



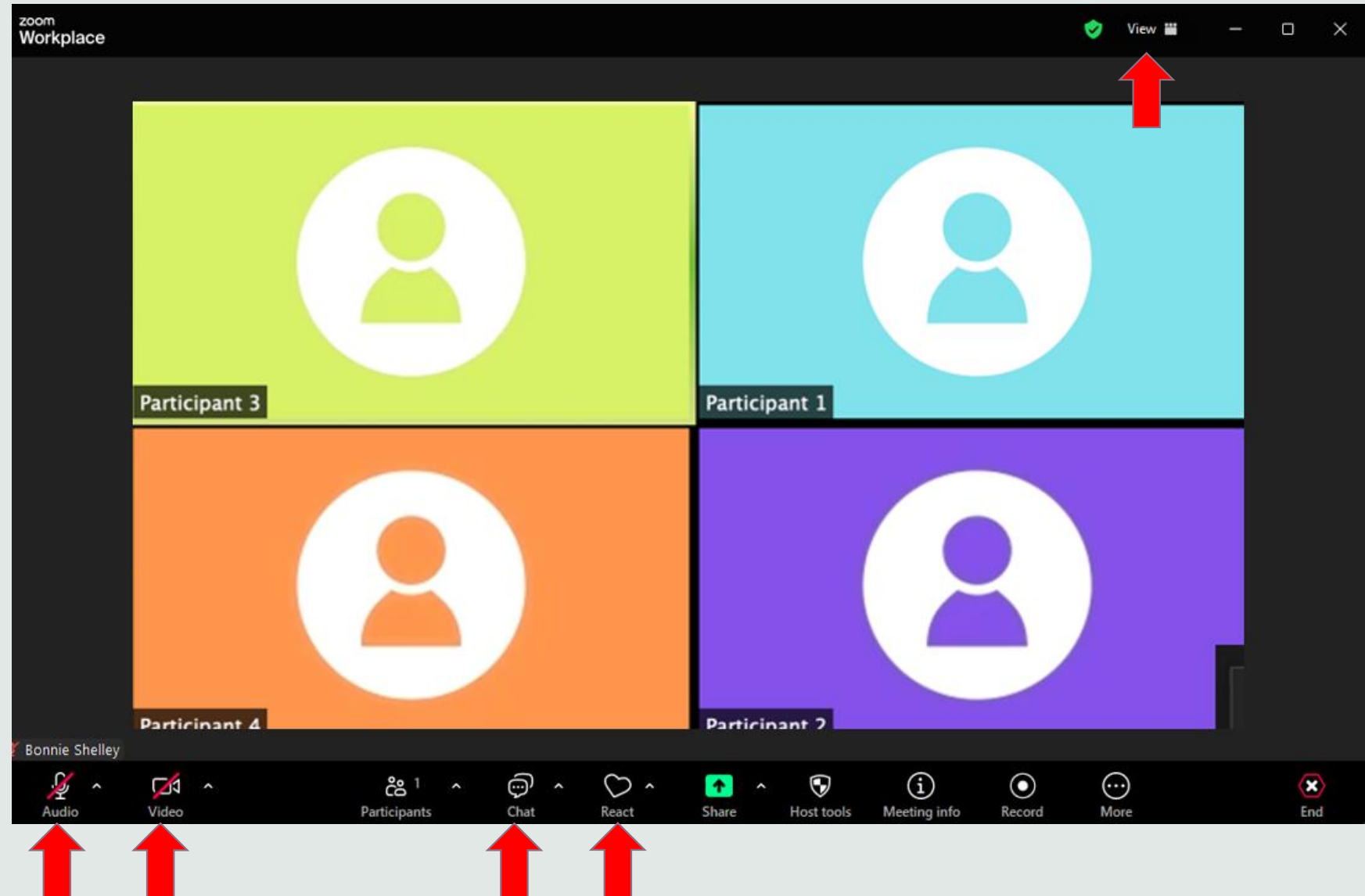
Zoom Technology Moment: Committee Members

-The "Audio" and "Video" buttons are in the bottom left corner. These help you mute and unmute or turn your video on or off.

-The "Chat" button is just left of the bottom center of the screen.

-The "React" button is to the right of the chat button. You can find the "Raise Hand" function here.

-In the top right corner is the "View" button. This helps you change the way you view the meeting.



AGENDA

- **Welcome, Intros, Agenda review**
- **Mobile Rapid Response Crisis Teams**
- **Lived Experience Collaborative Update**
 - *CRIS Updates*
 - *RCL-988 Transition Updates*
 - *Kirkland Connections*
 - *MRSS*
- **Community Updates and Opportunities**
- **Open Discussion - Current Events**
- **Next Meeting - Mon. September 8th, 2025 1 PM - 3 PM**

To access these slides scan





2025 Meetings, Mondays 1-3 PM

- **September 8th**
- **October 13th**
- **November 10th**
- **December 8th**

*** Information on how to join the meeting will be sent out one week in advance of each meeting, as well as posted to the HCA Website.**



Comfort Agreement

Here is our comfort agreement from the last meeting:

- Keep an open mind when others are sharing.
- Experiences are different. Be respectful of differences.
- "Step up and step back."
- Listen and don't judge.
- Keep things confidential and do not disclose without consent.
- Agree to disagree,
- Assume best intent.
- Active listening.



Is there anything that should be added or updated?

