Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO REGIONAL CRISIS SYSTEM PROTOCOLS

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CHAPTER 1 – INTRODUCTION

I. BACKGROUND

Washington State established Behavioral Health Administrative Services 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. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) Regional Crisis Dispatch Protocols aim to be a best practice guideline and augment established SBH-ASO policies and working agreements.

II. SCOPE

SBH-ASO Regional Crisis Dispatch Protocols support coordinated efforts between behavioral health crisis response systems including, but not limited to:

- Salish Regional Crisis Line (RCL)
- SBH-ASO Mobile Rapid Response Crisis Teams (MRRCT) – including the following
    - Hybrid (Adult & Youth) MRRCT Teams
    - Youth MRRCT/MRSS Teams
    - Endorsed MRRCT Teams
- Community Based Crisis Teams (CBCT)
- Designated Crisis Responders (DCRs)
- Various partnerships with community based behavioral outreach programs including but not limited to:
    - Law Enforcement
    - Co-Responder Programs
    - Regional Navigator Programs (RNP)
    - Other critical outreach and engagement programs

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

CHAPTER 2 – OVERVIEW OF REGIONAL CRISIS SYSTEM & PROTOCOLS

I. CORE PRINCIPLES

Salish BH-ASO aligns our regional continuum of care with SAMHSA's National Guidelines for Behavioral Health Crisis Care. Essential elements of crisis response include, but are not limited to:

- Ensuring there is someone to contact, someone to respond, and there is a safe place to go.
- Ensuring there is "no-wrong" door
- The help-seeker defines the crisis, not the provider or system
- Services should be:
    - Responsive, proactive, and follow the "just-go" philosophy
    - Person-centered, family focused and provide the right level of care at the right time
    - Prioritize safety, quality, and effectiveness
    - Recovery oriented

II. REGIONAL CRISIS LINE (RCL)

Salish BH-ASO provides a 24-hour, seven days a week, toll-free Regional Crisis Line (RCL) to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources. Salish's RCL provider is Volunteers of America of Western Washington (VOA). The Salish RCL is accessible via direct contact at 1-888-910-0416.

In addition to crisis intervention and triage services, the Salish RCL functions as a central point of contact for the Salish Regional Service Area (RSA) for requests for Mobile Rapid Response Crisis Teams, including Involuntary Treatment Act Investigations.

The Salish 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 Salish region this includes but is not limited to local 911 public safety answering points (PSAP), Washington's 988 Suicide & Crisis Lifeline (including the sub networks: Veteran's Crisis Line, and Native & Strong Lifeline), Salish Regional Crisis Line (SRCL) and a continuum of behavioral health agencies and professionals spanning Clallam, Jefferson, and Kitsap Counties.

III. SALISH BH-ASO REGIONAL 988 HUB AND RCL

Currently, in the Salish region, Volunteers of America of Western Washington (VOA) is the operator of the 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.

Salish's 988 hub and SRCL 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.

988 callers needing or requesting in-person crisis intervention are directly warm transferred to Salish RCL's clinicians. 988 clinicians remain on the call with the 988 help-seeker during the entirety of the warm transfer process to Salish's RCL. 988 and 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.

IV. MOBILE RAPID RESPONSE CRISIS TEAM (MRRCT) SERVICES

A. GENERAL TEAM COMPOSITION

Mobile Rapid Response Crisis Teams (MRRCT) are multi-disciplinary teams of behavioral health professionals and peers that provide community based, face-to-face crisis assessment and intervention. Salish BH-ASO MRRCTs provide community-based crisis intervention to individuals where the crisis is occurring, which may be at home, work, school, hospital, other community locations or via telehealth. Determination for use of telehealth is on a case-by-case basis as deemed clinically appropriate and is rendered in accordance with all applicable regulatory guidelines, RCW 71.05. MRRCTs also provide short-term follow-up services to ensure individuals have access to appropriate stabilization and outpatient treatment after a crisis episode of care.

