



North Sound BH-ASO Regional Care Crisis Dispatch (RCCD) Protocols January 2026

**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION**

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North Sound Regional Care Crisis Dispatch Protocol

2025

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Background

In 2024, Washington passed [Senate Bill 6251](#) that established Behavioral Health Administrative Service Organizations (BH-ASOs), under their authorities of [RCW 71.24.045](#) to establish coordination within the behavioral health crisis response system in each regional service area including, but not limited to, establishing protocols that memorializes expectations, understandings, lines of communications and information sharing that support a seamless crisis delivery system.

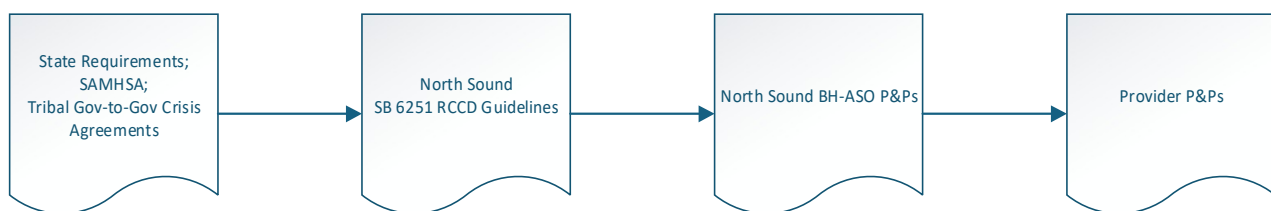
North Sound BH-ASO’s Regional Care Crisis Dispatch (RCCD) protocol aims to establish a baseline and common understanding of crisis service operations and protocols that capture current state with key call outs for future state planning. RCCD protocols will remain as a best practice guideline and augment established North Sound BH-ASO and contracted provider policies and system partner working agreements.

As part of our RCCD mapping and development, North Sound BH-ASO compiled and surveyed crisis agency policies, procedures and various state and national best practices to include Health Care Authority’s (HCA) *Washington Mobile Rapid Response Crisis Teams Best Practice Guidelines*, SAMHSA’s *National Guidelines Behavioral Health Crisis Care Best Practice Tool Kit*, *National Guidelines for Child and Youth Behavioral Health Crisis Care* and the *National Association of State Mental Health Program Directors* (NASMHPD). In addition, our RCCD planning and development recognizes and includes regional Tribal government expansion of crisis services and protocols for crisis coordination with Tribes and Non-Tribal Indian health care providers.

As of 2025, Washington State’s 988 Behavioral Health expansion efforts under [HB1334](#) continue in partnership with the Department of Health (DOH), Health Care Authority (HCA) and Administrative Service Organizations (ASOs) across the state. Critical planning on key system enhancements to improve access to behavioral health crisis response and suicide prevention services are still underway to include 911 linkages to 988 and mobile crisis response. North Sound BH-ASO, in partnership with DOH, HCA and our contracted crisis agencies, are committed to the critical planning efforts underway.

Acknowledgement – A living document as our system aligns

North Sound BH-ASO’s RCCD protocol is developed and provided to our state and local partners in accordance with [RCW 71.24.435](#) and submitted with acknowledgement that significant state planning and development is needed to fully optimize crisis response in each regional service area to include 988 system technology infrastructure, system partner data agreements, workflows and implementation of 988 endorsed Mobile Rapid Response Crisis Teams (MRRCT).



Definitions

Advance Directive: means a written instruction, such as a living will or durable power of attorney for health care relating to the provision of health care when an Individual is incapacitated.

Behavioral Health Emergency: means a person is experiencing a significant behavioral health crisis that requires an immediate in-person response due to level of risk or lack of means for safety planning as defined in WAC 162-140-0020.

Certified Peer Specialist (CPS): means Individuals who: have self-identified as a consumer of behavioral health services; have received specialized training provided/contracted by HCA's Division of Behavioral Health and Recovery (DBHR); have passed a written/oral test, which includes both written and oral components of the training; have passed a Washington State background check; have been certified by DBHR; and are a registered Agency Affiliated Counselor with the Department of Health (DOH).

Co-Responder: means teams consisting of first responder(s) and behavioral health professional(s) to engage with Individuals experiencing behavioral health crises.

Community-Based Crisis Team (CBCT): means a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency, that provides the on-site, community-based interventions of a Mobile Rapid Response Crisis Team (MRRCT) for people who are experiencing Behavioral Health Emergencies.

Crisis Alert: A public mechanism for any entity or the community to notify and provide 988 and the Regional Crisis Line essential clinical and safety.

Crisis Services (Behavioral Health): also referred to as "Crisis Intervention Services" means screening, evaluation, assessment, and clinical intervention are provided to all Individuals experiencing a Behavioral Health crisis. A Behavioral Health crisis is defined as a significant change in behavior in which instability increases, and/or risk of harm to self or others increases.

Crisis Planning & Follow up: A variety of interventions or coordination efforts provided by Designated Crisis Responders (DCRs) and Mobile Crisis Outreach Teams that are aligned with the individual care plan to include developing a crisis or safety plan with the individual, supporting Mental Health Advance Directives (MHAD) and coordinating and navigation support to ensure individual are connected to ongoing treatment, resources or appropriate community supports.

Designated Crisis Responder (DCR): means a person designated by the county or other authority authorized in rule, to perform the civil commitment duties described in chapter 71.05 RCW.

Dispatch: "RCL Dispatch" refers to the function within crisis line operations that coordinates access to crisis care, often involving dispatching mobile crisis teams. "DCR, MRRCT or CBCT Dispatch" refers to the date and time a DCR or mobile crisis team has left for the scene.

Endorsement: means Health Care Authority (HCA) has determined the Mobile Rapid Response Crisis Team (MRRCT) or Community Based Crisis Team (CBCT) meet all the endorsement criteria established by HCA. The endorsement is a voluntary designation that a MRRCT or CBCT may obtain to signify that it maintains the capacity to respond to persons

who are experiencing a significant Behavioral Health emergency requiring an urgent, in-person response.

Emergent Care: means services that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.153.

First Responders: means individuals with specialized training who are among the first to arrive and provide assistance at the scene of an emergency. First responders typically include law enforcement officers, firefighters, medical and hospital emergency rooms, and 911 call centers.

Individual: For crisis services, “Individual” means any person in the regional service area regardless of income, ability to pay, insurance status or county of residence.

Imminent: means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

Least Invasive Interventions: This concept refers to promoting the use of approaches that emphasize cooperation and consent over coercion with clients at imminent risk to secure their safety, with the use of involuntary methods as a last resort. Safety planning, scheduled follow-up contact, and mobile crisis outreach are examples of least invasive interventions.

Mental Health Advanced Directive: means a written document in which the Individual makes a declaration of instructions, or preferences, or appoints an agent to make decisions on behalf of the Individual regarding the Individual’s mental health treatment that is consistent with chapter 71.32 RCW.

Mobile Crisis Response: This is any formal or informal service, support, resource, or treatment provided to the person in crisis at the point of care (i.e., in the field). In reference to mobile crisis response for children, youth, and families, the term “service” is used in place of “intervention.”

Mobile Rapid Response Crisis Team (MRRCT): means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for Individuals who experiencing a Behavioral Health crisis, that shall include certified peer counselors as a best practice to the extent practicable based on workforce availability, and that meets standards for response items established by the HCA. MRRCT teams that primarily serve children, youth, and families follow the Mobile Response and Stabilization Services (MRSS) model and may refer to themselves as an MRSS team or as a child, youth and family MRRCT.

Mobile Response and Stabilization Services (MRSS): means a rapid response home and community crisis intervention model customized to support children, youth and families.

Next Day Appointment: means an appointment that a person can access the next day or in an agreed timely manner that will help the person resolve the problems that contribute to the person being in an Urgent Behavioral Health Condition.

Protocols for Coordination with Tribes and non-Tribal IHCPs: means the protocols that HCA and a Tribe or non-Tribal Indian Health Care Providers (IHCP) develop and agree on, with input from the Contractor, for the coordination of crisis services (including involuntary commitment assessment), care coordination, and discharge and transition planning.

988 Suicide & Crisis Lifeline: previously known as the National Suicide Prevention Lifeline, offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also call, text or chat 988 if they are worried about a loved one who may need crisis support.

Regional Crisis Lines (RCL): provide crisis intervention and triage services, including screening and referral to a network of providers and community resources. RCL services are provided in accordance with the Washington Administrative Code (WAC) 246-341-0670.

Transportation: means the transport of individuals to and from behavioral health treatment facilities.

Triage/Screening: the process of assessing the urgency and nature of a call to determine the appropriate response and resources needed. This includes screening for suicide or self-harm, risk to others, and determining the need for law enforcement or medical support. For MRRCT and MRRCT-MRSS like programs, Triage is part of the response timeline

Urgent Behavioral Health Situation: means a behavioral health condition that requires attention and assessment within 24 hours, but which does not place the Individual in immediate danger to self or others and the Individual is able to cooperate with treatment.

Warm Handoff: means a transfer of care between two members of a health care team, where the handoff occurs in front of the Individual explaining why the other team member can better address a specific issue emphasizing the other team member's competence.

