

Mobile rapid response crisis teams

Background

Mobile rapid crisis response (MRRCT) teams provide in-person and telehealth or telephonic interventions for individuals experiencing a behavioral health crisis.

These services are provided in the community, including in individuals' homes, businesses, public spaces, and schools. The focus is on voluntary services that are provided, whenever possible, outside of an emergency department and without the presence of law enforcement.

Program overview

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.

Mobile rapid response crisis staff respond in teams of two and work to deescalate the crisis and complete a crisis assessment. Certified peer counselors focus on building rapport, sharing experiences, and strengthening engagement. Mobile crisis response is available 24/7. All teams are trained in SAMHSA's Best Practices Core Competencies of trauma informed care, de-escalation, and harm reduction.

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 was connected to referrals and if their needs were met. The goal of all mobile rapid response crisis services is to provide person- and family-centered care that can de-escalate and resolve a crisis before more restrictive interventions become necessary.

Child, youth, and family teams

The mobile response and stabilization services (MRSS) model is utilized by MRRCT and is designed to meet the developmental needs of children,

youth, young adults and their parents or caregivers. The youth or family define the crisis and teams respond based on that identification, not their own.

By sending help when families identify needing help, services support the ability for youth to remain in their own homes and communities, reducing the use of emergency department for behavioral health needs, and avoid unnecessary contact with law enforcement, child welfare involvement, foster care transitions or costly out-of-home interventions. Youth teams additionally provide robust outreach and engagement with child-facing system of care partners to reduce barriers and improve access to care.

Youth teams emphasize in-person response and are trained in developmentally appropriate crisis de-escalation, risk assessment, and safety planning that is responsive to the needs, strengths, and context of each youth and their family.

MRSS also offers a distinct 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 continues skill building, provides care coordination, identifies natural supports with the family, and provides referrals and warm handoffs to additional clinical care as needed. This phase prevents a return to the pre-crisis phase and improves long-term outcomes.

Funding

During the 2021 legislative session, proviso funding (SB 5092) was approved to increase and enhance both adult and child, youth, and family mobile rapid response crisis teams to ensure that each Behavioral Health Administrative Service Organization (BH-ASO) region has at least one of each type of team. GFS of \$13,374,000 and Federal funding of \$6,587,000 were added. In FY 23 Funding was increased to \$15,474,000 GFS and \$7,156,000 Federal.

The Washington State Health Care Authority (HCA) distributed that funding to add an additional 17 teams. SB 5187 passed in the 2023 legislative session provided further funds to maintain the expansion of team capacity, supporting the ability of teams to respond to calls coming into the 988 Suicide and Crisis Lifeline.

Oversight

HCA contracts with BH-ASOs to ensure that mobile rapid response crisis teams are available across the state. Through these contracts, HCA establishes minimum expectations for teams, based on national best practices and Centers for Medicare and Medicaid Services (CMS) requirements.

Who is served

Mobile crisis rapid response teams serve people of all ages. All teams involve the natural supports of individuals in crisis, and child, youth, and family teams engage with youth, their family and caregivers, and their community.

HCA is promoting the adoption of MRSS statewide, providing greater access and availability to this model.

More information

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