Salish BH-ASO MRRCTs are comprised of the following provider types:

- Mental Health Professionals (MHP)
- Mental Health Care Provider (MHCP)

- Certified Peer Support Specialists (CPSS)
- Designated Crisis Responders (DCR)

B. DESIGNATED CRISIS RESPONDERS (DCRs)

Salish BH-ASO Designated Crisis Responders (DCRs) are one of the core provider types of Salish BH-ASO MRRCTs. DCRs are individuals designated by Salish BH-ASO, for Clallam, Jefferson, and Kitsap Counties, to perform the civil commitment duties (Involuntary Treatment Act (ITA) Investigations) described in chapter RCW 71.05 & 71.34 in their respective Regional Service Areas (RSA). Each of Salish BH-ASO MRRCTs has DCRs on staff.

C. SAFETY SCREENING BY CRISIS OUTREACH TEAMS

All MRRCT staff will follow and maintain safety protocols as described in RCW 71.05 and 71.34, 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 MRRCT staff will ensure that when responding to non-secure locations, that two staff 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.

D. INITIAL CRISIS INTERVENTION BY CRISIS OUTREACH TEAMS

MRRCT staff shall incorporate nationwide best practices for crisis care in alignment with the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kits to include Mobile Response and Stabilization Services (MRSS) for youth.

The initial crisis intervention should focus on:

- Stabilizing the 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 safety and/or crisis plans.
- Offer and support a crisis peer response and engagement.

E. 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 24/7.

Follow-up services include:

- Phone contacts, additional outreaches, or facility-based appointments including stabilization services.
- Follow-up contact made by MHCP or CPSS to initiate or continue crisis prevention plans, develop Mental Health Advanced Directives (MHAD) or WRAP plans.
- Referral, coordination, and navigation support to ongoing behavioral health services.
- Coordination of Next Day Appointments as clinically indicated.

Crisis staff providing follow-up services that involve high need individuals shall coordinate care or initiate other planning activities with Salish BH-ASO Care Managers, MCOs, Tribal behavioral health professionals and/or other appropriate system support.

V. LEVEL OF ACUITY

Level of Acuity	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 an individual 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.	• Voluntary (individual's consent) or involuntary emergency response • Active Rescue Protocol • Risk cannot be mitigated by protective factors	• 911/Emergency Response

Level of Acuity	Clinical Criteria	Additional Qualifier	Response
Behavioral Health Emergency	Imminent danger to self or others. Danger of serious physical harm resulting from failure to provide response.	• Intoxicated in an unsafe environment or active withdrawal • Individual has protective factors that can promote safety until response arrives	• Consider dual response with first responders • 1 hour response
Emergent Risk	May present with imminent risk but lacks means or immediate intent.	• Individual has protective factors that can promote safety until a response arrives • Able to engage in safety or crisis planning	• Within 2 hours
Urgent Risk	Moderate risk, no immediate or short-term danger to self or others, can maintain safety.	• Location of the individual is known • Staffed or secure location (jails, inpatient psych units, medical units, logistical issues)	• Within 24 hours
Follow-up/Stabilization	Low Risk, no identified danger to self or others, agreeable to crisis and/or safety.	• Post initial crisis intervention service	• Crisis Stabilization services, Crisis Next Day Appointment

VI. NEXT DAY APPOINTMENTS

A Next Day Appointment (NDA) means an appointment that an individual can access the next day or in an agreed timely manner that will help the individual resolve the problems that contribute to the individual 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
• Medication consults • Appointments with PCP, clinician, or prescriber • Intake assessments • Other consults	• The individual agrees with an NDA • The individual can stay safe until the appointment • The individual can identify their insurance carrier, and/or does not have insurance • Their insurance carrier participates in NDA, and • If a support individual is helping to coordinate the appointment, ensure the individual 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 Salish BH-ASO or Salish RCL directly to help facilitate linkages for individuals needing access to urgent behavioral health services.

All crisis providers in Salish BH-ASO provide NDA for all individuals in the area. The agency screens all individuals for Medicaid eligibility and may assist in enrollment in Apple Health or Fee for Service Medicaid as appropriate. Salish BH-ASO provides technical assistance to providers to support access for Medicaid Fee for Service individuals.

Tribal: Individuals receiving service through an Indian Health Care Provider (IHCP) shall have Next Day Appointments coordinated in alignment with the Tribal Crisis Plan document or the agreed process for Tribes with no Tribal Crisis Plan in place.

