

CRIS Updates (January 2024)

HB 1477 Committee Updates

The CRIS is meeting on January 31, 2024, 9:00am-12:00pm. This meeting will focus on discussion of CRIS priorities for 2024, including understanding 2024 legislative and agency areas of focus and work planned to address CRIS recommendations last year. For reference, the [Committee Progress Report \(January 1, 2024\)](#) was submitted to the Legislature and the Governor, and includes a set of 18 overarching recommendations developed by the CRIS Committee throughout 2023.

Work is underway to establish the 2024 Subcommittee calendar. Below is a summary of January meetings.

Date	Subcommittee/Workgroup	Topics of Focus
January 22	Lived Experience Subcommittee	Input on work to develop Lived Experience stories
January 24	Tribal 988 Subcommittee	Crisis system updates (988, technology, media)

State Agency Updates

Crisis Response: Upcoming Rulemaking

[Rulemaking: Crisis Contact Center Hubs](#)

DOH is in the process of developing draft Crisis Contact Center Hub rules, based on input from community and Tribal listening sessions and workshops in 2022 and 2023. Between January 2024-June 2024 DOH will collaborate and get feedback on the draft rule language, with an anticipated public comment period during July 2024. Final rules will be effective on January 1, 2025.

[Rulemaking: 23-hour Crisis Relief Centers \(SB 5120\)](#)

SB 5120, passed during the 2023 legislative session, requires that DOH establish rules to license or certify Crisis Relief Centers by January 1, 2024. In the Fall 2023, DOH conducted a series of Crisis Relief Center rulemaking workshops to inform the development of draft rules. Meeting notes and draft rule language are available on DOH's [CRC rulemaking webpage](#). DOH is current working on an economic impact analysis before submitting draft rules for public comment.

[Rulemaking: Peer Support Specialist \(SB 5555\)](#)

SB 5555 establishes certified peer specialists and certified peer specialist trainees as new health professions. DOH held rulemaking workshops in the Fall 2023 and will continue workshops this Spring to inform the development of draft rules by the end of 2024. The [Peer Specialist Rules in Progress](#) webpage includes materials shared during the Fall workshops and will post future opportunities to participate. These new peer credentials must be available by July 1, 2025.

988 Implementation

[988 Call Volumes](#)

According to Vibrant Emotional Health, the national 988 administrator, Washington's 988 crisis centers answered 6732 calls, 1896 texts and 1890 chats statewide in December 2023. In addition, there were 448 calls to the Native and Strong Lifeline in December 2023. The overall call answer rate in Washington meets the national performance benchmark.

[Updated 988 Interactive Voice Response/Greeting](#)

Vibrant recently piloted a shortened IVR (interactive voice response) – the greeting help-seekers hear when they call 988. The original greeting took about 45 seconds to complete. The new, shortened greeting takes about 30 seconds and also offers callers a bypass option to be connected directly to a crisis counselor.

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988 Implementation (Cont'd)

Mental Health Crisis Call Diversion Initiative (previously known as 988-911 Co-location)

The Washington State Department of Health (DOH) and the 988 Lifeline contact centers are launching the Mental Health Crisis Call Diversion Initiative in January, a one-year pilot to focused on diverting behavioral health crisis calls from 911 to 988. Each 988 Lifeline crisis center has partnered with one 911 Public Safety Answering Point (PSAP) in their region to embed a 988 call taker in the PSAP. During the Fall 2023, the 988 crisis centers, PSAPs and DOH engaged in a planning phase for this work, including development of strategic plans, identification of common data points and metrics for evaluation, determination of staffing and training needs, and engagement with the community for feedback around this effort. As of January 2024, pilot implementation has launched and the 988 Lifeline crisis centers are finalizing staff hiring and onboarding needed for the pilot.

Additionally, DOH applied for a received a \$250,000 award from National Association of State Mental Health Program Directors (NASMHPD) to create an environmental scan around current Washington 911 mental health crisis efforts and processes, develop adaptable statewide warm transfer protocols from 911 to 988 alongside 988 and 911 partners, and develop a train-the-trainer program for 911 telecommunicators. Further planning for this work will include opportunities for input from the public and partners.

988 Media Campaign

DOH is developing a 988 media campaign to raise awareness of 988 across the state. To tailor messaging, DOH sought input from diverse communities, including individuals and families with lived experience and representatives of rural, veteran, and agricultural communities. The campaign marketing firm will begin creating assets in February and they anticipate the campaign launching in early April. This work on the 988 media campaign has included a specific focus on working with Tribes to develop a media campaign specific to the Native & Strong Lifeline. Materials for this campaign launched in early January and will continue through May.

Future State Hubs/Regional Crisis Lines

DOH and HCA engaged a workgroup with 988, regional crisis lines, and BH-ASOs to develop recommendations for a future approach for how regional services can be accessed through the 988 Contact Hubs. The workgroup presented the recommendations to the 988 project executive sponsors on January 22. Work is planned this Spring to ensure a true “no-wrong” door approach by mitigating gaps that exist now and identifying new pathways to streamline access.

Crisis System Technology Platform

Crisis System Technology Request for Proposals (RFP)

HCA and DOH are working with system partners, as well as Technology Subcommittee volunteers, to refine the technical specifications for the Request for Proposals (RFP) based on 988 call center needs, legislative requirements, and learnings from the Request for Information engaged in May and June 2023. The agencies anticipate releasing the RFP Q2 2024.

