

CRIS Updates (November 2023)

HB 1477 Committee Updates

The CRIS is meeting on November 7, 2023, 12:00pm-3:00pm. This meeting will focus on CRIS Committee review and feedback on the draft recommendations for the 2024 Committee Progress Report. The draft recommendations reflect recommendations prioritized during the September 19th CRIS meeting that have been further combined and grouped for CRIS review.

Welcome New CRIS Members: The Health Care Authority has appointed the following new CRIS Committee members:

- Connie Chapman, Suicide Prevention Program Manager, Washington Department of Veterans Affairs
- Aleesia Morales, Holistic Outreach Promoting Engagement (HOPE) Program Co-manager, Tacoma Fire Department

Several subcommittees and workgroups have also been convening to inform system recommendations, including the recent meetings below:

Date	Subcommittee/Workgroup	Topics of Focus
September 11	Lived Experience Subcommittee	Input on 988 media campaign
September 20	Tribal 988 Subcommittee	Someone to Call & Someone to Come Updates
September 25	Rural & Agricultural Subcommittee	Synthesis of Gaps & Opportunities, Updates
October 16	Lived Experience Subcommittee	Technology Platform User-Experience design
October 18	Tribal 988 Subcommittee	Tribal Behavioral Health Legislation Update

State Agency Updates

988 Implementation

988 Call Volumes

According to Vibrant Emotional Health, the national 988 administrator, Washington's 988 crisis centers answered 6,199 calls, 1,371 texts and 698 chats statewide in September this year. In addition, there were 370 calls to the Native and Strong Lifeline in September. The overall call answer rate in Washington meets the national performance benchmark.

Mental Health Crisis Call Diversion Initiative (988-911 Co-location)

The Washington State Department of Health (DOH) is engaging with the 988 Lifeline contact centers in a pilot program. Each 988 Lifeline crisis center has partnered with one Public Safety Answering Point (PSAP) in their region to embed a 988 call taker in the PSAP. During the current planning phase, the 988 crisis centers have begun to engage with the community for feedback around this effort, identify common data points and metrics for evaluation, determine staffing and hiring needs, and submit their strategic plans for this work. They have been supported with bi-weekly calls on topics of interest such as the DOH evaluation plan, community engagement, cross-training of 911 and 988 staff, and DOH messaging and communications. The pilots are set to kick off in January 2024 and run for one year (January 1, 2024 – December 1, 2024), followed by a six-month evaluation period.

988 Media Campaign

DOH is developing a 988 media campaign to raise awareness of 988 across the state. To tailor messaging, DOH is planning to seek input from diverse communities, including individuals and families with lived experience and representatives of rural and agricultural communities. This work has also included a specific focus on working with Tribes to develop a media campaign specific to the Native & Strong Lifeline and Native Resource Hub.

