

CRIS Committee

Friday, June 6th, 2025, 10:00 am to 11:30am

Via Zoom; in-person at Cherry Street Plaza in the Pear Conference Room
626 7th Ave SE, Olympia, WA 98501

Meeting Agenda

TIME	TOPIC	Notes
10:00-10:10am	Welcome <ul style="list-style-type: none"> • Presenter Introduction • History of CRIS • Update on CRIS Recommendations • Introduce new CRIS member—Melissa Clark 	Speakers: Teesha Kirschbaum and Michele Roberts <p>-History of CRIS: The CRIS Committee was established in legislation several years ago to help make recommendations to the legislature and the Governor’s Office about opportunities to enhance the Crisis Response system in WA state. This includes 988. This committee and several subcommittees have worked over the years to make several reports. The final report we turned in collectively by January 1st, 2025. The CRIS website contains all materials from this report: Crisis Response Improvement Strategy (CRIS) committees Washington State Health Care Authority</p> <p>There are not any more formal recommendations coming from this group, but this is still a place to get updates around what is happening in the crisis system regarding implementation and updates for these recommendations. Two subcommittees are continuing because the work is critical: the Lived Experience Collaborative and the Tribal 988 Subcommittee.</p> <p>-CRIS Recommendations: HCA and DOH will walk through the recommendations at the August 7th CRIS meeting.</p>
10:00-10:20am	DOH Update <ul style="list-style-type: none"> • Leg updates • Changes at the federal level • Hub application and designation timeline and process • Diversion report timeline and process • Curricula review report and presentation to 	Speakers: Michele Roberts, Senator Orwall <p>-Legislative updates from Senator Orwall: This was a challenging legislative session. We had to make some cuts, but 988 was protected with the telecom fee. We had a bill that focused on liability for co-response—we were able to expand this to include training. Additionally, we allocated a million dollars to rapid response mobile vans.</p> <p>-DOH Legislative Updates: We were able to get additional funding to support the increase in call volume, and to ensure</p>

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	BH-ASOs on 988 call taker training	<p>the three call centers are well-supported. We are still working with the Governor's office for technology funding and planning.</p> <p>-DOH has released the application to be designated as a 988 contact hub. This application is open. It has been posted and shared with partners (Apply for 988 Contact Hub Designation Washington State Department of Health). The application is open until July 31st, 2025. DOH will complete application reviews and have the designated 988 contact hubs by January 2026.</p> <p>-Mental Health Crisis Call Diversion Initiative report (988 Suicide & Crisis Lifeline Washington State Department of Health): Working with the state's 988 lifeline call centers and 911 call centers on planning and piloting the transfer of behavioral health calls that come into 988 that could be better served by 911. The final report of this work will be completed and published by August 30th, 2025.</p> <p>-Curricula Review Report for Washington's 988 Lifeline Crisis Centers: This review focused on aligning the training curricula to ensure that those calling 988 across the state have access to consistent care. DOH will present the findings at the June BH-ASO monthly meeting.</p>
10:20-10:30am	HCA Update <ul style="list-style-type: none"> • Leg updates • Mobile Crisis Teams • Youth Teams • Changes at the federal level • Endorsement: We are in the final stages of endorsing the first cohort of applicants. 	<p>Speaker: Teesha Kirschbaum</p> <p>-Leg Updates: Senator Orwall gave an excellent overview. We are thankful for the resources that we have received.</p> <p>-Changes at the federal level: Many agencies within Health and Human Services at the federal level are being dissolved or restructured into the Administration for a Healthier America. The vast majority of work for SAMHSA will continue. 988 continues to be a priority. The work that SAMHSA has been doing will be part of this new administration. It is encouraging to hear that 988 continues to be a priority. It is disappointing that funding for LGBTQIA+ line has been impacted. We are waiting for more information from Vibrant regarding this. As of right now, the other lines have not been affected.</p> <p>-Mobile Crisis Teams: We have approximately double the amount of teams that we had in 2022 (more than 50 across the</p>

