

# **TRANSFORMING BEHAVIORAL HEALTH CRISIS & WITHDRAWAL ACCESS**

**A PRACTICAL MODEL FOR IMMEDIATE CRISIS DIVERSION AND STABILIZATION**

---

Spokane County's Sobering, Triage, & Transition  
(STaT) Program



2026 Washington Behavioral Health Conference

# Learning Objectives

---

- 1 Describe the core components of the Sobering, Triage, and Transition (STaT) Model
- 2 Identify and articulate the key partnerships required for successful implementation
- 3 Explain the development timeline, history, and implementation steps
- 4 Understand the structure and advantages of a braided funding approach
- 5 Evaluate lessons learned and real-world challenges from implementation
- 6 Analyze systems within you own communities
- 7 Develop a vision and actionable readiness plan

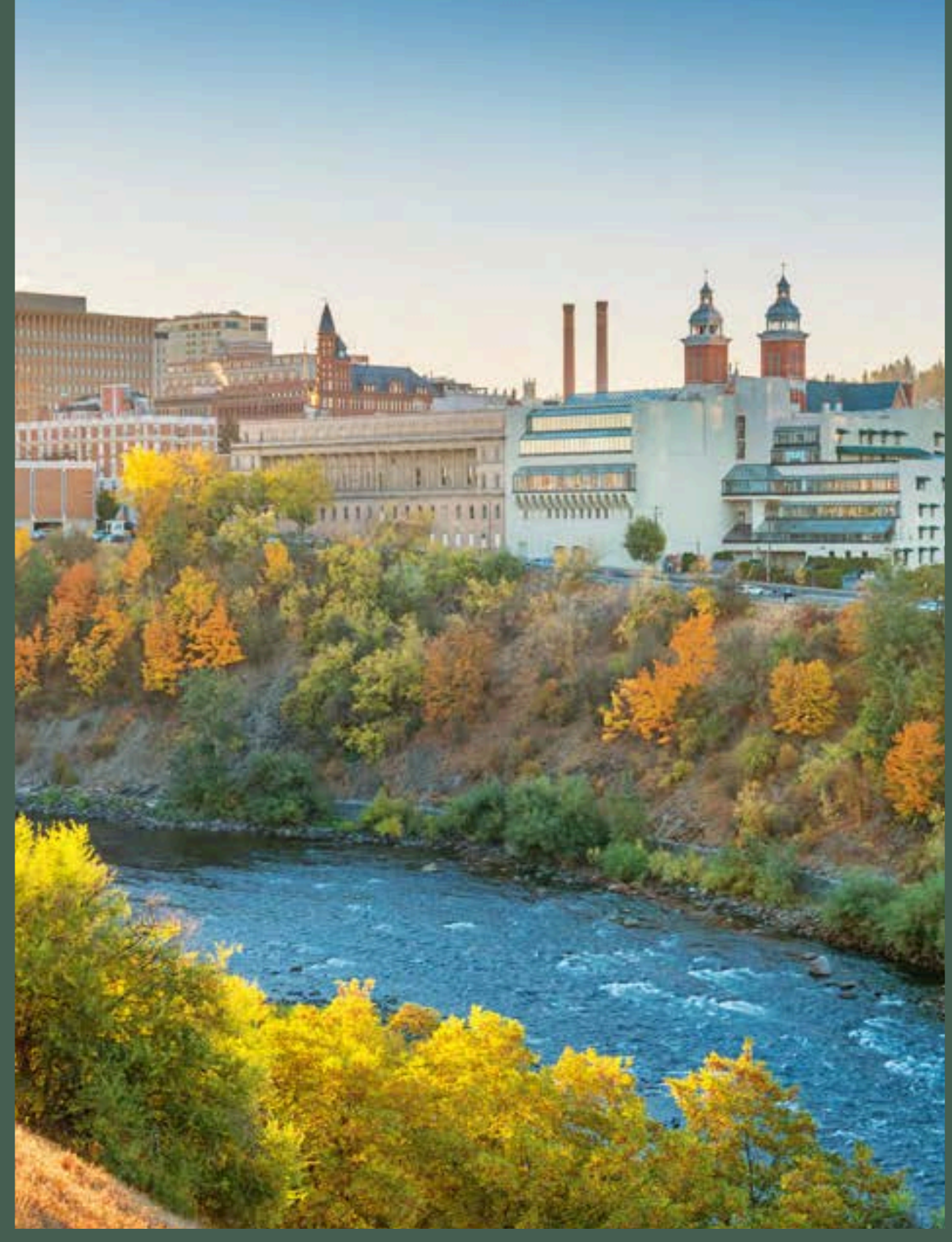


# Why This Matters

- Local communities are experiencing behavioral health and substance use crisis (Fentanyl, emerging substances, and increased potency)
- Rising opioid-related overdoses
- Emergency departments and jails continue to serve as default response systems
- Lack of immediate access, no barrier options for stabilization and withdrawal support
- Fragmented systems create barriers during moments of highest need
  - Funding coverage
  - The “right bed for the right need”
  - Challenging Presentations – comorbidities, history of aggression, and lack of adequate medical care, unstable housing, etc.