Note: For a complete list of crisis state transaction definitions, please refer to North Sound BH-ASO Crisis Data Dictionary: [Data Dictionary | North Sound BH-ASO](#)

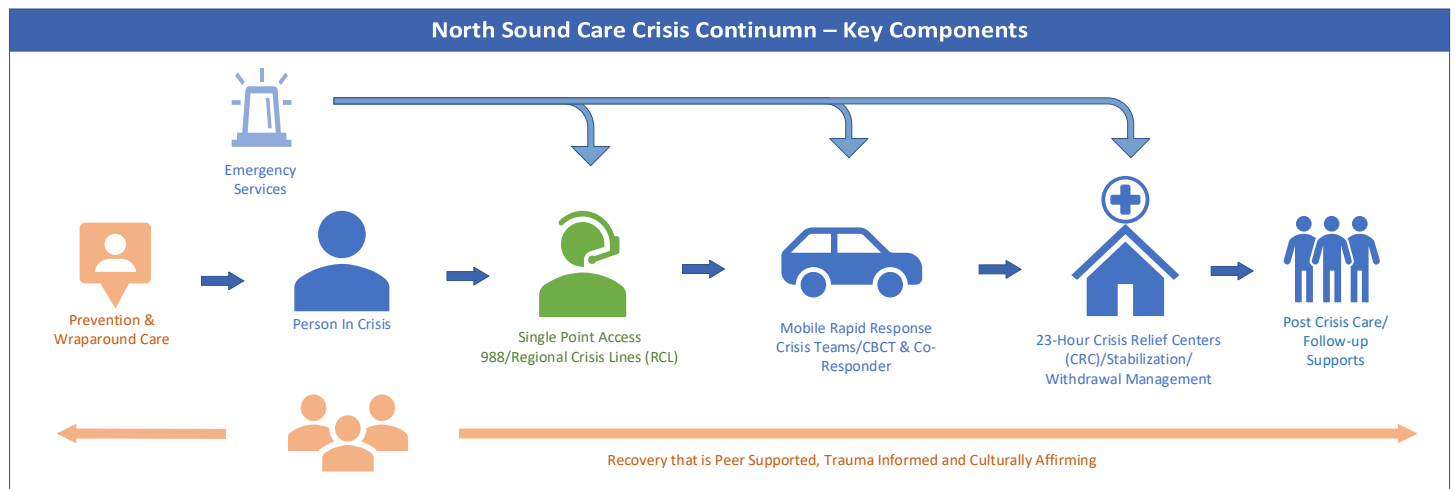
North Sound RCCD Scope

North Sound BH-ASO's RCCD protocols support the coordinated efforts between major behavioral health crisis response systems including, but not limited to:

- North Sound's Regional 988 Hub and Regional Crisis Line (RCL)
- Mobile Rapid Response Crisis Teams (MRRCT)
- Child, Youth and Family Crisis Teams (CYFCT) – Mobile Response and Stabilization Service (MRSS)
- Community Based Crisis Teams (CBCT)
- Designated Crisis Responders (DCR)
- Various partnerships with community based behavioral health outreach programs such as law enforcement co-responder programs, Alternative Response Teams (ART) and other critical outreach and engagement programs in the North Sound region.

These protocols outline high-level procedures and criteria for determining North Sound 988 Hub and RCL call center triage, routing and dispatching for in-community, face-to-face crisis interventions. Further, these protocols will distinguish between various crisis outreach programs, outline their response requirements and information sharing standards between system partners.

RCCD protocols continue to evolve as statewide guidance is released, including 911–988 integration standards and Mental Health Crisis Call Diversion Initiative (MHCCDI) workflows. North Sound BH-ASO integrates HCA feedback on a continuous basis and updates RCCD operational procedures in collaboration with crisis providers, Tribes, PSAPs, and various community partners.



Core Principles

North Sound BH-ASO has a long-established practice to align our regional care crisis continuum with [SAMHSA's National Guidelines for Behavioral Health Crisis Care](#) that emphasizes the importance of a crisis response system that is for anyone, anytime. Essential elements of response include, but are not limited to:

- Ensuring there is someone to contact, someone to respond, and there's a safe place to go.
- The individual in crisis, or help-seeker, defines the crisis, not the provider or system.
- Services should be responsive, proactive and follow the "just-go" philosophy.
- Services should be comprehensive, integrated and utilize a systems-based approach to care.
- Services should be person-centered, family focused and provide the right level of care at the right time.
- Services should prioritize safety, quality and effectiveness.
- Services should be resilient and recovery oriented.
- Services should provide continuity of care from the onset of crisis until stability that includes warm handoffs, follow up care and ongoing treatment.

A crisis response system that is determined, nimble, embodies core shared principles, supports individuals without stigma, believes the help-seeker's crisis experience, and provides a true "no-wrong door", helps build a crisis continuum that can be trusted and relied upon within the broader behavioral health ecosystem.

Key Sources

1. [2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#)
2. [National Guidelines for Child and Youth Behavioral Health Crisis Care](#)
3. [Mobile Crisis Team Services - An Implementation Toolkit \(Draft\)](#)
4. [Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services](#)
5. [HCA Mobile Crisis Response Program Guide](#)

HCA - Tribal Government Protocols for Crisis Coordination

North Sound BH-ASO partners with Washington’s Health Care Authority (HCA) and regional Tribal Governments to establish Protocols for Crisis Coordination [[State Template](#)] with Tribes and Non-Tribal Indian Health Care Providers. North Sound BH-ASO and our contracted agencies have partnered in developing mutually agreed upon Government-to-Government Crisis Coordination protocols that include, at minimum, a description of procedures and processes for:

- DCRs access to Tribal lands to provide services, including crisis response and involuntary commitment assessment.
- Providing services on Tribal lands in the evening, holidays, or weekends if different than during business hours.
- Notifying Tribal authorities when crisis services are provided on Tribal land, especially on weekends, holidays or after business hours, including who is notified and timeframes for the notification.
- How DCRs will coordinate with Tribal mental health and/or SUD providers and others identified in the protocols, including coordination and debriefing with any Tribal mental health or SUD providers after a crisis service has been provided.
- When a DCR determines whether to detain or not for involuntary commitment; and
- If ITA evaluations cannot be conducted on Tribal land, how and by whom Individuals will be transported to non-Tribal lands for involuntary commitment assessment and detention and/or to a licensed evaluation and treatment facility.

Regional Tribal Protocols for Crisis Coordination align expectations and understandings between system partners to coordinate and communicate the delivery of crisis services between Tribes and North Sound BH-ASO contracted crisis agencies. In addition, these protocols address response, notification and follow-up support across system partners to include Washington’s [Tribal Resource Hub and Native & Strong Lifeline](#) operated by Volunteers of America (VOA).

North Sound BH-ASO and our contracted crisis providers are required to ensure Regional Tribal Protocols for Crisis Coordination are adhered to and available to all staff to support a seamless delivery of services for Tribal members on or off the Tribal Lands. [HCA’s Office of Tribal Affairs](#) supports the conveying, coordination, development and updates to regional Tribal Protocols in agreement with Tribes.

Access to Regional Tribal Protocols for Crisis Coordination

North Sound BH-ASO contracted crisis providers or programs providing behavioral health outreach services to American Indian (AI) or Alaska Native (AN) on or off Tribal land, as best practice, shall inquire if there is a Tribal coordination plan in place by contacting the VOA’s Tribal Resource Hub (business hours), Regional Crisis Line, the local DCR agency or North Sound BH-ASO.

North Sound BH-ASO contracted crisis agencies must comply with tribal coordination and notification requirements in RCW 71.04/34, applicable WAC 182-125, HCA DCR protocols, North Sound BH-ASO policies and procedures and any other best practice in the delivery of providing culturally responsive service for AI/AN individuals.

If a Tribal Crisis Coordination Protocol is not on file, North Sound BH-ASO and crisis agencies will follow HCA’s guidance titled “Guidance for When No Tribal Crisis Coordination Protocol is on File” (HCA Draft, August 2025), including contacting Tribal authorities, respecting sovereignty, and coordinating with Tribal or Indian Health Care Providers as available.

911 and 988: Diverting Behavioral Health calls for the appropriate response

The overarching goal of diverting 911 behavioral health calls to a crisis response system is to ensure help-seekers receive appropriate, timely and specialized behavioral health interventions that improve outcomes and reduce burdens on public safety agencies. The need to effectively triage and connect help-seekers experiencing a behavioral health crisis to non-law enforcement responders has been and continues to be a critical need. 911 centers provide a similar function as 988 hubs and RCLs – real time communications, encounter management, tracking, and mobile deployment.

North Sound BH-ASO, in partnership with our local counties and public safety agencies, is committed to what is recognized as a critical and significant need for coordination between 911 public safety and the regional crisis response system. As we briefly outline below, efforts are underway at the state and local level to ensure individuals experiencing a behavioral health crisis, regardless of entry point, are connected to specialized interventions that can support resolution and stabilization while avoiding unnecessary burden on law enforcement or emergency resources.

Washington State Planning – 2025 Current State

HCA and DOH are undergoing several feasibility studies to develop solutions for help-seekers who contact a variety of call centers, including 988, RCLs and 911 public safety answering points (PSAPs) and identifying ways to ensure callers are directly routed to appropriate resources, such as in-community, face-to-face mobile crisis response. This involves the acceptance or sending of information to and from 911 PSAP call centers with 988 hubs, examining current and future state 911 and 988 infrastructure and data sharing, and piloting several projects such as embedding 988 clinicians within 911 PSAPs to facilitate linkages to behavioral health mobile crisis response and other resources.