Request for Enhanced Medicaid Match

The HCA also submitted a request, called a Planning-Advance Planning Document (P-APD), to CMS requesting enhanced Medicaid matching funds (90/10 federal/state

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Crisis System Technology Platform (Cont'd)

match) for the technology platform and systems required to implement HBs 1477/1134. CMS is to respond no later than February 20th.

Geo-location Subcommittee

HB 1134 established a Geo-location Subcommittee for the purpose of examining privacy issues related to federal planning efforts to route 988 calls based on the person's location rather than area code. DOH and HCA are tracking federal policy on this issue and the Geo-location Subcommittee will be convened to inform state decisions as needed.

HCA Award for Bed Registry and Referral Tools

HCA received a fixed price contract from the National Association of State Mental Health Program Directors (NASMHPDs) to increase behavioral health provider awareness and future use of web-based bed registry and referral tools, as well as potential future MCO/BH-ASO contract requirements regarding use of these tools. In addition, the project will reach out to the Lived Experience Subcommittee to seek input regarding content for materials and methods of distribution for sharing this information with individuals and families who may experience behavioral health crisis.

Crisis Services Updates

Mobile Response Team Endorsement & Actuarial Analysis

HCA is working to develop endorsement standards for Community-Based Crisis Teams (new model created by HB 1134) and Mobile Rapid Response Teams. The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal mobile response teams. An endorsement indicates that the team maintains the capacity to respond to individuals in crisis requiring an urgent in-person response. The decision to obtain endorsement is voluntary and would qualify teams for capacity building and performance payments. HCA plans to bring draft endorsement standards for CRIS input prior to finalizing by April 1, 2024. In addition, HCA is engaging actuarial analysis related to the team endorsement and performance payment program, with a report due April 1, 2024. A grant program to distribute funds to help interested teams achieve endorsement will launch in April. Teams can apply for funding to purchase needed equipment and hire staff.

Mobile Response & Stabilization (MRSS) Youth Teams Update

Dedicated youth teams in the state have expanded from 4 teams in 2022 to 13 teams currently, increasing coverage from 5 counties to 17 of 39 Washington counties. Teams are rolling out best practices for youth, Mobile Response and Stabilization Services (MRSS), which includes "someone to call", "someone to come", and "a safe place to be". Teams provide developmentally appropriate services from the time of the call to the end of the intervention. This includes crisis intervention and a separate but connected in-home crisis stabilization phase. HCA had a state plan amendment approved, which lifts the old 14-day language for in-home stabilization, thus allowing up to 8 weeks of in-home stabilization in alignment with national best practices, effective January 1, 2024. The system of care grant continues to support MRSS rollout statewide.

Certified Crisis Intervention Specialist Training - Update

HCA invested SAMHSA Mental Health Block Grant (MHBG) dollars from the Bipartisan Safer Communities Act to sponsor a Certified Crisis Intervention Specialist -II (CCIS-II) EDGE training for all mobile rapid response crisis teams including designated crisis responders (DCR's) and peers. Upon completion, the learner will receive the lifetime

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Crisis Services Updates (Cont'd)	CCIS-II credential from the National Anger Management Association (NAMA). To date, 460 individuals have been certified and this training continues through June 30, 2024. HCA extended seats to the Co-responder Outreach Alliance (CROA) and the 988 contact centers to see if they would like a training like this in the future. Learner feedback has been exceptional, with one reporting; <i>"It is the best presentation on this topic I have seen in my 10 years as a DCR."</i> <i>Crisis Training Needs Assessment & Workforce and Resilience Training Collaboratives</i> HB 1134 establishes requirements for HCA and BH-ASOs, in collaboration with the Harborview Behavioral Health Institute and other partners, to conduct a crisis response training needs assessment as well as the development of recommendations for regional crisis workforce and resilience training collaboratives. These collaboratives would seek to encourage the development of foundational and advanced skills and practices in crisis response as well as foster regional collaboration. The training needs assessment will be delivered by June 30, 2024 and the recommendations for regional collaboratives are due by December 31, 2024. Plans are being developed to gather input on this work from diverse perspectives. <i>SAMHSA Community Crisis Response Teams Grant</i> HCA was awarded a new SAMHSA grant to support the development of community crisis response teams based on the Raheem model originating in Chicago in 2017 (note: this model is separate from the community-based crisis team model established by HB 1134 for the endorsement program). The focus of this model is to reach communities that have been traditionally harmed by first responders and the crisis system. The model supports a devolved approach where communities can respond to each other first and elevate for help with trusted leaders. The grant will run for three years and supports establishing two teams initially, one in Pierce County and the other in Spokane. Services will initially focus on the LGBTQ and BIPOC communities in these areas. <i>Crisis Services Funding: Actuarial Analysis and Report</i> HCA is convening a workgroup with system partners per a 2023 budget proviso to assess gaps in the current funding model for crisis services, including Crisis Stabilization Units and the new SB 5120 Crisis Receiving Centers, and to recommend options to address these gaps. A preliminary report will be released in January 2024, with a final report completed by December 2024. <i>Next Day Appointments</i> 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.
Commercial Coverage of Crisis Services – Updates	<i>Commercial Coverage of Behavioral Health Emergency Services</i> 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.