# Local Challenges



## **Over-Utilization of Hospitals and Emergency Departments**

- Overutilization for non-emergent Substance Use and co-occurring presentations
- Over capacity and limited space- wrong level of care
- Limited capacity for low barrier behavioral health stabilization

## **Law Enforcement and First Responders**

- Increasing behavioral health contacts
- Limited alternatives for placement
- Time diverted from core public safety responsibilities

## **Individuals in Crisis**

- Difficulty navigating fragmented systems and increased acuity
- Delayed access to treatment and stabilization
- Repeated cycling through hospitals, jails, homelessness, and crisis systems

## **Service System Gaps**

- Limited low acuity sobering and withdrawal management services
- Insufficient transition and care coordination
- Lack of immediate low-barrier placement options

# Creative Solutions are Necessary for Immediate Needs

---

**THE CHALLENGE:** Communities cannot wait years for large-scale system redesigns while individuals continue to experience crisis without immediate access to care

**THE OPPORTUNITY:** Develop practical and lower-cost solutions that are capable of rapidly addressing the most significant pressure points in the behavioral health crisis system

# Key Strategic Priorities for Implementing Solutions

---

## Reduce Hospital Overutilization

Divert individuals from emergency departments when medical hospitalization is not the most appropriate setting

## Reduce Law Enforcement Involvement & Carceral Placement

Provide safe alternatives to incarceration and repeated law enforcement interaction for behavioral health and intoxication - related crises to divert individuals from unnecessary incarceration

## Connection to Ongoing Resources

Move beyond stabilization alone by ensuring active connection to treatment, recovery, housing, and community supports

## Ensure Nobody is Lost during Transition

Build intentional transition pathways and warm handoffs to reduce repeated crisis cycling and system fragmentation

---

### Low Barrier Access

- Rapid intake
- Minimal eligibility obstacles
- Immediate engagement

### Operationally Flexible

- Adaptable to evolving community needs
- Scalable over time

### Cost-Conscious Implementation

- Utilize existing infrastructure
- Leverage partnerships & braided funding
- Focus resources where system pressure is greatest

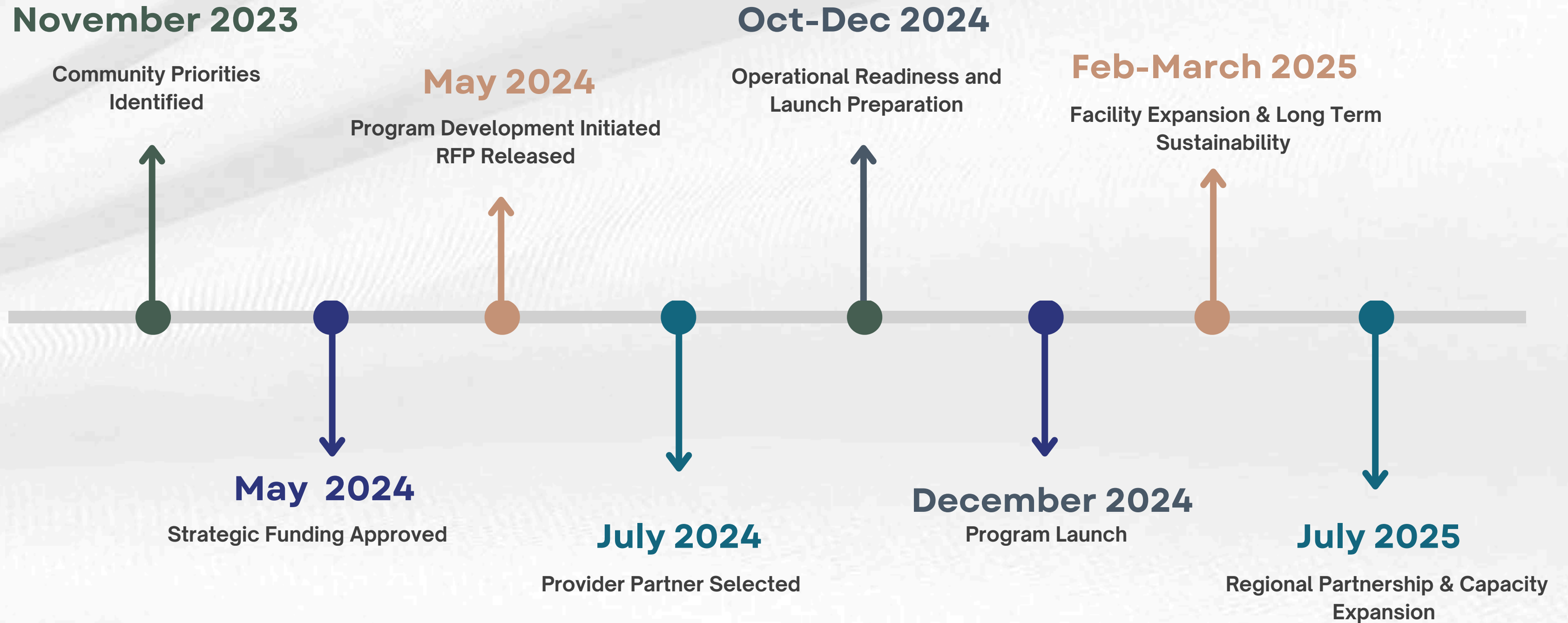
### Integrated Coordination

- Partnerships with
  - Hospitals/EMS
  - Law Enforcement
  - Behavioral health providers
  - Community organizations



# **PROGRAM DESIGN**

# Program Development Timeline



# What is Sobering, Triage & Transition?

## A low-barrier, immediate access program

- No wrong door design
- Allow individual to receive immediate engagement
- Ensure a stabilization-first model
- Include warm handoffs to continued care