Mental Health Crisis Call Diversion Initiative (MHCCDI)

In 2024, DOH implemented the Mental Health Crisis Call Diversion Initiative (MHCCDI) that aims to help people in crisis connect quickly and easily to trained 988 clinicians. The MHCCDI 2024 pilot between 65 PSAPs and partnering 988 hubs has focused on developing warm transfer protocols and training for 911 telecommunicators.

Future State: North Sound BH-ASO is conducting joint planning with regional PSAP administrators to develop a standardized workflow for 911-initiated CBCT dispatch. Draft workflow models are in development and will be finalized once statewide MHCCDI technical standards are released by HCA/DOH.

911-to 988 or RCL in-field coordination

The North Sound region is fortunate to have 911 centers that are committed to ensure individuals are provided with the right type of help at the right time, and many 911 PSAPs within the North Sound area are pioneering behavioral health initiatives, which include:

- 911 developing behavioral health dispatch protocols to ensure linkages and referrals.
- 911 embedding behavioral health clinicians in dispatch centers.
- 911 directly coordinating with behavioral health crisis response agencies and DCRs.
- 911 directly coordinating with North Sound RCL for a behavioral health response.

Regional Efforts to improve 911 and Crisis Coordination

In the North Sound region, various law enforcement and Fire/EMS co-responder programs, dispatched directly by local 911 PSAPs, provide critical linkages to trained behavioral health professionals. The North Sound Region has five (5) main 911 PSAPs.

PSAP Name	Location	Behavioral Health Response	Planning
What-Comm 911	Whatcom County, Bellingham	Embedded BH Professionals in 911 Center. Whatcom County Alternative Response Team (ART); Direct Dispatch of LE request for DCRs.	911-988 Alignment; expanded coordination with North Sound RCL; Expanded coordination with dispatched ART with MRRCT & DCRs.
Skagit County 9-1-1 Emergency Communications Center	Skagit County, Mount Vernon	Mount Vernon Integrated Response System (IOS); Skagit County Sheriff Co-Response; Anacortes Community Parametric.	911-988 Alignment; Coordination between 911 dispatched co-responder programs and 988/RCL MRRCT & DCR teams.
SNO911	Snohomish County, Everett	Various SNO911 Dispatched co-responder programs.	TBD – Planning conversations 2025-27
ICOM 911	Island County	Island County 911 Dispatched Co-Responders	TBD – Planning conversations 2025-27
San Juan County 911 – Sheriff’s Office	San Juan County	TBD	TBD – Planning conversations 2025-27

Crisis System Information Sharing

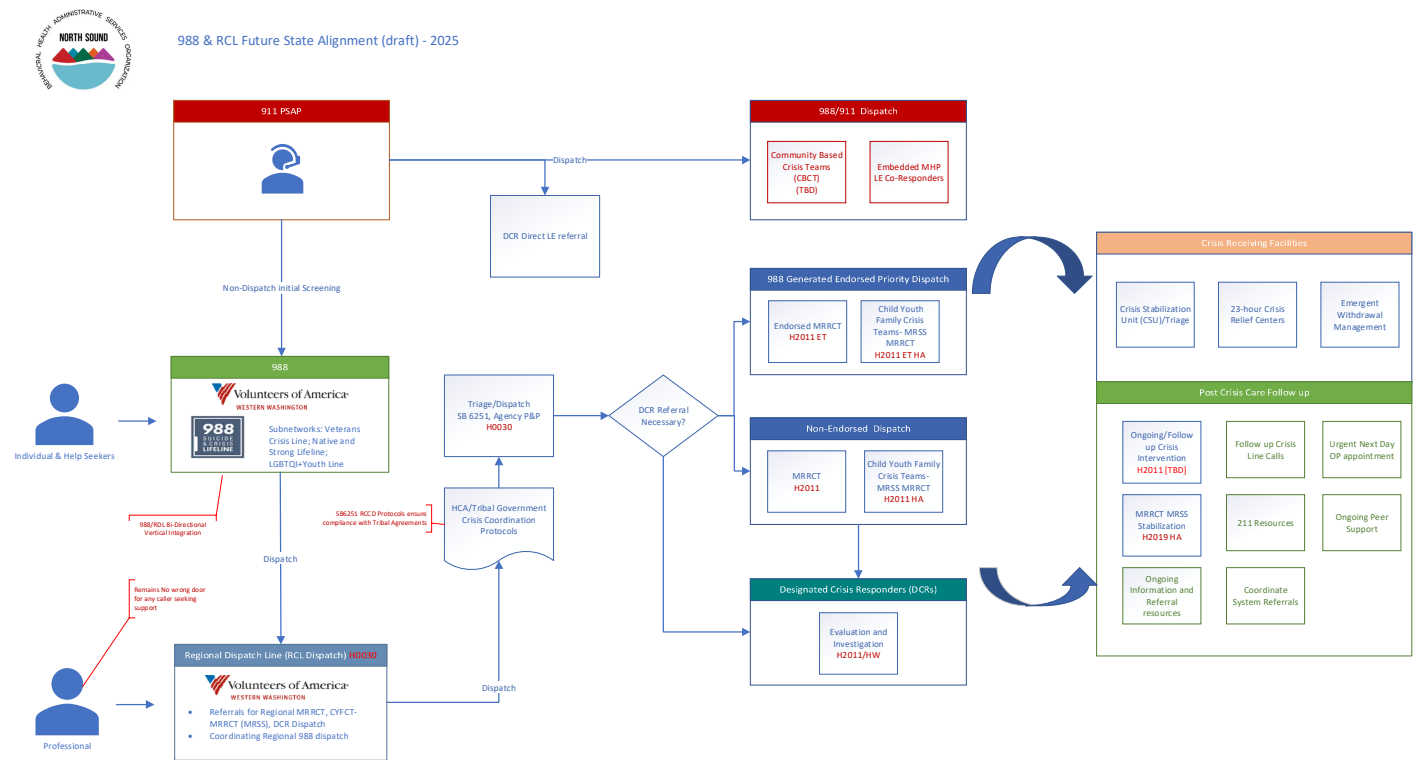
Crisis service requires a robust network to facilitate information sharing between a variety of system partners that directly support individuals experiencing a crisis. Throughout the RCCD protocol we address how and what information is shared between our crisis agencies, as well as key decision points and expectations of our crisis agencies to ensure interoperability of service.

Below is a high-level overview of the foundational information-sharing pillars that North Sound BH-ASO supports, with acknowledgement that more work is needed to secure true interoperability within a multi-payer funding system:

- Bi-directional data sharing between North Sound BH-ASO and the RCL and mobile crisis response agencies.
- Data sharing with several platforms to include Point Click Care (PCC – formally Collective Medical)
- Data partnership with several first responder co-responder programs and supporting information sharing platforms to include Julota.
- Commitment to public transparency on all North Sound BH-ASO metrics and data to identify and target community needs.
- Commitment to future state data sharing agreements with 988 hubs and various community based and first responder co-responder programs.

Future State: North Sound BH-ASO will continue to optimize crisis system performance through monitoring key metrics, expanding 988/RCL/PSAP interoperability, enhancing real-time information-sharing, and strengthening feedback loops across mobile crisis teams, Tribal partners, and first responder programs. Detailed operational strategies will be released once statewide 988/RCL transition infrastructure and technical investments are finalized.

North Sound BH-ASO's Regional 988 Hub and RCL



The North Sound region maintains a centralized and integrated crisis response system that can be accessed by help-seekers, community members and system partners such as hospitals, Jails, schools and other professionals. Behavioral health crisis response spans a continuum of public health and safety resources and response systems. In the North Sound region, this includes but not limited to Local 911 PSAPs, County Public Health programs, Washington’s 988 Suicide & Crisis Lifeline (and associated sub-networks), local RCL and a continuum of behavioral health agencies and professionals spanning Snohomish, Island, Skagit, San Juan and Whatcom Counties.

With the implementation of these programs, possible entry points into crisis services and behavioral health community outreach programs have naturally expanded. Broadening access or entry points across the full spectrum of services and programs has its costs and benefits.

RCL and 988 Operational Alignment – Future State

In response to a Department of Health (DOH) and Health Care Authority (HCA) policy statement that outlines a state plan to transition and align 988 and RCLs, Administrative Service Organizations (ASOs) are undergoing a 2026-TBD plan that would support future state 988 hubs as the primary point of entry for help seekers and leverage existing RCL local knowledge and existing infrastructure to primarily coordinate the dispatch and deployment of in-community, face-to-face mobile crisis outreach services.

VOA's 988 Lifeline vs RCL

988 Suicide & Crisis Lifeline is a national hotline offering a single point of entry for one-on-one support for mental health, suicide, and substance use-related problems for anyone 24/7. 988 hubs connect help-seekers with trained counselors who provide emotional support, crisis de-escalation, and connections to supportive resources. In addition, 988 collects caller information, assesses risk and determines when in-person response is needed or requested and can warm transfer a request to dispatch to North Sound BH-ASO's RCL to deploy a variety of mobile crisis outreach services.

