Mobile Crisis Response for Adults and Youth

System Gaps, Progress to Date, and Potential Actions and Opportunities (Updated August 16, 2023)

This matrix documents gaps in the mobile crisis response system—as identified by the CRIS Committee and the Behavioral Health Crisis and First Responders Collaboration Workgroup ("Collaboration Workgroup"), progress to date on addressing these gaps, and potential actions and opportunities to further address these gaps. This document will serve as a foundation for recommendations to include in the CRIS 2024 Progress Report.

GAPS IN MOBILE CRISIS RESPONSE SYSTEM *Gaps in mobile crisis response identified by CRIS members at the February, March, and April CRIS meetings and by the Collaboration Workgroup.*	**PROGRESS TO DATE ON ADDRESSING GAPS** *Progress on addressing gaps in mobile crisis response, including new legislation, policy changes in progress, and other steps, as identified by Governor's Office, HCA, and HMA.*	**POTENTIAL FUTURE ACTIONS FOR STATE AGENCIES AND LEGISLATORS** *Potential recommendations for continuing to address gaps in mobile crisis response, as identified by CRIS members, Collaboration Workgroup, and HCA.*	**POTENTIAL OPPORTUNITIES FOR CRIS** *Opportunities for the CRIS Committee to advise and support actions to address gaps in mobile crisis response, as identified by CRIS members, Collaboration Workgroup and HCA.*
DATA AND REPORTING			

<u>From CRIS Committee</u>
• Current estimates of mobile crisis response team distribution make it difficult to identify gaps that need to be addressed.
  ◦ Lack of data on mobile crisis response team distribution by target age group (e.g., youth vs. adults)
  ◦ Lack of common performance metrics (i.e., response times).
• Lack of common definition of terms (e.g., co-responder) and crisis response models makes it difficult to create an accurate and comprehensive service landscape.
• Lack of data collection on youth callers and overcoming barriers to identifying that the caller is a young person.
• Lack of data available in terms of language barriers, e.g., how many people are calling to mobile crisis that will require an interpreter, what are the different languages, is there a language that is not available.
• There is no way to measure or track the number of people who go through crisis but don't engage with the system, and why.
	• HB 1134 creates an endorsement process that implements performance and staffing metrics for mobile crisis response.
	• Mobile Crisis Response Program Guide creates performance and staffing standards for mobile crisis response (for adults) and mobile response and stabilization services (for youth).
	• Based on standards in Mobile Crisis Response Program Guide, HCA created a map of number, location, and type of adult mobile crisis response teams and known needs.
	• Updates to data reporting in progress:
	  ◦ Whether response was to youth or adult.
	  ◦ Changes to how providers code mobile crisis response services.
	• HCA added response time requirement to BH-ASO contract.
	• As part of a required actuarial analysis to improve funding stability of mobile crisis, HCA will work with system partners to better understand mobile crisis response capacity and address need.
	• As call centers become 988 hubs, they will track who responded and how long it took to get there, and will send that data either to BH ASOs or directly to HCA. This will give insight into how the teams are responding.
		<u>From CRIS Committee</u>
		• Develop more granular analysis of number and distribution of mobile crisis response team (for adults) and mobile response and stabilization services (for youth).
		• Standardize terms and definitions (e.g., mobile crisis response team, co-response, safety risk, youth, transition-age youth, etc.)
		• Clarify understanding of regional vs. state decision-making authority over crisis response services.
		• Create behavioral health glossary of terms and share across systems and for community education campaigns.
		• Set targets to determine additional gaps in language accessibility. This could help to ensure mobile crisis teams are staffed appropriately depending on the populations being served.
		• Systems should be tracked and then held accountable to ensure their outcomes are resulting in meaningful access to services. Leverage existing oversight boards (expand or add-on).
		• Leverage a census model to go into the communities to collect data. Make system improvements based on system user experiences and feedback.
		
		<u>From Collaboration Workgroup</u>
		• Develop core standards (i.e., performance metrics) for embedded co-response programs that are consistent no matter the system.
			<u>From CRIS Committee</u>
			• Advise state agencies on key metrics for the crisis system to ensure it is successful at addressing gaps.
			• The CRIS Committee can carry out continuous process improvement on quantitative and qualitative data gathering methods and provide recommendations to course correct as needed.
			
			<u>From Collaboration Workgroup</u>
			• Advise state agencies on core standards for embedded co-response programs.
			
			<u>From HCA</u>
			• Advise state agencies on the standards for endorsement of mobile rapid response crisis teams and community-based crisis response teams.

