours of operation should be extended to respond to more diversion calls	9	75%	19	79%	28	79%
More 988 staff are needed	3	25%	5	21%	8	22%
Total	**12**		**24**		**36**	**100%**

Table 30. Example quotes for hours of operation challenge themes

Theme	Quote
Hours of operation should be extended to respond to more diversion calls	• 988 crisis counselor indicated, "I do think that the hours do not match when we receive calls. There are many diversion calls that come in outside of the scheduled times. Early mornings during the work week tends to be a fairly active time." • 911 telecommunicator said, "I would love to see more 988 emp available more frequently - it feels quite common that a 988 emp is not available when I have a caller that would be ideal to transfer over (either because 988 is not working, or because they are on another call)." • 911 telecommunicator said, "It should be 24 hours 7 days a week. I know it is not always busy or needed but it feels like the times we have no 988 employee on is when we have the calls that would be best for de-escalation. Every 1st person suicide threat I have had has been a day when 988 is not working." • 911 telecommunicator responded, "Yes, there were times when a 988 counselor was not on while I was working, and a caller specifically asked to be transferred and I couldn't transfer them. 24/7 would be great!" • 911 telecommunicator indicated, "I do feel that 988 is a valuable resource for 911 call takers and the public. Should be manned in the communications center 24 hours a day."

Theme	Quote
More 988 staff are needed	• 988 crisis counselor indicated, "Our 988 program is short 3 people (we should have 6 total), and our supervisor is out on extended leave until 2025. I think that once we are fully staffed in the new year, the program will be even more successful. Considering how short staffed we currently are, I think we are doing pretty good." • 911 telecommunicator said, "I wish there was more staffing…sometimes they are tied up on a call and we have another caller needing their help."

Appendix J: Qualitative Data on Tangible Staff Resources Challenge

Table 31. If you work in a partnership where 988 staff are physically co-located at the 911 PSAP (988 staff do not work remotely), have you experienced challenges with insufficient office space/equipment to support 988 staff working alongside 911 in the same location?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	2	5%	9	16%	11	11%
No/vague response/blank	38	95%	48	84%	86	89%
Total	**40**		**57**		**97**	**100%**

Table 32. Tangible staff resources challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Physical space limitations	2	100%	8	89%	10	91%
988 staff should have assigned seating so they are easier to find and collaborate with	0	0%	1	11%	1	9%
Total	**2**		**9**		**11**	**100%**

Table 33. Example quotes for tangible resources challenge themes

Theme	Quote
Physical space limitations	• 988 crisis counselor indicated, “There have been some challenges, but we tried to find ways around them. Such as lack of computer stations for 988 we started using laptops when necessary.” • 911 telecommunicator said, “Sometimes, there are not enough terminals for 911 operators in "pods" with our partners because a 988 staff member is there. This is especially apparent when there is on-the-floor-training going on and space and laptops are limited.”
988 staff should have assigned seating, so they are easier to find and collaborate with	• 911 telecommunicator said, “988 staff should have a designated pod assigned specifically to their staff, so it is easier to identify them and build rapport.”

Appendix K: Qualitative Data on Challenge with Liability Concerns

Table 34. During the pilot, did you have concerns about liability of certain transfers from 911 to 988 or vice versa?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	8	20%	2	4%	10	10%
No/vague response/blank	32	80%	55	96%	87	90%
Total	**40**		**57**		**97**	**100%**

Table 35. Liability concerns challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Some help-seekers feel dismissed by 911 when offered a transfer to 988 and have threatened to sue 911	1	13%	0	0%	1	10%
Some help-seekers have made threats to others, and it is difficult to determine how valid the threat is	1	13%	0	0%	1	10%
988 staff concerned responding to certain calls without full context because of limited access for 988 staff to the CAD records of the help-seeker	2	25%	0	0%	2	20%
Some calls transferred to 988 likely needed to stay with 911	4	50%	0	0%	4	40%
911 staff do not see notes on how the call is handled after it is transferred to 988 to verify the call receives an appropriate response	0	0%	1	50%	1	10%
General worry about making a triage mistake and transferring a call to 988 that should stay with 911	0	0%	1	50%	1	10%
Total	**8**		**2**		**10**	**100%**

