Washington State Health Care Authority

Enhancing crisis systems and implementing 988

Background

The federal government made 988 the new 3-digit number to replace the 10-digit National Suicide Prevention Lifeline (NSPL) in July 2020. This same year, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a best practices toolkit supporting suicide prevention. The Washington State Legislature subsequently passed Engrossed Second Substitute House Bill 1477 (E2SHB 1477) in 2021. This bill, "The Crisis Call Center Hub Act," implements 988 in Washington and improves access to crisis services.

This bill directs the establishment of crisis call center hubs and corresponding technology platforms to coordinate the crisis system. It also directs the establishment of the Crisis Response Improvement Strategy (CRIS) committee, which researches and makes recommendations for expanding services to meet the goals of SAMHSA's best practice toolkit.

SAMHSA best practices toolkit

SAMHSA's best practice toolkit guides an improved crisis response nationwide. Developed by examining the best practices of Arizona, Georgia, Maryland, Michigan, and other states, this toolkit focuses on creating a system that provides equitable and effective services to all people in crisis while minimizing the contact they have with first responders.

SAMHSA's framework has three main components:

- Someone to talk to
- Someone to respond
- A safe place to go

Washington's work to date has focused on planning and service expansion to meet these goals.

Someone to talk to

The Washington Health Care Authority (HCA) collaborated with The Washington Department of Health (DOH) to implement 988 in Washington, which went live July 16, 2022. HCA has strengthened partnerships between Regional Crisis Lines (RCLs) and 988 crisis centers (formerly called NSPLs). This ensures that those people who contact 988 can access regional resources appropriate to their needs and specific locality.

Calls to 988 have increased, and RCLs continue to play an important role. RCLs continue to operate and remain a point of contact for people in crisis. RCLs have not had a significant change in the volume of calls following 988's launch.

Someone to respond

Mobile rapid response crisis teams (MRRCT) are teams that outreach to a person in crisis. They provide timely crisis interventions and assessments meant to help reduce the acuity of the crisis. have expanded under these efforts as well. MRRCT can respond directly to the location of someone in crisis and provide support. HCA has guided the addition of more MRRCT teams as well as the creation of youth-focused MRRCT through the Mobile Response and Stabilization Services (MRSS) model. HCA also continues to standardize MRRCT services to align with SAMHSA's best practices.

Adult mobile crisis response expansion

Proviso funding passed by the Legislature in 2021 led to the creation of six new adult teams and 3.5 additional teams to enhance existing mobile crisis response. Deployment of these teams began in July 2022 in all behavioral health administrative service organization (BH-ASO) regions.

All MRRCT staff received training in SAMHSA's mobile crisis core competencies in early 2023. These competencies include trauma-informed care, harm reduction, and de-escalation techniques.

HCA's Division of Behavioral Health and Recovery released the first Mobile Crisis Response Program Guide in October 2022. This guide identifies MRRCT best practices and provides standards and recommendations to new and existing teams. Teams are equipped to adopt this mobile rapid response crisis team model.

Youth mobile crisis expansion under MRSS

The start of 2022 saw youth teams in only four regions (or five of 39 counties) in Washington. Proviso funding via SB 5092 reached the other six regions to provide at least one youth team. One

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region with an existing team received proviso funding to ensure around-the-clock coverage.

The MRSS model will enhance youth MCR teams in alignment with SAMHSA and National Association of State Mental Health Program Directors (NASMHPD) best practices. The MRSS model is built with the understanding that caregivers and youth are interconnected; a youth's crisis may affect the way their caregiver responds.

MRSS has been shown to reduce the need for mental health-related emergency department visits, mitigate unnecessary contact with law enforcement and/or child welfare involvement, as well as foster care transitions and potentially cost-prohibitive out-of-home interventions. MRSS teams are being expanded statewide to respond to community needs swiftly and effectively.

A safe place to go.

Crisis stabilization facilities offer voluntary services as an alternative to emergency departments and hospitalization. Stays at these short-term facilities average three to five days. Currently, only some regions in the state have adult crisis stabilization facilities. No facilities for youth exist.

Expanding access to facility-based crisis services involves increasing the number of short-term facilities around the state, reducing barriers for referral and admission, and integrating these services into a coordinated crisis system. Capital funding awarded by The Washington Department of Commerce will help establish new facilities.

CRIS committee work

Implemented in 2021, the CRIS committee comprises 36 members, who may be people with lived experience, service providers, administrators, and decision makers. A five-person steering committee leads the work and makes ultimate recommendations to the Legislature and the Governor.

Currently, the CRIS Committee is working on recommendations for the technical and operational plan, crisis system enhancements, and overall system work. The CRIS committee has several subcommittees to address specific or complex areas.

These subcommittees started meeting in early 2022 and have made recommendations to the CRIS committee on ways to improve the crisis system. The CRIS committee made initial legislative recommendations in December 2022.

House Bill 1134

In 2023, the Washington Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1134 to help support the 988 Suicide & Crisis Lifeline. This bill expands crisis services in Washington by creating a voluntary endorsement for rapid response crisis teams and newly created community-based crisis teams. Endorsement means teams meet standards on staffing, training, and transportation.

Endorsed teams are eligible for enhanced payments and participation in a performance payment system based on meeting response goals.

The bill also directs the University of Washington to recommend crisis workforce and resilience training for behavioral health care workers in Washington.

Budget

The total funding provided to increase and enhance MCR teams was $19,961,000 for Fiscal Year 2022 and $18,618,000 for FY 2023. Of this total, state funding accounted for $10,130,000 for FY 2022, $9,448,000 for FY 2023.

Further funding was allocated to increase and provide for the enhanced case rate for endorsed teams in the amount of $48,759,000 for Fiscal Year 2024 and $48,759,000 for Fiscal Year 2025. Of this total, state funding including the 988-line tax amounts to $30,854,000 for FY 2024, $30,854,000 for FY 2025. For more information

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