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DISPATCH			

<u>From CRIS Committee</u>
Many people in crisis must rely on emergency departments, law enforcement, emergency medical services, or fire, rather than behavioral health providers.
• Lack of standards and standardized training for determining who receives what response and why. Many opportunities for bias to impact determinations about who gets what response.
• Lack of standard practice for connecting a youth who calls 988 with mobile response and stabilization services.
  • Further complicated by the fact that 988 responder may not know the age of the caller unless that person discloses.
  • Pathways for connecting youth and caregivers with mobile response and stabilization services remain unclear.
  • Mobile response and stabilization services are currently dispatched through regional crisis line; there may be multiple transfers before a young person can get connected with these services.
• Lack of objective understanding of what constitutes a dangerous situation that would require law enforcement. Lack of a standard practice for managing risk when dispatching crisis response (e.g., do we err on the side of sending a behavioral-health focused response or a law enforcement response when it is unclear if there is a safety risk? Do we call the parents of a young person in crisis or not?)
• Lack of consideration for the needs of older adults and disabled communities.
• Services lack proper accommodations for a range of populations, e.g., non-English speakers, folks who are hard of hearing or deaf, etc.
• There is no set standard to determine who is the lead out in the field when there are multiple types of teams responding to a crisis.
• Concern that a focus on response times for pay incentives can lead to unintentionally prioritizing speed over the best possible care.
	• HCA dispatch protocols update and toolkit (June 2023) address many standards for dispatch.
	• HB 1134 includes provisions for joint training of first responders, 988, 911, and behavioral health.
	• Collaboration Workgroup started addressing question of limits of law enforcement involvement in crisis response, and how different parts of the system can work together better.
	• Mobile Crisis Response Program Guide and Dispatch guidelines addresses confidentiality, including for youth and an orientation to a behavioral health first response to behavioral health crises.
	• HCA and DOH continuing to work on MRSS continuum and 988 role.
		<u>From CRIS Committee</u>
		• Ensure 988 call center staff are trained to be responsive to diverse group of youth, including youth at a wide range of developmental levels, and trained to support parents and caregivers in crisis to keep youth safe.
		• Provide trainings on how to engage the caller to gather additional information. Have additional staff (e.g., supervisor) present to process the call.
		• Since youth tend to use chat and text, emphasize in crisis response and integrate translation.
		• Consider integration of 988 with the teen youth suicide hotline so youth can talk to peers.
		• Consider an "opt-in" button or dial option for youth who call 988 to connect youth to MRSS or other youth-appropriate resources. (Note: potential challenges with Vibrant, which does not allow caller screenings.)
		• Develop standard protocols for how and when to engage MRSS teams for youth. Will need flexibility for staff to make judgement calls.
		• Include law enforcement and other partners in trauma-informed and youth-informed trainings to minimize potential harms and build trust across communities.
		
		<u>From Collaboration Workgroup</u>
		• Develop protocols for determining who is "lead" in the field based on safety issues.
		  ○ Start with behavioral health as lead unless safety concerns are present.
		  ○ Address how implicit bias and racism impact staff of color in the field and interactions/dismissal by first responders.
			<u>From CRIS Committee</u>
			• Advise state agencies on strategies (e.g., training) to help the system work together better.
			
			<u>From Collaboration Workgroup</u>
			• Convene a workgroup with representatives from first responders, behavioral health staff, people of color, and people with lived experience (and intersections of these identities). Purpose is to make recommendations about how to assess safety risk in behavioral health crisis and appropriate response.
			• Advise state agencies on core standards for embedded co-response programs.

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CAPACITY			

<u>From CRIS Committee</u>
Current estimates: only 40% of the need for mobile crisis response teams for adults is being met; there are not nearly enough mobile response and stabilization services to meet current need for youth.
• Observations from people with lived experience are that rural areas are chronically underfunded and urban areas face long wait times.
• Consistent funding for mobile crisis response teams for adults has not been available to support adequate and equitable distribution of mobile crisis response teams.
• Proviso funds stand up at least one mobile response and stabilization services team for youth in each region, but resources are different across counties and regions and lot of teams are not yet fully functional and are still recruiting staff.
• Crisis response workforce does not have capacity to meet the need.
  • Staff retention has been a major challenge.
  • Substantial staffing gaps can exacerbate other system gaps.
  • Additional staffing related concerns include lack of funding for compensation, staff burnout, and improperly trained staff.
• Slow response times from calling 988 (due to capacity constraints) will encourage responses by first responders.
 	
<u>From Collaboration Workgroup</u>
• Lack of parity in funding for crisis system (at systems level), which result in 911/emergency room being the default. Additional challenges with livable wages and workforce retention across all systems.
	• HB 1134 creates an endorsement of mobile crisis response teams (for adults and youth), which make them eligible for enhanced payments if they meet response time metrics.
	• Additional legislation will help address workforce capacity:
	  ○ HB 1069 adopts Mental Health Counselor compact, making it easier for behavioral health specialists from out of state to work in Washington.
	  ○ SB 5189 creates certification for behavioral health support specialists who can deliver evidence-based interventions under the supervision of licensed providers.
	  ○ SB 5555 establishes a new state-certified profession of peer specialists.
	  ○ HB 1724 helps get qualified behavioral health providers into the field as quickly and safely as possible.
	• Working on adding peers to Medicaid state plan for HCA-contracted mobile crisis teams.
	• Increased number of youth teams from 4 to 12 with proviso funding.
	• Budget proviso requires an actuarial analysis of mobile crisis and crisis facilities to build a more stable funding mechanism for the crisis system. Will include analysis of need/unmet need in each region.
	• HCA created an implementation plan to guide the expansion of mobile crisis resources
		<u>From CRIS Committee</u>
		• Pursue consistent funding for mobile crisis response, rather than braided local funding to expand workforce and improve response times.
		• Leverage recommendations and learnings from the 988 Geolocation Subcommittee to impact dispatch protocols.
		
