CRIS Updates (March 2023)

HB1477 Committee Updates

The CRIS is meeting on March 22, 2023, 3:30-6:30pm. This meeting will focus on development of the CRIS's background understanding of Washington State Health Care Authority's current and future work to implement behavioral health mobile crisis response teams aligned with SAMHSA best practices. With this context, the CRIS will discuss considerations relating to the role of behavioral health co-response teams in Washington's crisis response system (teams comprised of first responder with behavioral health clinical staff).

Several subcommittees are also convening to inform system recommendations, including the meetings below (Please see subcommittee meeting summaries included in the CRIS meeting materials):

- Lived Experience Subcommittee – March 13, 2023
- Tribal 988 Subcommittee – March 15, 2023
- Rural and Agricultural Communities Subcommittee – March 28, 2023

Request for CRIS Member Volunteers to Participate in Workgroup

HCA would like to set up a small workgroup with the CRIS to edit and refine the Best Practices and Dispatch Protocols (see update below for further information about this work). Drafts will be shared with the full CRIS Committee; the workgroup is intended to help HCA review documents in advance of bringing to the full CRIS to ensure they are useful and reflect Washington's crisis response system values. Workgroup meetings would likely occur in April. If you are interested, please feel free to reach out to HCAProgram1477@hca.wa.gov.

State Agency Updates

988 Implementation	*988 Call Volumes* Washington's 988 crisis centers answered 5,745 calls statewide in February this year, slightly higher than previous call volume trends ranging from 4,900 to 5,400 per month. In addition, there were 341 calls to the Native and Strong Line in February. The overall call answer rate in Washington meets the national performance benchmark. *988 Crisis Center Implementation and Planning Group* The Washington Department of Health convenes a 988 crisis center user group with Washington's three 988 crisis centers. The group meets monthly to discuss a unified approach to Washington's 988 program implementation and planning on a range of topics, such as technology, data quality and reporting, communications, and other topics. The March meeting focused on a discussion around data discrepancies between the 988 crisis center systems and Vibrant data and work needed with Vibrant to address these gaps. *Regional Crisis Line – DOH and HCA Joint Policy Statement* DOH and HCA are planning to release a joint policy statement on the role of the regional crisis lines in the 988 system. The policy statement will be shared with the CRIS as soon as it is released.
DOH Crisis Hub Rulemaking Process and Timeline	DOH is working to develop rules for the Crisis Call Center Hubs for adoption by November 2024. These rules will include Crisis Call Center Hub standards that then guide DOH's contracts with the Hubs. DOH will be seeking CRIS Committee and Subcommittee input to inform the development of these rules and anticipates engaging committee input beginning this Spring through June 2023.

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Crisis System Technology Platform	***Crisis System Technology Draft Request for Information (RFI)*** In February, HCA and DOH sought review and feedback on the draft RFI from the Technology Subcommittee. The agencies are integrating feedback received and completing the agency review process to finalize. To allow adequate time for this review and feedback process, the agencies have moved back the targeted RFI publication date to March 16th. Washington DOH and HCA also continue to track information regarding the pending release of the national Vibrant Unified Platform and the functionalities it can support to meet Washington's system requirements. (Further background on the RFI process is outlined in the *HB1477 Final Technical and Operational Plan*) ***Crisis System Technology - Business Process Mapping with 988 Crisis Centers*** HCA and DOH are engaging business process mapping discussions with the 988 Crisis Centers to identify needs for the future-state crisis call center platform. To inform this work, DOH and HCA staff participated in a recent site visit to Volunteers of America Western Washington (VOAWW) to better understand the day-to-day workflow and processes for taking calls. This included the opportunity to listen in to a call involving a caller in a situation needing mobile crisis response. This experience was very helpful to see how workflow is managed currently, and gaps/barriers that need to be addressed in the future-state system. ***Comments on the Federal Communications Commission Proposed Rule*** On February 26th the Governor's Office submitted comments on behalf of the Department of Health and the Health Care Authority regarding the Federal Communications Commissions proposed rules to ensure public access to information regarding 988 Suicide and Crisis Lifeline service outages. Comments included strong support for public access to outage information and provided feedback on definitions, notification pathways and reporting requirements. To view Washington's input, please visit this link: ECFS - Search Status by Confirmation Number or Submission ID (fcc.gov)
Crisis Response Best Practice Guidelines	***Mobile Crisis Response Best Practices*** HCA began work with BH-ASOs and crisis service providers on Mobile Crisis Response (MCR) Best Practices and Crisis Contact Center Best Practices in January and will continue to hold monthly workgroup sessions through June. Washington's Best Practice Guidelines are schedule for completion by July 1st, 2023. The goal of the best practice guide is to standardize crisis response and incorporate SAMHSA's best practices into the state as the infrastructure is built to support them. This guide will be continuously updated and incorporate changes as HB 1477 is rolled out. ***Dispatch Protocols*** As part of the Best Practice Guidelines, HCA is working with partners to develop protocols on when and how to dispatch crisis response resources. The goal is to create a comprehensive tool to help guide decision making for crisis contact centers when receiving a crisis contact. These will be updated as infrastructure is implemented and the system changes. Please see request above for CRIS volunteers to join a short-term workgroup to provide review and feedback on the draft dispatch protocols before they are brought for review by the full CRIS committee.
	Mobile Crisis Response Data Collection Data collection by HCA for mobile crisis response (MCR) services began in 2020 as part of the Trueblood settlement agreement that supported the development of

