Crisis Response Improvement Strategy – High-level work plan - DRAFT	July 2022	January 2023	July 2023
Objective 1: Place to contact – National Suicide Prevention Lifeline crisis centers can effectively receive and respond to 988 calls, chats, and texts in a manner that is tailored to meet the needs of individuals and families, and deliver services according to national best practices, standards, and guidelines.			
• Objective 1.1. Appropriate technology is in place for 988 calls to be answered by National Suicide Prevention Lifeline crisis centers. (Per Federal legislation and Washington's HB 1477)	X		
• Objective 1.2. National technology system is in place to support text and chat services in Washington State.	X	X	
• Objective 1.3. Standardized process flows between 988 National Suicide Prevention Lifeline crisis centers, crisis services, and 911 are established and there is a plan for implementation.	X	X	X
• Objective 1.4. Appropriate National Suicide Prevention Lifeline crisis center staffing levels are in place to respond to the volume of calls, text, and chat associated with 988.	X	X	X
• Objective 1.5. 988 National Suicide Prevention Lifeline crisis center staff have skills to provide services that are person- and family-centered, culturally responsive, and trauma-informed.	X	X	X
• Objective 1.6. Establish standards for designation of Crisis Call Center Hubs; establish expectations for crisis call centers to provide high-quality crisis intervention services, triage, care coordination, referrals, and connections to individuals contacting the 988 crisis Lifeline. Standards will be in accordance with national requirements and best practices (SAMHSA and Vibrant Emotional Health).			X
• Objective 1.7. Crisis Call Center Hubs have access to state-of-the-art Crisis Call Center Hub technology that is interoperable with 911 and Vibrant's National Unified Platform, adheres to forthcoming national requirements, and is able to dispatch mobile teams, identify bed availability, schedule and conduct follow up and community service referrals, and support all system partners in navigating the crisis system.			X
Objective 2: Someone to come – Mobile crisis response teams are available 24/7 and positioned to quickly travel to the locations of individuals to deliver best practice care that reduces the need for unnecessary ER visits and arrest.			
• Objective 2.1. Mobile crisis teams are connected to the Crisis Call Center Hub technology in a manner that maximizes clinical best practice, efficiencies, and interoperability.		X	

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• Objective 2.2. Clear protocols are established to guide mobile crisis teams in a manner that maximizes clinical best practice and safety in a variety of settings, including support for voluntary processes over involuntary, reserving involuntary processes only in extreme situations.		X	X
• Objective 2.3. There is equitable access to mobile response team services across the state that are accessible within designated timeframe standards established.		X	X
• Objective 2.4. Mobile crisis team staff have skills to provide services that are person- and family-centered, culturally responsive, trauma informed and non-coercive.		X	X
• Objective 2.5. Mobile crisis teams multidisciplinary and include peer and family support.		X	X
Objective 3: A Place to go – Walk-in and crisis stabilization services are accessible and provide all individuals with a no-wrong door access to mental health and substance use care and crisis stabilization services.			
• Objective 3.1. Crisis stabilization providers are connected to the Crisis Call Center Hub technology in a manner that maximizes clinical best practice, efficiencies, and interoperability.		X	X
• Objective 3.2. Clear protocols are established to guide crisis stabilization providers that maximizes clinical best practice and safety in a variety of settings.		X	X
• Objective 3.3. There is equitable access to walk-in and crisis stabilization services across the state, and individuals are connected to ongoing care.		X	X
• Objective 3.4. Crisis stabilization provider staff have skills to provide services that are person- and family-centered, culturally responsive, trauma informed and non-coercive.		X	X
• Objective 3.5. Standardized process flows are developed for coordination with law enforcement and there is a plan for implementation.		X	X
Objective 4: Pre- and Post-Crisis Care – Services immediately upstream and downstream of crisis events are accessible to all and support individuals and families to avoid cycling in and out of the crisis system.			

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• Objective 4.1. Pre- and Post-Crisis Care providers are connected with Crisis Call Center Hub technology in a manner that maximizes clinical best practices, efficiencies and information sharing to support next steps for the person's transition to follow-up non-crisis care.			
• Objective 4.2. Services such as next day appointments, post-hospitalization and post-crisis services, warmlines, peer and family supports, and navigation supports are developed to address the needs of individuals and families to avoid whenever possible situations from escalating and to not cycle in and out of the crisis system.		X	X
• Objective 4.3. Expanded use of community education programs or campaigns are used to educate the community about where and how to access services.		X	X
Objective 5: A statewide crisis system is designed, administered, and monitored with oversight that ensures equitable, efficient, and person-centered behavioral health crisis system that demonstrates quality outcomes and performance.			
• Objective 5.1. A vision and principles for the crisis system is developed and drives administrative oversight and local operational and clinical practices across the state.	X		
• Objective 5.2. System partners – including individuals and family members with lived experience, first responders, emergency, crisis and community providers, government, and managed care plans – collaborate to design, implement, and oversee an effective and equitable behavioral health crisis system.		X	X
• Objective 5.3. Cross-system metrics are developed in collaboration with system partners that allow for crisis system transparency and oversight through report disseminated and improvement strategies implemented. Metrics include satisfaction ratings by individuals, family members, and system stakeholders.		X	X
• Objective 5.4. Shared data is developed to evaluate overall crisis system performance and support performance improvement across the system.		X	X
• Objective 5.5. Appropriate levels of braided funding are available to support a high functioning system, include sufficient access to crisis lines, mobile teams, and walk-in and crisis stabilization services as well as and prevention and post crisis services.		X	X

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• Objective 5.6. Reimbursement approaches incentivize a highly-coordinated system of care across system partners that results in quality outcomes and supports provider viability and sustainability.		X	X
• Objective 5.7. Statewide minimum standards of operational and clinical practices are developed that foster use of best and promising practices while also allowing for tailored implementation at the local level.		X	X