



Washington Behavioral Health Crisis System Best Practice Guide

A toolkit for the crisis system redesign project

Crisis Systems Team



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Current State of Crisis System

Comparing the Behavioral Health Crisis System and First Responders

Overview of the crisis system

- ▶ The Behavioral Health Crisis System (BHCS) is a public system
 - Services are available 24/7 to anyone regardless of ability to pay
- **It consists of 3 major parts:**
 - Formal system made up of behavioral health interventions
 - Operated by regional Behavioral Health Administrative Service Organizations (BH-ASOs) who contract for services with providers
 - Emergency services
 - Operated locally it includes Emergency Medical Services and law enforcement
 - Local specialty system of programs that fill the gaps between the two other systems. This can include:
 - 911 call reduction programs
 - Co-responder or local outreach programs

Accessing crisis system

Behavioral Health Crisis System

- ▶ Walk in centers
- ▶ Walk into BHAs
- ▶ Call lines
 - ▶ Regional crisis lines (RCL) – primary entry point
 - ▶ Mobile Crisis Outreach
 - ▶ DCRs
 - ▶ 988 – will connect with RCLs
 - ▶ Provider lines

Emergency System

- ▶ Emergency departments
- ▶ 911
 - ▶ Law Enforcement
 - ▶ Emergency Medical Services
 - ▶ Fire Departments
 - ▶ Co-responders

Crisis Services

Behavioral Health

- ▶ De-escalation
- ▶ Safety planning
- ▶ Connection to next day appointment
- ▶ Ongoing stabilization
- ▶ Resource Connection
- ▶ Follow up

Emergency Services

- ▶ Immediate response
- ▶ Limited behavioral and medical interventions
- ▶ Transportation to facility

Crisis System Advantages

Behavioral health crisis system

- ▶ Behavioral health interventions
 - Multidisciplinary consisting of
 - A clinician and
 - A peer
 - Diversion from legal and hospitalization

Emergency Services

- ▶ Faster
- ▶ Can transport
- ▶ Easily identifiable and mostly trusted

Crisis System Redesign Project

Overview, Implementation and Goals of 988, HB 1477, and now HB
1134

Background on Project



- ▶ In July 2020, the federal government passed legislation to add 988 as an option to contact the 988 Suicide & Crisis Lifeline (formerly the National Suicide Prevention Lifeline)
 - ▶ 988 calls, texts, and chats began to be routed to state 988 call centers on July 16, 2022
 - ▶ There are 3 designated 988 Suicide & Crisis Lifeline call centers in Washington
 - ▶ All other hotlines and regional call centers continue to operate as normal
- ▶ SAMHSA created a [best practices toolkit](#) with tips to implement 988 and improve crisis systems
- ▶ Goals from this toolkit include:
 - ▶ Creating a system with someone to talk to, someone to respond, and somewhere to go
 - ▶ Reducing the use of police or first responders in crisis calls and improving coordination
 - ▶ Integrating peers into crisis work

Background on HB 1477

- ▶ In the 2021 legislative session the legislature passed E2SHB 1477, “The Crisis Call Center Hub Act” to implement 988 in Washington and improve access to crisis services
- ▶ Key points of the legislation include:
 - ▶ Funds 988 and related activities with a phone line tax
 - ▶ Established the Crisis Response Improvement Strategy (CRIS) committee to bring input and consultation to the implementation of 1477
 - ▶ Creates crisis call center hubs to dispatch mobile crisis teams
 - ▶ Creates a technology platform to improve coordination in the crisis system
 - ▶ Creates next day appointments for all insurance plans
 - ▶ Includes distinct directives for equity in development, provision and access of crisis services

Goals of HB 1477 and SAMHSA

- ▶ Work to implement HB 1477 follows the SAMHSA best practices for crisis services
- ▶ Goals from this toolkit include:
 - ▶ Creating a system with someone to talk to, someone to respond, and somewhere to go
 - ▶ Reducing the use of police or first responders in crisis calls
 - ▶ Reduce the use of emergency departments and divert individuals away from the justice system
 - ▶ Integrating peers into crisis work
- ▶ Goals for Washington:
 - ▶ Establish standards for mobile crisis teams
 - ▶ Expand youth crisis services while implementing the Mobile Response and Stabilization Services (MRSS) model
 - ▶ Make services accessible across Washington and make those services responsive to the needs and unique cultures in the state

Changes from HB 1134

- ▶ Amends timeframe for implementation of “Designated 988 Contact Hubs”
 - ▶ Adopt rules in January 1, 2025, instead of July 1, 2023.
 - ▶ Designate hubs January 1, 2026, instead of July 1, 2024.
 - ▶ CRIS committee extended to 2025, added geolocation subcommittee and Steering Committee expanded to include lived experience seat.
- ▶ Creates training on 988 system for BH providers and advertising of the system
- ▶ Modifies hub requirements and training. Provides liability protections to the hubs.
- ▶ Creates “Community Based Crisis Teams”
- ▶ Creates a voluntary “endorsement” with specific standards for Mobile Rapid Response Crisis Teams and Community-based Crisis Teams
 - ▶ HCA to create staffing, training, and transportation and communication
 - ▶ Performance payments for being endorsed and for “rapid” response times.
- ▶ Establishes co-location pilots and regional collaborations for crisis systems.

The Washington Behavioral Health Crisis System Best Practice Toolkit

Toolkit to implement 988, SAMHSA's crisis system best practices,
and Washington's vision of crisis care.