Table 36. Example quotes for liability concerns challenge themes

Theme	Quote
Some help-seekers feel dismissed by 911 when offered a transfer to 988 and have threatened to sue 911	• 988 crisis counselor indicated, “Some callers have stated that 911 is dismissing their calls and that they will sue 911. I explain to callers that 911 did make a report and if a caller is transferred to 988 it would be after the report is completed and due to the report sounding traumatic or highly stressful, it was determined that it could be helpful for the caller to speak with 988. If the caller hears the explanation, normally they de-escalate. If not, then I let them know they have the right to and if they need any further help with their crisis situation they can call 988 again.”
Some help-seekers have made threats to others and it is difficult to determine how valid the threat is	• 988 crisis counselor indicated, “there have a been a few concerning calls, but this doesn't happen often. Sometimes we get callers who threaten violence to the general public or to LE- they are frequent callers and will be sent to us. I personally feel uncomfortable trying to determine whether or not this caller is a real threat.”
988 staff concerned responding to certain calls without full context because of limited access for 988 staff to the CAD records of the help-seeker	• 988 crisis counselor indicated, “Primarily with individuals we did not have history on. Another example is an individual calling saying someone outside their home is being kidnapped. I would not know what was happening on 911 end to rule out police response nor do I have historical evidence that this is a delusion. I also had many years experience of using 911 if there was concern a crime was being committed that I needed to learn a new way of responding to this type of call.”

Theme	Quote
Some calls transferred to 988 likely needed to stay with 911	• 988 crisis counselor indicated, “Yes, there have been a few calls involving domestic violence or active suicide attempts where I have felt liability is a concern because of the response to those situations. I think having more consensus on protocols and types of calls to transfer would help with that.”
911 staff do not see notes on how the call is handled after it is transferred 988 to verify it receiving an appropriate response	• 911 telecommunicator indicated, “My concern is that I transfer someone over to 988 and it is not triaged or handled properly, and something happens to that caller. We do not receive any follow up or see how the call was/will be handled so we just have to hope that something was done and move on to the next.”
General worry about making a triage mistake and transferring a call to 988 that should stay with 911	• 911 telecommunicator indicated, “Only if I missed that they were having an actually emergency.”

Appendix L: Qualitative Data on Collaboration Challenge

Table 37. Have you experienced or observed challenges with 911 staff and 988 staff coordinating and collaborating on this diversion work?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	13	33%	5	9%	18	19%
No/vague response/blank	27	68%	52	91%	79	81%
Total	**40**		**57**		**97**	**100%**

Table 38. Collaboration challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
988 and 911 staff feel siloed	2	15%	2	40%	4	22%
911 should explain to help-seekers what 988 is before transferring them to 988	1	8%	0	0%	1	6%
Insufficient clarity in warm transfer protocol hinders collaboration	3	23%	0	0%	3	17%
Logistical/technical challenges in the warm transfer process hinder collaboration	3	23%	2	40%	5	28%
Cold transfers hinder collaboration (possibly due to 911 telecommunicator not sufficiently informing help-seeker or possibly the help-seeker not sufficiently comprehending the decision to be transferred)	4	31%	0	0%	4	22%
911 staff feel that 988 does not want some of the calls that are transferred to 988	0	0%	1	20%	1	6%
Total	**13**		**5**		**18**	**100%**

Table 39. Example quotes for collaboration challenge themes

Theme	Quote
988 and 911 staff feel siloed	• 988 crisis counselor indicated, "988 staff are very separate f/ 911- we don't get the group emails/ messages letting us know about events or other important info unless a supervisor goes out of their way to notify us. Call takers have said that they assume we get those messages. It would be nice if we were included more so that we feel like we are part of a team" • 911 telecommunicator said, "Some of the 988 staff keep to themselves, so my interaction is almost entirely over CAD messages. Would be nice to have more connection to them, maybe with them sitting with us for an hour. I work really well with [REDACTED CRISIS COUNSELOR NAME] and feel comfortable asking them for suggestions on how to handle known callers or language to engage a caller long enough to get them over to 988. So helpful to have them nearby in person."
911 should explain to help-seekers what 988 is before transferring them to 988	• 988 crisis counselor indicated, "Explaining what 988 is prior to transferring callers from 911 can be more helpful."
Insufficient clarity in warm transfer protocol hinders collaboration	• 988 crisis counselor indicated, "Seems to be a disconnect between what is an appropriate call for diversion."

