

Statewide Enhancements to Mobile Crisis Response

Overview

Today we will be reviewing the following topics:

- The current state of the crisis care continuum, including new additions of tribal mobile crisis teams.
- The Mobile Crisis Outreach Endorsement Program and its goal to provide additional funding to new and existing mobile crisis teams to expand access to mobile crisis services across the state.
- HCA's and DOH's involvement in the RCL/988 transition, to make a centralized hub for crisis response.

These topics, collectively are Washington's statewide efforts to enhancing our crisis system.

Crisis System Vision

Washington and the Substance and Mental Health Services Administration (SAMHSA) share a vision of a crisis system where everyone has:



**SOMEONE TO
CONTACT**

DOH: 988
contact hubs



**SOMEONE TO
RESPOND**

HCA: Mobile rapid
response crisis teams



**A SAFE PLACE
FOR HELP**

HCA: Crisis
stabilization services



Background to Enhancements

Background: House Bill 1477 began additional enhancements to mobile crisis teams and the crisis care continuum

Purpose: Mobile Rapid Response Crisis Teams (MRRCT) will operate based off best practice standards.

- HCA uses the Substance Abuse and Mental Health Services Administration's (SAMSHA) to guide statewide best practices.
- Enhancements of mobile crisis teams provides the community with least restrictive alternatives before utilizing nonvoluntary services such as a Designated Crisis Responder (DCR).

Crisis Care Continuum

▶ Someone to Contact

- ▶ 988
- ▶ Regional crisis lines
- ▶ 911 for emergencies

▶ Someone to Respond

- ▶ Mobile crisis
 - Adult
 - Mobile Response and Stabilization Services
 - ▶ Best practice model for youth teams
- ▶ DCR for Involuntary Treatment Act (ITA) Investigations

▶ A Safe Place for Help

- ▶ In-home stabilization
- ▶ Crisis relief centers
- ▶ Crisis stabilization units, withdrawal management
- ▶ Evaluation & Treatment (E&T) facilities, Psychiatric hospitals, Secure Withdrawal Management & Stabilization (SWMS) facilities

How to Contact Crisis Services

- ▶ 988- provides over the phone support to a person in crisis.
 - ▶ Call, text, or chat
 - ▶ Limited access to local resources currently.
- ▶ Regional crisis lines – direct access to mobile crisis and designated crisis responders.
 - ▶ Call only
 - ▶ Find your local crisis line here: [crisis line phone numbers](#) or
 - ▶ Go to hca.wa.gov and click “in crisis” on the top right

Someone to Respond

	Mobile Crisis	Designated Crisis Responder	Community Based Crisis Teams (CBCTs) or Co-responder
When to access	<ul style="list-style-type: none"> A person is not at baseline Suicidal thoughts Help seeker is requesting in person response 	<ul style="list-style-type: none"> MRRCT may be required to outreach first When the person is an imminent safety risk 	<ul style="list-style-type: none"> Medical emergency Severe safety risk Person is missing and concern for their safety
How to access	<ul style="list-style-type: none"> Regional crisis line 988 Direct call to provider 	<ul style="list-style-type: none"> Regional crisis line Direct call to provider 	<ul style="list-style-type: none"> 911/988 Direct call to department (in some cases)
Who responds	Multidisciplinary usually made up of a behavioral clinician and a peer.	<ul style="list-style-type: none"> Designated crisis responder Sometimes with law enforcement or ambulance 	<ul style="list-style-type: none"> Fire Emergency Medical Law Enforcement (not on CBCTs) Co-response with a behavioral health or social professional
When do they respond now	Behavioral health crisis where there is no need for active rescue. Routine crisis follow up.	When an ITA investigation is warranted or MRRCT is not available.	Active rescue, calls to 911, , to provide an assist, when someone is involuntarily detained

Team Makeup

- ▶ Core team – used for planning purposes
 - ▶ Clinician
 - Mental Health Professionals (MHP)
 - Mental Health Care Provider (MHCP)
 - Substance Use Disorder Professional (SUDP) – for SUD outreaches
 - ▶ Peer
 - ▶ Supervisor
- ▶ Stabilization – used for in-home stabilization expansion
 - ▶ Clinician
 - ▶ Peers
 - ▶ Supervisor



Team Composition



Mental Health Professional (MHP)



An MHP must be on staff 24/7 for supervision

OR



Certified Peer Counselor

For MRSS teams:
Parent Peer or Youth Peers



Mental health Care Provider (MHCP)

BA/BS degree in a behavioral health field or an AA degree in a behavioral health field with two years of experience

For the clinician who qualifies as an MHCP to provide **initial services** with a peer, the provider agency must obtain an exception from rule from DOH using the process outlined in WAC 246-341-0302.

