

CRIS Updates (June 2023)

HB 1477 Committee Updates

The CRIS is meeting on June 20, 2023, 1:00-4:00pm. This meeting will focus on a synthesis of recommendations relating to “Someone to Come”, including recommendations from the First Responder Collaboration workgroup as well as the Dispatch Protocols workgroup.

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

Date	Subcommittee/Workgroup	Topics of Focus
May 4	Dispatch Protocols Workgroup	Dispatch Protocols Initial Feedback
May 9	Lived Experience	Dispatch Protocols, First Responder Collaboration, Crisis Stabilization
May 11	First Responder Collaboration Workgroup	Vision & Current Barriers/Challenges
May 17	Tribal 988	Youth Crisis Response
May 17	Dispatch Protocols Workgroup	Dispatch Protocols Updates
May 25	First Responder Collaboration Workgroup	Developing Strategies/Recs
June 1	First Responder Collaboration Workgroup	Developing Strategies/Recs (cont’d)
June 8	First Responder Collaboration Workgroup	Discussing update to share with CRIS
June 12	Lived Experience	HCA, 988 & Lived Experience Input

State Agency Updates

988 Implementation

988 Call Volumes

According to Vibrant Emotional Health, the national 988 administrator, Washington’s 988 crisis centers answered 5390 calls statewide in April this year. In addition, there were 252 calls to the Native and Strong Lifeline in April. The overall call answer rate in Washington meets the national performance benchmark.

Policy Statement on the Roles of 988 Call Centers and Regional Crisis Lines

The Washington State Health Care Authority (HCA), and the Department of Health (DOH) released a [policy statement](#) on the roles 988 and regional crisis lines (RCLs). HCA and DOH support the continued work of RCLs. The agencies will form a workgroup by July 1, 2023 to conduct a comprehensive review of 988 implementation over the next year, with the goal of making recommendations in coordination with tribal partners and stakeholders on the duties and responsibilities of the designated 988 contact hubs, the duties and responsibilities that the BH-ASO RCLs may still need to provide to their region, and any prospective changes to system.

988 Crisis Center Implementation and Planning Group

The Washington Department of Health convened a 988 crisis center user group with Washington’s three 988 crisis centers. The May meeting focused on strategies and plans for implementing in-state backup in Washington. Up until now, if a call came in to 988 that wasn’t able to be answered by one of our state’s crisis centers, it would flow out to the National Backup Center. DOH will be implementing in-state backup starting this summer, which means most, if not all, calls to 988 from Washington area codes will be answered by a Washington crisis center. This will ensure that

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	<p>Washington residents receive the expanded and enhanced crisis services offered in our state, if needed, when calling 988, and will also improve our in-state answer rate.</p>
Crisis System Technology Platform	<p><i>Crisis System Technology Request for Information (RFI)</i> On March 23rd, the Crisis System Technology Platform Request for Information (RFI) was published. The deadline for vendor responses was May 30th, and DOH and HCA teams are in the process of reviewing responses received. Recommendations for a path forward are anticipated by September 2023.</p> <p>DOH and HCA teams also continue to track information regarding the pending release of the national Vibrant Unified Platform and the functionalities it can support to meet Washington’s system requirements.</p> <p>Washington has spearheaded creating and facilitating a monthly nationwide 988 State Affinity Workgroup intended to provide a venue for states and territories to discuss successes, gaps, barriers, seek/give advice, and assist each other towards implementing 988 programs, including related to technology needs. To date, 44 states and two territories have been participating actively.</p> <p>The 988 State Affinity Workgroup had the opportunity to hear a presentation about Vibrant’s planned options for states (full use of the Unified Platform, selective use of the Unified Platform, or state-developed platform) and how Vibrant hopes to support states in each category. The State Affinity Workgroup is also tracking Vibrant’s work and has indicated support for the creation of a “geo-fencing” functionality which would allow 988 to identify a caller’s general position in order to route them to a local call center, while maintaining the privacy of the caller’s specific location.</p> <p><i>Crisis System Technology - Business Process Mapping with 988 Crisis Centers</i> HCA and DOH finished their business process mapping discussions with the 988 Crisis Centers to identify needs for the future-state crisis call center platform and better understand the day-to-day workflows and processes for taking 988 and regional crisis line calls. This experience has been very helpful to see how workflow is managed currently, and gaps/barriers that need to be addressed in the future-state system. The HCA and DOH team will be reviewing the maps and sharing them with the crisis centers to review for accuracy. A small workgroup will then synthesize any gaps, determine common milestones, document similarities and differences, etc. The small workgroup will bring findings to the team and the crisis centers to start conversations around future state. Similar mapping sessions are being scheduled by HCA with the Regional Crisis Lines that will wrap up 6/16. HCA is in the process of examining and extrapolating information from these maps for use in future conversations about 988/RCLs and for the tech platform.</p>
Crisis System Best Practices Guide	<p><i>Crisis System Best Practices Guide</i> HCA and DOH are releasing the Crisis System Best Practice Guide, due by July 1, 2023, with plans to continue to update the guide as crisis system changes are rolled out. The goal of the guide is to standardize crisis response and incorporate SAMHSA’s best practices into Washington as the infrastructure is built to support them. The guide has been written to educate system partners on the crisis system and start</p>

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	<p>conversations to improve collaboration. The agencies will provide an overview of the guide during the June CRIS meeting.</p> <p><i>Crisis Response Dispatch Protocols</i> As part of the Crisis System Best Practice Guide, HCA and DOH have been working with partners to develop crisis response dispatch protocols for 988 contact centers and regional crisis lines on when and how to dispatch crisis response resources. The CRIS Crisis Response Dispatch Protocols Workgroup convened two meetings in May to review and provide input into the draft protocols. This input and changes made will be reviewed during the June CRIS meeting.</p>
<p>Mobile Crisis Response Updates</p>	<p><i>Mobile Crisis Response Data Collection</i> HCA is working to implement changes to the behavioral health data system, including the development of a data dashboard to display and track data points. HCA reviewed the first iteration of the data dashboard in mid-May and provided feedback to the data dashboard team along with additional data elements HCA would like to have added to the dashboard. Although the goal is to have a public facing dashboard, HCA currently does not have an estimate of when the dashboard may be available to the public.</p> <p>HCA continues to make progress on improving data collected for mobile crisis response. HCA received feedback from the BH-ASOs on 5/22/23 regarding its proposed changes and is incorporating two changes they requested.</p> <p><i>Mobile Response & Stabilization (MRSS) Youth Teams Update</i> HCA is working with the National MRSS Quality Learning Collaborative (QLC) leadership, including experts from Connecticut and the Child and Health Development Institute (CHDI), to provide technical assistance to support robust data collection in two regions (King and Thurston Mason) with existing Mobile Response and Stabilization Services (MRSS). Data considered will include youth and family specific data points such as referral sources, presenting problem, demographics, hospital and ED diversion, justice system diversion, maintaining home placements, and outcomes. This work will remain ongoing and will work to support data collection on youth across the state.</p> <p>A System of Care (SOC) grant is also supporting work in two additional counties (Pierce and Spokane) to deliver MRSS services to fidelity. Every region in the state is building youth teams. HCA continues to sponsor a monthly MRSS workgroup for providers which is well attended.</p>
<p>Commercial Coverage of Crisis Services – Updates</p>	<p><i>Commercial Coverage of Emergency Crisis Services and Next Day Appointments</i> The Office of Insurance Commissioner (OIC) and HCA 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. Testing of the new process will start in May.</p> <p>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</p>

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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 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.