

## Crisis System Enhancement and 988 Implementation

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In July 2020, the federal government designated 988 as an option to call the National Suicide Prevention Lifeline (NSPL) network. Later that year the Substance Abuse and Mental Health Services Administration (SAMHSA) published a best practices toolkit. In response in 2021, the Washington State legislature in 2021 passed Engrossed Second Substitute House Bill 1477 (E2SHB 1477), “The Crisis Call Center Hub Act” to implement 988 in Washington and improve access to crisis services. The bill directs the establishment of crisis call center hubs and a technology platform to coordinate the crisis system. It also directs the establishment of the Crisis Response Improvement Strategy (CRIS) committee to explore options and make recommendations on how to expand services to meet the goals of SAMHSA’s best practice toolkit.

### SAMHSA best practices toolkit

SAMHSA’s best practice toolkit guides improvement in crisis response for all states. It was developed by examining the best practices of many states including Arizona, Georgia, Maryland, and Michigan. The toolkit focuses on creating a system that minimizes the contact a person in crisis has with first responders while providing equitable and effective services to all people in the state. SAMHSA’s framework has 3 main components: someone to talk to, someone to respond, and a place to go. Washington State’s work to date has focused on planning and service expansion to meet these goals.

### Someone to talk to - 988 Implementation

Health Care Authority (HCA) worked collaboratively with Department of Health (DOH) to implement the 988, 3-digit option, to reach NSPLs that went live July 16, 2022. HCA worked with regional partners to ensure there are adequate pathways for 988 callers to access regional resources by strengthening

partnerships between regional crisis lines and 988 providers.

The implementation of 988 and ongoing work to integrate NSPLs into the crisis system has been the focus of this work. Regional Crisis Lines (RCL) also remain a point of contact for people in crisis and continue to operate normally. 988 has seen an increase in calls. RCLs continue to play an important role and have not seen a significant change in the volume of calls following the launch of 988. Work is ongoing to improve the overall services delivered by call centers and this includes expanding workforce, improving training, and ensuring services are effective.

### Someone to respond

Expansion of mobile crisis response teams has been the focus of this workstream. This includes adding more mobile crisis teams and implementing youth focused teams utilizing the Mobile Response and Stabilization Services (MRSS) model. Work is also ongoing to standardize mobile crisis team services and composition to align with SAMHSA’s best practices.

### Adult mobile crisis response expansion

Utilizing proviso funding passed by the legislature in 2021, six new adult teams were funded along with 3.5 additional adult teams funded as enhancements to existing teams. Deployment of these teams began in July 2022 in all BH-ASO regions.

SAMHSA’s Best Practices recommend MCR teams be trained in Trauma Informed Care, Harm Reduction, and De-escalation techniques. These trainings are currently under development and will be provided to all MCR staff in early 2023.

In October 2022, HCA’s Division of Behavioral Health and Recovery released the first Mobile Crisis Response Program Guide to provide guidance to new and existing teams on the provision of mobile crisis response services as well as identifying best practices we expect teams to be moving towards.

## Youth mobile crisis expansion under Mobile Response and Stabilization Services (MRSS)

At the beginning of calendar year 2022, there were youth teams in only four regions (or 5 of 39 counties) in Washington. As mentioned above, proviso funding (SB 5092) went out to the other six regions to stand up at least one youth team. One region with an existing team, was given proviso funding to ensure 24/7/365 coverage.

Youth MCR teams are being enhanced under the MRSS model, in alignment with SAMHSA and National Association of State mental Health Program Directors (NASMHPD) best practices. The MRSS model understands that caregivers and youth are interconnected, so a youth in crisis will impact the caregiver's response to that crisis. MRSS can reduce the need for presentation to the emergency department for behavioral health needs, unnecessary contact with law enforcement, child welfare involvement, foster care transitions or costly out of home interventions. MRSS teams are being expanded statewide to respond to the needs of the community in a timely manner.

### A place to go

Crisis stabilization facilities offer voluntary services that provide an alternative to Emergency Departments and hospitalization. They include 23-hour and short-term facilities with stays that average 3-5 days. Currently, only some regions in the state have adult crisis stabilization facilities and no facilities for youth exist. Expanding access to facility-based crisis services involves increasing the number of 23-hour and short-term facilities around the state, reducing barriers for referral and admission, and integrating them into a coordinated crisis system. Several facilities are anticipated

through capital funding awarded by the Department of Commerce.

## CRIS committee work

The Crisis Response Improvement Strategy (CRIS) committee started work in fall 2021. The CRIS committee is made up of 36 members. It is made up of people with lived experience, service providers, administrators, and decision makers. The committee is led by a 5 person steering committee that make ultimate recommendations to the legislature and the governor. They have been working to make recommendations on the technical and operational plan, crisis system enhancements, and overall system work. The CRIS committee has several sub-committees that work to address specific or complex areas. These sub-committees have been meeting since early 2022 and have recommendations to the CRIS committee on areas to improve the crisis system. CRIS committee recommendations will be made by December 2022.

## Budget

Total funding provided to increase and enhance MCR teams was \$19,961,000 for FY 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.

## Contact information

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