A Safe Place for Help

▶ Voluntary

- ▶ Crisis relief centers – more coming soon
- ▶ Peer respite
- ▶ Crisis stabilization facilities*
- ▶ Evaluation and treatment (E&T) and Withdrawal Management Services (WMS)
- ▶ In-home stabilization
 - Mobile crisis team works with a person until stable without placing folks in a facility.

▶ Involuntary

- ▶ E&T
- ▶ Secure Withdrawal Management Services (SWMS)
- ▶ Single bed certification – mental health only
- ▶ Assisted outpatient and Less Restrictive Alternative orders

Tribal Mobile Crisis Teams

- Tribal Updates
- Statewide agencies are honoring Tribal sovereignty
 - Tribal 988 and Tribal Centric BH Advisory Board
- Office of Tribal Affairs (OTA) and Department of Behavioral Health and Recovery (DBHR) meet with Tribes regularly to provide support
 - Best practice tools
 - OTA is providing tools for non-tribal entities who conduct crisis services for tribes on and off Tribal lands



Tribal Mobile Crisis Teams

- Nisqually
 - Standing up a mobile crisis teams
- Tulalip
 - Designated the first Tribal DCR
- Regional exploration of mobile crisis teams/DCRs
- Crisis Coordination Protocols are currently being developed
 - Regional Tribal Liaisons and DBHR as needed
 - Uphold Tribe's sovereignty

Older adult

- University of WA- Health Promotion Research Center & Sound Generations
- Focus groups across the state
- Resource Guide
 - aging and older adult resources
 - special considerations for working with older adults
 - training and education



Mobile Crisis Responder Guide - Sound Generations

- free copy in the mail
- download free PDF

Mobile Crisis Response Endorsement Program

Enhancing the Statewide Behavioral
Health Crisis System

Background and Purpose

Program Background: Engrossed Second Substitute House bill 1134 passed in 2023 in response to the need for more accessible and effective behavioral health emergency services within our state.

Purpose: To enhance the statewide behavioral health crisis response system and ensure individuals experiencing a crisis have access to help easily in their regions.

Endorsement Process and Qualifications

- ▶ The endorsement is a voluntary credential that a mobile rapid response crisis team (MRRCT) or community-based crisis teams (CBCT) may obtain to signify that it maintains the capacity to respond rapidly to anyone who is experiencing a significant behavioral health emergency requiring an urgent, in-person response.
- ▶ New or existing MRRCT and CBCT who meet the state minimum standards to provide services under [WAC 182-140](#) are eligible for an endorsement.

Types of Teams

▶ Endorsed mobile rapid response crisis teams

- ▶ Provide professional, on-site, community-based interventions such as outreach, de-escalation, stabilization, resource connection, and follow-up support for people who are experiencing a behavioral health emergency. [Learn more about MRRCT.](#)

▶ Community-based crisis teams

- ▶ Part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency. [Learn more about CBCT.](#)

▶ Exempt community-based crisis teams

- ▶ Comprised solely of an emergency medical services agency, whether part of a fire service agency or a private entity, located in a rural county in eastern Washington with a population of less than 60,000 residents. [Learn more about exempt community-based crisis teams.](#)

Endorsement Standards

Endorsed teams meet standards for staffing, training, and transportation ensuring they maintain the capacity to respond quickly and effectively to the most acute calls received by 988 Suicide & Crisis Lifeline.


▶ Staffing

- ▶ 24/7 availability to respond.
- ▶ Include one MHP or MHCP during initial response.
- ▶ Incorporate Certified Peer Counselor into the response team, when available.
- ▶ Access to an MHP 24/7 for consultation.