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

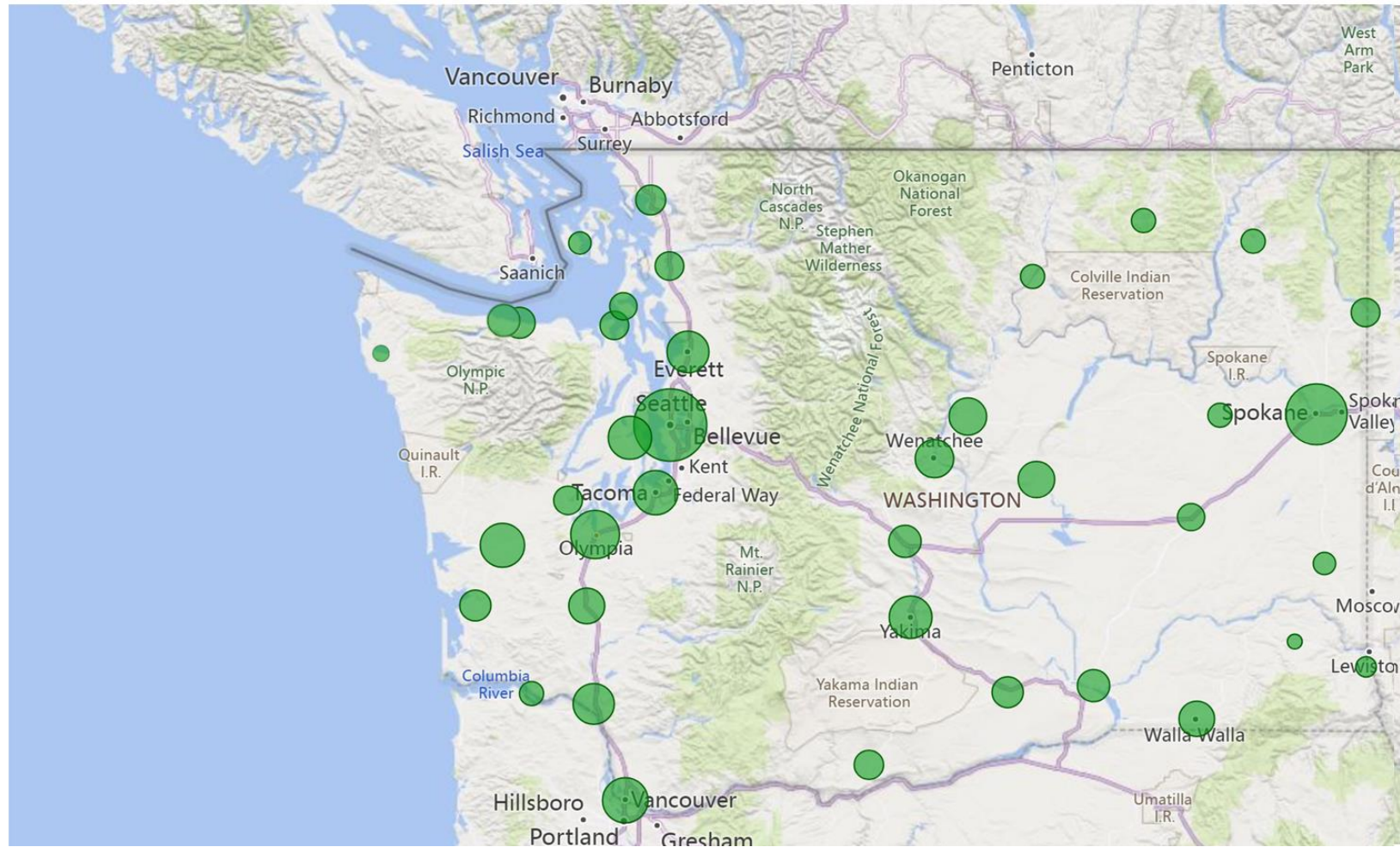
Background: The youth and young adult continuum of care made recommendations to legislature for funding to go out to expand youth and adult teams across the state in preparation for 988 going live.

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).