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Mobile Crisis Response Updates	mobile crisis response teams in Phase 1 and Phase 2 regions. All regions began reporting MCR data during the 4th calendar quarter of 2021. Proviso funding in 2021 provided for the expansion of at least 1 adult and 1 youth MCR team in every region. Along with the expansion of youth teams HCA has initiated work to update the data collected about MCR services to support monitoring of services and future planning. The current focus is on adding youth specific data elements, tracking law enforcement and co-responder involvement in crisis response, and identifying individuals who participate in in-home stabilization. *Mobile Crisis Response Training* HCA recently completed delivering training to all MCR staff on SAMHSA's core competencies for mobile crisis that include Trauma Informed Care, Harm Reduction, and De-escalation. HCA is in the process of procuring certified crisis intervention specialist II (CCIS-II) training for all our crisis system including PACT and WISe teams who provide crisis services to their enrolled members. Plans are also being developed to create a standardized training for all crisis workers in the state based on the Crisis Response Best Practice Guide being developed (see above). *Mobile Response & Stabilization (MRSS) Youth Teams Update* HCA and youth system of care partners and stakeholders in the youth crisis continuum continue to work with National leaders from other states in MRSS in a Quality Learning Collaborative (QLC). The collaborative provides technical assistance on all areas of youth crisis to include robust data collection and outcomes. MRSS is established in two regions currently and a System of Care (SOC) grant is supporting work in two additional counties (Pierce and Spokane) to deliver to fidelity. Every region in the state is building youth teams, and these teams will work to reduce barriers to care while providing Emergency Department and Justice System diversion. HCA continues to sponsor a monthly MRSS workgroup for providers which is well attended. HCA also sponsored developmentally appropriate trainings for youth MRSS teams in January 2023 with 193 participants completing these courses and receiving certificates. Feedback from providers reported 95% thought the training was *very important* or *important.*
Commercial Coverage of Crisis Services – Updates	*Commercial Coverage of Emergency Crisis Services and Next Day Appointments* A workgroup convened by the Office of the Insurance Commissioner and HCA is currently working to improve the process for people with commercial coverage to access a next day appointment (NDA) from either a call center or mobile crisis team. This effort is addressing implementation challenges of the current process, including crisis workers' lack of access to information about enrollment or eligibility in commercial insurance. The workgroup also plans to address the lack of provider availability for NDAs, especially on the weekends. Ideas like a PAL line model or other pools of workers that plans can contract for that will hold appointments are being explored as potential solutions to address the appointment availability problem. *Commercial Coverage of Behavioral Health Emergency Services* The 1688 workgroup continues to work on implementing its recommendations and will be starting work with on the technical infrastructure to make the recommendations work. This includes obtaining access to enrollment and eligibility information and building out systems to support information sharing.