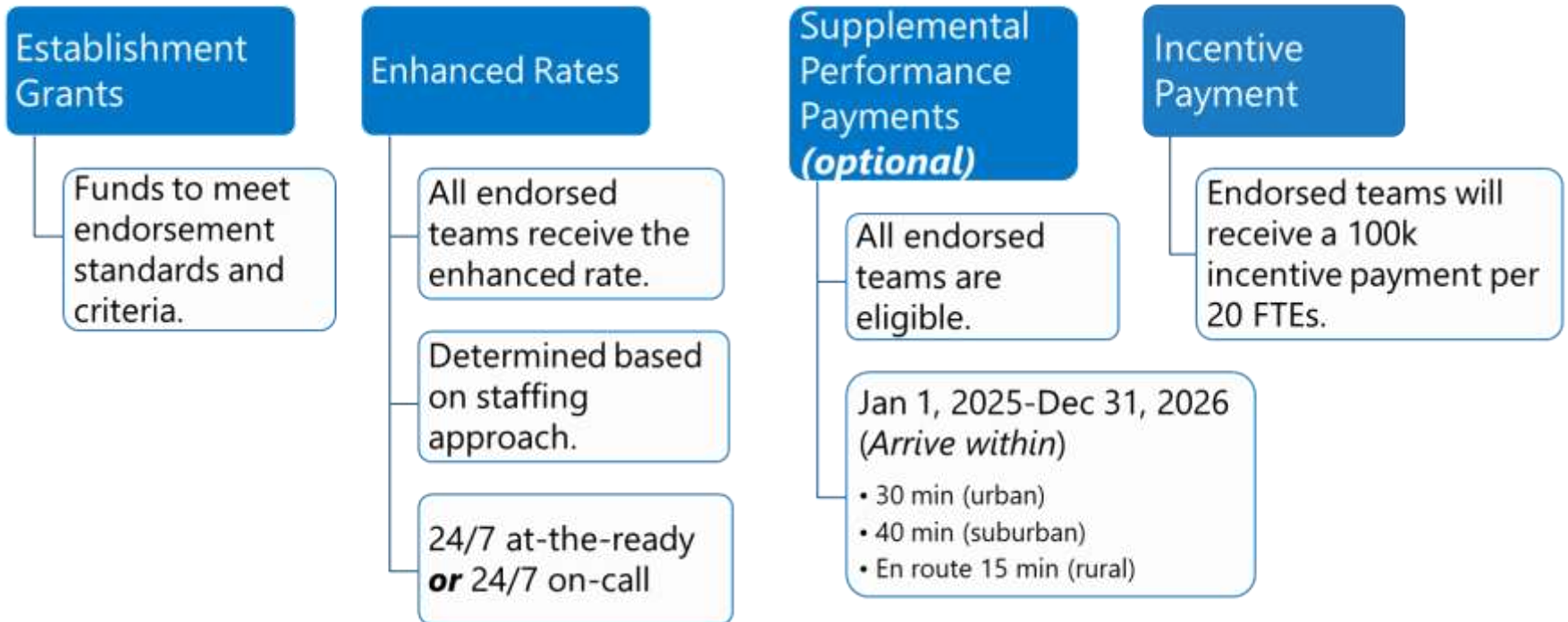
▶ Training

- ▶ 90-day and 180-day trainings
- ▶ Crisis supervision
- ▶ Vehicle operation
- ▶ Approval of existing training materials.