In the North Sound region, Volunteers of America (VOA) is the operator of our 988 hub and RCL and maintains an integrated, bi-directional, health information and communication system. This "vertical integration" supports a seamless triage and communication infrastructure to ensure a 'no-wrong door' for any individual seeking crisis support.

Future State: North Sound BH-ASO's future state RCL will remain as a no-wrong door entry point for any person needing support. Core triage and dispatch programming will be tailored to coordinate any referrals for in-person crisis services from, but not limited to:

- 988 warm transfers
- Professionals or community organizations
- Hospitals
- Law Enforcement, Fire/EMS or other first responders
- Public Health entities, City or County governments

North Sound BH-ASO's RCL will primarily support receiving and triaging calls that require in-person crisis response, identifying level of imminence, follow-up coordination and ensuring warm-hand-of procedures between crisis and system partners.

988 Lifeline and RCL Standard Operating Procedure (SOP)

VOA maintains established Standard Operating Procedures (SOP) and information sharing workflows to ensure any 988 caller is warm transferred to North Sound's RCL to coordinate face-to-face, in community mobile crisis dispatch.

988 Warm transfers to RCL

988 callers needing or requesting in person crisis intervention are directly warm transferred to North Sound RCL's clinicians. 988 Clinicians remain on the call with the 988 help-seeker during the entirety of the warm transfer process to North Sound's RCL. 988 and RCL clinicians communicate in real time through a secure platform to ensure RCL clinicians have access to pertinent call records and information so that the help-seeker does not have to repeat or tell their story twice.

Information sharing between 988 and North Sound RCL may include but not limited to: demographic, contact information, location, presenting concerns to include observable behaviors or self-reported behaviors, risk assessments and/or other pertinent treatment history to include crisis plans or care plans. 988 initiated calls are logged and tracked mirroring established RCL operating practices to include dispatch times, arrival, disposition and follow-up.

Note: refer to *RCL's Access to Individual Care Information* below.

988 Hub & RCL Triage Protocol

North Sound's 988 hub and RCL are staffed 24/7 by live clinicians that maintain common dispatch criteria and protocols to determine whether a caller requires an in-community, face-to-face crisis intervention. This includes conducting a clinical assessment and various safety screenings as outlined below.

988 and RCL Clinical Assessment

988 and RCL clinicians use open-ended prompts and questions to complete a brief assessment with the referring caller and the person in crisis when possible. The purpose of the brief assessment is to gather information about the behavioral health crisis the individual is experiencing.

Note: Please refer to Sections "Regional Dispatch – Call Handling" and "Deployment" below for 988 & RCL triage handling that distinguish call handling protocols for CYFCT (MRSS), MRRCT and DCRs.

Gathered information at 988 or the RCL will be shared with the mobile crisis teams when the dispatch is originated with the agency. The information gathered during the brief assessment includes the following when it is available:

- | | |
|--|---|
| ❖ Identifying information (demographics) | ❖ Mental Health history |
| ❖ Presenting concern | ❖ Emergency Department Information |
| ❖ Components of the behavioral health crisis and/or decompensation | ❖ Status of alcohol and drug use |
| ❖ Describe their baseline presentation | ❖ Current indicators of suicidal ideation |
| ❖ The behaviors being exhibited, what does the client report they are experiencing? | ❖ History of suicide attempts |
| ❖ ADLs – are they eating, bathing, sleeping, attending school or work, maintaining family obligations such as parenting, maintaining housing, etc. | ❖ Safety considerations |
| | ❖ History of hospitalization – voluntary or involuntary |
| | ❖ Tribal Crisis Coordination Plans |

Safety Screening

North Sound's 988 hub and RCL maintain parallel safety screening protocols that include the use of various risk assessments to support clinical decision making during the crisis call to include:

- Potential Violence/Danger Assessment
- Suicide Risk Assessment
- Suicide Safety Screening
- Safety Planning Steps; and
- Dangerousness Chart

RCL's Access to Individual Care Information

North Sound BH-ASO and our crisis agencies utilize all available and credible sources of information to support delivery of the best possible care. Crisis services and DCR investigations require the gathering of available information and documentation under applicable WAC, RCW, or state protocols.

Note: North Sound BH-ASO has supported Information sharing platforms, such as Point Click Care (PCC) in providing real-time patient care information to users about Emergency Department (ED), Inpatient (IP), crisis care plans, provider care teams and care history when available that can support information gathering and referral for ongoing services following a crisis event.

Below is the information provided by our RCL to mobile crisis outreach teams at the point of dispatch:

RCL Triage for Mobile Crisis Response:	Source	Responsibility
Client demographics	Caller	VOA
Referent contact information	Caller	VOA
Client’s current location and/or location for the outreach	Caller	VOA
Behaviors observed today and/or type of BH crisis being experienced	Caller	VOA
Dispatch/disposition history	VOA/ASO	VOA
Current SI/history of attempts	Caller	VOA
Is the client able to participate in an interview	Caller	VOA
Crisis Plans (when available)	Caller/VOA/PCC	VOA
Safety screening	Caller/VOA	VOA
PACT & WISE Enrollment	ASO/VOA	VOA
Less Restrictive Orders/Assisted Outpatient Treatment	ASO/VOA	VOA
Veteran Status	Caller	VOA
Tribal Affiliation or Enrollment/Tribal Crisis Dispatch Protocols	VOA	VOA

Note: Pertinent Medicaid information such as whether the individual is currently enrolled or connected with a behavioral health agency or the availability of a crisis care plan, may not be immediately available.

Enrollment Status - Program for Assertive Community Treatment (PACT) and Wraparound with Intensive Service (WISe)

North Sound’s 988 hub and RCL confirms PACT and Wise enrollment status at the time of the request for outreach and shall consult with PACT and WISE agencies prior to dispatching a MRRCT or DCR. North Sound BH-ASO’s RCL will support ongoing coordination between PACT, Wise and mobile crisis outreach teams as needed or requested.

Crisis Alerts

North Sound BH-ASO and our RCL maintains a [Crisis Alert System](#) that transmits real-time clinical and safety information so that crisis providers can respond and deliver stabilization services in the best interest of the individual.

Level of Imminence

North Sound BH-ASO’s 988 hub and RCL maintains a standardized protocol to determine dispatch response once the call center clinician has clinically assessed the presenting crisis, conducted safety and risk assessments and determined that a face-to-face intervention is necessary.

All crisis team types—including MRRCT, CBCT, MRSS/CYFCT, and DCRs—may respond to Behavioral Health Emergencies as clinically indicated. RCCD dispatch tiers (Behavioral Health Emergency, Emergent, Urgent, Follow-up) apply universally across team types.

Level of Imminence	Clinical Criteria	Additional Qualifier	Response
Emergency Interventions	Imminent risk that requires active rescue may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to harm themselves or others and has the capability of carrying through their intent in the immediate or near future.	<ul style="list-style-type: none"> • Voluntary (individuals’ consent) or involuntary emergency response. • Active Rescue Protocol • Risk cannot be mitigated by protective factors. 	<ul style="list-style-type: none"> • 911/Emergency Services
Behavioral Health Emergency	Imminent suicide or homicidal intent. Danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety.	<ul style="list-style-type: none"> • Intoxicated in an unsafe environment or active withdrawal • Person has protective factors that can promote safety until a response arrives. 	<ul style="list-style-type: none"> • Consider Dual response with first responders. • 1 Hour Response
Emergent Risk	May present with Imminent risk, but lacks means or immediate intent.	<ul style="list-style-type: none"> • Person has protective factors that can promote safety until a response arrives. • Able to engage in safety or Crisis planning 	<ul style="list-style-type: none"> • Emergent (within 2 hours)
Urgent Risk	Moderate Risk, no immediate or short-term danger to self or others, can maintain safety.	<ul style="list-style-type: none"> • Location of the individual is known • Staffed or secure location (Jails, Inpatient Psych Units, Medical units, logistical issues) 	<ul style="list-style-type: none"> • Urgent (within 24 hours); Crisis NDA.
Follow up	Low Risk, no identified danger to self or others, agreeable to crisis and/or safety; Or 3 rd party referral and location of individual is unknown.		<ul style="list-style-type: none"> • Crisis NDA, NDA-OP coordinated, ongoing follow-up from mobile response.

988 & RCL Active Rescue Protocols

North Sound BH-ASO 988 hub and RCL have established Standard Operating Procedures (SOP) for any Active Rescue that will require immediate 911 Emergency Services. An individual is determined to be at imminent risk of danger to self, others or due to grave disability if, based on information gathered by the individual, or someone calling on their behalf, there is a close connection in time between the person’s current risk status and actions that could lead to serious harm or death.

First Responder Intervention – The voluntary or involuntary use of law enforcement or first responders to ensure the safety of individuals at imminent risk if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to harm themselves or others and has the capability of carrying through their intent in the immediate or near future, usually defined as within the next 24 hours.

Crisis agencies shall take the initiative to act on behalf of individuals who are in the process of a suicide attempt or who are determined to harm themselves or others, but who, despite attempts to actively engage them, are unwilling or unable to initiate actions to secure their own safety. Crisis agencies should only call 911 to initiate an involuntary police intervention if they believe that – without police assistance – the individual is likely to sustain a life-threatening injury or die.

