

CRIS Committee

**August 7th, 2025
1-3pm**



Washington State
Health Care Authority

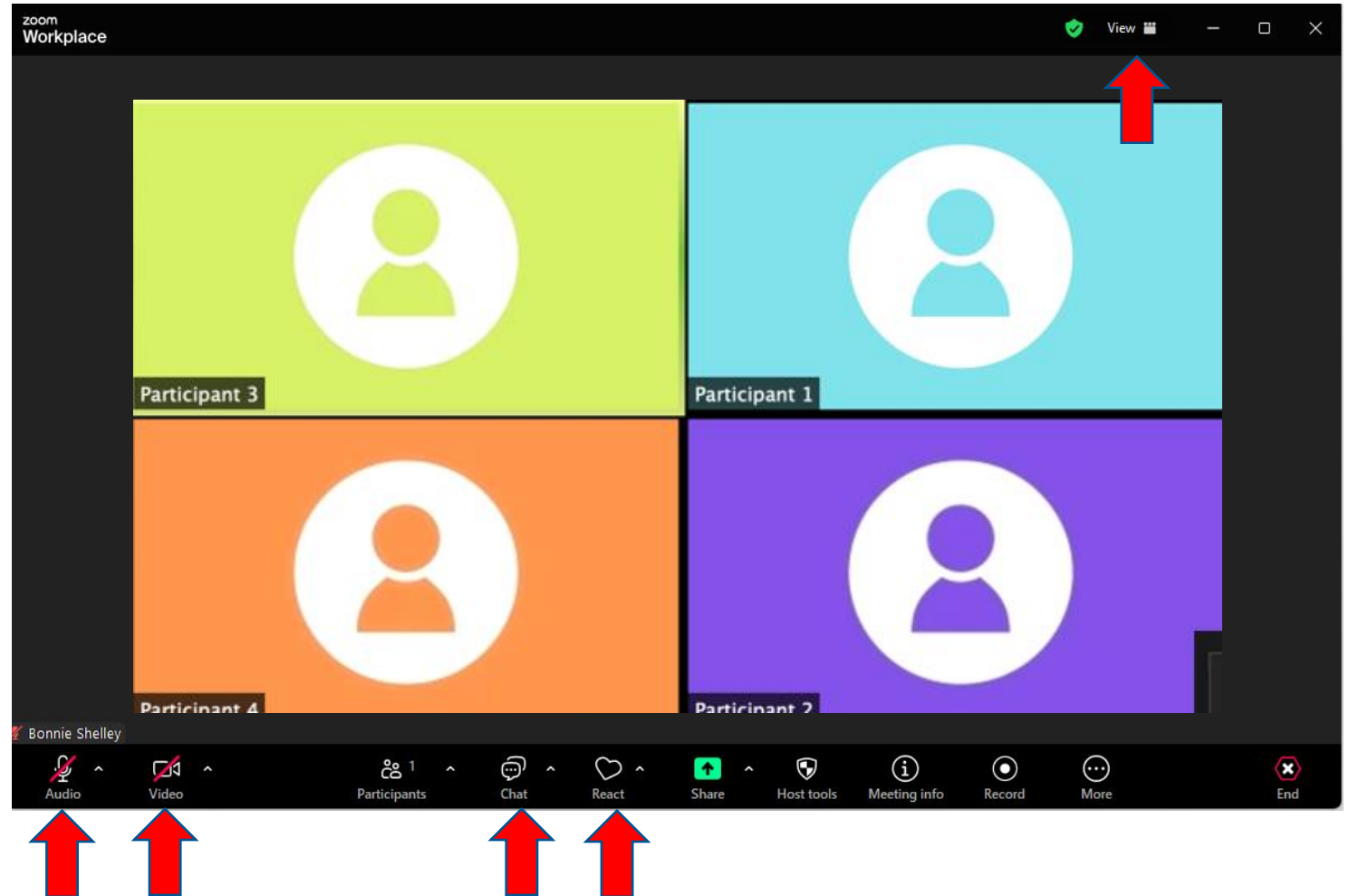


Welcome

- **This meeting is being recorded** and will be available on TVW
- **Please stay on mute** when you are not speaking.
- **Members**
 - **Please join us on camera!**
 - **Raise your hand at any time** if you have a question or comment. We also welcome your input in the chat.
 - *Please rename yourself to include an M before your name to help us easily identify you as a member.*
 - *Not sure if you are a member? [HB1477 CRIS Committee member list](#)*
- **Non-Members**
 - At this time, we invite you to share who you are in chat.
 - We also invite you to provide comments in **chat during the public comment periods** in this meeting.
 - If you would like to speak during the public comment period, please let us know in chat – at any time during this meeting – by starting your message with **COMMENT**. This will help us get an idea of how many people would like to speak.
 - Other than to request comment time, we ask that non-members refrain from using chat outside of the public comment periods so we can make sure the facilitators catch all messages from members.
 - For the same reason, we also ask that non-members keep their cameras off except during introductions and the public comment period.

Housekeeping—Zoom

- ▶ The “Audio” and “Video” buttons are in the bottom left corner. These help you mute and unmute or turn your video on or off.
- ▶ The “Chat” button is just left of the bottom center of the screen.
- ▶ The “React” button is to the right of the chat button. You can find the “Raise Hand” function here.
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Agenda

- Welcome
- Tech Update
- Updates on CRIS Recommendations
- Tribal Update
- Lived Experience Update
- Public Comment
- Adjourn and Closing Statements

988 Crisis Care Continuum

August 2025

Project Principles

- ▶ **Goal: support help seeker in navigating levels of care and not retelling their story**
- ▶ Phased (early wins, no big-bang implementation)
- ▶ Flexible
- ▶ Aligned with partner priorities
- ▶ Leverage existing platforms and technology