		<u>From Collaboration Workgroup</u>
		• Advocate for limiting Criminal Justice Information Services (CJIS) laws, which prevent peers from working within law enforcement.
		• Advocate for increased resources for all systems supporting the crisis response system to ensure a living wage, adequate resources, and workforce stability with a focus on behavioral health.
		• Fund more prevention services to avoid need for crisis.
		• Create a workgroup to research and develop recommendations to build and sustain behavioral health workforce, including workforce pipeline programs that help to diversify the workforce.
		• Address handoffs between 988 and 911 (Collaboration Workgroup recommendation).
			<u>From CRIS Committee</u>
			• Learn from crisis responders about system gaps and what they think might be helpful to address them.
			• Learn from other states (e.g., AZ, TX, MI, GA) about funding approaches and strategies for supporting workforce and capacity to help meet need.

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EQUITY AND SAFETY			

<u>From CRIS Committee</u>
Many people of color, people who identify as transgender and LGBTQ+, and youth do not feel safe calling for help in a crisis.
• Lack of trust and relationships between systems, between systems and communities, etc. (behavioral health, first responder, hospital/ER systems)
	• Mobile crisis response teams are receiving standardized training in harm reduction, de-escalation, and trauma informed approach.
	• Applied for a SAMHSA grant to implement Community Crisis care model in Washington to create teams to respond to their communities.
	• Working on implementing changes to the State's Medicaid State Plan to incorporate peers into crisis services.
	• HCA created a training for crisis peers.
	• HCA received a SAMHSA grant to work with Tribes to develop tribal mobile crisis response model
		<u>From CRIS Committee</u>
		• Seek policy changes and legislation to make it easier for peers to participate in crisis response, because this can help destigmatize seeking help in a crisis.
		• Include law enforcement and other partners in trauma-informed and youth-informed trainings to minimize potential harms and build trust across communities.
		
		<u>From Collaboration Workgroup</u>
		• Include requirements for translation/ interpretation services for crisis response services and invest in culturally-specific service providers.
		• Develop and launch a community outreach and education campaign on 911 and 988 system and co-response.
		• Develop training on "client-centered services, systems, and approaches" to start a paradigm shift for workforce.
		• Create a "caller bill of rights" with the following elements:
		  • Focus on informed-consent for community.
		  • Develop information for communities on what to expect when they call.
		  • Include monitoring plan to assess trends.
		
		<u>From HCA</u>
		• Develop initiatives to recruit and train peers in the crisis system.
		• Develop regional collaborations that convene system partners to create regional plans and protocols for crises per HB 1134.
			<u>From CRIS Committee</u>
			• Advise on how to make it possible for vulnerable people—particularly people of color, people who identify as transgender and LGBTQ+, and youth--to feel safe calling for help in a crisis and build and sustain more trust in the crisis response system.
			
			<u>From Collaboration Workgroup</u>
			• Establish a consensus on the rights of people to inform the "caller bill of rights."
			• Advise state agencies on training curricula for behavioral health and first responders that includes:
			  • Overview of roles, authority, requirements, training, and approaches for responding to behavioral health crisis for both behavioral health and first responders.
			  • Implicit bias and recognizing and addressing power and privilege.
			  • Best practices for engaging with people who are appear erratic or non-compliant.
			  • Understanding difference between safety issues and behavioral health crisis.
			  • Person-first and respectful interactions (cultural responsiveness and trauma-informed).
			• Do root cause analysis on lack of trust between systems and systems and propose solutions.
			
			<u>From HCA</u>
			• Advise state agencies on regional collaborations to address equity and systemic failures.

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SYSTEM NAVIGATION & ACCESSIBLITY			
<u>From CRIS Committee</u> The behavioral crisis response system is siloed, opaque, and very hard to navigate. • Even people who know the system have a hard time navigating it. • Caregivers often find themselves in the position of being case managers. • Caregivers of youth have trouble getting information because of both privacy laws and providers may not know whether it is safe to share information with the caregiver (i.e., it is not always safe for parents or caregivers to know that a young person is seeking care). <u>From Collaboration Workgroup</u> • The "crisis system" is not consumer or community centered or easy to access, nor is there consistency or a baseline level of services between all the regions.	• HCA is working on developing a crisis response model for older adults based on the Geriatric Regional Assessment Team (GRAT) program in King County. • HCA is working on restructuring of crisis services webpages. • Implementation of HB 1477 tech platform—which will centralize records and information about behavioral health services—in progress.	<u>From CRIS Committee</u> • Provide centralized information and education on who to call (e.g. 911, 988, or regional crisis lines)	<u>From HCA</u> • Advise state agencies on ways to improve work with caregivers and support diverse approaches to supporting caregivers. <u>From CRIS Committee (also under Dispatch Category)</u> • Advise state agencies on strategies (e.g., training) to help the system work together better.