



**988**  
SUICID  
& CRISIS  
LIFELINE

There is hope

Talk with us. If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

PEP22-06-03-004

The poster features a teal box with the number 988 and the text 'SUICID & CRISIS LIFELINE'. To the right, the phrase 'There is hope' is written in pink above a pink heart held by two hands. Below this, the text 'Talk with us.' is followed by icons of speech bubbles and a QR code. The bottom right corner contains the code 'PEP22-06-03-004'.

# Crisis Systems Enhancement

The new 988 line and HB 1477 system

# Crisis Systems Team

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# Current State of Crisis System

*Crisis services and how to access*

# Mental health crisis services

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- ▶ Regional Crisis Lines – provide someone to talk to and critical point of access
  - ▶ Operate independent of 988 at a regional level
- ▶ Mobile crisis teams – Team of professionals that outreach and provide crisis interventions and stabilization
- ▶ Crisis Stabilization facilities – Voluntary facilities for people to go and receive crisis interventions
- ▶ E&T and Inpatient – voluntary and involuntary services for people with acute needs

# Overview of the crisis system

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- ▶ The Behavioral Health Crisis System (BHCS) is a public system
  - Services are available 24/7 to anyone regardless of ability to pay
- **It consists of 3 major parts:**
  - Formal system made up of behavioral health interventions
    - Operated by regional Behavioral Health Administrative Service Organizations (BH-ASOs) who contract for services with providers
  - Emergency services
    - Operated locally it includes EMS and law enforcement
  - Local specialty system of programs that fill the gaps between the two other systems. This can include:
    - 911 call reduction programs
    - Co-responder or local outreach program

# Substance Use Disorder (SUD) crisis services

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- ▶ Detox – service to help someone who is actively on a substance
- ▶ Crisis teams are trained in harm reduction
- ▶ Withdrawal management – initial detox and ongoing treatment
- ▶ Secure withdrawal management – involuntary withdrawal management
- ▶ Residential services – long-term services for an individual to receive intensive treatment.

# Involuntary Treatment

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- ▶ Involuntary services are a last resort and certain legal criteria must be met. These are:
  - ▶ There is evidence the person has a behavioral health disorder
  - ▶ Due to the behavioral health disorder, there is evidence they are at serious risk of harm:
    - ▶ Danger to self
    - ▶ Danger to others
    - ▶ Danger to property of others
    - ▶ Gravely Disabled – means they a person is unable to meet basic needs for health and safety
  - ▶ No other less restrictive alternatives exist or are available that would keep the person safe
- ▶ Process for an ITA is:
  - ▶ Designated crisis responder (DCR) conducts an investigation
  - ▶ If criteria is met, DCR detention is for 120 hours
  - ▶ A petition for an additional 14 days may then be filed by a medical professional at the treatment facility
  - ▶ 14-day petitions and all future petitions must be approved by a court and person has right to a hearing
  - ▶ 90-day and 180-day petitions may be filed (and hearings held) if legal criteria still met

# Accessing crisis system

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- ▶ Call lines
  - ▶ Regional crisis lines (RCL) – primary entry point
  - ▶ 988 – will connect with RCLs
  - ▶ Specialty lines – connect back to RCLs
  - ▶ Provider lines
  - ▶ 911
- ▶ Emergency departments
- ▶ Walk in centers
- ▶ Walk into BHAs
- ▶ Referral from community
  - ▶ Biggest referral source is law enforcement and fire/EMS



# Background and Goals

Overview, Implementation and Goals of 988 and 1477

*Someone to talk to*

# Background on 988



- ▶ In July 2020, the federal government passed legislation to add 988 as an option to contact the National Suicide Prevention Lifeline hotline
  - ▶ This is to make it easier for people in crisis to access help rather than remember a 10 digit number.
- ▶ 988 calls began to be routed to state NSPLs on July 16
  - ▶ There are 3 designated NSPLs in Washington
  - ▶ All other hotlines and regional call centers continue to operate as normal
- ▶ SAMHSA created a [best practices toolkit](#) with tips to implement 988 and improve crisis systems