## Core Philosophy

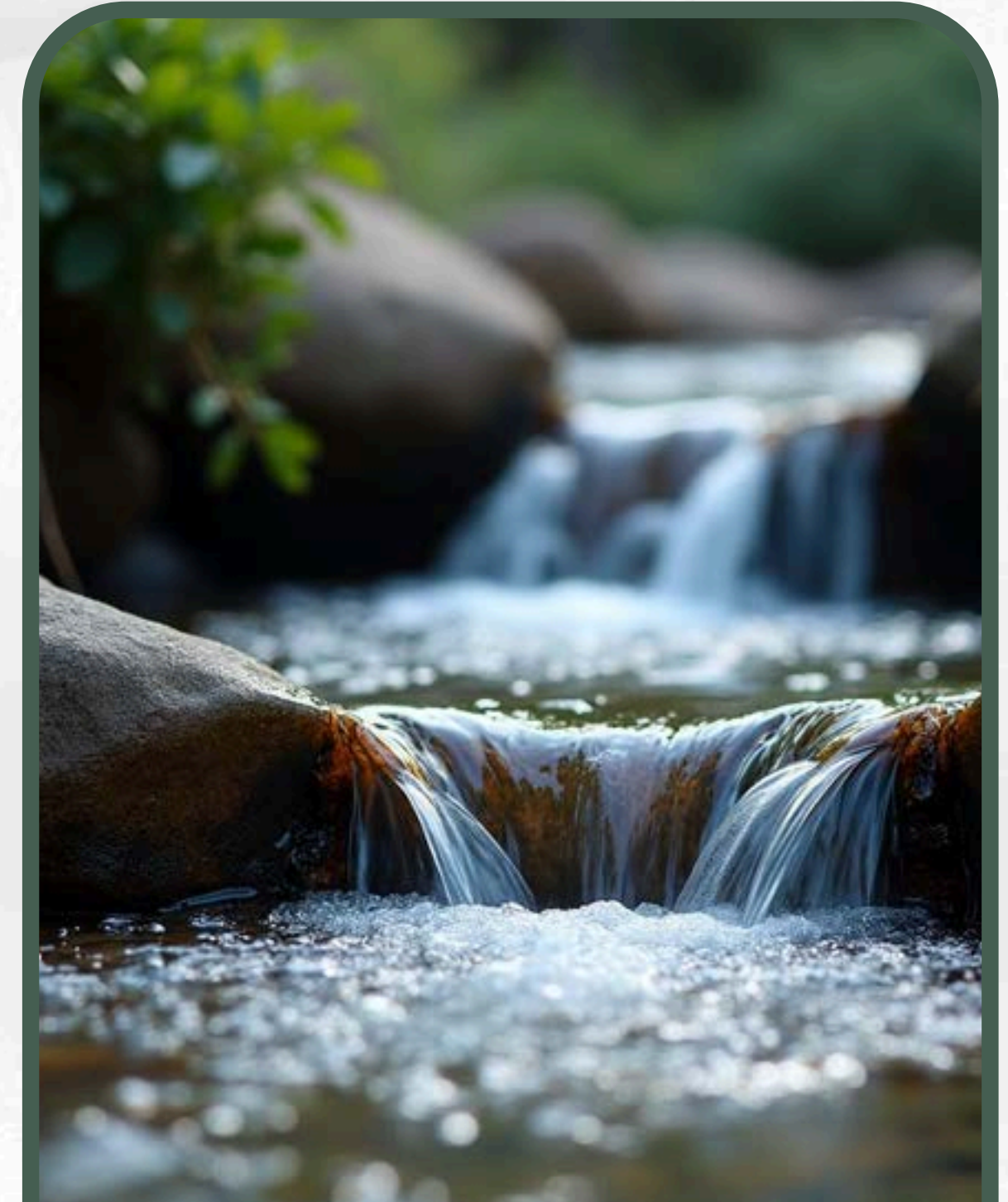
- Provide safe sobering and stabilization
- Conduct triage and assessment
- Connect individuals to ongoing treatment and recovery services
- Divert individuals from unnecessary incarceration and emergency department utilization



# Connecting the Dots - Operational Flow

---

- 1** Referral & Transport
  - Transport van dispatched by LE, EMS, Hospital, or community referral
- 2** Intake & Safety Screening
  - Walk-in, community referral, or drop off
  - Immediate assessment and stabilization (*must be medically stable*)
- 3** Sobering & Stabilization
  - 23 hour 59 minute service  
(*average LOS: 14-18 hours*)
- 4** Triage & Assessment
  - Assess need and presenting symptoms - provide assessment for referral to next appropriate level of care
- 5** Transition Planning
  - Provide direct connection- reduce barriers and cement individual engagement
- 6** Direct Linkage to Ongoing Services
  - Individual is connected including transportation to next level of care



# SOBERING, TRIAGE & TRANSITION FLOWCHART

## Entry Points



Law Enforcement



Emergency Medical



Hospitals



Community Referral



Self-Referral/Walk-in

## Care at the Sobering, Triage and Transition Program



**Intake & Safety Screening**

Initial assessment, collect belongings, check for immediate medical or safety needs



**Sobering & Stabilization**

Safe, supportive environment to rest and stabilize



**Monitoring**

Ongoing monitoring of vital signs, breathing, and behavior in an observable setting