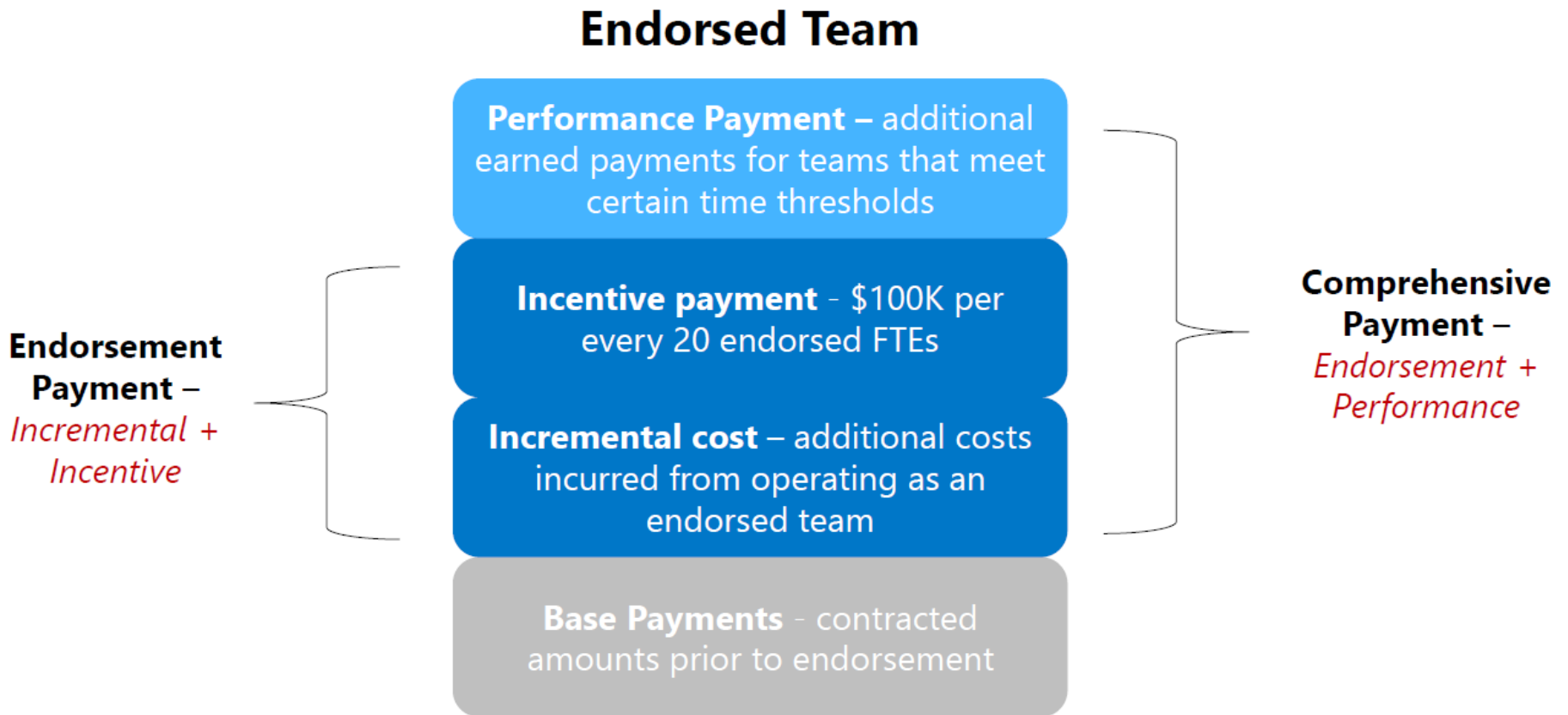
▶ Transportation

- ▶ Vehicle requirements
 - ▶ Vehicle equipment
 - ▶ Communication equipment
 - ▶ Other equipment
- 

Performance Payment Program



Payment Structure



Application Process

- ▶ Application due dates
 - ▶ **January 1 submission:** For contracts effective July 1 of the same year.
 - ▶ **July 1 submission:** For contracts effective January 1 of the following year.
 - ▶ **Late submissions:** Application deferred to next contract cycle.
- ▶ Application process
 - ▶ Complete application form ([HCA 82-0588](#)).
 - ▶ Required documentation
 - Current contract or letter of intent to contract with BH-ASO.
 - Policies and procedures for training requirements.
 - Staffing plan ([HCA 82-0624](#))
 - Transportation plan
 - ▶ Submit application and required documentation to
 - HCA MobileCrisisOutreachEndorsement@hca.wa.gov

Helpful Links

- ▶ Mobile Crisis Response Endorsement Program Webpage
 - ▶ [Mobile Crisis Response Endorsement Program | Washington State Health Care Authority](#)
- ▶ Mobile Rapid Response Crisis Team Endorsement Standards
 - ▶ [Chapter 182-140 WAC:](#)
- ▶ Program Background
 - ▶ [Engrossed Second Substitute House bill 1134](#)
 - ▶ [Visit the Washington state legislature page](#)

Questions?

