Washington State Health Care Authority

Mobile rapid response crisis team enhancements

For adults, children, youth, and families.

Overview

Mobile rapid response crisis teams (MRRCT) 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.

HCA's Division of Behavioral Health and Recovery has been updating the state's Mobile Rapid Response Crisis Team Best Practice Guide. This guide identifies MRRCT best practices and provides standards and recommendations to new and existing teams.

Adult teams

Washington is enhancing adult MRRCTs in alignment with nationwide best practices utilizing the Substance Abuse and Mental Health Services Administration (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 emergency medical services (EMS) SAMHSA's overall vision is to provide three key elements of the crisis system: someone to contact, someone to respond, and a safe place for help. Further, a person in crisis should be able to access support quickly with minimal barriers. MRRCT's fit into the second element as "someone to respond."

Services

MRRCT staff, including mental health professionals, mental health care providers, and certified peer counselors work to deescalate the crisis and complete a crisis assessment. Certified peer counselors focus on building rapport through 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 MRRCT 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 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. This model is effective because it allows the youth or family define the crisis and sends help when families identify needing it, which reduces 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 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

82-0511 (10/24)

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. 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 MRRCTs was $44,530,000 during FY 2024 and FY 2025. Of this total, state funding accounted for $26,894,000 during FY 2024 and FY 2025

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