**Assessment**

Comprehensive assessment to understand needs and inform next best steps



**Planning**

Collaborative planning for next steps and connection to resources

## Community Connection

Warm handoff to identified services and supports



**Behavioral Health Treatment**



**Housing & Shelter**



**Primary Care**



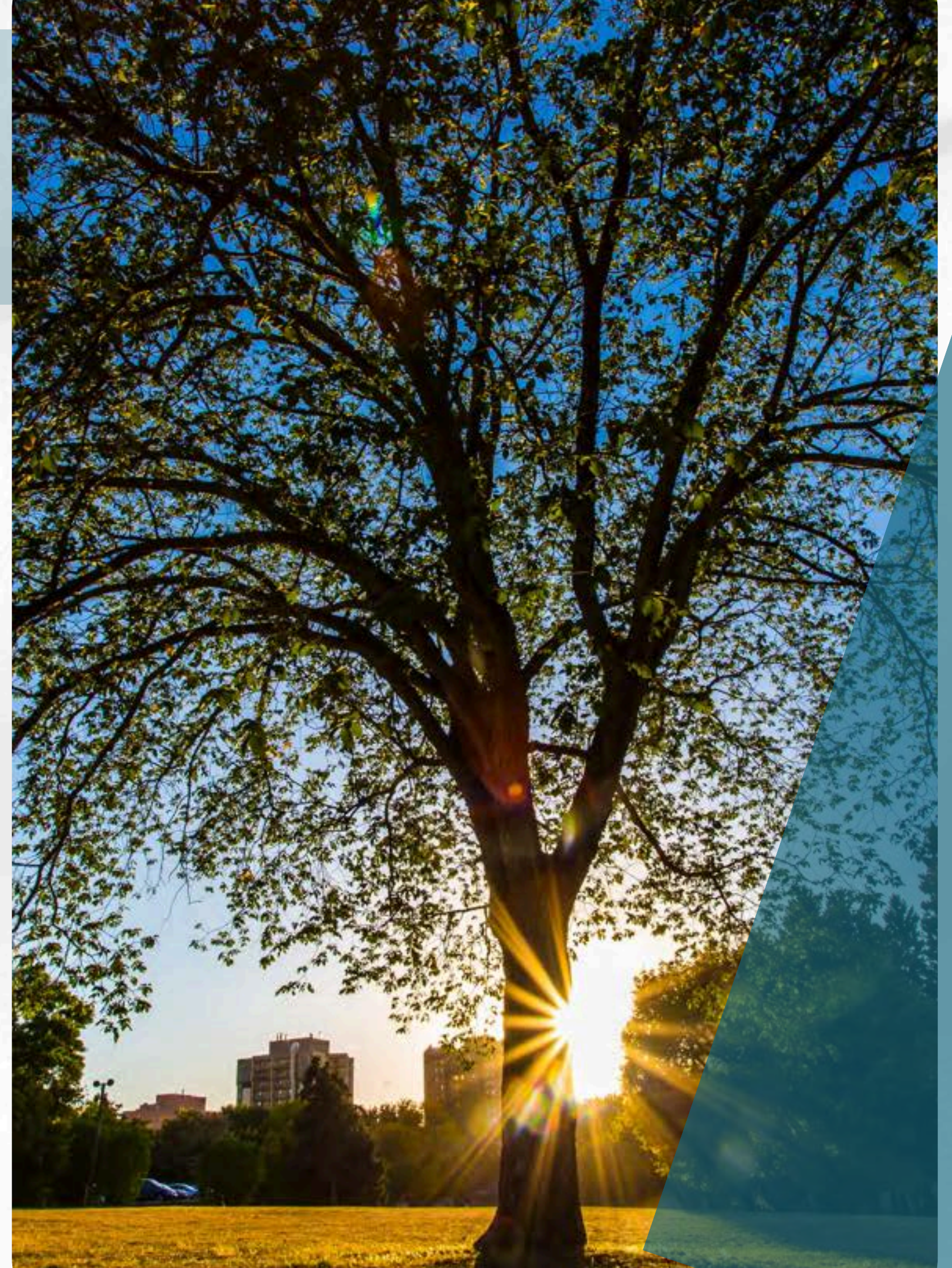
**Peer Support**



**Other Community Resources**

# Targeted Impact Areas

- Provide alternative immediate, low barrier placement options
- Support appropriate diversion from hospitals
- Create alternatives to incarceration
- Reduces repeated behavioral health contacts
- Faster coordinated connection to ongoing behavioral health services
- Warm handoffs into treatment and recovery systems
- Improved continuity across systems
- Reduced cost and need for high acuity response
- Reduction in Involuntary Treatment Act evaluations





# **KEY PARTNERSHIPS**

# Community Partnerships

---

Success Through Collaboration – *No single system can effectively address behavioral health crisis needs independently*

---

- Hospitals and Emergency Departments
- EMS and First Responders
- Law Enforcement
- Behavioral Health Providers
- Crisis System Partners
- Recovery/Advocacy Organizations
- Housing and Social Service Providers
- County and Municipal Leadership
- Medicaid and Insurance Carriers



# Hospitals

*Creating a Sustainable Alternative to the Emergency Department*

Local hospitals have been critical partners in the development and success of the STaT Program.

## **Key Implementation strategies included:**

- Developing streamlined referral and transportation pathways
- Establishing clear admission and eligibility criteria
- Creating rapid communication and feedback loops
- Building confidence that individuals would receive timely assessment, stabilization, and connection to services

As a result, hospitals became a primary referral source to the program and gained an alternative disposition option for individuals whose needs could be better addressed in a community-based setting rather than an emergency department.



