Washington State Health Care Authority

# Mobile Crisis Response Teams Enhancements

For adults, children, youth, and families.

## Overview

Mobile Crisis Response (MCR) teams provide in-person and telehealth or telephonic interventions for individuals experiencing a behavioral health crisis. These services are provided in the community including individuals' homes, businesses, public spaces, and schools. The focus is on voluntary services provided, whenever possible, outside of an emergency department and without law enforcement present. Mobile crisis teams have been part of the crisis services landscape in some regions of our state historically and some new teams have been added this past year as a result of proviso funding. Further expansion is suggested to align with SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practices Toolkit.

### Proviso Funding

During the 2021 legislative session, proviso funding (SB 5092) was approved to increase and enhance both adult mobile crisis teams, and children, youth, and family mobile crisis response teams to ensure there is at least one of each type of team in each Behavioral Health Administrative Service Organization (BH-ASO) region.

These teams are defined as having 11 members, with five mental health professionals, five certified peer counselors and one mental health professional supervisor. Outreach is performed by a team of two staff. Proviso funding was sent to BH-ASO's to add six new adult teams and six youth and family teams. This included enhancing three and a half adult teams and one child team to provide 24/7 coverage.

## Adult Teams

Adult MCR teams are being enhanced in alignment with nationwide best practices utilizing the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kit. These best practices for mobile crisis response teams are intended to improve awareness and utilization of crisis teams rather than relying on emergency responders such as law enforcement, fire, and EMS. SAMHSA's overall vision is to provide three key elements of the crisis system: someone to talk to, someone to respond, and somewhere to go. Further, a person in crisis should be able to access support quickly with minimal barriers. MCR teams fit into the second element as "someone to respond."

### Services

The initial step in providing mobile crisis response is to determine the level of risk present in the crisis and determine the most appropriate response. This screening process must include screening for suicide or self-harm and risk of harm to others.

MCR staff work to deescalate the crisis and complete a crisis assessment. Certified peer counselors focus on building rapport, sharing experiences, and strengthening engagement.

As part of the mobile crisis response intervention, team members initiate a crisis planning process that can help the individual prevent future crises. This process may include the development or modification of a safety plan. When appropriate, telephonic or in-person follow-up services are provided to determine whether the individual connected to referrals and if their needs were met.

## Children, Youth, and Family Teams

Youth MCR teams are being enhanced under the Mobile Response and Stabilization Services (MRSS) model, in alignment with SAMHSA and the National Association of State Mental Health Program Directors (NASMHPD) best practices. MRSS is designed to meet the developmental needs of children, youth, young adults and their parents or caregivers. Teams respond in person to de-escalate and resolve a crisis before more restrictive interventions become necessary and work to ensure connection to ongoing behavioral health services and community supports. The youth or family define the crisis and by sending help when families identify needing help, it will reduce emergency department use for behavioral health needs, unnecessary contact with law enforcement, child welfare involvement, foster care transitions or

costly out of home interventions. Youth teams will continue to be expanded statewide to provide greater access and availability to this model.

## Services

Youth teams provide robust outreach and engagement with child-facing system of care partners to reduce barriers and improve access to care in order to keep kids safe at home or in the community, whenever possible. Youth teams should respond in-person, and be trained in developmentally appropriate crisis de-escalation, trauma informed care, suicide and risk assessment, safety planning with youth and families, and harm reduction. The initial response provides a risk assessment, de-escalation of the crisis and a crisis assessment. Teams of two should respond and include a peer and clinician. The team will work to de-escalate, establish rapport, address safety concerns, safety plan, identify strengths and needs, and can help caregivers keep kids safe at home whenever possible.

Through a recovery lens, MRSS understands that most youth can be stabilized in the home, leaving facility-based care available for those most acute. MRSS has a separate but connected stabilization phase that can last up to eight weeks. The current state plan allows stabilization for up to 14 days. During this phase, the team will continue skill building, keep the youth safe in the home, community, and school, provide care coordination, identify natural supports with the family to connect them to, and provide referrals and warm handoffs to additional clinical care as needed. This phase prevents return to the pre-crisis phase, improves access and connection to ongoing behavioral health care and improves outcomes.

# 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.

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