# Background on HB 1477

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- ▶ In the 2021 legislative session the legislature passed E2SHB 1477, “The Crisis Call Center Hub Act” to implement 988 in Washington and improve access to crisis services
- ▶ Key points of the legislation include:
  - ▶ Funds 988 and related activities with a line tax
  - ▶ Established the Crisis Response Improvement Strategy (CRIS) committee to bring input and consultation to the implementation of 1477
  - ▶ Creates crisis call center hubs to dispatch mobile crisis teams
  - ▶ Creates a technology platform to improve coordination in the crisis system
  - ▶ Creates next day appointments for all insurance plans
  - ▶ Includes distinct directives for equity in development, provision and access of crisis services

# Crisis Call Center Hubs



**Crisis call center hubs will receive calls to the 988 line**

Certified NSPLs

Call will be triaged, and support provided by phone



**Technical and Operational plan**

Plan is under development and will be presented in fall 2022

This plan will create a system of systems to ensure a crisis call center hub can coordinate and dispatch crisis services

Some systems will be available to service providers



**Go live for hubs is July 2024**

Roll out of systems and resources will occur in 2023

# Tribal Hub and Tribal Crisis Line

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- ▶ The Indian BH Hub launched May 2022 it serves indigenous and Tribal affiliated individuals
- ▶ The Hub offers culturally appropriate aid to all Tribal and non-Tribal providers who support tribal communities in any behavioral health capacity
- ▶ Created in partnership between
  - ▶ Tribal Centric Behavioral Health Advisory Board (TCBHAB)
  - ▶ American Indian Health Commission (AIHC)
  - ▶ VOA, HCA, and DOH
- ▶ Native and Strong Crisis line launch forthcoming, (\*anticipated date is early November 2022)

# Goals of HB 1477 and SAMHSA

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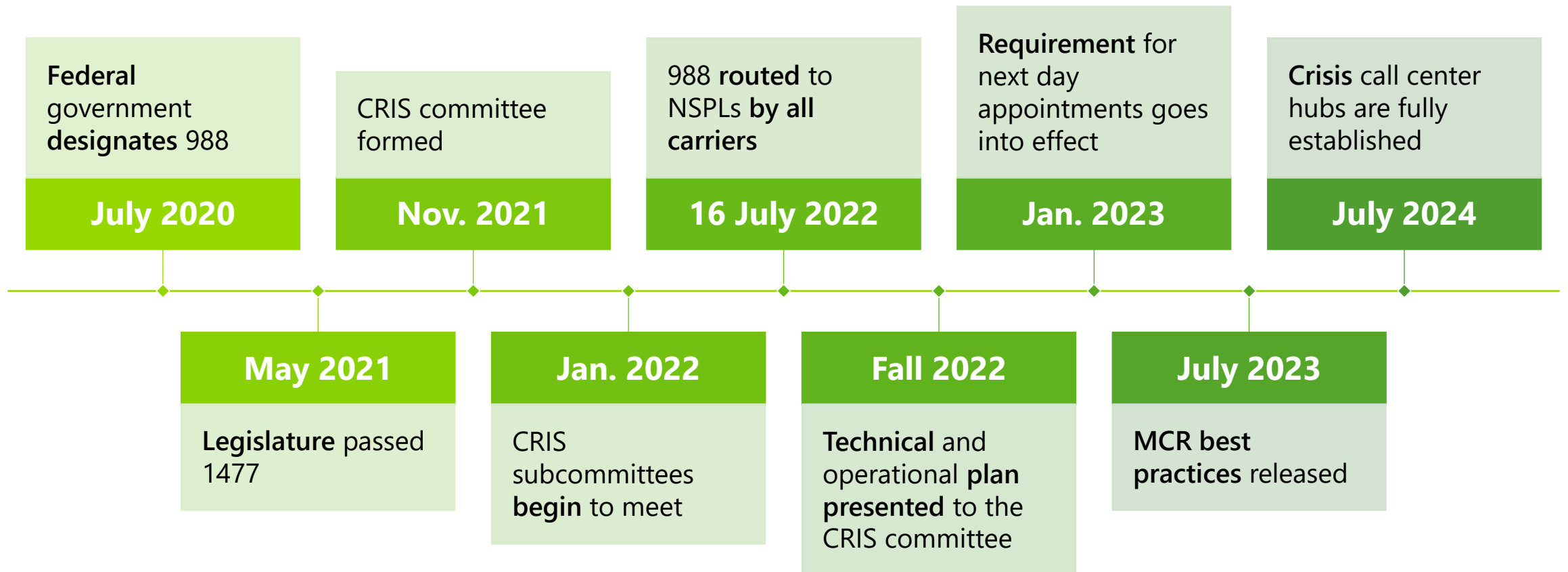
- ▶ Work to implement HB 1477 follows the SAMHSA best practices for crisis services
- ▶ Goals from this toolkit include:
  - ▶ Creating a system with someone to talk to, someone to respond, and somewhere to go
  - ▶ Reducing the use of police or first responders in crisis calls
  - ▶ Integrating peers into crisis work
- ▶ Goals for Washington:
  - ▶ Establish standards for mobile crisis teams
  - ▶ Expand youth crisis services while implementing the MRSS model
  - ▶ Make services accessible across Washington and make those services responsive to the needs and unique cultures in the state