# First Responders

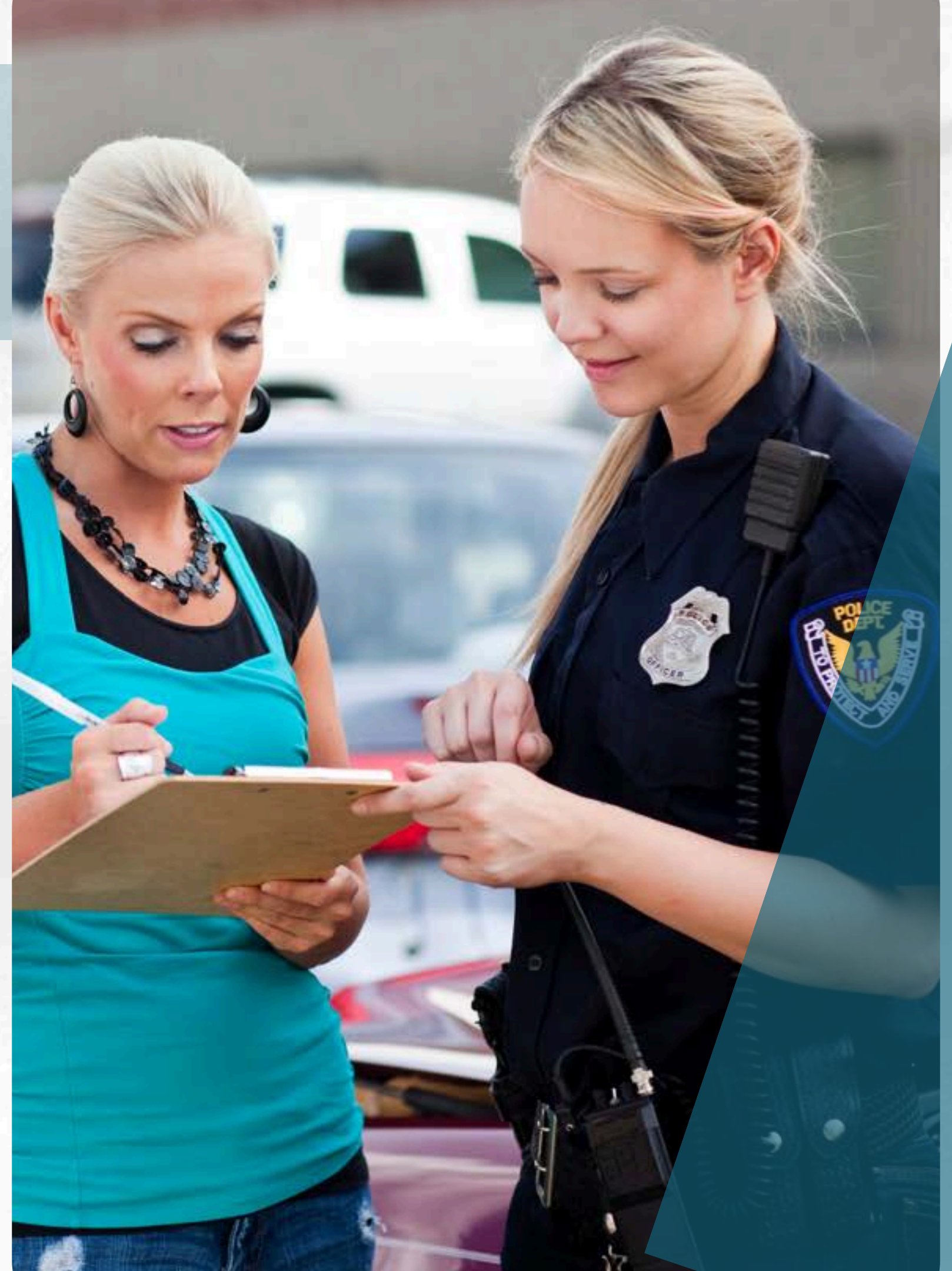
*Expanding Diversion and Deflection Options*

Law enforcement, fire services, and emergency medical responders are often the first point of contact for individuals experiencing a behavioral health crisis.

The STaT program created an additional pathway by:

- Providing a 24/7 community-based stabilization option
- Establishing streamlined drop-off and transportation procedures
- Reducing time spent waiting for in emergency departments
- Supporting diversion from higher-acuity settings when appropriate

This partnership helped improve access to care while allowing first responders to return to services more quickly and focus resources on community safety needs.



# Community Behavioral Health Providers

*Building the Continuum of Care*

The Success of the STaT Program depends on strong partnerships across the behavioral health continuum. Stabilization is only one component of recovery, long-term success requires timely access to ongoing treatment and support services.

Essential Partnerships have included:

- Medication Assisted Treatment/MOUD Providers
- Withdrawal Management
- Residential Treatment (3.5 and 3.1 LOC)
- Outpatient and Intensive Outpatient Programs
- Mental Health Crisis Stabilization Facilities
- Mental Health Outpatient Providers
- Recovery Support Services

These partnerships created opportunities for warm handoffs, reduced barriers to treatment access, and improved continuity of care following participation in the STaT Program.



# Transportation

*The Connector that Makes the Model Work*

Transportation is often an overlooked component of behavioral health systems, yet it is a critical element of the STaT model

Incorporating transportation services within the STaT Program allows for:

- Reduction in delays to accessing services
- Improved coordination between referral partners
- Decreased first responder and hospital resource burden
- Support for successful transitions to ongoing treatment and recovery services