Theme	Quote
Logistical/technical challenges in the warm transfer process hinder collaboration	• 988 crisis counselor indicated, “Some 911 staff made comments that it is more work for them to transfer and make notes about the transfer, compared to them taking the crisis calls.”
Cold transfers hinder collaboration (possibly due to 911 telecommunicator not sufficiently informing help-seeker or possibly the help-seeker not sufficiently comprehending the decision to be transferred)	• 988 crisis counselor indicated, “Some clients are not aware that they have been transferred to 988, unclear if this is due to lack of communication from 911 or lack of understanding from client.”
911 staff feel that 988 does not want some of the calls that are transferred to 988	• 911 telecommunicator said, “Only when 988 no longer wants to talk to our frequent callers because they are not very nice.”

Appendix M: Qualitative Data on Other Diversion Challenges

Table 40. Are there any challenges you have encountered or lessons learned that you would like to share?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	26	65%	19	33%	45	46%
No/vague response/blank	14	35%	38	67%	52	54%
Total	40		57		97	100%

Table 41. Other diversion challenge themes

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Confusion among help-seekers about reason for transfer	9	35%	0	0%	9	20%
Uncertainty of processes	3	12%	2	11%	5	11%
Help-seeker refusing to be transferred	4	15%	4	21%	8	18%
Logistical challenges	1	4%	7	37%	8	18%
Familiar callers	1	4%	1	5%	2	4%
988 not answering call and call being transferred back	0	0%	2	11%	2	4%
High acuity help-seekers (e.g., Highly agitated, delusional, hallucinating, or grave disability)	6	23%	2	11%	8	18%
Training	2	8%	1	5%	3	7%
Total	**26**		**19**		**45**	**100%**

Table 42. Example quotes for other diversion challenge themes

Theme	Quote
Confusion among help-seekers about reason for transfer	• 988 crisis counselor indicated, “There seems to be a disconnect between 911/988 on the transfer. A lot of times the caller being transferred doesn't even know that they are being transferred to a crisis line and then are upset that they are not speaking to law enforcement. It would be really helpful if the 911 CR's had some kind of verbiage when transferring like "law enforcement is aware of this issue/concern and it seems like you need some additional support for your mental health, we are going to connect you to some resources that can assist you with listening/ stress management (or whatever resource pertains to the call.).”
Uncertainty of processes	• 988 crisis counselor indicated, “[Need] Better communication to 911 staff as to what is an appropriate call for diversion.” • 988 crisis counselor indicated, “Not being clear on the resources we are able to provide. If they are eligible for programs such as MCT's and NDA's based on being tiered etc.” • 911 telecommunicator indicated, “Conflicting information with our procedures on when and when not to transfer callers to 988.”
Help-seeker refusing to be transferred	• 988 crisis counselor indicated, “I have had callers hang up due to them finding out they are being transferred to a mental health agency.”

Theme	Quote
	• 911 telecommunicator indicated, “Challenges I have encountered is many of the crisis callers don't want to be transferred to 988.”
Logistical challenges	• 988 crisis counselor indicated, “Sometimes the 911 staff speak very quickly making it hard to catch who the caller is and the CFS# and transfer the call before getting proper clarification.” • 911 telecommunicator indicated, “I learned from partners that 988 is unable to view FIRE calls so if a LE dispatcher has closed a call, we have to request that the LE dispatcher reopen the call for 988.” • 911 telecommunicator indicated, “It would be nice if [988] were allowed to call out/back to people who call in.” • 911 telecommunicator indicated, “The whole process of screening and entering calls was much too cumbersome. It created more work for call receivers.”
Familiar callers	• 988 crisis counselor indicated, “I have encountered one individual who has learned how the system works and will use calling 911 and being transferred as a way of circumventing boundaries placed by 988.” • 911 telecommunicator indicated, “I think this program brings to light how many callers we get who abuse the 911 system, and how we have a significant lack of mental health resources. One struggle I have experienced is having a suicidal caller on the line.. and not having the 988 staff available as a resource because they are tied up talking to the same chronic caller for the 5th time that night.”

Theme	Quote
988 not answering call and call being transferred back	• 911 telecommunicator indicated, “Only challenge I have had recently is when 988 does not answer the phone, it causes us to have to handle the call a different way.”
High acuity help-seekers (e.g., highly agitated, delusional, hallucinating, or grave disability)	• 988 crisis counselor indicated, “A large portion of diversion calls are not interested in mental health and are either seeking law enforcement, delusional, or both.” • 911 telecommunicator indicated, “When a caller is highly agitated (screaming, speaking non-linearly, not seeming to hear questions) it is almost impossible to get them over and established with 988, they usually disconnect.”
Training	• 988 crisis counselor indicated, “Further training for managing clients with fixed delusions would be helpful.” • 911 telecommunicator indicated, “[Training needed for] having the conversational tools to professionally help the variety of mental health concerns of callers”

Appendix O: Qualitative Data on Strategies to Improve Familiarity with Counterpart Agency

Table 43. If you feel unfamiliar with the purpose, policies, procedures, training, and/or skills of the staff working at your counterpart agency, could you please suggest ways to address this?