Next Day Appointments for Medicaid:

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

VII. TRIBAL GOVERNMENT PROTOCOLS FOR CRISIS COORDINATION

Salish BH-ASO Region engages with all seven Tribes within our region. Tribes in our region include Hoh Tribe, Makah Tribe, Quileute Tribe, Lower Elwha Klallam Tribe, Jamestown S'Klallam Tribe, Port Gamble S'Klallam Tribe, and Suquamish Tribe. Salish BH-ASO tribal liaison maintains a contact list for each Tribe. Salish BH-ASO coordinates tribal technical assistance and coordination in partnership with the HCA Regional Tribal Liaison.

Salish BH-ASO partners with Washington's Health Care Authority (HCA) Office of Tribal Affairs Regional Tribal Liaison, and regional Tribal Governments to establish protocols for Crisis Coordination with Tribes and Non-Tribal Indian Health Care Providers (IHCP). Salish BH-ASO and our contracted Providers have partnered with Tribes in our region and the HCA Regional Tribal Liaison in developing mutually agreed upon Government-to-Government Crisis Coordination Protocols. These protocols are coordinated with the HCA Regional Tribal Liaison and include, at a minimum, a description of procedures and processes for:

- DCRs access to Tribal lands to provide services, including crisis response and involuntary treatment act investigations.
- 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 in accordance with local agreements.
- How DCRs will coordinate with Tribal behavioral health providers and other identified in the protocols, including coordination and debriefing with any Tribal behavioral health provider after a crisis service has been provided.
- When a DCR determines whether to detain or not for involuntary commitment; and
- If ITA investigations cannot be conducted on Tribal land, how and by whom Individuals will be transported to non-Tribal lands for involuntary treatment investigation 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 Salish BH-ASO contracted crisis Providers. 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 VOA. All

engagement with Tribes in the Salish RSA is conducted in accordance with Tribal input and agreement. Local protocols are pursued in absence of a formal Tribal Crisis Coordination Protocol to meet all Tribal crisis engagement and reporting requirements. Salish BH-ASO staff are available to coordinate and address any system challenges identified.

If crisis protocols do not exist SBH-ASO tribal liaison will work with the HCA Regional Tribal Liaison in accordance with "Navigating a Crisis without a Tribal Protocol." Salish BH-ASO tribal liaison maintains a list of contacts for tribes without tribal crisis plans and makes notifications in accordance with those agreements.

Salish BH-ASO contracted crisis Providers are required to ensure Regional Tribal Protocols for Crisis Coordination are adhered to and available to staff to support a seamless delivery of services for Tribal members on or off Tribal lands. Salish BH-ASO 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, Regional Crisis Line, the local DCR agency or Salish BH-ASO.

VIII. 911 AND 988: DIVERTING BEHAVIORAL HEALTH CALLS FOR 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.

Salish 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 system. As is outlined 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.

Salish BH-ASO is committed to working with local jurisdictions and providers to ensure prompt and appropriate crisis response within the Salish RSA. Salish BH-ASO is also

committed to working with the WA HCA and the Washington State Department of Health (DOH) for system improvements.

Salish BH-ASO facilitates a quarterly law enforcement meeting, which includes MRRCT representation, to address any system challenges and needs. Salish BH-ASO also provides ongoing technical assistance upon request to law enforcement jurisdictions related to any behavioral health needs.

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 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 rapid response and other resources.

CHAPTER 3 – DISPATCH AND DEPLYOMENT

I. REGIONAL CRISIS LINE – DISPATCH CALL HANDLING

Salish RCL and MRRCTs are required to maintain call routing procedures to ensure individuals or third-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.

Once the RCL determines the need for MRRCT response, RCL clinicians engage a dispatch paging protocol with teams based on the case information and criteria of dispatch. Salish'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 under 15 minutes.
- RCL clinician calls or sends a secure dispatch referral notification to designated MRRCT shift staff.
- If the MRRCT staff responsible for taking the dispatch referral is not immediately available, RCL clinicians should initiate Manager-on-Call procedures at any time if there is a delay or lack of response from the MRRCT assigned staff.

II. RCL & DISPATCHED TEAM COMMUNICATION

Salish's RCL maintains the authority to triage and determine if a call originating at 988 Hub or the SRCL requires a dispatch of MRRCT response. SRCL provides expedited connection to MRRCTs for law enforcement, hospitals, jails and other professionals as appropriate.

