

CRIS Updates (March 2024)

HB 1477 Committee Updates

The CRIS is meeting on March 28, 2024, 11:00am-2:00pm. This meeting will focus on substance use disorders and ensuring effective behavioral health crisis response. Please note: The CRIS Committee meeting on April 18th (10am-4pm) will be *in person* in Spokane, Washington at the Spokane Convention Center. Committee members will have the opportunity to tour Frontier Behavioral Health’s 988 contact center, followed by a lunch panel focused on rural communities and behavioral health crisis response efforts, and the CRIS Committee public meeting 1-4pm.

Below is a summary of March Subcommittee meetings:

Date	Subcommittee	Topics of Focus
March 11	Lived Experience Subcommittee	Input on work to develop Lived Experience Stories
March 20	Tribal 988 Subcommittee	Native and Strong Lifeline and Tribal Crisis Service Plans; Input on system performance metrics follow up

State Agency Updates

Crisis Response: Upcoming Rulemaking

Rulemaking: Crisis Contact Center Hubs

DOH is in the process of developing draft Crisis Contact Center Hub rules, based on input from community and Tribal listening sessions and workshops in 2022 and 2023. Between January 2024-June 2024 DOH will collaborate and gather feedback on the draft rule language, with an anticipated public comment period during July 2024. Final rules will be effective on January 1, 2025. Rulemaking activities are resuming now that the legislative short session has ended.

Rulemaking: 23-hour Crisis Relief Centers (SB 5120)

SB 5120, passed during the 2023 legislative session, requires that DOH establish rules to license or certify Crisis Relief Centers by January 1, 2024. In the Fall 2023, DOH conducted a series of Crisis Relief Center rulemaking workshops to inform the development of draft rules. Meeting notes and draft rule language are available on DOH’s [CRC rulemaking webpage](#). DOH is currently working on an economic impact analysis before submitting draft rules for public comment.

Rulemaking: Peer Support Specialist (SB 5555)

SB 5555 establishes certified peer specialists and certified peer specialist trainees as new health professions. DOH held rulemaking workshops in the Fall 2023 and will continue workshops this Spring to inform the development of draft rules by the end of 2024. The [Peer Specialist Rules in Progress](#) webpage includes materials shared during the Fall workshops and will post future opportunities to participate. These new peer credentials must be available by July 1, 2025.

Rulemaking: Requiring Acute Care and Behavioral Health Facilities to Report Critical Healthcare and Readiness Data to WA HEALTH

DOH filed a [CR-101](#) notice to initiate the intent to develop a permanent rule for WA HEALTH reporting and is considering the addition of licensed or certified behavioral health agencies (BHAs) to this permanent rule. For more information or to get placed on an interested parties list regarding this proposed standard rulemaking, please contact Tyler Nowlan at tyler.nowlan@doh.wa.gov. Once the interested parties are identified, DOH intends to survey interested parties followed by workshops.

Rulemaking: Mobile Crisis Endorsement Standards

HCA recently initiated the rulemaking process to establish the mobile crisis

CRIS Updates (March 2024)

endorsement standards for Community-Based Crisis Teams and Mobile Rapid Response Teams, as required under HB 1134 (2023) (see [CR-101](#)). An endorsement indicates that the team maintains the capacity to respond to individuals in crisis requiring an urgent in-person response. The decision to obtain endorsement is voluntary and would qualify teams for capacity building and performance payments. The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal teams. To receive notifications about the rulemaking process and how to provide feedback on the rules, select [Sign up for rulemaking notices](#). HCA is engaging partners during the rulemaking process and will bring the draft endorsement standards for CRIS input prior to finalizing. The rulemaking process is expected to be completed in early fall 2024.