- ▶ Ability to share data

Proposed Approach

The project is recommending a **modular implementation**.

Drivers for this approach:

- ▶ Reuse of existing investments
- ▶ Reduced risk
- ▶ Financial sustainability
- ▶ Operational agility

This approach honors the work and voices of our staff, partners, and technical teams while positioning us to deliver high-quality outcomes within our means.

Technology Scope

| Technical scope | Sponsor Decision: MVP | Agency |
|---|-----------------------|---------|
| CRM *Includes an upload function for behavioral forms and process documentation (repository) | Yes | DOH/HCA |
| Provider directory (Master provider list used to inform referrals) | Yes | HCA |
| Closed loop referral (Ability to send electronic referrals to community resources, providers, etc) *This includes dispatch as a referral type *Reliant on provider directory | Partial - open loop | HCA |
| Telephony replacement | No | DOH |
| Deployment (Assign, track, and monitor teams after deployment) *Full scope merges dispatch and deployment | No | HCA/DOH |
| Bed registry | No | HCA |

Inputs for the Recommendation

This decision was not made lightly and reflects months of deliberate planning and input from our teams and partners:

- ▶ State staff working sessions
- ▶ Engagement with external partners
 - ▶ Crisis partners interviews & listening sessions
 - ▶ State benchmarking interviews
 - ▶ Vendor demonstrations & interviews
 - ▶ Tribal partner interviews
- ▶ IT architecture recommendations
- ▶ A comprehensive feasibility study
- ▶ An RFI to investigate market alternatives and costs

Project Next Steps for Tech

- ▶ Draft decision packages
- ▶ Request For Proposals
- ▶ Implementation Advanced Planning Document (APD) to CMS for approval

CRIS Committee Final Report Recommendations Update

8/7/25

Background

- The Crisis Response Improvement Strategy (CRIS) Committee published its final report on 12/31/24. The report included 22 recommendations.
- DOH and HCA are responding to recommendations categorized as "agency action."
- DOH and HCA recategorized recommendations into 4 main themes:
 1. Peer voice
 2. Cross system collaboration
 3. Quality & oversight
 4. Technology