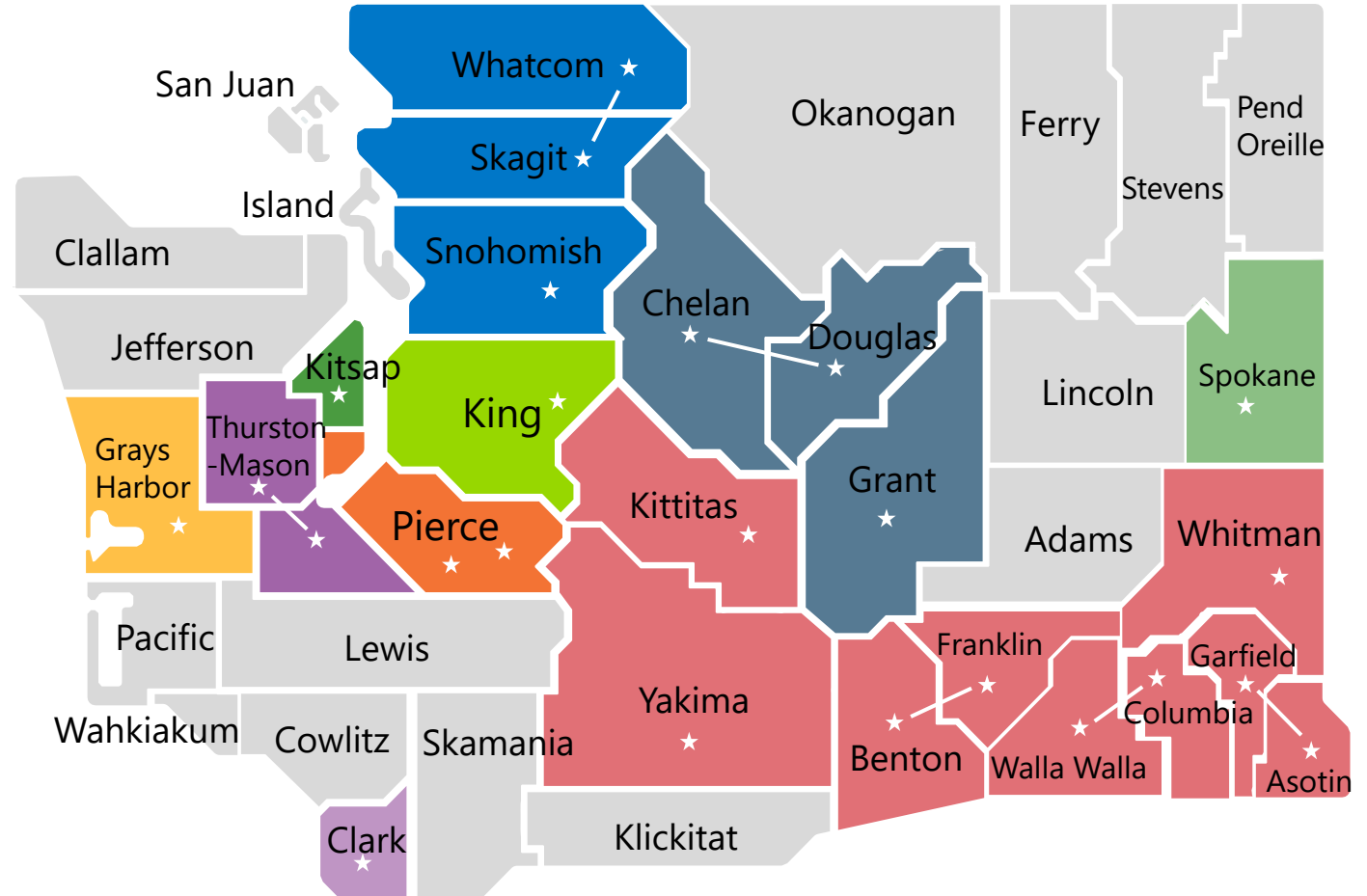
Mobile Crisis Team Map

Number of FTEs by County



Mobile Response and Stabilization Services – Youth Teams

- ▶ Explore the full list of Mobile Response and Stabilization Services providers by county.



Crisis Care Continuum

▶ Someone to Contact

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

▶ Someone to Respond

- ▶ Mobile crisis
 - Adult
 - Youth which follow Mobile Response and Stabilization Services
- ▶ 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 No threshold of danger to access services 	<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

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

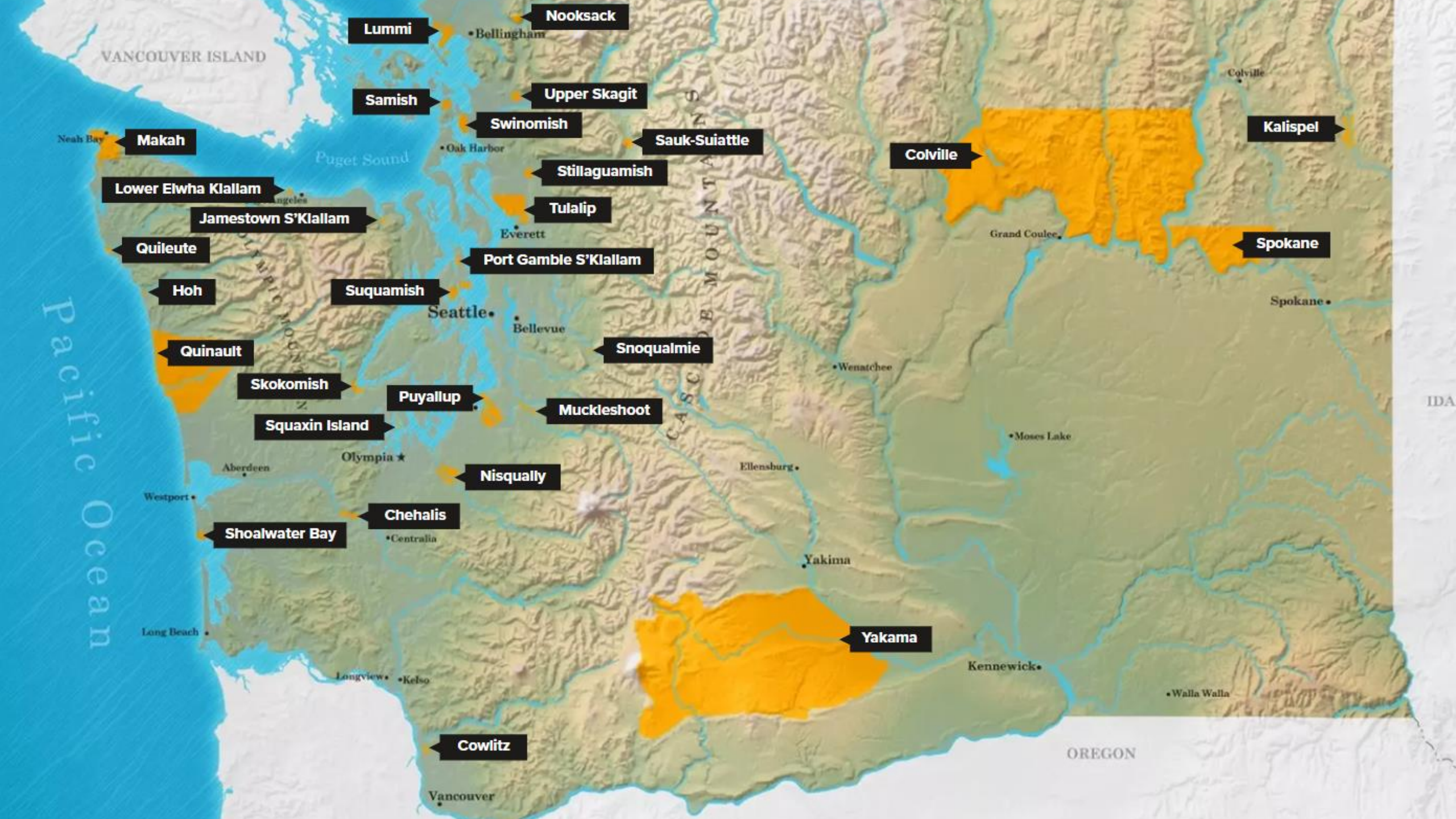
- ▶ E&T
- ▶ Secure Withdrawal Management Services (SWMS)
- ▶ Single bed certification – mental health only
- ▶ Assisted outpatient and Less Restrictive Alternative orders