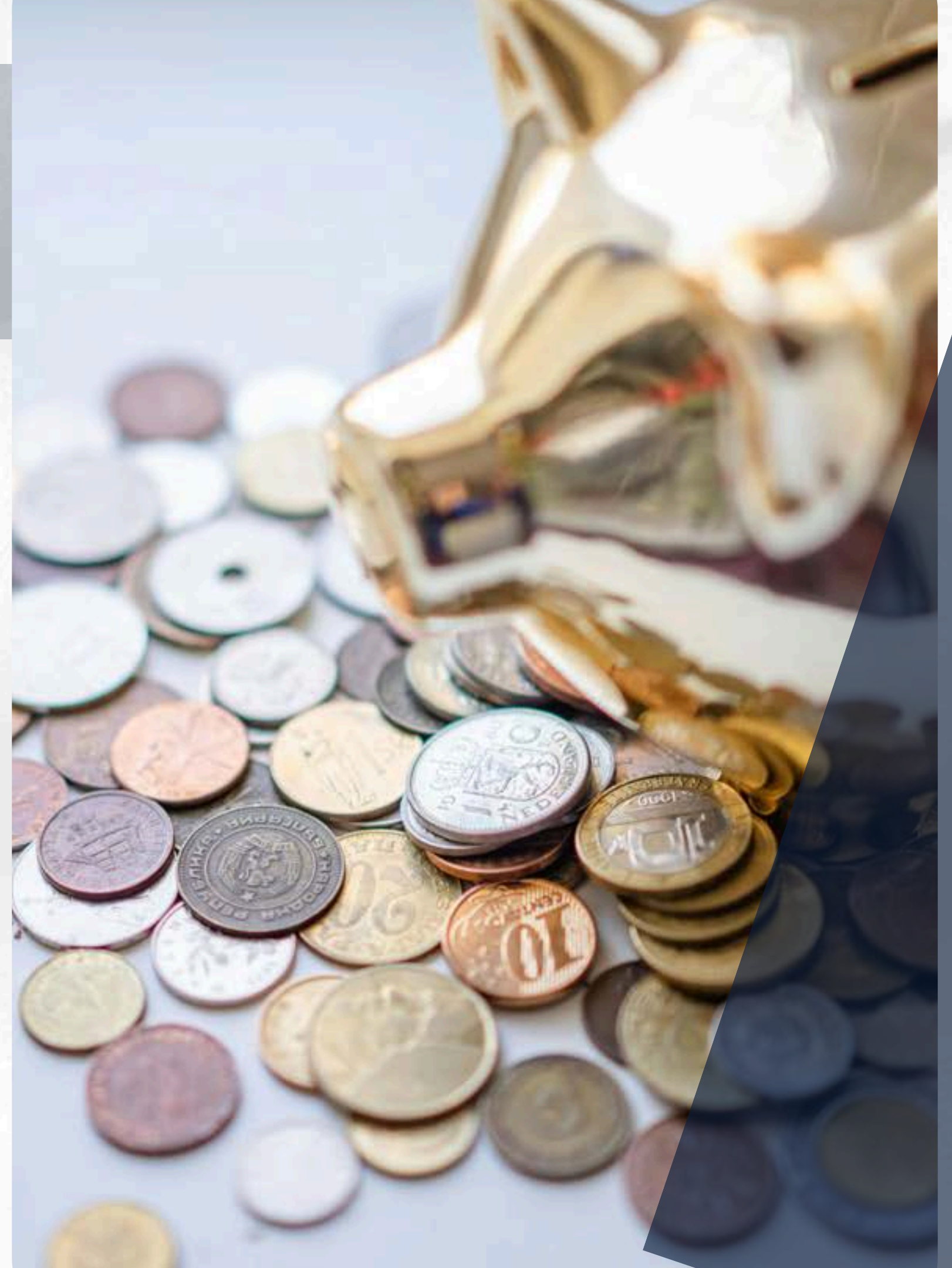


# **FUNDING MODEL**

# STaT Funding Model

*From the beginning, Spokane County recognized that developing an immediate access, low barrier model would require strong partnerships and a flexible funding approach capable of supporting both infrastructure and ongoing operations.*

- Rather than relying on a single grant or funding stream, the STaT program was built through strategic investments from local, state, and opioid settlement resources, allowing the program to respond to evolving community needs while maintaining operational flexibility.
- This approach has allowed the program to expand services, increase capacity, and create long-term sustainability while remaining focused on improving outcomes for individuals experiencing behavioral health and substance use needs.





**SPOKANE COUNTY OPIOD SETTLEMENT FUNDS**

*Supporting capital and program investments*



**CITY OPIOD SETTLEMENT FUNDS**

*Investing in services*



**SUPTRS BLOCK GRANT FUNDING**

*Federal & State support for prevention, treatment and recovery services*



**DEPARTMENT OF COMMERCE**

*Capital infrastructure funding for facility acquisition and sustainability*



**STaT Program**

***Braided  
Funding  
Model***



# THE NUMBERS

# STaT Data Dashboard

Data representative of December 2024 - April 2026 with most elements tracked beginning July 1, 2025