CRIS Committee Recommendations – At a Glance

Source: Washington Behavioral Health Crisis Response and Suicide Prevention System: Crisis Response Improvement Strategy Steering Committee Final Report, 12/31/24

| | |
|----------------------------|--|
| PROMOTING EQUITY | 1. Develop caller bill of rights with consumers |
| | 2. Continue funding 988 DEI leadership position |
| | 3. Engage consumer voice in system design |
| | 4. Tribal recognition and connection to crisis response system |
| | 5. Translation and interpretative services requirements |
| SERVICES | 6. Service availability in all regions |
| PREVENTION | 7. Strengthen overarching system capacity |
| | 8. Increase youth prevention services |
| | 9. Divert care from criminal justice system back to community |
| SYSTEM QUALITY & OVERSIGHT | 10. Create transparent system of oversight and accountability |
| | 11. Engage diverse and lived experience communities |
| | 12. Fund research/outreach to learn why some populations don't utilize 988 |
| CROSS SYSTEM COLLABORATION | 13. Regional collaboration with system partners |
| | 14. Ongoing first responder – behavioral health collaboration |
| | 15. Develop cross – system coordination protocols |
| | 16. Youth – specific crisis system coordination |
| STAFFING & WORKFORCE | 17. Engage consumer voice for diversifying workforce |
| | 18. Peer integration into all parts of system |
| | 19. Cross – system training for unified crisis response |
| | 20. Diverse approaches for caregiver support |
| | 21. Expand mental health first aid training for public |
| TECHNOLOGY | 22. 988 Tech platform implementation planning/development |

- Recommendations in **orange** require agency action to implement system improvements
- Recommendations in **green** require legislative action
- Recommendations in **black** require further development

Peer Voice Recommendations

- **Recommendation 1:** In partnership with consumers, develop a Caller Bill of Rights that provides information to consumers about what they should expect when they contact 988 and holds the system accountable.
- **Recommendation 3:** Engage consumer voice in informing system design and changes needed.
- **Recommendation 11:** Convene and support a mechanism to engage diverse communities and individuals with lived experience in ongoing efforts to develop and monitor the crisis response system.
- **Recommendation 17:** Engage consumer voice to develop strategies to expand and sustain a diverse behavioral health workforce that shares language, culture, and experience with the populations being served.

Peer Voice Recommendation Progress Report

| Agency Progress | Key Insights and Outcomes |
|---|---|
| <ul style="list-style-type: none">• Ongoing work to build relationships and gather feedback for the crisis response system includes:<ul style="list-style-type: none">• Engagement with youth and family organizations for future system feedback• 988 general awareness presentations and community promotion events• Sharing messaging about ongoing engagement and feedback opportunities with communities• Engagement with people who have lived experience for feedback on future system design, policy, and process changes• Outreach and engagement at Lived Experience (LE) Collaborative meeting to discuss the RCL/988 transition and collect feedback to inform the Statewide Transition Plan• Support of the development of the Caller Bill of Rights, which is being created by the LE Collaborative• 988 Lifeline crisis centers report on how they're diversifying their 988 workforce and community engagement activities and increasing understanding of culturally appropriate care, including the Native & Strong Lifeline | <p>Watch:</p> <ul style="list-style-type: none">• Requests for 988 General Awareness presentations exceeding Community Engagement team's capacity. |

Cross System Collaboration Recommendations

- **Recommendation 13:** Encourage and foster regional collaborations that convene system partners to create regional plans and protocols for crises.
- **Recommendation 14:** Encourage and provide support for ongoing collaboration between first responders and behavioral health providers to support a safe, effective, appropriate, and unified behavioral health crisis response that minimizes law enforcement involvement.
- **Recommendation 15:** Develop cross-system coordination protocols that can be adapted regionally to establish warm handoffs, referrals, and common decision criteria and definitions across a range of system partners.
- **Recommendation 16:** Pursue youth-specific crisis system coordination. Youth calls to 988 get MRSS.
- **Recommendation 19:** Engage providers and first responders across the crisis care continuum in cross-system training to ensure a unified crisis response across the state. Engage Tribal partners to tailor trainings to the needs of Tribal communities.