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



Lummi

Nooksack

VANCOUVER ISLAND

Samish

Upper Skagit

Swinomish

Sauk-Suiattle

Kalispel

Makah

Colville

Lower Elwha Klallam

Stillaguamish

Jamestown S'Klallam

Tulalip

Quileute

Port Gamble S'Klallam

Spokane

Hoh

Suquamish

Snoqualmie

Quinault

Skokomish

Puyallup

Muckleshoot

Squaxin Island

Nisqually

Olympia

Shoalwater Bay

Chehalis

Yakama

Cowlitz

Pacific Ocean

CASCADE MOUNTAINS

OREGON

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

Questions?

Mobile Crisis Response enhancements

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.

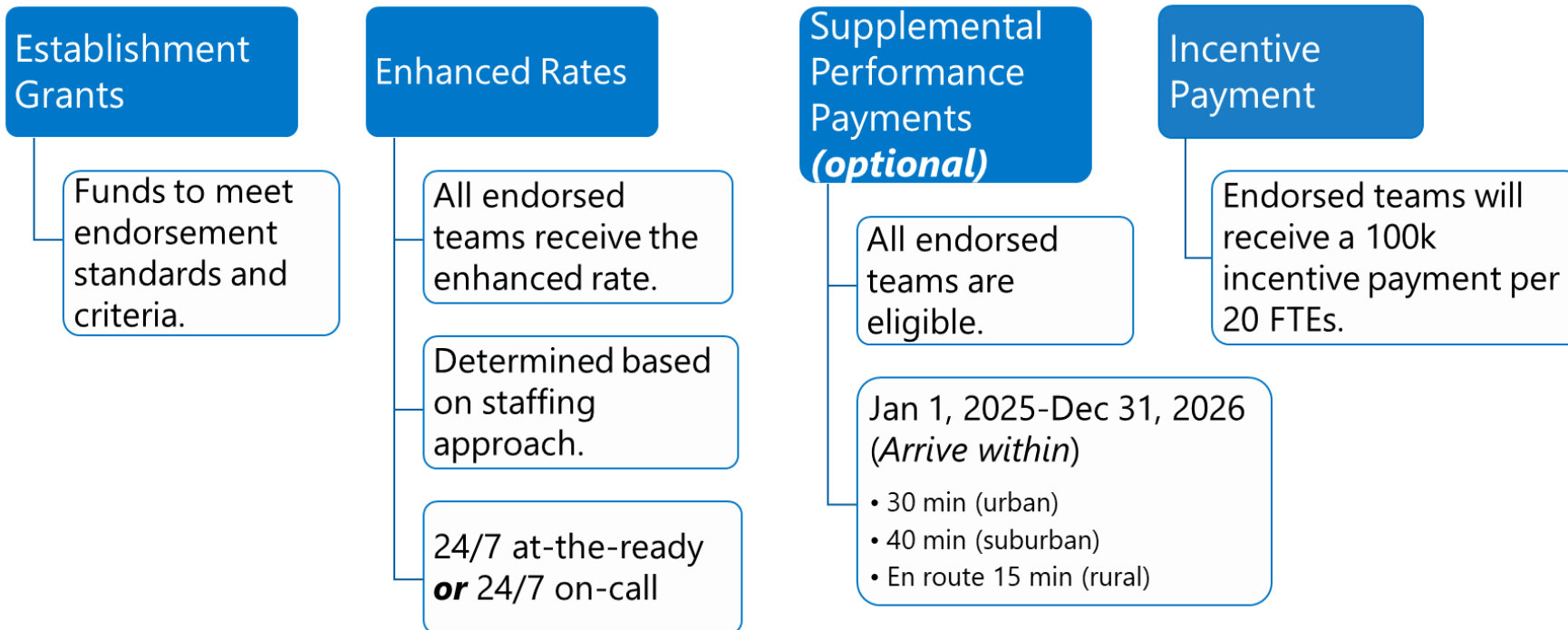
▶ Training

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

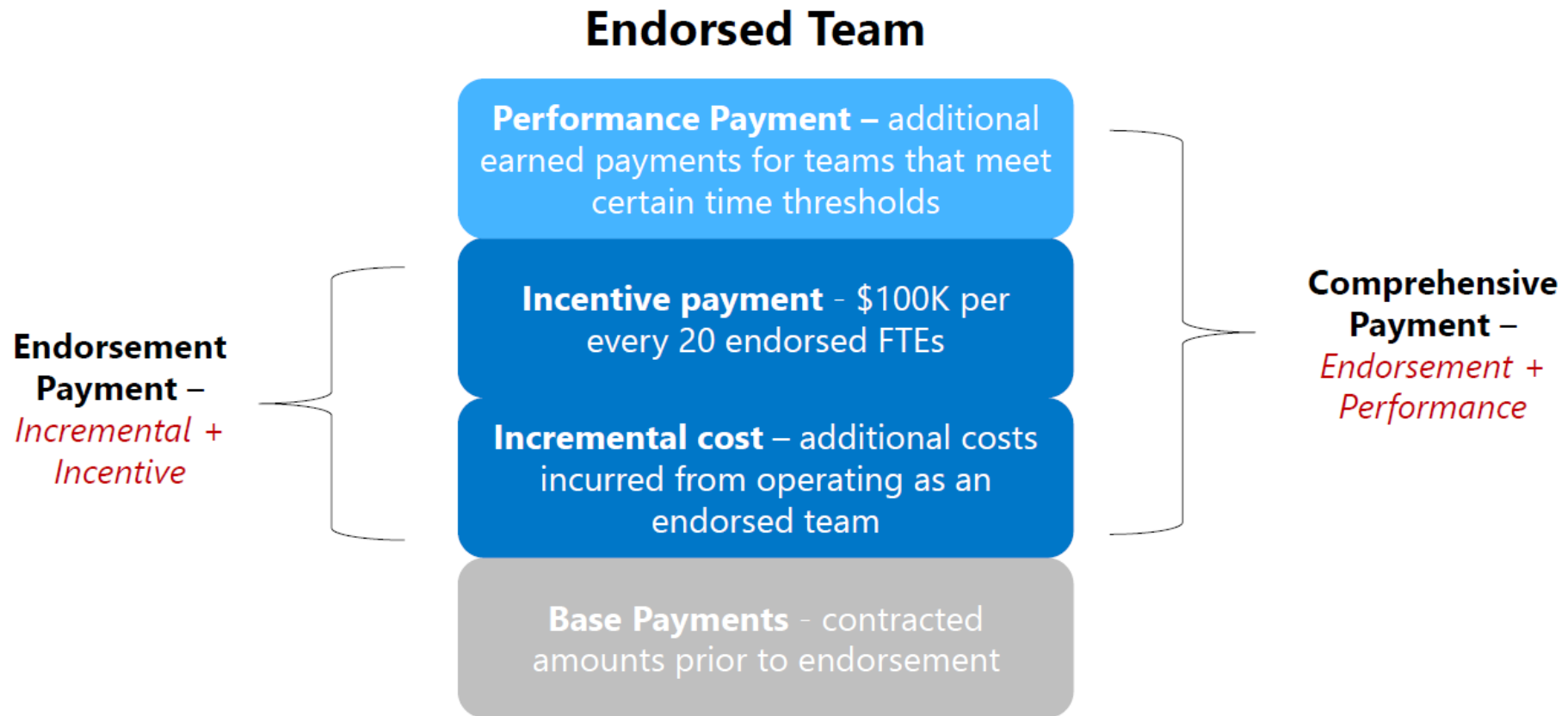
▶ Transportation

- ▶ 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
 - HCAMobileCrisisOutreachEndorsement@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](#)

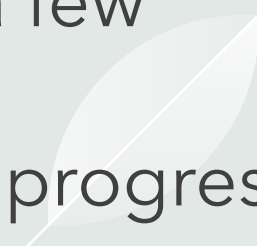
Questions?

Mobile Crisis Response Endorsement Program