988 Implementation

988 Call Volumes

According to Vibrant Emotional Health, the national 988 administrator, Washington's 988 crisis centers answered 6318 calls, 1797 texts and 3968 chats statewide in February 2024. In addition, there were 402 calls to the Native and Strong Lifeline in February 2024. Recently, SB 6251 passed by the Washington legislature requires that the Native and Strong Lifeline must be able to offer services by text, chat, and other methods to the same extent as the general 988 Lifeline (subject to funding and authorization by the federal 988 Administrator).

Washington State maintained answer rates above 90% for all 988 contacts. Phone contacts maintained a 91% answer rate for calls, 99% answer rate for texts, and 89% answer rate for chats. The overall call answer rate in Washington meets the national performance benchmark.

Mental Health Crisis Call Diversion Initiative

DOH and the 988 Lifeline contact centers launched the Mental Health Crisis Call Diversion Initiative in January, a one-year pilot to focused on diverting behavioral health crisis calls from 911 to 988. Each 988 Lifeline crisis center has partnered with one 911 Public Safety Answering Point (PSAP) in their region to embed specially trained 988 call taker staff in the PSAP. All three pilots will be live in March 2024, and the 988 Lifeline crisis centers continued to progress in their proposed community engagement efforts.

Additionally, DOH has begun planning around the \$250,000 award from National Association of State Mental Health Program Directors (NASMHPD) to create an environmental scan around current Washington 911 mental health crisis efforts and processes, develop adaptable statewide warm transfer protocols from 911 to 988 alongside 988 and 911 partners, and develop a train-the-trainer program for 911 telecommunicators. This work will include opportunities for input from the public and partners.

988 Media Campaign

DOH is developing a 988 media campaign to raise awareness of 988 across the state. To tailor messaging, DOH sought input from diverse communities, including individuals and families with lived experience and representatives of rural, veteran, and agricultural communities. The campaign marketing firm will begin creating assets in the spring of 2024. The 988 media campaign includes a specific focus on Tribes to design materials and develop community outreach opportunities specific to the Native & Strong Lifeline and suicide prevention campaign.

CRIS Updates (March 2024)

	<p><i>Future State Hubs/Regional Crisis Lines</i></p> <p>DOH and HCA engaged a workgroup with 988, regional crisis lines, and regional Behavioral Health Administrative Service Organizations (BH-ASOs) to develop recommendations for a future approach for how regional services can be accessed through the 988 Contact Hubs. A workplan has been developed to create a plan to ensure a true “no-wrong” door approach by mitigating current system gaps and identifying new pathways to streamline access.</p>
<p>Crisis System Technology Platform</p>	<p><i>Timeline for Crisis System Technology Platform Extended (SB 6308)</i></p> <p>The Washington state Legislature passed SB 6308 that will, in part, extend the date by which funding would be made available for the Crisis Call Center Platform from July 1, 2024 to January 1, 2026, and specifies that the platform must be implemented as soon as possible. This bill will impact the original timeline for the Request for Proposals (RFP) release, vendor selection, and system implementation.</p> <p><i>Request for Technology Platform Enhanced Medicaid Match</i></p> <p>The HCA submitted a request, called a Planning-Advance Planning Document (P-APD), to CMS requesting enhanced Medicaid matching funds (90/10 federal/state match) for the technology platform and systems required to implement HBs 1477/1134. CMS replied to the state with a “Request for Additional Information” (RAI). The state has up to 60 days to respond and then CMS will have up to an additional 60 days to respond.</p> <p><i>HCA Contract for Bed Registry and Referral Tools</i></p> <p>HCA engaged Berry Dunn, a consulting firm, to undertake work to increase behavioral health provider awareness of and support for future use of web-based bed registry and referral tools, identify potential future contract requirements, and engage the Lived Experience (LE) Subcommittee to obtain input on what and how information from a bed registry could be usefully shared with individuals and families experiencing a behavioral health crisis. This work will include a targeted literature review, surveys, and interviews. Survey and interview questions will take into account statutory requirements and address needs for vulnerable populations, including children/ adolescents/transitional age youth and young adults. Information will be gathered from: Behavioral Health Providers (including in-patient psychiatric hospitals); BH-ASOs; CRIS Lived Experience Subcommittee; Emergency Departments; First Responders; Provider associations (e.g., WA BH Council); Managed Care Organizations (MCOs); and State agency teams and leadership. This work will be complete October 2024.</p>
<p>Crisis Services Updates</p>	<p><i>Coordinating Regional Behavioral Crisis Response and Dispatch Protocols (SB 6251)</i></p> <p>The Washington state Legislature passed SB 6251, requiring BH-ASOs to establish comprehensive protocols, with support from HCA and DOH, for dispatching mobile rapid response and community-based crisis teams within each regional service area. The BH-ASOs may also recommend 988 contact hubs within a regional service area and DOH may designate recommended 988 contact hubs. The bill caps the number of contact hubs DOH can designate to four. Hubs must enter into data-sharing agreements with regional crisis lines.</p> <p><i>Mobile Response Team Endorsement Funding & Actuarial Analysis</i></p> <p>In addition to rulemaking to establish mobile response team endorsement standards (see rulemaking section above), HCA has engaged an actuarial analysis related to the team endorsement and performance payment program, with a report due April 1, 2024.</p>