MRRCT staff follow up with help-seeker within 15 minutes to provide an estimated time of arrival and other appropriate planning. In this 15-minute period, the MRRCT staff gathers additional information and determines the level of acuity to determine the appropriate timeline for response. According to best practice, two-person responses are deployed as available. In rural areas, at times, a single individual response is required. MRRCT teams coordinate with law enforcement to address safety concerns.

MRRCT 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).

III. MRRCT DEPLOYMENT

Salish BH-ASO and contracted Providers 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. MRRCT do not decline a 988/RCL request for dispatch and respond to all community locations within the Salish Regional Service Area. MRRCTs may determine if a location change is needed to ensure the safety of the help-seeker or staff, or request law enforcement assistance.

Endorsed MRRCT teams in Kitsap County are prioritized for MRRCT response as they are the only crisis team

A. DEPLOYMENT PRINCIPLES

- MRRCT shall maintain a **No Decline** policy for RCL dispatches
- MRRCT 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
- MRRCT shall ensure operational capacity to respond in the community, offering in-person crisis response
- MRRCT shall ensure prompt communication with all help-seekers and referents.

B. MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS) DISPATCH

Salish BH-ASO's Children and Youth MRRCT team is also referred to as the "Youth Mobile Crisis Outreach Team" (Youth MCOT). The Salish Youth MRRCT team 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 Support Specialist (CPSS – either a parent partner or youth peer specialist) responding together to all crisis referrals.

Salish BH-ASO Youth MRRCT at Kitsap Mental Health provides response within the MRSS model. This team is staffed with MHPs, MHCPs, and Youth and Family CPSS. These services are provided in-person to individuals and families up to the age of 20. Individuals between the ages of 18-20 are assessed for the most appropriate responding team based on clinical presentation. This team is the primary response for all referrals made within Kitsap County. This team also provides back-up support for crisis response for families engaged in WISe services. The Kitsap YMCOT supports and offers, NDAs, stabilization services, and coordination of services for youth and families within Kitsap County. Response timelines may be adjusted based on family recommendation/request. If youth/family is unable to meet within emergent timeline, they may schedule an outreach within 24 hours.

"Stabilization" in MRSS refers to community-based care, most frequently delivered in homes or other locations convenient to the family. Stabilization services include short-term (usually 6-8 weeks) evidence-informed care coordination services. Youth Teams offer stabilization services to youth and families in accordance with best practices. Stabilization services seek to reduce recidivism to crisis response and provide support in accessing and maintaining on-going supportive services.

IV. CRISIS SERVICES AVAILABILITY AND LOCATION

Provider	Location	Hours of Operation	Youth/MRSS	Transport
Peninsula Behavioral Health	East Clallam County	☒ 24/7 ☐ On-call ☐ Other:	☒Y – Hybrid Team ☐N	☐Y ☒N
West End Outreach Services	West Clallam County West Jefferson County	☒ 24/7 ☐ On-call ☐ Other:	☒Y – Hybrid Team ☐N	☐Y ☒N
Discovery Behavioral Health	East Jefferson County	☒ 24/7 ☐ On-call ☐ Other:	☒Y – Hybrid Team ☐N	☐Y ☒N
Kitsap Mental Health Services	Kitsap County	☒ 24/7 ☐ On-call	☒Y – Hybrid Team	☒Y* ☐N

		☐ Other:	☐N	**pending 2026 endorsement*
Kitsap Mental Health Services - YMRRCT	Kitsap County	☒ 24/7 ☐ On-call ☐ Other:	☒Y -Youth specific team ☐N	☒Y* ☐N **pending 2026 endorsement*

CHAPTER 4 – TRANSPORTATION & ADMISSION TO FACILITIES

I. TRANSPORTATION

Current state: MRRCTs in the Salish RSA do not currently provide transportation. MRRCTs coordinate with regional transportation resources for transportation including Medicaid transportation and community resources for transportation to voluntary treatment. Individuals requiring involuntary treatment are transported via ambulance or law enforcement.

*Future state**: Any crisis agencies who receive endorsement of their MRRCT must meet transportation, vehicle, and communication standards outlined in WAC 182-140.

II. ADMISSION

Salish BH-ASO crisis agencies shall support the coordination and admission to crisis stabilization, urgent withdrawal management, Triage or 23-hour Crisis Relief Centers (CSC) as clinically indicated, and as resources allow.