A vertical strip on the left side of the slide shows a close-up of pink cherry blossoms on a dark branch, with some flowers in sharp focus and others blurred in the background.

Lived Experience Collaborative Plans

CRIS LINK

- Status CRIS recommendations – Available in CRIS Committee meeting recording and slides this week!
 - RCL-988 Transition Updates - In a few minutes!
 - MRSS – Not yet scheduled but in progress.
 - Kirkland Connections – No response to emails yet.
- 
- A simple white line-art graphic of a leaf, pointing upwards and to the right, located in the bottom right corner of the slide.



CRIS Committee 8/6 Review

- Tech Update
- Updates on CRIS Recommendations
- Tribal Update
- Lived Experience Update (Bill of Rights)

988 Contact Hub & Regional Crisis Lines

Transition to future state

Lived Experience Collaborative

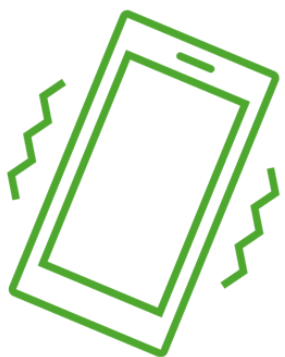
August 11, 2025



Background

- ▶ 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.
- ▶ In 2025, Health Care Authority (HCA) and the Department of Health (DOH) put out a policy statement to determine a path forward and settled on the following for the role 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.