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		<p>state). We think the statewide standards and additional funding have helped with this growth. Additionally, we have 18 Mobile Response and Stabilization Service (MRSS) youth teams. We started with 4 teams in 2022 and have grown to 18 teams.</p> <p>-Endorsement: These are teams that are working to meet the endorsement standards. They have staffed up to a certain level and are working to meet certain response time requirements to provide services more quickly. We have had our first round of applications for endorsed teams. This is another example of increased funding that has allowed us to expand mobile crisis response across the state.</p>
10:30-10:40am	Tech Update <ul style="list-style-type: none"> Technology Decisions to Make Decision Process Governance 	<p>Speaker: Jessica Pratt-McConnell</p> <p>-Technology decisions to make:</p> <p>Technology Approach</p> <ul style="list-style-type: none"> Best of Breed: Focus on building or purchasing multiple systems, which each supporting a separate function. Single Platform: One platform that supports most of the functions needed. Orchestrator Model: This focuses on connecting all crisis line systems together for data sharing. <p>RFP (Request for Proposals)</p> <ul style="list-style-type: none"> Solution(s) System Implementor <p>Implementation Strategy</p> <ul style="list-style-type: none"> Phased Implementation <p>-Decision Process: We should have our first recommendation in the next couple of months and will provide a recommendation to legislators in October.</p>
10:40-10:50am	Tribal Update	<p>Speakers: Amira Caluya and Lucy Mendoza</p> <p>-Tribal 988 work follows through on the treaties that Washington Tribal nations made with the US government.</p> <p>-Guiding Statutes:</p> <p>RCW 43.376</p> <ul style="list-style-type: none"> Government-to-Government Relationship with Indian Tribes <p>RCW 70A.02.100</p> <ul style="list-style-type: none"> Tribal Consultation

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		<p>-Guiding Agreements:</p> <ul style="list-style-type: none"> • Centennial Accord • Millenium Agreement • Out of State Accord <p>-Several Tribal Initiatives: Tribal Crisis Coordination Protocols, Tribal Mobile Crisis Response, Tribal Designated Crisis Responders, Tribal Court Orders, Tribal 988 Subcommittee</p> <ul style="list-style-type: none"> • Two Tribal DCRs have been designated to date. Tribal DCRs may operate in Tribal jurisdiction and State jurisdictions if appointed by the State. • HB 1877: This bill aims to honor Tribal sovereignty while enhancing coordination of Indian Health Care Providers and Tribal Governments.
10:50-11:05am	Lived Experience Update <ul style="list-style-type: none"> • Brief update on what the Lived Experience Collaborative is working on. • Sarah will speak about her experience at Kirkland Connections 	<p>Speakers: Bipasha Mukherjee, Kristen Wells, Dakota Steel, Sarah</p> <p>-The Lived Experience subcommittee has renamed itself the Lived Experience Collaborative. The Lived Experience Collaborative will be working on a 988 Bill of Rights that can be used in the crisis system. They would also like to learn more about 23-hour treatment centers.</p> <p>-The Lived Experience Collaborative would like the state to consider integrating more lived experience voices throughout the crisis system. They are envisioning a central hub under the Office of Community Voices and Empowerment (OCVE) with subdivisions as needed (crisis, youth, families, substance use, etc.). Office of Community Voices and Empowerment Washington State Health Care Authority</p> <p>-Sarah: Sarah has no prior crisis situations. In February 2025, she had a negative reaction to her prescriptions for pneumonia. She began to hallucinate and asked her husband to help her. Her husband took her to Kirkland Connections to help her become stabilized. A few hours after arriving, a DCR showed up and placed Sarah on an involuntary hold. Sarah was diagnosed as “acutely disabled.” Her husband secured a defense attorney and was able to help release her from detainment.</p>
11:05-11:25am	Public Comment	

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11:25am– 11:30am	Adjourn and Closing Statements	Speakers: Teesha Kirschbaum, Michele Roberts