

Case Referral & Management within 988 Implementation

INTRODUCTION

Beginning July 16, 2022, callers anywhere in America that dial “988” will be connected to a new, national mental health emergency hotline. In preparation for 988 implementation in the state of Washington, Third Sector Capital Partners (Third Sector), supported by the Ballmer Group, prepared a [report](#) focusing on case management and referral technology systems that can help the state meet the requirements of the National Suicide Hotline Designation Act of 2020. Third Sector conducted a landscape assessment of the current state of Washington’s behavioral health crisis response system as well as exemplars from other states and potential software vendors that provide case management and crisis call response services. The following recommendations are based on our research.

KEY CONSIDERATIONS FOR 988 IMPLEMENTATION

Below are key considerations for state administrators to keep in mind when planning for 988 implementation:

- **Outcomes Measurement:** Adequately measuring outcomes can help ensure that any changes to an existing behavioral health system lead to improved suicide prevention and mental health crisis response. Potential obstacles to measuring outcomes beyond a point of referral within the current Washington crisis response system included limited access to Electronic Health Records (EHRs) at hospitals and CBOs. Closed loop referral processes and interoperable data systems will be needed for states to adequately track long term outcomes from crisis response.
- **Integration With Existing Crisis Response Systems:** Crisis response systems can vary widely across states. In some regions, Lifeline Call Centers may refer to a large number of providers, while in others, crisis calls are answered by smaller community based providers that have direct, pre-existing relationships with callers and in some cases, may also provide case management over the phone. Leveraging local expertise and existing call systems can help limit confusion among individuals seeking care, improve the quality of crisis response, and promote better care integration. Crisis line providers, first responders, and behavioral healthcare providers should all be consulted when designing and launching a statewide crisis response line so that existing referral pathways and local expertise are effectively leveraged.
- **Equity & Cultural Competency:** Equity impacts should be strongly considered before implementing changes or developing a new crisis response system. Regional disparities in funding availability, telecoms infrastructure, workforce characteristics, and suicide/mental health outcomes should inform how each state invests in and supports 988 implementation statewide. States should also consider how to best work with Tribal communities, which may have fewer resources and experience disproportionate suicide rates nationwide, and support their existing crisis response teams. States should consider how to best address existing disparities based on race, ethnicity, geography, and gender when designing 988 crisis response systems.

HOW WE CAN HELP

Third Sector technical assistance offers a variety of opportunities for addressing the key 988 implementation considerations above. All of our service offerings are completed in support of both an equity and outcomes-focused approach, and we bring our firmwide culture of collaboration and anti-racist values to each engagement.

- **Outcomes Selection:** With significant expertise in outcomes contracting and performance-based contracting, Third Sector can advise on selecting priority outcomes and metrics of program success, as well as defining outcomes based on stakeholder input. Third Sector advisory services can help support outcomes measurement for crisis response systems beyond the point of referral through facilitated convenings with stakeholders, data integration support, and strategies to use outcomes data for crisis response improvements on an ongoing basis.
- **Data Integration & Coordination Across Agencies:** Third Sector can provide assessments, recommendations, and implementation support for data integration efforts. While Third Sector does not have IT capabilities, we frequently project manage these efforts and support contracting and data-sharing / data use agreement negotiations for all parties. Third Sector also has experience improving collaboration within government (e.g. improving coordination between state and local behavioral health agencies or convening multiple departments to align on strategies) and between providers and government (e.g. integrating existing referral pathways by convening providers and government for referral pathway mapping).
- **Racial Equity Analysis:** Third Sector is well-versed in strategies to understand racial and other disparities in program outcomes and work to improve them, including through the use of root cause analysis, Results Based Accountability (RBA) frameworks, and data disaggregation. This racial equity lens is frequently combined with data analysis or stakeholder engagement workstreams to ensure equitable and successful outcomes. We also frequently leverage human-centered design principles and community-centered program co-design strategies to design new programs and interventions in partnership with under-served communities.

ABOUT THIRD SECTOR

Third Sector is a 501(c)(3) nonprofit organization that is transforming the way communities connect people with human services. Fulfilling our mission of transforming public systems to advance improved and equitable outcomes; we help governments, service providers, and their partners use public funding to generate positive, measurable outcomes for the people they serve. We work alongside communities to help build a future that includes stable employment and housing, increased income, stronger families, and physical and mental health. When our work is complete, agencies entrusted to use public funds will have the systems, tools, and data to do more and do better for their communities. Since 2011, our team has worked nationwide with over 50 communities and transitioned over \$1.2 billion in public funding to social programs that measurably improve lives. For more information, please contact Oliver Gould (ogould@thirdsectorcap.org) and Debra Solomon (dsolomon@thirdsectorcap.org).