North Sound BH-ASO's 988 hub and RCL will maintain an active rescue policy to include detailed staff roles, responsibilities and coordination procedures with local law enforcement and emergency services.

Regional Crisis Line – Dispatch Call Handling

Future state: *North Sound BH-ASO, in partnership with DOH and HCA, is committed to modernizing RCL dispatch platforms that are aligned with statewide 988 initiatives to improve mobile crisis response dispatch and include more real-time information sharing and crisis management platform improvements. Adoption of future state 988 Tech Crisis Management and Interoperability Platforms will impact future state RCL standard operating procedures and deployment of services. Below are the current state guidelines.*

RCL Dispatch Routing Procedures

North Sound RCL and mobile crisis response agencies are required to maintain call routing procedures to ensure individuals or 3rd party referrals requesting in-community, face-to-face crisis response are supported between systems or teams, to reduce potentially retraumatizing the individual and to support the caller is connected to the right system or program to best support the individual in crisis.

Best Practice: Whenever possible, MRRCT should provide face-to-face interventions for individuals in crisis first and attempt to resolve the crisis prior to engaging or making a referral for a Designated Crisis Responder (DCR).

Once the RCL determines the need for a face-to-face crisis response, RCL clinicians engage a dispatch paging protocol with teams based on the case information and criteria of dispatch. North Sound's RCL shall maintain accurate and up-to-date crisis response shift schedules across programs in the region.

- RCL clinicians should maintain dispatch and referral standards of under 15 minutes.
- RCL clinician calls or sends a secure dispatch referral notification to designated agency shift staff.
- If the DCR or MRRCT staff responsible for taking the dispatch referral is not immediately available, it is the responsibility of the DCR or MRRCT staff to call the RCL back in 10 mins.
- RCL clinicians should initiate Manager-on-Call procedures at any time if there is a delay or lack of response from DCR or MRRCT assigned staff.

Reference: North Sound BH-ASO Policy 1702.00 Safety Screening & Policy 1734.00 Mobile Rapid Response Crisis Teams. At no point, DCR or MRRCT shall decline a request for dispatch. Once a referral for dispatch has been made by the RCL, mobile crisis response agencies are expected to continue information gathering and providing ongoing coordination with the referent or other collateral contacts.

Future State: As indicated above, North Sound BH-ASO is conducting joint planning with regional PSAP administrators

to develop a standardized workflow for 911-initiated CBCT dispatch. Draft workflow models have been developed and will be finalized once statewide MHCCDI technical standards are released by HCA/DOH.

RCL & Dispatched Team Communication – Roles and Responsibilities

North Sound BH-ASO’s RCL maintains the authority to triage and determine if a call originating at 988 hub or the RCL requires an in-person, or face-to-face crisis response. North Sound BH-ASO’s RCL staff shall determine immediacy of response and dispatch the appropriate team. All VOA dispatches result in a dispatch case number.

Mobile crisis outreach staff determine how or where the outreach is conducted based on the information available. Mobile crisis outreach program dispatches originating through 988 and warm transfer to the RCL or originate at the RCL shall coordinate case disposition and follow-up with the RCL.

Mobile crisis outreach staff are required to proactively engage and coordinate when appropriate with emergency services, co-responder teams and other community-based outreach programs such as the Recovery Navigator Program (RNP), and Homeless Outreach and Stabilization Teams (HOST).

Mobile Crisis Response (MCR) – Information Gathered

Below is typical information gathered as part of the screening and ongoing fact gathering during a Mobile Crisis Response (MCR) episode following a dispatch. The information below is often gathered from a variety of collateral sources (creditable witnesses, LE/first responders, treatment providers, family, etc.).

Mobile Crisis Response	Source	Responsibility
Mental health history	Agency, PCC	MRRCT
Hospitalization history	Agency, PCC	MRRCT
Crisis Prevention Plans	Agency, PCC	MRRCT
Behavioral Health Agency Enrollment/Provider(s)	Agency, PCC	MRRCT
Medical Provider(s)	Agency, PCC	MRRCT
Behavioral Health or Medical Services	Agency, PCC	MRRCT
Mental Status Exam	Outreach Episode	MRRCT
Baseline/change to baseline	Outreach Episode	MRRCT
Drug/alcohol history	Agency, PCC, VOA	MRRCT
Is there an active CPS case	Agency EHR, Outreach Episode	MRRCT
Natural Supports	Agency EHR, Outreach Episode	MRRCT
Urgency of response	Outreach Episode	MRRCT
Veteran Status	Agency EHR, Outreach Episode	MRRCT
Are affidavits available	Agency EHR, PCC	MRRCT
ADL’s	Agency EHR, PCC	MRRCT
Principle Diagnosis/Past Diagnosis	Agency EHR, PCC	MRRCT
Mental Health Advanced Directives	Agency EHR, PCC	MRRCT
Exhausted Less Restrictive	Outreach Episode	MRRCT

Reasonably Available History to be considered by the DCR (RCW 71.04.212)

Additional sources: credible witnesses, risk assessments and/or discharges from DOC, Law Enforcement, treatment providers including IHCPs, family, etc.

DCR – Reasonably Available History	Source	Responsibility
Crisis Plans (when available)	Agency EHR, PCC, VOA	DCR
Mental Health Advanced Directives	Agency EHR, PCC	DCR
Treatment Records	Agency EHR, PCC	DCR
Forensic Evaluations under RCW 10.77	Agency EHR, PCC	DCR
Criminal history records	Agency EHR, PCC	DCR
Risk Assessments	Agency EHR, PCC, VOA	DCR
Legal History - Violent Acts, WATCH	ITA Investigation	DCR
Prior Civil Commitments	Agency EHR, PCC, VOA	DCR
Collateral Contacts	ITA investigation	DCR

Crisis Services Availability and Location

Provider	Location	Hours of Operation	Youth/MRSS	Transport
Snohomish County Human Services	Snohomish County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compass Health MRRCT-MRSS (Child, Youth and Family Crisis Teams)	Snohomish County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Compass Health MRRCT, MRRCT-MRSS, DCR.	Skagit County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Compass Health MRRCT, DCR	Island County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compass Health MRRCT, DCR	San Juan County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compass Health MRRCT, MRCCT-MRSS, DCR	Whatcom County	<input checked="" type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Whatcom County Emergency Response Division	Whatcom County	<input type="checkbox"/> 24/7 <input type="checkbox"/> On-call <input checked="" type="checkbox"/> Other: M-F, 8am-6pm	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

General Standard Mobile Crisis Operating Requirements

North Sound BH-ASO and mobile crisis agencies maintain SOPs for dispatch and deployment of teams and other specialty programs. This includes guidelines for screening and scene safety, coordinating with the referent or collateral contacts, conducting initial assessments, providing clinical interventions, supporting various transport options, crisis planning and follow-up supports. North Sound BH-ASO crisis system policies can be found here: <https://nsbhaso.org/for-providers/policies-and-procedures>. Crisis agency policies, procedures or agreements can be provided upon request.

General Team Composition

On the initial crisis outreach each team will follow best practices, as the workforce allows, to include at a minimum, a Mental Health Professional (MHP), or a Mental Health Care Provider (MHCP) to provide clinical assessment and a peer trained in crisis services, responding jointly. Mental Health Care Provider (MHCPs), with WAC 246-341-0302 exemption, can respond jointly with a peer in place of an MHP, as long as at least one Mental Health Professional is available 24/7 for any MHCP or peer to contact for consultation, this Mental Health Professional does not have to be the supervisor. Additional outreach and follow-up may include two staff as needed and when clinically appropriate to ensure the safety of the responder and the Individual as staffing allows.

Full DCR and MRRCT operational and staffing requirements are outlined in *North Sound BH-ASO's Policy 1733.00 Crisis Service General Requirements*.

Safety Screening by Crisis Outreach Teams

All mobile crisis outreach staff will follow and maintain safety protocols as described in RCW 71.05 and 71.34, Washington Administrative Code (WAC) 246-341, Washington State DCR protocols and have completed safety and violence prevention training described in RCW 49.19.030 and 71.05.705. Safety screening or other triage activity following a 988 hub or RCL dispatch shall not delay on-scene response unless the clinician clearly identifies a need.

All mobile crisis outreach staff will ensure safety screening protocols and on-going risk assessments as outlined in *North Sound BH-ASO Policy 1702.00 Safety Screening*. Responding staff members shall have access to any available information regarding the danger or potential dangerousness of the individual experiencing the crisis. This information must be made available without unduly delaying the crisis response in compliance with WAC 246-341-0900.

When responding to non-secure locations, ensure that two staff members are present for safety and that team members have mobile devices that can be used to call for help if needed. Crisis response staff cannot be required by their employer to respond to a crisis without a second person. Best practice is to always respond to crisis calls with two staff members.

Initial Crisis Intervention by Crisis Outreach Teams

MRRCT and DCR providers shall incorporate nationwide best practices for crisis care in alignment with the Substance Abuse Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kits and the National Association of State Mental Health Program Directors (NASMHPD) to include Mobile Response and Stabilization Services (MRSS) for youth.

The initial crisis intervention should focus on:

- Stabilizing individuals as quickly as possible, in the least restrictive manner possible and deploy clinical de-escalation and resolution interventions.
- Providing solution-focused, person-centered and recovery-oriented interventions throughout the entirety of the crisis event.
- Engage the Individual in the development and implementation of crisis prevention plans.
- Offer and support a crisis peer response and engagement.

