

CRIS Updates (July 2023)

HB 1477 Committee Updates

The CRIS is meeting on July 17, 2023, 11:00am-2:00pm. This meeting will focus on a synthesis of recommendations relating to “Someone to Come”, as well as an update on recommendations from the Behavioral Health Crisis Response & First Responder Collaboration Workgroup.

Update: The upcoming CRIS Committee meeting on September 19th will be held in-person for CRIS members and members of the public. Further information is forthcoming regarding the meeting location. CRIS members will be invited to join at 11am for lunch and informal social networking before the formal CRIS Committee meeting with members of the public attending (1-4pm). Committee members will receive calendar updates with this extended time for lunch and social hour before the meeting.

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

Date	Subcommittee/Workgroup	Topics of Focus
June 12	Lived Experience	HCA, 988 & Lived Experience Input
June 17	Tribal 988	Legislative Update & 988 Hub Rules
June 22	First Responder Collaboration Workgroup	Developing recommendations
June 29	First Responder Collaboration Workgroup	Developing recommendations
July 10	Lived Experience	CRIS & 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 6042 calls statewide in May this year. In addition, there were 330 calls to the Native and Strong Lifeline in May. The overall call answer rate in Washington meets the national performance benchmark.

988 Co-Location Pilots

The Washington State Department of Health (DOH) will be kicking off a strategic planning phase for our crisis centers to begin co-location pilot programs with one Public Safety Answering Point (PSAP) in each of their regions. During the planning phase, the crisis centers will engage with the community in efforts to clarify what co-location between 988 and 911 means and to gather community feedback, submit a proposal to DOH outlining the program, identify common data points and metrics to be collected during the pilot, and identify staffing and hiring needs. Pilot programs are set to kick off in January 2023 and run for one year. The last six months will be used to evaluate the pilot programs.

Crisis Contact Center Hub Rulemaking – Tribal Listening Sessions

In May, DOH hosted two Tribal listening sessions to provide opportunities for collaboration on the Crisis Contact Center Hub rule development geared specifically toward Tribal partners. There was modest attendance at these sessions and as a result, the rulemaking project team is working to identify new areas of opportunity for listening and gathering feedback from Tribal partners. The feedback collected will be incorporated into the draft rules, which will be shared with CRIS Committee and Subcommittees to further inform rule development.

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	<p><i>988 Crisis Center Implementation and Planning Group</i></p> <p>The Washington Department of Health convened a 988 Crisis Center user group with Washington’s three 988 crisis centers. The group met twice in June since there will be no meeting in July. The June meetings focused on the co-location pilot program and updates from DOH, HCA, and the Crisis Centers.</p>
<p>Crisis System Technology Platform</p>	<p><i>Crisis System Technology Request for Information (RFI)</i></p> <p>HCA and DOH are reviewing vendor responses received on the Crisis System Technology Platform Request for Information (RFI) and developing recommendations to inform the future Technology Platform Request for Proposal (RFPs). The agencies are planning to provide an update on the RFI results and seek input from the HB 1477 Technology Subcommittee at an upcoming meeting planned for August.</p> <p>Washington has also spearheaded creating and facilitating a monthly nationwide 988 State Affinity Workgroup intended to provide a venue for state agencies 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 State Affinity Workgroup is tracking updates from Vibrant regarding the release of national Vibrant Unified Platform and planning a letter regarding concerns with the Vibrant UP, lack of state involvement in national 988 efforts, and inconsistencies in communication from SAMHSA and Vibrant. 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>Crisis System Best Practices Guide</p>	<p><i>Crisis System Best Practices Guide</i></p> <p>The Crisis System Best Practice guide was completed by HCA, DOH and stakeholders by July 1, 2023. The guide was shared for input and feedback at the June CRIS meeting. The guide will now be going through a series of internal and external review prior to publication. The goal of the guide is to standardize crisis response and incorporate SAMHSA’s best practices into Washington’s crisis system. The guide will serve crisis workers in the field, providers building new programs and to educate system partners on the crisis system to improve collaboration.</p>
<p>Crisis Services Updates</p>	<p><i>Crisis Service Funding Gaps</i></p> <p>HCA is convening a workgroup per a 2023 budget proviso to assess gaps in the current funding model for crisis services, including facility-based stabilization, and to recommend options to address these gaps. In addition, the application period for a Washington Department of Commerce funding round for crisis triage and stabilization services recently closed.</p> <p><i>Mobile Crisis Response Data Collection</i></p> <p>HCA continues to make progress on improving data collected for mobile crisis response. HCA received feedback from the BH-ASOs on 6/26/23 regarding its proposed changes and requested additional written feedback, which has been provided by several BH-ASOs. HCA is reviewing all the feedback that has been</p>

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provided to ensure all concerns can be addressed through appropriate changes or by providing a clear response regarding the need to continue with the changes as proposed.

Mobile Response & Stabilization (MRSS) Youth Teams Update

HCA continues to participate in the MRSS National Quality Learning Collaborative which is well attended by youth crisis system of care partners and stakeholders. Two WA regions, Thurston-Mason and King are working with other state MRSS leaders and the Child and Health Development Institute (CHDI) to gather regional data on their MRSS teams and return on investment (ROI) by diverting youth from more restrictive facility-based care including Emergency Departments, adolescent inpatient, or residential treatment by delivering the crisis continuum in the home and community.

Two Washington youth and family led organizations who participate in the MRSS QLC, Washington State Community Connectors (WSCC) and A Common Voice | COPE Project, presented at the June MRSS Provider workgroup on the importance of integrating youth and family voice when designing crisis systems that serve them. They shared the work they do, including peer development, supporting families in crisis, and the importance of incorporating youth and parent peers on MRSS teams. Finally, they shared their lived experiences about reaching out for help in the past, steps to build trust, and tips to better serve families, both when calling a crisis line and when MRSS teams provide outreach.

Commercial Coverage of Crisis Services – Updates

Commercial Coverage of Emergency Crisis Services and Next Day Appointments

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.

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. 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.