MRRCT staff coordinate with facilities directly by contacting and providing admission information. This generally occurs via the admission packet providing all necessary documentation including information about labs. Facilities are notified of individuals' insurance coverage. MRRCTs and Salish BH-ASO provide support and assistance for any individual that is fee for service Medicaid. This includes core coordination and discharge planning.

MRRCTs provide technical assistance and coordination support to emergency departments and community providers as needed. This includes supporting families pursuing family-initiated treatment.

MRRCTs coordinate with MCOs when admission to a facility is needed. Information is shared via the daily crisis log that indicates the outcome and referrals for case management. Crisis logs are submitted daily to the MCOs. Data provided includes any requests for care coordination support. MRRCT staff have contact information for MCO care coordination services as needed.

CHAPTER 5 – NON-EMERGENCY SERVICES & WRAP-AROUND SERVICES

I. WISe or FACT ENROLLED INDIVIDUALS

BHAs provide comprehensive wraparound behavioral health services for individuals enrolled to include 24/7/365 crisis response by the team working with the individual or family. These wraparound programs include:

- Wraparound with Intensive Services (WISe) for youth, adolescents, and young adults up to age 20.
- Flexible Assertive Community Treatment (FACT) for adults 18 and older.

The following BHAs provide comprehensive wrap around services within the Salish RSA:

- Catholic Community Services of Western Washington
  - WISe
- Discovery Behavioral Health
  - WISe
- Kitsap Mental Health Services
  - WISe
  - FACT
- Peninsula Behavioral Health
  - WISe

It is common for individuals to request MRRCT response for individuals in crisis enrolled in these wraparound programs for a 'no wrong door' approach or when situations escalate. Having MRRCTs does not replace the obligation for these programs to provide crisis response but the goal is to address the crisis within protocol. There should not be any delay in response for these individuals by MRRCTs if needed or requested. It is best practice, when safe to do so, to inquire whether an individual in crisis is enrolled with a provider under one of these programs.

Salish MRRCTs shall assure communication and coordination with the individuals mental health and substance use treatment provider, if indicated and appropriate, in accordance with WAC 246-341-0901(4)(h).

II. RCL DISPATCH OF MRRCT

Salish RCL defers crisis care to enrolled wraparound program participants as indicated by program requirements. MRRCT will respond to dispatch requests for this population based on risk criteria and in accordance with coordinated efforts with the existing program.

CHAPTER 6 – COORDINATION WITH MANAGED CARE ORGANIZATIONS (MCO)

I. OVERVIEW

Coordination of referrals between crisis agencies, community outreach teams (e.g., co-responders, RNP teams), 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. Salish BH-ASO supports the coordination or transfer of individual information, including crisis prevention plans with appropriate entities as needed.

Guiding principles:

- Interventions regarding individual members should happen at the lowest level possible prior to the ASO administrative level 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 the Salish BH-ASO for care coordination assistance.
- Confidential information should be shared only as necessary and appropriate to facilitate clinically indicated levels of care and within privacy allowance.
- Interventions/services should be unduplicated, minimally invasive and conducted in consideration of the individual's wishes regarding their own care.

Crisis Providers shall coordinate directly with MCOs 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, and referral to allied systems or supports (DCYF, DOC, JRA, etc.)
- Conveying complex case staffing access 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 and medical needs.
- Coordination for individuals who are named on the HCA high utilizer list in the Trueblood settlement.

Crisis Providers may contact Salish BH-ASO for any situations where coordination efforts require support to maintain continuity of care within the crisis system.

CHAPTER 7 – ENSURING RCL AND MRRCT ADHERENCE

I. SYSTEM MONITORING

Salish BH-ASO collects and analyzes data to measure RCL and MRRCT performance on a monthly basis.

Salish BH-ASO ensures that the Salish RCL complies with the following performance standards:

- Telephone abandonment rate – standard is five percent or less.
- Telephone response time – standard is at least 90 percent of calls are answered within 30 seconds.

Salish BH-ASO ensures that MRRCTs comply with the following response time standards:

- Within 1 hour for Behavioral Health Emergency Acuity referrals
- Within 2 hours for Emergent Risk Acuity referrals
- Within 24 hours for Urgent Risk Acuity referrals

Salish BH-ASO hosts a monthly Regional Provider Network meeting to review as a system behavioral health service delivery in the RSA. Additionally, Salish BH-ASO conducts annual subcontractor monitoring to ensure adherence to contract and regulatory requirements.