Coordination

Crisis responders shall coordinate closely with the regional Managed Care Organizations (MCOs), community court system, first responders, law enforcement, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system that is connected to the full continuum of health services.

Crisis agency partnerships, MOUs, agreements and/or protocols are developed in partnership with North Sound BH-ASO and our allied system partners. Protocols and MOUs are shared with the RCL and relevant partners to ensure common understanding and consistency of service delivery.

Examples of common in-region agreements include:

- HCA-Tribal Crisis Coordination Plans
- Law enforcement and/or EMS direct referrals – process & protocol
- MOU agreements and protocols with local 911 PSAPs and various co-responder programs

Crisis Planning and Follow-up

Follow up crisis services shall be consistent with any established care plan intended to prevent unnecessary hospitalization, incarceration and return to a level of functioning no longer requiring crisis services. Follow-up services, including referrals for ongoing care, are available twenty-four (24) hours a day, seven (7) days a week.

1. Follow up Services include:
 - a. Phone contacts, additional outreaches, or facility-based appointments.
 - b. Follow up contact made by MHCP or CPC to initiate or continue crisis prevention plans, develop Mental Health Advance Directives (MHAD) or WRAP plans.
 - c. Referral, coordination, and navigation support to ongoing behavioral health services.
 - d. Coordinating with referrals to ensure individuals were connected to services.
2. Crisis staff providing follow up services that involve high need individuals shall coordinate care or initiate other planning activities with North Sound BH-ASO Care Coordinators, Manage Care Organization (MCO), Tribal behavioral health professionals and/or other appropriate provider systems or support.

MRSS/CYFCT Teams

For MRSS/CYFCT cases, follow-up includes an acute 72-hour stabilization phase followed by up to 8 weeks of in-home or community-based stabilization support. Coordination includes outpatient providers, peers/parent partners, and BH-ASO care coordinators to ensure continuity of care beyond the crisis event.

Crisis Outreach Team Deployment

Location of Response

North Sound BH-ASO and contracted agencies maintain policies and procedures for the deployment of teams to various community settings such as the help-seekers home, schools, hospitals, Jails, community settings, behavioral health agencies, and Tribal lands. Mobile crisis outreach teams do not decline a 988/RCL request for dispatch and respond to all community locations within the North Sound Regional Service Area. Mobile crisis outreach teams may determine if a location change is needed to ensure the safety of the help-seeker or staff, or request law enforcement assistance.

North Sound BH-ASO contracted crisis providers or programs providing behavioral health outreach services to American Indian (AI) or Alaska Native (AN) on or off Tribal land, as best practice, shall inquire if there is a Tribal Coordination Plan in place by contacting the VOA's RCL, the local DCR agency or North Sound BH-ASO.

Deployment Principles

- Mobile crisis outreach teams shall maintain a **No Decline** policy for RCL dispatches
- Mobile crisis outreach shall maintain a "Just Go" philosophy that minimizes secondary triage or additional screenings when appropriate.
- MRRCT response shall be prioritized and offered prior to engaging DCRs or Law Enforcement, unless clinically indicated.
 - Endorsed MRRCT and CBCT teams will be prioritized for dispatch when available, based on acuity, proximity, and operational availability. This prioritization aligns with HCA expectations for endorsed teams as the preferred responders for Behavioral Health Emergencies.
- Mobile crisis outreach teams shall ensure operational capacity to respond in the community, offering in-person crisis response.
- Mobile crisis outreach shall ensure prompt communication with all help-seekers and referents.

Mobile Rapid Response Crisis Teams (MRRCT) - Adults

Team Composition

A mobile rapid response crisis team must provide services with at least one dyad of two staff per shift. These two-person teams include a Mental Health Professional (MHP) or a Mental Health Care Provider (MHCP), and a Certified Peer Counselor (CPC) responding together to all crisis referrals.

Dispatch

- RCL requesting the dispatch of MRRCT will refer or transfer the case to MRRCT qualified clinician 24/7.
- Relevant or available case information (as outlined under Individual Care Information) will be conveyed and documented by both the RCL and MRRCT.
- An RCL dispatch number will be assigned for any dispatch that requires in-community face-to-face contact.

Note: If an RCL dispatch referral with an ETA is established and the help-seeker or 3rd party referent declines the initial outreach, MRRCT shall notify the RCL of the status change and coordinate an agreed upon follow-up plan.

Response Times

- 988 referrals for endorsed MRRCT: crisis response shall occur within one hour of a referral for Behavioral Health Emergency,

- MRRCT: crisis response within two (2) hours of a referral for an Emergent crisis and within twenty-four (24) hours of a referral for an Urgent Behavioral Health crisis.

Mobile Rapid Response Crisis Teams (MRRCT) – Children and Youth, MRSS Model

Team Composition

North Sound BH-ASO's Children and Youth MRRCT teams is also referred to as the "Child, Youth and Family Crisis Team" (CYFCT). A CYFCT MRRCT provides Mobile Crisis Outreach services with at least one dyad of two staff per shift. These two-person dyads include a Mental Health Professional (MHP) or a Mental Health Care Provider (MHCP), and a Certified Peer Counselor (CPC – either a parent partner or a youth peer specialist) responding together to all crisis referrals.

Key Program Standards

- Caller defines the crisis, consistent with MRSS national and HCA standards.
- Mobile, face-to-face response is the standard for youth unless clinically contraindicated.
- Emergent cases receive face-to-face response within 2 hours.
- Urgent cases receive scheduled outreach within 24 hours.
- Applies to children, youth, and young adults up to age 20 (or 21, depending on final HCA guidance)

Mobile crisis outreach teams will prioritize diversion from Emergency Departments when safe and clinically appropriate, supporting stabilization in the community whenever possible. Youth-serving MRSS/CYFCT teams respond to homes, schools, and community locations as the standard model of care.

Dispatch

- 988 is the single point of access for calls regarding children, youth, young adults ages 0-21 and their caregivers. As such, 988 will prioritize these calls for warm transfer referral to the RCL for dispatch and coordination with the assumption that the caller, not the call taker, defines the crisis.
- CYFCT MRRCT's ensure the "just-go" model of response and any further screening will be considered as part of the response. Young people are assessed face-to-face as best practice. Mobile response is the standard for this population.
- RCL requesting the dispatch of CYFCT MRRCT will refer or transfer the case to MRRCT qualified clinician 24/7. This clinician will not necessarily be a part of the CYFCT MRRCT but will have the ability to stay on the call while the CYFCT MRRCT is en route to meet with the child, youth, young adult, and/or their caregiver. If the youth and/or the caregiver cannot meet in-person within 2 hours, the CYFCT can schedule an outreach within 24 hours at the youth and/or family's convenience.
- Relevant or available case information (as outlined under Individual Care Information) will be conveyed and documented by both the RCL and MRRCT.
- RCL dispatch number will be assigned for any dispatch. Per HCA and MRSS best practice standards, all calls involving a child, youth, or young adult warrant an in-person response.

Note: If an RCL dispatch referral and an ETA is established and the help-seeker or 3rd party referent declines the initial outreach, CYFCT must notify the RCL of the status change and coordinate an agreed upon follow-up plan.

Response Times

- 988 referrals for endorsed MRRCT: crisis response shall occur within one hour of a referral for Behavioral Health Emergency,
- MRRCT: Crisis Response within two (2) hours of a referral for an Emergent crisis and within twenty-four (24)

hours of a referral for an Urgent Behavioral Health crisis.

Designated Crisis Responder (DCR)

Team Composition

Designated Crisis Responders (DCRs) are designated by the county or North Sound BH-ASO authorized in rule to perform civil commitment duties under the Involuntary Treatment Act (ITA) revised code of Washington (RCW) 71.05 and 71.34.

North Sound BH-ASO in partnership with Washington Health Care (HCA) Authority Tribal Affairs and Regional Tribal Authorities have established Protocols for Crisis Coordination for Tribes in the North Sound Region.

Dispatch Protocol

- Referrals to 988 or North Sound RCL for a DCR response follow a common triage and dispatch criteria that assesses information provided by the referent and determines less restrictive crisis response interventions would not meet the individual's current presentation or needs.
- North Sound's RCL has the authority to dispatch a DCR directly for evaluations under RCW 71.05 and 71.34 that meets the following criteria:
 - An individual is able to participate in an interview
 - An Individual is experiencing a behavioral health crisis
 - Hospitals requesting a DCR ITA investigation:
 - Uncooperative, unwilling and/or refusing voluntary services
 - Less restrictive options ruled out
 - The individual to be evaluated is 13 years of age or older
 - Experiencing a behavioral health crisis
 - In a state wherein they are unable to make sound decisions and thus, putting their own safety and/or the safety of the community in danger.
 - Medical cleared and/or stable for discharge from medical services.

Response Times

Initial DCR response within two (2) hours of a referral for an Emergent Care crisis and within twenty-four (24) hours of a referral for an Urgent Behavioral Health crisis response. DCR investigations must ensure compliance with RCW 71.05 and 71.34 timelines.

Tribal Designated Crisis Responders (DCRs)

Team Composition

Tribal Designated Crisis Responders (DCRs) are people designated by the Health Care Authority and authorized to perform civil commitment duties under the Involuntary Treatment Act (ITA) revised code of Washington (RCW) 71.05 and 71.34.