Goals of the toolkit

- ▶ Implement SAMHSA's best practices into the system
- ▶ Teach system partners about the system and direction of the project
- ▶ Improve services, coordination, and response!

System level goals

- ▶ Standardization
 - ▶ Current systems may not be recognizable across regions
- ▶ Coordination
 - ▶ Adopting practices to work with system partners
- ▶ Decision making
 - ▶ Change current processes to improve service outcome
- ▶ Equity for those in crisis

Components of the toolkit

- ▶ Overview of the Crisis Redesign Project
- ▶ System Best Practices
- ▶ Crisis Contact Hub Best Practice Program Guide
- ▶ Mobile Crisis Outreach Best Practice Program Guide
- ▶ Standardized Dispatch Protocols
- ▶ High-Risk Guidelines

Overview of the Crisis Redesign Project

- ▶ Discuss the goals of the project
 - ▶ What are we trying to achieve
- ▶ Establish the timeline of the project
- ▶ Reasons for the project
 - ▶ Background of the crisis system and what the project is addressing
 - ▶ Current operations and how to improve the system
- ▶ Keys to success for the project
 - ▶ How to make the project successful
- ▶ How the guide will change

System Best Practices

- ▶ Discusses best practices to be adopted and how
- ▶ Provides guidance on tricky issues like:
 - ▶ HIPAA
 - ▶ Mandatory reporting
 - ▶ Intimate partner violence
- ▶ Educates system partners on current and future practices like:
 - ▶ De-escalation
 - ▶ Safety practices
- ▶ Sets out best practices to coordinate with system partners
 - ▶ Tribes
 - ▶ First responders
 - ▶ Public Safety Answering Points
 - ▶ Emergency Departments

Program Guides

▶ Crisis contact center guide

- ▶ For both RCLs and 988(NSPLs)
- ▶ Create standards across both platforms
- ▶ Developed with crisis contact center providers and workers

▶ Mobile Crisis Outreach guide

- ▶ Based on SAMHSA's best practices for mobile crisis
- ▶ Developed with mobile crisis providers and workers
- ▶ MRSS section for youth mobile crisis outreach services

Standardized dispatch protocols

- ▶ First step to creating unified dispatch protocols for designated 988 hubs
 - ▶ These protocols are meant to be a decision tool
 - ▶ Promote behavioral health response instead of first responder whenever possible.
- ▶ Created based on current practices and practices to be adopted.
 - ▶ Reviewed with PSAPs
 - ▶ Will serve as a “guideline” to adopting local protocols
 - ▶ Meant to be a template for future “regional” protocols required for hub designation.

High-risk Guidelines

- ▶ Guidelines to serve people at high risk of suicide and overdose
 - ▶ Guidelines are not exhaustive.
- ▶ Broken down by:
 - ▶ Race and ethnicity,
 - ▶ gender,
 - ▶ socioeconomic status,
 - ▶ sexual orientation
 - ▶ geographic location
 - ▶ Veteran status
 - ▶ Disability
- ▶ Developed based on research to identify needs
 - ▶ Next steps are to work with communities to better develop
 - ▶ Add more populations at risk of negative outcomes from the crisis system
 - ▶ Develop guides for people to navigate the system.

Information Sharing Protocols – missing component

- ▶ HB 1477 required the creation of information sharing protocols
 - ▶ 988 to 911 protocols
- ▶ But 1134 changed the process
 - ▶ New timeline for hubs
 - ▶ New opportunities to improve information sharing
 - ▶ Co-location pilots
 - ▶ Regional collaborations
 - ▶ Data sharing agreements
- ▶ New timeline for Information Sharing Protocols
 - ▶ Guidelines to be developed in 2024 with feedback from communities
 - ▶ Protocols to be developed when hubs are designated

Publication

- ▶ The toolkit will be published July 1 in English
- ▶ Translations will come later
- ▶ Supporting documents to make it easier to use will follow as well
- ▶ Training will be provided on the toolkit in the fall of 2023.

So, what is next?

Where does this toolkit go from here?

How will the toolkit change?

- ▶ Adapt based on feedback
 - ▶ Dispatch protocols to be piloted
- ▶ Training on the toolkit will drive changes to the toolkit
 - ▶ What is too much
 - ▶ Where is more info needed
- ▶ Will grow with new components added to the crisis system

Future components of the toolkit

- ▶ Tribal Mobile Crisis Outreach Best Practice program guide
 - ▶ Tribal crisis coordination plans to be included in toolkit
- ▶ Crisis contact center technology guide
- ▶ Crisis Facility Best Practice program guide
- ▶ Equity and cultural response toolkit
- ▶ System partner coordination guide
- ▶ Information sharing protocols
- ▶ Regional training requirements
- ▶ What ever else is identified!

What we are currently working on that will impact the toolkit

- ▶ Implementing HB1134
 - ▶ Regional coordination forums
 - ▶ Regional needs assessments
 - ▶ Training assessment
 - ▶ MRRCT and CBCT endorsement standards
- ▶ Future roles for 988 and RCLs
- ▶ Expanding and standardizing facility-based services
 - ▶ Implementing crisis relief centers
 - ▶ Improving funding stability
 - ▶ Expanding facilities



Questions?

Thank you for listening

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▶ [Information about the CRIS Committee](#)

▶ [More information about 988](#)

▶ [SAMHSA best practice toolkit](#)

▶ [Tribal Hub](#)