## 2,209

Individuals Served

## 222\*

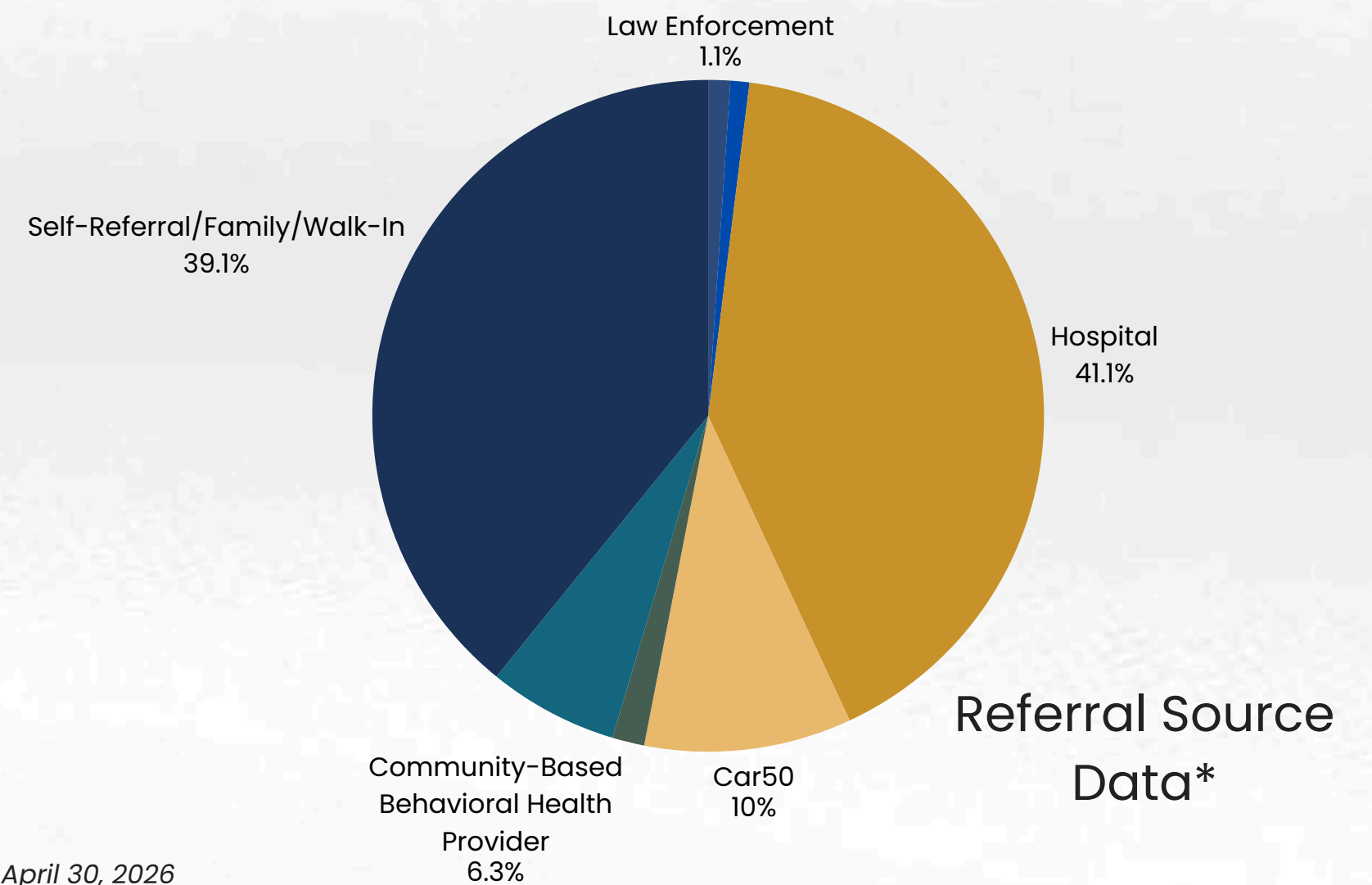
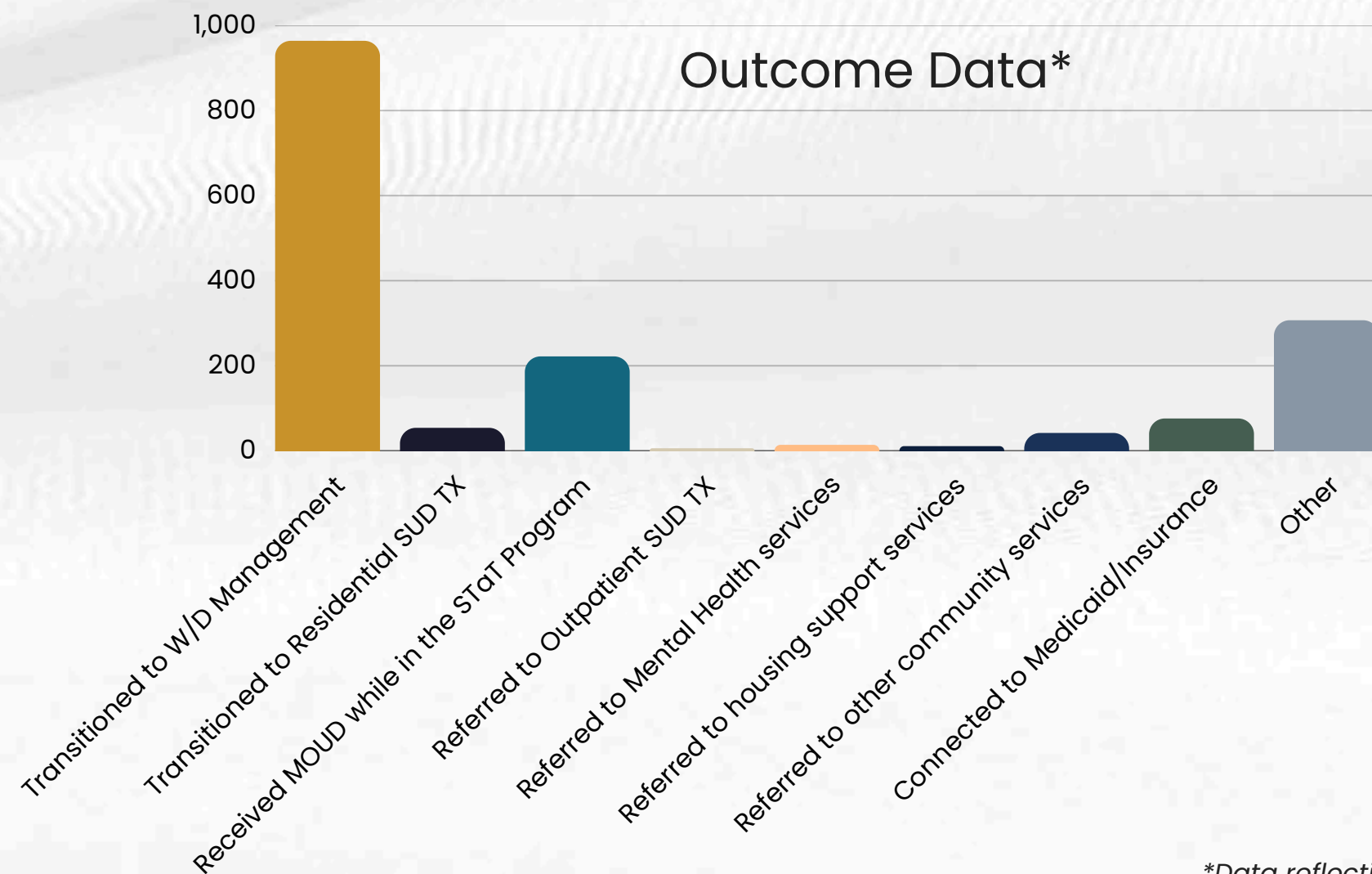
Individuals received MOUD while in the STaT Program