North Sound BH-ASO in partnership with Washington Health Care (HCA) Authority Tribal Affairs and Regional Tribal Authorities have established Protocols for Crisis Coordination for Tribes in the North Sound Region.

Washington HCA Tribal DCR FAQ: [Tribal Designated Crisis Responder \(DCR\) FAQ](#)

Dispatch Protocol

- Referrals to 988 or RCL for a DCR response follow a common triage and dispatch criteria that assesses information provided by the referent and determines less restrictive crisis response interventions would not meet the individual's current presentation or needs.

Response Times

Initial Crisis Response within two (2) hours of a referral for an Emergent Care crisis and within twenty-four (24) hours of a referral for an Urgent Behavioral Health crisis situations. Tribal DCR investigations must ensure compliance with RCW 71.05 and 71.34 timelines.

Community Based Crisis Teams (CBCTs)

North Sound BH-ASO, in partnership with various Fire/EMS agencies, are expected to contract with CBCT programs beginning in 2025-26. North Sound BH-ASO is conducting joint planning with regional PSAP administrators to develop a standardized workflow for 911-initiated CBCT dispatch. Draft workflow models have been developed and will be finalized once statewide MHCCDI technical standards are released by HCA/DOH.

Team Composition

Community-Based Crisis Teams (CBCT) are a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency. These teams provide an in-person response and connection to ongoing support for an individual experiencing a behavioral health emergency. These teams provide the same level of care and intervention strategies as our traditional mobile rapid response crisis teams (MRRCT) but differ with their personnel makeup. By expanding the types of personnel, these teams can provide an increased response to those seeking support during a crisis and additional resources in rural communities.

Teams must include appropriately credentialed or licensed behavioral health clinical staff including a supervisor who meets the minimum requirements as a mental health professional (MHP), mental health care provider (MHCP), a certified peer counselor (CPC), or other behavioral health or medical professional working within their scope of practice, as approved by the authority.

Dispatch

Teams must include at least one MHP or MHCP during an initial response. As a best practice the initial outreach should include a certified peer counselor, when available and as clinically appropriate. Teams must also always have an MHP supervisor available while the responding team are in the field for consultation. The consulting MHP may be the team supervisor or another MHP.

Note: Future state CBCTs as part of fire or EMS are dispatched primarily through 911 PSAPs. Future planning and partnerships will evaluate common areas of alignment and coordination with 988 hubs and RCL for dispatch protocols and workflow.

Response Times

- 988 referrals for endorsed CBCT: crisis response shall occur within one (1) hour of a referral for Behavioral Health Emergency.

Dispatch Delay

Mobile crisis outreach agencies must document as part of any transaction when they cannot comply with dispatch response times. Delay reasons include:

Category 01: Staffing (Safety)

- Coordination with law enforcement (LE), first responders, or another resource required to ensure safety of the staff and the client/respondent.
- Unstaffed community/home locations in which safety cannot be ensured based on safety screening completed by the RCL, MRRCT or DCR staff.

Category 02: Complex Case:

- No known location or whereabouts have become unknown.
- Administrative cases or any activity that did not originate from a referral for dispatch but then resulted in a dispatch.

North Sound BH-ASO monitors dispatch delay cases and sends routine reporting for MRRCT and DCR agencies for quality improvement follow up.

Dispatch Coordination & Disposition

Mobile crisis outreach teams may determine immediacy of the outreach response (response time) if self-dispatched or a dispatch referral from the RCL does not indicate response time expectations. Mobile crisis outreach teams will conduct further information gathering, safety screening, follow up activity or determine if other community services are appropriate based on initial screening or safety. Providers should prioritize in-community, face-to-face MRRCT response, when appropriate, prior to engaging a DCR.

Once a referral for dispatch has been made by the RCL or self-dispatched from a community referral, MRRCT and DCR staff are expected to continue information gathering and provide ongoing coordination with the referent or other collateral contacts. Mobile crisis outreach staff determine how or where the outreach is conducted based on the information available. Dispatches originating through the RCL or originating as self-dispatched (law enforcement, co-responder, community referrals) must generate a case number, coordinate case disposition and follow-up with the RCL.

Follow up Coordination

Follow up coordination shall be consistent with any established care plan intended to prevent unnecessary hospitalization, incarceration and return to a level of functioning no longer requiring crisis services. Follow-up services, including referrals for ongoing care, are available twenty-four (24) hours a day, seven (7) days a week.

Follow up Services include:

- Phone contacts, additional outreaches, or facility-based appointments.
- Follow up contact made by a MHCP or CPC to initiate or continue crisis prevention plans, develop Mental Health Advance Directives (MHAD) or WRAP plans.
- Referral, coordination, and navigation support to ongoing behavioral health services.
- Coordinating with referrals to ensure individuals were connected to services.

Mobile crisis outreach staff needing assistance connecting back or making connections with the individual's current treatment provider, including wrap-around and high intensity outpatient, may contact the RCL for available information or North Sound BH-ASO care coordinators directly.

Mobile crisis outreach staff providing follow up services that involve high need individuals shall coordinate care or initiate other planning activities with North Sound BH-ASO care coordinators, Manage Care Organization (MCO), Tribal behavioral health professionals and/or other appropriate provider systems or support.

Next Day Appointments

A Next Day Appointment (NDA) means an appointment that a person can access the next day or in an agreed timely manner that will help the person resolve the problems that contribute to the person being in an urgent behavioral health condition. These appointments are not intended to be ongoing crisis interventions or stabilization provided by crisis workers. They are meant to be a step to resolving the crisis and lead to further services. Appointments may be provided by telehealth or by any medical professional operating within their scope of practice.

NDA Services	Criteria
<ul style="list-style-type: none"> • Medication consults • Appointments with PCP, clinician, or prescriber • Intake assessments • Other consults 	<ul style="list-style-type: none"> • The person agrees with an NDA • The person can stay safe until the appointment • The person can identify their insurance carrier, and/or does not have insurance • Their insurance carrier participates in NDA, and • If a support person is helping to coordinate the appointment, ensure the person is available to consent with the plan. • The NDA will help resolve the crisis.

Open Access: Crisis agencies supporting help-seekers access NDAs or other urgent outpatient services shall facilitate referrals and warm-hand offs with providers that maintain open access appointments. Crisis agencies may contact North Sound’s RCL or North Sound BH-ASO directly to help facilitate linkages for individual needing access to urgent outpatient behavioral health services.

Next Day Appointments for Medicaid:

Community Health Plan of Washington (CHPW)	1-800-440-1561
Coordinated Care (CC)	1-877-644-4613
Molina Healthcare of Washington (MHW)	1-800-869-7165
UnitedHealthcare Community Plan (UHC)	1-877-542-8997
Wellpoint Washington (WLP)	1-833-731-2167

Transportation & Admissions to Facilities

North Sound BH-ASO contracted crisis agencies provide or coordinate transportation for a variety of behavioral health services or resources to include transport to crisis receiving facilities such as Crisis Stabilization, walk-in withdrawal management and 23-hour Crisis Relief Centers (CRC). Offering or coordination of transportation may be dependent on provider resources, and which crisis response team is directly coordinating services.

Endorsed MRRCT

Endorsed MRRCT must meet all transportation, vehicle, and communication standards in WAC 182-140.

- **Low to Moderate Risk:** If there is little to no degree of risk, endorsed MRRCT teams may offer and provide transportation.
- **Moderate to High Risk:** When there is a concern about the safety of the individual or the public, including any time an individual needs to be transported for medical clearance or evaluation for detention by a DCR, MRRCT will request and utilize an ambulance or request police transport.

Non-Endorsed MRRCT

When transportation of an individual is required and use of agency vehicles is not an available option or the available vehicle is not properly equipped to transport a client experiencing mobility disabilities, agency staff must assess level of risk prior to offering a transportation option.

- **Low Risk:** If there is little to no degree of risk, MRRCT teams will assist the client in arranging transportation by public transportation, such as buses or taxicabs with ADA accessibility where required. Non-endorsed MRRCT are highly encouraged to coordinate with other behavioral health community outreach programs that may assist in providing direct transportation.
- **Low to Moderate Risk:** If there is a low to moderate level risk, MRRCT teams may assist the individual in arranging transportation by Taxicab or equivalent, with ADA accessibility where required.
- **Moderate to High Risk:** When there is a concern about the safety of the individual or the public, including any time an individual needs to be transported for medical clearance or evaluation for detention by a DCR, MRRCT will request and utilize an ambulance or request police transport

MRRCT teams will document in the clinical record when transportation is required, when the use of agency vehicles is not an option, or the available vehicle is not properly equipped to transport an individual experiencing mobility disabilities. Documentation will include reasons/rationale for transportation offered, provided to include transportation that were attempted but were unsuccessful.

Designated Crisis Responders (DCRs)

If a DCR decides that involuntary treatment is needed, they will arrange for the individual to be transported to an appropriate facility, such as an evaluation and treatment facility, or a secure withdrawal management and stabilization facility.