Mobile Crisis Response Endorsement Program



RCL-988 Transition

988 as an entry point

Background & Purpose

- The national implementation of 988 established a three-digit number to replace the National Suicide Prevention Lifeline (NSPL) ten-digit number.
- The state is moving to implement 988 as an alternative to RCLs (regional crisis lines) and 911 as the primary point of access for the public seeking mental health or crisis support.
- 988 Contact Hubs will be the central platform for coordination, dispatch, and tracking of services. They will:
 - Coordinate BH crisis response
 - Track referrals through a closed loop process
 - Track bed availability
 - Track outcomes of calls

Legislative Landscape: E2SHB 1477

In 2021, the Washington Legislature passed [E2SHB 1477](#) to implement 988 and expand mental health crisis response and suicide prevention services.

HB 1477 has many important roles. This bill:

- Funds 988 and related activities through a line tax on some telecommunications services
- Establishes the Crisis Response Improvement Strategy (CRIS) Committee to provide input and consultation for the implementation of HB 1477
- Created DOH's requirement to write rules for 988 Contact Hubs
- Creates a technology platform to improve crisis system coordination
- Creates ways to track the outcome of 988 calls, texts, and chats, including scheduling next-day appointments
- Includes distinct directives for equity in crisis care

Current State Regional Crisis Lines (RCLs)



RCLs provide crisis intervention and triage **services**. **This includes screening** and referrals to health or **behavioral health** care workers and community resources.



These toll-free lines are available 24/7.



DOH and HCA are guiding ongoing work between 988 crisis centers, RCLs, and behavioral health administrative service organizations (**BH-ASOs**).



This work will help determine the best approach for help-seekers to access regional services through the 988 Lifeline via the future 988 contact hubs.

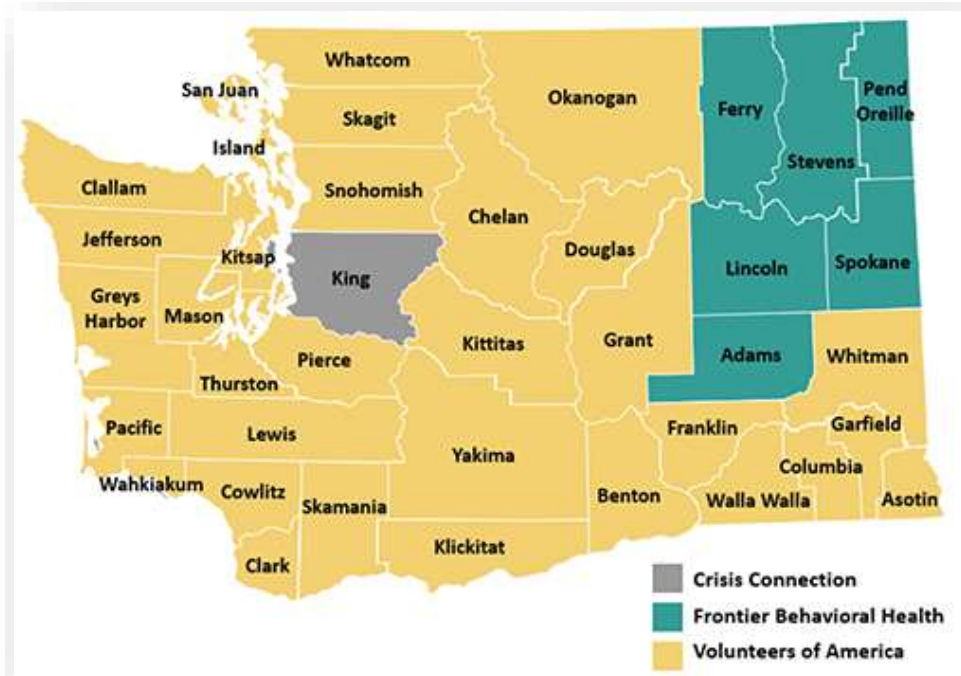


Work is also underway to maximize the funding available for the future 988 contact hubs.

Current 988 Lifeline Crisis Centers

In Washington, 3 crisis centers answer 988 calls, texts, and chats:

- **Volunteers of America Western Washington (VOAWW):** Serves 32 counties and administers the Native & Strong Lifeline and the Native Resource Hub
- **Frontier Behavioral Health:** Serves Adams, Ferry, Lincoln, Pend Oreille, Stevens, and Spokane Counties
- **Crisis Connections:** Serves King County



Future State: Designated 988 Contact Hubs

HB 1477 (2021), envisions a single point of entry for help seekers that provides:

- Coordinated support where people in crisis can get help without delay
- A "no wrong door" approach to providing support
- A comprehensive crisis system with 988 as the central point of entry for someone in crisis

HB 1477 did not address the role of Regional Crisis Lines (RCLs) in the 988 system.