Cross-system Collaboration Recommendation Progress Report

Current Cross-system Collaboration Partners:

- BH-ASOs, RCLs, 988, Tribes, crisis system partners, UW, MRRCT, MRSS, CBCT, MCOs, LE Collaborative, Law Enforcement, counties, 911, EMS/fire, OSPI, DCYF, DSHS, CROA, youth and family-led organizations

| Agency Progress | Key Insights and Outcomes |
|---|--|
| <ul style="list-style-type: none">• Development of regional and statewide standards and protocols, with consideration of youth-specific requirements:<ul style="list-style-type: none">• Dispatch Protocols and Acuity Guide• 911-988 warm transfer protocols• Statewide EMS guidance document• RCL-988 transition communications plan and Statewide Transition Plan• Mobile Response Stabilization Services (MRSS) best practices integration into all statewide protocols• Best practices for co-response and protocols for handing youth off to MRSS Mobile Rapid Response Crisis Teams (MRRCTs)• Engagement in 988 crisis care continuum cross-system training:<ul style="list-style-type: none">• Education to EMS leadership on 988 crisis care continuum and MRRCT roles in the field• Tribal engagement in development of 988 Crisis Counselor Model Training Program• Training on best practices for serving AI/AN communities (MRRCT requirements, etc.)• Tribal recommendations included in the <i>We Are Still Here</i> training developed by VOA• Other regional coordination opportunities:<ul style="list-style-type: none">• BH-ASOs hosting crisis care continuum forums and hold monthly crisis service coordination meetings with local partners• Exploration of possible Nisqually regional mobile crisis model and Designated Crisis Responder pilot• DOH/HCA meeting 1:1 with each BH-ASO regarding transition planning | <p>Outcomes:</p> <ul style="list-style-type: none">• Education on 988 crisis care continuum increased collaboration with agencies and additional education opportunities.• Youth-serving MRSS teams have increased by 350% since 2022. <p>Insights:</p> <ul style="list-style-type: none">• Deployment of MRSS will require crisis centers to adjust their typical response, shifting to in-person as the standard.• Dispatching MRSS supports the caregiver/parent of the youth to reduce unnecessary emergency department use. |

Quality & Oversight Recommendations

Recommendation 10: Create a transparent system of oversight and accountability, including:

- System standards, performance targets, and metrics
- Create a dashboard
- Track who the system serves and who it misses
- Work with Tribes to incorporate Tribal-specific performance metrics
- Ensure system recognition of Tribal data sovereignty



Disclaimer: Recommendations were condensed for readability purposes

Quality & Oversight Recommendation Progress Report

| Agency Progress | Key Insights & Outcomes |
|--|--|
| <ul style="list-style-type: none">• Creation of system standards, performance targets, and metrics:<ul style="list-style-type: none">• Minimum standards are required for newly Endorsed Mobile Crisis Response Teams• BH-ASO contracts will require all crisis teams to follow MRRCT Best Practice Guide• DOH and HCA have included CRIS recommendations on evaluating the crisis care system in a draft evaluation framework that will be implemented within the crisis care technology platform• Phased implementation of the Quality Assurance plan (7/1/25) for 988 Lifeline crisis centers• Incorporate Tribal-specific performance metrics and socialize metrics framework with Tribes• The Data Sharing Agreement workstream has a Tribal Subgroup to discuss best ways to incorporate Tribal data sovereignty principles | <p>Insights:</p> <ul style="list-style-type: none">• Recently introduced Quality Assurance Plan for 988 Lifeline crisis centers will help standardize performance tracking. |

Technology Recommendations

Recommendation 22: Continue to develop plans to implement the 988 Technology Platform, as informed by CRIS Committee and Subcommittee input.