The DCR is responsible for assisting facility staff so that the facility staff can understand paperwork and documentation requirements according to the outcome of the evaluation. If a client is being detained the client will need to be served a copy of the detention paperwork. There may be additional facility requirements depending on location of placement and it is the responsibility of the DCR to work with facility staff to ensure that all involved get the needed paperwork. This may include instructing facility staff to provide copies of paperwork to secure transport providers and preparing copies for the destination facility.

DCRs are expected to coordinate available transportation for less restrictive stabilization supports such as crisis

stabilization and withdrawal management facilities, 23-hour Crisis Relief Centers (CRC) or other appropriate treatment options when resources allow.

Admissions to Facilities

Crisis agencies shall support the coordination and admissions to crisis stabilization, urgent withdrawal management, Triage or 23-hour Crisis Relief Centers (CSC) as clinically indicated, and as resources allow. Crisis outreach agencies shall coordinate directly with regional facilities and the RCL for facility admission.

Admission to crisis stabilization, urgent withdrawal management/detox (in a “Triage” setting) and 23-hour Crisis Relief Centers (CRS) do not require prior authorization prior to admission. North Sound’s RCL, DCR and MRRCT teams shall have access to each facilities admission criteria, admission operation processes or other information needed to ensure streamlined admission for anyone needing short-term stabilization as a follow-up to crisis interventions services.

Future state Note: *Endorsed MRRCT teams shall facilitate and provide warm-linkages, when clinically indicated, to 23-hour CRCs for help-seekers referred through 988 and coordinate outcomes and disposition with North Sound dispatching RCL.*

MRRCT and DCR teams attempting to referral and support admission to crisis receiving facilities shall coordinate directly with North Sound’s RCL and North Sound BH-ASO if access barriers prevent the help-seeker receiving facility-based crisis stabilization or withdrawal management/detox services.

Coordination with Managed Care Organizations (MCOs)

Coordination of referrals between crisis agencies, community outreach teams (i.e., co-responders), Behavioral Health Agencies (BHA) or MCOs for case management is critical to ensure continuity of care for individuals in an active course of treatment for any acute or chronic behavioral health condition. North Sound BH-ASO is required to support the coordination or transfer of individual information, including assessments and crisis prevention plans with appropriate entities as needed. North Sound BH-ASO employs licensed professionals with expertise in Mental Health and Substance Use Disorder (SUD) treatments who offer a range of [coordination support](#) for individuals accessing crisis services or authorized treatment services in the North Sound region.

ASO Information Sharing with MCOs

North Sound BH-ASO supports reporting processes with MCOs regarding crisis services for each of their members. This includes daily crisis contact reports and Bi-weekly frequent utilizers of crisis services. This reporting is provided to ensure MCOs have real-time information on crisis service provided to their members and aid in proactive payer-level care coordination engagement if appropriate. In addition, North Sound BH-ASO supports additional reporting processes with MCOs and other Administrative Service Organizations (ASOs) for ITA court hearings and Less Restrictive outpatient court orders.

Coordination with Payers

Coordination with MCOs during or following crisis services may be engaged at the clinician’s discretion and often best executed in collaboration with North Sound BH-ASO clinical staff.

Guiding Principles:

- Interventions regarding individual members should happen at the lowest level possible prior to ASO administrative levels of intervention. There is an expectation that contracted providers will have exhausted

their internal resources, including supervision and consultation with expert staff, prior to contacting North Sound BH-ASO for care coordination assistance.

- Confidential information should be shared only as necessary and appropriate to facilitate clinically indicated levels of care.
- Interventions / services should be unduplicated, minimally invasive and conducted in consideration of the individual's wishes regarding their own care.

Crisis providers shall consider contacting North Sound BH-ASO directly to initiate care coordination interventions to include, but not limited to:

- Access to crisis safety plans and coordination of information for individuals in crisis.
- Access, Information or referral to allied systems or supports (DCYF, DDA, DOC, JRA, etc.)
- Conveying complex case staffings across allied systems.
- Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, withdrawal management and sobering centers, homeless shelters and service providers for individuals with complex behavioral health and medical needs.
- Continuity of care for individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving individual-provider relationships through transitions.
- Coordination for individuals who are named on the HCA high utilizer list in the Trueblood settlement.

988 Data Sharing Agreements - TBD

A critical component of the national 988 system has been the planning and development of technology and interoperable platforms that can support data sharing to optimize crisis response across agencies and providers. SB 6251 amended language to require 988 hubs to enter into data-sharing agreements, when appropriate, with DOH, HCA, RCL, and regional BH-ASOs to provide reports and client level data regarding 988 hub calls, as allowed by and in compliance with existing federal and state law governing the sharing and use of protected health information.

Data-sharing agreements with regional crisis lines must include real-time information sharing. All coordinated regional behavioral health crisis response system partners must share dispatch time, arrival time, and disposition for behavioral health calls referred for outreach by each region consistent with any regional protocols developed under RCW [71.24.432](#).

Future State Note: DOH and HCA shall establish requirements for 988 hubs to report data to regional behavioral health administrative services organizations for the purposes of maximizing Medicaid reimbursement, as appropriate, and implementing this chapter and chapters [71.05](#) and [71.34](#) RCW. The behavioral health administrative services organization may use information received from the 988 hubs in administering crisis services for the assigned regional service area, contracting with a sufficient number of licensed or certified providers for crisis services, establishing and maintaining quality assurance processes, maintaining patient tracking, and developing and implementing strategies to coordinate care for individuals with a history of frequent crisis system utilization.

North Sound ASO & RCL Data Management

Future state: Adoption of future state 988 & RCL Tech Crisis Management and Interoperability Platforms will impact data collection and health information systems.

North Sound's Regional 988 Hub and RCL maintain an electronic health records system that is tailored specifically for call enter triage and in field dispatch management that include:

- Call Logs
- Presenting Information
- Dispatch (Date, Time, Case number, Organization, county/location, dispatched staff and dispatch type);
- Outreach Start and End Timestamps
- Disposition/outcome tracking
- Suicide and threat assessment
- Safety screening; and
- 988 outcome follow up

North Sound BH-ASO's regional crisis data is integrated within VOA's EHR to ensure VOA clinicians have access to relevant information to inform call center decision making and triage activity to include:

- Individual Demographic data
- ITA or Less Restrictive Order data
- Mobile Crisis Response (MCR) data
- Designated Crisis Responder (DCR) Data; and
- Regional PACT and Wise data.
- Non-Medicaid Outpatient and Residential

North Sound BH-ASO Oversight & Monitoring

North Sound BH-ASO maintains a robust crisis service Quality Assurance and Improvement program which includes conducting routine data monitoring, on-site auditing, and quality assurance and improvement activities for all behavioral health Mobile Rapid Response Crisis Teams (MRRCT), Community Based Crisis Teams (CBCT), Designated Crisis Responders (DCRs), crisis stabilization and regional RCL services.

Provider and Program Monitoring

Monitoring services ensures appropriate utilization and regional sustainability of the least restrictive settings for behavioral health crisis and stabilization services. Monitoring activities span North Sound BH-ASO's Clinical Oversight Team (COT), Information Systems (IS), Fiscal and Contract departments. North Sound BH-ASO develops compliance and quality driven processes for each program or contractor which is routinely evaluated against best practices.

Performance monitoring activities include:

1. Agency or program performance metrics to include access, response, and service outcomes; and
2. Agency or program adherence to relevant Revised Code of Washington (RCW), Washington Administrative Code (WAC), HCA and North Sound BH-ASO contract requirements or other applicable standards.

North Sound BH-ASO and our contract providers may coordinate individual experience data and information when requested. Member experience data may include, for example:

1. Data from complaints, survey results, or customer service outcomes; and
2. Service outcome data, to include effectiveness of care, access/availability, utilization/resource use and member experience of care.

Onsite Quality Reviews

North Sound BH-ASO conducts a variety of quality reviews of services against relevant RCW, WAC, state or federal rule regulations and ensures all crisis service and programs are aligned with:

- National Best Practice Guidelines.
- Health Care Authority Best Practice Guidelines.
- Established State or Regional MRRCT and DCR Protocols.

Onsite quality reviews may include:

1. **Quality Review Reports:** provides a finding summary and the BHA and/or regional compliance rates for each standard; and/or
2. **Remedial Actions:** applied in circumstances in which quality or compliance standards are not met and additional actions by the provider or sub-delegate need to be addressed.

North Sound BH-ASO Policy Sources

North Sound BH-ASO Policies: [Policies & Procedures | North Sound BH-ASO](#)

- 1517.00 - Coordination of Care with External Health Care Providers
- 1562.00 - Monitoring of Less Restrictive Alternatives
- 1597.00 - Care Management and Coordination
- 1701.00 - Crisis Stabilization in a Crisis Stabilization or Triage Facility
- 1702.00 - Safety Screening
- 1721.00 - Medical Status Criteria for Involuntary Treatment Services
- 1728.00 - Single Bed Certification (SBC)/Inpatient Resource Availability
- 1729.00 - DCR Coordination with Jails for Involuntary Evaluation Needs
- 1731.00 - Regional Crisis Line
- 1732.00 - Crisis Services Regional Quality Assurance and Improvement
- 1733.00 - Crisis Services General Requirements
- 1734.00 - Mobile Rapid Response Crisis Teams and Involuntary Treatment Investigation Services
- 1734.01 - MRRCT and DCR Dispatch Protocols
- 1735.00 - Children, Youth and Family Crisis Teams