	988 call takers		911 call takers		Total call takers	
Response	Count	Percent	Count	Percent	Count	Percent
Yes	33	83%	29	51%	62	64%
No/vague response/blank	7	18%	28	49%	35	36%
Total	40		57		97	100%

Table 44. Themes in suggested strategies to improve familiarity with counterpart agency

	988 call takers		911 call takers		Total call takers	
Theme	Count	Percent	Count	Percent	Count	Percent
Meetings/trainings	19	58%	8	28%	27	44%
Other types of communication (i.e., newsletter, email, PowerPoint, etc.)	6	18%	2	7%	8	13%
Ask questions to supervisor or coworkers	5	15%	4	14%	9	15%
More interactions between 911 and 988 call takers	1	3%	4	14%	5	8%
Distribute more info about counterpart agency's purpose, policies, procedures, training, and/or skills	2	6%	1 1	38%	13	21%
Total	33		29		62	100%

Table 45. Example quotes for themes in suggested strategies to improve familiarity with counterpart agency

Theme	Quote
Meetings/Trainings	• 988 crisis counselor indicated, "I know what the 988 Diversion staff does to take the 911 calls but I do not know what the policies/procedures/training is for 911 staff. It would be helpful to watch a video or have a discussion." • 911 telecommunicator indicated, "It doesn't need to be a long drawn out training - but some 15-30 minute on the floor training with them, their mdc, transferring calls to them etc."
Other types of communication (i.e., newsletter, email, PowerPoint, etc.)	• 988 crisis counselor indicated, "To better understand their training and skillset, maybe putting together a PowerPoint or even just a word document that highlights what 911 does in the realm of diversion. Even a pre-recorded teams/zoom seminar that highlights what they are about." • 911 telecommunicator indicated, "Honestly I could have missed an email about this, but I don't remember receiving introductory emails about the 988 staff and their qualifications."
Ask questions to supervisor or coworkers	• 988 crisis counselor indicated, "Talk to a supervisor…other coworkers." • 911 telecommunicator indicated, "Asking supervisors and coworkers."

Theme	Quote
More interactions between 911 and 988 call Takers	• 988 crisis counselor indicated, “Having someone from 911 Diversion come to teach us more about what their department does.” • 911 telecommunicator indicated, “Less of a closed off program. We are co-located and work together, but their training and credentials are not known and there is very little introduction aside from a welcome email.”
Distribute more info about counterpart agency’s purpose, policies, procedures, training, and/or skills	• 988 crisis counselor indicated, “We have not been told about the 911 training or how they are qualified.” • 911 telecommunicator indicated, “I think it would be best if we had a PowerPoint or memo to address what 988 does and can do for callers. I am new to 911 and I am not sure what all 988 can handle”

Glossary

Computer-aided dispatch (CAD) software

This is specialized software used by emergency services such as 911 Public Safety Answering Points (PSAPs) to manage and coordinate responses to incidents in real time.

Help-seeker

A person who reaches out for support when experiencing a crisis.

Public safety answering points (PSAPs)

A 911 call center responsible for answering emergency 911 calls.

Quantitative data

Data that can be measured and expressed with counts, percentages, rates, scores, and other values represented by numbers.

Qualitative data

Data that is not represented by numbers but instead by verbal or written text. This data is often used to understand reasons, opinions, motivations, and experiences.

"Rip and Run" report

This report consists of a brief snapshot of CAD data on a specific 911 incident such as a brief description of the help-seeker's crisis. When available, the "rip and run" report supplements verbal details received during a warm transfer from 911 to 988. Not all 911-988 partnerships use these reports. Currently, Frontier Behavioral Health is the only 988 crisis center in Washington that receives emailed "rip and run" reports when help-seekers are warm transferred to them from their partner PSAP.

911-988 Warm Transfer

911 telecommunicators triage incoming 911 calls and when appropriate offer to connect help-seekers to 988 services. If a help seeker is interested in being transferred, the 911 telecommunicator calls 988, with the help-seeker remaining on the line, and provides the 988 crisis counselor with details like the help-seeker's name, the nature of their crisis, and any actions taken before transferring the help-seeker to the 988 crisis counselor.

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