

CRIS Committee

Wednesday, July 29, 2026, 1:00 pm to 3:00 pm

Via Microsoft Teams; in-person at Cherry Street Plaza in the Sue Crystal Conference Room
626 8th Ave SE, Olympia, WA 98501

Meeting Agenda

TIME	TOPIC	Speaker/Presenter
1:00-1:15pm	Welcome	Speakers: Teesha Kirschbaum (HCA) and Michele Roberts (DOH)
1:15-1:30pm	Lived Experience Story	
1:30-2:10pm	CRIS Committee Recommendations Update	Speakers: Teesha Kirschbaum (HCA), Michele Roberts (DOH), Demetria Hawkins (HCA), Beth Schuurmans (DOH), Christina Kyle (DOH), Katie Lindstrom (DOH), Matt Gower (HCA), Morgan Quigley (HCA), Nicole Coleman (HCA), Lucy Mendoza (HCA), Amira Caluya (DOH), Lonnie Peterson (DOH) CRIS Committee Recommendations • In 2024, the CRIS Committee provided a final report of 22 recommendations to the Governor and Legislature. This helped meet the requirements of House Bill 1477. • Recommendations focused on promoting equity, expanding service availability, prevention, system quality and oversight, cross-system collaboration, staffing, and workplace development and technology. • DOH and HCA recategorized recommendations for state agencies into four main themes: peer voice, cross-system collaboration, quality and oversight, and technology. Peer Voice CRIS Recommendations • The Peer Voice Recommendations focus on engaging the voice of consumers, diverse communities, and people with lived experience. • Peer support is integrated across the crisis care continuum through several initiatives, including mobile crisis endorsement, Mobile Response and Stabilization Services (MRSS), and crisis relief centers. • Beginning this fall, the HCA will begin to collect data regarding how many peer FTEs there are within each

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		region through our Mobile Rapid Response Crisis Team (MRRCT) quarterly report. This is a report that is submitted to HCA by the Behavioral Health Administrative Services Organizations (BH-ASOs). Collecting this data will help HCA better understand our peer workforce in the state. • The CRIS recommendation to develop a Caller Bill of Rights document led to the development and creation of a Help-Seeker Rights workgroup who is creating a Help-Seeker Bill of Rights document. This workgroup is composed of community members with lived experience and is supported by DOH and HCA. This group aims to complete the project by the end of 2026. • DOH partnered with its Carceral Health Equity Workgroup to review the guide that DOH developed to support 988 crisis counselors who receive calls from help-seekers in DOC facilities. • It is now in contract that 988 crisis counselors use AgriSafe’s Farm Response Course to gain necessary knowledge to serve the agricultural community. Additionally, two of the four 988 contact hubs use an LGBTQ ag youth course as part of their training requirements. • DOH continues to fund diversity, equity, and inclusion positions at the 988 contact hubs. Cross-System Collaboration CRIS Recommendations • These recommendations are centered around working with partners. • The DOH 988 and Emergency Management System (EMS) programs have been collaborating on communications for EMS professionals to raise awareness about how to access and use 988 and to provide guidance on the appropriate ways to connect to the crisis care continuum while helping folks out in the field. • DOH updated the protocols for the 988 contact hubs, requiring crisis counselors to follow the Tribal Crisis Coordination Protocols where they exist. HCA developed guidance on navigating a crisis in the absence of Tribal Crisis Coordination Protocols. This is to ensure that the American Indian/Alaska Native (AI/AN) community is being connected to culturally appropriate and Tribal resources when they contact 988 or a Regional Crisis Line (RCL).