Vision



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

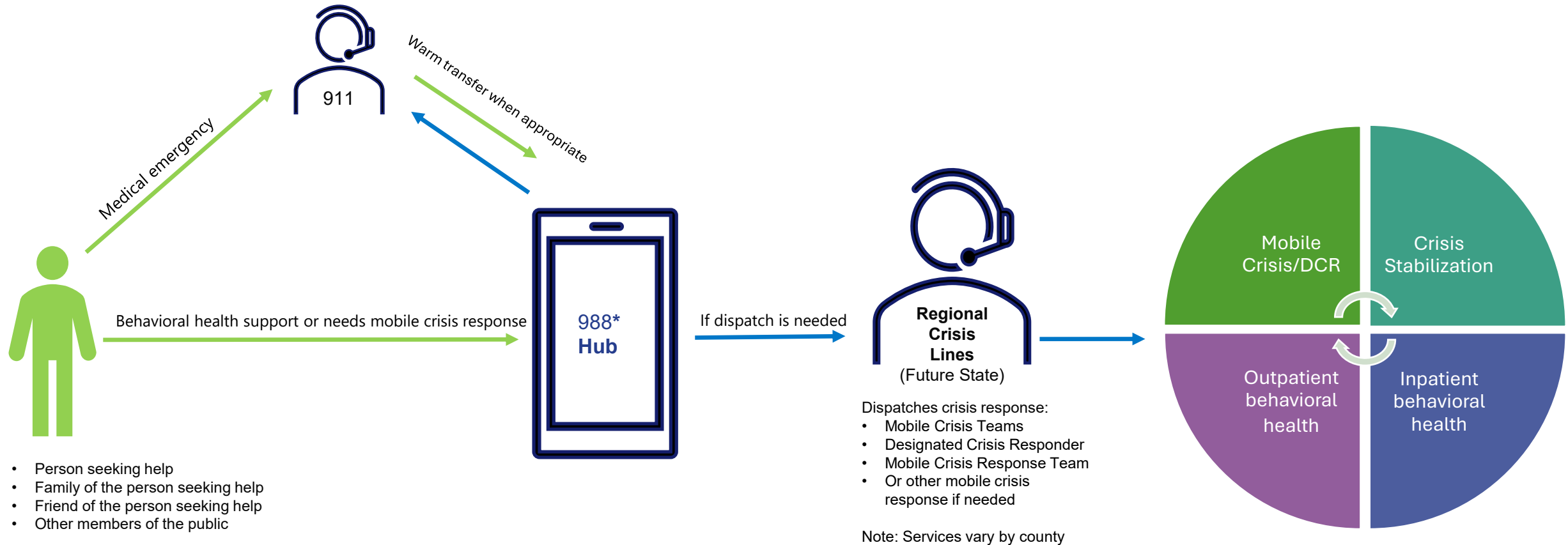
Goals

- Help people in crisis connect easily to behavioral health and crisis support
- Establish 988 as a centralized point of access to improve access to care
- Enable real-time information sharing so system partners can deliver timely and appropriate care
- Reduce reliance on 911 dispatch, DCRs, jails, and involuntary treatment when possible
- Maintain direct access to RCLs for professionals in need of an in person dispatch
- Align Washington's crisis system with SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practices

What is changing?

- ▶ Washington State is establishing 988 contact hubs serve as the primary point of access for individuals in need of behavioral health support
- ▶ RCLs will continue to provide mobile crisis dispatch for individuals via warm hand off from 988
- ▶ Professionals will maintain direct access to RCLs for mobile crisis dispatch
- ▶ Technology is being developed that will improve access to crisis dispatch and other behavioral health services implemented to increase efficiency within the system.

Washington's Future Crisis Care Continuum: Access for the Individual



* 988 (including the Native & Strong Lifeline)

Immediate support and resources (provided by 988)

- ▶ People who need emotional support or someone to talk to may stay on the line with a crisis counselor who can provide de-escalation, safety planning, referrals to state and local resources, and mental and emotional health and substance use support.
- ▶ Many help seekers resolve their crises with this support alone and don't need additional services or referrals.

Mobile crisis response dispatch (provided by RCL)

- ▶ When an in-person response is needed, 988 provides a warm transfer to the RCL, which dispatches the local mobile crisis response (MCR).
- ▶ MCR services vary by community and may include endorsed and non-endorsed Mobile Rapid Response Crisis Teams (MRRCTs) and Endorsed Community Based Crisis Teams (ECBCTs). Mobile Response and Stabilization Services (MRSS) teams are specialized MRRCTs that serve youth and their families. RCLs can also deploy Designated Crisis Responders (DCRs) for involuntary treatment act investigations.
- ▶ An in-person response from the MRSS team should be offered when it is known that it is a youth or their family member seeking assistance and they are in one of the regions where MRSS teams operate.
- ▶ MCR teams can be sent to the person in crisis at their location. The team includes behavioral health professionals who provide on-site assessment, intervention, and stabilization.
- ▶ MCR teams can coordinate with law enforcement for safety in certain high-risk situations, but the goal is a non-police response whenever possible.

Referral to crisis facilities (provide by 988 and RCLs)

- ▶ When a person in crisis needs a safe place for further stabilization, they may be referred or transported to a crisis facility.
- ▶ The facility can offer stabilization, interventions, medical evaluation, and referrals to longer-term services.
- ▶ Specific referral processes vary by region and some regions require individuals to receive medical clearance before a referral can be made.