- RCLs provide core services and an access point to Washington's crisis system.
- Calls aren't automatically routed between RCLs and the 988 Lifeline. (current state)

Future State: RCLs and 988 Contact Hubs

RCLs play an important role in community behavioral health care and the crisis system. It's important to address their current and future role.

In 2023 Health Care Authority (HCA) and the Department of Health (DOH) put out a policy statement to determine a path forward.

After a series of meetings, DOH, HCA, the Behavioral Health Administrative Services Organizations (BH-ASOs), and 988 Lifeline crisis centers settled on the following for the future roles of RCLs and 988:

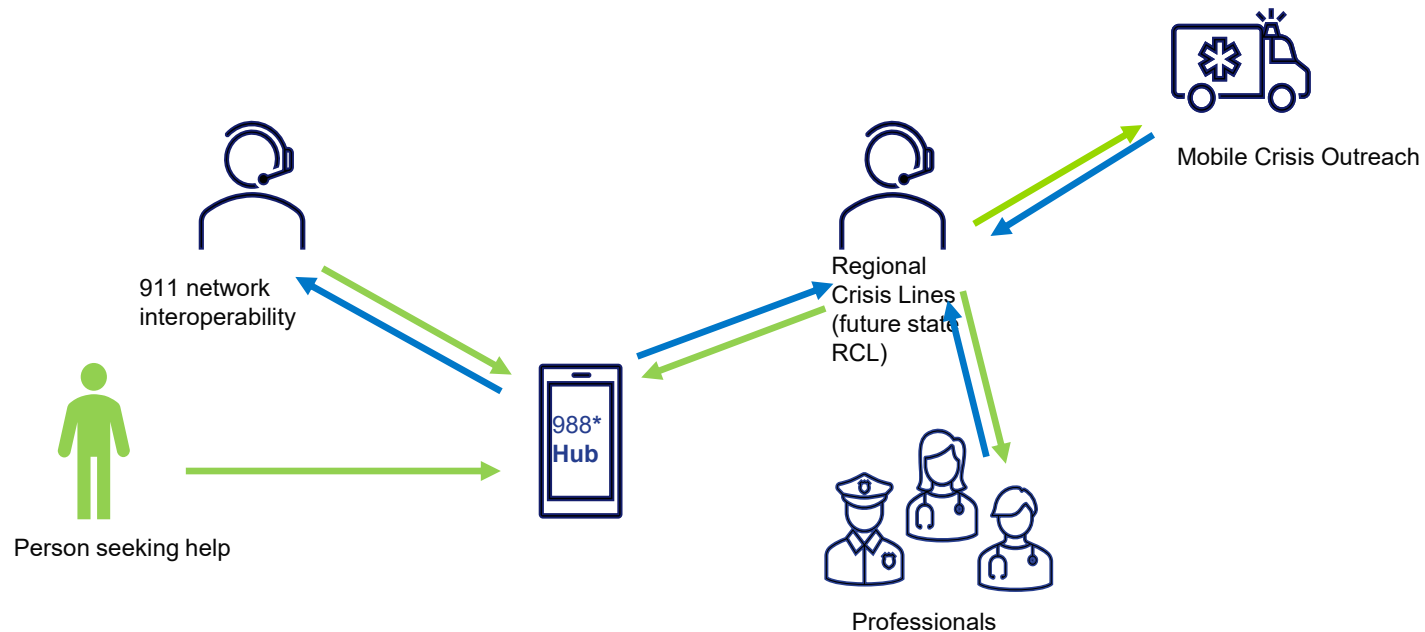
- 988 will be the primary entry point for help seekers.
- RCLs will manage the deployment of mobile crisis teams under regional coordination protocols from BH-ASOs.
- RCLs will also take calls from professionals seeking resources under the regional coordination protocols.