# CRIS Committee & Subcommittees

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- ▶ HB 1477 established a 36 member CRIS Committee
- ▶ 5 CRIS Committee members comprise the Steering Committee
- ▶ Subcommittees
  - ▶ Credentialing and Training
  - ▶ Technology
  - ▶ Cross-System Crisis Response
  - ▶ Confidential Information Compliance and Coordination
  - ▶ Tribal 988
  - ▶ Rural and Agricultural
  - ▶ Lived Experience

# Implementation Timeline for 988 & 1477





# Mobile Crisis Teams

Adult and Youth teams being implemented with SAMHSA's vision  
of someone to respond

# Adult Mobile Crisis Response

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## ▶ Someone to Respond

- ▶ Offer community-based interventions wherever they are needed including homes, work or anywhere else in the community
- ▶ Utilize two person teams to enhance safety and engagement while supporting emergency department and justice system diversion
- ▶ Multidisciplinary teams that utilize professionals and certified peer counselors

# Adult Mobile Crisis Response

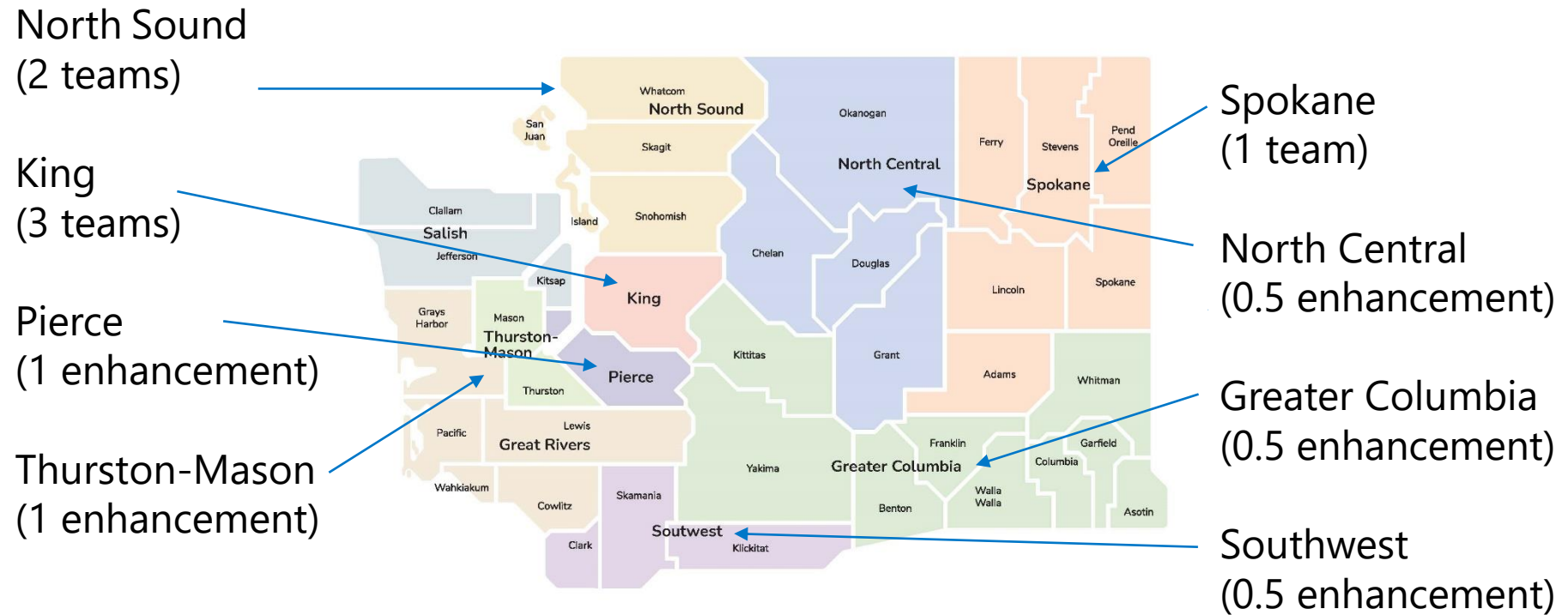
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## ▶ Essential functions:

- ▶ Triage and screening
- ▶ Assessment
- ▶ De-escalation and crisis resolution
- ▶ Peer support
- ▶ Coordination with medical and behavioral health services
- ▶ Crisis planning and follow-up

# BH-ASO Adult MCR expansion by Region

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# Mobile Response & Stabilization Services

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▶ Youth crisis continuum of care model to intervene *before* a crisis

- ▶ Meet the developmental needs of youth, young adults, and families
- ▶ De-escalate a crisis to prevent costly out of home interventions
- ▶ Promotes a shift to home and community-based services
- ▶ Teams connect families to natural, community and clinical supports
- ▶ Robust outreach with child serving systems, PCP's, providers, schools, community behavioral health, ED's, law enforcement, juvenile courts

This approach allows youth and parents/caregivers to define the crisis, not the team. Designed to send help when families need it, where they need it.

Youth or families call & team responds - in person and without law enforcement

# Goals of Mobile Response and Stabilization

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Support and maintain	Engage	Promote	Reduce	Assist
Support and maintain youth in current living environment	Engage youth and families by providing access to care	Promote safe behavior in home, school and community	Reduce use of ED's, Inpatient units and detention centers	Assist families <b>in linking</b> with community and clinical services

# Youth Mobile Response & Stabilization

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- ▶ Initial Response (up to 3 days of crisis intervention) \*insurance blind
  - Family or youth define the crisis, in person response, at home, school, community
  - Developmentally appropriate engagement, crisis de-escalation, assessment
  - Keep youth in homes, safety planning, securing the home, increase supervision
- ▶ Stabilization (up to 8 weeks of intensive, in-home services)
  - Intervention and stabilization phases are distinct but must be connected
  - In home, schools, community. In person 24/7 access to treatment team
  - Link families with natural and community supports, arts, activities, parent groups
  - Care coordination and warm handoffs to existing systems of care and clinical supports if warranted