Scheduling next day appts and follow up care (provided by 988, RCLs, or MCR teams)

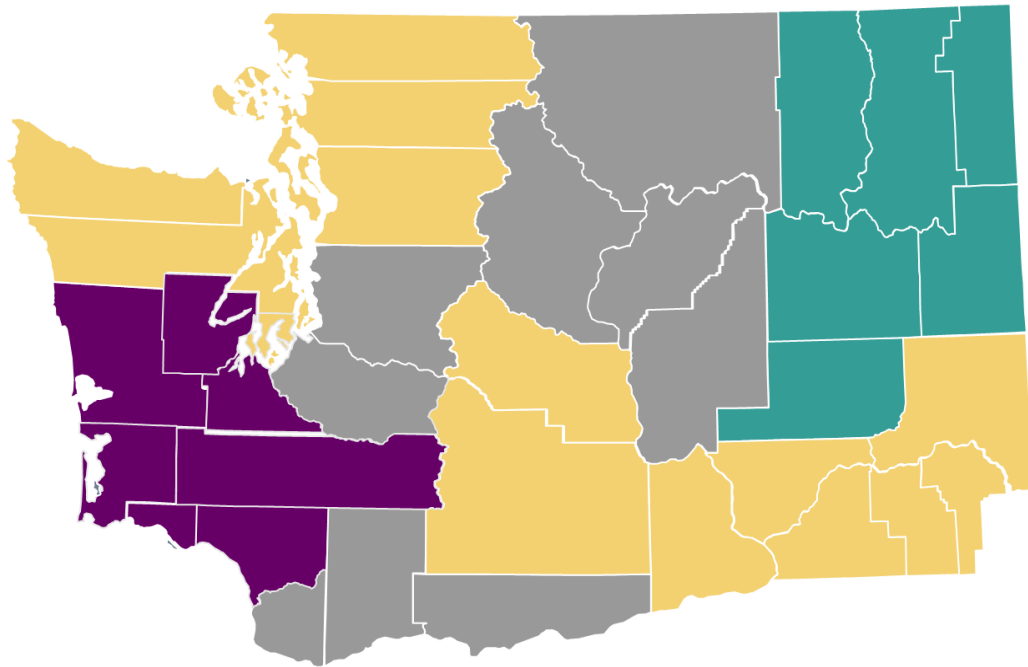
- ▶ For people who do not require an emergency response but still need care beyond what 988 crisis counselors can provide, the 988 contact hub, RCL, or MCR team can schedule a local next day behavioral health appointment.
- ▶ This goal is to promote continuity of care and reduce the chance of a future crises.
- [Next Day Appointment Referral Tool \(82-0419\)](https://www.hca.gov/assets/billers-and-providers/82-0419-next-day-appointment-referral-tool.pdf)

Direct access for professionals

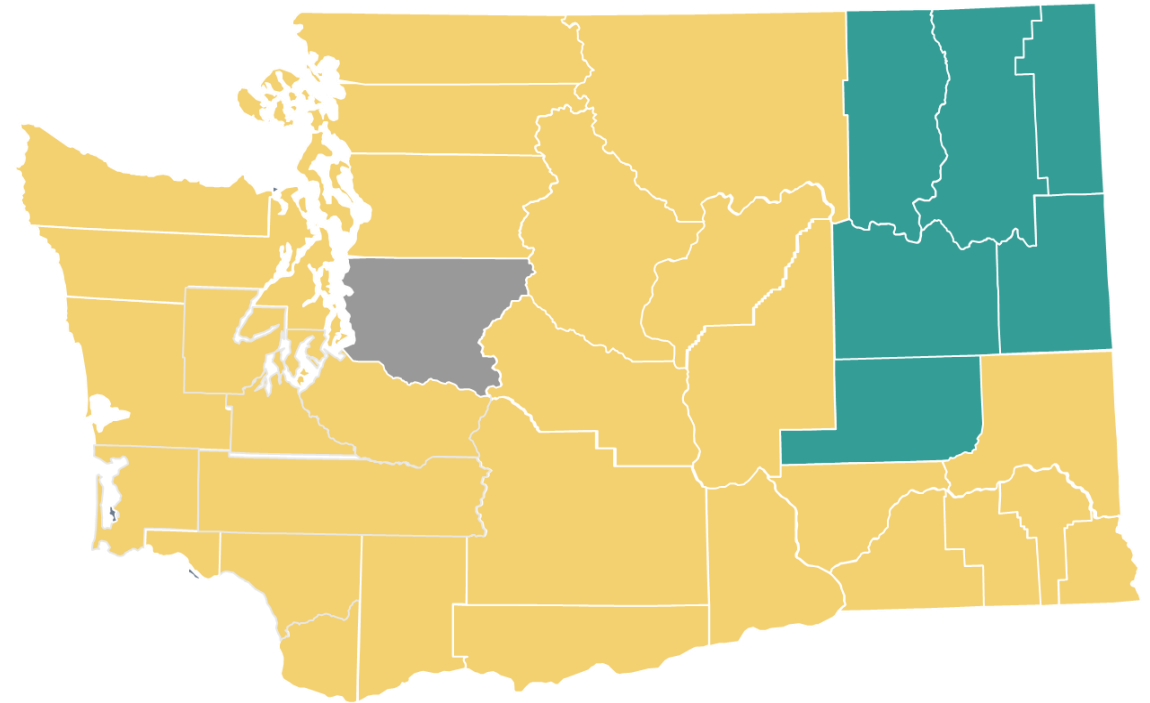
- ▶ Health care workers, law enforcement, 911, and other field professionals can access RCLs through a dedicated phone line to request immediate crisis intervention or mobile crisis response.
- ▶ This allows for faster MCR team deployment and supports local coordination.

