

CRIS Updates (February 2024)

HB 1477 Committee Updates

The CRIS is meeting on February 27, 2024, 1:00-4:00pm. This meeting will focus on discussion of crisis response system performance metrics, including gathering input on the kinds of metrics that would align with Washington’s crisis response system improvement goals. Below is a summary of February Subcommittee meetings.

Date	Subcommittee	Topics of Focus
February 12	Lived Experience Subcommittee	Input on work to develop Lived Experience stories
February 21	Tribal 988 Subcommittee	DOH Suicide Prevention Strategic Plan Listening Session

Welcome New CRIS Members: The Health Care Authority has appointed **Kristen Wells** as the new CRIS Committee members representing lived experience.

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 get feedback on the draft rule language, with an anticipated public comment period during July 2024. Final rules will be effective on January 1, 2025. Currently rulemaking activities are on hold until Washington legislative session ends.

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.

988 Implementation

988 Call Volumes

According to Vibrant Emotional Health, the national 988 administrator, Washington’s 988 crisis centers answered 6747 calls, 2063 texts and 2975 chats statewide in January 2024. In addition, there were 448 calls to the Native and Strong Lifeline in December 2023. Washington State maintained answer rates above 90% for all 988 contacts. Phone contacts maintained a 91% answer rate for calls, 98% answer rate for texts, and 96% answer rate for chats. The overall call answer rate in Washington meets the national performance benchmark.

Updated 988 Interactive Voice Response/Greeting

Vibrant recently piloted a shortened IVR (interactive voice response) – the greeting help-seekers hear when they call 988. The original greeting took about 45 seconds to

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988 Implementation (Cont'd)

complete. The new, shortened greeting takes about 30 seconds and also offers callers a bypass option to be connected directly to a crisis counselor.

Mental Health Crisis Call Diversion Initiative

The Washington State Department of Health (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 a 988 call taker in the PSAP. During the Fall 2023, the 988 crisis centers, PSAPs and DOH engaged in a planning phase for this work, including development of strategic plans, identification of common data points and metrics for evaluation, determination of staffing and training needs, and engagement with the community for feedback around this effort. As of February 2024, pilot implementation has launched and the 988 Lifeline crisis centers are finalizing staff hiring and onboarding needed for the pilot.

Additionally, DOH applied for a received a \$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. Further planning for 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. This work on the 988 media campaign has included a specific focus on working with Tribes to develop a media campaign specific to the Native & Strong Lifeline.

Future State Hubs/Regional Crisis Lines

DOH and HCA engaged a workgroup with 988, regional crisis lines, and BH-ASOs to develop recommendations for a future approach for how regional services can be accessed through the 988 Contact Hubs. The workgroup presented the recommendations to the 988 project executive sponsors on January 22. Work is planned this Spring to ensure a true “no-wrong” door approach by mitigating gaps that exist now and identifying new pathways to streamline access.

Crisis System Technology Platform

SB 6308 – Extending timelines of implementation of crisis system technology platform

WA state legislature proposed [SB 6308](#) that would, 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. If passed, this proposal would impact the timeline for the RFP, vendor selection, and system implementation.

Crisis System Technology Request for Proposals (RFP)

HCA and DOH are working with system partners, as well as Technology Subcommittee volunteers, to refine the technical specifications for the Request for Proposals (RFP) based on 988 call center needs, legislative requirements, and learnings from the

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Crisis System Technology Platform (Cont'd)

Request for Information engaged in May and June 2023. Prior to this legislative session, the agencies anticipated releasing the RFP Q2 2024.

Request for Enhanced Medicaid Match

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 sent the state 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. At that point, the state's request for an enhanced Medicaid match will either be approved or denied.

Geo-location Subcommittee

HB 1134 established a Geo-location Subcommittee for the purpose of examining privacy issues related to federal planning efforts to route 988 calls based on the person's location rather than area code. DOH and HCA are tracking federal policy on this issue and the Geo-location Subcommittee will be convened to inform state decisions as needed.

HCA Award for Bed Registry and Referral Tools

HCA is working to execute a contract to conduct the work under the award the state received from the National Association of State Mental Health Program Directors (NASMHPDs). This work will increase behavioral health provider awareness and future use of web-based bed registry and referral tools, identify potential future MCO/BH-ASO contract requirements regarding use of these tools, and engage the Lived Experience Subcommittee regarding input on what and how information from a bed registry could be usefully shared with individuals and families experiencing a behavioral health crisis.

Crisis Services Updates

Washington State Suicide Prevention Plan

The Washington State Suicide Prevention Plan is currently being updated. It was last updated in 2016. On February 21, a listening session was held with the Tribal 988 Subcommittee to help inform the plan. The updated plan will be completed in July 2024.

Mobile Response Team Endorsement & Actuarial Analysis

HCA is working to develop endorsement standards for Community-Based Crisis Teams (new model created by HB 1134) and Mobile Rapid Response Teams. The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal mobile response teams. HCA has recently begun the necessary rule-making process to establish the endorsement standards (see [CR-101](#)). To receive notifications about the rule-making process and how to provide feedback on the rules, select "Sign up for rulemaking notices" at <https://www.hca.wa.gov/about-hca/rulemaking>. 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 related to the team endorsement and performance payment program, with a report due April 1, 2024. A grant program to distribute funds to help interested teams achieve endorsement will launch in April. Teams can apply for funding to purchase needed equipment and hire staff.

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<p>Crisis Services Updates (Cont'd)</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. HCA has worked with the Tribes to 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 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 Training Needs Assessment & Workforce and Resilience Training Collaboratives</i> HB 1134 establishes requirements for HCA and BH-ASOs, in collaboration with the Harborview Behavioral Health Institute and other partners, to conduct a crisis response training needs assessment as well as the development of recommendations for regional crisis workforce and resilience training collaboratives. These collaboratives would seek to encourage the development of foundational and advanced skills and practices in crisis response as well as foster regional collaboration. The training needs assessment will be delivered by June 30, 2024 and the recommendations for regional collaboratives are due by December 31, 2024. Plans are being developed to gather input on this work from diverse perspectives.</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 Receiving Centers, and to recommend options to address these gaps. A preliminary report will be released in January 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. 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.</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>