Crisis Contact Center Hub Rulemaking

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	<p>In September, DOH engaged several community and Tribal rulemaking workshops to inform the development of Crisis Contact Center Hub rules. Based on this input, DOH is now updating draft rules that will be part of a public comment process anticipated for Spring 2024. Final rules must be adopted by January 1, 2025.</p> <p><i>Regional Crisis Lines-988 Crisis System Roles</i> A workgroup has been established between 988, RCLs and BH-ASOs to determine a future approach for how regional services can be accessed through the 988 Contact Hubs. This workgroup is gathering data and information about current services, and will continue in 2024 to provide input to the agencies to ensure a “no wrong number” approach to services.</p>
Crisis System Technology Platform	<p><i>Crisis System Technology Request for Proposals (RFPs)</i> HCA and DOH are working to develop the Request for Proposals (RFPs) for the call center platform and behavioral health integrated client referral system based on information gathered through Request for Information (RFI) process engaged in May and June this year. The agencies are working with system partners, as well as Technology Subcommittee volunteers, to refine the technical specifications for the RFP based on 988 call center needs, legislative requirements, and learnings from the RFI. HB 1134 requires that the Technology Platform is fully funded by July 1, 2024.</p>
Crisis Services Updates	<p><i>23-hour Crisis Relief Center Rulemaking (SB 5120)</i> Between August and October 2023, DOH conducted a series of Crisis Relief Center rulemaking workshops to inform the development of draft rules. DOH is currently engaging in rulemaking for 23-hour workshops to inform the development of draft Crisis Relief Center rules. Meeting notes and draft rule language are available on DOH’s CRC rulemaking webpage. SB 5120, passed during the 2023 legislative session, requires that DOH establish rules to license or certify Crisis Relief Centers by January 1, 2024.</p> <p><i>Mobile Response Team Endorsement & Actuarial Analysis</i> HCA is working to develop endorsement standards for Community-Based Crisis Teams (new model created) and Mobile Rapid Response Teams, as required by HB 1134. The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal mobile response teams. 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. HCA plans to bring draft endorsement standards for CRIS input prior to finalizing by April 1, 2024. In addition, HCA is engaging actuarial analysis with a preliminary report in January 2024 and a final report in the spring related to the team endorsement and performance payment program.</p> <p><i>Mobile Response & Stabilization (MRSS) Youth Teams Update</i> Dedicated youth teams in the state have expanded from 4 teams last year to 13 teams currently, increasing coverage from 5 counties to 17 of 39 Washington counties. Teams are rolling out best practices for youth, Mobile Response and Stabilization Services (MRSS), which includes “someone to call”, “someone to come”, and “a safe place to be”. MRSS means the caregiver/youth/caller define the crisis and calls are not screened out. Teams provide developmentally appropriate services from the time of the call to the end of the intervention. This includes crisis intervention and a separate but connected in-home crisis stabilization phase. HCA just had a state plan amendment approved, which lifts the old 14-day language for in-home stabilization, thus allowing up to 8 weeks of in-home stabilization in alignment with national best practices, beginning on January 1, 2024. The system of care grant continues to support MRSS rollout.</p>

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Crisis Intervention Training Update

HCA invested SAMHSA Mental Health Block Grant (MHBG) dollars from the Bipartisan Safer Communities Act to sponsor a Certified Crisis Intervention Specialist -II (CCIS-II) EDGE training for all mobile rapid response crisis teams including designated crisis responders (DCR's) and peers. Upon completion, the learner will receive the lifetime CCIS-II credential from the National Anger Management Association (NAMA). In quarter one, 248 individuals were certified, and training will continue through June 30, 2024. HCA extended seats to the Co-responder Outreach Alliance (CROA) and the 988 contact centers to see if they would like a training like this in the future. Learner feedback has been exceptional, with one reporting; *"It is the best presentation on this topic I have seen in my 10 years as a DCR."*

SAMHSA Community Crisis Response Teams Grant

HCA was awarded a new SAMHSA grant to support the development of [community crisis response teams](#) based on the Raheem model originating in Chicago in 2017 (note: this model is separate from the community-based crisis team model established by HB 1134 for the endorsement program). The focus of this model is to reach communities that have been traditionally harmed by first responders and the crisis system. The model supports a devolved approach where communities can respond to each other first and elevate for help with trusted leaders. The grant supports establishing two teams initially, one based in King County and the other in Spokane, and will run from January 2024 for three years.

Crisis Service Funding Gaps

HCA is convening a workgroup with system providers per a 2023 budget proviso to assess gaps in the current funding model for crisis services, including facility-based stabilization, and to recommend options to address these gaps. A preliminary report will be submitted in January 2024 with a final report in the spring.

Next Day Appointments

HCA and the Office of Insurance Commissioner (OIC) are working to implement changes to the current processes to connect individuals to next-day appointments. A Next Day Appointment (NDA) directory is being developed and hosted by OneHealthPort. 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. 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 Partnership Access Line (PAL line) were explored but were put on hold due to technical issues. Testing of the current process for improvement will begin in July with the implementation of a new referral directory.

Commercial Coverage of Crisis Services – Updates

Commercial Coverage of Behavioral Health Emergency Services

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. Technical challenges for processing claims have been identified and solutions are being actively sought.