Current State: RCL & 988 Centers

Regional Crisis Lines



988 Centers



VOA

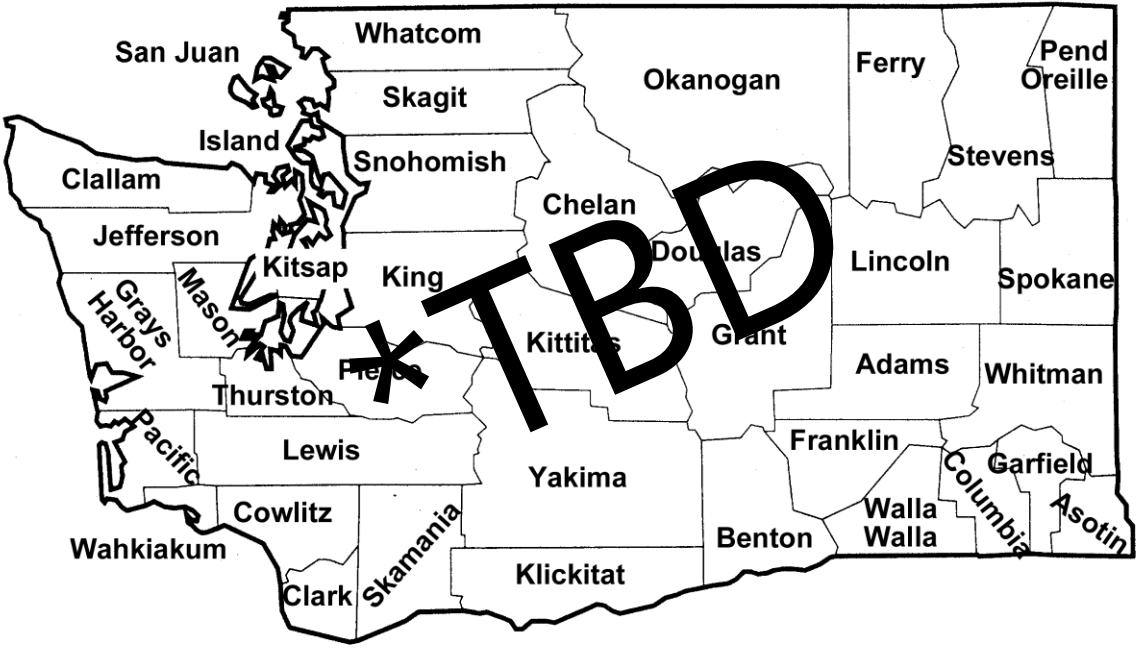
 OHRS

Frontier

Crisis Connections

Future State: 988 contact hub service area

Region	RCL	988 Contact hubs
Greater Columbia	VOA	TBD
Great Rivers	OHRS	TBD
King	Crisis Connections	TBD
North Central	Crisis Connections	TBD
North Sound	VOA	TBD
Pierce	Crisis Connections	TBD
Salish	VOA	TBD
Spokane	FBH	TBD
South-west	Crisis Connections	TBD
Thurston Mason	ORHS	TBD



* Hub designation will occur by January 1, 2026

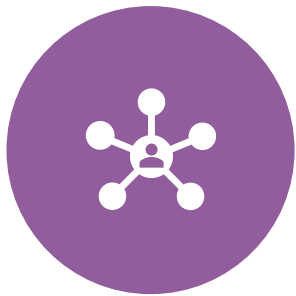
The RCL/988 Transition Action Plan



The RCL/988 transition action plan is in development to ensure all system partners are prepared for implementation



The action plan identifies risks, goals, objectives and activities related to each intercept point and cross cutting activity



Intercepts are key points where a help seeker interacts with a system partner or system partners interact with one another.



Cross cutting activities include technology, equity, and communications

Statewide Transition Plan Goals

Intercept 1 Individual access to 988	Intercept 2 Warm handoff to RCL	Intercept 3 Direct access for professionals & 911	Intercept 4 RCL Dispatch of Mobile Crisis Response	Intercept 5 Follow up care and stabilization	Hub Designation & Onboarding
Goal 1: Ensure that every individual in Washington can easily access the 988 contact hub and receive a timely, person-centered, and culturally, geographically, and linguistically appropriate response	Goal 2: Provide consistent and efficient warm transfers between 988 contact hubs and RCLs for individuals in need of an in-person crisis dispatch	Goal 3: Provide law enforcement, hospitals, BH providers and other professionals with streamlined, "back door" access to RCLs for coordination of crisis services and dispatch of in person crisis response	Goal 4: Enable real-time crisis dispatch based on need and availability and that is responsive to community context and available resources	Goal 5: Ensure help-seekers are connected to timely, person-centered follow up services following a crisis.	Goal 6: Establish and implement a transparent, equitable, and rigorous process to designate 988 contact hubs that meet all state and national requirements and align with Washington State and regional crisis system goals
Input:	Input:	Input:	Input:	Input:	Input:

Hub Designation Timeline

Step	Due by
Applications due	July 31
BH-ASO recommendation forms due	August 31
HCA recommendations due	September 5
Evaluation committee training	August 31
Committee review period	September 1-October 3
988 section leadership review	October 6-10
DOH leadership review	October 13-31
Final decisions and notifications	December 31

Contact

For additional information, contact:

Katie Lindstrom (DOH)

Katie.Lindstrom@doh.wa.gov



Community

- * Resources

- * Information

- * Opportunities



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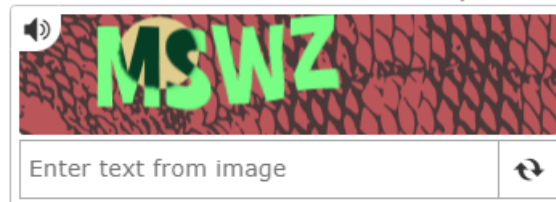
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Open Discussion & Sharing





#We can apply Ragnar, Relay for Life, Staggered breath singing ideas to the work we do!

we Work - we Rest

we Take Turns!

We do it Together!



What We Covered

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