Technology Recommendation Progress Report

| Agency Progress | Key Insights & Outcomes |
|---|--|
| <ul style="list-style-type: none">• Spring 2025 listening sessions informed prioritization of features for new tech platform• In pre-procurement phase of implementing a new technology platform with improved functionalities. Planned technology platform components include:<ul style="list-style-type: none">• Contact center• Crisis counselor CRM triage/dispatch• Referral system• Data sharing infrastructure• Ongoing work to support improved client-centered approach and clear exchange of information:<ul style="list-style-type: none">• Aligning requirements with tech approach and CRIS recommendations• Using human-centered design training when making system decisions• Creating DSA templates• Engaging DSA Tribal Subgroup to incorporate Tribal data sovereignty principles | <p>Watch:</p> <ul style="list-style-type: none">• Technology procurement relies on confirmation of funding. |

Next Steps

- Agencies to provide a bi-annual update on CRIS recommendations
- **Question for the group:** Is there a theme we covered today that you would like us to expand on at future presentations?



Thank you!

Tribal Update

- Native and Strong text and chat





Lived Experience Collaborative Update





Recent Lived Experience Collaborative Meetings

- OCVE continues to bring lived experience engagement opportunities to the community.
- DOH and HCA continue to seek input from lived experience on projects.
- The community wants to hear from mobile crisis, Kirkland Connections, and other teams providing crisis services. Adult MCT will be presenting this month.
- The bulk of our work has been discussion of a Help Seeker Bill of Rights.

A vertical strip on the left side of the slide features a close-up photograph of pink cherry blossoms. The blossoms are in various stages of bloom, with some showing five distinct petals and yellow centers. The branches are dark and thin, contrasting with the soft, light pink of the flowers. The background is a bright, out-of-focus white, suggesting a sunny day.

Help Seeker Bill of Rights: Documentation Review

- Trans Lifeline's Crisis Callers Bill of Rights
- 988 Lifeline User Tenets (Frontier Behavioral Health)
- BHA Individual Rights WAC 246-341-0600
- Individual Rights (Volunteers of America Western WA)
- 988 Lifeline Best Practice Guidelines (Health Care Authority)
- International Council for Helplines accreditation standards (provided by Crisis Connections)



Help Seeker Bill of Rights

Discussion So Far - Themes

- Trauma Informed Care
- Privacy/Confidentiality – Use of Pseudonyms
- Safety and Protection
- Agency in Decision Making
- Transparency, especially related to 911 involvement
- Plain-Talk
- Informed Consent
- Cultural Humility and Sensitivity
- Respect and Dignity
- Right to Complain



Help Seeker Bill of Rights

Discussion So Far – Conversation Points

- Alleviation of fears, anxiety, and stigma surrounding contacting 988 or seeking help
- Clarity surrounding how choosing to remain anonymous impacts available services.
- Should the Bill of Rights cover just 988? Should it cover outreach and in person services? Should there be a separate Bill of Rights for each pillar of services?
- Should youth have a separate or additional Bill of Rights?
- How will we ensure people are aware of their rights?
- What does implementation for this Bill of Rights look like once its finished?
- What can people do if their rights are violated?

A vertical strip on the left side of the slide shows a close-up of pink cherry blossoms on a dark branch, with some flowers in sharp focus and others blurred in the background.

Help Seeker Bill of Rights

Next Steps

- Continued document review
- Continued collection of LE Collaborative discussion points
- Creation of a workgroup to develop a draft - applied for funding to compensate workgroup members (10-12 people)
- Bringing the draft back the to LE Collaborative
- Additional workgroup meetings to adjust draft based on LE Collaborative feedback
- Engagement with service providers?
- Submission of final document to...?

Public Comment

- Please raise your hand if you would like to make a public comment. We will call on you and you can unmute.
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Adjourn and Closing Statements

- Thank you for being here!

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