# BH-ASO Youth MCR expansion by Region

North Sound

Salish

Great Rivers

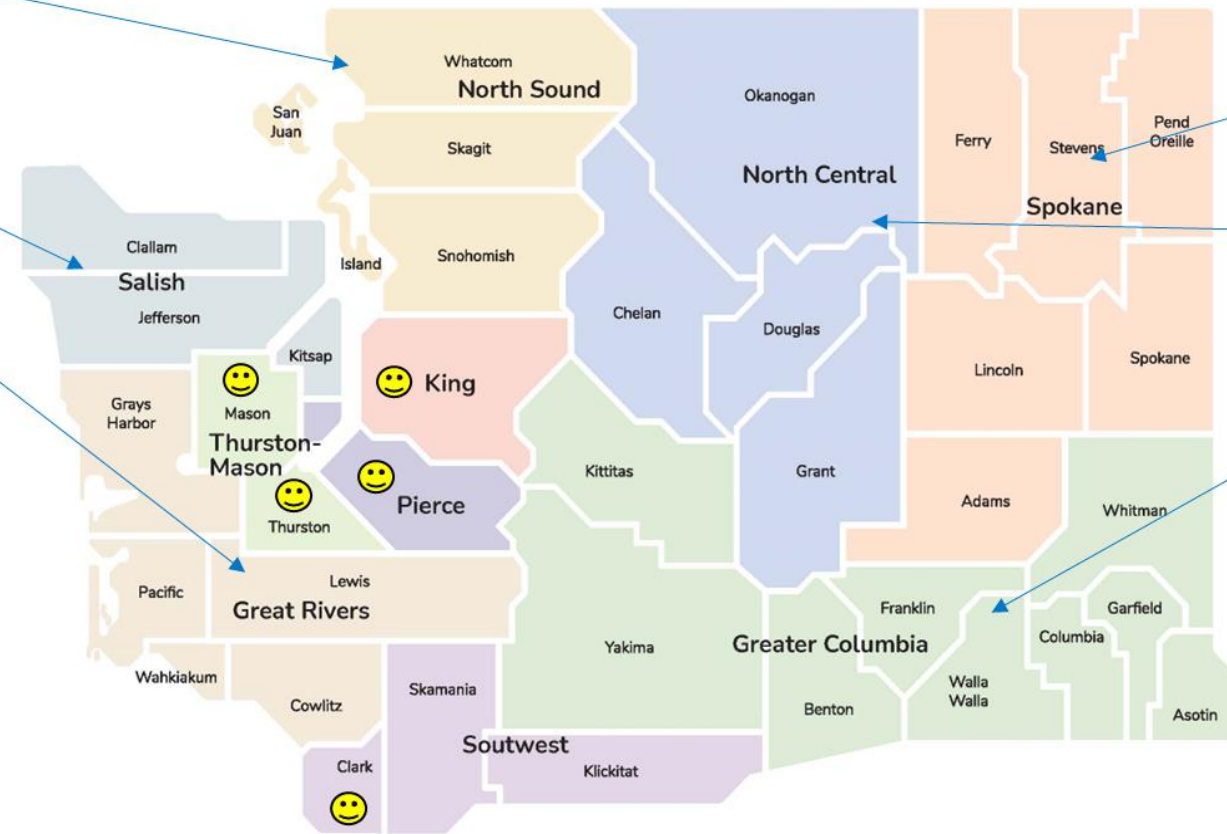
Existing Youth Teams: 😊

King

Pierce

Thurston/Mason

Southwest - 0.5  
enhancement



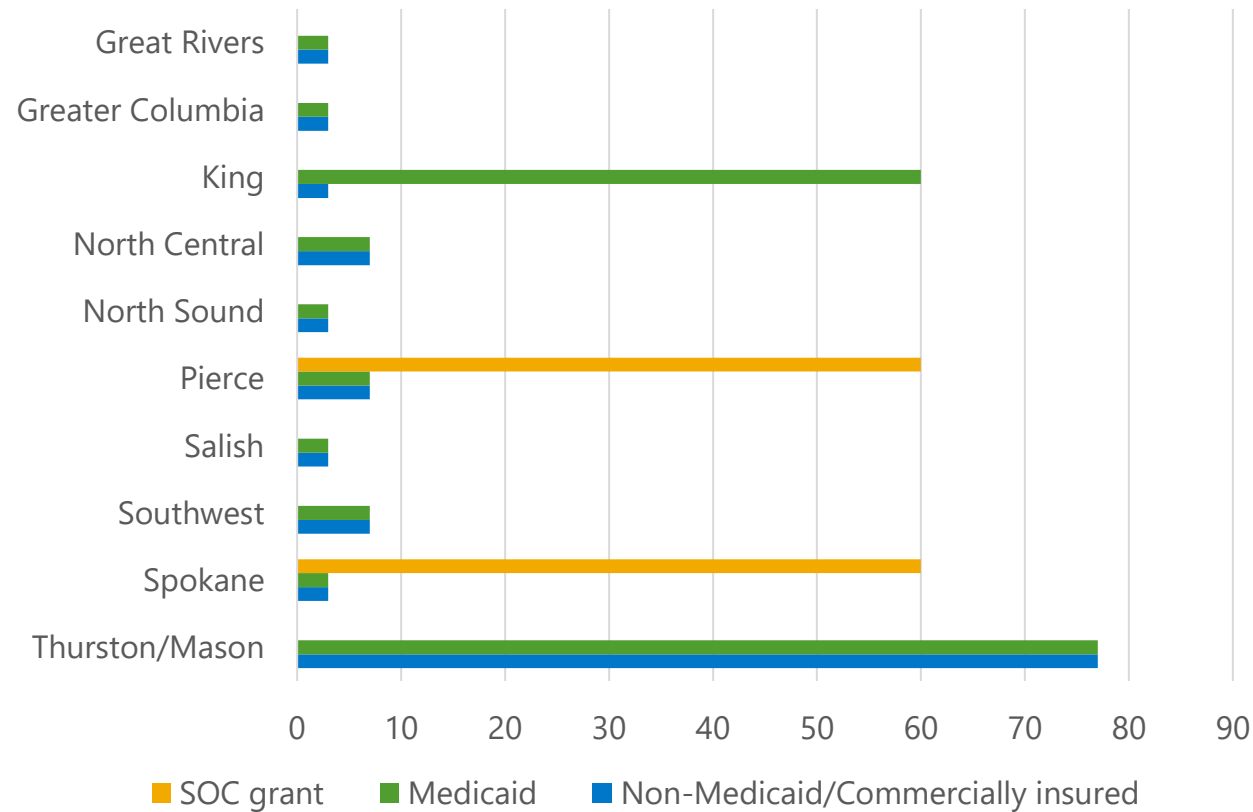
Spokane

North Central

Greater Columbia



# What is Available to Youth Currently?



10 BH-ASO regions provide crisis services

All 10 will procure at least 1 youth team

CCORS in King provides 60 days stabilization – Medicaid youth only

Thurston/Mason - 8 weeks stabilization insurance blind

SOC grant – Spokane and Pierce to pilot 8 weeks stabilization

Working to amend State Plan for 8 weeks

# Crisis Resolution

Somewhere to go and something to support

# A place to go

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- ▶ Expanding Crisis Stabilization facilities
  - ▶ Expanding the number of crisis stabilization beds to ensure there is adequate access across the state.
- ▶ Creating and implementing 23-hour facilities
  - ▶ "Mental health minor emergency" are facilities people can stay at and receive onsite support while they work with a team to go directly to their next step in resolving their crisis
- ▶ Expanding and implementing Peer Respite
  - ▶ Peer respites are new modality for the state. They are an alternative to crisis stabilization where a person stays for up to 7 days and receives onsite intense peer support

# Crisis Resolution Services

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## ▶ Next Day Appointments

- ▶ HCA will require MCOs to provide next day appointments to people in crisis
- ▶ OIC issued rules for commercial insurance providers to make next day appointments available to those in crisis

## ▶ In-community stabilization services

- ▶ Mobile crisis teams will provide stabilization services to the youth and their family after a crisis to work through lasting issues. These services are provided at a person's home or in the community.