CRIS Updates (March 2024)

<p>Crisis Services Updates (Cont'd)</p>	<p>A grant program to distribute funds to help interested teams achieve endorsement will launch when rulemaking is complete. Teams can apply for funding to purchase needed equipment, hire staff and support other needs to ensure they can meet endorsement standards. HCA has also met all requirements for an enhanced federal Medicaid match for mobile rapid response crisis teams that will go into effect in April 2024 and last for three years.</p> <p><i>Tribal Mobile Crisis</i> HCA has been working with the Tulalip and Nisqually Tribes to stand up mobile crisis response for their communities and secure grants to help fund the initial phases of the work. This initial work will inform changes to the best practices and model for Tribal crisis response for other interested Tribes.</p> <p><i>Mobile Response & Stabilization (MRSS) Youth Teams Update</i> Dedicated youth teams in the state have expanded from 4 teams in 2022 to 14 teams currently, increasing coverage from 5 counties to 18 of 39 Washington counties. Teams are rolling out best practices for youth MRSS, which includes “someone to call”, “someone to come”, and “a safe place to be”. Teams provide developmentally appropriate services from the time of the call to the end of the intervention. This includes both initial response and crisis intervention and a separate but connected in-home crisis stabilization phase. HCA successfully obtained a state plan amendment that removes the former 14-day limit on in-home stabilization and allows up to 8 weeks of in-home stabilization in alignment with national best practices, effective January 1, 2024. The system of care grant continues to support MRSS rollout statewide.</p> <p><i>Crisis Services Funding: Actuarial Analysis and Report</i> HCA is convening a workgroup with system partners per a 2023 budget proviso to assess gaps in the current funding model for crisis services, including Crisis Stabilization Units and the new SB 5120 Crisis Relief Centers, and to recommend options to address these gaps. A preliminary report was sent to the legislature and Governor in early 2024, with a final report completed by December 2024.</p> <p><i>Next Day Appointments</i> A workgroup convened by OIC and HCA, called the Next Day Appointment Workgroup, continues to meet to improve the process for people with commercial coverage to access Next Day Appointments from either a call center or mobile crisis team. Work will resume to address implementation challenges of the current process, including crisis workers’ lack of access to information about enrollment or eligibility in commercial insurance. The work will expand to improve access for Medicaid enrolled clients by utilizing new resources as they arise.</p>
<p>Commercial Coverage of Crisis Services – Updates</p>	<p><i>Commercial Coverage of Behavioral Health Emergency Services</i> The 1688 workgroup, which is working independently of the NDA workgroup, continues to work on implementing its recommendations to support processes to bill commercial carriers for behavioral health emergency response services. This includes development of the technical infrastructure to support access to enrollment and eligibility information and building out systems to support information sharing.</p>