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		• HCA and DOH host monthly meetings with Tribal partners to discuss all aspects of the crisis care continuum. • DOH and HCA were selected as part of the 2026 SAMHSA Policy Academy. Policy Academy partners include RCL and 988 providers, DOH, HCA, Tribes, people with lived experience, BH-ASOs, and others. • BH-ASOs are currently hosting annual crisis care continuum forums. These forums are a broad coalition of crisis responders, emergency first responders, and system partners within a region. They meet to discuss different problems, solutions, and to make recommendations to HCA. These reports are due in August. • In January, DOH designated a fourth 988 contact hub. The fourth hub designation created vertical alignment, where the 988 hub regions are now the same as the RCL regions. The 988 contact hubs are Volunteers of America Western Washington, Olympic Health & Recovery Services, Frontier Behavioral Health, and Crisis Connections. • Additionally, hubs implemented a new third layer of in-state backup routing to further reduce the number of 988 calls routed to national backup centers out of state. • The Washington Crisis Care Acuity Guide is a statewide tool designed to support the standardization of deployment of mobile crisis teams. The guide incorporates best practices for serving a range of populations including youth, individuals with intellectual and developmental disabilities, veterans, and Tribal communities. This guide was developed with input from our diverse partners across the crisis response system to ensure it affects real world needs and expertise. This guide was successfully piloted in two different parts of the state. The guide has been distributed to BH-ASOs and providers and will be publicly available beginning on September 30, 2026. • Washington was awarded Rural Health Transformation funds. These are being distributed in a joint effort from HCA, DOH, and DSHS in partnership with the Governor's Office. A portion of these funds are dedicated to supporting the expansion of mobile crisis teams. • HCA's Office of Tribal Affairs (OTA) and is working to endorse Lummi Nation as the first endorsed Tribal mobile response team. • Two Community Based Crisis Teams (CBCTs) are up and running. They participated in mobile crisis endorsement.

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		• The MRSS 101 training is now published. This was developed in partnership with HCA’s family and youth organizations. This is a required training for 988 contact hubs, RCLs, and all MRRCTs. • To support partnerships with the Tribes, HCA and DOH are: -Funding support for Tribal mobile crisis teams, Tribal Designated Crisis Responders (DCRs), and Tribal Involuntary Treatment Act (ITA) court hearings. -Engaging Tribes through the 988 and CRIS work. -Supporting Tribal evaluation and treatment facilities opening in 2026-2027. -Embedding training requirements on government-to – government relations, Indian Health Care Delivery System, and culturally attuned services to AI/AN communities throughout the crisis system. -Implementing HB 1877 and developing educational materials regarding notification, behavioral health treatment facilities, and crisis coordination. -Ensuring ongoing funding for Native & Strong Lifeline media campaigns and promoting the Native & Strong Lifeline. Quality and Oversight CRIS Recommendations • Developed system standards, performance targets, and metrics: -The Mobile Crisis Endorsement Program aims to enhance the statewide crisis response system and ensure individuals experiencing a crisis have access to rapid response easily in their region. Endorsement is a voluntary credential, but the teams that receive this credential have demonstrated that they meet state standards for staffing, training, transportation, and communication. -The BH-ASO quarterly reports are being updated so that HCA can know current staffing levels, which will help inform of the number of crisis teams available per region. These reports will also provide a snapshot of how many people are served per region per quarter. -DOH now formally lists out protocols around Tribal partnerships and care in the 988 contact hub contracts. These contracts will also include quality assurance plans, which were adopted in 2025 and will be incorporated into the 2027 hub contracts. • Created a 988 data dashboard:

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		-The DOH epidemiology team built a 988 data dashboard that includes call, text, and chat metrics, key performance indicators, answer rates, and more. -The dashboard is only available for internal use right now, but it will be made available to the public in the near future. -In January 2026, DOH published the evaluation report on the successes, challenges, and continuous improvement efforts for the pilot phase of the Mental Health Crisis Call Diversion Initiative. The findings were presented at the November 2025 CRIS Committee meeting and are published on the DOH website. Mental Health Crisis Call Diversion Initiative -DOH is contracting with a professor at WSU to develop a cost forecasting model to better estimate the ongoing costs that are needed to fully fund the 988 contact hubs. -The University of Washington completed an evaluation report of the CRIS process. Folks from UW will be presenting their findings at the final CRIS meeting later this year. • Tracked who the system serves and who it misses: -HCA is working on an MRSS fidelity tool. The Mobile Crisis Endorsement program launched in 2025 and has operated 2 cohorts with 14 endorsed providers covering 8 regions of the state. -In collaboration with HCA, BH-ASOs, and external partners, DOH adopted a statewide transition plan to outline goals, objectives, activities, and expected outcomes related to the 988/RCL transition. -DOH and HCA are currently engaged with the DOH Results Based Accountability (RBA) team to develop an evaluation logic model and data collection plan related to the 988/RCL integration efforts. -988 contact hubs completed hub readiness activities to prepare for July 1 hub implementation. The tool used to guide this work will be modified to use as a contract monitoring tool for hubs, providing future oversight and continuity of established requirements. • Work with Tribes to incorporate Tribal-specific performance metrics. • Make sure the system recognizes Tribal data sovereignty. Technology CRIS Recommendations

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		- The final budget from last legislative session did not allocate funding for the 988 technology platform. Because of this, the work related to the 988 technology platform has been shelved. - In December 2025, DOH designated four 988 contact hubs aligned with the RCLs in all regions. This vertical alignment will strengthen coordination between the 988 system, RCLs, and the broader crisis care continuum and is expected to help achieve some tech goals at the regional level, such as: -Simplified data sharing between 988 and RCLs. -Streamlined workflows and improved access to MRRCT. -Improved help-seeker experience.
2:10-2:25pm	Tribal Update	Speakers: Lucy Mendoza (HCA), Amira Caluya (DOH), Hannah Sloan (HCA) - HCA is orking with DOH on two Dear Tribal Leader Letters – one letter is to let Tribes know about out for hosting two community listening sessions on the Help-Seeker Rights document and one is on upcoming 988 Day promotion. - DOH has amended our 988 hub contracts to include stronger language around Tribal Crisis Coordination Protocols for Tribes that do not have those protocols completed and in place. We also have a document for the hubs on how to navigate a crisis when there are not protocols in place. - Tribal staff are interested in receiving data beyond the 988 broad state metrics. - There are a couple Tribal teams interested in pursuing the Mobile Crisis Endorsement credential. We are starting with Lummi Nation but are also hoping to work with Tulalip. - Received two Rural Health Transformation Project (RHTP) proposals from Tribes for initiative 6.1, which focused on mobile crisis expansion. We are in the process of reviewing these proposals. - Tulalip has a SAMHSA grant that they are using to expand mobile crisis. This award will last through September 2027.
2:25-2:40pm	Lived Experience Collaborative Update	Speakers: Kristen Schutz, Bipasha Mukherjee, and Melissa Clark - Community meetings are once per month for two hours. - OCVE presents community resources and opportunities at each monthly meeting. - Topics discussed this year include: -Permanent supportive housing -Data protection and privacy regarding the 988 hubs

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		-Older Adult Stigma Campaign -Help-Seeker Rights document • Upcoming topics: -ITA system and DCRs -Follow-up and wraparound care in the crisis system -Crisis relief centers and treatment facilities 988 Help-Seeker Rights Workgroup Update • First draft has been sent to comms at DOH and HCA for review. • This document focuses on four pillars: -Safety -Confidentiality -Transparency -Agency • Help-seekers are able to define which response is right for them. • This workgroup is getting ready to seek broad feedback from the community. • This document will be presented at the October CRIS Committee meeting. • In December, DOH will work through a policy review and start preparing for implementation in July 2027 hub contracts. • Exploring ideas regarding where this document should be published to make it accessible by the community.
2:40-2:55pm	Public Comment	
2:55-3:00pm	Adjourn and Closing Statements	Speakers: Teesha Kirschbaum (HCA) and Michele Roberts (DOH) • The last CRIS Committee meeting will take place on Tuesday, October 27 from 10am-noon