Continued Operation of RCLs

- The Washington State Health Care Authority (HCA), and the Department of Health (DOH) support the continued work of the RCLs.
- It is recommended that RCLs continue to operate as currently outlined in their existing contracts under the administration of the BH-ASOs and continue to provide core services and an access point to Washington behavioral health crisis system - until implementation of the future state.

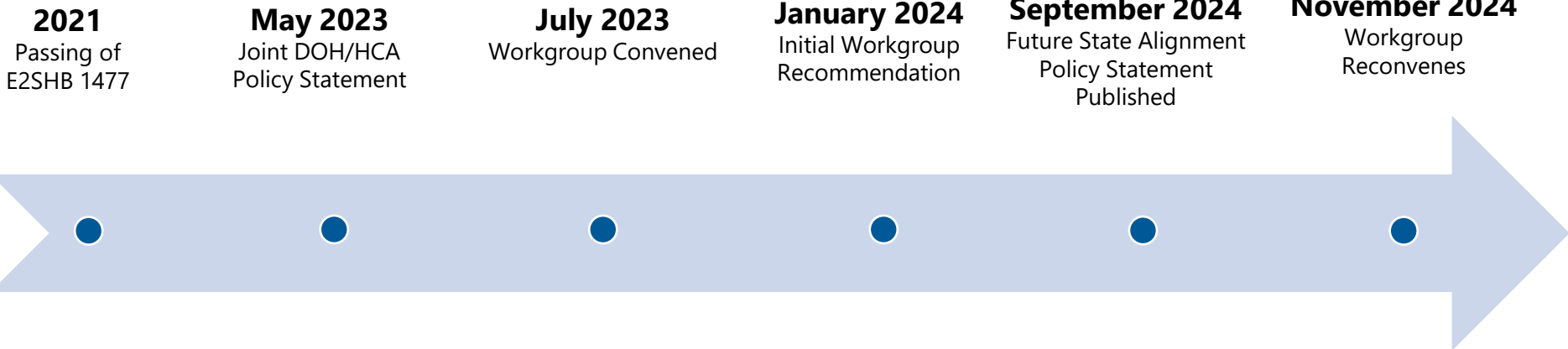


Washington's Future 988 Crisis Care Continuum



* 988 (including the Native & Strong Lifeline)

What We're Building On



Where We've Been

- ▶ Workshops with external partners (RCLs, BH-ASOs, 988 centers)
- ▶ Transition Plans: engage with each of our BH-ASOs and their regional crisis line providers, and 988 Lifeline crisis centers to develop transition plans specific to each region to address:
 - ▶ Timing of regional transition to the new alignment
 - ▶ How to transition
 - ▶ What communication is needed for the public
 - ▶ Foreseeable barriers and challenges with a plan to address them
- ▶ Evaluate
 - ▶ Trend data on call volume
 - ▶ Funding
 - ▶ Regional needs



Where We're Going

- ▶ Regional coordination protocols
- ▶ BH-ASO hub recommendations
- ▶ Contact hub scoring criteria
 - ▶ Hub application process
 - ▶ [Apply for 988 Contact Hub Designation | Washington State Department of Health](#)
- ▶ Statewide transition plan with regionalized elements

What is next?

Hub Implementation!

Rules for Designation of 988 Contact Hubs



House Bills 1477 and 1134 and Senate Bill 6251 shaped the creation and timeline of rules for the designation of 988 contact hubs.



Designated 988 contact hubs will offer round-the-clock triage, crisis counseling and interventions, care coordination, and referrals to other resources.



DOH held community and Tribal listening sessions, workshops, and a Tribal Roundtable between November 2022 and June 2024.



DOH opened a public comment period and hosted a public hearing on November 5, 2024.

The rule was adopted in January 2025.



DOH and HCA are collaborating to create a hub application process and scoring criteria.

These take into account recommendations from BH-ASOs as required by Senate Bill 6251.



DOH is on track to have hubs designated by January 1, 2026.

Crisis System Vision

Washington and the Substance and Mental Health Services Administration (SAMHSA) share a vision of a crisis system where everyone has:



**SOMEONE TO
CONTACT**

DOH: 988
contact hubs



**SOMEONE TO
RESPOND**

HCA: Mobile rapid
response crisis teams



**A SAFE PLACE
FOR HELP**

HCA: Crisis
stabilization services

Questions?

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