# Expanding Peers in Crisis Services

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- ▶ Peers will be integrated into crisis services
- ▶ The goal is bringing lived experience perspective to empathize and communicate with someone in crisis
- ▶ Peers are already being added to mobile crisis teams and work will be undertaken to expand them into:
  - ▶ Crisis stabilization facilities
  - ▶ EDs
  - ▶ And more

# Expanding Access to Crisis Services

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- ▶ HB 1688 eliminated balance billing for out of network behavioral health emergency services
  - ▶ BH emergency services include mobile crisis, crisis stabilization, detox, and inpatient/residential services
- ▶ Goal of the bill is to ensure commercial carriers pay for services
  - ▶ Reduce the reliance on Medicaid and block grant dollars
  - ▶ Expand services traditionally available to Medicaid enrollees to everyone
  - ▶ Achieve parity of service for behavioral health

# What happened on July 16, 2022?

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- ▶ Calls began routing to the state's NSPL providers
  - ▶ All pre-existing call lines continue to operate
  - ▶ NSPLs continue to coordinate with regional resources and 911
  - ▶ 988 is another option to access the Suicide Prevention Lifeline
- ▶ Text messages are routed through 988
- ▶ Native and Strong call line draws closer to launch, (\*anticipated early November 2022)

**988**  
**24/7 Crisis**  
**& Support**





# Questions?

Thank you for listening



## Contact information

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▶ [Information about the CRIS Committee](#)

▶ [More information about 988](#)

▶ [SAMHSA best practice toolkit](#)

▶ [Tribal Hub](#)