## 64%\*

Of individuals were connected to ongoing services

## 60%\*

Directly transferred/transported to the next level of care



\*Data reflective of July 1, 2025 - April 30, 2026



# LESSONS LEARNED

# Lessons Learned

---

1

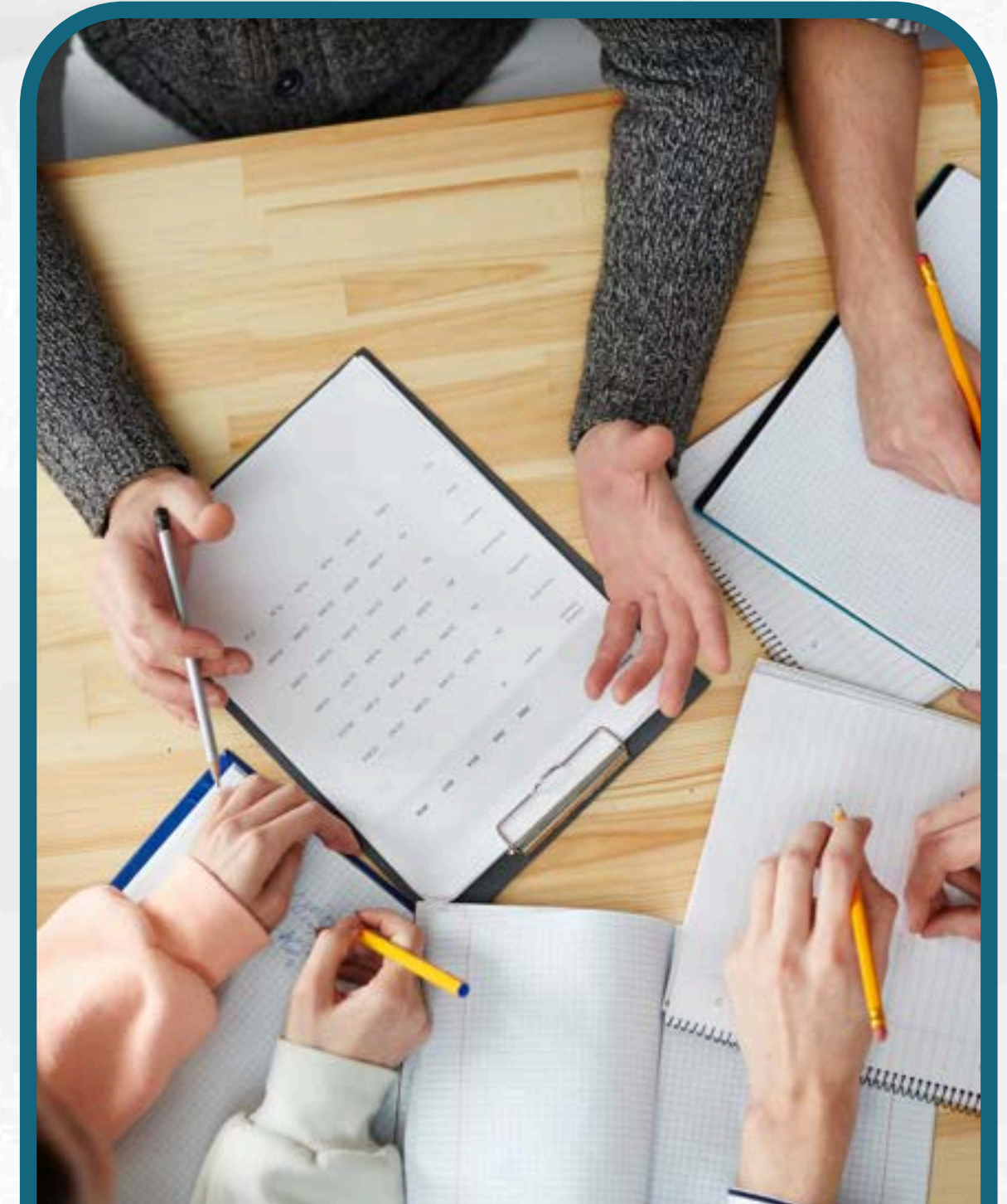
## Welcoming Environment

- Sobering services had previously been offered in a sterile environment.
- Sobering & Triage services are now available in a warm, welcoming and comfortable environment. Participants have shared that the updated location and environment made the experience more comfortable - allowing for them to be more open to the next level of care.

2

## Co-Located Levels of Care & Triage

- The STaT Program is located within the same building as withdrawal management services. After participating in STaT services, individuals can simply walk upstairs to the next level of care.
- Simply providing sobering services without triage and care coordination is not enough and results in individual cycling through sobering services with no follow up and support to continue their recovery journey.
- Providing on-site triage, care coordination and transportation allows for individuals to have support when seeking the next level of care.



# Lesson Learned

---

3

## Low Barrier Referrals

- Hospitals, law enforcement, behavioral health crisis response and other first responders are overburdened. Ensuring a quick and easy referral and drop off process allows for these partners to get the person to where they need to be and move on to the next call.
- If the referral and drop off process are not quick and easy these partners simply will not utilize the service.

4

## Transportation is key

- One of the main reasons the STaT Program has been so successful is the inclusion of transportation.
- The transport van can respond to referrals in the community, reducing the time first responders have to spend with someone and provides direct connection to additional treatment and resources following STaT.

5

## The Data you Collect Matters

- We have monthly meetings with the STaT Treatment providers. We collect robust data on referral sources, substances and outcomes.
- This data is shared with community partners to provide evidence that the program works, increase community buy-in and referrals.



# Final Takeaways

---

*Communities need actionable solutions now*

1. Immediate stabilization models can reduce fragmentation today
2. Practical and lower-cost approaches can significantly improve access
3. Transitional coordination changes outcomes

*STaT Demonstrates a Practical Path Forward*



# CONTACT INFORMATION

---



**Justin Johnson**

**Director**

Spokane County

Community Services Department

Email: [JDJohnson@SpokaneCounty.gov](mailto:JDJohnson@SpokaneCounty.gov)



**Ashley Magee**

**Integrated Behavioral Health Manager**

Spokane County

Community Services Department

Email: [AMagee@SpokaneCounty.gov](mailto:AMagee@SpokaneCounty.gov)



**Jessica Thompson**

**Integrated Behavioral Health Supervisor**

Spokane County

Community Services Department

Email: [JSThompson@SpokaneCounty.gov](mailto:JSThompson@SpokaneCounty.gov)

# THANK YOU



+509-477-5722



<https://www.spokanecounty.gov/5494/Community-Services>